



# MANUAL FOR VETERANS' DEPENDENTS

*What every veteran's spouse should  
know before becoming a widow*



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## NOTICE OF LIVING DOCUMENT STATUS

As of 4/4/2024 this document is as up to date as our research was capable of bringing it. Of note, it has not been updated yet following the PACT Act release. **This booklet was created through a volunteer project using the original structure of the document created by POW ORG, originally made specifically for former-POWs.** It is not affiliated with the Department of Veterans Affairs. Please remember as you read that **this is a living document** subject to updates as policy and procedures within the Veterans Administration change.

Please be mindful of these potential discrepancies as you read and always double-check your steps with the correct governmental bodies. It is possible links, forms, and contact information within this document may be outdated. **This manual is intended as a jumping-off point to provide you with a framework for getting started not as an all-inclusive guide to use as your sole resource.**

There are a number of terms and acronyms used throughout this text. For assistance, consult *Ch. 16 Terms and Acronym Index*. All contact information referenced within the text is consolidated into *Ch. 18 Contact and Mailing Index*.

## ACKNOWLEDGEMENTS

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## **CH. 1 INTRODUCTION**

A death in the family too often finds the survivors ill-prepared to cope with the loss. That lack of preparation, and particularly the lack of information, is why this booklet has been prepared for the families of veterans before your spouse becomes a widow.

One of the most common misconceptions about the Veterans Administration (VA) compensation is the belief that disability payments will continue after the death of a disabled veteran. "The fact is that compensation checks stop effective the first day of the month following the veteran's death." In far too many cases, the surviving spouse will not be eligible for any further benefits from the VA. That is a harsh reality for some surviving spouses. After years of dedicating their lives to caring for the physical and emotional needs of their veterans, some of these widows - and widowers - could face financial hardship and even poverty if they don't have a job or some other source of income. Many surviving spouses, however, are entitled to receive benefits under one of two programs: dependency and indemnity compensation (DIC) or non-service connected death pension.

It is vitally important for the veteran and their families to prepare for the future. One thing to remember is benefits are not granted automatically. They must be applied for. The following information lists what you as an individual may apply for from the Federal Government: and, if approved, what you can expect to receive or the limitations set on various payments. As with all VA benefits, eligibility for DIC and pension payments must be verified and justified. This can be a difficult and complicated process. Wheels of progress are slow especially in a time of need. A separate financial account should be established for the spouse before they become a widow for emergency use during this period. A minimum period of ninety days can be expected in collecting the necessary information and documents needed to submit claims and receive the first payment. Because of the time involved in processing, many widows are left without sufficient funds to maintain a meager lifestyle, let alone the one they were accustomed to before the loss of their mate.

## **SERVICE ORGANIZATIONS**

There are many agencies besides the Department of Veterans Affairs to assist veterans and dependents. These agencies include, but are not limited to, Disabled American Veterans, American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, AMVETS, Military Order of Purple Heart, Blinded Veterans of America, and American Ex-Prisoners of War. Each state has a State Department of Veterans Affairs; many counties have a County Veterans Aid program as well as County Service Officers.

Surviving spouses of retired military may contact their nearest military base and request a survivor assistance officer to be appointed. The survivor assistance officer will assist you in completing the documents necessary to comply with regulations. You are the consumer and if you are not comfortable with who is helping you, contact another organization or representative.

These agencies are often located in communities and are easily accessible. Generally, these agencies will request that you sign a limited "Power of Attorney" which allows them to access your VA records and represent you in cases before VA, the Board of Veterans Appeals and COURT of Veterans Appeals. For information on service organizations in your area, contact your local VA office.

REMEMBER! YOU ARE THE CONSUMER!

## **BURDEN OF PROOF**

"SURVIVING FAMILY MEMBERS SHOULDN'T FIND THEMSELVES TRYING TO PULL ALL THE PAPERWORK TOGETHER IN THEIR TIME OF GRIEF." ANOTHER IS FOR THE SURVIVING SPOUSE AND DEPENDENTS TO HAVE ALL THE INFORMATION THEY NEED TO ESTABLISH ELIGIBILITY FOR VA AND OTHER FEDERAL BENEFITS.

To ensure the booklet is as helpful as possible, each veteran is encouraged to thoroughly complete the "Personal Family Data" section. That personal information, along with information on the programs and services offered through the Department of Veterans Affairs, will provide answers to questions

of surviving next-of-kin that would have otherwise gone unanswered. However, there will be no information or explanation to legal aspects that you may be confronted with. Laws differ from state to state in reference to wills, probate, state taxes, and federal taxes. The family attorney should be contacted in regards to these items. The burden of proving your rights to various benefits for which you might be entitled falls on the widow. This includes insurance, stocks, bonds, all your possessions, any benefits from the Department of Veterans Affairs and Social Security etc.

Copies of many personal and financial records will be required or requested and should have been obtained and put in a portfolio prior to the veterans death. If not, they will have to be obtained. When requesting records be sure and stress the purpose these records are needed. Normally records needed for the support of veterans affairs benefits do not require a fee charge. In writing for copies of records and documents, acquire sufficient copies to support all the claims (as surviving spouse) you intend to file. (Example: Federal, i.e.: Pension, DIC, SBP, Social Security). A word of caution, these records once submitted will become a part of your permanent file within the organization with which the claim is filed and very seldom are they ever returned. Be sure to maintain original documents in your possession at all times. When a certified copy of a record is required, the certificate must be exacted by the proper authority. A funeral director, upon receipt of the death certificate, will provide the surviving spouse sufficient copies to meet their requirements for a fee.

## **INTRODUCTION TO THE VA**

The surest way to obtain current information on VA benefits and claims procedures is to call the nearest VA Regional Office. Counselors can answer questions about benefits eligibility and application procedures and refer you when necessary, to other VA facilities such as Medical Centers and National Cemeteries. VA Regional Offices serve the public through a toll free telephone number. The nationwide number is 1-800-827-1000. VA facilities are listed in the Federal Government section of telephone directories under the Department of Veterans Affairs.

Many state governments and some municipalities operate agencies or offices devoted to administering state and local veterans programs and assisting

veterans in filing claims for VA and other federal Government benefits. In addition, many veterans service organizations provide benefits information and claim assistance.

VA Regional Offices process claims for VA benefits and administer those benefits, which include disability compensation, pension, home loan guarantee, life insurance, education, vocational training for disabled veterans, burial allowance, and survivor's benefits.

VA Medical Center admissions offices are the immediate source for information regarding medical care eligibility, admissions procedure and scheduling home, dental drag and alcohol dependency, prosthetics, readjustment counseling, Agent Orange and Persian Gulf syndrome or radiation exposure examinations.

National Cemeteries or Regional Offices can answer questions about eligibility of veterans and dependents for burial. Documentation of service must be shown to the director of the cemetery when burial is requested. The cemetery will schedule an interment service, and provide burial and perpetual care of gravesites as well as an inscribed government marker.

## **WHO'S ELIGIBLE**

Eligibility for most VA benefits is based on discharge from active military service under "other than dishonorable" conditions from a minimum period specified by law. Women veterans are entitled to the same VA benefits as men.

The Department of Defense issues each veteran a military discharge form DD-214, identifying the veteran's condition of discharge honorable, general, other than honorable, dishonorable, or bad conduct

Honorable and general discharge qualify a veteran for most VA benefits. Dishonorable and some bad conduct discharges issued by general court martial bar VA benefits. Benefits eligibility of veterans with other "bad conduct" discharges and discharges described as "other than honorable" must be determined by VA. VA decides, after reviewing the facts of each

specific case, whether separation from service was under "dishonorable" or "other than dishonorable" conditions.

Service in 30 organizations, during periods including World Wars I and II, has been certified as active military service by the Department of Defense (DOD) for purposes of laws governing VA. Depending on the periods of service, members of these groups are eligible for certain VA benefits.

## **WARTIME SERVICE**

Certain VA benefits and medical care eligibility require wartime service. As specified by law, VA recognizes these war periods.

- Mexican Border period (May 9, 1916, to April 5, 1917, for Veterans who served in Mexico, on its borders, or in adjacent waters)
- World War I (April 6, 1917, to November 11, 1918)
- World War II (December 7, 1941, to December 31, 1946)
- Korean conflict (June 27, 1950, to January 31, 1955)
- Vietnam War era for Veterans who served in the Republic of Vietnam (November 1, 1955, to May 7, 1975)
- Vietnam War era for Veterans who served outside the Republic of Vietnam (August 5, 1964, to May 7, 1975)
- Gulf War (August 2, 1990, through a future date to be set by law or presidential proclamation)
  - Operation Desert Shield/Desert Storm: August 2, 1990, through April 6, 1991
  - Operation Enduring Freedom/Freedom's Sentinel (OEF/OFS) (Afghanistan): September 11, 2001, through August 30, 2021
  - Operation Iraqi Freedom/New Dawn (OIF/OND) (Iraq): September 11, 2001, through December 15, 2011
  - Operation Inherent Resolve (OIR) (Islamic State): October 15, 2014, through present day

## **CH. 2**

### **WHERE TO GO FOR HELP**

There is a Department of Veterans Affairs Regional Office in all states and territories you can turn to for assistance. All VA offices can be reached using toll free number 1-800-827-100.

Calling this number will connect you with the nearest VA regional office. VA counselors are available Monday through Friday, except holidays. Hours of operations vary from office to office.

VA Regional offices and/or VA office, Vet centers and VA Medical Centers are located in all 50 states District of Columbia, Philippines, Puerto Rico and Virgin Islands. Some states have National Cemeteries.

Telephone numbers nationwide include:

- Life Insurance - 1-800-669-8477
- Debt Management Center - 1-800-827-0648
- CHAMPVA - 1-800-733-8387
- VA REGIONAL OFFICES - 1-800-827-1000
- HEADSTONES/MARKERS - 510-637-6270
- INCOME VERIFICATION CENTER - 1-800-949-1008
- SURVIVOR BENEFIT PLAN - 1-800-827-1000
- RETIRED MILITARY PAY - 1-800-321-1080
- SOCIAL SECURITY - 1-800-772-1213
- HEALTH BENEFITS SERVICE CENTER - 1-877-222-8387

## **CH 3. BURIAL ALLOWANCE**

An allowance not to exceed \$300.00 is payable based on non-service connected death for burial and funeral expenses if the eligibility for basic burial allowance is met. The deceased veteran must have been discharged or released from service under conditions other than dishonorable. Been in receipt of pension or compensation (or would have been in receipt of compensation, but for the receipt of military retirement pay); or had an original or reopened claim for pension or compensation pending and is found entitled from a date prior to date of death. Died while traveling under prior authorization. Eligibility is also established when death occurs in a VA facility or nursing home with which VA contracted. Additional costs of transportation of the remains may be reimbursed in those cases.

### **PLOT ALLOWANCE**

The term "plot" or "burial plot" means the final disposal site of the remains and includes a grave, mausoleum vault, columbaria, niche, or other similar place. The term "interment" is synonymous with "burial" meaning any of the usual methods of disposition of remains. Plot allowance is \$300.00. The plot allowance of \$300.00 is not payable when burial is in a national cemetery.

### **TIME LIMIT FOR CLAIM**

TWO (2) years from date of burial or cremation, for non-service connected death benefit and plot allowance. There is no time limit for filing a claim for service connected burial allowance.

### **ORDER OF PAYMENT**

- A. Burial allowance:
- B. Funeral Director, if any balance unpaid.
- C. Individuals whose funds were used.
- D. Executor or Administrator of Estate, if paid by the veteran's estate.

## **PLOT/INTERMENT ALLOWANCE**

- A. Funeral Director, if he/she provided plot in advance of funds, if any balance unpaid.
- B. Cemetery, or person or entity from whom the plot was purchased, if unpaid.
- C. Person whose funds were used.
- D. Executor or Administrator of the estate of the veteran.

(Where any part paid or assumed by State or political subdivision or employer, only the difference between the amounts paid or assumed and amount allowable, may be paid).

## **ACCOMPANY CLAIM WITH**

- A. Death certificate, certified copy.
- B. Itemized statement of account, showing credits name and address of person making payment.
- C. Completed application for burial benefits, VA FORM 21-530.
- D. Copy of DD-214. (If no claim was filed by the veteran during their lifetime)

ASSISTANCE FOR BURIAL OF DEPENDENTS AND SURVIVORS IS LIMITED TO INTERMENT IN A NATIONAL CEMETERY.

## **SERVICE CONNECTED DEATH**

A burial allowance not to exceed \$2000.00 is payable when death is service connected. The service-connected benefit is paid in lieu of the basic \$300.00 allowance and the \$300.00 plot allowance. An additional allowance to cover the cost of transportation from place of death to place of burial is paid from veterans properly admitted to a VA facility or while performing authorized travel to and from such facility whose deaths are non-service connected. Payment is also to cover the cost of transportation to the nearest national cemetery with space available if the veteran was either entitled to disability compensation or died as a result of a service-connected disability.

SECTION 212 OF PUBLIC LAW 104-275: Permits payment of burial allowance for certain veterans who die in State nursing homes. This law was signed into law on October 9, 1996.

## **CH. 4**

### **INTERMENTS IN NATIONAL CEMETERIES**

#### **GENERAL INFORMATION**

National Cemetery System transferred to the Department of Veterans Affairs from the Department of Army by National Cemeteries Act of 1973, PL 93-23. approved June 18, 1973.

The benefit for burial in a National Cemetery includes the gravesite, opening and closing of the grave, and perpetual care. Many national cemeteries have columbaria for the interment of cremated remains or special sections for the burial of cremated remains. Headstones and markers are provided and placed to mark the grave or columbaria at the Government's expense.

#### **ELIGIBILITY**

- A. Members and former members, honorably discharged from the Armed Forces. Completed the required period of service.
- B. Members of Reserve Components in receipt of retired pay as a result of 20 years creditable service.
- C. Commissioned Officers, Coast and Geodetic Survey.
- D. Public Health Service.
- E. A U.S. citizen who served in the armed forces of a government allied with the United States in a war also may be eligible.
- F. Spouse, widow or widower. G--Minor children.
- G. Unmarried adult children to age 23, if in approved school, helpless child.
- H. Burial of Spouses who Remarry

Eligibility for burial in national cemeteries of surviving spouses who remarry. The Act amends this section to permit the spouse of a deceased veteran who remarries after the veteran's death to be buried in a national cemetery. The provisions of this section contain no limit for remarriage. This amendment applies with respect to deaths occurring on or after January 1, 2000.

Request for authority to make burial arrangements should be submitted at time of death to Director of the National Cemetery accompanied by:

- A. Statement of dependent's marital status.
- B. Statement of degree of dependents.

## **PERSONS NOT ENTITLED TO INTERMENT**

- A. Father, mother, brother, sister or in-law. B--Dishonorably discharged veteran.
- B. Discharged from draft. A person who was ordered to report to the induction center but was not inducted into military service.
- C. A 1997 law bars certain persons convicted of federal or state capital crimes who are sentenced to death or life without parole from being buried or memorialized in one of the VA national cemeteries or in Arlington National Cemetery.

## **ASSIGNMENT OF SPACE**

- A. Space available basis.
- B. One gravesite per family.
- C. No reservations made prior to death. (Reservations made under previous programs are honored)

## **NATIONAL CEMETERY COSTS**

Grave space, opening and closing of grave, headstone or marker with appropriate inscription(s) provided free of charge.

Personal funds must provide services of the funeral director, transportation of remains.

VA basic burial payment may be payable for eligible veteran not to exceed \$300.00. The plot allowance of \$300.00 is not payable when burial is in a national cemetery.

Claim must be filed within two years of permanent burial or cremation.

Additional transportation costs may be allowed if a veteran died when admitted to a VA hospital or domiciliary, or died en route to or from a VA hospital, VA domiciliary, VA Regional Office.

## **ARRANGING AN INTERMENT IN A NATIONAL CEMETERY**

Contact director of specific national cemetery with complete name of veteran, rank, serial number, social security and/or VA claim number, service dates, date and place of birth, and date of death. Until the director has informed the descendant's family of burial confirmation, remains should not be sent to the cemetery, and date, time and place of burial should not be announced in newspapers.

## **RENDITION OF MILITARY HONORS**

A national cemetery director is not authorized to provide such honors.

Family members desiring military funeral honors may request them through their mortuary who in turn will make a request of the Department of Defense and/or other appropriate authority.

## **CEMETERY LOCATION INFORMATION**

National Cemetery System  
941 North Capital Northeast  
Washington, D.C. 20421

NOTE: The same eligibility criteria apply to the two national cemeteries administered by the Department of the Interior - Andersonville National Cemetery in Georgia and Andrew Johnson Cemetery in Tennessee.

Many states operate state veterans cemeteries under the same or similar eligibility criteria.

For burials in these cemeteries, contact the Interior Department or applicable state.

## **ARLINGTON NATIONAL CEMETERY:**

Arlington National Cemetery is under the jurisdiction of the Army. It has more limited eligibility than other national cemeteries. Eligibility for cremated remains in Arlington's columbaria is the same as eligibility for burial in VA

national cemeteries. Certain veterans who died on or after November 30, 1993, and their spouses, are eligible for burial at Arlington. For information on Arlington burials, write to Superintendent, Arlington National Cemetery, Arlington, Va. 22211 or call 703-695-3250.

## **REQUESTING AN INTERMENT**

The person (usually a Funeral Director) who arranges for interment should contact the Interment Services Office as soon as possible. The Office is open 7:30 AM- 4:00 PM Monday through Friday, and 9:00 am - 1:00 PM on Saturday. Call: 703-695-3250.

Cemetery personnel will verify eligibility. Do not ship remains until notified that verification has been made. Neither should the date, time, and placement of interment be announced until confirmed by the Superintendent.

## **HEADSTONE OR MARKER FOR UNMARKED GRAVE**

### **BENEFIT**

Headstone or marker furnished upon application for the unmarked grave of a deceased veteran. Applicants may be anyone having knowledge of the deceased.

Crypt marker if entombment is in a mausoleum.

Bronze Niche Marker available to mark columbaria in VA National Cemeteries or private cemeteries used for the interment remains.

### **ELIGIBILITY**

Any deceased veteran of wartime or peacetime service who was discharged under conditions other than dishonorable. Benefit is extended to reservists and national guardsmen who have 20 years of service.

## **INSTALLATION**

All costs to install headstone or marker must be paid from private funds. If placement is in a National Cemetery, installing at no cost will be done by the staff.

## **SHIPMENT**

Headstone or marker is shipped without charge to the person or finn designated on the application. An address Rural Delivery or Post Office Box must show a telephone number on the application to expedite delivery. Headstones or markers may be shipped anywhere in the world.

## **APPLICATION**

VA Form 40-1330, Application for a Standard Government Headstone or Marker, will be submitted to Monument Service (42), Department of Veterans Affairs, 810 Vermont Avenue N.W., Washington, D.C. 20420.

To expedite processing, attach a copy of the deceased veteran's discharge certificate or other official documents pertaining to the military, if available. Do not send the original.

All applicants must be sure that the grave is UNMARKED and government headstone or marker is preferred to a privately purchased monument.

On December 27, 2001, President Bush signed Public Law 107-103, the Veterans Education and Benefits Expansion Act of 2001.

This law includes a provision that allows the Department of Veterans Affairs (VA) to furnish an appropriate headstone or marker for the graves of eligible veterans buried in private cemeteries, whose deaths occur on or after September 11, 2001, regardless of whether the grave is already marked with a non-government marker.

This new provision is codified at 38 U.S.C. § 2306(d).

The National Cemetery Administration (NCA) is preparing a regulation to describe how we will implement the new law. Until the regulation is published, the following instructions are in effect.

- VA will furnish, when requested, an appropriate Government headstone or marker at the expense of the United States for the grave of an eligible veteran or eligible reservist who is buried in a private cemetery regardless of whether the grave is already marked by a headstone or marker purchased at private expense.

The veteran's death must have occurred on or after September 1st 2001. For those veterans who died before this date, VA is unable to provide a Government headstone or marker for already marked veteran gravesites.

- VA may provide any headstone or marker available, as listed on the application form
- A Government headstone or marker may be furnished only if the individual making the request certifies that the marker will be placed on the grave, if feasible, otherwise, as close to the grave as possible within the grounds of a private cemetery.
- VA shall deliver any headstone or marker furnished under this law directly to the cemetery where the grave is located or to a receiving agent for delivery to the cemetery, i.e. funeral home, Veterans' Service Officer, etc.

## **INSCRIPTION**

There are different styles of markers available. Inscription of name, years or birth and death branch of service are mandatory. Optional items that may be inscribed at VA expense are:

- Military grade, rank or rate, war service, months and days of dates of birth and death, an emblem reflective on one's beliefs, valor awards received, Purple Heart, and Ex-POW. Additional items may be inscribed at private expense.

## ***INCORRECT INSCRIPTION***

In the event that grave markers or headstones are received with incorrect inscription, the following steps will be taken:

Marble or granite headstone or marker - if there is an error the applicant should notify Monument Service. This office will furnish the disposition instructions (destruction) and "Notice of Destruction Form" to be returned to the Monument Service when completed.

Bronze Marker (not installed) notify Director, National Cemetery System. That office will furnish a prepaid mailing label for return of the bronze marker (not installed). If the bronze marker was installed and the inscription is incorrect, the Director, National Cemetery System., will furnish applicant disposition instructions (destruction on bronze marker) and "Notice of Destruction Form." to be returned to the Monument Service.

All errors on Government monuments considered "errors of fact" are replaced at Government expense (VA or applicant error). Minor errors easily corrected are corrected locally. Replacements are authorized at Government expense when the data appearing on the monument or marker is incorrect, unless the request is impractical or arbitrary.

## **NOTE**

Headstone or marker available for eligible members of veteran's family members who are buried in national cemeteries, without application and for state-owned veterans cemeteries. This benefit does not apply to family members buried in private cemeteries.

## **MEMORIAL PLOTS**

VA will also provide a plot in a National Cemetery upon which a headstone or marker is placed to memorialize an eligible veteran whose remains are not available for burial. The headstone or marker is the same as that used to identify a grave except that the phrase "In Memory of" is mandatory and precedes the authorized inscription. Memorable markers are available to

those whose remains were not recovered or identified, were buried at sea, donated to science, or cremated and scattered. The memorial marker may be provided for placement in a plot or other than a National Cemetery. In such cases VA does not pay the cost of shipping of the marker or cost of installing. Forward application (VA Form 40-1330 for memorial markers to Director, Monument Service (42), National Cemetery System, Department of Veterans Affairs, Washington, D.C. 20420.

To check on the status of any application for headstone or marker write to the Director, Monument Service or call 1-800-697-6947.

## ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE  
WHITE MARBLE (U) OR  
LIGHT GRAY GRANITE (V)**



This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining. Additional inscription is limited to 15 characters (including spaces) up to four lines maximum.



Spousal inscription information (i.e., name, date of birth, and date of death) is authorized on a Government-furnished headstone or marker if the Veteran's date of death is on or after October 1, 2019. For flat markers, the spousal information is inscribed at the bottom. For upright headstones, the spousal information is inscribed on the back.

**BRONZE NICHE (Z)**



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased, permanent and durable headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.



VA will include a Prisoner of War (POW) or Former Prisoner of War (FPOW) inscription, upon request and with confirmation. Character and space limitations apply based on marker type.

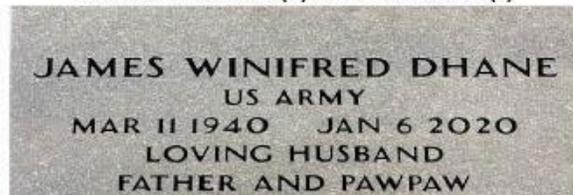
**FLAT MARKERS**

**BRONZE (B)**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**LIGHT GRAY GRANITE (G) OR WHITE MARBLE (F)**



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**SMALL FLAT GRANITE (L)**



This grave marker is 18 inches long, 12 inches wide, and 3 inches thick. Weight is approximately 70 pounds. Variations may occur in stone color. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**NOTE:** Historic headstones (Prior to World War I) - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War. Another style headstone is available for those who served with the Confederate States of America during the Civil War. The applicant must submit detailed documentation to VA that supports eligibility for a historic headstone. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only ranks above 'Private' were historically authorized; emblems of belief and the words 'Civil War' are not authorized.

## INSCRIPTION INFORMATION

**MANDATORY ITEMS** - Information in English about the decedent (provided by an authorized applicant). Such items are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service include: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Space Force (USSF), U.S. Army Air Forces (USAAF), Women's Army Auxiliary Corps (WAAC), U.S. Public Health Service (USPHS), National Oceanic & Atmospheric Administration (NOAA), Women's Air Force Service Pilots (WASP), and other organizations authorized for certain periods of time. Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability. VA will inscribe the phrase "IN MEMORY OF" on all memorial headstones and markers, as required under 38 CFR 38.630(c).

**OPTIONAL ITEMS** - Information in English about the decedent (provided by an authorized applicant). Optional items are identified by bold blocks on this form. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Korea may be inscribed if the Veteran served during the Korean War period, even though the individual never served in the country. VA will inscribe authorized country names (e.g., Afghanistan, Iraq, etc.) as the war service only if the individual served in country. The applicant must submit supporting documentation to VA to have the highest rank and/or awards inscribed on the headstone or marker.

**ADDITIONAL ITEMS** - Information in English or non-English text about the decedent (provided by an authorized applicant), consisting only of characters of the Latin alphabet and/or numbers. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. The applicant must request an additional inscription item in block 18, and each request is subject to VA approval. VA will not inscribe graphics, emblems or pictures. VA will inscribe authorized emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

**INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.**

# AUTHORIZED EMBLEMS

## AVAILABLE EMBLEMS OF BELIEF FOR PLACEMENT ON GOVERNMENT HEADSTONES AND MARKERS *(See block 17)*

 (01) CHRISTIAN CROSS	 (02) BUDDHIST (Wheel of Righteousness)	 (03) HEBREW (Star of David)	 (04) PRESBYTERIAN CROSS	 (05) RUSSIAN ORTHODOX CROSS	 (06) LUTHERAN CROSS	 (07) EPISCOPAL CROSS	 (08) UNITARIAN CHURCH (Fleming Chalice)	 (09) UNITED METHODIST CHURCH	 (10) AARONIC ORDER CHURCH
 (11) MORMON (Angel Moroni)	 (12) NATIVE AMERICAN CHURCH OF NORTH AMERICA	 (13) SERBIAN ORTHODOX	 (14) GREEK CROSS	 (15) BAHAI (9 Pointed Star)	 (16) ATHEIST	 (17) MUSLIM (Crescent and Star)	 (18) HINDU	 (19) KONKŌ-KYŌ FAITH	 (20) COMMUNITY OF CHRIST
 (21) SUFISM REORIENTED	 (22) TENSHŌKYŌ CHURCH	 (23) SEICHO-NO-IE	 (24) CHURCH OF WORLD MESSIANITY	 (25) UNITED CHURCH OF RELIGIOUS SCIENCE	 (26) CHRISTIAN REFORMED CHURCH	 (27) UNITED MORAVIAN CHURCH	 (28) ECKANKAR	 (29) CHRISTIAN CHURCH	 (30) CHRISTIAN & MISSIONARY ALLIANCE
 (31) UNITED CHURCH OF CHRIST	 (32) HUMANIST	 (33) PRESBYTERIAN CHURCH (USA)	 (34) ZUMA TAI SHAKYO MISSION OF HAWAII	 (35) SOKA GAKKAI INTERNATIONAL (USA)	 (36) SIKH (KHANDA)	 (37) WICCA (Pentacle)	 (38) LUTHERAN CHURCH MISSOURI SYNOD	 (39) APOSTOLIC CHURCH	 (40) SEVENTH DAY ADVENTIST CHURCH
 (41) CELTIC CROSS	 (42) ARMENIAN CROSS	 (43) FAROHAR	 (44) MESSIANIC JEWISH	 (45) KOHÉN HANDS	 (46) CATHOLIC CELTIC CROSS	 (47) CHRISTIAN SCIENTIST (Cross & Crown)	 (48) MEDICINE WHEEL	 (49) INFINITY	 (51) LUTHER ROSE
 (52) LANDING EAGLE	 (53) FOUR DIRECTIONS	 (54) CHURCH OF NAZARETH	 (55) HAMMER OF THOR	 (56) UNIFICATION CHURCH	 (57) SANDHILL CRANE	 (58) CHURCH OF GOD	 (59) POMEGRANATE	 (60) MESSIANIC	 (61) SHINTO
 (62) SACRED HEART	 (63) AFRICAN ANCESTRAL TRADITIONALIST (Nyame Ye Ohane)	 (64) MALTESE CROSS	 (65) DRUID (Awen)	 (66) WISCONSIN EVANGELICAL LUTHERAN SYNOD	 (67) POLISH NATIONAL CATHOLIC CHURCH	 (68) GUARDIAN ANGEL	 (69) HEART	 (70) SHEPHERD AND FLAG	 (71) AFRICAN METHODIST EPISCOPAL
 (72) EVANGELICAL LUTHERAN CHURCH	 (73) UNIVERSALIST CROSS	 (74) FAITH AND PRAYER	 (75) ICHTHY'S	 (76) NICHIREN SHOSHU TEMPLE	 (77) DOVE OF PEACE	 (78) KINGIAN FAITH	Emblems 79 through 97 have not yet been assigned		 (98) DRUZE

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing and graphics), please visit our website at [www.cem.va.gov](http://www.cem.va.gov).

VA FORM 40-1330, AUG 2022

*This content has living document status. Please always check facts through official channels.*

## **CH. 5 BURIAL FLAGS**

### **BENEFIT**

An American flag is available to drape the casket of a veteran who was discharged under conditions other than dishonorable and to reservists and national guardsmen who have 20 years of service.

### **PRESENTATION OF FLAG**

When used to drape the casket of the deceased veteran the flag shall be delivered to the next-of-kin (or close friend or associate when no claim is made b-y next-of-kin) following internment. If there is no living relative, or one cannot be located, and no friend or associate requests the flag, it must be returned to the Department of Veterans Affairs. Flags are not issued to remarried surviving spouses unless the application was made prior to remarriage. VA also will issue a flag on behalf of a service member who was missing in action and later presumed dead.

### **DEFINITIONS**

Phrase "close friend or associate" means a person who establishes by evidence that he or she was a close friend or associate of the deceased. Phrase "next-of-kin" for the purpose of disposing of the flag, is defined as follows with preference to entitlement in order listed.

- Surviving spouse
- Children, according to age.
- Parents, including adoptive, step-parents and foster parents. Brothers or sisters, including half-brothers or sisters.
- Uncles or aunts. Nephews or nieces.
- Others - cousins, grandparents, etc. (but not in-laws).

### **APPLICATION**

VA form 90-2008, Application For A United States Flag for Burial purposes, may be obtained from a VA Regional Office or Post Office. Flag issue points

are Funeral Home where services are being arranged, VA Regional Office, Or Post Office. While a completely executed and signed application is desirable, flags are not withheld because of inability to furnish all required information.

## **CH 6.**

# **PRESIDENTIAL MEMORIAL CERTIFICATES**

### **HISTORY**

This program was initiated in March 1962, by President John F. Kennedy to honor the memory of honorably discharged deceased veterans, and has continued by all subsequent residents. Statutory authority for the program is Section 112, Title 38, of the United States Code.

### **BENEFIT**

The Presidential Memorial Certificate is a parchment certificate with a calligraphic inscription expressing the nation's grateful recognition of the veteran's service. The veteran's name is inscribed, and the certificate bears the signature of the President and the presidential seal in gold foil.

### **ELIGIBILITY**

Certificates are issued in the name of honorably discharged deceased veterans. Eligible recipients include next-of-kin, other relatives and friends. Other family members and friends may request a certificate in the name of an eligible veteran. The veteran may have died at any time in the past. In most cases involving recent deaths, the local VA Regional Office originates the application for a Presidential Memorial Certificate without a request from the next-of-kin. VA Regional Offices normally are aware of veteran deaths when processing a claim or a change in veteran benefits.

When a service member dies on active duty, or if the veteran was not receiving a VA benefit, the next-of-kin should request a certificate. Requests should be accompanied by a copy of a document that will help establish honorable service. VA Regional Offices can assist in applying for certificates. Requests for certificates recognizing service prior to July 16, 1963, should be sent to the VA Regional Office, 941 North Capitol Street N.E., Washington, D.C. 20421.



*The United States of America  
honors the memory of  
Alexander Balogh, Jr.*

*This certificate is awarded by a grateful  
nation in recognition of devoted and  
selfless consecration to the service  
of our country in the Armed Forces  
of the United States.*

*President of the United States*

## **CH 7.**

### **DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

To be eligible, the deceased must have died from:

1. A disease or injury incurred or aggravated while on active duty or active duty for training;
2. An injury incurred or aggravated in line of duty while on inactive duty training;
3. A disability compensable by VA. Death cannot be the result of willful misconduct and the veterans discharge must have been under conditions other than dishonorable.

DIC payments may be authorized for survivors of veterans who were totally service-connected disabled at time of death but whose deaths were not the result of their service-connected disability. The survivor qualifies if:

1. The veteran was continuously rated totally disabled for a period of 10 or more years immediately preceding death;
2. The veteran was so rated for a period of at least five years from the date of military discharge;
3. The veteran was a former prisoner of war who died after September 30, 1999, and who was continuously rated totally disabled for a period of at least one year immediately preceding death.

**SHOULD THE WIDOW OR WIDOWER OF A VETERAN NOT MEET THE CRITERIA OF PUBLIC LAW 106-117 SECTION 501 OF THAT LAW IT MUST BE SHOWN THAT THE PRINCIPLE CAUSE OF DEATH WAS A SERVICE-CONNECTED DISABILITY OR A SERVICE-CONNECTED DISABILITY CONTRIBUTED TO THE VETERANS DEATH IF THE FORMER PRISONER OF WAR WAS NOT RATED 100% ONE YEAR PRIOR TO DEATH.**

The term "widow" means the legal spouse (male or female) of the veteran at time of the veteran's death and who was married to the veteran for one year or more, or any period of time if a child was born of the marriage or before the marriage.

It must be shown that the spouse lived continuously with the veteran from the date of marriage to date of death. Unless separation occurred through no fault of the spouse.

Upon remarriage the spouse is ineligible for benefits should the marriage end in divorce or death eligibility for benefits may be restored.

PUBLIC LAW 95-479 Provides that DIC may be paid even though the veteran's death was not due to a service-connected cause. Eligible are veterans who were rated 100% service-connected disabled (including unemployability). At the time of death, such a rating was in effect for ten or more continuous years prior to the veteran's death. (This includes veterans who would have received VA compensation but didn't because they elected to retain their military retired pay or disability pay in lieu of VA service-connected disability). Payment of DIC in such cases does not indicate a service-connected death, but DIC can be paid. None of the other benefits would be available that are normally provided in service-connected deaths such as larger VA burial allowance.

Application for DIC is made using the prescribed VA form 21-534. Questions in relation to income and net worth need not be completed as the widow is applying for DIC and not the widow's pension. To apply, the spouse will need a certified copy or ordinal of the veteran's death certificate (unless the death occurred in a VA medical center), certified copy of marriage certificate, veteran's separation papers from the service, certified birth certificates of any minor children or helpless child, copies of any divorce decrees or death certificate if applicable. NOTARIZED documents are not acceptable by the VA documents must be ordinal or certified.

### **THE SPOUSE SHOULD HAVE THE FOLLOWING INFORMATION AVAILABLE.**

1. Veteran and spouse's social security numbers.
2. Veteran's service number
3. Social security numbers of any minor children or helpless child.
4. Veteran's VA claim number ( C number).
5. Location of veteran's claim file. (VA regional office where C file is located).
6. Dates and places of any previous marriage (spouse and veteran).

- a. Name of previous spouse or spouses, how marriage ended, death or divorce date and place. Certified death certificate or copies of divorce decree.
7. Current marriage certificate.

## **DIC PAYMENT**

The DIC benefit payable is not taxable, other income including Social Security does not affect DIC benefit. The only exception would be if the widow or widower is entitled to receive (SBP) Survivors Benefit Plan. SBP is only available to spouses of retired military members. A widow or widower cannot draw both benefits - she or he must elect one or the other. It would be to their advantage to take the DIC benefit. The SBP annuity would be reduced by the amount of DIC received.

DIC may be paid if it can be shown that a service-connected disability, disease or injury significantly contributed to the cause of death. It must be shown that there was a connection between the service-connected disability and cause of death.

If there is any doubt of the cause of death, family members should discuss the probable cause of death with the official certifying the cause of death or the attending physician making them aware of any service-connected conditions the veteran may have had that could have caused or contributed to the veteran's death, and if there is any doubt an autopsy should be requested. (Remember: an autopsy can help to establish a benefit and it can also go against a benefit).

Also veterans that have died of diseases prior to laws making these diseases a presumptive. (Examples; Ulcer and Ischemic Heart Disease) The spouse should reopen the veteran's claim if the veteran died as a result of a recognized presumptive for former prisoners of war. DIC may be granted but not retroactive to the date of death, but could be granted from the date of reopened claim.

Any veteran's widow that has been denied DIC should be encouraged to reopen her DIC claim for review to verify that cirrhosis of the liver was a contributing cause of the veteran's demise. Every veteran's widow is

encouraged to contact a reputable national service officer to assist them in the re-opening of her claim.

### **VETERANS BENEFITS ARE NOT PRORATED**

Any veteran administration recipient who dies their benefits are not payable for the month in which they died.

#### **Example:**

1. Date of death, 03-01-96, benefits can be kept that were paid on 03-01-96. Benefits issued 04-01-96 must be returned.
2. Should a VA recipient die on 02-29-96, benefits must be returned as they are not payable for that month.

Note: Social Security benefits are not prorated. To be entitled to a Social Security benefit check for a given month, the person must be alive the entire month. No benefits are payable for the month of death.

Military retired pay is prorated. Contact retired pay Cleveland, OH. INITIAL AWARDS TO DEPENDANTS UPON DEATH OF A VETERAN.

DIC is not payable until the first of the month after the death.

1. DIC should be applied for within 45 days of the veteran's demise.
2. DIC applied for 2 years, after the veteran's demise entitlement will be from the date of the claim.

Public Law 104-275, Oct.9, 1996, The Veterans Benefits Improvements Act of 1996 requires the VA to pay a veteran's surviving spouse an entire month's compensation for the month in which the veteran dies.

**IN ADDITION TO DIC THERE ARE OTHER VETERANS BENEFITS A SPOUSE  
MAY BE ELIGIBLE FOR:**

**1. AID AND ATTENDANCE**

Surviving spouses receiving DIC may be granted a special allowance to pay for aid and attendance if they are patients in a nursing home or require regular assistance of another person in addition to the DIC rate.

**2. HOUSEBOUND**

Surviving spouses receiving DIC who are not so disabled to require the regular aid and attendance of another person but who, due to disability, are permanently HOUSEBOUND may be granted a special allowance in addition to DIC rate.

**3. SURVIVORS EDUCATION C TER 35**

Surviving spouses awarded DIC may be eligible for education benefits. While attending school or training the spouse is eligible for an additional monthly allowance.

**4. TRICARE FOR LIFE (TFL)**

Was passed by Congress as part of the FY 2001 National Defense Authorization Act ( P. L. 106-398) and became Public Law on October 30, 2000. TRICARE For Life took effect on October 1,2001.

ELIGIBILITY TFL covers all uniformed services retirees, spouses, and other qualifying dependents and survivors (including certain former spouses) who are Medicare-eligible and enrolled in Medicare Part B, regardless of age. Retired National Guardsmen and Reservists receiving military retired pay are eligible for TFL when eligible for Medicare Part A and also enrolled in Medicare Part B.

TFL does not apply to Military Retirees who are not eligible for Medicare they remain eligible for TRICARE under all its options.

## Uniformed Services Family Health Plan (USFHP)

Tricare care For Life has no effect on persons enrolled in USFHP unless they plan to relocate or disenroll from the USFHP. Enrollees 65 and older already receive the full TRICARE benefit. The USFHP contractor provides health care services through a network of hospitals and providers functioning like TRICARE Prime. The Department of Defense (DOD) fully funds the USFHP annually through appropriations from Congress.

### TRICARE FOR LIFE INFORMATION SOURCES

#### TFL Information by Phone

DOD Customer Care Call Center: (888) 363-5433

Hours - M-F, 7am-11pm; Sat, 9am-8pm; Sun, 10am-5pm (Eastern time)

TSRX: Tricare Senior Pharmacy Call Center: (877) 363-6337

Hours- M-F, 7am-11pm; Sat, 9am-8pm; Sun, 10am-5:30pm (Eastern time)

DEERS and Defense Manpower Data Center Support Office (DSO):(800) 538-9552

The best time to call the Telephone Center is between 9am & 3pm (Pacific time) Wednesday through Friday to avoid delays.

National Mail Order Pharmacy: (800) 903-4680

Hours: M-F, 8am-12 midnight; Sat, 8am-6pm; Sun, 9:40 am-6:30pm (Eastern Time)

Medicare: (800) 633-4227, 24 hours per day, 7 days per week

**NOTE: TRICARE FOR LIFE does not pay Part B Premiums you are responsible for these monthly premiums.**

## ***5. CHAMPVA FOR LIFE: (CFL)***

CHAMPVA FOR LIFE (CFL) is not separate from CHAMPVA, it's an extension of benefits to certain individuals over 65. CFL was signed into law June 5, 2001 as part of the Veterans Survivor Benefits Improvements Act of 2001, P.L. 107-14.

CHAMPVA is a distinct program and is governed by The Department of Veterans Affairs To be eligible for CFL benefits over age 65, you cannot be eligible for TRICARE/CHAMPUS and you must be in one of these categories:

1. Spouse or child of a veteran who has been rated 100% permanently and totally disabled for a service-connected disability by a VA regional office.
2. Surviving spouse or child of a veteran who died from a VA-rated service-connected disability, or who at time of death rated 100% permanently and totally disabled.
3. Surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most cases, these family members are eligible for TRICARE, not CHAMPVA).

### CFL and Helpless Children

CFL provides benefits if the child is determined to be a Helpless Child by a VA Regional Office and if they meet all other eligibility requirements.

### CFL and Remarried Widows/Widowers

If you remarried after the first veteran-sponsor died, and the remarriage ended, you may be eligible for CFL or CHAMPVA. To be eligible, your first marriage must have been to a veteran who was 100% permanently and totally disabled or who died from a service-connected condition. It does not matter if the veteran was retired from the military.

### CFL APPLICATION PROCESS

1. Application. for CHAMPVA benefits form (VA Form 10-10d);
2. Other Health Insurance Certification form 01A Form 10-7959c);
3. Copy of the MEDICARE card (if eligible for Medicare). If not eligible for MEDICARE, but are 65 plus, copy of documentation from the Social Security Administration confirming that you are not entitled to MEDICARE benefits.

### OPTIONAL DOCUMENTS USED TO SPEED THE PROCESSING

1. Veteran and spouse marriage license.

2. Birth certificates/adoption papers for children.
3. Page from VBA rating decision that shows the veteran is 100% permanently and totally disabled or death rating for a survivor.
4. For remarried spouses who are once again single, copy of the legal document proving termination of the second marriage (divorce decree, annulment decree or death certificate).
5. The veteran's DD214 or Report of Separation. This form can be obtained from the sponsor's military branch.
6. School certification of full-time enrollment for children ages 18-23.

**NEVER SEND ORIGINAL DOCUMENTS SUBMIT PHOTOCOPIES ONLY.**

NEW CHAMPVA POLICY FOR SURVIVING SPOUSES

A new law reinstates health care benefits for some surviving spouses covered by the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they apply by February 4" 2004.

The surviving husband or wife who lost access to CHAMPVA benefits by remarrying before February 4" 2003" can be reinstated if they remarried after becoming age 55 and if they apply for reinstatement by February 4" 2004. Similarly, a surviving spouse who remarried after becoming age 55 and lost access to Tricare benefits may now be eligible for CHAMPVA coverage.

Eligibility is limited to family members of veterans who have a permanent and total service-connected disability" who died of a service-connected condition or who were totally disabled from a service-connected condition at the time of death.

Surviving spouses who remarry at a younger age and lose their CHAMPVA benefits can have these benefits restored if their later marriage is annulled or ends because of death or divorce.

CHAMPVA covers most health care services and supplies that are medically and psychologically necessary.. For more information, contact VA's Health Administration Center at 1-800-733-8387.

THE CFL OUTPATIENT PRESCRIPTION MEDICATION BENEFIT

CFL does provide an outpatient prescription benefit, something not provided under MEDICARE. Prescription drugs, if ordered through the CHAMPVA system, are received at no charge and are filled by a pharmacy located in Wyoming. If a prescription is filled by a local pharmacy, a co-pay of 25% is required.

### CHAMPVA FOR LIFE INFORMATION SOURCES

CFL Information by Phone:  
RECORDED INFORMATION (888) 289-2411  
Toll free line 24 hours a day.

To speak to a benefits advisor (800) 733-8387  
Hours-Monday-Friday 9am- 1:30pm and 2:30pm-5:00pm (Eastern time).

CFL Information by Mail:  
The Health Administration Center  
P.O. Box 65023  
Denver, Co. 80246-9023

CHAMPVA for Life - Eligibility  
P.O. BOX 469028  
Denver, Co. 80246-9028

**NOTE: CFL DOES NOT PAY FOR MEDICARE PART B PREMIUMS.** You are responsible for these monthly premiums.

## **6. LONG TERM CARE INSURANCE (LTC)**

The Federal Long Term Care Insurance Program is an important new benefit. It includes Federal and Postal employees and annuitants, members and retired members of the uniformed services and qualified relatives. The Office of Personnel Management (OPM) contracted with John Hancock and Metlife, who formed a joint venture called Long Term Care Partners, to provide this insurance.

### SURVIVING SPOUSES RECEIVING DEPENDENCY and INDEMNITY (DIC).

Surviving spouses are eligible to apply for the Federal Long Term Care Insurance. OPM considers DIC payments to be a survivor annuity. Therefore, surviving spouses receiving DIC payments are eligible to apply for the Federal Long Term Care Insurance Program.

## LONG TERM CARE INSURANCE INFORMATION SOURCES

### LTC INFORMATION BY PHONE:

(800) 582-3337

TDD (800) 843-3557 (hearing impaired)

Hours Monday - Friday 8am-8pm (Eastern time)

### LTC INFORMATION BY MALL:

Federal Long Term Care Insurance Program 204 Carter Drive  
West Chester, Pa. 19382

## **7. SPOUSES ELIGIBILITY FOR HOME LOANS**

Non-remarried spouses of veterans who served during a period which occurred between September 16, 1940 to present who died as a result of service-connected causes. Spouses are limited to one-time use of the GI loan.

## **8. FEDERAL EMPLOYMENT PREFERENCE**

Surviving spouses are entitled to veterans preference for federal employment if the veteran passed away from a service-connected disability.

NOTE: There are only a few states that recognize common law marriages. VA is bound by laws governing marriage in every state. A common law marriage can be terminated except through divorce, annulment or death of one of the parties. A valid common law marriage continues to be valid if the parties later move to a state that does not recognize common law marriages. Should a couple enter into a common law marriage in a state that does not recognize common law marriages the widow cannot establish entitlement to any VA benefit.

## **SOME OTHER PRESUMPTIVE DISEASES THAT CAN BE CONSIDERED FOR SERVICE CONNECTION FOR DIC**

### **EXPOSURE TO RADIATION**

Japanese POWs who suffer from types of Cancer due to exposure to radiation who were repatriated through the Port of Nagasaki during the period of August 6, 1945, through July 1, 1946, were interned within 75 miles of the city limits of Hiroshima or within 150 miles of the city limits of Nagasaki.

The list is not all-inclusive. VA has revised the Regulations so that it will consider claims based on diseases other than those listed in the Regulation provided the claimant presents scientific or medical evidence showing the claimant's condition may be caused by radiation exposure.

Leukemia (other than chronic lymphocytic leukemia), Cancer of the thyroid, Cancer of the breast, Cancer of the pharynx, Cancer of the esophagus, Cancer of the stomach, Cancer of the small intestine, Cancer of the pancreas, Multiple myeloma, Lymphomas (except Hodgkin's disease), Cancer of the Gallbladder, Cancer of the bile ducts, Primary liver cancer (Except if cirrhosis or hepatitis B is indicated), Cancer of the salivary gland, Cancer of the urinary tract (means the kidneys, renal pelves, ureters, urinary bladder, and urethra). PROSTATE CANCER IS NOT INCLUDED PER FEDERAL REGISTER.

### ***CLAIMS***

The widow must, the same as any other veteran's widow, file a claim proving that any other disability is service related.

### **AGENT ORANGE EXPOSURE**

If the veteran was retired from the military and called back to active duty during the Vietnam War served in Vietnam is suffering or died from any of the cancers recognized by VA for Agent Orange Exposure a claim needs to be filed.

## **EXPOSURE TO AGENT ORANGE**

Non Hodgkin's Lymphoma (endless pres. period), effective 08-05-64, Chloracne (12 month presumptive from date last in RVN) effective 09-25- 1985, Soft Tissue Sarcomas (But Not Kaposi's sarcoma), (endless pres. period), effective 09-25-1995, Hodgkin's Lymphoma effective 02-03-1994, PCT (12 month presumptive from date last in RVN) effective 02-03-1994, Multiple. Myeloma (endless pres. period), effective 06-09-1994, Cancer of lung (but not Mesothelioma), trachea & larynx (but not pharynx) (30 year pres. period from last day in RVN), effective 06-09 1994, Prostate cancer effective 11-07-1996.

Claim must be filed the same as any other veteran or veteran's widow that the disability is service related.

## **CH 8. PENSION FOR SURVIVORS**

Public Law 95-588 "Veterans and Survivors Pension Improvement Act of 1978". Survivors of deceased veterans who are not eligible for Dependency and Indemnity Compensation DIC may be eligible for a pension. Pension is very restrictive and is based on income and need.

### **ELIGIBILITY**

Veterans who had 90 days or more wartime service discharge must have been under conditions other than dishonorable. Spouses must have lived with the veteran from date of marriage to date of death for at least one year unless the separation was caused through no fault of the spouse or for any period of time if a child was born of the marriage or born to them prior to marriage. The spouse must provide evidence showing her relationship to the veteran and must meet the statutory income limitations.

As with all veteran's benefits, the widow must apply using forms prescribed by VA, VA Form 21-534.

If the widow is eligible for pension and becomes so disabled as to need the Aid and Assistance of another person, or, because of disabilities, becomes housebound, there are additional payments that the VA may make to help defray the cost. Each year an income questionnaire (EVR) will have to be completed and returned to VA. If a widow remarries the pension will be terminated and they will be unable to go back onto the pension if that marriage ends in a divorce or death. If the widow remarries another veteran and that veteran dies, the widow can apply for benefits based on that veteran's service.

Unless a claim for pension is filed within 45 days from date of death, that benefit, if awarded, is not payable from a date earlier than the date the claim is received by the VA. If the claim is filed within 45 days of the date of death (received by the VA) postmark counted, then they go back to the date of death, if eligible for pension and any insurance received is counted as income and any debts of last illness and burial are spent down. If the claim is filed

more than 45 days after the date of death, then whatever is paid or received within the 45 days is not countable, income or spend down.

### **SURVIVOR BENEFIT PLAN: (SAP)**

SBP is not a VA benefit and is paid by the branch of service the retiree was a member of.

Election for SBP must have been made by the retiree before retirement from the military or when there was an open period of enrollment. Should the widow be eligible for DIC and SBP she can draw one or the other she cannot draw both.

It would be to the widow's advantage to elect the VA benefit, DIC, has no offsets for social security or income tax. The SBP annuity is reduced if the survivor is entitled to social security. Also income tax must be paid on the annuity.

Should the SBP annuity be higher than the amount of DIC, if DIC payment is elected VA will pay file eligible DIC amount and SBP will pay the differential amount. (Full amounts of DIC and SBP cannot be received concurrently)

If the widow is not eligible for benefits from the VA (DIC or widow's pension) the widow would draw full SBP annuity with its restrictions.

### **APPEALS**

If you are denied VA benefit for DIC or widow's pension you as a claimant have the right to appeal.

A claimant has one year from the date of the notification of a VA decision to file an appeal.

The first step in the appeal process is for claimants to file a notice of disagreement with the nearest VA regional office. This is simply a written statement that you disagree with VA.

Following receipt of written notice, VA will furnish you a "Statement of the Case" describing what facts, laws and regulations were used for the determination.

To complete the request for appeal, the claimant must file a Substantive Appeal within 60 days after the date of the Statement of the Case or within one year from the notification of the original determination, whichever is later.

Should the VA regional office deny your appeal, you have the right to have your claim submitted to the Board of Veterans Appeals. If the Board of Veterans Appeals denies your claim you can request the claim be appealed to the Court of Veterans Appeals. This court is independent of the Department of Veterans Affairs. Only claimants may seek a review by the court, VA may not appeal BVA decisions.

## **CH 9.**

### **AUTOPSY**

Autopsy results can be important in some cases, but survivors should carefully weigh the decision to take that action. When a surviving spouse, dependent child, or dependent files a claim for DIC with VA, the application is their way of stating that they believe the death was service-connected (caused by a disability incurred in, or aggravated by, active duty).

Determination of service-connected death is made by disability rating boards in the VA regional offices. The board's procedure includes a review of established service-connected disability(ies) or a determination of such disabilities if a prior rating is not on record. It further involves a review of the other medical treatment records that might be pertinent and any other medical evidence developed to support a claimant's position. Among the latter, an autopsy report can be important, even critical, when there is not a clearly established linkage between service-connected disability and death.

While VA neither suggests nor encourages family requests for autopsies, it does advise that autopsy findings can weigh heavily on "close calls" in service-connected death determinations. Families should keep in mind that an autopsy, and related special reports, generally are an additional medical cost and that autopsies are expensive. However if there is any doubt as to cause of death, the nearest VA Medical Center should be contacted and an autopsy requested.

If the veteran is a former Ex-POW. There is a special autopsy for former POWs. Many VA Medical Centers are unaware of this special autopsy but survivors should insist that the special autopsy be performed. There is no charge and the VA will pick up the remains if death did not occur in the VA Medical Center and will return the remains within 48 hours. This autopsy is known as Former Prisoners of War (POW's) protocol autopsy.

Depending on the presumed cause of death, circumstances surrounding the death or medical interest may prompt civil or medical authorities to request that the family authorize an autopsy. In such cases, the family might not be charged with the expense.

There is no way to predict the specific impact the findings of an autopsy can have on a VA determination. The suggestion is that veterans and their families keep these considerations in mind and carefully review the possibility that such an action can affect the VA ultimate service-connected death determination.

GUIDELINES FOR PERFORMING POST-MORTEM EXAMINATION ON  
FORMER PRISONERS OF WAR (POWs)

1. Background

a. A Special Registry was established in 1980 at the Armed Forces Institute of Pathology (AFIP) for pathological material from former POWs of World II, the Korean Conflict and Vietnam Era.

b. It is estimated that approximately 96,000 former prisoners of war from World War II, the Korean Conflict and the Vietnam Era were still living in 1980. Follow-up studies on former prisoners of war have documented the rate and type of morbidity and disability, both psychological and physical, and have detailed as well the differences in disease patterns between those held prisoner in the Far East and those held captive in the European theater of operations.

(1) Each POW group had a mortality ratio higher than that of a matched control group. The experience of both European and Japanese prisoners of World War II suggests a positive association of stress in prison with later mortality. Mortality ratios have been greater in the Korean and Japanese prisoners than in prisoners from the European and Mediterranean areas of World War II.

(2) Sequelae of POWs are both physical and psychiatric; however, these sequelae have been more prevalent in the Japanese and Korean POWs than in the European POWs.

(a) Parasitic disease, tuberculosis, cardiovascular-renal disease, gastrointestinal and liver disease as well as neurological disorders have all been major causes of disability.

(b) Many of these former POWs have been left with permanent impairments.

(c) Review of injuries, illnesses, and psychiatric disorders among POWs of the Vietnam Era indicates the most common physical illnesses diagnosed in Army POWs on repatriation were:

1. Helminthiases,
2. Avit aminosis,
3. Bacterial skin infections and dermatophytosis,
4. Peripheral nerve injury,
5. Hearing loss,
6. Diseases of the retina and optic nerves,
7. Malaria,
8. Amoebiasis,
9. Acute upper respiratory infections,
10. Dental problems, and

11. Compressed fractured vertebrae.

(d) Some former POWs are considered to be at risk because of the extended period of time during which they were subjected to protein, calorie and vitamin malnutrition.

(e) The term "premature aging" has been applied to prisoners who were in their teens when captured. Late adolescence is a vulnerable time to undergo the stress of malnutrition.

NOTE: *The wide range of diseases, deficiencies and disabilities to which all POWs were exposed, emphasizes the importance of extending the medical follow-up in these patients whenever possible.*

2. Autopsy

Obtaining permission for autopsy examination on former POWs is strongly encouraged. Autopsies performed on former POWs should be in accord with the accepted autopsy protocol currently in use.

a. In addition to the routine autopsy procedures, morphologic study should be made of tissue samples from:

- (1) Peripheral nerves, including sections of skeletal muscles with dorsal root ganglia;
- (2) Spinal cord at several levels including cervical widening;
- (3) Medulla at the level of the hypoglossal nucleus;
- (4) Midbrain;
- (5) Hypothalamus, including mammillary bodies and wall of third ventricle;
- (6) Thalamus;
- (7) Hippocampus;
- (8) Optic nerves; and
- (9) Cortex from each cerebral lobe.

b. Sections from the nervous system should be stained for myelin and axons in addition to the hematoxylin and eosin stains.

c. Further recommendations include taking specimens from the testes, prostate, bladder and kidney.

(1) Half of each testis should be fixed.

(2) Material from the prostate should include the capsule and the urethra.

(3) Sections from the bladder should include any obvious lesions. If none, sample should include the trigone.

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(4) Sections from the kidney should include cortex and pelvis.

d. Most importantly, attention should be directed toward the search for, and identification of, diseases and disorders not expected in the autopsy of a non-military patient.

NOTE: *Familiarity with the spectrum of diseases likely to affect former POWs will enable the pathologist to render a more complete medical assessment of patients in this select group.*

3. All pathological material (surgical, cytologic, and autopsy) from POWs will be examined and reported in the customary manner at each medical center. A duplicate set of slides, blocks and representative wet tissue will be forwarded to the AFIP.

a. All material for shipment to AFIP must be packaged in the usual manner and addressed to the Director, Armed Forces Institute of Pathology, "Attention Former POW Registry."

b. The packaged specimens must be further identified by affixing VA Form 10-5558, a POW label. This label measures 2 1/2 X 5/8 inches and has the letters POW in green on a white background.

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## **CH 10.**

### **MILITARY EXCHANGE AND COMMISSARY PRIVILEGES**

#### **ELIGIBILITY**

Unlimited exchange and commissary store privileges in the United States are available to file following.

- A. Honorably discharged veterans with a service-connected disability rated at 100%.
- B. Retired members of the Armed Forces. C-Recipients of the Medal of Honor.
- C. Dependants and orphans.
- D. :Reservists and their dependents also may be eligible.

#### **WIDOW**

Non-Remarried widows in receipt of DIC from the Department of Veterans Affairs

Widows of retired members of the Armed Forces

#### **APPLICATION**

VA certifies total disability and widows entitlement. Written communication signed by the veteran or surviving spouse with the VA claim number will be referred to the correspondence unit for the following action.

Review of the C-file or computer information to insure eligibility Prepare letter for veteran and attach a DDT Form 1172.

For the widow, furnish a specially designed letter and attach a DD Form 1172.

## **CH. 11**

### **MEDICAL CARE FOR DEPENDENTS AND SURVIVORS**

#### **CHAMPVA**

CHAMPVA, the VA civilian health and medical program, shares the cost of medical care for dependents, and survivors of veterans if not eligible for CHAMPUS or MEDICARE, PART A. provided veteran had a total disability for a service-connected injury, died as a result of a service-connected disability or who had a total disability from a service-connected injury at the time of death, died in-the-line of duty in the active Armed Forces.

Apply to CHAMPVA Center, PO Box 65024, Denver, Co. 80206-5024, or call 1-800-733-8387.

#### **MEDICARE**

Federal hospital and medical insurance for people 65 and older and certain disabled people. Contact the local Social Security Office for applications and information.

Medicare pays its share of the cost directly to the hospital where care was received. A Medicare Benefits Notice explains what services Medicare paid for. A patient's Request for Medicare payment (form 1490S) must be submitted to the Medicare carrier to pay for services of doctors and suppliers. Submit to a Medicare carrier in the state where services were received. If the doctor supplier is Medicare-participating, or uses the assignment method of payment, he or she submits the claim. For more detailed information on Medicare, pick up a copy of The Medicare Handbook (Publication HCFA 10050) at your nearest Social Security Office.

#### **LIFE INSURANCE**

##### **COMMERCIAL**

Provides lump sum payments of varying amounts to beneficiaries named by the policyholder.

Contact the local company representative. When you complete claim forms provided by the insurance company, you will need a certified copy of the death certificate and the insurance policy.

### **VA LIFE INSURANCE**

There are several insurance programs that have evolved over the years. All are administered by The Department of Veterans Affairs. (SGLI and VGLI both are administered by Servicemen Group Life Insurance, Newark, N.J. and will not be covered in this discussion.)

For guidance on procedure for filing a claim, have available policy name, policy number, (including policy letter prefix), insured's full name, date of birth; date of death, date of policy issuance and Social Security number of insured.

### **THE NATIONAL TOLL-FREE VA INSURANCE NUMBER 1-800- 669-8477.**

VA Regional Office and/or the VA Insurance Centers listed below may also be contacted.

NOTE: Within two years through centralization there will only be one VA Insurance Center located in Philadelphia, Pa.

VA INSURANCE CENTER  
PO Box 8079  
Philadelphia, PA. 19101

Photocopy of the death certificate needs to be attached to VA Form 29-4125 Claim For One Sum Payment (Insurance).

### **FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)**

Applies to Federal Civil Service employees who had this insurance. Lump sum or monthly payment depending on settlement option.

Office of Personnel Management  
Attn.: Retirement and Insurance Information Section

1900 E Street NW  
Washington, D.C. 20415  
(202) 632-7700

Identified by retiree's CSA number.

## **CH 12.**

### **SOCIAL SECURITY FEDERAL RETIREMENT CIVIL SERVICE RAILROAD**

#### **SOCIAL SECURITY**

If the deceased qualified for social security benefits at the time of death, monthly survivor benefits are payable to the:

Widowed spouse at age 65 or as early as age 60 if reduced benefits are elected. Widowed spouse at any age who is caring for a child under 16 or disabled who is entitled to benefits. Disabled widow at age 50 or older. Unmarried children under 18 and those 18 or over who become disabled before age 22 and remain disabled. Dependent parents, age 62 or older. Surviving divorced spouse at age 60 or over 50 if disabled who was married to the deceased for 10 years, or any age if caring for a child under 16 or disabled who is entitled to benefits on the deceased record. A claim for social security benefits should be filed with the nearest Social Security Office. Call first for an appointment and determine what documents will be required.

#### **FEDERAL CIVIL SERVICE**

Survivors of retired federal civil service employees will be entitled to a monthly annuity if the employee elected to receive reduced federal civil service retired pay to provide the annuity. The amount payable is dependent upon the election made by the employee.

Apply Office of Personnel Management  
Attn.: Retirement & Insurance Information Section 1900 "E" Street NW  
Washington DC' 20415  
(202) 632-7700

Annuity inquires: (202) 632-5680 (A...CQ) 5007 (CP-G), 5623 (H-N), 0152 (O-SL), 7457 (SM-2).

Tax inquiries: (202) 632-5695 (Washington DC) .

Mail Records Center: Office of Personnel Management & Employees, Service & Records Ctr., Boyers, PA 16017, (412) 794-8442/8690/6628.

A certified copy of the death certificate must be provided with a completed claim form. Provide retiree's civil service retirement number (CSA) on all correspondence.

## **RAILROAD RETIREMENT**

Paid to survivors of retired railroad employees who elected to participate in this annuity plan. Contact the nearest Railroad Retirement Board Office. Check telephone books under the U.S. Government for phone numbers in your area.

## **SURVIVING SPOUSE OF RETIRED MILITARY NOTIFICATION OF DEATH**

It is important that the Military Department receives prompt notification of a retiree's death. This will expedite final settlement of retired pay. If a military base is nearby and a Survivor Assistance Officer is appointed he or she will probably take care of these notifications. However if such an officer is not available, letters with a copy of the death certificate should be sent to the Military Department from which retired.

Military casualty Assistance Offices provide assistance such as counseling on your rights as a survivor; help in applying for benefits from the military, Department of Veterans Affairs or other government agencies. Contact the Casualty Assistance Office at any military installation for help. Survivors of members of any branch of the military may also call the Air Force's toll free Casualty Assistance Line at (800) 558-1404 (daytime) or (800) 433-0048 (after hours and holidays). They will refer you to the nearest military Casualty Assistance Office.

There are good organizations that can provide helpful information on military benefits, especially SBP, RSFP and can even help you apply for benefits due. The Army and Air Force Mutual Aid association can be reached at (800) 336-4538. The Navy Mutual Aid Association is a sea service veteran's benefits group serving the Navy, Marine Corps, Coast Guard, Public Health Service and NOAA uniformed personnel and their families. Contact them at (800) 628-6011.

- The Army, Air Force and Marine Corps require two separate letters, one letter to be mailed to the below address the second letter to be mailed to the Defense Finance and Accounting Service, Cleveland, Ohio, address on next page.
- The Navy requires one letter to be mailed to the Finance & Accounting Service, Cleveland, Ohio.
- The Coast Guard, Public Service and National Oceanic and Atmospheric Administration require only one letter mailed to the below addresses.

## **CONTACT NUMBERS**

### **ARMY**

Headquarters  
 Department of the Army  
 Attn: DAPC-PEC  
 Alexandria VA. 22331-0522

### **MARINE CORPS**

Commandant  
 United States Marine Corps  
 Attn: MHP-10  
 Washington DC 20380-0001

### **COAST GUARD**

Commandant (G-PS-1)  
 United States Coast Guard  
 Trans Point Building  
 Washington DC 20593-0001  
 (800) 424-7950  
 (202) 267-1845

### **AIR FORCE**

US Air Force Manpower & Personnel  
 Center  
 Attn: AFMPC/MP CCAA  
 Randolph AFB TX 78150-6001

### **NOAA**

Chief  
 Commissioned Personnel Division  
 6010 Executive Blvd.  
 Rockville, Md. 20858  
 (301) 443-8616  
 (No toll-free number)

### **PUBLIC HEALTH SERVICE SURVIVOR BENEFIT CENTER**

Officer Services  
 Branch, CPOD  
 Parklawn Bldg  
 5600 Fishers Lane  
 Rockville MD 20857  
 (301) 443-3087  
 (No toll-free number)

## **UNPAID RETIRED PAY/ANNUITIES**

### **UNPAID RETIRE PAY**

Contacting the finance center will stop retired pay and begin the claims process for unpaid retired pay. Entitlement to retired pay stops at midnight on the date of the retiree's death. Return the last non-cashed or non-deposited retired check to the finance center. If pay is received by electronic fund transfer, notify the bank.

Defense Finance & Accounting Service  
Cleveland Center  
(DFAS-CL/ROAXB)  
PO Box 99199-1126  
Cleveland OH 44199-1126  
(800) 321-1080

Survivor Benefit Plan (SBP) and/or The Retired Serviceman Family Protection Plan (RSFPP). Paid to survivors of military retirees who elected to participate BP and/or RSFPP. The annuity is reduced if the survivor is also entitled to VA compensation (DIC) and/or is older than 62 and is entitled to a widow's social security survivor payment. Allow 30-90 days for processing your claim. Contact military finance center listed below.

Defense Finance & Accounting Service  
Denver-Center  
DFAS-DE/FRB  
6760 E Irvington Place  
Denver CO 80279-6000  
(800) 435-3396  
(303) 676-6552

Coast Guard Retired Pay  
444 SE Quincy St.  
Topeka KS 66683-3591  
(800) 772-8724

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## **CH. 13**

### **INFORMATION DOCUMENTS AND CHECKLISTS**

The next pages contain important information documents and checklists.

We highly recommend making copies of every form you fill out and update them regularly. If you need additional copies you can reprint the documents by accessing the PDF version of this booklet.

## LETTER OF INSTRUCTIONS FOR NEXT OF KIN (pgs 58-60)

I. From Retiree: \_\_\_\_\_ SSN: \_\_\_\_\_

To Spouse/Next of Kin: \_\_\_\_\_ SSN: \_\_\_\_\_

II. The following forms and documents should be located and gathered up immediately upon my death and the Casualty Assistance Representative at \_\_\_\_\_ be contact immediately at (\_\_\_\_\_) \_\_\_\_\_ or in person.

- A. Retiree Casualty Assistance Checklist
  - B. Estate Planning Documents
  - C. Military Identification Card(s)
  - D. Retiree's Last Pay Statement (known as Retiree Account Statement)
  - E. Birth Certificate(s)
  - F. DD Forms 214
  - G. Retirement Orders
1. Note: While gathering these documents, make arrangements to purchase certified copies of death certificates (up to 5). Since these can be expensive, use photocopies wherever they are accepted

III. **Once the above items are located, the following things need to be done right away:**

- A. Notify Social Security
- B. Advise bank where retirement checks are sent
- C. Spouse to get new Military Identification Card
- D. Contact Private Insurance Companies (Casualty Assistance Rep. at Base will assist in getting VA Insurance)
- E. Change titles on all vehicles as well as other "Joint Tenancy"
- F. Contact all other interested agencies

IV. **You can expect the Casualty Assistance people at \_\_\_\_\_ to fill out the following paperwork:**

- A. The Initial Retiree Death Report
- B. SF 1174 to be sent to DFAS-Cleveland for arrears in pay
- C. DD Form 1184, W-4P and FMS Form 2231 to be sent to DFAS-Denver for payment and SBP and/or RSFPP where appropriate
- D. VA Form 21-534 to be sent to VA as claim form for death benefits insurance (NSLI, VGLI, or SGLI) when appropriate

**\*NOTE:** These are only general types of considerations since each CAR and individual will have their own personal requirements. Also, each service branch may have different needs and requirements.

**V. Who should be notified of your death:**

Name	Relationship	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VI. Circle answers for the below questions:**

- A. Do you want to be: Buried    Cremated
- B. Name of cemetery where you want to be buried: \_\_\_\_\_
- C. Do you want to be buried in your uniform?    YES    NO
- D. Do you want a memorial service?    YES    NO  
If yes, where? \_\_\_\_\_
- E. Have you purchased a burial plot?    YES    NO  
If yes, where? \_\_\_\_\_
- F. Do you have a preference for a funeral home?    YES    NO  
If yes, which one? \_\_\_\_\_
- G. Do you want a military honor guard? YES NO

**VII. INFORMATION**

- A. Enrolled in RSFPP, SBP, SSBP (circle all that apply) Did you disenroll from this plan?  
YES NO
- B. VA Claim #: \_\_\_\_\_
- C. Eligible to draw VA disability compensation (even if not currently on receipt)?  
YES    NO
- D. Receiving Social Security YES NO In yes, age at which first received?  
\_\_\_\_\_
- E. Organ donor?    YES    NO
- F. Is there a living will?    YES    NO
- G. Date of marriage (if applicable): \_\_\_\_\_
- H. Place of marriage (if applicable): \_\_\_\_\_

**VIII. LOCATION OF DOCUMENTS**

- A. Living Will: \_\_\_\_\_
- B. Current Retired Pay Statement: \_\_\_\_\_
- C. Marriage certificate(s): \_\_\_\_\_

- D. Divorce Decree(s)/Property settlement(s):  
\_\_\_\_\_
- E. Death certificate(s) from previous marriages of retiree or spouse:  
\_\_\_\_\_
- F. Birth certificates/adoption papers (retiree, spouse, children):  
\_\_\_\_\_
- G. DD-214 (Active Duty Discharge Record, for all periods):  
\_\_\_\_\_
- H. Retirement Orders:  
\_\_\_\_\_
- I. Safe-Deposit Box (list contents):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- J. Will: \_\_\_\_\_
- K. Vehicle Registration: \_\_\_\_\_
- L. Vehicle Title: \_\_\_\_\_
- M. Insurance Policies:  
\_\_\_\_\_
- N. Investment Papers (CDs, Mutual Funds, IRA, other):  
\_\_\_\_\_
- O. Burial Plot Information: \_\_\_\_\_
- P. Uniform for Burial: \_\_\_\_\_
- Q. Medical and Dental Records: \_\_\_\_\_
- R. Real Estate Deeds: \_\_\_\_\_
- S. Tax Returns: \_\_\_\_\_
- T. Bank Name, Phone #, Type of Account, Account #, (checkings or savings):  
\_\_\_\_\_

## RETIREE'S CASUALTY ASSISTANCE CHECKLIST

(For Later Use by Next of Kin, to be completed by Retiree)

Retiree's Name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Ser# (other): \_\_\_\_\_

Military Grade: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Branch: \_\_\_\_\_ Yrs of Service: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

State: \_\_\_\_\_

Father's N.: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_

Mother's Maiden N.: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_

Documents need to claim death benefits:

- Copies of report(s) of separation from active duty (DD-214)
- Copy of retirement orders
- Copies of birth and death certificates
- Beneficiaries birth certificate(s) and marriage and/or divorce data
- Social Security data (see below)
- VA Insurance data (see below)

Plus: You should always have the following documents on hand:

- Updated Will and "LETTER OF INSTRUCTIONS"
- Name of banks, credit unions, etc. (account numbers)
- Updated lists of assets and liabilities
- Insurance policies, numbers, instructions, payments, etc.
- Adoption or naturalization papers (if applicable)

### VETERANS ADMINISTRATION DATA (if applicable)

VA Compensation \$ \_\_\_\_\_ Disability Claim# \_\_\_\_\_

Remarks: \_\_\_\_\_

VA Insurance Policy nr(s) \_\_\_\_\_ / \_\_\_\_\_ File # \_\_\_\_\_

Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ / \_\_\_\_\_

Location of policies: \_\_\_\_\_

Any known paid-up att'l VA insurance \$ \_\_\_\_\_

As of Date: \_\_\_\_\_

Other Remarks: \_\_\_\_\_

Veteran's claim nr(s) (other) \_\_\_\_\_

Patient's data card # \_\_\_\_\_

**RETIREMENT PAY DATA (see Retiree Account Statements)**

Retiree gross and net pay data: as of date \_\_\_\_\_

Note: Update periodically

Gross pay \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_ For: \_\_\_\_\_

Net pay \$ \_\_\_\_\_ Taxable Income: \$ \_\_\_\_\_

Survivor Benefit Plan Annuity: Annuity Base Amount \$ \_\_\_\_\_

55% annuity amount \$ \_\_\_\_\_

35% annuity amount \$ \_\_\_\_\_

RSFPP Annuity: \$ \_\_\_\_\_

Supplemental SBP: \$ \_\_\_\_\_

Effective (date): \_\_\_\_\_

**SOCIAL SECURITY (when applicable)**

Social Security Claim #: \_\_\_\_\_

Month Filed: \_\_\_\_\_

Type of Benefit(s): \_\_\_\_\_

Beginning Month of Entitlement: \_\_\_\_\_

Amount Monthly \$ \_\_\_\_\_

Bank & Acct# (direct deposit) \_\_\_\_\_

Note: No payment is payable for the month of death

## MISCELLANEOUS (Things to know and plan for upon death of retiree)

*NOTE: Make every effort to retain "Original" documents (provide certified copies whenever possible)*

- Deposition instructions for the body (burial, cremation, memorial service, etc.)
- Info required for Death Certificate (date/place of birth, father's name, mother's maiden name, etc.)
- Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)
- Widow will need a new ID card (military, medical, commissary, base exchange, etc.)
- Necessary changes in your "DEERS" program will have to be made
- It may take several months to clear estates (you may require at least 8 copies of death certificates)
- Contents of your safety deposit box should be known
- Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed
- Named beneficiaries on insurance policies become very important (keep current)
- There may be some entitlement to burial benefits (headstone, payments, etc.)
- Check VA for Presidential Memorial Certificate
- An American flag can be obtained (check VA and Post Office)
- The survivor should update appropriate will
- Extra credit cards should be destroyed or canceled
- Appropriate changes should be made to all joint ownerships
- Contact insurance companies as appropriate
- Be prepared to turn in retirees ID card (when and where required)

Fill in and keep handy the following office numbers:

*\*NOTE: Update periodically.*

Office/Organization	Phone Number
Casualty Assistance	_____
Retirees Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	_____
Social Security Hotline	_____

DEERS (Information) \_\_\_\_\_

Finance (DFAS - Cleveland) \_\_\_\_\_

SBP (Annuity Pay Info) \_\_\_\_\_

## **SURVIVOR'S CHECKLIST**

<b><u>CONTACTS</u></b>	<b><u>COMMENTS</u></b>	<b><u>DATES &amp; NOTES</u></b>
Mortuary / Funeral Home	Death certificates (at least 10 copies). Assistance with burial, veterans benefits	
Local military base or military headquarters	Survivor assistance, ID card update	
Employer / Business Associates	Pension, plan, retirement benefit, insurances	
Lawyer	Review will, coordinate executor, trustee and other estate matters; prepare the will	
Military finance center	Stop retired pay, star annuities	
Local VA Office	Stop compensation, apply for burial benefits headstone, President's Memorial Certificate, DIC cost of transportation or remains, if applicable	
VA Insurance Centers	VA life insurance; NSLI USGLI	
Local Social Security Office	Stop social security payments, start survivor's benefits, Medicare information	
Office of Personnel Management	Stop civil service retired pay and start insurance and annuity	
Commercial life insurance companies	Policy proceeds and premium refunds	
Property / Health insurance companies	Policy adjustments and refunds	

*This content has living document status. Please always check facts through official channels.*

## DOCUMENT CHECKLIST

<b><u>DOCUMENT</u></b>	<b><u>NEEDED FOR</u></b>	<b><u>NOTES</u></b>
Death Certificate	VA benefits, social security, each insurance policy, paying finance center, etc.	Obtained from mortuary, Department of Vital Statistics or County Health Department
Military Separation Certificate (DD-214) or similar certification covering the last period of service	VA Benefits, social security	
Birth Certificates	Social security, VA benefits, military ID cards	If not available, contact the vital statistics office in county or state where birth occurred
Marriage Certificates	Social security, VA benefits, military ID cards	If lost, contact the vital statistics office in county or state where marriage occurred
Divorce Decrees	Social security, VA benefits, military ID cards	If lost, contact the vital statistics office in county or state where divorce occurred
Will	Probate	Contact attorney
Power of Attorney (PoA)	Allows another person to make legal decisions for you in case you are physically or mentally incapacitated	Contact attorney, or complete a PoA/Advanced Care Directive (ACD) using a template (findable online by state)
Tax returns and related papers for federal and state taxes, property taxes	Filing income taxes	Contact CPA
VA Claim Number	VA burial benefits, death benefits	Contact local VA office
VA file number, policy number	Claim VA insurance benefits	Contact local VA office
Original insurance policy	Claim insurance benefits	If lost, insurance company will provide a lost policy release form

*This content has living document status. Please always check facts through official channels.*

**CH. 14**  
**PERSONAL AND FAMILY DATA (pgs. 66-74)**

It is in the interest of every veteran's family to collect the information that is needed in the event of his or her death, or incapacity. That information is detailed in the following pages. Once this document is filled out completely, it should be stored in a safe place, and the veteran's next-of-kin should know its location. We recommend making copies of this section with the date noted.

*Print and fill out with a pen.*

Date Prepared: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Service Officer: \_\_\_\_\_

NSO Organization: \_\_\_\_\_

REtiree's Casualty Officer: \_\_\_\_\_

C-Number VA: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Service Connected Disabilities:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**VITAL STATISTICS AND HISTORICAL RECORD**

Full Name (first, middle, and last):

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Number of Years in this Occupation: \_\_\_\_\_

Industry or Business: \_\_\_\_\_ Active or Retired: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse (with maiden name):

\_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Birthplace: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Birthplace: \_\_\_\_\_

**MY PREFERENCES FOR MEMORIAL SERVICES**

Religious Denomination or Spiritual Affiliation: \_\_\_\_\_

Name of Clergyman or Reader Preferred: \_\_\_\_\_

Church or Spiritual Community: \_\_\_\_\_

Location:

Street: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Other important religious or spiritual considerations in the event of my death:

\_\_\_\_\_

\_\_\_\_\_

**FAMILY RECORDS LOCATION**

List the locations of birth certificate or other proof of date of birth of self and each member of your immediate family (required by insurance companies and Social Security Administration)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Naturalization papers (and number):

\_\_\_\_\_  
\_\_\_\_\_

Marriage certificate (necessary in order to establish claims for certain payments and benefits in connection with the will, also Social Security and VA benefits):

\_\_\_\_\_  
\_\_\_\_\_

Divorce decree, death certificates, or certified copies thereof (in case of either spouse): : \_\_\_\_\_

\_\_\_\_\_

**OTHER IMPORTANT PAPERS**

Will: \_\_\_ I have executed a will. \_\_\_ I have not executed a will. \_\_\_ Living Trust

Will, or Living Trust, located at: \_\_\_\_\_

Land Deeds: \_\_\_\_\_

Home Mortgage: \_\_\_\_\_

Automobile Title: \_\_\_\_\_

Other: \_\_\_\_\_

**POWER OF ATTORNEY**

\_\_\_ I have executed a Power of Attorney \_\_\_ I have no Power of Attorney

Executed a Power of Attorney dated \_\_\_\_\_ naming \_\_\_\_\_

at (PoA Address) \_\_\_\_\_

**INCOME TAX**

Copies of my federal tax returns and related papers are located at: \_\_\_\_\_

\_\_\_\_\_

Copies of (name of state) \_\_\_\_\_ income tax returns and related papers

are located at: \_\_\_\_\_

\_\_\_\_\_

Copies of (property, etc.) income tax returns returns and related papers are located at:

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE**

I have the following times of life insurance (circle):

Government   Commercial   Both

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Option: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Payment Option: \_\_\_\_\_

These policies are located at: \_\_\_\_\_

\_\_\_\_\_

Premium receipts are located at: \_\_\_\_\_

**BANK ACCOUNTS**

Type of Account #1 (circle one):   Checking / Savings   Joint / Individual

Account number: \_\_\_\_\_

Located at: \_\_\_\_\_

Type of Account #1 (circle one):   Checking / Savings   Joint / Individual

Account number: \_\_\_\_\_

Located at: \_\_\_\_\_

**SAFE DEPOSIT BOX**

Name of Bank or Trust Company: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Key: \_\_\_\_\_

**UNITED STATES WAR or SAVINGS BONDS**

Located at: \_\_\_\_\_

Person designated as:

Co-Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

War and Savings Bonds (by serial number, denomination and location; this is necessary to replace lost bonds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STOCKS and BONDS and SECURITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEWSPAPER NOTICE**

My name as it should appear in the notice: \_\_\_\_\_

What local newspaper: \_\_\_\_\_

Lawyer's name and address: \_\_\_\_\_

\_\_\_\_\_

Executor's name and address: \_\_\_\_\_

\_\_\_\_\_

**RECORD OF MILITARY SERVICE and DEPARTMENT OF VETERANS AFFAIRS (V.A.)  
INFORMATION**

Date of Enlistment: \_\_\_\_\_ Place: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

*This content has living document status. Please always check facts through official channels.*

Service Number: \_\_\_\_\_ Military Job Specialty: \_\_\_\_\_

Geographic Area of Service: \_\_\_\_\_

Awards and Decorations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Place: \_\_\_\_\_

VA Claims Number: \_\_\_\_\_

Compensation %: \_\_\_\_\_ Pension Amount %: \_\_\_\_\_

**NAMES of SERVICE ORGANIZATIONS and NATIONAL ORGANIZATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME and ADDRESSES of FAMILY MEMBERS and FRIENDS TO BE NOTIFIED**

**(Name, Relationship, Street Address, City, State, Telephone)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## CH. 15

### FORMS INDEX

Relevant forms listed throughout this handbook are attached within the following pages. For digital viewers, PDF links are also attached. For those using the paper copies enclosed we highly recommend searching the form title and number online to ensure you are using the most up-to-date copy.

#### **Public Law 97-37 Act of 97th Congress text**

- <https://www.govinfo.gov/content/pkg/STATUTE-95/pdf/STATUTE-95-Pg935.pdf>

#### **Presumptive Service Connected Disabilities Public Law 97-67 (Laymans Terms)**

- <https://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/presumption.pdf>

#### **Social Security Agency Form SSA-24 Application for Survivors Benefits**

- <https://www.ssa.gov/forms/ssa-24.pdf>

#### **Standard Form 523 Authorization for Autopsy Form**

- <https://www.gsa.gov/system/files/SF523-93.pdf>

#### **VA 10-0137 VA Advance Directive Durable Power of Attorney**

- [https://www.va.gov/vaforms/medical/pdf/va\\_form\\_10-0137\\_fill.pdf](https://www.va.gov/vaforms/medical/pdf/va_form_10-0137_fill.pdf)

#### **VA Form 10-5345 Request for Authorization to Release Health Information**

- [https://www.va.gov/vaforms/medical/pdf/va\\_form\\_10-5345\\_fillable.pdf](https://www.va.gov/vaforms/medical/pdf/va_form_10-5345_fillable.pdf)

#### **VA Form 21-0779 Request for Nursing Home Information in Connection w Claim...**

- <https://www.vba.va.gov/pubs/forms/vba-21-0779-are.pdf>

#### **VA Form 21P-530 Application for Burial Benefits**

- <https://www.vba.va.gov/pubs/forms/vba-21p-530ez-are.pdf>

#### **VA Form 21P-534EZ Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency and...**

- <https://www.vba.va.gov/pubs/forms/vba-21p-534ez-are.pdf>

#### **VA Form 27-2008 Application for US Flag for Burial Purposes**

- <https://www.vba.va.gov/pubs/forms/vba-27-2008-are.pdf>

**VA Form 29-4125 Claim for One Sum Payment Govt Life Insurance**

- <https://www.vba.va.gov/pubs/forms/vba-29-4125-are.pdf>

**VA Form 40-10007 Application for Pre-need Determination of Eligibility for Burial in a VA Nat'l Cemetery**

- <https://www.va.gov/vaforms/va/pdf/va40-10007.pdf>

**VA Form 40-1330 Headstones and Markers**

- <https://www.va.gov/vaforms/va/pdf/va40-1330.pdf>

**VSD-002 Eligibility for Burial Benefits Determination**

- [https://www.calvet.ca.gov/VetServices/Documents/Eligibility%20for%20Burial%20Benefits%20Determination%20\(VSD-002\).pdf](https://www.calvet.ca.gov/VetServices/Documents/Eligibility%20for%20Burial%20Benefits%20Determination%20(VSD-002).pdf)

Public Law 97-37  
97th Congress

An Act

To amend title 38, United States Code, to improve certain benefit programs of the Veterans' Administration for veterans who are former prisoners of war, and for other purposes.

Aug. 14, 1981  
[H.R. 1100]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Former Prisoner of War Benefits Act of 1981".*

Former Prisoner  
of War Benefits  
Act of 1981.  
38 USC 101  
note.

(b) Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. (a) Chapter 3 is amended by inserting after section 220 the following new section:

**"§ 221. Advisory Committee on Former Prisoners of War**

38 USC 221.

"(a)(1) The Administrator shall establish an advisory committee to be known as the Advisory Committee on Former Prisoners of War (hereinafter in this section referred to as the 'Committee').

Establishment.

"(2) The members of the Committee shall be appointed by the Administrator from the general public and shall include—

Membership.

"(A) appropriate representatives of veterans who are former prisoners of war;

"(B) individuals who are recognized authorities in fields pertinent to disabilities prevalent among former prisoners of war, including authorities in epidemiology, mental health, nutrition, geriatrics, and internal medicine; and

"(C) appropriate representatives of disabled veterans.

The Committee shall also include, as ex officio members, the Chief Medical Director and the Chief Benefits Director, or their designees.

"(3) The Administrator shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Administrator, except that the term of service of any such member may not exceed three years.

"(b) The Administrator shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits under this title for veterans who are former prisoners of war and the needs of such veterans with respect to compensation, health care, and rehabilitation.

"(c) Not later than July 1, 1983, and not later than July 1 of each second year thereafter, the Committee shall submit to the Administrator a report on the programs and activities of the Veterans' Administration that pertain to veterans who are former prisoners of war. The Committee shall include in each such report an assessment of the needs of such veterans with respect to compensation, health care, and rehabilitation, a review of the programs and activities of the Veterans' Administration designed to meet such needs, and such recommendations (including recommendations for administrative and legislative action) as the Committee considers to be appropriate. The Administrator shall immediately submit such report to the

Report.

Report to  
Congress.

Report  
summary.  
38 USC 214.

Congress with any comments concerning the report that the Administrator considers appropriate. The Committee may also submit to the Administrator such other reports and recommendations as the Committee considers appropriate. The Administrator shall submit with each annual report submitted to the Congress pursuant to section 214 of this title a summary of all reports and recommendations of the Committee submitted to the Administrator since the previous annual report of the Administrator submitted to the Congress pursuant to such section."

(b) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 220 the following new item:

"221. Advisory Committee on Former Prisoners of War."

38 USC 101.

SEC. 3. (a) Section 101 is amended by adding at the end the following new paragraph:

"Former prisoner  
of war."

"(32) The term 'former prisoner of war' means a person who, while serving in the active military, naval or air service, was forcibly detained or interned in line of duty—

"(A) by an enemy government or its agents, or a hostile force, during a period of war; or

"(B) by a foreign government or its agents, or a hostile force, during a period other than a period of war in which such person was held under circumstances which the Administrator finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war."

38 USC 612.

(b) Clause (7) of section 612(b) is amended to read as follows:

"(7) from which a veteran who is a former prisoner of war and who was detained or interned for a period of not less than six months is suffering; or"

38 USC 312.

SEC. 4. (a) Section 312 is amended—

(1) by striking out subsection (b); and

(2) by redesignating subsection (c) as subsection (b) and amending such subsection to read as follows:

"(b) For the purposes of section 310 of this title and subject to the provisions of section 313 of this title, in the case of a veteran who is a former prisoner of war and who was detained or interned for not less than thirty days, the disease of—

"(1) avitaminosis,

"(2) beriberi (including beriberi heart disease),

"(3) chronic dysentery,

"(4) helminthiasis,

"(5) malnutrition (including optic atrophy associated with malnutrition),

"(6) pellagra,

"(7) any other nutritional deficiency,

"(8) psychosis, or

"(9) any of the anxiety states,

which became manifest to a degree of 10 per centum or more after active military, naval, or air service shall be considered to have been incurred in or aggravated by such service, notwithstanding that there is no record of such disease during the period of service."

Effective date.  
38 USC 312 note.  
38 USC 610.

(b) The amendments made by subsection (a) shall take effect on October 1, 1981.

SEC. 5. (a) Section 610(a) is amended—

(1) by striking out "and" at the end of clause (3);

(2) by redesignating clause (4) as clause (5); and

(3) by inserting after clause (3) the following new clause:

“(4) a veteran who is a former prisoner of war; and”.

(b) Section 612(f) is amended—

38 USC 612.

(1) by striking out “and” at the end of clause (1);

(2) by striking out the period at the end of clause (2) and inserting in lieu thereof a semicolon and “and”; and

(3) by inserting after clause (2) the following new clause:

“(3) to any veteran who is a former prisoner of war.”.

(c) Section 612(i) is amended—

(1) by redesignating clause (4) as clause (5); and

(2) by inserting after clause (3) the following new clause:

“(4) To any veteran who is a former prisoner of war.”.

(d) The amendments made by this section shall take effect on October 1, 1981.

Effective date.  
38 USC 610 note.

SEC. 6. (a) Not later than ninety days after the date of the enactment of this Act and at appropriate times thereafter, the Administrator shall, to the maximum extent feasible and in order to carry out the requirements of the veterans outreach services program under subchapter IV of chapter 3 of title 38, United States Code, seek out former prisoners of war and provide them with information regarding applicable changes in law, regulations, policies, guidelines, or other directives affecting the benefits and services to which former prisoners of war are entitled under such title by virtue of the amendments made by this Act.

Information to former war prisoners.  
38 USC 301 note.  
38 USC 240.

(b)(1) The Administrator shall, for not less than the three-year period beginning ninety days after the date of the enactment of this Act, maintain a centralized record showing all claims for benefits under chapter 11 of such title that are submitted by former prisoners of war and the disposition of such claims.

Centralized record.

(2) Not later than ninety days after the end of the three-year period described in paragraph (1), the Administrator shall, after consulting with and receiving the views of the Advisory Committee on Former Prisoners of War required to be established pursuant to section 221 of such title, submit a report on the results of the disposition of claims described in such paragraph, together with any comments or recommendations that the Administrator may have, to the appropriate committees of Congress. The Administrator may also submit to such committees interim reports on such results.

38 USC 301 *et seq.*  
Report to congressional committees.

(c) For the purposes of this section, the term “former prisoner of war” has the meaning given such term in paragraph (32) of section 101 of title 38, United States Code (as added by section 3(a) of this Act).

Approved August 14, 1981.

LEGISLATIVE HISTORY—H.R. 1100 (S. 468):

HOUSE REPORT No. 97-28 (Comm. on Veterans' Affairs).

SENATE REPORT No. 97-88 accompanying S. 468 (Comm. on Veterans' Affairs).

CONGRESSIONAL RECORD, Vol. 127 (1981):

June 1, 2, considered and passed House.

June 4, considered and passed Senate, amended, in lieu of S. 468.

July 30, House agreed to Senate amendments with amendments; Senate concurred in House amendments.

# VA



**U.S. Department of Veterans Affairs**  
Veterans Benefits Administration

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## **Presumptive Disability Benefits**

### **What is “Presumptive” Service Connection?**

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran’s military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

### **What are “Presumptive Conditions”?**

If you are diagnosed with a chronic disease within one year of active-duty release, you should apply for disability compensation. Examples of chronic disease include: arthritis, diabetes or hypertension.

Or, if you served continuously for at least 90 days and are diagnosed with **amyotrophic lateral sclerosis (ALS)** after discharge, you can establish service connection for the disease.

If you have a presumptive condition, you do not need to prove that your service caused the condition. You only need to meet the service requirements for the presumptive.

Veterans in the following groups may qualify for “presumptive” disability benefits:

- **Former prisoners of war**
  - If you are a former prisoner of that has a condition that is at least 10% disabling, you may have a presumptive condition.
  - Whether or not a specific condition is presumed depends on the length of imprisonment.
  - **If you were imprisoned for any length of time, specific presumed conditions include:**
    - Psychosis

- Any of the anxiety states
  - Dysthymic disorder (or depressive neurosis)
  - Organic residuals of frostbite
  - Post-traumatic osteoarthritis
  - Heart disease or hypertensive vascular disease
  - Stroke and the residual effects
  - Osteoporosis, when the Veteran has posttraumatic stress disorder
- **If you were imprisoned for at least 30 days, presumed conditions include:**
  - Beriberi (including beriberi heart disease)
  - Chronic dysentery
  - Helminthiasis
  - Malnutrition (including optic atrophy)
  - Pellagra
  - Other nutritional deficiencies
  - Irritable bowel syndrome
  - Peptic ulcer disease
  - Peripheral neuropathy
  - Cirrhosis of the liver
  - Avitaminosis
  - Osteoporosis
- **Vietnam Veterans**
  - **If you were exposed to Agent Orange or served in the following locations, you may have a presumptive condition.**
    - Republic of Vietnam or on a vessel operating not more than 12 nautical miles seaward from the demarcation line of the waters of Vietnam and Cambodia between Jan. 9, 1962 and May 7, 1975
    - Any U.S. or Royal Thai military base in Thailand from Jan. 9, 1962 through June 30, 1976
    - Laos from Dec. 1, 1965 through September 30, 1969
    - Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969 through April 30, 1969
    - Guam or American Samoa or in the territorial waters off Guam or American Samoa from Jan. 9, 1962 through July 31, 1980

- Johnston Atoll or on a ship that called at Johnston Atoll from Jan. 1, 1972 through Sept. 30, 1977
- **Specific presumed conditions include:**
  - AL amyloidosis
  - B-cell leukemia
  - Chronic lymphocytic leukemia
  - Multiple myeloma
  - Type 2 diabetes
  - Hodgkin's disease
  - Ischemic heart disease (including but not limited to, coronary artery disease and atherosclerotic cardiovascular disease)
  - Non-Hodgkin's lymphoma
  - Parkinson's disease
  - Parkinsonism
  - Prostate cancer
  - Respiratory cancers
  - Soft-tissue sarcoma (not including osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)
  - Bladder cancer
  - Hypothyroidism
  - Hypertension
  - Monoclonal gammopathy of underdetermined significance (MGUS)
- **The following conditions are presumed, if they become greater than 10% debilitating within a year of exposure to an herbicide agent:**
  - Acute and subacute peripheral neuropathy
  - Chloracne or other similar acneform disease
  - Porphyria cutanea tarda
- **Atomic Veterans exposed to ionizing radiation**
  - **If you experienced one of the following, you may have a presumptive condition:**
    - Participated in atmospheric nuclear testing

- Occupied or were prisoners of war in Hiroshima or Nagasaki
- Served before Feb. 1, 1992, at a diffusion plant in Paducah, Kentucky, Portsmouth, Ohio or Oak Ridge, Tennessee
- Served before Jan. 1, 1974, at Amchitka Island, Alaska
- Served in the cleanup of Enewetak Atoll from Jan. 1, 1977 through Dec. 31, 1980
- Served in the cleanup of the Air Force B-52 bomber carrying nuclear weapons off the coast of Palomares, Spain from Jan. 17, 1966 through March 31, 1967
- Served in the response to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near Thule Air Force Base in Greenland from Jan. 21, 1968 through Sept. 25, 1985
- **Specific presumed conditions include:**
  - All forms of leukemia, except chronic lymphocytic leukemia
  - Cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract, brain, bone, lung, colon or ovary
  - Bronchioloalveolar carcinoma
  - Multiple myeloma
  - Lymphomas, other than Hodgkin's disease
  - Primary liver cancer, except if there are indications of cirrhosis or hepatitis B
- **Gulf War and Post 9/11 Veterans**
  - Presumptive conditions for Gulf War and Post-9/11 Veterans depends on where and when you served.
  - If you **served in the Southwest Asia theater of operations, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan, during the Persian Gulf War** and have:
    - A medically unexplained chronic multi-symptom illnesses that exist for six months or more, such as:
      - Chronic fatigue syndrome
      - Fibromyalgia

- Irritable bowel syndrome
- Any diagnosed or undiagnosed illness that warrants a presumption of service connection, as determined by the Secretary of Veterans Affairs
- Signs or symptoms of an undiagnosed illness, including:
  - Fatigue
  - Skin symptoms
  - Headaches
  - Muscle pain
  - Joint pain
  - Neurological or neuropsychological symptoms
  - Symptoms involving the upper or lower respiratory system
  - Sleep disturbance
  - Gastrointestinal symptoms
  - Cardiovascular symptoms
  - Weight loss
  - Menstrual disorders
- If you served in the **Southwest Asia theater of operations or in Afghanistan on or after September 19, 2001** and:
  - Manifest one of the following infectious diseases to a degree of 10 percent or more within 1 year of separation, specific conditions include:
    - Brucellosis
    - Campylobacter jejuni
    - Coxiella burnetii (Q fever)
    - Nontyphoid Salmonella
    - Shigella
    - West Nile virus
    - Malaria (or when accepted treatises indicate the incubation period began during a qualifying period of service)
  - Manifest to a degree of 10% or more at any time after separation, specific conditions include:
    - Mycobacterium tuberculosis
    - Visceral leishmaniasis

- If you served **any amount of time in Afghanistan, Djibouti, Syria, or Uzbekistan during the Persian Gulf War, from Sept. 19, 2001 to the present or the Southwest Asia theater of operations from Aug. 2, 1990 to the present**, specific conditions include:
  - Squamous cell carcinoma of the larynx
  - Squamous cell carcinoma of the trachea
  - Adenocarcinoma of the trachea
  - Salivary gland-type tumors of the trachea
  - Adenosquamous carcinoma of the lung
  - Large cell carcinoma of the lung
  - Salivary gland-type tumors of the lung
  - Sarcomatoid carcinoma of the lung
  - Typical and atypical carcinoid of the lung
- If you served **on or after Sept. 11, 2001 in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if you served in the \*Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990**, specific conditions include:
  - Brain cancer
  - Gastrointestinal cancer of any type
  - Glioblastoma
  - Head cancer of any type
  - Kidney cancer
  - Lymphatic cancer of any type
  - Lymphoma of any type
  - Melanoma
  - Neck cancer of any type
  - Pancreatic cancer
  - Reproductive cancer of any type
  - Respiratory cancer of any type
  - Asthma that was diagnosed after service
  - Chronic bronchitis
  - Chronic obstructive pulmonary disease (COPD)

- Chronic rhinitis
  - Chronic sinusitis
  - Constrictive bronchiolitis or obliterative bronchiolitis
  - Emphysema
  - Granulomatous disease
  - Interstitial lung disease (ILD)
  - Pleuritis
  - Pulmonary fibrosis
  - Sarcoidosis
- The *Southwest Asia theater of operations* refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

**APPLICATION FOR SURVIVORS BENEFITS  
(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)**

(DO NOT WRITE  
IN THIS SPACE)  
VA DATE STAMP

IMPORTANT-- Read instructions before completing form. Detach and retain ONLY the instruction sheet

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN  
(Type or print)

2. DATE OF DEATH

NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6, and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. NAME OF FATHER

7. MAIDEN NAME OF MOTHER

8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936?

YES  NO

**NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.**

9A. DATE ENTERED ACTIVE SERVICE

9B. SERVICE NO.

9C. DATE SEPARATED FROM ACTIVE SERVICE

9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE

10. RELATIONSHIP OF APPLICANT TO VETERAN  
 SURVIVING SPOUSE  CHILD  PARENT  
OR SURVIVING DIVORCED SPOUSE

11. DATE OF BIRTH OF APPLICANT

12. VA FILE NO.

**CHILDREN: Show names of surviving children (including adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).**

13A.

13B.

13C.

13D.

**I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.**

14. DATE (Month, day, year)

15. SIGNATURE OF APPLICANT (First name, middle initial, last name) (Sign in ink)

16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP)

17. TELEPHONE NO. (Include Area Code)

**WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE**

18A. SIGNATURE OF WITNESS	18B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)
19A. SIGNATURE OF WITNESS	19B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)

**ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS Use reverse for "Remarks"**

20. PROOFS RECEIVED	21. PROOFS REQUESTED FROM CLAIMANT OR OTHER (Specify)
<input type="checkbox"/> DEATH _____ (NAME)	<input type="checkbox"/> DEATH _____ (NAME)
<input type="checkbox"/> MARRIAGE _____ (NAME)	<input type="checkbox"/> MARRIAGE _____ (NAME)
<input type="checkbox"/> AGE _____	<input type="checkbox"/> AGE _____
<input type="checkbox"/> OTHER (Specify) _____ (NAME)	<input type="checkbox"/> OTHER (Specify) _____ (NAME)
22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE

**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU COMPLETE THE SSA-24.  
INSTRUCTIONS FOR COMPLETING FORM SSA-24, APPLICATION FOR SURVIVORS BENEFITS  
(Payable Under Title II of the Social Security Act)**

This application form, SSA-24, is an Application for Survivors Benefits Payable under Title II of the Social Security Act, as amended. Under authority of section 202(o) of the Social Security Act, the application requests information in order to determine eligibility to social security benefits.

You do not have to complete this application; there are no penalties under the law if you do not complete part or all of the SSA-24. However, it is usually to your advantage to provide the information because not providing it could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

If you do wish to supply the information requested on the SSA-24, this information will be forwarded to the Social Security Administration and used by them to determine whether social security benefits may be payable to surviving dependent(s) of the veteran. Social Security will then contact you regarding any social security benefits payable based on information given on this form.

If you should have any question about entitlement to social security benefits or the information you have provided on this form, please contact your local social security office.

Complete each item of the attached application, Form SSA-24, (except Items 20 through 23). When signed and dated the form SHOULD BE LEFT ATTACHED to your completed

- **VA FORM 21-534, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable) or**

- **VA FORM 21-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).**

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**Privacy Act Statement  
Collection and Use of Personal Information**

Section 202(o) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine whether social security benefits may be payable to survivors of a veteran.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

We generally use the information you supply to determine whether social security benefits may be payable to survivors of a veteran. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information about this form, and any other information regarding our systems and programs, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

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**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

<b>MEDICAL RECORD</b>	<b>AUTHORIZATION FOR AUTOPSY</b>
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In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. NAME AND LOCATION OF MEDICAL FACILITY	DATE AND TIME

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of \_\_\_\_\_

I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: \_\_\_\_\_

(If No Restrictions, Write "None")

The following special examinations are requested: \_\_\_\_\_

3. I(We) represent that I am (we are) the \_\_\_\_\_  
(Relationship/Authority)  
of the deceased and entitled by law to control the disposition of the remains.

WITNESSES (medical facility staff members):  
Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
(Name and Title)

Signed \_\_\_\_\_  
(Name and Title)

<b><u>FOR ADMINISTRATIVE USE ONLY</u></b>		
Case falls within jurisdiction of Medical Examiner/Coroner . . . . .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical Examiner/Coroner released remains from his jurisdiction to this authority . . . . .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade, date; hospital or medical facility)</i>		REGISTER NO.
		WARD NO.

**AUTHORIZATION FOR AUTOPSY**  
Medical Record



## VA ADVANCE DIRECTIVE DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

### **INSTRUCTIONS**

This advance directive form is an official document where you can write down your preferences for your health care. If someday you can't make health care decisions for yourself anymore, this advance directive can help guide the people who will make decisions for you.

You can use this form to:

- Name specific people to make health care decisions for you
- Describe your preferences for how you want to be treated
- Describe your preferences for medical care, mental health care, long-term care, or other types of health care

You may complete some, none, or all sections of this form. If you need more space for any part of the form, you may attach extra pages. Be sure to initial and date every page that you attach. You also must initial the sections you complete and sign the form. If you are unable to initial or sign the form because of a physical impairment, you can place an "X", thumbprint, or stamp on the form instead of your initials and signature. If a physical impairment prevents you from doing any of these things, you can ask someone else who is with you to sign, place an "X", thumbprint, or stamp on the form.

When you complete this form, it's important that you also talk to a member of your health care team, family, and other loved ones to explain what you meant when you filled out the form. A member of your health care team can help you with this form and can answer any questions that you have.

### **PART I: PERSONAL INFORMATION**

NAME ( <i>Last, First, Middle</i> ):		DATE OF BIRTH ( <i>mm/dd/yyyy</i> ):
STREET ADDRESS:		
CITY, STATE, ZIP:		
HOME PHONE WITH AREA CODE:	WORK PHONE WITH AREA CODE:	MOBILE PHONE WITH AREA CODE:

### **Privacy Act Information and Paperwork Reduction Act Notice**

The information requested on this form is solicited under the authority of 38 C.F.R. §17.32. It is being collected to document your preferences for your health care in the event that you can't speak for yourself anymore. The information you provide may be disclosed outside the VA as permitted by law. Possible disclosures include those that are described in the "routine uses" identified in the VA system of records 24VA10P2, Patient Medical Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. This is also available in the Compilation of Privacy Act Issuances. You may choose to fill out this form or not. But without this information, VA health care providers may not understand your preferences as well. If you don't fill out this form, there won't be any effect on the benefits you are entitled to receive. The Paperwork Reduction Act of 1995 requires us to let you know that this information collection follows the clearance requirements of section 3507 of this Act. We estimate that it will take you about 30 minutes to fill out this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information you write down. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 2900-0556.

NAME ( <i>Last, First, Middle</i> ):	DATE OF BIRTH ( <i>mm/dd/yyyy</i> ):
--------------------------------------	--------------------------------------

**PART II: DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

This section of the advance directive form is called a Durable Power of Attorney for Health Care. It lets you appoint a specific person to make health care decisions for you in case you can't make decisions for yourself anymore. This person will be called your Health Care Agent.

Your Health Care Agent should be someone:

- You trust
- Who knows you well
- Who is familiar with your values and beliefs

If you get too sick to make decisions for yourself, your Health Care Agent will have the authority to make all health care decisions for you. This includes decisions to admit and discharge you from any hospital or other health care institution. Your Health Care Agent can also decide to start or stop any type of health care treatment. He or she can access your personal health information, and medical records, including information about whether you have been tested for HIV or treated for AIDS, sickle cell anemia, substance abuse or alcoholism.

**NOTE:** If you wish to give general permission for VA to share your medical records or health information with others, you can complete VA Form 10-5345 (Request for and Authorization to Release Medical Records or Health Information). You can get VA Form 10-5345 from your VA health care provider or you can get it using a computer from this website <http://www4.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf>.

**A - HEALTH CARE AGENT**

Place your initials in the box next to your choice. Choose only one.

Initials	I don't wish to appoint a Health Care Agent right now. (Skip this section and go to Part III, Living Will.)
Initials	I appoint the person named below to make decisions about my health care if I can't decide for myself anymore.

Name ( <i>Last, First, Middle</i> ):		Relationship to Me:
Street Address:		
City, State, Zip:		
Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:

**B - ALTERNATE HEALTH CARE AGENT**

Fill out this section if you want to appoint a second person to make health care decisions for you, in case the first person isn't available.

Initials	If the person named above can't or doesn't want to make decisions for me, I appoint the person named below to act as my Health Care Agent.	
Name ( <i>Last, First, Middle</i> ):		Relationship to Me:
Street Address:		
City, State, Zip:		
Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:

NAME ( <i>Last, First, Middle</i> ):	DATE OF BIRTH ( <i>mm/dd/yyyy</i> ):
--------------------------------------	--------------------------------------

**PART III: LIVING WILL**

This section of the advance directive form is called a Living Will. This section of it lets you write down how you want to be treated in case you aren't able to decide for yourself anymore. Its purpose is to help others decide about your care.

**A - SPECIFIC PREFERENCES ABOUT LIFE-SUSTAINING TREATMENTS**

In this section, you can indicate your preferences for life-sustaining treatments in certain situations. Some examples of life-sustaining treatments are:

- CPR (cardiopulmonary resuscitation)
- a breathing machine (mechanical ventilation)
- kidney dialysis
- a feeding tube (artificial nutrition and hydration)

Think about each situation described on the left and ask yourself, "In that situation, would I want to have life-sustaining treatments?" Place your initials in the box that best describes your treatment preference. You may complete some, all, or none of this section. Choose only one box for each statement.

	<b>Yes.</b> I would want life-sustaining treatments.	I'm not sure. It would depend on the circumstances.	<b>No.</b> I would not want life-sustaining treatments.
If I am unconscious, in a coma, or in a vegetative state and there is little or no chance of recovery.	Initials	Initials	Initials
If I have permanent, severe brain damage that makes me unable to recognize my family or friends (for example, severe dementia).	Initials	Initials	Initials
If I have a permanent condition where other people must help me with my daily needs (for example, eating, bathing, toileting).	Initials	Initials	Initials
If I need to use a breathing machine and be in bed for the rest of my life.	Initials	Initials	Initials
If I have pain or other severe symptoms that cause suffering and can't be relieved.	Initials	Initials	Initials
If I have a condition that will make me die very soon, even with life-sustaining treatments.	Initials	Initials	Initials
Other:	Initials	Initials	Initials

NAME ( <i>Last, First, Middle</i> ):	DATE OF BIRTH ( <i>mm/dd/yyyy</i> ):
--------------------------------------	--------------------------------------

**B - MENTAL HEALTH PREFERENCES**

This section is optional. You may skip this section if you do not have a serious mental health problem or if you do not want to write down your preferences for mental health care. If you have a serious mental health condition, you might want to write down medications that have worked for you in the past and that you would want again, or you might want to write down the mental health facilities or hospitals that you like and those that you don't like. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

**C - ADDITIONAL PREFERENCES**

This section is optional. In this space, you can write other important preferences for your health care that aren't described somewhere else in this document. For example, these might be social, cultural, or faith-based preferences for care, or preferences about treatments such as feeding tubes, blood transfusions, or pain medications. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

NAME ( <i>Last, First, Middle</i> ):	DATE OF BIRTH ( <i>mm/dd/yyyy</i> ):
<b>D - HOW STRICTLY YOU WANT YOUR PREFERENCES FOLLOWED</b>	
Place your initials in the box next to the statement that reflects how strictly you want others to follow your preferences. Choose only one.	
Initials	I want my preferences, as expressed in this Living Will, to serve as a general guide. I understand that in some situations, the person making decisions for me may decide something different from the preferences I express above, if they think it's in my best interests.
Initials	I want my preferences, as expressed in this Living Will, to be followed strictly, even if the person making decisions for me thinks that this isn't in my best interests.
<b>PART IV: SIGNATURES</b>	
<b>A - YOUR SIGNATURE</b>	
<b>By my signature below, I certify that this form accurately describes my preferences.</b>	
SIGNATURE ( <i>Sign in ink</i> ):	DATE ( <i>mm/dd/yyyy</i> ):
<b>B - WITNESSES' SIGNATURES</b>	
Two people must witness your signature. Witnesses to the patient's signing of an advance directive are attesting by their signatures only to the fact that they saw the patient or designated third party sign the VA Advance Directive form. Neither witness may, to the witness' knowledge, be named as a beneficiary in the patient's estate, appointed as health care agent in the advance directive, or financially responsible for the patient's care. Nor may a witness be the designated third party who has signed the VA Advance Directive form at the direction of the patient and in the patient's presence.	
<b>Witness #1</b>	
I personally witnessed the signing of this advance directive. I am not the designated third party who signed this VA Advance Directive form at the direction of the patient and in the patient's presence. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the patient making this advance directive. To the best of my knowledge, I am not named as a beneficiary in the patient's estate.	
SIGNATURE ( <i>Sign in ink</i> ):	DATE ( <i>mm/dd/yyyy</i> ):
Name ( <i>Printed or Typed</i> ):	
Street Address:	
City, State, Zip:	
<b>Witness #2</b>	
I personally witnessed the signing of this advance directive. I am not the designated third party who signed this VA Advance Directive form at the direction of the patient and in the patient's presence. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the patient making this advance directive. To the best of my knowledge, I am not named as a beneficiary in the patient's estate.	
SIGNATURE ( <i>Sign in ink</i> ):	DATE ( <i>mm/dd/yyyy</i> ):
Name ( <i>Printed or Typed</i> ):	
Street Address:	
City, State, Zip:	

NAME (Last, First, Middle):

DATE OF BIRTH (mm/dd/yyyy):

**PART V: SIGNATURE AND SEAL OF NOTARY PUBLIC (Optional)**

This VA Advance Directive form is valid in VA facilities without being notarized. However, you may need to have it notarized to be legally binding outside the VA health care setting. Space for a Notary's signature and seal is included below.

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, personally appeared before me

\_\_\_\_\_ ,

known by me to be the person who completed this document and acknowledged it as their free act and deed.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of \_\_\_\_\_ ,

State of \_\_\_\_\_ , on the date written above.

Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

[SEAL]



REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Location of the VA Health Care Facility)

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

PATIENT'S MAILING ADDRESS (including City, State and Zip Code)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

- TREATMENT BENEFITS LEGAL EMPLOYMENT OTHER (Please specify below):

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

- HEALTH SUMMARY (Prior 2 Years)
PATIENT MEDICAL RECORDS (Dates):
INPATIENT DISCHARGE SUMMARY (Dates):
PROGRESS NOTES:
SPECIFIC CLINICS (Name & Date Range):
SPECIFIC PROVIDERS (Name & Date Range):
DATE RANGE:
OPERATIVE/CLINICAL PROCEDURES (Name & Date):
LAB RESULTS:
SPECIFIC TESTS (Name & Date):
DATE RANGE:
RADIOLOGY REPORTS (Name & Date):
LIST OF ACTIVE MEDICATIONS:
VACCINATION (Dose, Lot Number, Date & Location):
ADMINISTRATIVE RECORDS:
OTHER (Describe):

LAST NAME- FIRST NAME- MIDDLE NAME		DATE OF BIRTH (mm/dd/yyyy)
<b>SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.</b> I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization. <input type="checkbox"/> DRUG ABUSE <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV) I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure. <input type="checkbox"/> <b>I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.</b>		
<b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules. I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.		
<b>EXPIRATION:</b> Without my express revocation, the authorization will automatically expire (select one of the following): <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient) <input type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): _____ _____		
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
<b>FOR VA USE ONLY</b>		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED (mm/dd/yyyy)	RELEASED BY:	



**VA DATE STAMP**  
(Do Not Write In This Space)

**REQUEST FOR NURSING HOME INFORMATION IN CONNECTION WITH CLAIM FOR AID AND ATTENDANCE**

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on page 2. VA uses this form to determine eligibility for pension and aid and attendance benefits based on nursing home status. For more information you can contact us online through **Ask VA:** <https://ask.va.gov>, or call us toll-free at 1-800-827-1000 (TTY:711). VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.**

**SECTION I - VETERAN'S IDENTIFICATION INFORMATION**

**NOTE:** You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, and completely fill in each applicable checkbox to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. DATE OF BIRTH (MM/DD/YYYY)

**SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section ONLY IF the claimant is NOT the veteran)**

5. CLAIMANT'S NAME (First, Middle Initial, Last)

6. SOCIAL SECURITY NUMBER

7. VA FILE NUMBER (If applicable)

8. DATE OF BIRTH (MM/DD/YYYY)

**SECTION III - NURSING HOME INFORMATION**

9. NAME OF NURSING HOME

10. ADDRESS OF NURSING HOME (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number  City

State/Province  Country  ZIP Code/Postal Code

**SECTION IV - GENERAL INFORMATION (To be completed by a Nursing Home Official)**

**NOTE:** Your state's Medicaid program may use a different name.

11. DATE ADMITTED TO NURSING HOME (MM/DD/YYYY)

12. IS THE NURSING HOME A MEDICAID APPROVED FACILITY?

 YES  NO

13. HAS THE PATIENT APPLIED FOR MEDICAID?

 YES  NO

14A. IS THE PATIENT COVERED BY MEDICAID?

 YES  NO (If "YES," complete Item 14B)

14B. DATE MEDICAID PLAN BEGAN (MM/DD/YYYY)

15. MONTHLY AMOUNT PATIENT IS RESPONSIBLE FOR OUT OF POCKET \$

16. I CERTIFY THAT THE CLAIMANT IS A PATIENT IN THIS FACILITY BECAUSE OF MENTAL OR PHYSICAL DISABILITY AND IS RECEIVING: (Check one)

 SKILLED NURSING CARE  INTERMEDIATE NURSING CARE

17. NURSING HOME OFFICIAL'S NAME (First and Last)

18. NURSING HOME OFFICIAL'S TITLE

19. NURSING HOME OFFICIAL'S OFFICE TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

**SECTION V - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

20. SIGNATURE OF NURSING HOME OFFICIAL (REQUIRED)

21. DATE SIGNED (MM/DD/YYYY)

**PENALTY:** The law provides severe penalties (including fine and/or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. While you are not required to respond, your cooperation in providing this relevant and necessary information will help us determine the claimant's maximum benefit entitlement under the law. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining the claimant's eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of the claimant's participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** VA needs this information to determine eligibility for pension and aid and attendance benefits based on nursing home status. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If you desire, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**NOTICE OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM  
FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)**

This notice provides information regarding the evidence necessary to substantiate a claim for:

- Non-service-connected Burial Allowance
- Service-connected Burial Allowance
- Plot or Interment Allowance
- Transportation Reimbursement
- Unclaimed Remains of Veteran

**When to Use this Form**

Use this notice and the attached application to submit a claim for any of the above named burial allowances and related burial benefits. This notice informs you of the evidence necessary to decide your claim. After you submit your claim on the attached application, you will not receive an initial letter regarding your claim. You do not need to submit another application.

If you are filing a claim for new burial benefits or disagree with an evaluation decided more than one year ago...	Please complete and submit VA Form 21P-530EZ, <i>Application for Burial Benefits</i>
If you disagree with a burial decided within the past year and have new and relevant evidence <b>OR</b>  If you are filing a supplemental claim (a claim after an initial claim for the same burial benefit(s) previously decided)...	Please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplement Claim**</i>

\*\*You may also file a request for a higher-level review or an appeal to the Board of Veterans' Appeals. For additional information on all these different options, please visit <https://benefits.va.gov/benefits/appeals.asp>.

**Want to apply electronically?**

You can apply for VA burial benefits online at <https://www.va.gov/>. You can also upload all supporting evidence you may have and make your claim a Fully Developed Claim (FDC).

**NOTE:** You may wish to contact an accredited Veterans Service Officer (VSO) to assist you with your application. For a list of accredited Veterans Service Organizations go to <https://www.va.gov/vso/>. You may also contact your state office of Veterans Affairs at <https://www.va.gov/statedva.htm> should you need further assistance with the application process.

**Want your claim processed faster?**

The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate, submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for survivor benefits, use VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits*. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**NOTE:** Participation in the FDC program is optional and will not affect the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program and process it in the Standard Claim Process. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process) on page 3. If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process on page 3.

**FEES for claims:** Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

## GENERAL INFORMATION

### ELIGIBLE CLAIMANTS (Who Should File A Claim):

Check the appropriate box on the form (Item 13) regarding your relationship to the veteran to certify your correct claimant eligibility.

VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

- The veteran's surviving spouse; **OR**
- The survivor of a legal union between the deceased veteran and the survivor; **OR**
- The veteran's children, regardless of age (biological, step and adopted); **OR**
- The veteran's parents or the surviving parent; **OR**
- The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate (a person is considered acting for the estate when no executor or administrator has been appointed).
- For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized to relationship and was evidenced by the State's issuance of documentation memorializing the relationship.

If the veteran's remains are unclaimed, VA will pay the person or entity that provided burial services for the remains of an unclaimed veteran.

**NOTE:** Claimant Social Security Number and date of birth are not required when claiming unclaimed remains, or if the claimant is a firm, corporation, or state agency.

**TIME LIMIT FOR FILING A CLAIM:** Claim for non-service-connected burial allowance must be filed with VA within 2 years after the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years after the date of correction. There is no time limit for the service-connected burial allowance, plot or interment allowance, non-service-connected burial allowance based upon VA hospitalization death, or reimbursement of transportation expenses.

**BURIAL ALLOWANCE:** A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea and medical school donation. (See evidence table for more information.)

**PLOT OR INTERMENT ALLOWANCE:** A one-time benefit payment payable toward:

- (1) Expenses incurred for the plot or interment of a Veteran who was eligible for burial in a national cemetery if the actual burial was not in a national cemetery under the jurisdiction of the United States and non-service-connected burial allowance is granted; **OR**
- (2) Expenses are payable if non-service-connected burial allowance is granted and veteran was buried in a State-owned cemetery or sub-section used solely for the remains of such persons or other individuals as authorized within 38 U.S.C. 2303(b)(1) and meets eligibility for burial in a national cemetery.

"Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place.

"Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

**TRANSPORTATION REIMBURSEMENT:** When transportation reimbursement is allowable, VA may pay for expenses relating to the transportation of the veteran's remains. This includes the pickup and the transportation of the veteran's remains to their final resting place. Claims for transportation reimbursement benefits must include a statement of account showing itemized transportation charges.

VA may pay transportation reimbursement only when one of the following eligibility requirements are met:

- VA hospitalization death; **OR**
- the veteran was in receipt of disability compensation at the time of death; **OR**
- the veteran was in receipt of military retirement in lieu of disability compensation at the time of death; **OR**
- the veteran was in receipt of pension at the time of death; **OR**
- the veteran's remains are unclaimed; **OR**
- Service-connected burial allowance granted and burial was in a national or covered Veteran's cemetery.

**NOTE:** a covered Veterans' cemetery is defined as a Veterans' cemetery in which a deceased veteran is eligible to be buried that is owned by a State or is on trust land owned by, or held in trust for, a tribal organization, and for which the Secretary has made a grant under 38 U.S.C. 2408.

**PROOF OF DEATH TO ACCOMPANY CLAIM:** Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If the proof of death has previously been furnished to VA, it does not need to be submitted again.

Claims for service-connected burial allowance must include the veteran's cause of death.

**RESPONSIBLE FOR (LEGALLY INCURRED) EXPENSES:** The claimant (you) have already paid or owe the burial expenses for the benefit being claimed and is legally the responsible party for the debt. By checking "Yes" in Item 22A on the form, you are certifying that this statement is true. If filing as an executor of the veteran's estate, by checking "Yes" in Item 22A, you certify that the veteran paid the burial prior to his or her death or funds from the estate were used as payment.

**SERVICE RECORD:** A photocopy of the veteran's DD Form 214, Report of Separation (or equivalent) for all periods of military service will permit prompt processing. You may request a copy of the DD Form 214 through the National Archives' National Personnel Records Center (NPRC) using SF 180 (09/2021 version), Request Pertaining to Military Records, (available at <https://www.archives.gov/>) or through your local public custodian of records.

Service documents **will not** be returned. If the veteran was receiving VA benefits, this is not required with your application.

## SUBMITTING A CLAIM

When submitting a claim(s) for **Burial Benefits** the following information tells you what you need to do and what VA will do during the FDC Program (Optional Expedited Process) or the Standard Claim Process:

**HOW TO SUBMIT A CLAIM:** Submit your claim on a VA Form 21P-530EZ, *Application for Burial Benefits* (attached). Make sure you complete and sign your application.

**WHAT YOU NEED TO DO:** The tables beginning on page 3 describes the information and evidence you need to submit based on if you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process. You will need to indicate how you want your claim to be processed by checking the appropriate box in Section VII on page 7 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p><b>You must submit:</b></p> <ul style="list-style-type: none"> <li>• A signed and FULLY COMPLETE VA Form 21P-530EZ, <i>Application for Burial Benefits</i></li> <li>• Required evidence for each burial benefit claimed (see tables below)</li> <li>• Complete veteran and claimant information</li> <li>• Proof of veteran's death, including the cause of death, if claiming service-connected burial allowance. If the veteran was seen outside of the VA, you must include copies of any medical records from a private medical provider or provide a completed VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, with your application for VA to request the records on your behalf</li> <li>• An itemized statement of account, if claiming transportation reimbursement</li> </ul> <p><b>NOTE:</b> If you decide to submit your claim through the FDC Program, please indicate FDC in Section VII of the application on page 7.</p>	<p>Please submit a complete signed VA Form 21P-530EZ, <i>Application for Burial Benefits</i>, that includes any required evidence listed in the tables below.</p> <p>If you know of any evidence not in your possession and want VA to try to get it for you;</p> <p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Complete and sign VA Form 21-4142 and VA Form 21-4142a, identifying any private medical records you wish VA to request for you</li> <li>• Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it</li> </ul> <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <b><i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></b></p>
<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Send the above information and any specific evidence listed below for the burial benefit(s) claimed <i>along</i> with your claim form</li> </ul> <p>If you submit additional information or evidence <i>after</i> you submit your "fully developed" claim, then VA will remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p><b>You are strongly encouraged to:</b></p> <ul style="list-style-type: none"> <li>• Send any information or evidence as soon as you can</li> </ul> <p><b>You have up to <i>one</i> year</b> from the date we receive the claim to submit the information and evidence necessary to support your claim. If within <b>30</b> days, you do not provide any evidence or do not provide us with the information requested to assist you with obtaining evidence, we may decide your claim prior to the expiration of the one year period. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

**HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM:** The table below describes the information and evidence VA will assist you in obtaining based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p><b>VA will:</b></p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA Medical Center, that you adequately identify and authorized VA to obtain.</li> <li>• Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim.</li> </ul>	<p><b>VA will:</b></p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA Medical Center, that you adequately identify and authorized VA to obtain.</li> <li>• Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim.</li> <li>• Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as a private doctor or hospital records from current or former employers.</li> </ul>

**WHERE TO SEND INFORMATION AND EVIDENCE:** You may send your application and any evidence in support of your claim by using any of the following methods shown in the table below.

MAIL TO	ONLINE
Department of Veterans Affairs Pension Claims Intake Center P.O. Box 5365 Janesville, WI 53547-5365	<a href="https://www.va.gov/">https://www.va.gov/</a>

**WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM:** The tables below show what evidence you must provide and eligibility information to support your claim for burial benefits.

## EVIDENCE TABLES

### Non-Service-Connected Burial Allowance

To support a claim for **non-service-connected burial allowance**, the evidence must show:

- VA received a burial claim for non-service-connected burial allowance no later than two years after the burial or cremation of the veteran; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred the burial expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Verification of veteran's military service (only if veteran was not in receipt of VA benefits at time of death); **AND**
- At the time of death, the veteran:
  - Was in receipt of VA disability compensation or VA pension; **OR**
  - Had a claim pending which would have resulted in entitlement to VA disability compensation or VA pension; **OR**
  - Was entitled to receive VA disability compensation or VA pension but decided to receive military retirement or disability pay in place of VA disability compensation check.
- Was hospitalized by VA. For VA hospitalization, for the purpose of this burial benefit, VA hospitalization is met, if at the time of death, the veteran:
  - Was properly admitted to a VA facility; **OR**
  - Was transferred or admitted to a non-VA facility for hospital care under VA contract; **OR**
  - Was transferred or admitted to a nursing home for nursing home care at the expense of the VA contract; **OR**
  - Was traveling under proper prior authorization to or from a specified place for purpose of examination treatment or care, at VA expense; **OR**
  - Was transferred or admitted to a State nursing home at the expense of the VA, under VA contract; **OR**
  - Was a patient in a State Veteran's home.

### Service-Connected Burial Allowance

To support a claim for **service-connected burial allowance**, the evidence must show:

- VA received a burial claim for service-connected burial allowance; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death including the cause of death; **AND**
- Statement certifying that the claimant incurred the burial expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Verification of the veteran's military service (only if the veteran was not in receipt of VA benefits at the time of death); **AND**
- If your claim is based on a service-connected disability established during the veteran's lifetime, the evidence must show:
  - The veteran had a service-connected disability(ies) that was/were either the principal or contributory cause of the veteran's death; **OR**
- If your claim is based on a disability that was not established as service-connected during the veteran's lifetime or for which the veteran did not file a claim during his or her lifetime, the evidence must show:
  - An injury or disease that was incurred or aggravated during active military service, or an event in service that caused an injury or disease; **AND**
  - A physical or mental disability that was either the principle and contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of a disability that were visible or observable; **AND**
  - A relationship between the disability associated with the cause of death and an injury, disease, or event in military service. Medical records or medical opinions are generally required to establish this relationship.

### Unclaimed Remains

In order to support a claim for **unclaimed remains**, the evidence must show:

- VA received a burial claim for veteran's unclaimed remains no later than two years after the burial or cremation of the veteran; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred burial expenses of the deceased veteran; **AND**
- The remains of the deceased veteran have not been claimed by relatives or friends; **AND**
- There are not sufficient resources available in the veteran's estate to cover the burial and funeral expenses.

**NOTE:** Funeral homes and/or entities in care and custody of remains who incurred costs for burial of unclaimed veteran remains may file a claim for burial benefits as the claimant responsible for the expense. When filing a claim, check "Yes" in Item 22A as the responsible party for the burial expense if you incurred costs due to the service you provided in burial or cremation of the remains. By checking "Yes", you are certifying that you incurred the costs and no one other than you is responsible for the expense.

## EVIDENCE TABLES (Continued)

### Plot or Interment Allowances

In order to support a claim for **plot or interment allowance**, the evidence must show:

- VA received a burial claim for plot or interment allowance; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Veterans burial or interment was not in a National cemetery, State Veterans cemetery or other State-owned cemetery; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred plot or interment expenses, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Veterans burial or interment was not in a National cemetery, State Veterans cemetery or other State-owned cemetery.

### Transportation Reimbursement

To support your claim for **transportation reimbursement**, the evidence must show:

- VA received a burial claim for transportation reimbursement; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred transportation expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- An itemized receipt or statement, preferably on letterhead that includes the:
  - Name of the deceased veteran; **AND**
  - Specific transportation costs incurred; **AND**
  - Date of the services rendered; **AND**
  - Name of the individual who paid the costs.

## HOW VA DETERMINES THE EFFECTIVE DATE

Burial benefits are based on the date of the veteran's death and the death date we receive your claim. The veteran's death certificate is relevant evidence used in determining the effective date of any benefits we award.



**SECTION VI - INFORMATION REGARDING FINAL RESTING PLACE**

16. PLACE OF BURIAL PLOT, INTERMENT SITE, OR FINAL RESTING PLACE OF DECEASED VETERAN'S REMAINS

- CEMETERY/GRAVEYARD       PRIVATE RESIDENCE  
 MAUSOLEUM/VAULT/TOMB/CRYPT       OTHER (Specify): \_\_\_\_\_

17. WAS THE VETERAN BURIED IN A NATIONAL CEMETRY, OR ONE OWNED BY THE FEDERAL GOVERNMENT?

- YES     NO  
 (If "YES," provide name of cemetery below): \_\_\_\_\_

18. WAS THE VETERAN BURIED IN A CEMETERY OWNED BY THE STATE OR TRIBAL TRUST LAND?

- YES, State Cemetery     YES, Tribal Trust     NO  
 (If "YES," provide name and zip code of cemetery or Tribal Trust Land below):  
 NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

19A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?

- YES     NO    (If "YES," complete Item 19B)

19B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

\$       .00

**SECTION V - CLAIM FOR BURIAL ALLOWANCE**

20A. SELECT TYPE OF BURIAL ALLOWANCE YOU ARE CLAIMING (May apply for more than one)

- NON-SERVICE-CONNECTED BURIAL ALLOWANCE  
 SERVICE-CONNECTED BURIAL ALLOWANCE  
 UNCLAIMED REMAINS OF THE VETERAN  
 (If claimed, you must answer question 20B)

20B. WHERE DID THE VETERAN'S DEATH OCCUR? (Check one)

- NURSING HOME/FACILITY (NOT PAID BY VA) OR VETERANS RESIDENCE  
 NURSING HOME/FACILITY (PAID BY VA)\*  
 VA MEDICAL CENTER\*  
 STATE VETERANS FACILITY\*  
 OTHER (Specify place of death)\*: \_\_\_\_\_

\*Please provide veteran's specific place of death including the name and location of the nursing home, VA Medical Center or State veteran facility.

21. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?     YES     NO

22A. ARE YOU RESPONSIBLE FOR THE VETERAN'S BURIAL EXPENSES?     YES     NO

22B. DO YOU CERTIFY THE REMAINS OF THE DECEASED VETERAN HAVE NOT BEEN CLAIMED BY RELATIVES OR FRIENDS AND THERE ARE NOT SUFFICIENT RESOURCES AVAILABLE IN THE VETERAN'S ESTATE TO COVER THE BURIAL AND FUNERAL EXPENSES? (Required **only** if claiming unclaimed remains of veteran)

- YES     NO

**SECTION VI - CLAIM FOR PLOT AND/OR TRANSPORTATION ALLOWANCE**

23. ARE YOU RESPONSIBLE FOR THE VETERAN'S PLOT OR INTERMENT EXPENSES?     YES     NO

24. ARE YOU RESPONSIBLE FOR THE VETERAN'S TRANSPORTATION EXPENSES FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE? (You must include an itemized receipt)

- YES     NO

**SECTION VII - CLAIM CERTIFICATION AND SIGNATURES (MUST COMPLETE)**

**CLAIMANT CERTIFICATION AND SIGNATURE**

- I WANT my claim processed under the FDC program. I CERTIFY and authorize the release of information. I CERTIFY that the statements in this document are true and complete to the best of my knowledge. I AUTHORIZE any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me and the veteran, and I WAIVE any privilege which makes the information confidential. I CERTIFY I have received the notice attached to this application titled, *Application for Burial Benefits*, and, I CERTIFY I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; or, I have no additional information or evidence to give VA to support my claim.
- I do not want my claim processed under the FDC program. I am indicating I want my claim processed under the standard claim process because I plan to submit further evidence in support of my claim.

25A. SIGNATURE OF CLAIMANT (REQUIRED) (Sign in ink) (If signed using an "X", complete Items 27A through 28B) (If signing for a firm, corporation, or State agency, complete Items 26A and 26B)

25B. PRINTED NAME OF CLAIMANT

26A. FULL PRINTED NAME AND ADDRESS OF PERSON, FIRM, CORPORATION, OR STATE AGENCY SIGNING AS CLAIMANT (If different from Item 7)

26B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

**SECTION VIII - WITNESSES TO SIGNATURE**

**NOTE:** If the claimant signed above using an "X", a signature must be witnessed by two persons to whom the person making the statement and the signatures and addresses of such witnesses must be shown below.

27A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")

27B. PRINTED NAME AND ADDRESS OF WITNESS

28A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")

28B. PRINTED NAME AND ADDRESS OF WITNESS

**SECTION IX - ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (REQUIRED ONLY IF ITEM 25A IS BLANK)**

**I CERTIFY THAT** by signing on behalf of the claimant, I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

**I UNDERSTAND** that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

29A. ALTERNATE SIGNER SIGNATURE (REQUIRED only if Item 25A is blank) (Physical Signature)

29B. DATE SIGNED (MM/DD/YYYY)

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain).

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

**DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS**

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or Markers for all individuals in a national or post cemetery are furnished automatically without a request from the family. For additional information on burial benefits go to the web site, [www.cem.va.gov/bbene\\_burial.asp](http://www.cem.va.gov/bbene_burial.asp). To obtain VA Form 40-1330, *Application for Standard Government Headstone or Marker*, go to [www.va.gov/vaforms](http://www.va.gov/vaforms) or contact your local VA regional office. The address of that office can be found at [www.va.gov/directory](http://www.va.gov/directory).

## NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR DEPENDENCY AND INDEMNITY COMPENSATION, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS

This notice provides information regarding evidence necessary to substantiate a claim for:

- Survivors Pension
- Dependency Indemnity Compensation (DIC)
- DIC under 38 U.S.C. 1151
- DIC re-evaluation based on PL 117-16 (PACT ACT)
- Increased Survivor Benefits Based on Need for Special Monthly Pension or Special Monthly DIC
- Accrued Benefits
- Benefits Based on a Veteran's Seriously Disabled Child

If you are making a claim for:

- Parent's DIC and/or accrued benefits for parents use - VA Form 21P-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation when Applicable)*
- Veteran's disability compensation use - VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*
- Veteran's pension benefits use - VA Form 21P-527EZ, *Application for Veterans Pension*
- Accrued benefits only use - VA Form 21P-601, *Application for Accrued Benefits Due a Deceased Beneficiary*

If you are **not** ready to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits, please complete a VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC, to protect your date of claim. If you complete the VA Form 21P-534EZ within one year of filing the VA Form 21-0966, your completed application will be considered filed as of the date of receipt of the VA Form 21-0966.

VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

### ASSISTANCE WITH COMPLETING YOUR CLAIM

#### Veteran Service Officer (VSO)

You may wish to contact an accredited Veteran Service Officer to assist you with your application. For a list of accredited veteran's service organizations go to <https://www.va.gov/vso/>. You may also contact your state office of Veterans Affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process. To assign a VSO as your power of attorney for the claims process please submit VA Form 21-22, *Appointment of Veteran Service Organization as Claimant's Representative*.

#### Private Attorney and Claims Agents

Attorneys and claims agents are available to assist you in completing your application. To verify if your attorney or claims agent is accredited by the Department of Veterans Affairs go to: <https://www.va.gov/ogc/apps/accreditation/index.asp>. To assign a private attorney or claims agent as your power of attorney for the claims process please submit a VA Form 21-22a, *Appointment of Individual as Claimant's Representative*.

#### Fees for Claims

Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

### WHEN TO USE THIS FORM

The attached application and the worksheets are needed to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. This notice details the evidence necessary to substantiate your claim.

The Application is comprised of 14 sections. Be sure to answer the question(s) in each section as required.			
SECTION I:	Veteran's Identification Information	SECTION VIII:	Nursing Home or Increased Survivors Entitlement Based on a Claim For Special Monthly Pension
SECTION II:	Claimant's Contact Information	SECTION IX:	Income and Assets
SECTION III:	Veteran's Service Information	SECTION X:	Information About Your Medical or Other Expenses
SECTION IV:	Marital Information	SECTION XI:	Direct Deposit Information
SECTION V:	Marital History	SECTION XII:	Claim Certification and Signature
SECTION VI:	Child of the Veteran Information	SECTION XIII:	Witness to Signature
SECTION VII:	DIC	SECTION XIV:	Alternate Signer Certification and Signature

## WANT TO GET YOUR CLAIM PROCESSED FASTER?

### Participation in the FDC Program is:

- An Optional Expedited process (enrollment is automatic unless you opt-out).
- Will not affect the quality of care you receive or the benefits to which you are entitled.

You will be removed from the FDC program if:

- It is determined that other non-federal records exist, and VA needs the records to decide your claim.

See below for more information.

- If you wish to file your own claim in the FDC Program, see FDC Program.
- If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

### FDC Program Criteria

To qualify for the FDC Program you must:

1. Submit your claim on a completed, signed and dated VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits* (Attached).

2. Submit simultaneously with your claim:

- A copy of the veteran's death certificate (unless the veteran died on active duty); AND

If claiming Survivor's Pension:

- All necessary income and asset information; AND
- Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.

If claiming DIC:

- All, if any, of the veteran's relevant, private medical treatment records and an identification of any of the veteran's treatment records available at a Federal facility, such as a VA medical center, that supports your claim that a service-connected disability caused the veteran's death or the veteran's death was caused by the VA;
- Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s) if applicable; AND
- Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.

3. Report for any VA examinations VA determines are necessary to decide your claim.

For more information on the FDC Program, visit our website at <https://www.choose.va.gov/pensions>. For more information on VA benefits, visit our website at [www.va.gov](http://www.va.gov), contact us at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.

### SPECIAL CIRCUMSTANCES:

Additional forms may be needed to remain eligible for the FDC Program.

This includes VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, which may be required if you:

- Have multiple income sources
- Have more than \$25,000 in assets
- Additional forms as noted on the VA Form 21P-0969 may be required

If claiming Special Monthly Pension or Special Monthly DIC:

- Please have a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinic Nurse Specialist (CNS) complete VA Form 21-2680, *Examination for Household Status or Permanent Need for Regular Aid and Attendance*, **OR**
- If you are a patient in a nursing home complete VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

If claiming benefits for a child of the veteran:

- And they are in school between the ages of 18 and 23, a completed VA Form 21-674, *Request for Approval of School Attendance*
- If the child was adopted, please submit the adoption papers or amended birth certificate
- If claiming benefits for a child of the veteran who became seriously disabled prior to reaching the age of 18, submit all, if any, relevant private medical treatment records for the child's pertinent disabilities

## WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service. A substantially complete claim must contain: (1) The claimant's name; (2) Their relationship to the veteran (3) Sufficient service information for VA to verify the claimed service, if applicable; (4) The benefit sought and any medical condition(s) on which it is based; (5) The claimant's signature; (6) A statement of income, if applicable.

FDC PROGRAM (OPTIONAL EXPEDITED PROCESS)	STANDARD CLAIM PROCESS
<p>You must:</p> <ul style="list-style-type: none"> <li>• Submit your claim in accordance with the "FDC Criteria" (see page 2)</li> </ul>	<p>You must:</p> <ul style="list-style-type: none"> <li>• If you know of evidence not in your possessions and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it.</li> </ul> <p><b>NOTE:</b> If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <b>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</b></p>

## HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

VA will retrieve evidence on your behalf in some circumstances. If VA is unable to retrieve the necessary evidence, we will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a federal department or agency.

FDC PROGRAM (OPTIONAL EXPEDITED PROCESS)	STANDARD CLAIM PROCESS
<p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain.</li> <li>• Get a medical opinion if we determine it is necessary to decide your claim</li> </ul>	<p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain.</li> <li>• Get a medical opinion if we determine it is necessary to decide your claim</li> <li>• Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records from current or former employers.</li> </ul>

## WHEN YOU SHOULD SEND WHAT WE NEED

FDC PROGRAM (OPTIONAL EXPEDITED PROCESS)	STANDARD CLAIM PROCESS
<p>You must:</p> <ul style="list-style-type: none"> <li>• Send the information and evidence simultaneously with your claim.</li> </ul> <p><b>NOTE:</b> If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we received the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> <li>• Send any information or evidence as soon as you can.</li> </ul> <p><b>NOTE:</b> You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we received the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

## WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See Evidence Tables titled...
Survivor's Pension (a needs based benefit based on the veteran's wartime service)	<ul style="list-style-type: none"> <li>• Military Service Verification</li> <li>• Survivor's Pension</li> </ul>
<ul style="list-style-type: none"> <li>• DIC because the veteran's death was related to the veteran's service, OR</li> <li>• DIC because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling</li> </ul>	Dependency and Indemnity Compensation (DIC)
DIC because the veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy	DIC under 38 U.S.C. 1151
DIC re-evaluation of a previously denied claim based on eligibility under PL 117-168 (PACT Act)	DIC re-evaluation based on PL 117-168 (PACT Act)
DIC that was previously denied by VA	Supplemental DIC
Special Monthly Pension or Special Monthly DIC based on the need for aid and attendance or housebound benefits	Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC
Benefits that were due to the veteran at the time of the veteran's death	Accrued Benefits
Benefits because the child of the veteran is severely disabled	Child incapable of self-support

## EVIDENCE TABLES

MILITARY SERVICE VERIFICATION
<p><b>To support your claim for Survivors benefits</b>, the veteran's military service must be verified. The following evidence can be submitted to verify the veteran's military service:</p> <ul style="list-style-type: none"> <li>• A photocopy of the veteran's DD 214 (or equivalent) for all periods of military service. You may request a copy of the DD 214 through the National Archives' National Personnel Records Center (NPRC) using Standard Form 180 (SF-180, 09/2021 version), <i>Request Pertaining to Military Records</i>, (available at <a href="https://www.gsa.gov/forms">https://www.gsa.gov/forms</a>) or through your local public custodian of records</li> </ul> <p><b>Fire Related Military Records</b></p> <p>As you may know, there was a fire at the National Archives and Records Administration on July 12, 1973, which destroyed approximately:</p> <ul style="list-style-type: none"> <li>• 80 percent of the records NPRC held for Veterans who were discharged from the Army between November 1, 1912, and January 1, 1960, and</li> <li>• 75 percent of the records NPRC held for Veterans with surnames beginning (alphabetically) with Hubbard and running through the end of the alphabet, and who were discharged from the Air Force between September 25, 1947, and January 1, 1964.</li> </ul> <p>If the veteran's military records were stored there on that date, they may have been destroyed in the fire. If you believe the veteran's military records may have been destroyed in the fire, NA Form 13075, <i>Questionnaire About Military Service</i>, should be completed to avoid delays in processing your claim. NA Form 13075 is available at: <a href="https://www.archives.gov/files/st-louis/military-personnel/na-13075-questionnaire-about-military-service.pdf">https://www.archives.gov/files/st-louis/military-personnel/na-13075-questionnaire-about-military-service.pdf</a>.</p> <p><b>NOTE:</b> The Veterans Benefits Administration (VBA) is no longer able to retrieve or return original documents submitted. Please <b><i>do not</i></b> submit original documents to VA since they <b><i>will not</i></b> be returned to you.</p>

## EVIDENCE TABLES (Continued)

### SURVIVORS PENSION

To support your claim for **Survivors Pension**, the evidence must show:

1. The veteran met certain minimum active service requirements during a period of war. Generally, those requirements are:
  - 90 days of service during a period of war; **OR**
  - 90 days of consecutive service at least one day of which was during a period of war; **OR**
  - 90 days of combined service during more than one period of war  
(**Note:** If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.); **OR**
  - any length of active service during a period of war when:
    - at the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; **OR**
    - the veteran was discharged from active service due to a service-connected disability.
2. Your income and assets do not exceed certain requirements.

Assets means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of the primary residence including the residential lot area that does not exceed 2 acres, unless the additional acreage is not marketable) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

### DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

To support a claim for **Dependency and Indemnity Compensation (DIC) based on a service-connected disability**:

- The veteran died while on active service; **OR**
- The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; **OR**
- The veteran died from non-service-connected injury or disease **AND** was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling:
  - For at least 10 years immediately before death; **OR**
  - For at least 5 years after the veteran's release from active duty preceding death; **OR**
  - For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999.

To support a claim for **DIC based on a disability that was not service-connected** or for which the veteran did not file a claim during their lifetime, the evidence must show:

- An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence.

To support your claim for **DIC based upon the service person's active duty for training**, the evidence must show:

- The service person was disabled during active duty for training due to a disease or injury incurred in the line of duty and the disease or injury caused or contributed to the service person's death.

**NOTE:** If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for **DIC based on a disability that was not service-connected** or for which the service person did not file a claim during their lifetime, the evidence must show:

- The service person was disabled during active duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

## EVIDENCE TABLES (Continued)

### DEPENDENCY AND INDEMNITY COMPENSATION (DIC) (Continued)

To support your claim for **DIC based upon the service person's inactive duty training**, the evidence must show:

- The service person died during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death.

**NOTE:** If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for **DIC based on a disability that was not service-connected** or for which the service person did not file a claim during their lifetime, the evidence must show:

- The service person was disabled during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death.

### DIC UNDER 38 U.S.C. 1151

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
  - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
  - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
  - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program.

### DIC RE-EVALUATION BASED ON PL 117-168 (PACT ACT)

Public Law 117-168 (PACT ACT) was signed into law on August 10, 2022. This resulted in a substantial expansion of a veteran's military service that qualifies for presumptive toxic exposure and new presumptive conditions linked to that exposure. The law allows prior claimants for DIC to request a re-evaluation based on the expanded eligibility within the PACT Act. More information about the PACT Act can be found at <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>.

In order to support your claim for **DIC re-evaluation based on PL 117-168 (PACT Act)** the evidence must show:

- A claim was submitted and denied prior to August 10, 2022, the date the PACT Act went into effect; **AND**
- The claimant has elected re-evaluation of the previously denied claim.

### SUPPLEMENTAL DIC

In order to reopen a **claim previously denied by VA**, we need:

- The prescribed supplemental claim form, VA Form 20-0995, *Decision Review Request: Supplemental Claim*; **AND**
- New and relevant evidence. New and relevant evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.
  - To qualify as new, the evidence must currently exist and be submitted to VA for the first time
  - In order to be considered relevant, the additional existing evidence must pertain to the reason your claim was previously denied

## EVIDENCE TABLES (Continued)

### INCREASED SURVIVOR BENEFITS BASED ON SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulations 3.352(a)); **OR**
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulations 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

### ACCRUED BENEFITS

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

**NOTE:** Child means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education or became incapable of self-support prior to reaching age 18.

If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses using VA Form 21P-601, *Application for Accrued Amounts Due a Deceased Beneficiary*.

### CHILD INCAPABLE OF SELF-SUPPORT

To support a **claim for benefits based on a veteran's child being incapable of self-support**, the evidence must show that the child, before their 18th birthday became permanently incapable of self-support due to mental or physical disability. The information necessary to establish the extent of the child's disability includes:

- the extent to which the child is and was, prior to reaching their 18th birthday, physically or mentally deficient as evidenced by factors such as their ability to perform self-care functions, and ordinary tasks expected of a child of that age
- whether or not the child attended school and, if so, the maximum grade attended
- if any material improvement in the child's condition has occurred
- if the child has ever been employed and, if so, the nature and dates of such employment, and amount of pay received
- whether or not the child has ever been married, and
- a description of the child's present condition

## PRESUMPTIVE SERVICE CONNECTION

To support a claim for presumptive service connection the evidence must show:

- The veteran served in a recognized location that qualifies for the presumption of exposure; **AND/OR**
- The veteran died of a disability that qualifies for the presumption of service connection. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable

Under certain circumstances, VA may presume that certain current diseases were caused by service, even if there is no specific evidence proving this in your particular claim. Service connection is presumed for certain diseases for the following veterans:

- Former prisoners of war;
- Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service;
- Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service;
- Veterans who were exposed to certain herbicides, such as by service in/on:
  - Vietnam or qualifying offshore waters, from January 9, 1962, through May 7, 1975;
  - a unit determined by VA or the Department of Defense to have operated in the Korean DMZ, from September 1, 1967, through August 31, 1971;
  - individuals who performed service in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have used to spray an herbicide agent during the Vietnam era;
  - Thailand at any United States or Royal Thai base, from January 9, 1962, through June 30, 1976;
  - Laos, from December 1, 1965, through September 30, 1969;
  - Cambodia at Mimot or Krek, Kampong Cham Province, from April 16, 1969, through April 30, 1969;
  - Guam or American Samoa, or in the territorial waters thereof, from January 9, 1962, through July 31, 1980;
  - Johnston Atoll or on a ship that called at Johnston Atoll, from January 1, 1972, through September 30, 1977.
- Veterans who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953 and December 31, 1987; **OR**
- Veterans who served in the Gulf War:
  - On or after August 2, 1990, and served in:
    - Bahrain; Iraq; the neutral zone between Iraq and Saudi Arabia; Kuwait; Oman; Qatar; Saudi Arabia; Somalia; United Arab Emirates; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; the Red Sea; Afghanistan; Israel; Egypt; Turkey; Syria; or Jordan; **OR**
  - On or after September 11, 2001, and served in:
    - Afghanistan; Djibouti; Egypt; Jordan; Lebanon; Syria; Yemen; or Uzbekistan.

## IMPORTANT INFORMATION REGARDING MARRIAGE

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

## HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for Survivors benefits, the beginning date of your entitlement will generally be the date we received your claim. However, if VA receives your claim within one year after the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died. The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Special monthly pension may be available for a veteran's surviving spouse who is unable to perform certain activities of daily living, are a patient in a nursing home, or are substantially confined to their immediate premises. Special monthly pension may be effective from the date medical evidence first shows entitlement.

## WHERE TO SEND COMPLETED APPLICATION AND EVIDENCE

When you have completed this application, you can either submit online or mail it to the Pension Intake Center listed below. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and any evidence you send to VA before submitting.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547-5365	VA gov: <a href="http://www.va.gov">www.va.gov</a> Direct Upload via: <a href="http://access.va.gov">access.va.gov</a>

## TERMS AND CALCULATIONS FOR SURVIVOR'S PENSION

### **Maximum Annual Pension Rate (MAPR)**

This is the maximum payable amount of the benefit. Your MAPR is based on how many dependents you have and if your disabilities qualify you for Housebound or Aid and Attendance benefits. The MAPR is reviewed each year for cost-of-living adjustments.

### **Medical Deductible**

The unreimbursed expenses must exceed 5 percent of the applicable MAPR. The deductible increases based on the number of dependents but is not adjusted for aid and attendance (A&A) or housebound.

### **Countable Medical Expenses**

Your countable unreimbursed medical expenses are only those expenses that exceed the medical deductible. Medical expenses are typically considered on a calendar year basis.

- Recurring Medical Expenses  
Examples may include Medicare Part B, Medical Insurance, In-Home Care Provider, or care provided by a care facility
- One-time Medical Expenses  
Examples include Medical Co-Payments, Prescription Medications, and Durable Medical Equipment.

### **Countable Income**

We count the income you report or the income we discover from data matching programs with other federal sources. If our data match shows a significant discrepancy, you will be removed from the FDC program and asked to clarify the discrepancy. We count incomes in three ways:

- One-time income is income that you receive once, and the VA will count it for one year from the receipt date.  
Examples include Lottery winnings, gifts, capital gains from property sales, irregular IRA or stock disbursements
- Irregular-income is income that you receive at different time or in irregular amounts throughout the year and VA will count it for one year from the receipt date. Examples include odd job or contract work and interest income from fluctuating rates.
- Recurring income is counted continuously until we are informed that you are no longer in receipt of it.  
Examples include wages from employment, retirement payments, required minimal distributions from an IRA.

### **Income for VA Purposes (IVAP)**

The VA counts all your income and considers any unreimbursed medical expenses reported when determining your IVAP. The following calculation is a way for you to estimate your IVAP.

Countable Yearly Income – Countable Medical Expenses (less medical deductible) = Income for VA Purposes.

### **Pension Rate**

Your maximum annual benefit is the difference of the current MAPR and what the VA calculates as your IVAP. To convert into a monthly benefit, take this amount and divide by 12 then rounded down to the nearest dollar.

Maximum Annual Pension Rate - Income for VA purposes = Annual Pension Rate.

### **Net Worth**

The net worth limit is increased by the same percentage as the Social Security increase when there is a cost-of-living adjustment. For purposes of entitlement to VA pension, net worth includes your assets and your and your dependent's annual income. If your child has net worth that exceeds the limit, VA won't consider them to be a dependent when determining your pension entitlement.

Additional information about how VA calculates net worth, income, and benefit rates can be found at:

<https://www.va.gov/pension/survivors-pension-rates/>

## SURVIVORS BENEFITS APPLICATION CHECKLIST

In addition to your application, VA may require some of the evidence described in this checklist. Failure to provide needed evidence, may delay the decision on your claim. This checklist does not apply to claims for Accrued benefits. Please carefully read pages 5 and 6 of the Instructions if you are claiming service-connected death (Dependency and Indemnity Compensation (DIC) only. Please note, the items marked with an asterisk (\*) are required.

### VERIFICATION OF VETERANS DEATH\* (Requested on page 2 of Instructions)

- A Death certificate for the veteran, clearly showing the primary cause(s) of death and any contributing factors or conditions (If the veteran's death certificate lists the cause of death as "Pending," please have the medical examiner submit evidence that shows the cause of death).

### SERVICE VERIFICATION\* (Requested on page 4 of Instructions and Section III of the form)

- Copy of the veteran's DD Form 214 (or equivalent) for all periods of military service. Must demonstrate military service dates, type of service and character of discharge.

### INCOME AND NET WORTH (Requested on page 2 of Instructions and Section IX of the form)

- VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, is required if instructed in Section IX of this application form. **NOTE:** If you have specific types of income or assets the VA Form 21P-0969 requires additional evidence:
- Farm - VA Form 21P-4165, *Pension Claim Questionnaire for Farm Income*
  - Business - VA Form 21P-4185, *Report of Income from Property or Business*
  - Rental Property - VA Form 21P-4185, *Report of Income from Property or Business*
  - Royalties - VA Form 21-4138, *Statement in Support of Claim* (provide details, such as Royalty source, joint owners, etc.)
  - Trust - Submit complete Trust documents to include the Schedule of Assets
  - Interest, Dividends or Financial Investments - Current account statements from financial Institution (Bank, Investment, Annuity, etc.)

### SPECIAL CIRCUMSTANCES REGARDING YOUR MEDICAL CARE

(Requested on page 2 of Instructions and in Sections VIII and X of the form)

#### Claim for Special Monthly Pension (SMP) - Aid and Attendance or Household Status

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

#### Claim for Medicare Nursing Home and/or \$90.00 Rate Reduction Request

- VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

#### Claim for Fiduciary Assistance

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

#### Statement of Medical Care

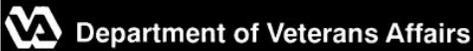
- Care Worksheets (found on pages 19 and 20 of the form)
- Proof of Payment from care provided (canceled checks, bank statements, etc.)
- Signed verification from care service provider

### DEPENDENT CHILDREN\* (Requested on page 2 of Instructions and Section VI of the form)

- A birth certificate must be included clearly showing the veteran as the parent if you do not reside within the U.S. or its territories. (A state includes the District of Columbia, Puerto Rico and other territories and possessions of the U.S.)
- If child(ren) is/are adopted the adoption decree or a revised birth certificate is required.
- If your child is over 18 but under 23 please submit VA Form 21-674, *Request for Approval of School Attendance*.
- Medical records for each seriously disabled child.

### MEDICAL EXPENSES (Requested in Section X of the form)

- If additional space is needed, submit VA Form 21P-8416, *Medical Expense Report*.



**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

**APPLICATION FOR DIC, SURVIVORS PENSION,  
 AND/OR ACCRUED BENEFITS**

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on page 18. Use this form to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. For additional information or questions contact us online at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). If submitting by mail, send completed form to: **Department of Veterans Affairs, Pension Intake Center, P.O. Box 5365, Janesville, WI 53547-5365.**

**SECTION I: VETERAN'S IDENTIFICATION INFORMATION** *(Must complete)*

**NOTE:** You may *either* complete the form by typing the information in on the computer or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1A. VETERAN'S NAME <i>(First, Middle Initial, Last)</i>		
1B. VETERAN'S SOCIAL SECURITY NUMBER	1C. VETERAN'S DATE OF BIRTH <i>(MM/DD/YYYY)</i>	1D. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? <i>(If "YES," provide the file number in Item 1E)</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO
1E. VA FILE NUMBER <i>(If known)</i>	1F. DID THE VETERAN DIE WHILE ON ACTIVE DUTY?	1G. VETERAN'S SERVICE NUMBER
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
1H. VETERAN'S DATE OF DEATH? <i>(MM/DD/YYYY)</i>		

**SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION** *(Must complete)*

2A. YOUR NAME <i>(First, Middle Initial, Last)</i>		
2B. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? <i>(Check one)</i>		
<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD 18-23 IN SCHOOL <input type="checkbox"/> CUSTODIAN FILING FOR CHILD UNDER 18 <input type="checkbox"/> HELPLESS ADULT CHILD		
2C. YOUR SOCIAL SECURITY NUMBER	2D. YOUR DATE OF BIRTH <i>(MM/DD/YYYY)</i>	2E. ARE YOU A VETERAN?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
2F. MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i>		
No. & Street <span style="border: 1px solid black; display: inline-block; width: 800px; height: 15px;"></span>		
Apt./Unit Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	City <span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>	
State/Province <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	Country <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	ZIP Code/Postal Code <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
2G. YOUR TELEPHONE NUMBER <i>(Include Area Code)</i>		
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> International Phone Number <i>(If applicable)</i> _____		
2H. E-MAIL ADDRESS <i>(Optional)</i>		
2I. WHAT ARE YOU CLAIMING? <i>(Check all that apply)</i>		
<input type="checkbox"/> DEPENDENCY AND INDEMNITY COMPENSATION (DIC) <input type="checkbox"/> SURVIVORS PENSION <input type="checkbox"/> ACCRUED BENEFITS		

**SECTION III: VETERAN'S SERVICE INFORMATION**

*(Skip to Section IV if the veteran was receiving VA compensation or pension benefits at the time of their death)*

**NOTE:** Please refer to instructions page 4, Military Service Verification for more information pertaining to service information and relevant documents.

3A. DID THE VETERAN SERVE UNDER ANOTHER NAME?
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," list other names the veteran served under below) (First, Middle Initial, Last)</i>





VETERAN'S SOCIAL SECURITY NUMBER    -   -

**SECTION VI: CHILD OF THE VETERAN INFORMATION (Continued)**

6C. CHILD'S BIRTH DATE (MM/DD/YYYY)  
  /   /

6D. CHILD'S SOCIAL SECURITY NUMBER  
   -   -

6E. PLACE OF BIRTH (City/State or Country)

6F. WHAT IS THE CHILD'S STATUS? (Select all that apply)  
 BIOLOGICAL    ADOPTED    STEPCCHILD    18-23 YEARS OLD (in school)    SERIOUSLY DISABLED    CHILD PREVIOUSLY MARRIED  
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT   \$   ,   .00

6G. CHILD'S NAME (First, Middle Initial, Last)

6H. CHILD'S BIRTH DATE (MM/DD/YYYY)  
  /   /

6I. CHILD'S SOCIAL SECURITY NUMBER  
   -   -

6J. PLACE OF BIRTH (City/State or Country)

6K. WHAT IS THE CHILD'S STATUS? (Select all that apply)  
 BIOLOGICAL    ADOPTED    STEPCCHILD    18-23 YEARS OLD (in school)    SERIOUSLY DISABLED    CHILD PREVIOUSLY MARRIED  
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT   \$   ,   .00

6L. CHILD'S NAME (First, Middle Initial, Last)

6M. CHILD'S BIRTH DATE (MM/DD/YYYY)  
  /   /

6N. CHILD'S SOCIAL SECURITY NUMBER  
   -   -

6O. PLACE OF BIRTH (City/State or Country)

6P. WHAT IS THE CHILD'S STATUS? (Select all that apply)  
 BIOLOGICAL    ADOPTED    STEPCCHILD    18-23 YEARS OLD (in school)    SERIOUSLY DISABLED    CHILD PREVIOUSLY MARRIED  
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT   \$   ,   .00

6Q. DO YOUR CHILDREN WHO DO NOT LIVE WITH YOU (If listed above) RESIDE AT THE SAME ADDRESS?  
 YES    NO (If "YES," please complete Item 6R) (If "NO," Please complete a VA Form 21-4138, Statement in Support of Claim, with the following information: Name of person the child is currently living with, and the full address of where the child resides.)

6R. PLEASE PROVIDE THE NAME AND ADDRESS OF THE CHILD(REN)S CUSTODIAN BELOW:  
 NAME OF CUSTODIAN (First, Middle Initial, Last)

MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  
 No. & Street

Apt./Unit Number     City

State/Province   Country   ZIP Code/Postal Code     -

**SECTION VII: DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

(Skip to Section VIII if you are NOT claiming DIC)

7A. WHAT BENEFIT ARE YOU CLAIMING? (Check one)  
 DIC    DIC under U.S.C. 1151 (Note: DIC under 38 U.S.C. is a rare benefit. Please refer to the Instructions page 5 for guidance on 38 U.S.C. 1151)    DIC due to claimant election of a re-evaluation of a previously denied claim based on expanded eligibility under PL 117-168 (PACT Act) (Note: Please refer to Instructions page 6 for guidance on PACT Act)

<b>SECTION VII: DEPENDENCY AND INDEMNITY COMPENSATION (DIC) (Continued)</b>	
<b>7B. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES</b>	
NAME AND LOCATION OF VA MEDICAL CENTER	DATE(S) OF TREATMENT (MM/DD/YYYY)
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>SECTION VIII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT</b>	
<p>8A. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please complete a VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP/CRNP), or Clinical Nurse Specialist (CNS))</i></p>	
<p>8B. ARE YOU NOW IN A NURSING HOME?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance. For additional information see Instructions, page 6 under "Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC" (If "NO," skip to Item 9A))</i></p>	
<b>SECTION IX: INCOME AND ASSETS</b>	
<i>(Skip to Section X if you are NOT claiming survivors pension benefits)</i>	
<p><b>NOTE: Assets</b> are all the money and property you or your dependents own. Assets <b>do not</b> include your/your family's primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation.</p>	
<p><b>IMPORTANT:</b></p> <ul style="list-style-type: none"> <li>• If you are a surviving spouse claimant, you must report income and assets for yourself and for any child of the veteran who lives with you or for whom you are responsible unless a court has decided you do not have custody of the child.</li> <li>• If you are a surviving child claimant (which means the child is not in the custody of a surviving spouse), you must report income and assets for yourself, your custodian, and your custodian's spouse.</li> </ul>	
<p>9A. DO YOU OR YOUR DEPENDENTS HAVE OVER \$25,000.00 IN ASSETS (NOT INCLUDING THE VALUE OF YOUR PRIMARY RESIDENCE)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please submit VA Form 21P-0969, Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC))</i></p> <p><i>(If "No," provide an estimate of the total value of your assets below)</i></p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>	
<p>9B. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? <i>(Examples of asset transfers include giving assets away, selling assets, purchasing an annuity, or using assets to establish a trust.)</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please submit VA Form 21P-0969, Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC))</i></p>	
<p>9C. DO YOU OR YOUR DEPENDENTS OWN YOUR/YOUR FAMILY'S PRIMARY RESIDENCE?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," skip to Item 9G)</i></p>	<p>9D. IS THE VALUE OF THE LOT ON WHICH THE PRIMARY RESIDENCE SITS OVER 2 ACRES (87,120 SQ FT)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," skip to Item 9H)</i></p>
<p>9E. IF PRIMARY RESIDENCE SITS ON A LOT OVER 2 ACRES (87,120 SQ FT), WHAT IS THE VALUE OF LAND OVER 2 ACRES? <i>(Do <b>NOT</b> include the value of the residence or the first 2 acres.)</i></p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p>	<p>9F. IS THE LAND OVER 2 ACRES (87, 120 SQ FT) MARKETABLE?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please submit VA Form 21P-0969)</i></p>
<p>9G. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN FOUR (4) SOURCES OF INCOME?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please submit VA Form 21P-0969 and <b>ONLY</b> report your Social Security Income in Item 9I)</i></p>	<p>9H. OTHER THAN SOCIAL SECURITY, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR THAT YOU NO LONGER RECEIVE?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please submit VA Form 21P-0969)</i></p>

VETERAN'S SOCIAL SECURITY NUMBER

□□□□ - □□□ - □□□□□□

**SECTION IX: INCOME AND ASSETS (Continued)**  
*(Skip to Section X if you are NOT claiming survivors pension benefits)*

Please use the space below to report any income you currently receive.

**IMPORTANT:** If you have been directed to complete a VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, in previous Items 9A through 9H, VA only requires that Social Security income be reported below in Items 9I through 9L. All other income should be reported on the VA Form 21P-0969 and will be counted as reported, **do not** duplicate.

**NOTE:** Gross income is defined as any income you received prior to deductions. If reporting income in Items 9I through 9L, any items skipped or left blank will be considered as unspecified income and could require a request for additional information potentially delaying your claim. If you leave entire question blank we will assume you have no income to report.

NO.	(1) WHO IS THE INCOME RECIPIENT?	(2) WHAT IS THE TYPE/SOURCE OF INCOME?	(3) WHAT IS THE CURRENT GROSS MONTHLY INCOME?
9I	<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD (Provide name below) _____	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION/RETIREMENT <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> INTEREST/DIVIDENDS <input type="checkbox"/> OTHER (Specify source i.e., inheritance, etc.) _____	\$ □□□□ , □□□□ . □□
9J	<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD (Provide name below) _____	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION/RETIREMENT <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> INTEREST/DIVIDENDS <input type="checkbox"/> OTHER (Specify source i.e., inheritance, etc.) _____	\$ □□□□ , □□□□ . □□
9K	<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD (Provide name below) _____	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION/RETIREMENT <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> INTEREST/DIVIDENDS <input type="checkbox"/> OTHER (Specify source i.e., inheritance, etc.) _____	\$ □□□□ , □□□□ . □□
9L	<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD (Provide name below) _____	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION/RETIREMENT <input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> INTEREST/DIVIDENDS <input type="checkbox"/> OTHER (Specify source i.e., inheritance, etc.) _____	\$ □□□□ , □□□□ . □□

**SECTION X: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES**

Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid.

Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child, educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, *Medical Expense Report*.

**IMPORTANT:** Out of pocket expenses paid by you or a VA-approved dependent may be claimed. Do **NOT** include expenses paid by other family members, insurance, etc.

10A. ARE YOU OR YOUR DEPENDENTS CLAIMING UNREIMBURSED MEDICAL EXPENSES OR OTHER EXPENSES?

YES     NO    (If "NO," skip to Section XI)

**IN-HOME CARE OR CARE FACILITY**

**IMPORTANT:** If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet(s) on pages 19 and 20 for each provider.

10B(1). WHOSE EXPENSES WERE PAID? <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> OTHER (Specify below) _____	10B(2). NAME OF PROVIDER AND TYPE OF CARE  CHECK ONE: <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> IN-HOME CARE ATTENDANT	10B(3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE:  Payment Rate (Per Hour)    \$ □□□□ .00  Hours Worked (Per Week)    □□□□
10B(4). PROVIDER START AND END DATE (MM/DD/YYYY) START: □□ / □□ / □□□□ END: □□ / □□ / □□□□ <input type="checkbox"/> NO END DATE	10B(5). PAYMENT FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	10B(6). AMOUNT YOU PAY (Based on frequency selected in Item 10B(5)) \$ □□□□ , □□□□ . □□

VETERAN'S SOCIAL SECURITY NUMBER    -   -

<b>IN-HOME CARE OR CARE FACILITY (Continued)</b>		
<b>10C(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> OTHER <i>(Specify below)</i>	<b>10C(2). NAME OF PROVIDER AND TYPE OF CARE</b>  CHECK ONE: <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> IN-HOME CARE ATTENDANT	<b>10C(3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE:</b>  Payment Rate (Per Hour)    \$ <input type="text"/> <input type="text"/> <input type="text"/> .00  Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/>
<b>10C(4). PROVIDER START AND END DATE (MM/DD/YYYY)</b> START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NO END DATE	<b>10C(5). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<b>10C(6). AMOUNT YOU PAY (Based on frequency selected in Item 10C(5))</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>10D(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> OTHER <i>(Specify below)</i>	<b>10D(2). NAME OF PROVIDER AND TYPE OF CARE</b>  CHECK ONE: <input type="checkbox"/> CARE FACILITY <input type="checkbox"/> IN-HOME CARE ATTENDANT	<b>10D(3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE:</b>  Payment Rate (Per Hour)    \$ <input type="text"/> <input type="text"/> <input type="text"/> .00  Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/>
<b>10D(4). PROVIDER START AND END DATE (MM/DD/YYYY)</b> START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NO END DATE	<b>10D(5). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY	<b>10D(6). AMOUNT YOU PAY (Based on frequency selected in Item 10D(5))</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>OTHER MEDICAL, LAST, AND/OR BURIAL EXPENSES</b>		
<b>10E(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10E(2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10E(3). DATE COSTS PAID (MM/DD/YYYY)</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10E(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10E(5). AMOUNT YOU PAY (Based on frequency selected in Item 10E(4))</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>10F(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10F(2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10F(3). DATE COSTS PAID (MM/DD/YYYY)</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10F(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10F(5). AMOUNT YOU PAY (Based on frequency selected in Item 10F(4))</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>10G(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10G(2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10G(3). DATE COSTS PAID (MM/DD/YYYY)</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10G(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10G(5). AMOUNT YOU PAY (Based on frequency selected in Item 10G(4))</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

VETERAN'S SOCIAL SECURITY NUMBER    -   -

<b>OTHER MEDICAL, LAST AN/OR BURIAL EXPENSES (Continued)</b>		
<b>10H(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10H(2). PAID TO (Name of Provider, Insurance company, etc.)</b> <b>AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10H(3). DATE COSTS PAID (MM/DD/YYYY)</b>  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10H(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10H(5). AMOUNT YOU PAY (Based on frequency selected in Item 10H(4))</b>  \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
<b>10I(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10I(2). PAID TO (Name of Provider, Insurance company, etc.)</b> <b>AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10I(3). DATE COSTS PAID (MM/DD/YYYY)</b>  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10I(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10I(5). AMOUNT YOU PAY (Based on frequency selected in Item 10I(4))</b>  \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
<b>10J(1). WHOSE EXPENSES WERE PAID?</b> <i>(Select one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> VETERAN <i>(Last expense/burial)</i> <input type="checkbox"/> CHILD <i>(Specify below)</i>	<b>10J(2). PAID TO (Name of Provider, Insurance company, etc.)</b> <b>AND PURPOSE (Insurance premium, medical supplies, etc.)</b>  Provider:  Purpose:	
<b>10J(3). DATE COSTS PAID (MM/DD/YYYY)</b>  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>10J(4). PAYMENT FREQUENCY</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> ONE-TIME	<b>10J(5). AMOUNT YOU PAY (Based on frequency selected in Item 10J(4))</b>  \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/>
<b>SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)</b>		
The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below, <b>and</b> attach either a voided personal check <b>or</b> a deposit slip. If you <b>do not</b> have a bank account, please visit <a href="https://www.benefits.va.gov/benefits/banking.asp">https://www.benefits.va.gov/benefits/banking.asp</a> . This website provides information about the Veterans Benefits Banking Program (VBBP) and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address questions or concerns you may have.		
<b>11A. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)</b>  <input type="text"/> <input type="text"/>	<b>11B. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)</b>  <input type="text"/>	
<b>11C. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established," if you have a direct deposit with VA.)</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT  Account No.: <input type="text"/>		

VETERAN'S SOCIAL SECURITY NUMBER

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**SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)**

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits*.

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 12A, indicating that I **DO NOT** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

12A. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will automatically consider a claim submitted on this form for rapid processing under the FDC program. Check the below box **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

**DO NOT want my claim considered for paid processing** under the FDC Program because I plan to submit further evidence in support of my claim.

12B. CLAIMANT'S SIGNATURE **OR** MARK WITH AN "X" IF UNABLE TO SIGN (**REQUIRED**)

12C. DATE SIGNED (MM/DD/YYYY)

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**SECTION XIII: WITNESSES TO SIGNATURE**

(TWO (2) WITNESS SIGNATURES ARE REQUIRED ONLY IF ITEM 12B IS SIGNED WITH AN "X")

13A. SIGNATURE OF WITNESS (Sign in **INK**) (NOTE: Only sign if claimant signed in Item 12B using an "X")

13B. PRINTED NAME AND ADDRESS OF FIRST WITNESS

Name:

Address:

13C. SIGNATURE OF WITNESS (Sign in **INK**) (NOTE: Only sign if claimant signed in Item 12B using an "X")

13D. PRINTED NAME AND ADDRESS OF SECOND WITNESS

Name:

Address:

**SECTION XIV: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (NOTE: REQUIRED ONLY IF ITEM 12B IS BLANK)**

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

14A. ALTERNATE SIGNER SIGNATURE

14B. DATE SIGNED (MM/DD/YYYY)

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**PRIVACY ACT NOTICE:** The form will be used to determine allowance to pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the federal register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA Benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestion about this form.

**WORKSHEET FOR A RESIDENTIAL CARE, ADULT DAYCARE, OR A SIMILAR FACILITY**

**NOTE:** This worksheet is to be completed by an administrator or licensed medical professional from a residential care, adult daycare, or similar facility. To count this medical provider as an expense, they must be claimed on your application for benefits or VA Form 21P-8416, *Medical Expense Report*. In addition, VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance* may be needed to count these expenses.

1. WHO ARE YOU COMPLETING THIS WORKSHEET FOR? (Name of Care Recipient, either the Claimant or Dependent) (First, Last)

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2. WHO IS COMPLETING THIS WORKSHEET? (Name of Provider, either an Administrator or Licensed Medical Professional) (First, Last)

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3. WHAT ROLE OR POSITION DO YOU PERFORM AT THE FACILITY?

--

4. WHAT IS THE NAME OF THE FACILITY? (As shown on facility license or official website)

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5. WHAT IS THE FACILITY TELEPHONE NUMBER? International Phone Number (If applicable)

( ) ( ) ( ) -	( ) ( ) ( ) -	( ) ( ) ( )	
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6. WHAT IS THE MAILING ADDRESS OF THE FACILITY'S ADMINISTRATIVE OFFICE?

No. & Street 

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Apt./Unit Number 

--

 City 

--

State/Province 

--

 Country 

--

 ZIP Code 

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7. WHAT IS THE FACILITY'S WEBSITE ADDRESS?

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8. PLEASE SELECT EACH ACTIVITY OF DAILY LIVING (ADL) THAT THE FACILITY IS PROVIDING TO THE CARE RECIPIENT.

A. EATING       B. BATHING/SHOWERING       C. TRANSFERRING IN OR OUT OF BED OR CHAIR

D. DRESSING       E. USING THE TOILET       F. AMBULATING WITHIN HOME OR LIVING AREA

9. FOR EACH STATEMENT BELOW PLEASE CHECK THE BOX IF THIS STATEMENT IS TRUE FOR THE FACILITY:

THE STATE OR COUNTRY **REQUIRES** THIS FACILITY TO BE LICENSED

THE FACILITY IS LICENSED

THE FACILITY IS RESIDENTIAL

THE FACILITY IS STAFFED 24 HOURS

10. DOES THE FACILITY'S STAFF PROVIDE THE CARE RECIPIENT WITH HEALTH CARE OR CUSTODIAL CARE OR BOTH.  
(Custodial Care is regular assistance with two or more ADLs (Question 8), or supervision because an individual with a physical, mental, developmental, or cognitive disorder requires care or assistance on a regular basis to protect the individual from hazards or dangers incident to their daily environment.)

YES     NO, Care is being provided by a third-party provider.     NO, Care is not being provided to this claimant.

**If care is provided by a third-party provider, please ensure the claimant has each In-Home provider complete an In-Home Attendant Worksheet.**

11. PLEASE PROVIDE THE DATE OF ADMISSION FOR THE CARE RECIPIENT STAYING AT THE FACILITY. (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:80%; text-align: center;">( ) ( ) ( ) ( )</td> </tr> </table>	( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )	12. ON WHAT DATE DO YOU EXPECT THIS CARE TO END? (MM/DD/YYYY) (Select "Indefinite" if the care you provide is not temporary.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:80%; text-align: center;">( ) ( ) ( ) ( )</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> INDEFINITE</td> </tr> </table>	( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )	<input type="checkbox"/> INDEFINITE
( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )						
( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )	<input type="checkbox"/> INDEFINITE					

13. PLEASE PROVIDE THE MONTHLY CHARGES THE CARE RECIPIENT STAYING AT THE FACILITY IS RESPONSIBLE FOR PAYING.

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( ) ( ) ( ) ( )
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( ) ( )
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 PER MONTH

**FACILITY CERTIFICATION**

**I CERTIFY** that the information stated within this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAYCARE, OR SIMILAR FACILITY is accurate and reflects the current environment of the Care Recipient and the facility.

14. SIGNATURE OF PROVIDER (From question 2)	15. DATE SIGNED (MM/DD/YYYY) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:10%; text-align: center;">( ) ( ) /</td> <td style="width:80%; text-align: center;">( ) ( ) ( ) ( )</td> </tr> </table>	( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )
( ) ( ) /	( ) ( ) /	( ) ( ) ( ) ( )		

**WORKSHEET FOR IN-HOME ATTENDANT EXPENSES**

**NOTE:** This worksheet is to be completed by your in-home care provider -OR- if an agency is providing you in-home care please have an agency administrator complete this form. These expenses must be claimed on your application for benefits or VA Form 21P-8416, *Medical Expense Report*. In addition, VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance* may be needed to count these expenses.

1. WHO ARE YOU COMPLETING THIS WORKSHEET FOR? (*Name of Care Recipient, either the Claimant or Dependent*) (*First, Last*)

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2. WHO IS COMPLETING THIS WORKSHEET? (*In-Home Care Attendant or Agency Administrator, Provider*) (*First, Last*)

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3. IS THE IN-HOME CARE PROVIDED BY A LICENSED MEDICAL PROFESSIONAL?  
(*A licensed health care provider refers to a person licensed to furnish health services by the State or country in which the services are provided.*)

YES    NO

4. DO YOU WORK FOR AN AGENCY OR ORGANIZATION?

YES    NO (*If "NO," skip to question 7*)

5. WHAT IS THE NAME OF THE AGENCY OR ORGANIZATION?

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6. WHAT IS THE AGENCY TELEPHONE NUMBER?

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7. WHAT IS YOUR MAILING ADDRESS OR THAT OF YOUR AGENCY'S ADMINISTRATIVE OFFICE?

No. & Street 

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Apt./Unit Number 

--

 City 

--

State/Province 

--

 Country 

--

 ZIP Code 

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8. PLEASE SELECT EACH ACTIVITY OF DAILY LIVING (ADL) THAT THE IN-HOME CARE ASSISTANT PROVIDED TO THE CARE RECIPIENT.

A. EATING    B. BATHING/SHOWERING    C. TRANSFERRING IN OR OUT OF BED OR CHAIR  
 D. DRESSING    E. USING THE TOILET    F. AMBULATING WITHIN HOME OR LIVING AREA

9. PLEASE SELECT EACH INSTRUMENTAL ACTIVITY OF DAILY LIVING (IADL) THAT THE IN-HOME CARE ASSISTANT PROVIDES TO THE CARE RECIPIENT.

A. SHOPPING    B. FOOD PREPARATION    C. NON-MEDICAL TRANSPORTATION  
 D. LAUNDERING    E. USING TELEPHONE    F. MANAGING FINANCES  
 G. HOUSEKEEPING    H. HANDLING MEDICATIONS

10. IS THE PRIMARY RESPONSIBILITY OF THE IN-HOME ATTENDANT TO PROVIDE THE CARE RECIPIENT WITH HEALTH CARE OR CUSTODIAL CARE?  
(*Custodial Care is regular assistance with two or more ADLs (Question 8), or supervision because an individual with a physical, mental, developmental, or cognitive disorder requires care or assistance on a regular basis to protect the individual from hazards or dangers incident to their daily environment.*)

YES    NO

11. PLEASE PROVIDE THE DATE CARE BEGAN FOR THE CARE RECIPIENT.  
(*MM/DD/YYYY*)

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12. ON WHAT DATE DO YOU EXPECT THIS CARE TO END? (*MM/DD/YYYY*)  
(*Select "Indefinite" if the care you provide is not temporary.*)

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INDEFINITE

13. PLEASE PROVIDE THE HOURLY CHARGES THE CARE RECIPIENT IS RESPONSIBLE FOR PAYING.

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 PER HOUR

14. PLEASE PROVIDE THE TOTAL HOURS PER MONTH THAT YOU PROVIDE CARE TO THE CARE RECIPIENT.

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 HOURS PER MONTH

**CERTIFICATION**

**I CERTIFY** that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and reflects the current environment of the care recipient and the care services listed in questions eight and nine (8-9) above.

15. SIGNATURE OF PROVIDER (*From question 2*)

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16. DATE SIGNED (*MM/DD/YYYY*)

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 **Department of Veterans Affairs** **APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES**

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**IMPORTANT** - Postmaster or other issuing official: Submit this form to address listed in block 22.

**INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)**  
*(Information provided is considered essential when applying for other VA benefits.)*

1. FIRST, MIDDLE, LAST NAME OF VETERAN <i>(Print or type)</i>		2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY <i>(Print or type)</i>	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
6. BRANCH OF SERVICE <i>(Check box)</i> <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER <i>(Specify)</i>			
7. DATE ENTERED ACTIVE DUTY <i>(or Selected Reserve)</i>	8. DATE RELEASED FROM ACTIVE DUTY <i>(or Selected Reserve)</i>	9. DATE OF BIRTH	10. DATE OF DEATH
11. DATE OF BURIAL	12. PLACE OF BURIAL <i>(Name of cemetery, city, and State)</i>		
13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? <i>(See Paragraphs C, D, and E of the "Instructions")</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions"))</i>			

**INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT**

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. RELATIONSHIP OF DECEASED VETERAN <i>(See Paragraph F of the "Instructions")</i>		
14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>			14D. TELEPHONE NUMBER
15. REMARKS			

**I CERTIFY** that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.

16. SIGNATURE OF APPLICANT <i>(Sign in INK)</i>	17. ADDRESS OF APPLICANT <i>(Number and street or rural route, city or P.O., and ZIP Code)</i>	18. RELATIONSHIP TO DECEASED VETERAN	19. DATE SIGNED
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**PENALTY** - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.

**ACKNOWLEDGMENT OF RECEIPT OF FLAG (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)**

20. SIGNATURE OF PERSON RECEIVING FLAG <i>(Sign in INK)</i>	21. DATE FLAG ISSUED
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**When the burial flag is issued, send the completed VA Form 27-2008 to:**  
**NCA Field Programs Evidence Intake Center**  
**PO Box 5237**  
**Janesville, WI 53547**

## INSTRUCTIONS

### A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD relay line is 711). You may also contact VA by Internet at <https://iris.custhelp.va.gov/>.

### B. How do I apply for a burial flag?

Complete VA Form 27-2008, and submit it to any VA regional office or U.S. Post Office. When a burial is in a national cemetery a burial flag will be provided by a funeral home.

**Note:** Applicants residing overseas can apply for burial flags at U.S. embassies and consulates.

### C. Who is eligible for a burial flag?

Generally, veterans with an other than dishonorable discharge.

**Note:** This includes veterans who served in the Philippine military forces while such forces were in the service of the U.S. armed forces under the President's Order of July 26, 1941 and died on or after April 25, 1951, and veterans who served in the Philippine military services are eligible for burial in a national cemetery.

Veterans who were entitled to retired pay for service in the reserves, or would have been entitled to such pay but not for being under 60 years of age.

Members or former members of the Selected Reserve (Army, Air Force, Coast Guard, Marine Corps, or Naval Reserve; Air National Guard; or Army National Guard) who served at least one enlistment or, in the case of an officer, the period of initial obligation, or were discharged for disability incurred or aggravated in line of duty, or died while a member of the Selected Reserve.

### D. Who is not eligible for a burial flag?

Veterans who received a dishonorable discharge.

- Members of the Selected Reserve whose last discharge from service was under conditions less favorable than honorable.
- Peacetime veterans who were discharged before June 27, 1950 and did not serve at least one complete enlistment or incur or aggravate a disability in the line of duty.
- Veterans who were convicted of a Federal capital crime and sentenced to death or life imprisonment, or were convicted of a State capital crime and sentenced to death or life imprisonment without parole, or were found to have committed a Federal or State capital crime but were not convicted by reason of not being available for trial due to death or flight to avoid prosecution.
- Discharged or rejected draftees, or members of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, were not finally accepted for military service.
- Persons who were discharged from World War I service prior to November 12, 1918, on their own application or solicitation by reason of being an alien, or any veterans discharged for alienage during a period of hostilities.

### D. Who is not eligible for a burial flag? (Continued)

- Persons who served with any of the forces allied with the United States in any war, even though United States citizens, if they did not serve with the United States armed forces.
- Persons inducted for training and service who, before entering such training and service were transferred to the Enlisted Reserve Corps and given a furlough.
- Former temporary members of the United States Coast Guard Reserve.

### E. What documentation is required in order to receive a burial flag?

Provide a copy of the veteran's discharge documents that shows service dates and the character of service, such as DD Form 214, or verification of service from the veteran's service department or VA. Various information requested, is considered essential to the proper processing of the application. Ensure these areas are completed as fully as possible. **Note:** If the claimant is unable to provide documentary proof, a flag may be issued when a statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran who meets the eligibility criteria.

### F. Who is eligible to receive a burial flag?

Only one flag may be issued for each deceased veteran. Generally, the flag is given to the next-of-kin as a keepsake after its use during the funeral service. The flag is given to the following person(s) in the order of precedence listed:

- surviving spouse
- children, according to age
- parents, including adoptive, stepparents, and foster parents
- brothers or sisters, including brothers or sisters of half blood
- uncles or aunts
- nephews or nieces
- others, such as cousins or grandparents

**Note:** When there is no next-of-kin, VA will furnish the flag to a friend making a request for it. If there is no living relative or one cannot be located, and no friend requests the flag, it must be returned to the nearest VA facility.

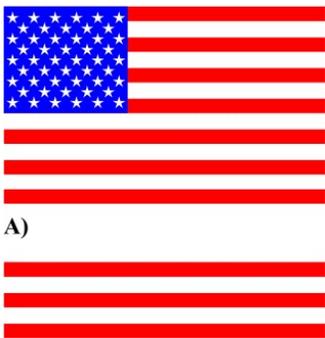
### G. Can a burial flag be replaced?

VA cannot replace a burial flag if it is lost, destroyed or stolen. However, some veteran organizations or community groups may be able to help you get another flag.

## USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.
2. When used to drape the casket, the flag should be placed as follows:
  - (a) **Closed Casket** - When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.
  - (b) **Half Couch (Open)** - When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.
  - (c) **Full Couch (Open)** - When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.
3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps," is folded in accordance with the illustration below.
4. Folding the flag (see illustration below):
5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown (see illustration).
6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.
8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.
9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.
10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

## CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



(A) Straighten out the flag to full length and fold lengthwise once, folding the lower striped section of the flag over the blue field.



(B) Fold the flag lengthwise a second time to meet the open edge, making sure that the union of stars on the blue field remains outward in full view.



(C) A triangular fold is then started by bringing the striped corner of the folded edge to the open edge.

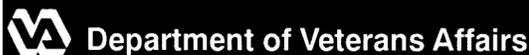


(D) The outer point is then turned inward, parallel with the open edge to form a second triangle.



E)

(E) The diagonal or triangular folding is continued toward the blue union until the end is reached, with only the blue showing and the form being that of a cocked (three corner) hat.



# CLAIM FOR ONE SUM PAYMENT GOVERNMENT LIFE INSURANCE

1. INSURANCE POLICY NUMBER

2. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN

3. DATE OF DEATH (MM/DD/YYYY)

## INSTRUCTIONS

WE NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If you are listed as a beneficiary to receive a one sum payment for more than one policy for this veteran then this claim form will be used for those policies as well, unless otherwise specified by you.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 7A. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

**This completed form may be submitted by:**  
**UPLOAD:**  
Upload the form using  
our secure website at  
[www.insurance.va.gov](http://www.insurance.va.gov)

**MAIL:**  
VA Insurance Center  
P.O. Box 7208  
Philadelphia, PA 19101

4. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY (Please print)

5. RELATIONSHIP TO INSURED

6. DATE OF BIRTH OF BENEFICIARY

7A. MAILING ADDRESS (MUST BE COMPLETED)

7B. BENEFICIARY'S SOCIAL SECURITY NUMBER

7C. EMAIL ADDRESS

7D. DAYTIME TELEPHONE NUMBER

**IMPORTANT** -This form must be signed by the beneficiary, guardian, or fiduciary, in Item 8, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "X", made by the beneficiary and signed by two disinterested witnesses, is acceptable.

**CERTIFICATION:** I certify that the above entries are true and correct to the best of my knowledge and belief.

8. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN (Sign in ink)

9. DATE SIGNED (MM/DD/YYYY)

THE DEPARTMENT OF TREASURY HAS MANDATED THAT FEDERAL PAYMENTS BE ISSUED VIA ELECTRONIC FUNDS TRANSFER (EFT). COMPLETE THE BANK ACCOUNT INFORMATION BELOW IN BLOCKS A THROUGH E TO RECEIVE THIS PAYMENT ELECTRONICALLY. THE ACCOUNT MUST BE IN THE NAME OF THE PERSON, ESTATE, OR TRUST DESIGNATED AS BENEFICIARY OR FIDUCIARY. IF THE BENEFICIARY IS A TRUST OR ESTATE, YOU MUST COMPLETE BOX G.

A. NAME OF FINANCIAL INSTITUTION

B. ROUTING TRANSIT NUMBER (NINE DIGIT FIELD)

C. TELEPHONE NUMBER OF FINANCIAL INSTITUTION

D. TYPE

CHECKING  SAVINGS

E. DEPOSITOR ACCOUNT NUMBER

F. BENEFICIARY'S SOCIAL SECURITY NUMBER (Required for Direct Deposit)

G. EIN OR TIN NUMBER (FOR TRUST OR ESTATE ONLY)

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance Records-VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

**RESPONDENT BURDEN:** We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 6 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Comments on the accuracy of this burden or suggestions to decrease the burden may be included with the submission of this form or sent separately to VA Insurance Center, P.O. Box 7208, Philadelphia, PA 19101 or faxed to 1-888-748-5822.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE, PLEASE CALL OUR TOLL-FREE NUMBER 1-800-669-8477.



# APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

**NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet of paper.**

**Submit Application and Supporting Documentation to VA by:**  
**Mail:** to NCA Intake Center, P.O. Box 5237, Janesville, WI 53547; or  
**Fax:** to the National Cemetery Scheduling Office at (855) 840-8299

**IMPORTANT:** Pre-Need means before death. Only complete this form if you are applying for a Pre-Need determination of eligibility for burial in a VA national cemetery. Time of Need means time of death. DO NOT complete this form if the individual is already deceased; instead, contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.

**\*REQUIRED ITEMS: YOU MUST COMPLETE THOSE ITEMS IDENTIFIED WITH AN ASTERISK (\*)**

## SECTION I - VETERAN/SERVICEMEMBER

*(Claims for eligibility for burial are based upon the Veterans/Servicemember's military service)*

*1. VETERAN/SERVICEMEMBER NAME <i>(Include Suffix) (Last, First, Middle Name or Initial)</i>	3. MAILING ADDRESS <i>(Street, City, State, and ZIP Code P.O. Box, Rural Route, etc.)</i>	*4. SOCIAL SECURITY NUMBER
*2. NAME USED DURING MILITARY SERVICE <i>(Include Suffix) (If different than Item 1) (Last, First, Middle Name)</i>		5. MILITARY SERVICE NUMBER <i>(If different from SSN)</i>
		6. VA CLAIM NUMBER <i>(If known)</i>

\*7a. SEX *(Information will be used for statistical purposes only)*  
 MALE     FEMALE     UNSPECIFIED OR ANOTHER GENDER IDENTITY

\*8. RACE OR ETHNICITY *(Select one or more) (Information will be used for statistical purposes only)*  
 AMERICAN INDIAN OR ALASKA NATIVE     ASIAN OR ASIAN AMERICAN     BLACK OR AFRICAN AMERICAN     HISPANIC OR LATINO     NOT HISPANIC OR LATINO     NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER     WHITE

9. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	10. PLACE OF BIRTH <i>(City, State or Territory)</i>	*11. IS VETERAN/SERVICEMEMBER DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	12. DATE OF DEATH <i>(If applicable) (MM/DD/YYYY)</i>
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\*13. MARITAL STATUS  
 SINGLE     SEPARATED     MARRIED     DIVORCED     WIDOWED

\*14. MILITARY STATUS USED TO APPLY FOR ELIGIBILITY DETERMINATION *(Check all that apply)*  
 A. VETERAN     B. RETIRED ACTIVE DUTY     C. DIED ON ACTIVE DUTY     D. RETIRED RESERVE  
 E. RETIRED NATIONAL GUARD     F. DEATH RELATED TO INACTIVE DUTY TRAINING     G. OTHER *(See instructions)*

## MILITARY SERVICE DATA

*15. BRANCH OF SERVICE	16. DATE OF ENTRY	17. DATE OF DISCHARGE	18. DISCHARGE - CHARACTER OF SERVICE <i>(See instructions)</i>	19. HIGHEST RANK ATTAINED <i>(No pay grades)</i>	20. STATE <i>(Abbrev.) (National Guard Service Only)</i>

21. IS THERE ANYONE CURRENTLY BURIED IN A VA NATIONAL CEMETERY UNDER THIS VETERAN'S/SERVICEMEMBER'S ELIGIBILITY?  
 YES *(Complete Item 22)*     NO *(Skip Item 22)*     DON'T KNOW *(Skip Item 22)*

22. NAME OF DECEDENT(S) AND VA NATIONAL CEMETERY WHERE BURIED

23. SUPPORTING DOCUMENTS ATTACHED *(See instructions for information on recommended documentation.)*

YES     NO

## SECTION II - CLAIMANT INFORMATION

*(Information about the individual for whom determination for eligibility for burial in a VA National Cemetery is requested)*

*24. CLAIMANT <i>(See instructions) (***)Each Claimant requires a separate VA Form 40-10007)</i>  <i>(Name) Last                      First                      Middle</i>  <b>WHO IS (check one):</b> <input type="checkbox"/> A. THE VETERAN/SERVICEMEMBER NAMED IN ITEM 1 <input type="checkbox"/> B. THE SPOUSE/SURVIVING SPOUSE OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <input type="checkbox"/> C. AN UNMARRIED ADULT CHILD OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <i>Additional documentation required. Please read instructions on reverse carefully if selecting 24C.</i> <input type="checkbox"/> D. OTHER <i>(Please specify)</i>	*25. CLAIMANT'S MAILING ADDRESS <i>(Street, City, State, and ZIP Code, P.O. Box, Rural Route, etc.) (If different from item 3)</i>
	26. CLAIMANT'S TELEPHONE NUMBER <i>(Include Area Code)</i>
	*27. CLAIMANT'S SOCIAL SECURITY NUMBER <i>(If different from item 4)</i>
	*28. CLAIMANT'S DATE OF BIRTH <i>(MM/DD/YYYY) (If different from item 9)</i>
	*29. CLAIMANT'S MAIDEN NAME <i>(If applicable)</i>

30. DESIRED VA NATIONAL OR STATE/TRIBAL CEMETERY *(Optional - See instructions)*

31. EMAIL ADDRESS *(Optional - See instructions)*

**SECTION III - CERTIFICATION AND SIGNATURE**

**CERTIFICATION:** By signing below, I certify that I am the Claimant identified in item 24, or an individual signing for the Claimant identified in Item 35. All of the information entered on this form about the Claimant is true and correct to the best of my knowledge. A fraudulent statement that leads to burial in a national cemetery or receiving other benefits from the VA could result in disinterment from that national cemetery and other penalties in accordance with the law. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. § 2411. VA will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

*32. YOUR SIGNATURE	*33. DATE	*34. YOUR RELATIONSHIP TO THE CLAIMANT IN ITEM 24 <i>(Check one; See instructions)</i> <input type="checkbox"/> A. SELF <i>(Stop here. Leave Items 35-38 blank)</i> <input type="checkbox"/> B. INDIVIDUAL SIGNING FOR THE CLAIMANT who is under 18 years of age, is mentally incompetent, or is physically unable to sign the pre-need application <i>(Complete items 35 through 38)</i>
*35. NAME OF INDIVIDUAL FROM ITEM 34B COMPLETING FOR THE CLAIMANT <i>(Last, First, Middle Name)</i>	*36. MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM FOR THE CLAIMANT <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)</i>	
*37. TELEPHONE NUMBER <i>(Include Area Code) (Optional)</i>	38. EMAIL ADDRESS <i>(Optional)</i>	

**INSTRUCTIONS FOR COMPLETING VA FORM 40-10007 APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY**

For more complete information on eligibility requirements for burial in a VA national cemetery, visit the National Cemetery Administration online at [http://www.cem.va.gov/cem/burial\\_benefits/eligible.asp](http://www.cem.va.gov/cem/burial_benefits/eligible.asp) or call the National Cemetery Scheduling Office at 1-800-535-1117. For the purposes of this form, the term burial includes inurnment (above ground remains placement in a columbarium) and scattering of ashes, (if the cemetery chosen offers those options). **A Pre-Need determination of eligibility does not guarantee burial in a specific VA national cemetery. Burial in a specific VA national cemetery will be scheduled at the Time of Need.** The equivalent of this form can be completed online at <https://www.va.gov/burials-and-memorials/pre-need/form-10007-apply-for-eligibility/introduction>. In order to assist in completing this form, specific instructions and explanations for certain items are given below.

**SECTION I: VETERAN/SERVICEMEMBER**

Eligibility for burial in a VA national cemetery is based on the qualifying service of a Veteran/Servicemember. This section of the form is used to determine if qualifying service exists. Not all items are mandatory; however, answers to questions will aid VA in searching for records in archives to support the claim.

- |                |   |
|----------------|---|
| <b>Item 14</b> | <b>Military status used to apply for eligibility determination:</b> For VA benefit purposes, a Veteran is a person who served in the active military, naval, or air service, and who was discharged under conditions other than dishonorable. VA will determine on a case-by-case basis whether certain Reserve duty qualifies. If eligibility derives from a status not listed, or if the individual is not certain of the status, check "Other" and submit evidence of service and VA will provide appropriate assistance. Servicemembers who die on active duty are eligible for burial. If you are arranging burial for an active duty Servicemember or his or her dependents, you should contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing. |
| <b>Item 18</b> | <b>Discharge - Character of Service:</b> Please indicate one type of "Discharge - Character of Service": Honorable; General; Entry Level Separation/Uncharacterized; Other Than Honorable; Bad Conduct; or Dishonorable. If uncertain of the type of discharge or character of service, indicate "Other" and include available supporting documents.  |
| <b>Item 23</b> | <b>Supporting military service documents:</b> VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing the highest rank and valor awards and decorations, active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.   |

**SECTION II: CLAIMANT INFORMATION**

- |                        |   |
|------------------------|---|
| <b>Item 24</b>         | <b>Each Claimant requires a separate VA Form 40-10007.</b><br><br>24b. Spouse means a person who is or was legally married to a Veteran. Surviving Spouse mean a person who was legally married to a Veteran at the time of the Veteran's death and includes a surviving spouse who had a subsequent remarriage. A non-Veteran spouse of a Veteran whose marriage to the Veteran was dissolved by divorce or annulment issued by an authoritative court is not eligible for burial in a VA national cemetery.<br><br>24c. An unmarried adult child of the Veteran is an individual who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, <i>or</i> before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. Before VA can approve a claim for an unmarried adult child, we will require statements from both the Veteran, spouse of the Veteran, and/or authorized representative AND the current attending physician (on physician's letterhead) stating the nature of the disability, date of onset of the disability, degree of dependency on the Veteran or Veteran's family, and the marital status of the child. Please provide photocopies of these statements with the application. <i>Note: Minor children of eligible Veterans are eligible for burial in a VA national cemetery. The minor child of an eligible Veteran is a child who is unmarried and who is under 21 years of age; or who is under 23 years of age and is pursuing a full-time course of instruction at an approved educational institution.</i><br><br>24d. Please explain your Claimant status or relationship to the Veteran/Servicemember. |
| <b>Items 30 and 31</b> | A list of VA national cemeteries is available online at <a href="http://www.cem.va.gov/cem/cems/allnational.asp">http://www.cem.va.gov/cem/cems/allnational.asp</a> <b>A favorable Pre-Need determination of eligibility does not guarantee burial in a specific national cemetery. Burial in a specific VA national cemetery will be scheduled at the time of need.</b> If you provide an email address, VA may use your email address to communicate with you about your claim and burial benefits.   |

**SECTION III: CERTIFICATION AND SIGNATURE**

- |                        |   |
|------------------------|---|
| <b>Items 32 and 33</b> | <b>The pre-need application must be signed (Item 32) and dated (Item 33) for VA to process.</b>   |
| <b>Item 34</b>         | You must indicate <b>your relationship to the claimant</b> in Item 34.<br><br><b>34a. Check (A)</b> if you are the claimant<br><br><b>34b. Check (B) and complete Items 35-38</b> if your are signing for a claimant who has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign the pre-need application. You may be a court-appointed representative, a person who is responsible for the care of the individual (including a spouse or other relative), or an attorney in fact or agent authorized to act on behalf of the claimant under a durable power or attorney. If the claimant is in the care of an institution, a manager or principal officer of the institution may sign the form. Please attach supporting documents or an affidavit establishing your position relative to the claimant. |

**Privacy Act Information:** Title 38 U.S.C. 2402 authorizes the solicitation of this information. VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 175VA41A, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law. The purpose for which the records are used will include, but will not be limited to the provision of VA burial and memorial benefits; provision of information about VA burial and memorial benefits, including specific claims; determination of eligibility for burial in a VA national cemetery; disclosure of military service information upon request from VA funded State and Tribal Veterans cemeteries; coordination of committal services and interment upon request of families, funeral homes, and others of eligible decedents at VA national cemeteries.

**Respondent Burden:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate the time expended by individuals who complete this form will average 20 minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. Your response is voluntary and not required to obtain or retain benefits to which you may be entitled. Send comments concerning the accuracy of this burden estimate, including suggestion for reducing this burden or any other aspect of this collection of information to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please **DO NOT** send claims for, or correspondence regarding benefits to this address.

# GENERAL INFORMATION SHEET

## CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your response (per OMB guidance) is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

**PRIVACY ACT** - VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 48VA40B, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

### BENEFIT PROVIDED

#### a. BURIAL HEADSTONE OR MARKER

**For Veterans who died on or after November 1, 1990** - VA will furnish a burial headstone or marker for the grave of any eligible deceased Veteran in a private or local government cemetery regardless of whether or not the grave is marked with a privately-purchased, permanent and durable headstone or marker.

**For Veterans who died before November 1, 1990** - VA will furnish a burial headstone or marker for the **UNMARKED GRAVE** of any eligible deceased Veteran. The applicant must certify by checking "NO" in block 4 that a privately-purchased, permanent and durable headstone or marker or Government-furnished headstone or marker is not present on the grave.

**b. MEMORIAL HEADSTONE OR MARKER** - VA will furnish a memorial headstone or marker to commemorate an eligible deceased Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. VA will only furnish a memorial headstone or marker after the disposition of the Veteran's remains. Once provided by VA, a memorial headstone or marker **must be placed in an established cemetery**, and will not be used as a memento. For a memorial headstone or marker, the applicant must check box in block 2 and explain the disposition of the remains.

**c. PRESIDENTIAL MEMORIAL CERTIFICATE** - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, bearing the signature of the current president, to honor the memory of Veterans discharged under other than dishonorable conditions. VA will provide the applicant with a PMC if the Veteran is eligible for a headstone, marker, or medallion. The applicant may request additional PMCs by indicating how many in block 22 of this form. Applicants may use a VA Form 40-0247, Presidential Memorial Certificate Request Form to order additional PMCs to other addresses.

**WHO IS ELIGIBLE** - Any deceased Veteran who was discharged under conditions other than dishonorable or any Servicemember of the Armed Forces of the United States who dies on active duty may be eligible. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed military and burial documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

**WHO CAN APPLY** - Federal regulation defines "applicant" for a **Burial Headstone or Marker** that will mark the gravesite or burial site of an eligible deceased individual as:

- (i) A decedent's family member, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent;
- (ii) A personal representative, defined as a family member or other individual who has identified himself or herself as the person responsible for making decisions concerning the interment of the remains of or memorialization of a deceased individual;
- (iii) A representative of a Congressionally-chartered Veterans Service Organization;
- (iv) An individual employed by the relevant state, tribal organization, or local government whose official responsibilities include serving veterans and families of veterans, such as a state or county veterans service officer;
- (v) Any individual who is responsible, under the laws of the relevant state or locality, for the disposition of the unclaimed remains of the decedent or for other matters relating to the interment or memorialization of the decedent; or
- (vi) Any individual, if the dates of service of the veteran to be memorialized, or on whose service the eligibility of another individual for memorialization is based, ended prior to April 6, 1917.

Federal regulation defines "applicant" for a **Memorial Headstone or Marker** to commemorate an eligible individual as a member of the decedent's family, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent.

### HOW TO SUBMIT A CLAIM

Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) the VA Pre-Need Eligibility Determination letter, or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents;** they will not be returned.

**ELECTRONICALLY** submit your claim and supporting documents by using Quick Submit at [access.va.gov](https://access.va.gov). You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

**If you prefer, you may**  
MAIL claims to: NCA FP Evidence Intake Center  
PO Box 5237  
Janesville, WI 53547

FAX VA Form 40-1330 claims and supporting documents to **1-800-455-7143**.  
**IMPORTANT:** *If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.*

**SIGNATURES REQUIRED** - The applicant signs in block 23; the person agreeing to accept delivery (consignee) in block 27, and the cemetery or other responsible official in block 31. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 29 is required. VA will not accept entries of "None," "Not Applicable," or "NA". State Veterans' Cemeteries are not required to complete blocks 25 through 33.

**ASSISTANCE NEEDED** - Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or at: [ask.va.gov](https://ask.va.gov). If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim.

**TRANSPORTATION AND DELIVERY OF MARKER** - VA will ship the headstone or marker without charge to the consignee designated. The truck driver is required to bring the pallet or monument to the end of the trailer. The consignee must utilize their equipment to unload the pallet or monument from the truck and inspect the headstone or marker for accuracy prior to installation. **VA will not deliver a headstone or marker to a Post Office box.** The applicant must provide the full delivery address and telephone number of the consignee. The applicant must explain in block 33 if the consignee is not a business. For delivery to a Rural Route address, the applicant must include a daytime telephone number including area code. If the applicant fails to include the required address and telephone number, VA will not deliver the marker. The Government is not responsible for costs to install or remove the headstone or marker in private cemeteries.

**CAUTION** - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**

# ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE  
WHITE MARBLE (U) OR  
LIGHT GRAY GRANITE (V)**

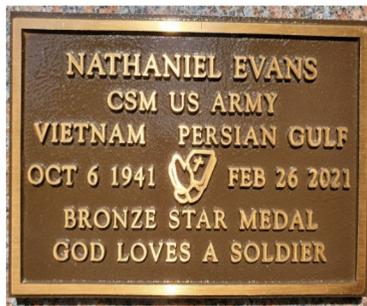


This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining. Additional inscription is limited to 15 characters (including spaces) up to four lines maximum.

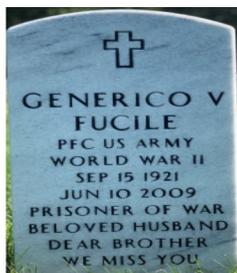


Spousal inscription information (i.e., name, date of birth, and date of death) is authorized on a Government-furnished headstone or marker if the Veteran's date of death is on or after October 1, 2019. For flat markers, the spousal information is inscribed at the bottom. For upright headstones, the spousal information is inscribed on the back.

**BRONZE NICHE (Z)**



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased, permanent and durable headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.



VA will include a Prisoner of War (POW) or Former Prisoner of War (FPOW) inscription, upon request and with confirmation. Character and space limitations apply based on marker type.

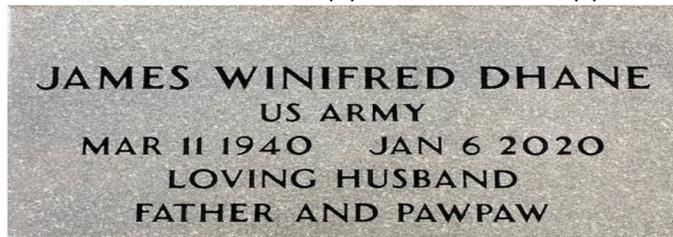
**FLAT MARKERS**

**BRONZE (B)**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**LIGHT GRAY GRANITE (G) OR WHITE MARBLE (F)**



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**SMALL FLAT GRANITE (L)**



This grave marker is 18 inches long, 12 inches wide, and 3 inches thick. Weight is approximately 70 pounds. Variations may occur in stone color. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

**NOTE:** Historic headstones (Prior to World War I) - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War. Another style headstone is available for those who served with the Confederate States of America during the Civil War. The applicant must submit detailed documentation to VA that supports eligibility for a historic headstone. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only ranks above 'Private' were historically authorized; emblems of belief and the words 'Civil War' are not authorized.

## INSCRIPTION INFORMATION

**MANDATORY ITEMS** - Information in English about the decedent (provided by an authorized applicant). Such items are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service include: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Space Force (USSF), U.S. Army Air Forces (USAAF), Women's Army Auxiliary Corps (WAAC), U.S. Public Health Service (USPHS), National Oceanic & Atmospheric Administration (NOAA), Women's Air Force Service Pilots (WASP), and other organizations authorized for certain periods of time. Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability. VA will inscribe the phrase "IN MEMORY OF" on all memorial headstones and markers, as required under 38 CFR 38.630(c).

**OPTIONAL ITEMS** - Information in English about the decedent (provided by an authorized applicant). Optional items are identified by bold blocks on this form. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Korea may be inscribed if the Veteran served during the Korean War period, even though the individual never served in the country. VA will inscribe authorized country names (e.g., Afghanistan, Iraq, etc.) as the war service only if the individual served in country. The applicant must submit supporting documentation to VA to have the highest rank and/or awards inscribed on the headstone or marker.

**ADDITIONAL ITEMS** - Information in English or non-English text about the decedent (provided by an authorized applicant), consisting only of characters of the Latin alphabet and/or numbers. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. The applicant must request an additional inscription item in block 18, and each request is subject to VA approval. VA will not inscribe graphics, emblems or pictures. VA will inscribe authorized emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

**INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.**



**Department of Veterans Affairs  
National Cemetery Administration  
Memorial Products Service**

**To:** MEMORIAL PRODUCTS SERVICE (41B)

**Quick Submit:** [access.va.gov](http://access.va.gov) or **Fax Number:** 1-800-455-7143

**From:**

**Sender's Phone Number:**

**Sender's E-Mail Address:**

**Sender's Fax Number:**

**Total No. of Pages (including cover sheet):**

This optional cover sheet is provided for your convenience.

Include all supporting documents with this application (i.e., DD Form 214 or equivalent discharge documents). If you do not have supporting documents, please submit your application anyway and VA will request documents from the National Personnel Records Center for you, if necessary. Please note, this may result in a longer processing time.

You may:

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at [access.va.gov](http://access.va.gov).

You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

**OR**

MAIL claim to NCA FP EVIDENCE INTAKE CENTER  
PO BOX 5237  
JANESVILLE, WI 53547

**OR**

FAX VA Form 40-1330 and supporting documents to: 1-800-455-7143. This fax line is dedicated to the transmission of applications for the headstone, marker, or medallion. Applications for other Government benefits will not be accepted.

**IMPORTANT:** *If faxing more than one claim - fax each claim package (claim plus supporting documents) individually (disconnect the call and redial for each submission).*

# CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER



**IMPORTANT:** Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. Failure to complete each block may result in delayed processing. *Blocks outlined in bold are optional inscription items. PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.*

1. TYPE OF REQUEST

INITIAL REQUEST (First time)

REPLACEMENT (Specify reason in Block 33, Remarks)

2. CHECK BOX IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 33 (e.g., buried at sea, remains scattered, etc.)

REMAINS NOT BURIED

3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No Nicknames or titles permitted)

FIRST (Or Initial) \_\_\_\_\_ MIDDLE (Or Initial) \_\_\_\_\_ LAST \_\_\_\_\_

SUFFIX (Sr., Jr., II, III, etc.) \_\_\_\_\_

4. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED, PERMANENT AND DURABLE MARKER

YES  NO

5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)

ASIAN OR ASIAN AMERICAN  AMERICAN INDIAN OR ALASKA NATIVE  BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  NOT HISPANIC OR LATINO

WHITE

6. SEX (Information will be used for statistical purposes only.)

MALE  UNSPECIFIED OR ANOTHER GENDER IDENTITY

FEMALE

### VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

7. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO. SSN: \_\_\_\_\_ SVC. NO.: \_\_\_\_\_

8. PLACE OF BIRTH (City and State or Country) \_\_\_\_\_

9A. DATE OF BIRTH

MONTH	DAY	YEAR

9B. DATE OF DEATH

MONTH	DAY	YEAR

### PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)

10A. DATE(S) ENTERED			10B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

11. HIGHEST RANK ATTAINED (Optional, but if included, no pay grades)

\_\_\_\_\_

12. PRISONER OF WAR (Optional, but if included, documentation must be provided)

POW  FORMER POW (FPOW)

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 11)

ARMY NAVY MARINE COAST AIR ARMY AIR MERCHANT SPACE PUBLIC OTHER HEALTH (Specify) SVC.

CORPS GUARD FORCE FORCES MARINE FORCE

14. VALOR OR PURPLE HEART AWARD(S) (Optional, but if included, documentation must be provided)

MEDAL OF DST SVC SILVER DST FLYING PURPLE AIR OTHER HONOR CROSS STAR CROSS HEART MEDAL (Specify)

15. TYPE OF HEADSTONE OR MARKER REQUESTED (Please ensure marker selection is permitted at selected cemetery.) (Check one)

FLAT  FLAT UPRIGHT  FLAT BRONZE UPRIGHT  SMALL FLAT

BRONZE GRANITE  MARBLE MARBLE NICHE  GRANITE GRANITE

B  G  U  F  Z  V  L

16. WAR SERVICE (Optional, but if included, check all applicable box(es))

WORLD WAR II  PERSIAN GULF

KOREA  AFGHANISTAN

VIETNAM  IRAQ

OTHER (Specify) \_\_\_\_\_

17. EMBLEM OF BELIEF (Optional)

EMBLEM NUMBER (Specify) (See page 5 for available emblems)

\_\_\_\_\_

NONE

18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary according to type of marker)

\_\_\_\_\_

19a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)

\_\_\_\_\_

19b. DAYTIME OR CELL TELEPHONE NUMBER OF APPLICANT (Include Area Code)

\_\_\_\_\_

19c. E-MAIL ADDRESS (Optional)

\_\_\_\_\_

19d. FAX NO. (Optional)

\_\_\_\_\_

20. APPLICANT IS:

FAMILY MEMBER (Specify relationship) \_\_\_\_\_  VETERANS SERVICE OFFICER  PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)

21. IF REMAINS ARE UNCLAIMED, APPLICANT IS:

FUNERAL HOME (that received remains)  CEMETERY (where remains are buried)

22. PRESIDENTIAL MEMORIAL CERTIFICATE (bearing the signature of the current President) the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected.

NUMBER REQUESTED \_\_\_\_\_ NONE

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 29 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which the Veteran was sentenced to a minimum of life imprisonment.

**PENALTY:** The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.

23. SIGNATURE OF APPLICANT \_\_\_\_\_

24. DATE (MM/DD/YYYY) \_\_\_\_\_

**CERTIFICATION:** By signing below I agree to accept prepaid delivery of the headstone or marker for placement on the gravesite for which it is requested, or if placement on the grave is impossible or impractical, as close to the grave as possible within the grounds of the private or local governmental cemetery where the grave is located.

25. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code; P.O. BOX IS NOT ACCEPTABLE) **MUST SIGN IN BLOCK 27**

\_\_\_\_\_

26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)

\_\_\_\_\_

27. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25

\_\_\_\_\_

28. DATE (MM/DD/YYYY)

\_\_\_\_\_

**CERTIFICATION:** By signing below I certify the type and placement of the headstone or marker in block 15 adheres to the policies and guidelines of the selected private cemetery in block 25.

29. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) **MUST SIGN IN BLOCK 31**

\_\_\_\_\_

30. DAYTIME PHONE NO. OF CEMETERY (Include Area Code)

\_\_\_\_\_

31. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

\_\_\_\_\_

32. DATE (MM/DD/YYYY)

\_\_\_\_\_

33. REMARKS \_\_\_\_\_

34. STATION NO. (State/Tribal Cemetery Only)

\_\_\_\_\_

35. SECTION/GRAVE NO. (State/Tribal Cemetery Only)

\_\_\_\_\_

**AVAILABLE EMBLEMS OF BELIEF FOR PLACEMENT ON GOVERNMENT  
HEADSTONES AND MARKERS (See block 17)**

									
(01) CHRISTIAN CROSS	(02) BUDDHIST (Wheel of Righteousness)	(03) HEBREW (Star of David)	(04) PRESBYTERIAN CROSS	(05) RUSSIAN ORTHODOX CROSS	(06) LUTHERAN CROSS	(07) EPISCOPAL CROSS	(08) UNITARIAN CHURCH (Flaming Chalice)	(09) UNITED METHODIST CHURCH	(10) AARONIC ORDER CHURCH
									
(11) MORMON (Angel Moroni)	(12) NATIVE AMERICAN CHURCH OF NORTH AMERICA	(13) SERBIAN ORTHODOX	(14) GREEK CROSS	(15) BAHAI (9 Pointed Star)	(16) ATHEIST	(17) MUSLIM (Crescent and Star)	(18) HINDU	(19) KONKO- KYO FAITH	(20) COMMUNITY OF CHRIST
									
(21) SUFISM REORIENTED	(22) TENRIKYO CHURCH	(23) SEICHO-NO-IE	(24) CHURCH OF WORLD MESSIANITY	(25) UNITED CHURCH OF RELIGIOUS SCIENCE	(26) CHRISTIAN REFORMED CHURCH	(27) UNITED MORAVIAN CHURCH	(28) ECKANKAR	(29) CHRISTIAN CHURCH	(30) CHRISTIAN & MISSIONARY ALLIANCE
									
(31) UNITED CHURCH OF CHRIST	(32) HUMANIST	(33) PRESBYTERIAN CHURCH (USA)	(34) IZUMO TAISHAKYO MISSION OF HAWAII	(35) SOKA GAKKAI INTERNATIONAL (USA)	(36) SIKH (KHANDA)	(37) WICCA (Pentacle)	(38) LUTHERAN CHURCH MISSOURI SYNOD	(39) NEW APOSTOLIC CHURCH	(40) SEVENTH DAY ADVENTIST CHURCH
									
(41) CELTIC CROSS	(42) ARMENIAN CROSS	(43) FAROHAR	(44) MESSIANIC JEWISH	(45) KOHEN HANDS	(46) CATHOLIC CELTIC CROSS	(47) CHRISTIAN SCIENTIST (Cross & Crown)	(48) MEDICINE WHEEL	(49) INFINITY	(51) LUTHER ROSE
									
(52) LANDING EAGLE	(53) FOUR DIRECTIONS	(54) CHURCH OF NAZARENE	(55) HAMMER OF THOR	(56) UNIFICATION CHURCH	(57) SANDHILL CRANE	(58) CHURCH OF GOD	(59) POMEGRANATE	(60) MESSIANIC	(61) SHINTO
									
(62) SACRED HEART	(63) AFRICAN ANCESTRAL TRADITIONALIST (Nyame Ye Ohene)	(64) MALTESE CROSS	(65) DRUID (Awen)	(66) WISCONSIN EVANGELICAL LUTHERAN SYNOD	(67) POLISH NATIONAL CATHOLIC CHURCH	(68) GUARDIAN ANGEL	(69) HEART	(70) SHEPHERD AND FLAG	(71) AFRICAN METHODIST EPISCOPAL
									
(72) EVANGELICAL LUTHERAN CHURCH	(73) UNIVERSALIST CROSS	(74) FAITH AND PRAYER	(75) ICHTHYS	(76) NICHIREN SHOSHU TEMPLE	(77) DOVE OF PEACE	(78) KINGIAN FAITH	Emblems 79 through 97 have not yet been assigned	(98) DRUZE	

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing and graphics), please visit our website at [www.cem.va.gov](http://www.cem.va.gov).



# California State Veterans Cemeteries

This application is for burial at:

California Central Coast Veterans Cemetery (CCCVC) in Seaside (Monterey County)

Northern California Veterans Cemetery (NCVC) in Igo (Shasta County)

## VETERAN'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Legally Separated

SERVICE RECORD (A copy of Form DD-214 or equivalent discharge documents MUST be included with this form)

Branch of Service \_\_\_\_\_ Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Military Retiree  Yes  No

## CONTACT INFORMATION (If different then the Veteran information, please list contact information below)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_ Email Address \_\_\_\_\_

## SPOUSAL INFORMATION (Complete for Spousal pre-registration; copy of Marriage License MUST be included)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Please NOTE: If spouse is a veteran, please submit a separate application

## AUTHORIZATION

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining burial benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CalVet) employees, officers and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs and the Department of Defense to release information regarding my service to CalVet with the understanding that benefits may be denied if any information is found to be incomplete or inaccurate.

Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Or person authorized to act on the veteran's behalf)

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

For CalVet Use Only

Approved  Denied: \_\_\_\_\_  Letter Sent

**This form is required to assist CalVet in determining eligibility for burial in a California State Veterans Cemetery.**

Eligibility determination allows a veteran to establish his/her eligibility for interment at a California State Veterans Cemetery. There is no cost for this determination and it does not obligate the veteran to be interred at the cemetery. Eligibility determination is intended to simplify and assist the veteran's next-of-kin. Eligibility determinations shall be made in accordance with federal regulations (38 CFR 38.620) and state regulations (CCR, Title 12, Sections 460-461). In certain circumstances, dependent children may also be eligible for interment. Please contact a State Veterans Cemetery for more information regarding dependent eligibility.

To register for eligibility determination, please submit the following:

- **Completed application form** – Be sure to sign and date the form after filling it out.
- **Copy of veteran's military discharge document** – This is most commonly a Form DD-214, but may be a different record, particularly for World War II and Korean war era veterans. The document(s) must show the veteran's name, dates of active duty military service, and type of discharge. A discharge certificate is not sufficient to establish eligibility. For help obtaining your DD-214 or discharge documents, contact your local County Veterans Service Office or a State Veterans Cemetery (contact information below).
- **Copy of marriage certificate** – If a spouse is applying for interment at a State Veterans Cemetery, a copy of the marriage certificate is required. If the certificate is in a foreign language, please provide a translation.
- **Copy of death certificate** – If the application is for a deceased veteran or spouse, provide a copy of the death certificate.

There is no interment fee for eligible veterans. There is an interment fee for eligible spouses and dependent children, which is due at time of interment. Any additional expenses associated with the interment (such as a burial permit and funeral home expenses) are the responsibility of the veteran and/or family.

**Both locations offer casketed and cremation gravesites, along with columbarium niches. We also offer memorial headstones and markers for deceased active duty service members and/or veterans whose remains are not recovered or identified; are buried at sea; donated to science; or whose cremated remains have been scattered. Memorial headstones and marks may also be furnished for eligible spouses and other dependents whose remains are unavailable for interment, whether or not they predecease the eligible Veteran. The headstones and markers bear the inscription "In Memory Of".**

For questions or further information, please call the appropriate cemetery at the phone number listed below. Mail the completed application with supporting documents to the appropriate cemetery.

Northern California Veterans Cemetery PO Box 76 – 11800 Gas Point Rd. Igo, CA 96047-0076 Main: (530) 396-2429 Fax: (530) 396-2523	California Central Coast Veterans Cemetery 2900 Parker Flats Road Seaside, CA 93955 Main: (831) 393-9371 Fax: (831) 393-9391
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**PRIVACY NOTIFICATION**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The California Department of Veterans Affairs, Veterans Services Division, is requesting the information for the purposes of identification, and to determine eligibility for benefits under the provisions of California Code of Regulations, Title 12, §461. Individuals may visit the cemetery in which a person is interred (location and contact information shown above) to review their personal records during normal business hours. Providing the requested information is mandatory for interment in a State Veterans Cemetery. Failure to provide the requested information may result in the delay or denial of benefits.

## CH. 16

# TERMS AND ACRONYM INDEX

### **ACRONYMS:**

**\*TIP:** *Veteran.com* hosts a greater list of common military acronyms here:  
<https://veteran.com/military-acronyms/>

**CFL** - “Champva for Life” is not separate from CHAMPVA, its simply an extension of benefits to certain individuals over age 65.

**CHAMPVA** - “Civilian Health and Medical Program of the Department of Veterans Affairs” is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries.

**DD-214** - Certificate of Release or Discharge from Active Duty, generally referred to as a "DD 214", is a document of the United States Department of Defense, issued upon a military service member's retirement, separation, or discharge from active duty in the Armed Forces of the United States.

**DIC** - “Dependency and Indemnity Compensation” is a tax free monetary benefit paid to eligible survivors of military service members who died in the line of duty or eligible survivors of Veterans whose death resulted from a service-related injury or disease.

**DOD** - “Department of Defense” is an executive branch department of the federal government of the United States charged with coordinating and supervising all agencies and functions of the U.S. government directly related to national security and the United States Armed Forces.

**LTC** - Long-term care insurance.

**POW** - “Prisoner of War” POW status is designated to one who, while engaged in combat under orders of their government, is captured by the armed forces of the enemy.

**SPB** - “Survivor Benefit Plan” provides financial support to military spouses and/or children when a military member dies while on duty or after retirement.

**TFL** - “Tricare for Life” is Medicare-wraparound coverage for TRICARE-eligible beneficiaries (doesn't include active duty service members and active duty family members) who have Medicare Part A and Part B.

**USFHP** - “Uniformed Services Family Health Plan” is an additional TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the United States.

**VA** - “Veterans Administration” is responsible for administering benefit programs for veterans, their families, and their survivors.

### **TERMS:**

**Interment** - The burial of a corpse in a grave or tomb, typically with funeral rites.

**Columbaria** - A room or building with niches for funeral urns to be stored

**Presumptive** - A presumptive illness is one which the federal government has decided is likely to have been caused by military service.

### **SERVICE ORGANIZATIONS:**

***\*TIP:** The National Resource Directory (<https://nrd.gov/>) is a site that contains a database of validated resources that supports recovery, rehabilitation, and reintegration for service members, veterans, family members, and caregivers where one can search for additional resources.*

*The VA also offers an official list of recognized VSOs here:  
<https://www.va.gov/ogc/apps/accreditation/index.asp>*

**American Ex-Prisoners of War** - A service organization that aims to assist the surviving U.S. military and Civilian prisoners of war, particularly those who are elderly and those who have medical problems. (<https://www.axpow.org/>)

**AMVETS** - “American Veterans” provides Veterans, their families and survivors world-class counsel and representation before the U.S. Department Veterans Affairs. (<https://www.amvets.org/>)

**Blinded Veterans Association** - Serves as ambassadors and mentors for all veterans and their families coping with sight loss. (<https://bva.org/>)

**Department of Veterans Affairs** - A Cabinet-level executive branch department of the federal government charged with providing lifelong healthcare services to eligible military veterans at the 170 VA medical centers and outpatient clinics located throughout the country. (<https://www.va.gov/>)

**Disabled American Veterans** - The Disabled American Veterans is an organization created in 1920 by World War I veterans for disabled military veterans of the United States Armed Forces that helps them and their families through various means. It was issued a federal charter by Congress in 1932. (<https://www.dav.org/>)

**State Department of Veterans Affairs** - Provides information about state and federal benefits for veterans and their families. They also offer services to assist veterans with their earned benefits through education, advocacy and other support. Each state has a Department specific to their state.

**Military Order of Purple Heart** - The mission of the Military Order of the Purple Heart is to foster an environment of goodwill and camaraderie among combat wounded veterans, promote patriotism, support necessary legislative initiatives, and most importantly, provide service to all veterans and their families. (<https://www.purpleheart.org/>)

**National League of Families of American Prisoners & Missing in Southeast Asia** - Also known legally as the National League of POW/MIA Families. was formed to obtain the release of all prisoners, the fullest possible accounting for the missing and repatriation of all recoverable remains of those who died serving the nation during the Vietnam War. (<https://www.pow-miafamilies.org/>)

**Paralyzed Veterans of America** - Helps paralyzed and disabled veterans regain their independence after injury or diagnosis. PVA assists disabled veterans with legal services, medical services, VA benefits and career support. PVA also provides assistance to caregivers of disabled veterans. (<https://pva.org/>)

**The American Legion** - The nation's largest wartime veterans service organization, committed to mentoring youth and sponsorship of wholesome programs in our communities, advocating patriotism and honor, promoting strong national security, and continued devotion to our fellow servicemembers and veterans. (<https://www.legion.org/>)

**Veterans of Foreign Wars** - An organization of U.S. war veterans who fought in wars, campaigns, and expeditions on foreign land, waters, or airspace as military service members. (<https://www.vfw.org/>)

## **CH. 17**

### **CONTACT AND MAILING INDEX**

Below is a list of phone numbers and addresses that were referenced throughout the text. We highly advise online checking of the addresses and phone numbers listed here in the event that they have changed since publishing.

#### **TELEPHONE NUMBERS**

- ARLINGTON NATIONAL CEMETERY - 703-695-3250
- CASUALTY ASSISTANCE LINE - (800) 558-1404 (daytime) or (800) 433-0048 (after hours and holidays)
- CFL INFORMATION BY PHONE - RECORDED INFORMATION (888) 289-2411
- CHAMPVA - 1-800-733-8387
- DEERS AND DEFENSE MANPOWER DATA CENTER SUPPORT OFFICE (DSO) - (800) 538-9552
- DEBT MANAGEMENT CENTER - 1-800-827-0648
- HEADSTONES/MARKERS - 510-637-6270
- HEALTH BENEFITS SERVICE CENTER - 1-877-222-8387
- INCOME VERIFICATION CENTER - 1-800-949-1008
- INTERNMENT SERVICES OFFICE - 703-695-3250
- LIFE INSURANCE - 1-800-669-8477
- LONG TERM CARE INSURANCE - (800) 582-3337 TDD (800) 843-3557 (hearing impaired)
- MEDICARE - (800) 633-4227
- MONUMENT SERVICES DIRECTOR - 1-800-697-6947
- NATIONAL MAIL ORDER PHARMACY - (800) 903-4680
- RETIRED MILITARY PAY - 1-800-321-1080
- SOCIAL SECURITY - 1-800-772-1213
- SURVIVOR BENEFIT PLAN - 1-800-827-1000
- THE ARMY AND AIR FORCE MUTUAL AID ASSOCIATION - (800) 336-4538

- THE NAVY MUTUAL AID ASSOCIATION - (800) 628-6011
- TFL INFORMATION BY PHONE - DOD Customer Care Call Center: (888) 363-5433
- TSRX: TRICARE SENIOR PHARMACY CALL CENTER - (877) 363-6337
- VA'S HEALTH ADMINISTRATION CENTER - 1-800-733-8387
- VA REGIONAL OFFICES - 1-800-827-1000

## **ADDRESSES**

### **Air Force**

US Air Force Manpower & Personnel Center  
 Attn: AFMPC/MP CCAA  
 Randolph AFB TX 78150-6001

### **Army**

Headquarters  
 Department of the Army  
 Attn: DAPC-PEC  
 Alexandria VA. 22331-0522

### **CHAMPVA For Life Information by Mail**

The Health Administration Center  
 P.O. Box 65023  
 Denver, Co. 80246-9023

### **CHAMPVA for Life - Eligibility**

P.O. BOX 469028  
 Denver, Co. 80246-9028

### **Coast Guard**

Commandant (G-PS-1)  
 United States Coast Guard  
 Trans Point Building  
 Washington DC 20593-0001  
 (800) 424-7950  
 (202) 267-1845

**Coast Guard Retired Pay**

444 SE Quincy St.  
Topeka KS 66683-3591  
(800) 772-8724

**Defense Finance & Accounting Service**

Cleveland Center  
(DFAS-CL/ROCXB)  
PO Box 99199-1126  
Cleveland OH 44199-1126  
(800) 321-1080

**Defense Finance & Accounting Service**

Denver-Center  
DFAS-DE/FRB  
6760 E Irvington Place  
Denver CO 80279-6000  
(800) 435-3396  
(303) 676-6552

**Department of Veterans Affairs**

810 Vermont Avenue N.W.  
Washington, D.C. 20420

**Government Headstone or Marker**

Director, Monument Service (42)  
National Cemetery System, Department of Veterans Affairs  
Washington, D.C. 20420.

**National Cemetery**

National Cemetery System  
941 North Capital Northeast  
Washington, D.C. 20421

**Long Term Care Insurance**

Federal Long Term Care Insurance Program  
204 Carter Drive

West Chester PA 19382

**Mail Records Center**

Office of Personnel Management & Employees, Service & Records Ctr.,  
Boyers, PA 16017,  
(412) 794-8442/8690/6628.

**Marine Corps**

Commandant  
United States Marine Corps  
Attn: MHP-10  
Washington DC 20380-0001

**NOAA**

Chief  
Commissioned Personnel Division  
6010 Executive Blvd.  
Rockville, Md. 20858  
(301) 443-8616 (No toll-free number)

**Office of Personnel Management**

Attn.: Retirement and Insurance Information Section 1900 E Street NW  
Washington, D.C. 20415  
(202) 632-7700

**Public Health Services Survivor Benefits Center**

Officer Services  
Branch, CPOD  
Parklawn Bldg  
5600 Fishers Lane  
Rockville MD 20857  
(301) 443-3087 (No toll-free number)

**VA Regional Office**

941 North Capitol Street N.E.  
Washington, D.C. 20421.

VA INSURANCE CENTER  
PO Box 8079  
Philadelphia, PA. 19101