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| Various FDVA Memos/Tech. Bulletins |  |
The State of Florida, Department of Veterans' Affairs is pleased to provide you with this newest edition of our Veterans' Benefits Training and Reference guide. This publication is being made available for your use as another outreach service by this Department.

The purpose of this guide is to assist State, County, City, Post, and Chapter Service Officers as you prepare claims for Veterans and their Families. As you use this material, please remember that benefit eligibility and claim procedures change frequently. We encourage you to maintain close coordination with your State Service Organization as you counsel veterans and provide claims assistance services. You may also contact this Department at any time for assistance at: 1 - (800) - 827 - 1000 Extension 7400 or 1 - (727) - 319 - 7400, FAX NUMBER: 1 - (727) - 319 - 7780. In addition, this Training Manual is available at our web site, as shown above, with updates as needed.

The Florida Department of Veterans' Affairs commends you for attending this training event. We extend our best wishes for your continued success as you service Veterans and Families in Florida.

Sincerely,

Alene Tarter
Director
Division of Benefits and Assistance
Florida Department of Veterans' Affairs
The Department of Veterans Affairs (VA) was established on March 15, 1989, succeeding the Veterans Administration. It is responsible for providing federal benefits to veterans and their families. Headed by the Secretary of Veterans Affairs, VA is the second-largest of the 15 Cabinet departments and operates nationwide programs for health care, financial assistance and burial benefits.

Of the 23.4 million veterans currently alive, nearly three-quarters served during a war or an official period of conflict. About a quarter of the nation's population is potentially eligible for VA benefits and services because they are veterans, family members or survivors of veterans.

The responsibility to care for veterans, spouses, survivors and dependents can last a long time. Two children of Civil War veterans still draw VA benefits. About 184 children and widows of Spanish-American War veterans still receive VA compensation or pensions.

VA's fiscal year 2009 spending is projected to be approximately $93.4 billion, including $40 billion for health care, $46.9 billion for benefits, and $230 million for the national cemetery system. This is more than a 7 percent increase from the department’s $87.6 billion budget for fiscal year 2008.

**Compensation and Pension**

Disability compensation is a payment to veterans who are disabled by injury or disease incurred or aggravated during active military service. Wartime veterans with low incomes who are permanently and totally disabled may be eligible for financial support through VA’s pension program.
In fiscal year 2008, VA provided $38.9 billion in disability compensation, death compensation and pension to 3.7 million people. About 3.2 million veterans received disability compensation or pension from VA. In addition, about 554,700 spouses, children and parents of deceased veterans received VA benefits. Among them are 170,144 survivors of Vietnam-era veterans and 235,000 survivors of World War II veterans.

Education and Training: Since 1944, when the first GI Bill began, more than 21.8 million veterans, service members and family members have received $83.6 billion in GI Bill benefits for education and training. The number of GI Bill recipients includes 7.8 million veterans from World War II, 2.4 million from the Korean War and 8.2 million post-Korean and Vietnam era veterans, plus active duty personnel.

Since the dependents program was enacted in 1956, VA also has assisted in the education of more than 775,000 dependents of veterans whose deaths or total disabilities were service-connected. Since the Vietnam-era, there have been approximately 2.7 million veterans, service members, reservists and National Guardsmen who have participated in the Veterans' Educational Assistance Program, (VEAP) established in 1977, and the Montgomery GI Bill, established in 1985.

In 2008, VA helped pay for the education or training of more than 336,527 veterans and active-duty personnel, 106,092, reservists and National Guardsmen and 80,079 survivors.
Medical Care: Perhaps the most visible of all VA benefits and services is health care. From 54 hospitals in 1930, VA’s health care system now includes 153 medical centers, with at least one in each state, Puerto Rico and the District of Columbia. VA operates more than 1,400 sites of care, including 909 ambulatory care and community-based outpatient clinics, 135 nursing homes, 47 residential rehabilitation treatment programs, 232 Veterans Centers and 108 comprehensive home-care programs. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care.

Almost 5.5 million people received care in VA healthcare facilities in 2008. By the end of fiscal year 2008, 78 percent of all disabled and low-income veterans had enrolled with VA for health care; 65 percent of them were treated by VA. In 2008, VA inpatient facilities treated 773,600 patients. VA’s outpatient clinics registered over 60 million visits.

VA manages the largest medical education and health professions training program in the United States. VA facilities are affiliated with 107 medical schools, 55 dental schools and more than 1,200 other schools across the country. Each year, about 90,000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States had some of their professional education in the VA health care system.
VA's medical system also serves as a backup to the Defense Department during national emergencies and as a federal support organization during major disasters.

In 1996, VA put its health care facilities under 21 networks that provide more medical services to more veterans and family members than at any time during VA’s long history.

VA has experienced unprecedented growth in the medical system workload over the past few years. The number of patients treated increased by 29 percent from 4.2 million in 2001 to nearly 5.5 million in 2008.

To receive VA health care benefits most veterans must enroll. The VA health care system had nearly 7.9 million veterans who were enrolled as of October 2008. When they enroll, they are placed in priority groups or categories that help VA manage health care services within budgetary constraints and ensure quality care for those enrolled.

Some veterans are exempted from having to enroll. People who do not have to enroll include veterans with a service-connected disability of 50 percent or more, veterans who were discharged from the military within one year but have not yet been rated for a VA disability benefit and veterans seeking care for only a service-connected disability. Veterans with service-connected disabilities receive priority access to care for hospitalization and outpatient care. Veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) are eligible to receive enhanced health care benefits for five years following their military separation date.

Since 1979, VA’s Readjustment Counseling Service has operated Vet Centers, which provide psychological counseling for war-related trauma, community outreach, case management and referral activities, plus supportive social services to veterans and family members. There are 232 Vet Centers.

Since the first Vet Center opened, more than 2 million veterans have been helped. Every year, the Vet Centers serve more than 130,000 veterans and accommodate more than a million visits by veterans and family members.

Vet Centers are open to any veteran who served in the military in a combat theater during wartime or anywhere during a period of armed hostilities. Vet Centers also provide trauma counseling to veterans who were sexually assaulted or harassed while on active duty, and bereavement counseling to the families of service members who die on active duty.

VA provides health care and benefits to more than 100,000 homeless veterans each year. Though the proportion of veterans among the homeless is declining,
VA continues to engage veterans in outreach, medical care, benefits assistance, transitional housing, and case management for veterans in permanent housing. VA has made more than 450 grants for transitional housing, service centers and vans for outreach and transportation to state and local governments, tribal governments, non-profit community and faith-based service providers.

Indispensable to providing America’s veterans with quality medical care are nearly 127,000 active volunteers in VA’s Voluntary Service who donated more than 11 million hours in 2008 to bring companionship and care to hospitalized veterans. These hours equate to 5,519 full time employee-equivalent (FTEE) positions.

Research

VA research focuses on areas of concern to veterans. VA research has earned an international reputation for excellence in areas such as aging, chronic disease, prosthetics and mental health. Studies conducted within VA help improve medical care not only for the veterans enrolled in VA's health care system, but for the nation at large. Because seven in 10 VA researchers are also clinicians, VA is uniquely positioned to translate research results into improved patient care. VA scientists and clinicians collaborate across many disciplines, resulting in a synergistic flow of inquiry, discovery and innovation between labs and clinics.

VA investigators played key roles in developing the cardiac pacemaker, the CT scan, radioimmunoassay and improvements in artificial limbs. The world’s first liver transplant was performed by a VA surgeon-researcher. VA clinical trials established the effectiveness of new treatments for tuberculosis, schizophrenia and high blood pressure. The “Seattle Foot” developed in VA allows people with amputations to run and jump. VA contributions to medical knowledge Have won VA scientists many awards, including the Nobel Prize and the Lasker Award. supporting research efforts.

Special VA “center of excellence conduct leading

As part of his polytrauma care, Marine veteran Jason Poole spent well over a year in therapy with VA Palo Alto Health Care System occupational therapist Daniel Lita

Creating a registry of veterans who have
suffered a traumatic brain injury (TBI) and tracking long-term effects of the condition were among the priorities outlined at an international conference of TBI experts hosted by the Department of Veterans Affairs (VA) on Nov. 17 - 18, 2008.

Edge research in areas of prime importance to veterans, such as neurotrauma, prosthetics, spinal cord injury, hearing and vision loss, alcoholism, stroke, and health care disparities. Through VA’s Cooperative Studies Program, researchers conduct multicenter clinical trials to investigate the best therapy for various diseases affecting large numbers of veterans. Examples of current projects include testing whether intensive control of blood sugar can reduce cardiovascular problems for patients with type 2 diabetes; and conducting deep brain stimulation with other treatments for Parkinson’s disease. In addition to studies focused on recent veterans of OIF/OEF, research continues on issues to veterans of earlier conflicts, such as Gulf War and Vietnam War.

Home Loan Assistance:
From 1944 — when VA began helping veterans purchase homes under the original GI Bill, through December 2007, more than 18.4 million VA home loan guaranties have been issued, with a total value of $967 billion. VA ended fiscal year 2008, with almost 2.1 million active home loans, reflecting amortized loans totaling $220.8 billion.
fiscal year 2008 with almost 2.1 million active home loans, reflecting amortized loans totaling $220.8 billion.

In fiscal year 2007, VA guaranteed 179,000 loans valued at $36.1 billion. VA’s programs for specially adapted housing helped 550 disabled veterans with grants totaling more than $24.6 million.
VA programs provide $1.3 trillion in insurance coverage.

Insurance: VA operates one of the largest life insurance programs in the world. VA directly administers six life insurance programs. In addition, VA supervises the Servicemembers' Group Life Insurance and the Veterans' Group Life Insurance programs. These programs provide $1.3 trillion in insurance coverage to 4 million veterans, active-duty members, reservists and Guardsmembers, plus 3.1 million spouses and children.

The Traumatic Injury Protection program under Service members' Group Life Insurance provides coverage to active-duty personnel who sustain traumatic brain injuries that result in severe losses. Benefit amounts range from $25,000 to $100,000, depending on the loss. This program covers 2.4 million members.

In 2007, the VA life insurance programs returned $354 million in dividends to 1 million veterans holding some of these VA life insurance policies, and paid an additional $1.1 billion in death claims.

Vocational Rehabilitation

VA's Vocational Rehabilitation and Employment program provides services to enable veterans with service-connected disabilities to achieve optimum independence in daily living, and, to the maximum extent feasible, obtain and maintain employment. During fiscal years 1999 through 2008, 86,983 program participants achieved rehabilitation by obtaining and maintaining suitable employment. Additionally, during that same period, 21,108 participants achieved rehabilitation through maximum independence in daily living.
VA National Cemeteries: In 1973, the Army transferred 82 national cemeteries to VA, which now manages them through its National Cemetery Administration. Currently, VA maintains 125 national cemeteries in 39 states and Puerto Rico. In 2008, VA national cemeteries conducted 103,275 interments. That number is likely to increase to as VA opens new cemeteries near large veteran populations. In 2008, VA provided 360,455 headstones or markers for veterans' graves. Since taking over the veterans cemetery program in 1973, VA has provided more than 10.2 million headstones and markers.

Between 1999 and 2008, VA opened ten new national cemeteries: Gerald B. H. Solomon Saratoga National Cemetery near Albany, N.Y.; Abraham Lincoln National Cemetery near Chicago; Dallas-Fort Worth National Cemetery; Ohio Western Reserve National Cemetery near Cleveland; Fort Sill National Cemetery near Oklahoma City; the National Cemetery of the Alleghenies near Pittsburgh; Great Lakes National Cemetery near Detroit; Georgia National Cemetery, north of Atlanta; Sacramento National Cemetery in California; and South Florida National Cemetery in West Palm Beach, Fla. VA administers the Presidential Memorial Certificate program, which provides gold embossed certificates signed by the president to commemorate honorably discharged, deceased veterans. They are sent to the veteran's next of kin and loved ones. VA provided 511,353 certificates in 2008.
VA Employees
As of September 30, 2008, VA had 278,565 employees on the rolls. Among all departments and agencies of the federal government, only the Department of Defense has a larger work force. Of the total number of VA employees, 247,113 were in the Veterans Health Administration, 16,135 in the Veterans Benefits Administration, 1,549 in the National Cemetery System, 3,412 in the Veterans Canteen Service and 437 in the Revolving Supply Fund. The rest 9,919 employees are in various staff and facilities offices.

Primary statistical source: “Facts About the Department of Veterans Affairs,” which can be found on the Internet at: http://www1.va.gov/opa/fact/docs/vafacts.doc

VA operates hundreds of medical facilities, issues millions of checks for education, disability and pensions, and supervises 124 national cemeteries. With approximately 244,032 employees, VA is America's second largest federal agency. When eligible dependents and survivors are included, approximately 63 million people -- about one quarter of the nation's population -- are eligible for VA benefits and services.

On July 21, 2007, VA celebrated 77 years of serving America's veterans.

The U.S. Department of Veterans' Affairs administers the federal veterans benefits programs through these major offices - the Veterans Benefits Administration, the National Cemetery System and the Veterans Health Services and Research Administration.

St. Petersburg Regional Office Home Page:

Announcing New ON-Line Interactive Benefits Applications!

WHAT IS VONAPP?


General Description:

The VONAPP (Veterans On Line Applications) website is an official U.S. Department of Veterans Affairs (VA) website, that enables veterans to apply for benefits using the Internet. U.S. military veterans and some service members within six months of separation or retirement can apply for compensation, pension, and vocational rehabilitation, status of dependents, and burial benefits.

U.S. military veterans, service members with two years of service, and members of the Selected Reserve can apply for education benefits.
How is using this site different from visiting a VA office?

When you use this site to complete and send an application to the VA, your application will be sent directly to the VA office with jurisdiction over your application. Processing will begin and you will receive an automated e-mail response from the VA office letting you know that your application has been received.

It can be important for you to submit your claim as soon as you can if it is near the end of a month, whether by regular mail or using VONAPP, to ensure the VA receives it before the first of the next month. In some cases, your entitlement is based on the date the VA receives your claim. You might lose a month of benefits if the VA finds you eligible, but you wait until the following month to submit your claim.

When you successfully submit your electronic application using VONAPP, the time and date is stamped on your application. The time and date is the Eastern Standard Time (EST) at Philadelphia, Pennsylvania, where it is electronically received by the VA regardless of your geographic location around the world.

**VA Forms in VONAPP:**

VA forms currently available in VONAPP include the following:

- VA Form 21-526, Veteran’s Application for Compensation and/or Pension
- VA Form 22-1990, Application for VA Education Benefits
- VA Form 22-1995, Request for Change of Program or Place of Training
- VA Form 22-5490, Application for Survivors' and Dependents' Educational Assistance
- VA Form 22-5495, Change of Program or Place of Training Survivors' and Dependents' Educational Assistance
- VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation
- VA Form 21 – 4138, A Statement in Support of Claim
- VA Form 686c, Declaration of Status of Dependents
- VA Form 21 – 530, Application for Burial Benefits

Effective immediately, claims for VA Compensation and/or Pension benefits, Education benefits and Vocational Rehabilitation benefits submitted online via VONAPP do not require your signature to be considered complete. The electronic submission of your claim is sufficient.

If you have specific questions or concerns about VA benefits or your claim, you may visit [https://iris.va.gov](https://iris.va.gov) to contact VA on the Internet. For Education claims, use the VA Question and Answer section at [www.gibill.va.gov](http://www.gibill.va.gov).

VA can also be reached via telephone at 1-888-GIBILL1 (442-4551) for Education benefits, or 1-800-827-1000 for all other VA benefits.
Below is the proposed Fiscal Year 2010, U. S. Department of Veterans Affairs Budget submitted by President BARACK OBAMA to Congress in May 2009.

www.va.gov

- 2010 Budget: $112.8 billion (total including collections) – $55.9 billion in discretionary funding (including collections) and $56.9 billion in mandatory funding
- Enacted 2009: $97.7 billion (total including collections) -- $50.4 billion in discretionary funding (including collections, not including ARRA funds) and $47.3 billion in mandatory funding

To honor America’s veterans and expand the services they receive, the Fiscal Year 2010 budget increases funding for the Department of Veterans Affairs by $25 billion over the next five years. The budget includes an 11 percent increase in resources for a discretionary funding level of $55.9 billion. The budget increases health care funding for veterans, enabling the VA to provide timely, high-quality care to 5.5 million veterans, develop Centers of Excellence, and enhance access to mental health and cognitive care. It also restores health care eligibility for modest-income veterans, steps up investment in technology for the delivery of services and benefits to veterans, and provides improved benefits for veterans who are medically retired from active duty. The budget provides for a collaborative pilot program with non-profit organizations to help veterans avoid homelessness, and for the timely implementation of the Post-9/11 GI Bill to Americans who have served the country though military duty.

**INCREASED FUNDING AND EXPANSION OF BENEFITS**

- Increases funding for VA by $25 billion above the baseline over the next five years. The President’s budget takes the first step toward increasing funding for VA by $25 billion during the next five years in order to honor our nation’s veterans and expand the services they receive.
- Dramatically increases funding for VA health care. This increase will provide adequate resources to give 5.5 million veteran patients timely and high-quality care. This funding also enables VA to create Centers of Excellence and provides additional veteran-oriented specialty care in areas including prosthetics, vision and spinal cord injury, aging, and women’s health.
- Restores health care eligibility for modest-income veterans. The President’s budget expands eligibility for VA health care to non-disabled veterans earning modest incomes. This expansion will bring more than 500,000 eligible veterans into the VA health care system by 2013 while maintaining high-quality and timely care for the lower-income and disabled veterans who currently rely on VA medical care.
- Provides greater benefits for veterans who are medically retired from active duty. For the first time, highly disabled veterans who are medically retired from service will be eligible for concurrent receipt of full disability benefits from VA in addition to Department of Defense retirement benefits.
- Enhances outreach and services related to mental health care and cognitive injuries with a focus on access for veterans in rural areas. VA will increase the number of Vet Centers and mobile health clinics to expand access to mental health screening and treatment in rural areas. In addition, new funding will help veterans and their families to stay informed of these resources and encourage them to pursue needed care.

**TECHNOLOGY FOR IMPROVED SERVICE DELIVERY**

- Invests in better technology to deliver services and benefits to veterans with the quality and efficiency they deserve. Through improved electronic medical records, VA will more efficiently retrieve active duty health records from the Department of Defense and enable all VA care sites to access the records of veterans needing care. VA will also invest in the development
of rules-based electronic processes to increase accuracy, consistency, and timeliness in veterans’ receipt of benefits.

COMPREHENSIVE EDUCATIONAL BENEFITS

- Facilitates timely implementation of the comprehensive education benefits veterans earn through their dedicated service. This budget provides the resources for effective implementation of the Post-9/11 GI Bill -- providing unprecedented levels of educational support to the men and women who have served our country through active military duty.

SAFEGUARDING VULNERABLE VETERANS

- Combats homelessness by safeguarding vulnerable veterans. The President’s budget expands VA’s current services to homeless veterans through a collaborative pilot program with non-profit organizations. This pilot will help to maintain stable housing for veterans who are at risk of falling into homelessness while helping VA to continue providing them with supportive services.

NOTES:

The bill may now proceed to a conference committee of senators and representatives to work out differences in the versions of the bill each chamber approved. The bill then goes to the President before becoming law. [Last Updated: Jan 6, 2010 2:12AM] (H.R. 3082).

On 02/01/2010, it was announced The White House Seeks $125 Billion for Veterans in 2011, Homelessness, Claims Increases and Access - Priorities for VA Budget.
CHAPTER 1

http://www.floridavets.org/index.asp
WHO WE ARE

The Florida Department of Veterans' Affairs (FDVA) is a state agency created to assist all former, present, and future members of the Armed Forces of the United States and their dependents in preparing claims for and securing such compensation, hospitalization, vocational training and other benefits or privileges to which they may be entitled under any federal or state regulation by reason of their service in the Armed Forces of the United States.

ORGANIZATIONS’ WE REPRESENT

THE AMERICAN LEGION
AMERICAN EX-PRISONERS OF WAR, INC.
THE AMERICAN RED CROSS
BLINDED VETERANS’ ASSOCIATION
FLEET RESERVE ASSOCIATION
JEWISH WAR VETERANS OF THE USA, INC.
MARINE CORPS LEAGUE
NATIONAL ASSOCIATION OF COUNTY VETERAN SERVICE OFFICERS
NON-COMMISSIONED OFFICERS ASSOCIATION
THE RETIRED ENLISTED ASSOCIATION
VETERANS OF WW I OF THE USA, INC.
VIETNAM VETERANS OF AMERICA
THE FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS

Internet: http://www.floridavets.org/index.asp

ALL SERVICES PROVIDED BY THE DEPARTMENT ARE AT NO COST TO THOSE WE SERVE.
OBTAINING ASSISTANCE

To obtain assistance and information in regard to claims and benefits contact your local COUNTY VETERAN SERVICE OFFICE or your national service officers at the following locations:

FROM ANYWHERE IN FLORIDA CONTACT:
FLORIDA DEPARTMENT OF VETERANS’ AFFAIRS
P. O. BOX 31003
ST. PETERSBURG, FL 33731-8903

BUREAU OF VETERANS’ CLAIMS
Office (727) 319-7400, Fax (727) 319-7780
Bureau Chief – Mike Howard, Ext. 7403
Supervisor – Jim Ansboury, Ext. 7425
Staff Assistant – Jim Angles, Ext. 7440

Effective: 02/01/10

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<td>*Larri Gerson 319-7404</td>
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<td>Clyde Butts 319-7422</td>
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*NOTE: Larri Gerson is the State Women’s Veterans Coordinator
The Area Code for above numbers is: (727) – 319 - XXXX
The VA toll free number is: 1 – 800 – 827 – 1000

NOTE: In order to serve you and your client, please have the clients name, social security number or VA Claim number available when calling. The FDVA operator will connect you to the appropriate Claims Examiner, depending on the VA claim number or Social Security Number.

BUREAU OF FIELD SERVICES
VAMC, Bldg 22, Room 117, Bay Pines, FL
Bureau Chief - David Ramga
OFFICE (727)-398-6661, ext. 4905; Fax (727) 319-1202, FTS (700)-826-4905

VAMC BAY PINES
Supervisor Neal Yarosz
Staff Assistant Nancie Coffey
VCEs: Chava Litwin, Mel Lyons,
Daniel Oberg, Harry Rudy
10000 Bay Pines Blvd, Bldg 22, Rm 117
Mail: PO Box 5005, Bay Pines, FL 33744
Phone: (727) 398-6661 x5489; 888-820-0230
FTS: (700) 826-5489/Fax: (727) 398-9576

VAMC Lake City
Superintendent David Hill
Staff Assistant Becky Sullivan
VCEs: Rosa Stewart, Ed Hodge
619 S. Marion Avenue, Room A-163

Lake City, FL 32025-5808
Phone: (386) 755-3016 x2070; 800-308-8387
Fax: (386) 758-3207

VAMC Gainesville
Supervisor David Hill
Staff Assistant Mike Fontenot
VCEs: Joe Coats, Allen Harrison
1601 SW Archer Rd, Room D-162
Gainesville, FL 32608-1197
Phone: (352) 374-6029; 800-324-8387
FTS: (700) 947-6029/Fax (352) 374-6152
TO OBTAIN ASSISTANCE FROM THE U.S. DEPARTMENT OF VETERANS' AFFAIRS (VA) FROM ANYWHERE IN THE UNITED STATES, CALL THE VA TOLL FREE NUMBER: 1-800-827-1000.

Internet: http://www.va.gov/

The County Veteran Service Offices and the Florida Department of Veterans' Affairs (FDVA) are staffed with accredited National Service Officers and are available to assist you with general information, claims preparation, claims development, appeals of Department of Veterans' Affairs (VA) final decisions, general information regarding The Board of Veterans' Appeals, and The United States Court of Appeals for Veterans Claims procedures. Specific information regarding individual claims is available only when a properly completed Appointment of Veterans Service Organization as Claimant's Representative (VA Form 21-22), appointing the FDVA or a National Service Organization affiliated with FDVA, has been received by the VA. The FDVA does not represent claimants at the Board of Veterans' Appeals or at the United States Court of Appeals for Veterans Claims. National Service Organizations affiliated with FDVA may provide representation at the Board of Veterans' Appeals.

The National Association of County Veteran Service Officers (NACVSO) can be found on the web at: http://nacvso.org/

Telephone numbers of other National Veteran Service Organizations in the St. Petersburg VA Regional Office (VARO):

AM EX – POW      (727) – 319 – 5914
AMVETS           (727) – 319 – 7492
VFW               (727) – 319 – 7483
DAV               (727) – 319 – 7444
MOPH             (727) – 319 – 7488
PVA              (727) – 319 – 7470
DEFINITIONS

"Veteran" means a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.

“Active military, naval, and air service” This includes active duty, any period of active duty for training during which the individual concerned was disabled or died from a disease or injury incurred or aggravated in line of duty, and any period of inactive duty training during which the individual concerned was disabled or died from an injury incurred or aggravated in line of duty.

"Compensation" means a monthly payment made to the veteran because of a service-connected disability or to a spouse, child, or dependent parent of a veteran because of a service-connected death occurring before January 1, 1957, or the veteran died on or after May 1, 1957, and before January 1, 1972, if at the time of death a policy of United States Government Life Insurance or National Service Life Insurance was in effect under waiver of premiums under 38 U.S.C. 1924 unless the waiver was granted under the first provisions of section 622(a) of the National Service Life Insurance Act of 1940, and the veteran died before return to military jurisdiction or within 120 days thereafter. If the veteran was discharged or released from service, the discharge or release must have been under conditions other than dishonorable.

"Service-Connected" means, with respect to disability or death, that such disability was incurred in or aggravated (beyond normal progression) during service, or death resulted from a disability incurred or aggravated in line of duty in active military, naval or air service.

“Nonservice-connected” means, with respect to disability or death, that such disability was not incurred or aggravated, or that the death did not result from a disability incurred or aggravated, in line of duty in the active military, naval, or air service.

“In line of duty” means an injury or disease incurred or aggravated during a period of active military, naval, or air service unless such injury or disease was the result of the veteran's own willful misconduct or, for claims filed after October 31, 1990, was a result of his or her abuse of alcohol or drugs. A service department finding that injury, disease or death occurred in line of
duty will be binding on the Department of Veterans Affairs unless it is patently inconsistent with the requirements of laws administered by the Department of Veterans Affairs. Requirements as to line of duty are not met if at the time the injury was suffered or disease contracted the veteran was:

(1) Avoiding duty by desertion, or was absent without leave which materially interfered with the performance of military duty.

(2) Confined under a sentence of court-martial involving an unremitted dishonorable discharge.

(3) Confined under sentence of a civil court for a felony as determined under the laws of the jurisdiction where the person was convicted by such court.

(Authority: 38 U.S.C. 105)

Note: See §3.1(y)(2)(iii) for applicability of in line of duty in determining former prisoner of war status.

"Willful misconduct" means an act involving conscious wrongdoing or known prohibited action. A service department finding that injury, disease or death was not due to misconduct will be binding on the Department of Veterans Affairs unless it is patently inconsistent with the facts and the requirements of laws administered by the Department of Veterans Affairs.

(1) It involves deliberate or intentional wrongdoing with knowledge of or wanton and reckless disregard of its probable consequences.

(2) Mere technical violation of police regulations or ordinances will not per se constitute willful misconduct.

(3) Willful misconduct will not be determinative unless it is the proximate cause of injury, disease or death. (See §§3.301, 3.302.)


CERTAIN SERVICE DEEMED TO BE ACTIVE SERVICE FOR VA BENEFITS:

1. Service as a member of the Women's Army Auxiliary Corps (WAAC) for 90 days or more by any woman who before October 1, 1943 was honorably discharged for disability incurred or aggravated in line of duty which rendered her physically unfit to perform further service in the WAAC shall be considered active duty for the purpose of all laws administered by the DVA.

Service in the WAAC after May 13, 1942 and before September 30, 1943, is considered active service for DVA benefits if followed by active service in the Armed Forces after September 30, 1943. For this purpose both periods of service must have terminated under conditions other than dishonorable.

2. Any person entitled to compensation or pension by reason of paragraph (1) and to employees’ compensation based upon the same service under the Federal Employees' Compensation Act must elect which benefit she will receive.

3. Any person -
   a. who has applied for enlistment or enrollment in the active military, naval or air service and has been provisionally accepted and directed or ordered to report to a place for final acceptance into such service; or
   b. who has been selected or drafted for service in the Armed Forces and has reported pursuant to the call of his local draft board and before rejection; or
   c. who has been called into the Federal service as a member of the National Guard, but has not been enrolled for the Federal service; and who has suffered an injury or contracted a disease in line of duty while en route to or from or at, a place for final acceptance or entry upon active duty;
   d. will, for the purposes of determining service connection of a disability, be considered to have been on active duty and to have incurred such disability in the active military, naval, or air service.

4. Whenever an individual is discharged or released from a period of active duty he or she shall be deemed to continue on active duty during the period of time immediately following the date of such discharge or release from such duty determined by the Secretary concerned to be required for him or her to proceed to his or her home by the most direct route, and in any event until midnight of the date of such discharge or release.
5. An individual, who, when authorized or required by competent authority, assumed an obligation to perform active duty for training or inactive duty training; and who is disabled or dies from an injury incurred by him or her while proceeding directly to or returning directly from such active duty for training or inactive duty training as the case may be; shall be deemed to have been on active duty for training or inactive duty training, as the case may be, at the time such injury was incurred. In determining whether or not such individual was so authorized or required to perform such duty, and whether or not he or she was disabled or died from injury so incurred, the Secretary shall take into account the hour on which he or she began so to proceed or to return; the hour on which he or she was scheduled to arrive for, or on which he or she ceased to perform such duty, the method of travel employed; his or her itinerary, and the immediate cause of disability or death. Whenever any claim is filed alleging that the claimant is entitled to benefits by reason of the above, the burden of proof shall be on the claimant.

**CLASSIFICATION OF SERVICE:**

The following duty classifications qualify for benefit purposes:

"Active duty." This means:

a. Full-time duty in the Armed Forces, other than active duty for training.

b. Full-time duty (other than for training purposes) as a commissioned officer of the Regular or Reserve Corps of the Public Health Service:

   1. On or after July 29, 1945, or

   2. Before that date under circumstances affording entitlement to “full military benefits,” or

   3. At any time, for the purposes of dependency and indemnity compensation.

c. Full-time duty as a commissioned officer of the Coast and Geodetic Survey or of its successor agencies, the Environmental Science Services Administration and the National Oceanic and Atmospheric Administration:

   1. On or after July 29, 1945, or

   2. Before that date:

      (a) While on transfer to one of the Armed Forces, or
(b) While, in time of war or national emergency declared by the President, assigned to duty on a project for one of the Armed Forces in an area determined by the Secretary of Defense to be of immediate military hazard, or

(c) In the Philippine Islands on December 7, 1941, and continuously in such islands thereafter, or

3. At any time, for the purposes of dependency and indemnity compensation.

4. Service at any time as a cadet at the United States Military, Air Force, or Coast Guard Academy, or as a midshipman at the United States Naval Academy.

5. Attendance at the preparatory schools of the United States Air Force Academy, the United States Military Academy, or the United States Naval Academy for enlisted active-duty members who are reassigned to a preparatory school without a release from active duty, and for other individuals who have a commitment to active duty in the Armed Forces that would be binding upon disenrollment from the preparatory school;

6. Authorized travel to or from such duty or service; and

7. A person discharged or released from a period of active duty, shall be deemed to have continued on active duty during the period of time immediately following the date of such discharge or release from such duty determined by the Secretary concerned to have been required for him or her to proceed to his or her home by the most direct route, and, in all instances, until midnight of the date of such discharge or release. (Authority: 38 U.S.C. 106(c))

Active duty for training.

1. Full-time duty in the Armed Forces performed by Reserves for training purposes;

2. Full-time duty for training purposes performed as a commissioned officer of the Reserve Corps of the Public Health Service:
   a. On or after July 29, 1945, or
   b. Before that date under circumstances affording entitlement to "full military benefits," or
   c. At any time, for the purposes of dependency and indemnity compensation.

3. Full-time duty performed by members of the National Guard of any State, under 32 U.S.C. 316, 502, 503, 504, or 505, or the prior corresponding
provisions of law or full-time duty by such members while participating in
the reenactment of the Battle of First Manassas in July 1961;

4. Duty performed by a member of a Senior Reserve Officers’ Training
Corps program when ordered to such duty for the purpose of training or a
practice cruise under Chapter 103 of Title 10, United States Code.

   a. The requirements of this paragraph are effective:

      (1) On or after October 1, 1982, with respect to deaths and disabilities
resulting from diseases or injuries incurred or aggravated after September
30, 1982, and

      (2) October 1, 1983, with respect to deaths and disabilities resulting from
diseases or injuries incurred or aggravated before October 1, 1982.

   b. Effective on or after October 1, 1988, such duty must be prerequisite to
the member being commissioned and must be for a at least four continuous

5. Attendance at the preparatory schools of the United States Air Force
Academy, the United States Military Academy, or the United States Naval
Academy by an individual who enters the preparatory school directly from
the Reserves, National Guard or civilian life, unless the individual has a
commitment to service on active duty which would be binding upon
disenrollment from the preparatory school.

6. Authorized travel to or from such duty. (Authority: 38 U.S.C. 101(22))

The term does not include duty performed as a temporary member of the
Coast Guard Reserve.

“Inactive duty training” means:

1. Duty (other than full-time duty) prescribed for Reserves (including
commissioned officers of the Reserve Corps of the Public Health Service) by
the Secretary concerned under 37 U.S.C. 206 or any other provision of law;
2. Special additional duties authorized for Reserves (including
commissioned officers of the Reserve Corps of the Public Health Service) by
an authority designated by the Secretary concerned and performed by them
on a voluntary basis in connection with the prescribed training or
maintenance activities of the units to which they are assigned, and
3. Training (other than active duty for training) by a member of, or applicant for membership (as defined in 5 U.S.C. 8140(g)) in, the Senior Reserve Officers’ Training Corps prescribed under Chapter 103 of Title 10, United States Code.

4. Duty (other than full-time duty) performed by a member of the National Guard of any State, under 32 U.S.C. 316, 502, 503, 504, or 505, or the prior corresponding provisions of law. The term “inactive duty training” does not include:
   a. Work or study performed in connection with correspondence courses,
   b. Attendance at an educational institution in an inactive status, or
   c. Duty performed as a temporary member of the Coast Guard Reserve. (Authority: 38 U.S.C. 101(23))

Travel status—training duty (disability or death from injury). Any individual:

1. Who, when authorized or required by competent authority, assumes an obligation to perform active duty for training or inactive duty training; and

2. Who is disabled or dies from an injury incurred while proceeding directly to or returning directly from such active duty for training or inactive duty training shall be deemed to have been on active duty for training or inactive duty training, as the case may be. The Department of Veterans Affairs will determine whether such individual was so authorized or required to perform such duty, and whether the individual was disabled or died from injury so incurred. In making such determinations, there shall be taken into consideration the hour on which the individual began to proceed or return; the hour on which the individual was scheduled to arrive for, or on which the individual ceased to perform, such duty, the method of travel performed; the itinerary; the manner in which the travel was performed; and the immediate cause of disability or death. Whenever any claim is filed alleging that the claimant is entitled to benefits by reason of this paragraph, the burden of proof shall be on the claimant. (Authority: 38 U.S.C. 106(d), 38 CFR §3.6 Duty periods.)

MERCHANT MARINE:

Pursuant to PL 95-202, on January 7, 1988, the Secretary of Defense declared certain Merchant Marine services as qualifying for Department by Veterans Affairs benefits. To receive recognition, each member of the "American Merchant Marine in Oceangoing Service during the Period of
Armed Conflict, December 7, 1941, to August 15, 1945,” must meet the following eligibility criteria:

1. Was employed by the War Shipping Administration or Office of Defense Transportation or their agents as a merchant seaman documented by the U.S. Coast Guard or Department of Commerce (Merchant Mariner’s Document/Certificate of Service), or as a civil servant employed by U.S. Army Transport Service (later redesigned U.S. Army Transportation Corps, Water Division) or the Naval Transportation Service; and

2. Served satisfactorily as a crew member during the period of armed conflict December 7, 1941, to August 15, 1945, aboard:

   a. merchant vessels in "oceangoing", i.e., foreign, intercoastal, or coastal or coastwise service (46 USC 10301 & 10501) and further, to include "near foreign” voyages between the United States and Canada, Mexico, or the West Indies via ocean routes, or

   b. public vessels in oceangoing service or foreign waters.

A Certificate of Release or Discharge from Active Duty (DD Form 214) and a discharge certificate, or an Honorable Service Certificate/Report of Casualty, shall be provided each qualifying member of the Merchant Marine, the U.S. Army Transport Service, and the U.S. Naval Transportation Service upon receipt of application from the member and upon verification. of creditable service in accordance with service directives. Total active duty service shall be the summation of each foreign, near foreign, coastal, and intercoastal voyage within the period of armed conflict of World War II. Inclusive dates of each creditable voyage shall be reflected on the DD Form 214. For qualifying members taken as prisoners of war while on active duty, creditable service shall extend to date of repatriation or date of death while a prisoner of war.

The application, DD Form 2168, available through any DVA Regional Office, is to be used by applicants seeking a discharge certificate.

Merchant Marine seamen who served as civil servants employed by the U.S. Army Transport Service which was later redesignated as the U.S. Army Transportation Corps, Water Division:

Commander
U.S. Army Reserve Personnel Command
(AR-PERSCOM-PSV-V)
1 Reserve Way
St. Louis, MO  63132
If employed by the Naval Transportation Service, DD Form 2168 is sent to:
Naval Military Personnel Command
PERS-312
Millington, TN 38054-5045

If employed by the War Shipping Administration or Office of Defense Transportation, DD Form -2168 is to be sent to:
National Maritime Center (202) 493-1039
4200 Wilson Blvd.
Suite 630
Arlington, VA 22203-1804

**Medical Records for Merchant Seamen who Served Under Jurisdiction of the Coast Guard.** It is not possible to request "service medical records" for this type of claimant. Merchant Seamen who served under the jurisdiction of the Coast Guard do not have a medical file as such. However, these seamen were eligible to receive medical treatment at U.S. Public Health Service (USPHS) hospitals, and the USPHS does have microfilm copies of certain medical records. If the claimant alleges treatment at a USPHS hospital and the claimant can furnish the minimum information required under subparagraph (3) below, send a request to the USPHS. If there is no allegation of treatment at a USPHS facility, do not send a request for records to the USPHS.

1. Make the request manually by writing a letter and attach VA Form 21-4142, “Authorization and Consent to Release Information to the Department of Veterans Affairs.” Provide information requested in Para 3a – 3g.

2. Send the request to the following address:

   National Hansen's Disease Program
   Health Data Center
   1770 Physicians Park Drive
   Baton Rouge, LA  70816

Note: Where priority/expedited assistance is required, telephone 1-800-642-2477 or (225) 756-3773. POC is Mr. Michael Peltier.

3. The following information should be furnished before the U.S. Public Health Service can search for treatment records:

   a) The veteran's full name and any aliases. *(required)*

   b) The veteran’s Social Security number. *(if known)*

   c) The veteran's date of birth. *(required)*

   d) Clinic/hospital where the veteran was treated (at least the State). If more than one, list all. *(required)*
(e) Month and year of treatment (at least the decade). *(required)*

(f) Veteran’s Z number. *(if available)*

(g) Any other identifying information.

(4) If you are unable to furnish the minimum required information set out in subparagraph (3) above, do not send a request to the USPHS. Review subparagraphs d and e below to determine if there is any possibility that records may be available from National Archives or the Office of Maritime Labor and Training. If not, route the claim to the rating board for final rating action. The rating must outline the efforts made to obtain the records. The letter to the claimant must explain that a search cannot be conducted for medical records without the minimum required information outlined in subparagraph (3).

Merchant Mariners are now eligible for American Legion membership. If any questions as to individual qualifications for membership exist, the application and substantiating documentation (DD-214), or copies thereof, should be forwarded to the National Judge Advocate in Indianapolis.

**CIVILIAN GROUPS EXTENDED VETERANS STATUS** *(under PL 95-202):*

The following are included:

*Aerial transportation of mail* *(Pub. L. 140, 73d Congress)*. Persons who were injured or died while serving under conditions set forth in Pub. L. 140, 73d Congress.

*Aliens.* Effective July 28, 1959, a veteran discharged for alienage during a period of hostilities unless evidence affirmatively shows he or she was discharged at his or her own request. A veteran who was discharged for alienage after a period of hostilities and whose service was honest and faithful is not barred from benefits if he or she is otherwise entitled. A discharge changed prior to January 7, 1957, to honorable by a board established under authority of section 301, Pub. L. 346, 78th Congress, as amended, or section 207, Pub. L. 601, 79th Congress, as amended (now 10 U.S.C. 1552 and 1553), will be considered as evidence that the discharge was not at the alien’s request. *(See §3.12.)* *(Authority: 38 U.S.C. 5303(c))*

*Army field clerks.* Included as enlisted men.

*Army Nurse Corps, Navy Nurse Corps, and female dietetic and physical therapy personnel.*
1. Army and Navy nurses (female) on active service under order of the service department.

2. Dietetic and physical therapy (female) personnel, excluding students and apprentices, appointed with relative rank on or after December 22, 1942, or commissioned on or after June 22, 1944.

**Aviation camps.** Students who were enlisted men during World War I.

**Cadets and midshipmen.** See §3.6(b)(4).

**Coast and Geodetic Survey,** and its successor agencies, the Environmental Science Services Administration and the National Oceanic and Atmospheric Administration. See §3.6(b)(3).

**Coast Guard.** Active service in Coast Guard on or after January 29, 1915, while under jurisdiction of the Treasury Department, Navy Department, or the Department of Transportation. (See §3.6(c) and (d) as to temporary members of the Coast Guard Reserves.)

**Contract surgeons.** For compensation and dependency and indemnity compensation, if the disability or death was the result of disease or injury contracted in line of duty during a war period while actually performing the duties of assistant surgeon or acting assistant surgeon with any military force in the field, or in transit or in hospital.

**Field clerks, Quartermaster Corps.** Included as enlisted men.

**Lighthouse service personnel.** Transferred to the service and jurisdiction of War or Navy Departments by Executive order under the Act of August 29, 1916. Effective July 1, 1939, service was consolidated with the Coast Guard.

**Male nurses.** Persons who were enlisted men of Medical Corps.

(m) **National Guard.** Members of the National Guard of the United States and Air National Guard of the United States are included as Reserves. See §3.6(c) and (d) as to training duty performed by members of a State National Guard and paragraph (o) of this section as to disability suffered after being called into Federal service and before enrollment.

**Persons heretofore having a pensionable or compensable status.** (Authority: 38 U.S.C. 1152, 1504)

**Persons ordered to service.**

1. Any person who has:
a. Applied for enlistment or enrollment in the active military, naval, or air service and who is provisionally accepted and directed, or ordered, to report to a place for final acceptance into the service, or

b. Been selected or drafted for such service, and has reported according to a call from the person’s local draft board and before final rejection, or

c. Been called into Federal service as a member of the National Guard but has not been enrolled for Federal service, and

d. Suffered injury or disease in line of duty while going to, or coming from, or at such place for final acceptance or entry upon active duty, is considered to have been on active duty and therefore to have incurred such disability in active service.

2. The injury or disease must be due to some factor relating to compliance with proper orders. Draftees and selectees are included when reporting for preinduction examination or for final induction on active duty. Such persons are not included for injury or disease suffered during the period of inactive duty, or period of waiting, after a final physical examination and prior to beginning the trip to report for induction. Members of the National Guard are included when reporting to a designated rendezvous.

Philippine Scouts and others.

1. Service in the Philippine Scouts (except that described in paragraph (ii)), the Insular Force of the Navy, Samoan Native Guard, and Samoan Native Band of the Navy is included for pension, compensation, dependency and indemnity compensation, and burial allowance. Benefits are payable in dollars.

2. Other Philippine Scouts. Service of persons enlisted under section 14, Pub. L. 190, 79th Congress (Act of October 6, 1945), is included for compensation and dependency and indemnity compensation. Such benefits are payable at a rate of $0.50 for each dollar authorized under the law. All enlistment’s and reenlistment of Philippine Scouts in the Regular Army between October 6, 1945, and June 30, 1947, inclusive were made under the provisions of Pub. L. 190 as it constituted the sole authority for such enlistment’s during that period. This paragraph does not apply to officers who were commissioned in connection with the administration of Pub. L. 190. (Authority: 38 U.S.C. 107)

NOTE: Public Law 108-183 Provides full compensation and DIC to members of the new Philippine Scouts if the individual resides in the United States as a citizen or permanent resident. Also extends eligibility for burial in a national cemetery.

Commonwealth Army of the Philippines.
1. Service is included, for compensation, dependency and indemnity compensation, and burial allowance (Note: P.L. 106-419, Section 332, grants the full dollar rate of burial benefits to certain Filipino veterans of World War II who die after November 1, 2000), from and after the dates and hours, respectively, when they were called into service of the Armed Forces of the United States by orders issued from time to time by the General Officer, U.S. Army, pursuant to the Military Order of the President of the United States dated July 26, 1941. Service as a guerrilla under the circumstances outlined in paragraph (d) of this section is also included. Service on or after July 1, 1946, is not included. Benefits are payable at a rate of $0.50 for each dollar authorized under the law. (Authority: 38 U.S.C. 107)

2. Unless the record shows examination at time of entrance into the Armed Forces of the United States, such persons are not entitled to the presumption of soundness. This also applies upon reentering the Armed Forces after a period of inactive service.

**Guerrilla service.**

1. Persons who served as guerrillas under a commissioned officer of the United States Army, Navy or Marine Corps, or under a commissioned officer of the Commonwealth Army recognized by and cooperating with the United States Forces are included. (See paragraph (c) of this section.) Service as a guerrilla by a member of the Philippine Scouts or the Armed Forces of the United States is considered as service in his or her regular status. (See paragraph (a) of this section.)

2. The following certifications by the service departments will be accepted as establishing guerrilla service:
   a. Recognized guerrilla service;
   b. Unrecognized guerrilla service under a recognized commissioned officer only if the person was a former member of the United States Armed Forces (including the Philippine Scouts), or the Commonwealth Army. This excludes civilians.

A certification of “Anti-Japanese Activity” will not be accepted as establishing guerrilla service.

3. **Combined service.** Where a veteran who had Commonwealth Army or guerrilla service and also had other service, wartime or peacetime, in the Armed Forces of the United States, has disabilities which are compensable separately on a dollar and a $0.50 for each dollar authorized basis, and the disabilities are combined under the authority contained in 38 U.S.C. 1157, the evaluation for which dollars are payable will be first considered and the difference between this evaluation and the combined evaluation will be the basis for computing the amount payable at the rate of $0.50 for each dollar authorized.

**Public Health Service.** See §3.6(a) and (b).

**Reserves.** See §3.6(a), (b), and (c).

**Revenue Cutter Service.** While serving under direction of Secretary of the Navy in cooperation with the Navy.
Training camps. Members of training camps authorized by section 54 of the National Defense Act, except members of Student Army Training Corps Camps at the Presidio of San Francisco, Plattsburg, New York, Fort Sheridan, Illinois, Howard University, Washington, D.C., Camp Perry, Ohio, and Camp Hancock, Georgia, from July 18, 1918, to September 16, 1918.

Women’s Army Corps (WAC). Service on or after July 1, 1943.

Women’s Reserve of Navy, Marine Corps, and Coast Guard. Same benefits as members of the Officers Reserve Corps or enlisted men of the United States Navy, Marine Corps or Coast Guard.

Russian Railway Service Corps. Service during World War I as certified by the Secretary of the Army.

Active military service certified as such under section 401 of Pub. L. 95-202. Such service if certified by the Secretary of Defense as active military service and if a discharge under honorable conditions is issued by the Secretary. The effective dates for an award based upon such service shall be as provided by §3.400(z) and 38 U.S.C. 5110, except that in no event shall such an award be made effective earlier than November 23, 1977. Service in the following groups has been certified as active military service.

1. Women’s Air Forces Service Pilots (WASP).
2. Signal Corps Female Telephone Operators Unit of World War I.
3. Engineer Field Clerks.
4. Women’s Army Auxiliary Corps (WAAC).
5. Quartermaster Corps Female Clerical Employees serving with the AEF (American Expeditionary Forces) in World War I.
6. Civilian Employees of Pacific Naval Air Bases Who Actively Participated in Defense of Wake Island During World War II.
7. Reconstruction Aides and Dietitians in World War I.
8. Male Civilian Ferry Pilots.
9. Wake Island Defenders from Guam.
10. Civilian Personnel Assigned to the Secret Intelligence Element of the OSS.
12. Quartermaster Corps Keswick Crew on Corregidor (WWII).

16. Civilian Navy IFF Technicians Who Served in the Combat Areas of the Pacific during World War II (December 7, 1941 to August 15, 1945). As used in the official name of this group, the acronym “IFF” stands for Identification Friend or Foe.


21. Honorably Discharged Members of the American Volunteer Group (Flying Tigers) Who Served During the Period December 7, 1941, to July 18, 1942. Individuals must have an AVG discharge certificate or letter, or identification as an honorably discharged AVG member from other creditable publications or documents. Before applying for veterans’ benefits, individuals must first apply for an Armed Forces Discharge Certificate by filing DD Form 2168, which is available from any VA regional office or the Department of the Air Force (see address below). The completed form together with any supporting documents, should be sent to:

   HQ AFMPC/DP MARS2
   Randolph AFB, TX 78150-6001
   Attn: Flying Tigers.

22. U. S. Civilian Flight Crew and Aviation Ground Support Employees of United Air Lines (UAL), Who Served Overseas as a Result of UAL’s Contract With the Air Transport Command During the Period December 14, 1941, through August 14, 1945.
23. U. S. Civilian Flight Crew and Aviation Ground Support Employees of Transcontinental and Western Air (TWA), Inc., Who Served Overseas as a Result of TWA’s Contract With the Air Transport Command During the Period December 14, 1941, through August 14, 1945.


REFERENCE MATERIALS

The CONSTITUTION of
The UNITED STATES of AMERICA
established

The CONGRESS
which passes bills about veterans which, when signed into law by

The PRESIDENT,
are codified by Congress as

Title 38 United States Code (U.S.C.)
which is interpreted by VA in

38 Code of Federal Regulations (CFR)
from which VBA policy and procedural instructions are given in

DIRECTIVES
in the form of

MANUALS and VBA CIRCULARS

NOTE: The United States Court of Appeals for Veterans Claims and VA General Counsel (in GC Opinions) refine the interpretation of laws and regulations pertaining to benefits administered by VA. Regulations contained in title 38 Code of Federal Regulations (CFR) have the force and effect of law, as do General Counsel precedent opinions and United States Court of Appeals for Veterans Claims precedent opinions.

C&P SERVICE REFERENCES

Regulations
Title 38 CFR contain 48 Parts (0 through 47) (similar to chapters in a book). As a Rating Specialist you will use Parts 3 and 4 almost exclusively. However, regulations in other Parts do, from time to time, affect your actions. For instance, the regulation concerning equitable relief is found in Part 2; the requirement for a rating determining eligibility for medical treatment in certain cases is found in Part 17; and the Board of Veterans Appeals regulations are found in Parts 19 and 20. The citations in Part 3 and Part 4 of 38 CFR follow a numerical sequence. In Part 3, the citations run from 38 CFR 3.1 through 38 CFR 3.1612. If you subtract the "3." from the citation and you will see that they are numbered from "1" through "1612". The same principle applies to Part 4, and in each of the other Parts.

For example, if you are looking for 38 CFR 3.203, you are seeking the two hundred and third regulation in Part 3. 38 CFR 3.203 would be found after 38 CFR 3.57 (the fifty seventh regulation) but before 38 CFR 3.557 (the five hundred and fifty seventh regulation).
The Manual

M21-1 ("The Manual") is the **procedural guide for the adjudication of claims**.

**Part I** contains an excellent history of VA and veterans benefits. It also contains an outline of the structure of a traditional Adjudication Division, as well as a consolidated index to M21-1.

**Appendix A** is the book of **rating codes**.

**Appendix B** is the book of **rate tables**, current and historical.

**Appendix C** is the **code book for computer claims** processing.

**Part II** is **Clerical Procedures**. This section defines the procedures for establishing a record of a veteran and computer control of claims.

**Part III** is **Clerical and Authorization Procedures**. This section defines procedures for securing evidence.

**Part IV** is **Authorization Procedures**. This part covers the procedures for processing claims through the point of inputting them into the computer.

**Part V** is **Computer Procedures**. This part covers the procedures regarding computer input.

**Part VI** is **Rating Procedures**. This part guides the rating board in its functions.

VBA Circulars

VBA Circulars are numbered as follows: **20 - YY - ##**

The first number (in this case--**20**), represents to whom the circular is addressed, or the **VBA element affected**. If this number is **21**, it means the circular applies to C&P issues, **22** applies to Education issues, **23** to Administration, **24** to Finance, **25** to Personnel, **26** to Loan Guaranty, **27** to Veterans Assistance, **28** to Vocational Rehabilitation, and **29** to Insurance. The number **20** means the circular applies to a **combination** of the above elements, such as C&P and Education, or Education, Finance and Vocational Rehabilitation.

The second number, represented as **YY**, is the **calendar year** in which the circular is issued. 90 was originally issued in 1990, 74 in 1974, etc. The third number, represented as **##**, is the **number** of the circular. VBA Circular 21-88-2 is the **second** circular of 1988 for C&P issues and VBA 20-90-15 is the **fifteenth** circular of 1990 for more than two elements.
VBA Circulars remain active until rescinded. They can be self rescinding. A self rescinding expiration date would be found in the last numbered paragraph above the signature block in the circular. Circulars can rescind each other (look in the same area), or they can be rescinded by a Manual change (look on the rescission list on the manual change transmittal sheet).

Central Office periodically issues an **APL Update** (*Active Publication List Update*) which you can use to verify if a circular is current.

Filing VBA Circulars is a matter of personal preference. It is recommended that they be filed by element category, (all the 20's together, then all the 21's, etc.), then by year of issue, (1990, 1991, 1992, etc.), and finally by numeric sequence. Often, circulars have changes issued while the circular is still active. We advise that you start an index, subdivided in the same fashion, so you can check to see if you have the circular or change and where it is located.

**C&P Service Fast Letters**

C&P Service Fast Letters follow the same numeric system but without the first number. They only contain the year [YY] and the number of issuance [##]. They are dated and also self rescind.
<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
<th>Time Limit</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability Compensation</strong></td>
<td>VA pays monthly compensation to veterans for disabilities incurred or aggravated during military service. This benefit is not subject to federal or state income tax. Entitlement is established from the date of separation if the claim is filed within one year from separation. Generally, military retirement pay is reduced by any VA compensation received. Income from Special Separation Benefits (SSB) and Voluntary Separation Incentives (VSI) affects the amount of VA compensation paid.</td>
<td>None</td>
<td>Any VA office or call 1-800-827-1000 or file at <a href="http://www.va.gov">www.va.gov</a></td>
</tr>
<tr>
<td><strong>Disability Pension</strong></td>
<td>This income-based benefit is paid to veterans with honorable war-time service who are permanently and totally disabled due to non service-connection disability (or age 65 or older).</td>
<td>None</td>
<td>Same as above</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>VA provides a wide range of health care services to veterans including treatment for military sexual trauma, and for conditions possibly related to exposure to Agent Orange, ionizing radiation, and other environmental hazards in the Persian Gulf. Generally, veterans must be enrolled in VA’s Health Care System to receive care.</td>
<td>None</td>
<td>Any VA medical facility or call 1-877-222-8387 or file at <a href="http://www.va.gov">www.va.gov</a></td>
</tr>
<tr>
<td><strong>Combat Veterans</strong></td>
<td>VA provides free health care for veterans who served in a theater of combat operations after November 11, 1998, for any illness possibly related to their service in that theater.</td>
<td>If discharged from AD on or after 01/28/03 –time limit is 5 years from the date of discharge from AD. If discharged from AD before 01/28/03, and were not enrolled as of 01/28/08, time limit is until 01/27/11.</td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Veterans may receive one-time dental treatment if they were not provided treatment within 90 days before separation from active duty. The time limit does not apply to veterans with dental conditions resulting from service-connected wounds or injuries.</td>
<td>180 days from separation Source: VA Health Care Fact Sheet 16-4, dated January 2008</td>
<td>Same as above</td>
</tr>
<tr>
<td><strong>Education and Training</strong></td>
<td>Up to 36 months of benefits for: Montgomery GI Bill - Active Duty (Chapter 30) Or Montgomery GI Bill - Selected Reserve (Chapter 1606) or Reserve Educational Assistance Program (REAP/Chapter 1607)</td>
<td>10 years from release from last period of active duty. Limited extensions available. NOTE: Post-9/11 GI Bill ends 15 years from date of discharge or release from Active Duty. 14 years from the date of eligibility for the program, or until released from the Selected Reserve or National Guard, which ever occurs first. Some extensions available if activated. No time limit as long as individual remains in the same level of the Ready Reserve from which called to active duty. There are exceptions for discharge due to disability or transfer from the IRR to the Selected Reserve.</td>
<td>Any VA office or call 1-888-GIBILL-1 (1-888-442-4551) or file at <a href="http://www.gibill.va.gov">www.gibill.va.gov</a></td>
</tr>
<tr>
<td><strong>Vocational Rehabilitation and Employment</strong></td>
<td>VA helps veterans with service-connected disabilities prepare for, find and keep suitable employment. For veterans with serious service-connected disabilities, VA also offers services to improve their ability to live as independently as possible. Some of the services offered are: job search, vocational evaluation, career exploration, vocational training, education training, and rehabilitation service.</td>
<td>Generally 12 years from VA notice to veteran of at least a 10 percent disability rating</td>
<td>Any VA office or call 1-800-827-1000 or file at <a href="http://www.va.gov">www.va.gov</a></td>
</tr>
</tbody>
</table>
## BENEFITS AND SERVICES

<table>
<thead>
<tr>
<th><strong>Home Loan</strong></th>
<th><strong>Time Limit</strong></th>
<th><strong>Where to Apply</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans with qualifying service are eligible for VA home loan services including guaranteed loans for the purchase a home, manufactured home, manufactured home and lot, certain types of condominiums, or to build, repair, and improve homes. This benefit may be used to refinance an existing home loan. Certain disabled veterans can receive grants to have their homes specially adapted to their needs. Native Americans living on Trust Land may qualify for a direct home loan.</td>
<td>None</td>
<td>Any VA office or call 1-800-827-1000</td>
</tr>
</tbody>
</table>

### Life Insurance:

**SGLI (Servicemembers’ Group Life Insurance)** is low-cost life insurance for servicemembers and reservists. It is available in $50,000 increments up to a maximum of $400,000. SGLI coverage begins when the servicemember enters service or changes duty status.

**Traumatic Injury Protection under Servicemembers’ Group Life Insurance (TSGLI)** is a traumatic injury protection rider under SGLI that provides payments to any member of the uniformed services covered by SGLI who sustains a traumatic injury that results in certain severe losses while in service. TSGLI pays a benefit of between $25,000 and $100,000 depending on the loss directly resulting from the traumatic injury.

**VGLI (Veterans’ Group Life Insurance)** is renewable term life insurance for veterans. It is available in amounts up to $400,000 but not to exceed the amount of SGLI coverage in force at the time of the servicemember’s separation from service. Premiums are age-based.

**FGLI (Family Group Life Insurance)** is low cost life insurance extended to the spouse and children of servicemembers insured under SGLI. Spousal coverage is available up to a maximum of $100,000, but may not exceed the servicemember’s coverage amount. Dependent children are automatically covered for $10,000 for which there is no cost.

**SDVI (Service-Disabled Veterans’ Insurance)**, also called “RH” insurance, is life insurance for service-disabled veterans. The basic coverage is $10,000. A $20,000 supplemental policy is available if premium payments for the basic policy are waived due to total disability.

**VMLI (Veterans’ Mortgage Life Insurance)** is mortgage protection insurance issued to those severely disabled veterans who have received grants for Specially Adapted Housing from VA. Maximum coverage of $90,000.

### Reemployment

The Department of Labor’s web site [www.dol.gov](http://www.dol.gov) contains information on employment and reemployment rights of members of the uniformed services.

### Unemployment Compensation

The Unemployment Compensation for Ex-servicemembers program is administered by the States as agents of the Federal government. The Department of Labor’s web site [www.dol.gov](http://www.dol.gov) contains links for each state’s benefits, including the District of Columbia and Puerto Rico.

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**FOR ADDITIONAL INFORMATION VISIT THE VA WEB SITE AT WWW.VA.GOV**

**PROTECT YOUR IDENTITY:**

Your DD-214 contains personal information. Keep it in a safe place. Protect yourself from identify theft. If you decide to file your DD-214 at a public records facility such as a court house or vital statistics agency, you may want to inquire about the level of security in place to limit public access to your document.
CHAPTER 2

APPOINTMENT OF A VETERANS SERVICE ORGANIZATION AS A CLAIMANTS' REPRESENTATIVE
APPENDMENT OF VETERANS' SERVICE ORGANIZATION

1. A VA Form 21-22, Appointment of Veterans' Service Organization as Claimants' Representative must be completed, signed by the claimant, and received by the VA before any National Service Organization may be recognized as the authorized representative. A VA Form 21-22 may be accepted from:
   a. the veteran
   b. an incompetent veteran's legally constituted fiduciary.
   c. Claimant for benefits on a deceased veteran's VA account.
   d. persons entitled to reimbursement for expenses created in connection with the last illness and burial of the veteran (excluding funeral homes).
   e. Ex-spouse for apportionment benefits for minor children.

2. It is contrary to the policy of the American Legion to represent any person whose interests are detrimental or adverse to those of a veteran, regardless of the fact that representation has not been established for the veteran. Some veterans' organizations do not desire to accept representation while another service organization is actively representing a claimant whose case is in an appellate status either at the regional office or before the Board of Veterans Appeals.

3. Organizations may reserve the right to revoke representation for just cause at any time.

   (a) National organization. An organization may be recognized as a national organization if:

   (7) Other.

   (i) A statement that neither the organization nor its accredited representatives will charge or accept a fee or gratuity for service to a claimant and that the organization will not represent to the public that Department of Veterans Affairs recognition of the organization is for any purpose other than claimant representation;

Title 38, Paragraph 5905

   Whoever (1) directly or indirectly solicits, contracts for, charges, or receives, or attempts to solicit, contract for, charge, or receive, any fee or compensation except as provided in section 5904 or 1984 of this title, or (2) wrongfully withholds from any claimant or beneficiary any part of a benefit or claim allowed and due to the claimant or beneficiary, shall be fined as provided in title 18, or imprisoned not more than one year, or both.
5. **Confidential nature of claims** - means that no unauthorized disclosures of information will be made, as custody of the veteran's records are privileged and private.

   a. Any organization or member thereof or other person who, knowingly uses any name or address released from the U.S. Department of Veterans' Affairs for any purpose other than that for the purpose for which it was released shall be guilty of a misdemeanor and may be fined not more that $5000.00 in the case of a first offense and not more than $20,000 in the case of any subsequent offense. U.S.C. 38, 5701.

   b. The records of the identity, diagnosis, prognosis, or treatment of any patient or subject which is maintained (by the VA) in connection with the performance of any program or activity shall be confidential and such records may not be disclosed, unless expressly authorized.

6. **Simultaneously Contested Claims** - Representatives may only represent one of the parties in the prosecution of a simultaneously contested claim, or one which may reasonably become contested.

7. **Dual Representation** - No organization may represent a Claimant who has retained an attorney (or other accredited organization) as his/her designation representative.

8. **General Policy**. POA’s remain in effect until revoked or ends with the death of the veteran. When the claimant initiates a new VA 21-22 the previous 21-22 is discarded. If a death claim is being submitted a new VA 21-22 should be completed for the widow/widower/child/parent.

   **Exception: Pending Claims** - If the representative was recognized with respect to a claim pending at the time of the veteran’s death, the representative may continue to be recognized as the representative of survivors who are pursuing the claim for accrued benefits until the underlying issue which was pending at the time of the veteran’s death is resolved.

**NOTE:** *The latest VA Form 21-22 is dated June 2009.*
Access to all VA Forms on the Web can be accomplished at:

CHAPTER 3

CLAIMS FOR SERVICE-CONNECTION

http://www.vba.va.gov/bln/21/index.htm

http://www.warms.vba.va.gov/admin21/m21_1/mr/part4/subptii/ch02/ch02_secb.doc

NOTE: 2010 COMPENSATION & PENSION RATE INFORMATION:

VA compensation and pension benefits cost of living allowance (COLA) is paid based on the Social Security Administration (SSA) COLA. Compensation COLA by statute may not be more than the SSA COLA and pension COLA is equal to the SSA COLA. For 2010, SSA did not increase COLA. VA will be providing letters to beneficiaries informing them that there will be no COLA for 2010.
1. **Discharge Requirements**

There are five basic types of military discharges currently being issued by the Military Service Departments:

a. **Honorable Discharge** - Veteran qualifies for VA Benefits

b. **General Discharge**

   (1) **General under Honorable** - Veteran usually qualifies for most VA Benefits (will not qualify for Education Chapter 30)

   (2) **General under less than Honorable** - Veteran may qualify for some VA Benefits (will not qualify for Education Chapter 30 benefits).

c. **Bad Conduct Discharge** - Veteran may, but usually does not qualify for VA Benefits

d. **Dishonorable Discharge** - Veteran does not qualify for VA Benefits.

e. **Uncharacterized Discharge** - Discharge is to be considered honorable, veteran may qualify for some VA benefits.

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M21-1, Part 4, Paragraph 11.01 STATUTORY BAR TO BENEFITS AND CHARACTER OF DISCHARGE DETERMINATIONS

i. Conditional Discharges. Title 38 U.S.C., Section 101(18), provides that an individual who enlisted or reenlisted before completion of a period of active service can establish eligibility to VA benefits, provided he or she satisfactorily completed the period of active service for which he or she was obligated at the time of entry, even if the subsequent discharge was under dishonorable or "other than honorable" conditions or a statutory bar exists for entitlement to benefits for the later period of service.

**NOTE:** Discharges other than: honorable or under honorable conditions will require an Administrative Decision, for upgrade, by the VA.


2. **Bars to VA Benefits**

There are several conditions for which the VA is prohibited by law from paying benefits, some of these are: discharge as a conscientious objector, a deserter, an officer who resigned for the good of the service, or absence without leave (AWOL) for 180 continuous days or more.
3. **Willful Misconduct**

The VA will not award benefits for an injury or illness if the disability was the result of the veterans' own willful misconduct. For VA purposes, *willful misconduct* is defined as deliberate or intentional wrongdoing with knowledge of or wanton and reckless disregard for the consequences of one's own action. Willful abuse of drugs or alcohol, with the intent to become intoxicated, will be bars to VA benefits.

1. **Length of Service Requirements**

To be eligible for VA benefits, a veteran must have completed a minimum period of active duty. Effective 9/8/80, a veteran must complete either 24 months of continuous active duty or the full period for which the veteran was called or ordered to active duty. Discharges or release from active duty for hardship, service-connected disability, or reduction of force may exempt the veteran from the 24 month requirement.

5. **Basic Entitlement for Service-Connection**

a. **Disabilities resulting from** injury or disease incurred in, or aggravated by military service, in line of duty, and not the result of misconduct, are termed service-connected disabilities.

b. **Presumption of Service-Connection.** The Law presumes certain diseases to have been incurred in service if they can be shown to have existed to a degree of 10% or more within the first year following discharge from service. There is also a list of chronic diseases, i.e., Active Tuberculosis, there is a presumptive period of 3 years; **Multiple Sclerosis** = 7 years, **Persian Gulf Undiagnosed Disabilities** = 5 years, etc.

NOTE: In order to qualify for this presumption, the veterans must have served 90 days or more active duty during a wartime period after January 1, 1947 or have a condition listed in CFR 3.309.

6. Veterans who are found to be eligible for disability compensation are entitled to monthly payments. These range for 2010 from $123.00 for a 10% degree of disability, to $2,673.00 for a 100% disability rating.

7. Veterans whose service-connected disabilities are rated at 30% or more are entitled to additional allowances for dependents.

8. When a veteran's disabilities are extremely severe (for example, loss of an eye, an arm or a leg) a rating above the 100% is available. These rates are called: **Special Monthly Compensation (SMC).**

**NOTE:** Compensation and SMC rates can be found at:

http://www.vba.va.gov/bln/21/rates/index.htm
ESTABLISHING SERVICE CONNECTION

1. There are five ways of establishing that a disability is service-connected:

   a. **DIRECT** - Service medical records show that the condition claimed was diagnosed during military service, and the condition continues to affect the individuals industrial capacity. (38 CFR 3.304)

   b. **AGGRAVATION** - By demonstrating that a condition that existed prior to military service was aggravated beyond normal progression during military service. (38 CFR 3.306).

   c. **PRESUMPTIVE** - Radiation claims, Agent Orange claims, Persian Gulf Claims, certain disabilities, tropical diseases, and certain POW conditions. The veteran must have served 90 continuous days or more during a war period or after December 31, 1946. (38 CFR 3.307)

   d. **SECONDARY** - By demonstrating that a condition is approximately the result of, or linked to, and existing service-connected condition. (38 CFR 3.310)

   e. **INJURY AS A RESULT OF TREATMENT** - Where disease, injury, death or the aggravation of an existing disease or injury occurs as a result of having submitted to an examination, medical or surgical treatment, hospitalization or the pursuit of a course of vocational rehabilitation under any law administered by the VA and not the result of his (or her) own willful misconduct, disability or death compensation, or dependency and indemnity compensation will be awarded for such disease, injury, aggravation, or death as if such condition were service connected. (38 CFR 3.800, 38 USC Sec. 1151)

M21-1, PART 6, PARAGRAPH 7.24 COMPENSATION OR DIC UNDER 38 U.S.C. 1151

Ancillary Benefits. Although compensation or DIC is payable under 38 U.S.C. 1151 "as if" the additional disability or death were service connected, the additional disability or death is not itself service connected. Title 38 U.S.C. 1151 eligibility does not confer eligibility for the following Veterans Benefits Administration ancillary benefits: Automobile or Adaptive Equipment, RH Insurance, Loan Guaranty for Surviving Spouse including waiver of funding fee, Specially Adapted Housing, Chapter 31 and Chapter 35 education benefits, 10-point Civil Service Preference, Service-Connected Burial Allowance, Special Allowance under 38 U.S.C. 1312(a) and Section 156, PL 87-377 (REPS). Clothing allowance is payable for 1151 disabilities.
Federal Tort Claims Act


(a) The Federal Tort Claims Act (28 U.S.C. §§ 1346(b) and 2671 through 2680), prescribes a uniform procedure for handling of litigation against the United States, for money only, on account of damage to or loss of property, or on account of personal injury or death, caused by the negligent or wrongful act or omission of a Government employee while acting within the scope of his or her office or employment, under circumstances where the United States, if a private person, would be liable in accordance with the law of the place where the act or omission occurred.

(b) The Act provides that:

(1) No court action (except those involving a third party complaint, cross-claim, or counterclaim) shall be instituted unless the claimant shall have first presented his or her claim to, and it has been finally denied by, the appropriate Federal agency. The failure, however, of the agency to make final disposition of the claim within 6 months after it is filed may, at the option of the claimant, be deemed a final denial of the claim (28 U.S.C. 2675(a));

(2) Where a suit is filed after the denial of the administrative claim, the amount sought is limited to the amount of the claim presented to the Federal agency, except on proof of newly discovered evidence or intervening facts relating to the amount of the claim (28 U.S.C. 2675(b));

(3) Suits are tried without a jury, and a district court judgment may be appealed to the appropriate U.S. Circuit Court of Appeals, or upon consent, to the U.S. Supreme Court.

(4) Administrative claims must be filed in writing with the appropriate Federal agency within 2 years from the date the claim accrues, and a suit must be filed within 6 months from the date of mailing of the final denial by the agency of the administrative claim (28 U.S.C. 2401(b));

(5) The U.S. must give its consent to be sued under the theory of sovereign immunity. The Federal Torts Claims Act allows suit to be filed for only some kinds of cases; for others, such as those listed 28 U.S.C. § 2680, the U.S. cannot be sued.
2. Claims Development

a. The award of veterans' benefits is based on complying with laws passed by congress and enforced by the VA. The VA has a statutory and regulatory duty to provide, to the maximum extent possible, assistance to veterans in the preparation and presentation of their claims. This does not leave the veteran without responsibility. In order to receive a benefit from the government, individuals must comply with the laws and regulatory requirements of the agency responsible for administrating the benefit he or she seeks.

b. As veteran service officers acting on behalf of an accredited organization chartered by Congress and recognized by the VA for claims representation, you have assumed the responsibility for providing direct assistance to veterans, their dependents and survivors in claims for any Federal or State benefit or services to which they may be entitled.

c. One of the most important responsibilities of a service officer is to ensure that the claimant receives due process under the laws and regulations of the VA and other Federal agencies. Once an individual selects a service organization to represent him or her, there exists a legal obligation to ensure that all claims and evidence are properly and timely filed with the appropriate agency.

NOTE: Every claim for a benefit provided by the VA requires specific actions by the claimant, the representative, and the VA. The claimant is responsible for "asking" for a benefit and providing the required forms and documents to support the benefit sought. The claimant must assume ownership of his or her claim. In order for the claim to develop properly, the "owner" must participate at all stages and provide the assistance the representative and the VA requires. The representative is responsible for informing the claimant what forms and documents are required and assist in properly preparing and submitting the claim to the VA in a timely, manner. The representative is responsible for ensuring that the VA maintains the client’s due process and informing the client of the procedure(s) concerning the claim. The VA is responsible for processing the claim in a timely manner and informing the claimant and the representative of the results of his or her request. Each of these steps are developments in the life of the claim. If anyone fails to fulfill their responsibility, the claim may die and benefits may not be received.

What is The Veterans Claims Assistance Act of 2000?

On November 9, 2000, the President signed into law P.L. 106-475, superseding the decision of the Court of Appeals for Veterans Claims in *Morton v. West*, which held that VA cannot assist in the development of a claim that is not well grounded. This law eliminates the concept of a well grounded claim, and redefines duty to assist.

P.L. 106-475 enables and defines VBA’s duty to assist claimants who file substantially complete claims for VA benefits. That statutory duty to assist includes:

- developing for all relevant evidence in the custody of a federal department or agency, including VA medical records, SMRs, Social Security Administration records, or evidence from other federal agencies,
- developing for private records and lay or other evidence,
- a duty to examine veterans or obtain a medical opinion if the examination or opinion is necessary to make a decision on a claim for compensation.

Compensation and Pension Service is developing proposed regulations to implement the new law. This letter is intended as guidance only for claims processing until those regulations are finalized.

How Does This Law Affect Claims Currently Pending And Those Received Before Implementing Regulations Are Final?

The VA should review pending claims and new claims and apply the duty to assist criteria of the new law.

When an application is received, they should determine if it is substantially complete. In the interim period before a final regulation is effective, consider a substantially complete application to include:

- name,
- identifying service information,
- benefit claimed,
- disability(ies) for which the benefit is claimed in compensation claims,
- signature, and
- income information for pension claims.
If the application is not substantially complete, the VA should notify the claimant and the claimant’s representative, if any, of the information he or she needs to give us in order to complete the application. Our procedures regarding formal and informal claims (M21-1, Part III, 2.01) have not changed for end product control purposes. The VA may defer assistance in developing evidence if the application is not substantially complete.

If the application is substantially complete, the statute requires that the VA notify the claimant and the claimant’s representative, if any, of:

1. any information or evidence including medical and lay evidence, that is necessary to substantiate the claim; and
2. what information or evidence he or she is to submit to us, and
3. what evidence the VA is going to attempt to obtain on the claimant’s behalf.

That notice should be in writing and should also request that the claimant give the VA information needed to help obtain supporting evidence. An example of such information would be a completed VA form 21-4142 so that they can request private medical records on behalf of the claimant.

That notice must also inform the claimant that if the information requested from the claimant to substantiate the claim is not received within one year from the date of the notice, no benefit may be paid on that application.

**Note:** Before forwarding any cases to the BVA the VA needs to ensure they have fulfilled their duty to assist as it exists under this new legislation.

**How Does The Duty To Assist Affect the VA When Requesting Non-Federal Records?**

The statute states that the Secretary shall make “reasonable efforts” to assist a claimant in obtaining the evidence necessary to substantiate a claim. Pending publication of a final rule, the determination as to what constitutes “reasonable efforts” will be based on the circumstances of the case. The VA believes that “reasonable efforts” to obtain documentary evidence that are not under the jurisdiction of a Federal department or agency would ordinarily require an initial request for such evidence, and at least one follow-up request if no response is received from the custodian of the records.
When requesting records from non-federal sources the VA will allow 60 days for a response to initial request. They will allow a minimum of 30 days for a response to follow-up request.

At the time of the follow-up request, send a letter to the claimant advising that he or she is ultimately responsible for providing the evidence, but that we are making a follow-up attempt. The VA should also advise the claimant that if they are unable to obtain the requested evidence, they will process the claim based on the evidence of record.

The VA will make additional efforts to obtain the requested evidence where there is reason to believe that subsequent requests will result in obtaining the documents.

Documents encompassed within the scope of this development include medical records from all sources that the claimant adequately identifies. The VA should request that the claimant identify the type of record to be obtained, its custodian, the medical condition to which these records relate, and the approximate time frame covered by these records. These requirements apply to all types of records, other than service medical records. If necessary, the claimant must complete a medical release.

**Note:** The letter to the claimant sent at the same time as the follow-up request does not fulfill the duty to notify the claimant described in “What If We Are Unable To Obtain All The Relevant Records?” below. Accordingly, if the requested information is not received in response to the follow-up response, further notification as required in “What If We Are Unable To Obtain All The Relevant Records?” must be sent.

**What if The Records Are Under The Jurisdiction of A Federal Department or Agency?**

Where the records requested are in the custody of a Federal department or agency, the statute obligates the VA to continue their attempts to obtain these records until they obtain them or until it is reasonably certain that the records do not exist, or that further efforts by VA to obtain them would be futile.

A conclusion that further attempts would be futile should be determined case by case based on the type of response we receive from the custodian of the record. **The VA must receive a response from the custodian before assuming the duty to assist has been met.** The VA can be reasonably certain that the records do not exist or that further attempts would be futile in cases where they receive a reply from the custodian of the records stating that it does not have the requested records and does not know where to obtain them.
Documents included within this provision of the statute include, but are not limited to:

- service medical records and other relevant identified records pertaining to the claimant’s active military, naval, or air service that are held by a governmental entity,
- records of relevant VA medical treatment or examination or treatment or examination at a non-VA facility if authorized by VA, provided the claimant adequately identifies the records and,
- any other relevant records held by any Federal department or agency that the claimant adequately identifies and authorizes us to obtain.

In claims for disability compensation the statute requires that we obtain all these records if relevant.

It is essential for the VA to frame their initial and follow-up requests for these records in a complete and specific way so that the necessary information, evidence or a negative reply is received.

What If the VA is Unable To Obtain All The Relevant Records?

If the VA has made reasonable efforts to obtain relevant non-Federal records, but have not received some or all of them, and/or they have concluded that it is reasonably certain that further efforts would be futile, the statute requires that they notify the claimant that they were unable to obtain the records. This notification should be sent after all development efforts have been exhausted. This notification must:

- identify the records we were unable to obtain,
- briefly explain the efforts we made to obtain those records, and
- describe any further action that we will take with respect to the claim including processing the claim based on the evidence of record.

When Should the VA Request An Examination or Opinion?

In claims for disability compensation the statute requires that they assist the claimant by providing a medical examination or obtaining a medical opinion when the examination or opinion is necessary to make a decision on the claim. Pending publication of final regulations, the VA may consider an examination or opinion as necessary when, after they develop all other relevant evidence, including statements of the claimant, the file contains:
• competent medical evidence that the claimant has a current disability, or competent evidence that the claimant has persistent or recurrent symptoms of disability. A claimant is competent to describe symptoms of disability that he or she is experiencing, such as a pain in the knee; however, because a claimant ordinarily lacks medical training and experience, he or she would not be competent to diagnose his or her own medical condition or offer a medical opinion; and
• supporting evidence from service records or other sources that the claimant suffered an event(s), injury or disease in service that may be associated with the claimant’s current disability or symptoms of disability; but
• does not contain sufficient medical evidence for us to make a decision on the claim.

The VA should request a medical examination or opinion when it is necessary to make a decision on the claim, such as when the medical examination or opinion will address the final issue necessary to be resolved before determining whether the claim should be granted or denied. When seeking a medical opinion, it is essential to be very clear as to what information or opinion they are seeking in their request. They should send the claims file or excerpts of pertinent information from the claims file with the opinion request and direct the medical examiner to review it and provide a rationale for any opinion.

Attached to this letter are some sample case scenarios to provide a guide as to when an examination or opinion should be requested pending final regulations addressing this issue.

The VA does not need to request an examination or opinion if there is medical evidence of record that is adequate to rate the case.

What Happens with Cases Previously Denied As Not Well Grounded?

If a claim was denied using the Morton procedures, the claimant has a right to request re-adjudication whether the denial or dismissal was by a regional office, the Board of Veterans’ Appeals, the United States Court of Appeals for Veterans Claims, or the United States Court of Appeals for the Federal Circuit. This applies to any claim denied or dismissed which
• became final during the period beginning on July 14, 1999 (Morton v. West Decision), and ending on November 9, 2000, and
• was denied or dismissed as not well grounded.
The VA will re-adjudicate these cases as if the denial or dismissal had not been made. A claim may not be re-adjudicated unless a request for re-adjudication is filed by the claimant, or a motion is made by the Secretary, no later than two years from November 9, 2000, the date of this Act. The VA is not required to initiate a special review to locate and re-adjudicate claims denied as not well grounded during this period in the absence of a timely request by the claimant. However, if such a case is discovered, the policy is to develop it and re-adjudicate it on our own initiative.

The VA should anticipate that claims previously disallowed as not well grounded will be reopened.

**How Will the VA Control and Take Work Credit for Re-adjudicated Cases?**

The reconsideration requests stem from a change in the law. They should initiate review and development of these claims within 45 days of receipt of the request.

The VA will monitor the claims data to assist in tracking the number of reconsideration claims received and the length of time it takes to resolve them. This additional tracking is only for use with reconsideration of a claim denied as not well-grounded under the *Morton* procedures during the period beginning July 14, 1999 and ending October 19, 2000 (the date of the Under Secretary’s letter advising to discontinue *Morton* denials).

Note: The requirement and authority to take a one-time credit to track *Morton* denials ended October 19, 2000.

**How Does the VA Handle Pending Claims Developed Under Previous Guidelines?**

They will encounter many claims which were properly developed under guidelines in effect before this legislative change. The VA must ensure that the actions taken, to prepare a claim for a decision, conform with the duty to assist guidelines explained in this letter. If they have all the evidence that is necessary to substantiate the claim, they have complied with the duty to assist. If they do not have all of the evidence the claimant identified, they must make the reasonable efforts, as explained in this letter, including the notice requirements, before making a decision on the claim.
If the review identifies a need for additional development, the VA will take action to request the evidence. To help us track the impact of rehabilititating these claims, establish tracking. The date of claim for this should be the date of the change in law, November 9, 2000, and should remain pending until they take final action on the rehabilitated claim. This additional tracking is only for use on claims where initial development action was taken prior to the date of this letter.

Note: The requirement and authority to take a one-time tracking credit to track Morton denials ended October 17, 2000. This letter supersedes any other directive regarding use of this tracking.

When Can the VA Expect Further Information Concerning the Duty to Assist?

Compensation and Pension Service will be working hard to incorporate this new legislation into regulations and manuals. C&P Service will work with stakeholders to assure the proper implementation of this Act and will provide further information as it is developed. In the interim, the VA should err on the side of caution and examine veterans or request opinions where they are unsure of the need for such examination or opinion.

The implementation of P.L. 106-475 is going to be very challenging for all of VBA and is an opportunity to show commitment to serving veterans. This new legislation may not only mean that cases pending and completed in the past year will have to be re-worked by those in the Service Center, but the increase in workload due to these claims will also have an impact on veterans, medical center employees, and service officers. However, the VA needs to remember that this legislation is intended to afford every veteran the opportunity to establish entitlement to benefits and this is what the mission is all about.
The following are some sample case scenarios that may be helpful in determining when the VA will request a medical examination or opinion, pending publication of a final regulation.

1. Service medical records for a peacetime veteran show an acute situational reaction treated in service related to his divorce followed by treatment for anxiety. Post-service treatment records show mental health counseling for family problems and for depression. Ten years after discharge, as shown by the evidence, he was diagnosed with paranoid schizophrenia. He claims that the treatment in service was for beginning manifestations of this schizophrenia.

Examine? Yes. There is evidence of treatment for a psychiatric condition in service, and competent evidence of a current medical condition. There is also evidence that between the time of discharge and the present, the veteran was treated for psychiatric conditions. The issue of whether the condition in service may be associated with the current condition, or was the onset of the current diagnosis of paranoid schizophrenia is a medical question that requires either a medical opinion upon review of all the evidence of record and, if necessary, a VA examination.

2. Service medical records for a Korean veteran show that he sustained a back strain during service in 1951, and had subsequent treatment for chronic low back pain. He was honorably separated in 1953, with the condition noted as resolved. Medical evidence of record shows that in 1980 he sustained a lumbosacral strain while lifting boxes at work. In 1990, an L4-5 discectomy is performed. Current medical evidence shows a diagnosis of postoperative residuals of L4-5 discectomy with degenerative changes. The veteran alleges that the current back problem had its onset in service.

Examine? Yes. There is evidence of an in-service incurrence, a competent evidence of a current condition, and evidence of treatment between the time of discharge and the present. The issue of whether the current condition is associated with the in-service condition or is possibly associated with the work-related injury would necessitate either a request to the examiner for a medical opinion on this issue or an opinion with an examination of the veteran, depending on the evidence of record as to the current status of the back condition.

3. Service medical records for a Vietnam veteran show complaints of gastric distress and gastrointestinal complaints, and indicate that she was treated with Tagamet. Service medical records indicate that the condition was resolved. Post-service medical records contain several entries showing
treatment for various gastrointestinal complaints over the past 20 years, with a current diagnosis of gastroesophageal reflux disorder. The veteran files a claim for service connection for a gastrointestinal condition, unspecified.

Examine? Yes. There is evidence of a gastrointestinal complaints in service, even though at discharge they were noted to be resolved. There is also competent evidence of a current condition involving the digestive system. In addition, there is evidence of continuity of symptoms indicating that it is possible that the current condition may be associated with the condition noted in service.

4. Service medical records for a Vietnam veteran show complaints of gastric distress and gastrointestinal complaints, and indicate that she was treated with Tagamet. Post-service medical records contain no evidence of treatment for any gastrointestinal condition. The veteran files a claim for service connection for an ulcer. Full development results in no medical evidence showing a current diagnosis of an ulcer.

Examine? No. There is no competent evidence of a current condition, lay or medical. The veteran is not competent to diagnose an ulcer; that is a medical diagnosis for which the statute requires competent evidence. If development had uncovered competent evidence, lay or medical, then an examination would be warranted in this case.

5. Veteran submits a claim five years after discharge from military service for chronic left hip pain. He states that he served as an airborne ranger participating in multiple parachute drops. He indicates that he landed awkwardly, injuring his left hip but did not seek medical treatment, rather completing the field exercise. He indicates that afterwards he continued to feel discomfort particularly following subsequent jumps but did not seek treatment. He reports continuing discomfort, which he treats with over the counter medications. He also submits a statement from his wife testifying that he had continued to complain of hip pain since service and that he had quit jogging because of his hip complaints. Service medical records do not show treatment for a hip condition. However, service personnel records do document duty as an airborne ranger and confirm participation in twenty parachute drops.

Examine? Yes. There is credible evidence of an in-service event based on the veteran’s testimony and documented nature of duty (participation in multiple parachute drops). There is credible evidence of persistent symptomatology based on the veteran’s and his wife’s testimony. Examination should include a request that if a current chronic condition is diagnosed, the examiner should provide a
medical opinion as to whether or not the current disability is related to a history of multiple parachute drops.

6. Service records show the veteran was a POW. There is competent evidence of a current POW-related presumptive condition.

Examine? Yes. There is an event in service and a condition that, by regulation may be presumptively associated with that event in service.

HOW TO APPLY

To initially apply for a service-connected disability the veteran will need:

1. **VA FORM 21-526** - Veteran’s Application for Compensation and/or Pension.

2. Proof of military service.

3. Original or good copies of dependency documents, all marriages, divorces, and birth certificates of children.

4. Documentary proof of dissolution of prior marriages is not routinely required. The claimant's statement furnishing the information is adequate in the absence of conflicting evidence.

5. Social Security Numbers. *(Required)*

   38 CFR §3.216 - Mandatory disclosure of social security numbers.

6. Service Medical Records (SMRs’), and/or private medical records that provide a diagnosis of, or statements that the disability exists or did exist. The following is a partial list of alternate documents that might substitute for service medical records in decisions relating to service connection for a disability or for cause of death:

   a. VA military files.

   b. Statements from service medical personnel.

   c. Lay "Buddy" certificates or affidavits.

   d. State or local accident and police reports.

   e. Employment physical examinations.

   f. Medical evidence from hospitals, clinics and private physicians by which or by whom a veteran may have been treated, especially soon after separation.

   g. Letters written during service.

   h. Photographs taken during service.
i. Pharmacy prescription records.

j. Insurance examinations.

NOTE: The Service Medical Records Center (SMRC) contains the following service medical records:

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<th>BRANCH</th>
<th>SEPARATION DATE ON OR AFTER</th>
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<tbody>
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</tr>
<tr>
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<tr>
<td>Air Force</td>
<td>May 1, 1994</td>
</tr>
<tr>
<td>Marine Corps</td>
<td>May 1, 1994</td>
</tr>
</tbody>
</table>

Helpless Child

38 CFR 3.57 Child.

(a) General.

(1) Except as provided in paragraphs (a)(2) and (3) of this section, the term "child" of the veteran means an unmarried person who is a legitimate child, a child legally adopted before the age of 18 years, a stepchild who acquired that status before the age of 18 years and who is a member of the veteran's household or was a member of the veteran's household at the time of the veteran's death, or an illegitimate child; and

(i) Who is under the age of 18 years; or

(ii) Who, before reaching the age of 18 years, became permanently incapable of self-support; or

(iii) Who, after reaching the age of 18 years and until completion of education or training (but not after reaching the age of 23 years) is pursuing a course of instruction at an approved educational institution.

(3) Subject to the provisions of paragraphs (c) and (e) of this section, the term "child" also includes a person who became permanently incapable of self-support before reaching the age of 18 years, who was a member of the veteran's household at the time he or she became 18 years of age, and who was adopted by the veteran, regardless of the age of such person at the time of adoption.

(Authority: 38 U.S.C. 101(4)(A))

EFFECTIVE DATES, AND PAYMENTS

38 CFR 3.400 General.
Except as otherwise provided, the effective date of an evaluation and award of pension, compensation or dependency and indemnity compensation based on an original claim, a claim reopened after final disallowance, or a claim for increase will be the date of receipt of the claim or the date entitlement arose, whichever is the later. (Authority: 38 U.S.C. 5110(a))

(a) Unless specifically provided. On basis of facts found.

(b) Disability benefits:
   (1) Disability pension (§3.3(c)). An award of disability pension may not be effective prior to the date entitlement arose.

       (i) Claims received prior to October 1, 1984. Date of receipt of claim or date on which the veteran became permanently and totally disabled, if claim is filed within one year from such date, whichever is to the advantage of the veteran.

       (ii) Claims received on or after October 1, 1984.

           (A) Except as provided in paragraph (b)(1)(ii)(B) of this section, date of receipt of claim.

           (B) If, within one year from the date on which the veteran became permanently and totally disabled, the veteran files a claim for a retroactive award and establishes that a physical or mental disability, which was not the result of the veteran's own willful misconduct, was so incapacitating that it prevented him or her from filing a disability pension claim for at least the first 30 days immediately following the date on which the veteran became permanently and totally disabled, the disability pension award may be effective from the date of receipt of claim or the date on which the veteran became permanently and totally disabled, whichever is to the advantage of the veteran. While rating board judgment must be applied to the facts and circumstances of each case, extensive hospitalization will generally qualify as sufficiently incapacitating to have prevented the filing of a claim. For the purposes of this subparagraph, the presumptive provisions of §3.342(a) do not apply.

(2) Disability compensation:

       (i) Direct service connection (§3.4(b)). Day following separation from active service or date entitlement arose if claim is received within
1 year after separation from service; otherwise, date of receipt of claim, or date entitlement arose, whichever is later. Separation from service means separation under conditions other than dishonorable from continuous active service which extended from the date the disability was incurred or aggravated.

(ii) Presumptive service connection (383.307, 3.308, 3.309). Date entitlement arose, if claim is received within 1 year after separation from active duty; otherwise date of receipt of claim, or date entitlement arose, whichever is later. Where the requirements for service connection are met during service, the effective date will be the day following separation from service if there was continuous active service following the period of service on which the presumption is based and a claim is received within 1 year after separation from active duty.

(1) General. Except as provided in paragraph (o)(2) of this section and 383.401(b), date of receipt of claim or date entitlement arose, whichever is later. A retroactive increase or additional benefit will not be awarded after basic entitlement has been terminated, such as by severance of service connection.

(2) Disability compensation. Earliest date as of which it is factually ascertainable that an increase in disability had occurred if claim is received within 1 year from such date otherwise, date of receipt of claim.

(p) Liberalizing laws and Department of Veterans Affairs issues. See 383.114.

(q) New and material evidence (383.156):

(1) Other than service department records:

(i) Received within appeal period or prior to appellate decision. The effective date will be as though the former decision had not been rendered. See 3820.1103, 20.1104 and 20.1304(b)(1) of this chapter.

(ii) Received after final disallowance. Date of receipt of new claim or date entitlement arose, whichever is later.

(2) Service department records. To agree with evaluation (since it is considered these records were lost or mislaid) or date of receipt of claim on which prior evaluation was made whichever is later, subject to rules on original claims filed within 1 year after separation from service. See paragraph (g) of this section as to correction of military records.

(r) Reopened claims. (383.109, 3.156, 3.157, 3.160(e)) Date of receipt of claim or date entitlement arose, whichever is later, except as provided in 3820.1304(b) (1) of this chapter. (Authority: 38 U.S.C. 501(a))
38 CFR 3.31 Commencement of the period of payment.

Regardless of VA regulations concerning effective dates of awards payment of monetary benefits based on original, reopened, or increased awards of compensation, pension or dependency and indemnity compensation may not be made for any period prior to the first day of the calendar month following the month in which the award became effective. However, beneficiaries will be deemed to be in receipt of monetary benefits during the period between the effective date of the award and the date payment commences for the purpose of all laws administered by the Department of Veterans Affairs except that nothing in this section will be construed as preventing the receipt of retired or retirement pay prior to the effective date of waiver of such pay in accordance with 38 U.S.C. 5305.

TO REOPEN A CLAIM FOR SERVICE-CONNECTION

1. There are many terms used to reopen a claim for service-connected benefits. Generally any claim submitted after an initial VA Form 21-526 can be referred to as a reopened claim. It is important to remember that the rules for reopening a claim are not the same as that of an initial claim for benefits.

Reopening a claim requires “New and Material” evidence be submitted:

New and material evidence means evidence not previously submitted to agency decision makers which bears directly and substantially upon the specific matter under consideration, which is neither cumulative nor redundant, and which by itself or in connection with evidence previously assembled is so significant that it must be considered in order to fairly decide the merits of the claim.

2. Some examples of claims that require new and material evidence:

a. To reopen a claim for an existing service-connected condition that has increased in severity. NOTE: Stating that the condition has gotten worse on a VA Form 21-4138 is “New and Material” evidence.

b. To reopen a claim for aggravation of a service-connected condition by a non-service connected condition, or to open a claim for a condition that is secondary to a service-connected condition.

c. To reopen a claim for a presumptive condition, i.e., Lung Cancer (due to agent orange exposure), frostbite, PTSD, EX-POW presumptive(s), that have not been previously requested.

d. To open a claim for Individual Unemployability.
e. To reopen a claim for service-connection that has been previously disallowed.

f. To reopen a claim for service-connection that the Board of Veterans Appeals (BVA) has disallowed.

IMPORTANT ITEMS RELATING TO REOPENED CLAIMS

VAOPGCPREC 12-98

a. What is the effective date for an award of increased disability compensation pursuant to 38 C.F.R. § 3.400(o)(2) where a veteran files a claim for increased rating alleging an increase in disability within one year prior to receipt by the Department of Veterans Affairs (VA) of the claim and a VA examination subsequently substantiates an increase in disability?

b. Is 38 C.F.R. § 3.400(q)(1)(i) applicable to a claim for an increased rating which is based upon new and material evidence received within the appeal period or prior to an appellate decision, and if so, what is the effective date for an award of increased compensation pursuant to section 3.400(q)(1)(i)?

HELD:

a. Pursuant to 38 U.S.C. § 5110(b)(2) and 38 C.F.R. § 3.400(o)(2), where a veteran files a claim for increased rating alleging an increase in disability within one year prior to receipt by VA of the claim and a VA examination or other medical evidence subsequently substantiates an increase in disability, the effective date of the award of increased disability compensation is the date as of which it is ascertainable based on all of the evidence of record that the increase occurred.

b.(1) Section 3.400(q)(1)(i) of title 38, Code of Federal Regulations, is applicable to a claim for increased rating based upon new and material evidence submitted prior to expiration of the appeal period or before an appellate decision is issued.

b.(2) When new and material evidence is submitted within the appeal period or prior to an appellate decision with regard to a claim for increased rating, the effective date for any increased rating is the date on which the facts establish the increase in disability occurred or the date of the original claim for increase, whichever is later. However, if the facts establish that a veteran's disability increased within one year prior to receipt by VA of the original claim for increased rating, the effective date of the increase is the date on which the increase in disability occurred.

3. To open a claim for a secondary service-connected condition it must be shown that the disability which is proximately due to or the result of a service-connected disease or injury. When service connection is thus established for a secondary condition, the secondary condition shall be considered a part of the original condition. Medical opinions are crucial in all claims for secondary service connection. If supporting medical evidence
is not provided stating that it is at least plausible that the claimed secondary disability was caused or aggravated by the service-connected condition, it is probable that the claim will be denied. One or more statements from treating physicians that it is probable, or is as least as likely as not, that the claimed condition was either caused or aggravated by the service-connected condition should be submitted.

Protected Ratings


   (b) A disability which has been continuously rated at or above any evaluation of disability for 20 or more years for compensation purposes under laws administered by the Department of Veterans Affairs will not be reduced to less than such evaluation except upon a showing that such rating was based on fraud. Likewise, a rating of permanent total disability for pension purposes which has been in force for 20 or more years will not be reduced except upon a showing that the rating was based on fraud. The 20-year period will be computed from the effective date of the evaluation to the effective date of reduction of evaluation. (Authority: 38 U.S.C. 110)

2. 38 CFR 3.957 Service connection.

   Service connection for any disability or death granted or continued under title 38, United States Code, which has been in effect for 10 or more years will not be severed except upon a showing that the original grant was based on fraud or it is clearly shown from military records that the person concerned did not have the requisite service or character of discharge. The 10-year period will be computed from the effective date of the Department of Veterans Affairs finding of service connection to the effective date of the rating decision severing service connection, after compliance with 3.105(d). The protection afforded in this section extends to claims for dependency and indemnity compensation or death compensation. (Authority: 38 U.S.C. 1159)

IMPORTANT ITEMS RELATING TO PROTECTED RATINGS

Claims for death benefits could require a decision on five specific issues.

They are: (1) entitlement to DIC based upon a direct service cause; (2) entitlement to DIC under the provisions of 38 U.S.C. § 1318 to determine if the veteran was in actual receipt (or but for retired pay would have been in receipt) of total disability
compensation for 10 years (or 5 years after separation from active service); (3) entitlement to DIC under the provisions of section 1318 had the veteran brought a claim more than 10 years (or 5 years) prior to death and he/she would have been entitled to receive a total disability rating for the requisite period of time; (4) entitlement to death pension; and, (5) entitlement to accrued benefits.

Additionally, in cases where the claimant raised the issue of entitlement under section 38 U.S.C. 1318 based upon the veteran’s hypothetical entitlement or where the evidence in file raises that issue, the claimant must be notified of that specific decision. The reasons and bases for the denial of benefits must be provided.

**HOW TO APPLY**

1. To reopen a claim for increased service-connection, or to reopen a claim for a new condition (a condition that has been aggravated by, or is secondary to a service-connected condition) SUBMIT A [VA FORM 21-4138](#) specifying exactly what disability is to be reopened and why the veteran is making the request. If the claim has been previously denied, New and Material Evidence is required to reopen a claim for service-connection.

**SERVICE-CONNECTED CLAIMS FOR INDIVIDUAL UNEMPLOYABILITY (IU)**

1. **Requirements:** To establish entitlement to total compensation benefits due to individual Unemployability, a veteran is not able to secure or maintain employment by reason of service-connected disability(ies). The veteran must complete VA Form 21-8940, Veteran's Application for Increased Compensation Based on Unemployability; meet the extra-scheduler requirements of 38 CFR 4.16 or have an Exceptional case, and be unemployable in fact by reason of a service-connected disability. The rating board must consider both the veteran's current physical condition and employment status when rating claims for total compensation because of individual Unemployability.

2. To meet the Extra-scheduler requirements, 38 CFR 4.16 requires one disability rated at 60% or more, if two or more disabilities, at least one rated at 40% or greater and sufficient additional disability to combine to 70% or more. All conditions being service-connected.

3. Exceptional cases, 38 CFR 3.321 (b) (1) require the service-connected disability(ies) be the sole cause of the Unemployability, regardless of the percentage of disability. (NOTE: This is not for application but rather a Rating Board Members judgment call and takes Central Office approval if that occurs).

**HOW TO APPLY**
To apply for service-connected Unemployability benefits the veteran should always use the [VA Form 21-8940, "Application for Increased Compensation Based on Unemployability". Do not apply for this benefit using a VA Form 21- 4138. Ensure that when the form is filled out the veteran claims the sole cause of his Unemployability is his or her service-connected condition(s).

### Special Benefit Allowances Rate Table

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Rate</th>
<th>Date Rate Changed</th>
<th>Public Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile Allowance</td>
<td>$11,000 once</td>
<td>12-16-2003</td>
<td>PL 108-183</td>
</tr>
<tr>
<td>Clothing Allowance</td>
<td>$716 per year</td>
<td>12-01-2008*</td>
<td>PL 110-324</td>
</tr>
<tr>
<td>Medal of Honor Pension</td>
<td>$1,194 per month</td>
<td>12-01-2008</td>
<td>5.8% COLA</td>
</tr>
</tbody>
</table>

* The clothing allowance increase, while effective the date of the law, is not payable until the following August 1st. (Example: PL 97- 306 effective October 1, 1982, increased the clothing allowance to $327.00. This rate was payable August 1, 1983.)

### OTHER DISABILITY BENEFITS

1. **Clothing Allowance**

An annual clothing allowance of $716.00 upon application, (VA Form 21- 8678), may be authorized each veteran who The Chief Medical Director or designee certifies that because of such disability a prosthetic or orthopedic appliance is worn or used which tends to wear or tear the veteran's clothing, or that because of the use of a physician-prescribed medication for a skin condition which is due to the service-connected disability irreparable damage is done to the veteran's outer garments. For the purposes of this paragraph "appliance" includes a wheelchair. The clothing allowance application form is submitted through the Prosthetics facility. The clothing allowance can be paid on a continuing basis - pays automatically each September or not on a continuing basis - the application for clothing allowance must be filed within 1 year of the anniversary date (August 1) for which entitlement is initially established, otherwise, the application will be acceptable only to effect payment of the clothing allowance becoming due on any succeeding anniversary date for which entitlement is established, provided the application is filed within 1 year of such date. The 1-year period for filing application will include the anniversary date and terminate on July 31 of the following year.

2. **Automobiles**

Veterans qualify for this benefit if they have service-connected Loss or permanent loss of use of one or both feet; Loss or permanent loss of use of one or both hands; Permanent impairment of vision of both eyes: Central visual acuity of 20/200 or less in the better eye, with corrective glasses. There is a one-time payment by the VA of not more than $11,000 (Effective: 12-06-03, PL 108-183) toward the purchase of an automobile or other
conveyance.

For adaptive equipment eligibility only - ankylosis of one or both knees or one or both hips. VA will pay for adaptive equipment, and for repair, replacement, or reinstallation required because of a disability, and for the safe operation of a vehicle purchased with VA assistance or a previously or subsequently acquired vehicle. To apply, contact the VA regional office or the prosthetic service at the VA Hospital.

3. The Specially Adapted Housing (SAH) Grant Program

Veterans are eligible for the SAH grant when the requirements in the table below are met:

<table>
<thead>
<tr>
<th>Veterans who have service-connected disabilities due to military service, entitling him/her to compensation for permanent and total disability due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- the loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair</td>
</tr>
<tr>
<td>- the loss or loss of use of both upper extremities, such as to preclude use of the arms at or above the elbows</td>
</tr>
<tr>
<td>- blindness in both eyes, having only light perception, plus loss or loss of use of 1 lower extremity, or</td>
</tr>
<tr>
<td>- the loss or loss of use of 1 lower extremity together with</td>
</tr>
<tr>
<td>- residuals of organic disease or injury, or</td>
</tr>
<tr>
<td>- the loss or loss of use of 1 upper extremity, which affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.</td>
</tr>
<tr>
<td>- It must be medically feasible for the veteran to reside in the house (the veteran does not require the attention that only a medical facility could provide).</td>
</tr>
<tr>
<td>- The house must be feasible to adapt to the veteran’s needs so that it is suitable for dwelling purposes.</td>
</tr>
<tr>
<td>- It must be financially feasible for the veteran to acquire and/or maintain the house, with the assistance provided by the grant.</td>
</tr>
</tbody>
</table>

There is no time limitation or deadline to use the SAH grant once the veteran is found entitled. The maximum grant amount for the SAH
grant is $60,000.00. However, the awarded grant amount varies and is
determined by the plan type and calculation of the grant.

NOTE: Public Law 108-183 Allows VA to provide specially adapted
housing grant to severely disabled service members prior to their separation
from active duty service. S. 2486, the Veterans Benefits Act of 2004, PL 108-454, was
signed by the President on December 10, 2004. This law expands eligibility to the $50,000 Specially
Adapted Housing (SAH) grant to veterans with permanent and total service-connected disabilities due to
the loss of, or loss of use, of both upper extremities such as to preclude use of the arms at or above the
elbows. Detailed instructions to VA field stations will be forthcoming. In addition, Title 38, Section
1151, is amended to specify eligibility where any veteran has suffered an injury, or an aggravation of an
injury, as the result of hospitalization, medical or surgical treatment, as if it were service-connected for
benefits under Chapter 21, relating to SAH.

Section 101 Specially Adapted Housing (SAH) Section 101 of that law made
several significant changes to the SAH benefit.

Benefit Changes

An eligible veteran or active duty service member can now use his or her benefit
up to three times as long as the aggregate amount of assistance does not exceed the
maximum allowable for grants authorized under Title 38, United States Code
(U.S.C.), section 2101(a) or section 2101(b).

This benefit extends to previous grant recipients; however, they cannot obtain a
subsequent grant(s) to pay for adaptations made prior to June 15, 2006, or to reduce
an existing mortgage principal balance for properties acquired prior to June 15, 2006.

The Law authorizes VA to provide SAH assistance to veterans temporarily residing
in a home owned by a family member up to $14,000 for a 2101(a) grant or
$2,000 for a 2101(b) grant. This does not include active duty personnel and no
temporary assistance can be provided after June 15, 2011. This adapted housing grant
program is called Temporary Residence Adaptation (TRA).

The Law re-establishes VA authority to make SAH grants to active duty service personnel
but at this time, does not authorize temporary grants to active duty service personnel.

4. The Special Housing Adaptations (SHA) Grant Program.
NOTE: The SHA Grant Program is often referred to as the Adaptive Housing (AH)
benefit.
The SHA Grant Program provides financial assistance in obtaining adapted housing to veterans who have a service-connected disability that entitles him/her to a compensation for permanent and total disability due to:

- blindness in both eyes with 5/200 visual acuity or less, or
- anatomical loss or loss of use of both hands (below the elbow).
- It must be medically feasible for the veteran to reside in the house (the veteran does not require the attention that only a medical facility could provide).
- The house must be adapted for the veteran’s needs so that it is suitable for dwelling purposes.

There is no time limitation or deadline to use the SHA grant once the veteran is found entitled. 38 United States Code (U.S.C.), Chapter 21, Section 2101(b) is the governing law for the SHA Grant Program.

The maximum grant amount for the SHA grant is $12,000.00.

**CHANGES TO THE SPECIALLY ADAPTED HOUSING PROGRAM UNDER H.R. 3221**

Veterans Benefits Administration  
Department of Veterans Affairs  
Washington, D.C. 20420

**Circular 26-08-12**  
July 30, 2008

**CHANGES TO THE SPECIALLY ADAPTED HOUSING PROGRAM UNDER H.R. 3221**

1. **PURPOSE:** On July 30, 2008, the President signed H.R. 3221, the Housing and Economic Recovery Act of 2008. This circular explains changes to the Specially Adapted Housing (SAH) program made by Sections 2602, 2603, and 2605 of that Act.

2. **TEMPORARY RESIDENCE ASSISTANCE GRANTS FOR SERVICEMEMBERS:** Section 2602 of H.R. 3221 provides that Temporary Residence Assistance (TRA) grants are now available to active duty servicemembers to the same extent, and subject to the same limitations, as veterans.

3. **INCREASE IN SAH GRANT AMOUNTS**
   a. Section 2605 of H.R. 3221 increases the maximum amount of assistance available through Paraplegic Housing (PH) grants to $60,000. The maximum amount of assistance available through Adaptive Housing (AH) grants is increased to $12,000. TRA grant amounts remain unchanged.
   b. These changes apply to grants already in process that were not paid in full prior to July 1, 2008. Funds added to an escrow account for a grant that was in process from July 1, 2008 through July 30, 2008 will be considered a supplemental grant and will not count as one of the individual’s three available grant usages. An individual is still limited to a total of three SAH grant usages (including PH, AH, and TRA grants) over his or her lifetime.
c. PH and AH grant amounts will also be adjusted annually based on a cost-of-construction index. The first adjustment will occur October 1, 2009, with adjustments each October 1 thereafter. These adjustments will increase the grant amounts or leave them unchanged; they will not decrease the grant amounts.

4. **SAH GRANTS FOR INDIVIDUALS WITH SEVERE BURN INJURIES**: Section 2603 of H.R. 3221 expands eligibility for PH, AH, and TRA grants to include veterans and servicemembers with permanent and total service-connected disabilities that are the result of severe burn injuries. Additional details about this new provision will be forthcoming. For more information, contact Brian Bixler, Chief of Specially Adapted Housing, at 202-461-9546 or brian.bixler@va.gov.

5. **RESCISSION**: This circular is automatically rescinded October 1, 2009.

How to Apply:

**Application Form: VA Form 26- 4555, Veteran's Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant**

5. **Increased compensation due to Hospitalization**

a. **CFR 4.29** Ratings for service-connected disabilities requiring hospital treatment or observation.

A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established that a service-connected disability has required hospital treatment in a Department of Veterans Affairs or an approved hospital for a period in excess of 21 days or hospital observation at Department of Veterans Affairs expense for a service-connected disability for a period in excess of 21 days.

b. **CFR 4.30** Convalescent ratings.

A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established by report at hospital discharge (regular discharge or release to non-bed care) or outpatient release that entitlement is warranted under paragraph (a)(1), (2), or (3) of this section effective the date of hospital admission or outpatient treatment and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge or outpatient release. The termination of these total ratings will not be subject to ¶3.105(e) of this chapter. Such total rating will be followed by appropriate scheduler evaluations. When the evidence is inadequate to assign a scheduler evaluation, a physical examination will be scheduled and considered prior to the termination of a total rating under this section.
Severance pay

38 CFR 3.700 General.

Not more than one award of pension, compensation, or emergency officers', regular or reserve retirement pay will be made concurrently to any person based on his or her own service except as provided in §3.803 relating to naval pension and §3.750(c) relating to waiver of retirement pay. Not more than one award of pension, compensation, or dependency and indemnity compensation may be made concurrently to a dependent on account of more than one period of service of a veteran. (Authority: 38 U.S.C. 5304(a))

NOTE: PL 104-201 requires VA to recoup only the after-tax amount of the Special Separation Benefit (SSB) if the SSB was paid on or after October 1, 1996. The Veterans Benefits Act of 1998 makes that provision applicable to SSB payments made on or after December 5, 1991.

(a) Veterans:

(1) Active service pay.

   (i) Pension, compensation, or retirement pay on account of his or her own service will not be paid to any person for any period for which he or she receives active service pay. (Authority: 38 U.S.C. 5304(c))

   (ii) Time spent by members of the ROTC in drills as part of their activities as members of the corps is not active service.

   (iii) Reservists may waive their pension, compensation, or retirement pay for periods of field training, instruction, other duty or drills. A waiver may include prospective periods and contain a right of recoupment for the days for which the reservists did not receive payment for duty by reason of failure to report for duty.

(2) Lump-sum readjustment pay.

   (i) Where entitlement to disability compensation was established prior to September 15, 1981, a veteran who has received a lump-sum readjustment payment under former 10 U.S.C. 687 (as in effect on September 14, 1981) may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of lump-sum readjustment payment subject to deduction of an amount equal to 75 percent of the amount received as readjustment payment. (Authority: 38 U.S.C. 1501(a))

   (ii) Readjustment pay authorized under former 10 U.S.C. 3814(a) is not subject to recoupment through withholding of disability compensation, entitlement to which was established prior to September 15, 1981. (Authority: 38 U.S.C. 1501(a))
(iii) Where entitlement to disability compensation was established on or after September 15, 1981, a veteran who has received a lump-sum readjustment payment may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of the lump-sum readjustment payment, subject to recoupment of the total amount of the readjustment payment. (Authority: 38 U.S.C. 1501(a))

(iv) The receipt of readjustment pay does not affect the payment of disability compensation based on a subsequent period of service. Compensation payable for service-connected disability incurred or aggravated in a subsequent period of service will not be reduced for the purpose of offsetting readjustment pay based on a prior period of service. (Authority: 10 U.S.C. 1174(h)(2))

(3) Severance pay. Where the disability or disabilities found to be service-connected are the same as those upon which disability severance pay is granted, an award of compensation will be made subject to recoupment of the disability severance pay. Prior to the initial determination of the degree of disability recoupment will be at the full monthly compensation rate payable for the disability or disabilities for which severance pay was granted. Following initial determination of the degree of disability recoupment shall not be at a monthly rate in excess of the monthly compensation payable for that degree of disability. For this purpose the term "initial determination of the degree of disability" means the first regular scheduler compensable rating in accordance with the provisions of Subpart B, Part 4 of this chapter and does not mean a rating based in whole or in part on a need for hospitalization or a period of convalescence. There is no prohibition against payment of compensation where the veteran received nondisability severance pay or where disability severance pay was based upon some other disability. Compensation payable for service-connected disability other than the disability for which disability severance pay was granted will not be reduced for the purpose of recouping disability severance pay. (Authority: 10 U.S.C. 1212(c))


Section 1646. Enhancement of disability severance pay for members of the armed forces.
This section, among other things, provides that disability severance pay will not be recouped from VA disability compensation for those veterans awarded disability severance pay for disabilities incurred in a combat zone or during performance of duty in combat-related operations as designated by DoD.

Effective Date: The amendments made by this section are effective January 28, 2008, and apply to members of the Armed Forces separated under 10 U.S.C. chapter 61, on or after that date.
38 CFR 3.700(a)(3) will be amended to reflect this change.

The Department of Defense, in its Directive Type Memorandum (DTM) dated March 13, 2008, provided implementing guidance for this provision. Members separated for qualifying combat-related conditions and awarded severance pay that is not subject to VA offset will be identified by the insertion of a Separation Program Designator (SPD) code in block 28 (Narrative Reason for Separation) on the DD214 of either

- JFI, Disability, Severance Pay, Combat Related or
- JEA, Disability, Severance Pay, Combat Related (Enhanced)

(4) Improved pension. If a veteran is entitled to improved pension on the basis of the veteran's own service and is also entitled to pension under any pension program currently or previously in effect on the basis of any other person's service, the Department of Veterans Affairs shall pay the veteran only the greater benefit. (Authority: 38 U.S.C. 1521(i))

(5) Separation pay.

(i) A veteran who has received separation pay may receive disability compensation for disability incurred in or aggravated by service prior to the date of receipt of separation pay subject to recoupment of the total amount received as separation pay.

(ii) The receipt of separation pay does not affect the payment of disability compensation based on a subsequent period of service. Compensation payable for service-connected disability incurred or aggravated in a subsequent period of service will not be reduced for the purpose of offsetting separation pay based on a prior period of service. (Authority: 10 U.S.C. 1174)

(b) Dependents:

(1) Surviving spouse. Subject to the provisions of paragraph (a)(4) of this section, the receipt of pension, compensation, or dependency and indemnity compensation by a surviving spouse because of the death of any veteran, or receipt of pension or compensation because of his or her own service, shall not bar the payment to the surviving spouse of pension, compensation, or dependency and indemnity compensation because of the death or disability of any other veteran; however, other than insurance, concurrent benefits under laws administered by the Department of Veterans Affairs may not be authorized to a surviving spouse by reason of the death of more than one veteran to whom the surviving spouse has been married. The surviving spouse may elect to receive benefits based on the death of one such spouse and the election places the right to benefits based on the deaths of other spouses in suspense. The suspension
may be lifted at any time by another election based on the death of another spouse. Benefits payable in the elected case will be subject to prior payments for the same period based on the death of the other spouse where, under the provisions of §3.400(c) there is entitlement in the elected case prior to date of receipt of the election. (Authority: 38 U.S.C. 5304)

(2) Children. Except as provided in §3.703 and paragraph (a)(4) of this section, the receipt of pension, compensation, or dependency and indemnity compensation by a child on account of the death of a veteran or the receipt by the child of pension or compensation on account of his or her own service will not bar the payment of pension, compensation, or dependency and indemnity compensation on account of the death or disability of any other veteran.

(3) Parents. The receipt of compensation or dependency and indemnity compensation by a parent on account of the death of a veteran or receipt by him or her of pension or compensation on account of his or her own service will not bar the payment of pension compensation, or dependency and indemnity compensation on account of the death or disability of any other person. (Authority: 38 U.S.C. 5304(b))

CHECKLIST FOR A CLAIM:

1. DOES THE VETERAN HAVE MEDICAL EVIDENCE OF A CURRENT CONDITION?

Check YES if the veteran has:
· A recent medical diagnosis;
· There is a medical opinion or diagnosis indicating that it is possible that
  the veteran has the current condition;
· Even if there are conflicting diagnoses, or if one physician diagnoses a
  condition and another does not find the condition, the diagnosis of the first
  physician noting a current condition should meet the current condition
  requirement.

YES ____  NO ____

IF THIS EVIDENCE IS MISSING: Encourage the veteran to see a physician or
other health care professional as soon as possible to get medical
confirmation that a condition currently exists.

2A. IS THERE EVIDENCE OF AN INJURY OR INCIDENT IN SERVICE?

Check YES if: The veteran testified that the incident or injury occurred in

There is lay (non-expert) testimony or statements from a family member, friend, or
service buddy concerning the occurrence of the incident or injury in service. Cohen, 10
Vet.App. at 136. In the service medical records (SMR’s), there is evidence of treatment or
symptomatology during service (38 C.F.R. § 3.303). There is evidence of treatment or
symptomatology during the presumptive period. (38 C.F.R. § 3.307)

YES ____  NO ____

IF THIS EVIDENCE IS MISSING: Because the veteran's statement alone will meet
this requirement, encourage him or her to first check service records to refresh
memory, and then to write out a description of the injury or incident in service. Try
to make sure that the description is consistent with service records, including
service medical records (SMRs). SMRs do not have to confirm that an injury or
incident occurred in service. However, for the claim to be granted, the VA may
require confirmation of the injury or incident in SMRs or other service records.

2B. IS THERE EVIDENCE OF A PRE-EXISTING CONDITION THAT WAS
AGGRAVATED BY SERVICE?

YES ____  NO ____

3. IS THERE LINKAGE BETWEEN THE CURRENT CONDITION AND THE INJURY
OR INCIDENT IN SERVICE?

Check YES if:
A doctor or other medical professional has stated that it is possible or as likely as not that the current condition is linked to service.

· The veteran was treated for or had symptoms of a chronic condition in service. (38 C.F.R. § 3.303(d))

· The veteran was treated for or had symptoms of a chronic condition during the presumptive period.

Check NO if:

· The only evidence of a link between the current condition and what happened in service is the veteran's own opinion or the opinion of a layperson (non-expert).

YES _____ NO _____

IF THIS EVIDENCE IS MISSING: Advise the veteran to obtain this evidence. It is possible in some cases for a health professional to provide an opinion on the linkage issue simply by reviewing the medical records in the claim. An examination will not always be necessary. The advocate may want to write a letter to a physician or other health professional, asking the relevant medical question: Whether it is possible that the veteran's current condition was caused or aggravated by the in-service incident or injury claimed by the veteran. The medical expert should be advised to presume that the veteran's statements concerning incident or injury in service are true.

An extensive listing of benefits definitions and information can be seen at:

http://www.vba.va.gov/bln/21/benefits/index.htm

Overview of a Few Key Changes Made By Public Law 110-389, the Veterans’ Benefits Improvement Act of 2008.

Section 212. SUBSTITUTION UPON DEATH OF CLAIMANT.

This section creates a new statute: 38 U.S.C. § 5121A, Substitution in case of death of claimant. It provides that if a claimant dies while a claim or appeal for any benefit under a law administered by the Secretary is pending, a living person who would be eligible to receive accrued benefits due to the claimant under section 5121(a) of this title may, not later
than one year after the date of the death of the claimant, request to be substituted as the claimant for the purposes of processing the claim to completion.

The new statute allows a person who could be considered an accrued benefits claimant to substitute for a deceased claimant to continue adjudication of the deceased claimant’s claim.

Effective Date - The provisions of the new statute apply with respect to the claim of any claimant who dies on or after October 10, 2008.

VBA Action: Regulations will be revised to include the new provision. Pending regulatory change, for requests to be substituted for a deceased claimant:

- A written claim for substitution must be filed within one year of the date of death of the claimant whose claim is at issue.

- The claimant who requests to be substituted must be someone who would be eligible under 38 CFR 3.1000, Entitlement under 38 U.S.C. § 5121 to benefits due and unpaid upon death of a beneficiary.

- Continue adjudication of the claim as if the original claimant was not deceased.

- If evidence required to substantiate the claim cannot be obtained due to the original claimant’s death, the claim shall be rated based on the evidence of record. If an examination is required, consider 38 CFR § 3.655, Failure to report for Department of Veterans Affairs examination.

- The date of claim for the request for substitution will be the date the written request for substitution is received in VA.

- Any representation by a service organization, attorney or agent prior to death does not transfer to the substituted representative. If the individual desires representation he/she must execute a new power of attorney. When a request for substitution is received the new claimant should be advised of this fact.

Subtitle B--Education Matters

Section 321 amends 38 U.S.C. § 3512 to modify the period of eligibility for survivors' and dependents' educational assistance of certain spouses of individuals with service-connected disabilities total and permanent in nature.

This section changed the delimiting date (eligibility period) for one class of spouses who become eligible when the veteran has service-connected disabilities that are total and permanent in nature (P&T). That group is the spouses of veterans who become P&T
disabled no later than three years after discharge. Those spouses have 20 years instead of 10 years to use their benefits. The 20-year eligibility period beginning date is the date the disability was so determined to be a total disability permanent in nature.

Overview of Concurrent Retirement and Disability Payments (CRDP) and Combat-Related Special Compensation (CRSC).

Concurrent Receipt or Concurrent Disability Pay (CDP) is now called Concurrent Retirement and Disability Payments (CRDP); and, although the name has changed, the program has not.

NOTE: CRDP and CRSC are not VA Benefits, they are Department of Defense (DOD) Benefits.

was signed by the President on 28 January 2008, makes retirees designated as Individual Unemployable (IU), eligible for full CRDP payments effective October 1, 2008, with Retroactive benefits to January 1, 2005.

**NOTE:** Chapter 61 Update: The 2008 National Defense Authorization Act (NDAA) was signed into law on January 28, 2008 to include Chapter 61 retirees, a new component for Combat-Related Special Compensation (CRSC). This legislation expands eligibility to medical retirees with less than 20 years of service, effective January 1, 2008. Medically retired veterans must still provide documentation that shows a causal link between a current VA disability and a combat related event. To view Chapter 61 Questions & Answers visit:

https://www.hrc.army.mil/site/crsc/chap61.html

President Bush and Congressional leaders reached an agreement on a proposed compromise over the next decade that will provide full retirement benefits to about half the eligible military retirees who receive VA disability compensation. November 11, 2003, HR 1588 became Public Law 108-136.

While the deal falls short of what had been hoped for, it will go a long way toward achieving the goal of authorizing all disabled military retirees to receive their fully earned military retired pay without offset in the disability payments they receive from the Department of Veterans Affairs.

The legislation will authorize retired members with 20 or more years service, who are receiving VA disability compensation rated 50 percent or higher, to receive over a 10 year period full VA compensation without reduction in retired pay. The provision provided the following amounts to disabled retirees effective January 1, 2004:

* Retirees with disabilities rated total will receive - $750 per month

**NOTE:** - Effective January 1, 2005, military retirees who are 100% service-connected disabled will receive both their full retired pay and the full VA disability pay, without the 10-year phase-in period. This does not apply to those rated 100% due to unemployability, nor to those who retired with less than 20 years service. The 2004 CRDP Rates were:

* Retirees with disabilities rated 90% will receive - $ 500.00
* Retirees with disabilities rated 80% will receive - $ 350.00
* Retirees with disabilities rated 70% will receive - $ 250.00
* Retirees with disabilities rated 60% will receive - $ 125.00
* Retirees with disabilities rated 50% will receive - $ 100.00

These amounts increase each year until January of 2014 when eligible members will receive their full retired pay entitlement and their VA disability compensation with no reduction. For an example how CRDP Payments are calculated visit:


Please note that CDP pay cannot exceed gross retired pay. For example, a retiree who is rated at 100% as indicated above but whose gross retired pay is only $631.00 will only have $631.00 restored. An additional part of this legislation repeals the Special Compensation for the Severely

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Disabled (SCSD) program effective January 1, 2004. No further SCSD payments will be made after this date, as the higher CDP payments will replace them.

The transition during calendar years 2005 - 2013 will reduce the difference between the amount of retired pay and full concurrent receipt by:

- 10 % during 2005,
- 28 % during 2006,
- 49.60 % during 2007,
- 69.76% during 2008,
- 84.888 % during 2009,
- 93.05 % during 2010,
- 98.18 % during 2011,
- 99.64 % during 2012,
- 99.96 % during 2013

During 2014 all retirees rated 50 % or higher will receive their full retired pay and VA compensation.

Qualified uniformed service retirees may not be paid both Combat Related Special Compensation (CRSC) and CRDP. Retirees who qualify for both programs will be given the option to choose the program that provides the greatest benefit.

The agreement will extend CRSC to all retirees regardless of the level of disability rating and extend coverage under CRSC to include service members who are retired from a reserve component with 20 years service.  

**NOTE:** CRSC is not a VA Benefit, it is a Department Of Defense (DOD) Benefit.

CRSC payments are exempt from Federal income tax, under section 104, of title 26, United States Code.

**Combat-Related Special Compensation (CRSC) Web Sites:**
- **Army:** <https://www.hrc.army.mil/site/crsc/index.html>  
  (Army toll free number: 1-866-281-3254).
- **Air Force:** <http://www.afpc.randolph.af.mil/library/combat.asp>  
  (Air Force toll free number: 1- 800- 616-3775)
- **Navy and Marine Corps:**  
  (Toll free number: 1-877-366-2772)/e-mail: don_crschool@navy.mil
- **Coast Guard:** <http://www.uscg.mil/adm1/crsc.asp>  
  (Toll-free number: 1-800-772-8724)

In addition to the fully completed DD Form 2860 (CRSC Application, available at this link:  


the following documents can be used to verify that the disability is combat-related.
Most Important:

- All available DD 214s/ DD 215s. Obtain copies online from the National Personnel Records Center (NPRC), access web link at:
  

- All available Department of Veteran’s Affairs (VA) Rating Decisions/ VA Physician Reports/ VA Medical Records

IMPORTANT- If you have copies of your VA records please send copies of your records to your Service Department CRSC Division for faster adjudication.

Highly Recommended: Award Certificates, Military MTF Records, and Military Orders.

Suggested: Military Quadrennial Physical Examinations, Military Retirement Physicals, Physical Evaluation Board Proceedings, Clinical Records or Notes, Sick Slips, Western Union Casualty Notification Telegrams, Officers Record Brief, and Enlisted Records Brief.

In summary, CRSC applicants must receive retired pay, receive VA disability compensation, and have combat related disabilities. Expanded eligibility as of 1 January 2004, allows personnel with 10 – 100% VA disability to apply for CRSC; Reservist and National Guard retirees are eligible at age sixty (60) and must be receiving retired pay. For access to Retroactive Payment of CRSC and/or CRDP FAQs visit:


Retirees cannot receive both CRSC and CRDP and must elect one each year through an annual “program election.” Many retirees are confused about which is better for them. When making this decision, please note the following characteristics of CRSC and CRDP.

Summary of Characteristics of CRSC and CRDP:
<table>
<thead>
<tr>
<th>Program Manager</th>
<th>CRSC 2003</th>
<th>CRSC 2004</th>
<th>CRDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Program</td>
<td>Combat-Related Special Compensation: Provides disability compensation with regular military retirement pay for combat disabled retirees.</td>
<td>CRSC I Program with expanded eligibility requirements.</td>
<td>Concurrent Retirement Disability Payments: Provides disability compensation and military retirement pay for service-connected disabilities (restoration of pay phased in over 10 years).</td>
</tr>
<tr>
<td>VA Rating Requirement (minimum)</td>
<td>60%</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>VA Rating Qualification</td>
<td>Combat related disabilities</td>
<td>Combat related disabilities</td>
<td>Service-connected disabilities</td>
</tr>
<tr>
<td>Pay</td>
<td>Retroactive to 1 June 2003</td>
<td>Retroactive to 1 Jan 2004</td>
<td>Retroactive to 1 Jan 2004</td>
</tr>
<tr>
<td>Taxable</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Divisible with Ex-Spouse</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Application Requirements</td>
<td>Must apply</td>
<td>Must apply</td>
<td>No application needed (eligible retirees will be paid automatically)</td>
</tr>
</tbody>
</table>

* Effective date: Entitlement to full receipt of concurrent retirement and disability pay (CRDP) benefits for military retirees entitled to IU benefits is December 31, 2004; however payment may not be made for any amounts due before October 1, 2008. (Change in Section 642, Public Law 110-181, the National Defense Authorization Act for Fiscal Year 2008).

Additional instructions will be provided regarding retroactive payments once coordination with DFAS is completed. 38 CFR 3.751(c)(1)(ii) will be amended to reflect this change.
CHAPTER 4

NONSERVICE-CONNECTED (NSC) PENSION CLAIMS

http://www.vba.va.gov/bln/21/pension/index.htm
1. Non-service-connected pension is a VA program to provide a level of established financial support to wartime veterans or their widows, based on financial need. A veteran must be permanently and totally disabled (P&T) i.e.; unable to secure employment for reasons other than related to military service or willful misconduct.

2. To qualify, veteran must have 90 days or more of active duty under honorable conditions service, one day of which must have been in a wartime period. The 90 day requirement will be met, even though the other 89 days were during peacetime. Veterans may qualify with less than 90 days if discharged for a disability in line of duty. Travel time from place of active duty to home may be included in the period of active duty for pension purposes. However, 38 CFR 3.12a requires that anyone who enlists after 9/7/80 generally has to serve at least 24 months or the full period for which a person was called or ordered to active duty in order to receive any benefits based on that period of service. With the advent of the Gulf War on 8/2/90 (and still not ended by Congress to this day), veterans can now serve after 9/7/80 during a period of war time. When they do, they generally now must serve 24 months to be eligible for pension or any other benefit. Note the exclusions in 38 CFR 3.12(d).

3. Total disability ratings for pension based on unemployability, education and age of the individual.

All veterans who are basically eligible and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled. For the purpose of pension, the permanence of the percentage requirements of 38 CFR §4.17 is a requisite. When the percentage requirements are met, and the disabilities involved are of a permanent nature, a rating of permanent and total disability will be assigned if the veteran is found to be unable to secure and follow substantially gainful employment by reason of such disability. Prior employment or unemployment status is immaterial if in the judgment of the rating board the veteran’s disabilities render him or her unemployable. In making such determinations, the following guidelines will be used:

(a) Marginal employment, for example, as a self-employed farmer or other person, while employed in his or her own business, or at odd jobs or while employed at less than half the usual remuneration will not be considered incompatible with a determination of unemployability, if the restriction, as to securing or retaining better employment, is due to disability.

(b) Claims of all veterans who fail to meet the percentage standards but who meet the basic entitlement criteria and are unemployable will be referred by the rating board to the Adjudication Officer under §3.321(b)(2) of this chapter.

(Authority: 38 U.S.C. 1502)
(c) Exceptional cases, 38 CFR 3.321 (b) (2). Where the evidence of record establishes that an applicant for pension who is basically eligible fails to meet the disability requirements based on the percentage standards of the rating schedule but is found to be unemployable by reason of his or her disability(ies), age, occupational background and other related factors, the following are authorized to approve on an extra-scheduler basis a permanent and total disability rating for pension purposes: the Adjudication Officer, or where regular scheduler standards are met as of the date of the rating decision, the rating board.

(Note: This is not for request but rather for Rating Member judgment call)

(d) Attaining age 65 DOES entitle veterans’ to pension benefits.

(f) There are no disability requirements for a widow, child, or parent.

(g) Excessive corpus of the claimant’s estate has no specific dollar amount put on it. The VA uses an actuarial table to estimate the limit, very similar to what insurance companies use.

Note: On December 27, 2001, the president signed PL 107-103, Sec 206 and 207 give formal authority for statutory presumption of permanent and total disability for pension at age 65, as well as two other statutory pension presumptions.

The VA has the authority to concede pension entitlement without a formal rating in three specific instances. When one of these three criteria is met, the VA will make an annotation of which category the veteran meets, cite this implementing memo in the remarks section of the award and proceed to an eligibility determination without referral to the rating board. Assuming the veteran has the requisite wartime service, the criteria is as follows:

(1) A patient in a nursing home for long-term care because of disability.

(2) Disabled, as determined by the Commissioner of Social Security for purposes of any benefits administered by the Commissioner.

(3) Unemployable as a result of disability reasonably certain to continue throughout the life of the person.

(4) Suffering from--

(A) any disability which is sufficient to render it impossible for the average person to follow a substantially gainful occupation, but only if it is reasonably certain that such disability will continue throughout the life of the person; or
(B) any disease or disorder determined by the Secretary to be of such a nature or extent as to justify a determination that persons suffering therefrom are permanently and totally disabled.

EFFECTIVE DATE- The amendment made by subsection (a) shall take effect as of September 17, 2001.

PL 107-103, SEC. 207, ELIGIBILITY OF VETERANS 65 YEARS OF AGE OR OLDER FOR VETERANS’ PENSION BENEFITS.

Sec. 1513. Veterans 65 years of age and older

(a) The Secretary shall pay to each veteran of a period of war who is 65 years of age or older and who meets the service requirements of section 1521 of this title (as prescribed in subsection (j) of that section) pension at the rates prescribed by 1521 of this title and under the conditions (other than the permanent and total disability requirement) applicable to pension paid under that section.

(b) If a veteran is eligible for pension under both this section and section 1521 of this title, pension shall be paid to the veteran only under section 1521 of this title.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1512 the following new item: 1513. Veterans 65 years of age and older.

(b) CONFORMING AMENDMENTS- (1) Section 1521(f)(1) is amended by inserting `or the age and service requirements prescribed in section 1513 of this title,' after `of this section,

(2) Section 1522(a) is amended by inserting `1513 or' after `under section'.

(c) EFFECTIVE DATE- The amendments made by this section shall take effect as of September 17, 2001.
Five Hurdles to Pension Eligibility

Service requirements:

Disability requirements:

Income requirements:

Net worth requirements:

Dependency requirements:
HOW TO APPLY

1. For an original claim (no other claim has ever been filed) for non-service-connected pension the veteran will need:

   a. VA FORM 21-526 - Veteran’s Application for Compensation or Pension.

   b. Proof of military service.

   c. Original or good copies of dependency documents, all marriages, divorces, and birth certificates of children.

   d. Documentary proof of dissolution of prior marriages is not routinely required. The claimant’s statement furnishing the information is adequate in the absence of conflicting evidence.

   e. Social Security Numbers. (Required)

   f. Private or other medical records that provide a diagnosis and prognosis of all claimed disabilities that affect the veterans' ability to earn a living.

2. A widow or child must use VA Form 21-534 (please see section on DIC for complete information on how to file pension for widows.)

NOTE: Application must be signed by veteran (widow). If unable to sign documents an “X” with two witnesses is acceptable.

NOTE: Single veteran’s receiving improved pension (PL 95-588) and are eligible for Medicaid and are admitted to a Medicaid approved nursing home (excluding State nursing homes) will have their pension reduced to $90.00 per month effective the date Medicaid began.

NOTE: Section 402 (d) & (e), Public Law 106-419, extends $90.00 reduction until September 30, 2008.
3. Aid and attendance and permanently bedridden.

38 CFR §3.351 Special monthly dependency and indemnity compensation, death compensation, pension and spouse’s compensation ratings.

(a) **General.** This section sets forth criteria for determining whether:

1. Increased pension is payable to a veteran by reason of need for aid and attendance or by reason of being housebound. (Authority: 38 U.S.C. 1521(d), (e))
2. Increased compensation is payable to a veteran by reason of the veteran’s spouse being in need of aid and attendance. (Authority: 38 U.S.C. 1115(1)(E))
3. Increased dependency and indemnity compensation is payable to a surviving spouse or parent by reason of being in need of aid and attendance. (Authority: 38 U.S.C. 1311(c), 1315(h))
4. Increased dependency and indemnity compensation is payable to a surviving spouse who is not in need of aid and attendance but is housebound. (Authority: 38 U.S.C. 1311(d))
5. Increased pension is payable to a surviving spouse by reason of need for aid and attendance, or if not in need of aid and attendance, by reason of being housebound. (Authority: 38 U.S.C. 1541(d), (e))
6. Increased death compensation is payable to a surviving spouse by reason of being in need of aid and attendance. (Authority: 38 U.S.C. 1122)

(b) **Aid and attendance; need.** Need for aid and attendance means helplessness or being so nearly helpless as to require the regular aid and attendance of another person. The criteria set forth in paragraph (c) of this section will be applied in determining whether such need exists.

(c) **Aid and attendance; criteria.** The veteran, spouse, surviving spouse or parent will be considered in need of regular aid and attendance if he or she:

1. Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; or
2. Is a patient in a nursing home because of mental or physical incapacity; or
3. Establishes a factual need for aid and attendance under the criteria set forth in §3.352(a). (Authority: 38 U.S.C. 1502(b))

(d) **Housebound, or permanent and total plus 60 percent; disability pension.** The rate of pension payable to a veteran who is entitled to pension under 38 U.S.C. 1521 and who is not in need of regular aid and attendance shall be as prescribed in 38 U.S.C. 1521(e) if, in addition to having a single permanent disability rated 100 percent disabling under the Schedule for Rating Disabilities (not including ratings based upon unemployability under §4.17 of this chapter) the veteran:

1. Has additional disability or disabilities independently ratable at 60 percent or more, separate and distinct from the permanent disability rated as 100 percent disabling and involving different anatomical segments or bodily systems, or
2. Is “permanently housebound” by reason of disability or disabilities. This requirement is met when the veteran is substantially confined to his or her dwelling and the immediate premises or, if institutionalized, to the ward or clinical area, and it is reasonably certain that the disability or disabilities and resultant confinement will continue throughout his or her lifetime. (Authority: 38 U.S.C. 1502(c), 1521(e))
HOW TO REOPEN A CLAIM FOR NONSERVICE-CONNECTED PENSION

Veterans' should reapply by submitting: **VA Form 21-527** with supporting documents to the VA.

**Improved Pension under Public Law 95-588:**

1. The current law for VA pensions became effective 1/1/79. The program is based on a maximum annual rate that is reduced dollar for dollar by the annual household income of pensioners.

   EXAMPLE: Veteran with one dependent, has maximum annual pension rate of $ ________ - $ ________ (gross income of veteran &/or spouse) the remainder is $ _________. Divide the remainder by 12 and the monthly entitlement will be: $ ________ (Rounded down to the nearest dollar).

2. Section 306 Pension (formerly PL 86-211) - Was available for persons entitled between July 1, 1960 and December 31, 1978.

Anyone receiving pension on December 31, 1978, continued to receive the same rate as long as they remain under income limit.

**Pension for Survivors**

1. Once a veteran dies no matter what Pension law he was under during his lifetime, there is no protection as to the Pension benefit. All widow/er’s who apply for Pension as a widow fall under the rules which govern the New Improved Pension Program ("Improved Pension") means the disability and death pension programs becoming effective January 1, 1979, under authority of Pub. L. 95-588; 92 Stat. 2497.

2. You may be eligible for Pension as a Surviving Spouse if:

   - The deceased veteran was discharged from service under other than dishonorable conditions, **AND**

   - He or she served 90 days or more of active duty with at least 1 day during a period of war time. However, 38 CFR 3.12a requires that anyone who enlists after 9/7/80 generally has to serve at least 24 months or the full period for which a person was called or ordered to active duty in order to receive any benefits based on that period of
service. With the advent of the Gulf War on 8/2/90 (and still not ended by Congress to this day), veterans can now serve after 9/7/80 during a period of wartime. When they do, they generally now must serve 24 months to be eligible for pension or any other benefits. But note the exclusions in 38 CFR 3.12(d), AND

- You are the surviving spouse or unmarried child of the deceased veteran, AND

- Your countable income is below a yearly limit set by law. A Pension Income Table can be found in the back of this book.

3. Unlike the veteran (If under age 65), who must provide medical proof of unemployability, the widow/er is not required to be disabled.

4. Similar to computing countable income for veterans, all income received by the widow/er and children is counted, unless specifically excluded by law. Depending on the size of the estate, it may be necessary for the VA to make net worth determination. Net worth is reviewed on case-by-case basis with $80K as the general maximum allowed.

5. Payments are made monthly unless the amount of the annual benefit is less than 4 percent of the maximum annual rate payable to a veteran, in which case payments may be made less frequently than monthly.

6. Application for Survivor’s Death Pension is accomplished by completing the VA Form 21-534, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child.

**ELIGIBILITY VERIFICATION REPORT INSTRUCTIONS**

1. IMPORTANT- ANSWER ALL QUESTIONS. If the proper entry for an item is none, write “NONE” or “0”. Do not leave any blanks. If you need help with this form, contact your local County or State Veteran Service Officer. Only the claimant may sign their Eligibility Verification Report.

2. Additional Space. If additional form space is required, attach a separate continuation sheet.
3. **NUMBER OF UNMARRIED, DEPENDENT CHILDREN.** The VA may recognize a veteran’s natural or legally adopted children (or stepchildren) who are not married and who are either under age 18 or between ages 18 and 23 and in school or who are over age 18 and who became physically or mentally helpless before age 18. If you have unmarried children in any of these categories, show the number of such children. If a child is away at school but still a member of your household, consider that child to be IN YOUR CUSTODY. If you have no dependent children, show “0”.

4. **REPORT OF INCOME.** Report all income (money and services), as requested. (Note, for foreign beneficiaries: If you cannot show income in American dollars, specify the type of currency, such as pesos, lira, etc.) Report the gross amount you receive. The gross amount includes amounts withheld for taxes, insurance, Medicare, etc.

DO NOT include any amounts withheld to recover overpayment of Social Security benefits. (Must send a copy of Social Security award.)

DO NOT report your VA pension.

DO report VA education benefits.

DO report VA insurance benefits (TDIP).

NOTE: (Veterans with certain GI life insurance policies may add a Total Disability Income Provision (TDIP) as a rider to those policies. If a veteran who purchased TDIP subsequently becomes totally disabled, the veteran is paid a monthly benefit. For most policies, the monthly benefit is $15 per $1,000 of life insurance coverage. For example, a veteran with a $10,000 National Service Life Insurance (NSLI) policy typically receives a $150 per month TDIP benefit.

5. **MONTHLY AMOUNTS.** List gross monthly income by source including any monthly deduction for each benefit received. If you do not receive benefits from a source, write “NONE” or “0” in the block provided.

NOTE: **MILITARY RETIREMENT.** This means a monthly check from the Army, Navy, Air Force, Marine Corps, Coast Guard or Public Health Service and is normally based upon 18 to 30 years of service.

6. **OTHER MONTHLY INCOME.** Enter only income sources other than the monthly benefits already shown. DO NOT repeat any amounts already
entered as monthly income, and DO NOT show your VA pension. Instead, show the gross amounts (including amounts withheld for taxes, insurance, etc.) of:

(a) Annual wages from employment.

(b) Annual interest and dividends.(for which the veteran receives a Federal Form 1099)

(c) Other annual income that is not already shown in another section (for example, VA education benefits, rental income, insurance, business profits, etc.) NOTE: Accrued Benefits are excluded from death pension, due to “Martin v. Brown, 7 Vet. App. 196, 199-200 (1994)(Feb. 6, 1997-In Fed. Register)(CFR 3.272(c ))

If you did not receive income in a particular category, write “NONE” or “0” in the space provided.

7. UNREIMBURSED MEDICAL EXPENSES: The law provides that such expenses will be excludable from the amount of annual income to the extent they were or will be in excess of 5 percent of the applicable maximum annual pension rate or rates for the veteran (including increased pension for family members but excluding increased pension because of need for aid and attendance or being housebound) as in effect during the 12-month annualization period in which the medical expenses were paid. This provision is designed to assure equity for each pensioner by making the nondeductible portion of such expenses vary only according to the number of persons for whom the pensioner is receiving additional pension.

Required Information. The request must show an itemization of medical expenses, by month. All requests should be submitted on a VA Form 21-8416. The following information is required.

a. Amount Paid. The claimant must show the actual out-of-pocket amount that the claimant paid and for which no reimbursement is expected.
b. Date Paid. The date (month and year) the expense was paid. For Medicare or other medical insurance premiums and for continuing medical expenses, the claimant must indicate whether payments are made monthly, quarterly, etc.
c. **Purpose.** The claimant must show the specific medical purpose for which the payments were made.

d. **Name of Provider.** The name of the health care provider, pharmacy or insurer to whom payment was made.

e. **For Whom Paid.** The illness or condition for which the payment was made (if the payment was for the claimant), or the relationship to the claimant of the person for whom the payment was made (if the payment was for someone other than the claimant).


38 CFR 3.262 Evaluation of income.

(m) **Veteran’s final expenses; pension.** In claims for pension under section 306, there will be excluded, as provided in paragraph (p) of this section:

1. From the income of a surviving spouse, amounts equal to amounts paid for the expenses of the veteran's last illness.

2. From the income of a surviving spouse, or of a child of a deceased veteran where there is no surviving spouse, amounts equal to amounts paid by the surviving spouse or child for the veteran's just debts, the veteran's last illness, and the veteran's burial to the extent such expenses are not reimbursed by the Department of Veterans Affairs. The term "just debts" does not include any debt that is secured by real or personal property. (Authority: Sec. 306, Pub. L. 95-588; 92 Stat. 2508)

(p) **Final expenses; year of exclusion.** For the purpose of paragraphs (m), (n) and (o) of this section, in the absence of contradictory information, the claimant's statement will be accepted as to the nature, amount and date of payment, and identity of the creditor. Except as provided in this paragraph, payments will be deducted from annual income for the year in which such payments are made. Payments made by a veteran, spouse or surviving spouse of a veteran, child or, in dependency and indemnity compensation claims, by a parent during the calendar year following the year in which the veteran, spouse or child died may be deducted from the claimant's income for the year of last illness or burial if this deduction is advantageous to the claimant.
38 CFR §3.400 General.

Except as otherwise provided, the effective date of an evaluation and award of pension, compensation or dependency and indemnity compensation based on an original claim, a claim reopened after final disallowance, or a claim for increase will be the date of receipt of the claim or the date entitlement arose, whichever is the later. (Authority: 38 U.S.C. 5110(a))

(3) Non-service-connected death after separation from service.

PL 108-454, Veteran Improvement Act of 2004, Section 305, Effective date of death pension. Amends 38 U.S.C.§ 5110(d) to make an award of death pension effective the first day of the month in which the veteran died if the claim is received within one year from the date of death. Effective date: This provision is effective December 10, 2004.

For deaths prior to December 10, 2004, claims received more than 45 days after the veteran’s death but within one year of such date, entitlement exists as of December 10, 2004.

Example: The veteran died on July 1, 2004. VA received the survivor’s claim for death pension on January 1, 2005 (more than 45 days but less than one year after the date of death). Entitlement to death pension exists effective December 10, 2004, if otherwise in order.

For claims received on or after December 10, 2004, for a death prior to December 10, 2004, but within 45 days after the date of death, any award to which the claimant is entitled is effective from the first day of the month of death as provided by prior law.

Example: The veteran died on November 20, 2004. VA received the survivor’s claim for death pension on January 1, 2005 (within 45 days of death). Death pension may be awarded effective from November 1, 2004, if otherwise in order.

For claims received prior to December 10, 2004, determine the effective date for entitlement to pension based on the law existing on the date of death.

PL 108-454, Veteran Improvement Act of 2004, Section 303, Exclusion of Life Insurance proceeds from consideration as income for veterans’ pension purposes, Amends 38 U.S.C. § 1503(a) adds the lump-sum proceeds of a veteran’s life insurance policy to the list of payments that do not count as income for purposes of determining eligibility for improved death pension. Effective date: This provision is effective December 10, 2004. For claims based on deaths occurring on or after December 10, 2004, exclude lump-
sum insurance proceeds from income. For claims based on deaths occurring prior to December 10, 2004, including currently pending or previously adjudicated claims, count insurance in determining entitlement for any period prior to December 10, 2004. Remove the insurance proceeds from the calculation effective December 10, 2004. If a claim has been previously denied due to excess income resulting from insurance proceeds, apply 38 CFR § 3.114, if the claim is reopened. If a running award includes insurance proceeds, remove the insurance proceeds from the award effective December 10, 2004, based upon a claim from the beneficiary or a review by VA for another reason.

**Pension Consolidation Procedures**

The Pension Maintenance Centers (PMCs), are now called Pension Management Centers, same abbreviation of PMC.

The Veterans Benefits Administration (VBA) is consolidating original live and death pension claims from the 57 Home Regional Offices (HROs) to three Pension Maintenance Centers (PMCs) located in Philadelphia, St. Paul, and Milwaukee. Dual claims (having both compensation and pension issues) will be consolidated next fiscal year. The objectives of consolidation are to improve accuracy, timeliness, and administration of the need-based programs. The consolidation will occur in three phases within the projected timeframes:

**Phase I** May 1, July 1, and September 2, 2008
- Original and reopened live pension
- Original and reopened death pension

**Phase II** November 3, 2008, February 2, April 1, June 1, July 1, and August 3, 2009
- Service connection for the cause of death
- Dependency and Indemnity Compensation (DIC)
- Burial benefits
- Accrued benefits

**Phase III** January 2009
- Dual claims
Background:

In January 2002, pension maintenance work was transferred from HROs and consolidated to PMCs with three main tasks: 1) process Eligibility Verification Reports, 2) conduct integrity/matching programs, and 3) promulgate income maintenance awards.

The PMCs are now assuming the additional responsibility of processing original and reopened pension claims.

The St. Petersburg VA Regional Office started transfer of original and reopened pension claims to the Philadelphia PMC on 09/02/08.

The VA recently published Fast Letter 08-38 on 11/03/08 and this Fast Letter provides information on Phase II of the consolidation of survivor benefits claims (SBCs) from 57 home regional offices (HROs) to three pension management centers (PMCs) located in Philadelphia, St. Paul, and Milwaukee. Dual claims (having both compensation and pension issues) will be consolidated in Phase III for fiscal year 2009.

**Phase II** - November 3, 2008, February 2, April 1, June 1, and August 3, 2009 are the transition dates to consolidate the below listed claims:

- Service connection for the cause of death
- Dependency and Indemnity Compensation (DIC)
- Burial benefits
- Accrued benefits

The St. Petersburg VA Regional Office target date to commence the above transfer of claims for Phase II is: **August 3, 2009**.

- The Philadelphia PMC Address is:
  
  Department of Veterans Affairs  
  Philadelphia Pension Management Center  
  PO Box 8079  
  Philadelphia, PA. 19101

- If FEDEX, use 5000 Wissahickon Avenue, the Street address.

- The VA National PMC Toll Free Number is: 1 – 877 – 294 – 6380, 7:00 am until 7:00 pm Eastern Standard Time.
The Philadelphia PMC is the servicing office for the State of Florida.
CHAPTER 5

DEPENDENCY & INDEMNITY COMPENSATION

http://www.vba.va.gov/bln/dependents/spouse.htm

DEPENDENCY AND INDEMNITY COMPENSATION

1. Dependency and Indemnity Compensation (DIC) payments may be
authorized for:

a. Surviving spouse (not Ex-spouse)
b. Unmarried children under 18 years old
c. Helpless children
d. Children between 18 and 23 years old if attending a VA approved school
e. Low income parents of service personnel

IF

a. The veteran died from a disease or injury incurred in or aggravated (beyond normal progression) by active duty, or active duty for training.
b. The veteran died of an injury incurred or aggravated in the line of duty while on inactive duty training.
c. The veteran died of a service-connected disability, recognized by the VA.
d. The service-member died on active duty
and
e. The death of the veteran or service-member was not the result of willful misconduct.

ADDITIONALLY

2. DIC may also be authorized for surviving spouses, unmarried children under 18, helpless children, and those children between 18 and 23 if attending a VA approved school if the veteran was totally disabled due to service-connected disability at the time of death, but the death was not the result of the service-connected disability if:

a. the veteran was continuously rated service-connected totally disabled for a period of 10 or more years immediately preceding death. (Title 38, 1318(b)(1))
b. the veteran was so rated for a period of not less than five years from the date of discharge from military service. (Title 38, 1318(b)(2))
c. the veteran died as a result of an injury or treatment as a result of hospitalization, medical or surgical treatment received while properly admitted to a VA medical facility. (38 CFR 3.358) (Title 38, 1151)
d. when death occurred after service, the veteran's discharge must have been under conditions other than dishonorable. (38 CFR 3.12)

NOTE: Payment of DIC under 38 U.S.C. 1318

DIC is currently payable under 38 U.S.C. 1318 to survivors of veterans whose service-connected conditions were rated totally disabling for 10 years or more immediately preceding the veteran’s death. Section 501 of Pub. L. 106-117 authorizes payment of DIC to the survivors of former Prisoners of War (POW) who died after September 30, 1999, and who were rated totally for a service-connected disability continuously for a period of not less than one year immediately preceding death. This provision is effective November 30, 1999.

DEFINITION OF SURVIVING SPOUSE

1. Date of Marriage. A surviving spouse must have been legally married to the veteran one year or more, or for any period of time if a child was born of the union.

2. Residence with Veteran. Lived with the veteran continuously from the date of marriage to the date of the veteran's death except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse, and who has not remarried or (in cases not involving remarriage) has not since the death of the veteran and after September 19, 1962, lived with another person of the opposite sex and held themselves out openly to the public to be the spouse of such other person.

3. Surviving Spouse Remarriage. Provides reinstatement of eligibility to Dependency and Indemnity Compensation for certain remarried surviving spouses upon termination of remarriage. (Effective 10-1-98)

4. Restores dependency and indemnity compensation (DIC), VA home loan guarantee, and education, benefit eligibility for spouses remarried after age 57, and burial eligibility for all remarried spouses. (PL 108-183)

DIC PAYMENTS

1. Surviving spouses of veterans who died after January 1, 1993, receive a monthly payment of $1,154.00 (effective: 12/01/09). An additional allowance, of $246.00 may be payable if at the time of the veteran's death, the veteran
was in receipt of or entitled to receive compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years. (38 U.S.C. 1311(a)(2)). For each dependent child under 18 an additional allowance of $286.00 is payable.

2. Monthly rates for surviving spouses of veteran’s who died prior to January 1, 1993, are based on the pay grade of the veteran:

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3. The monthly rate of DIC to the surviving spouse shall be increased:

   a. By an additional $286.00 per month if the surviving spouse is a patient in a nursing home, or blind, or in need of aid and attendance.

   b. By an additional $135.00 per month if the surviving spouse is housebound.

4. Where there is no surviving spouse of a deceased veteran entitled to DIC, payment shall be paid to eligible children in equal shares as follows:

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<th>Number of Children</th>
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<td>For Each additional child</td>
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Payments made by the VA are not taxable income under IRS rules.

Payments made by the VA are offset by judicial awards or any money received from the Military Service Department for Survivors Benefits (SBP). DIC payments are not offset by Social Security benefits.

5. Public Law 108 – 454, The Veterans Benefits Improvement Act of 2004, Section 301, provides additional dependency and indemnity compensation for surviving spouses with dependent children. It amends 38 U.S.C. § 1311, relating to the payment of Dependency and Indemnity Compensation (DIC). It adds a new transitional benefit of $250.00 payable monthly to a surviving spouse who receives DIC and has one or more children
below the age of 18. The benefit is paid in addition to any other DIC payable under chapter 13 of title 38, United States Code. Only one $250 per month add-on is payable regardless of the number of minor children. The increased rate applies only to months “occurring” during the two-year period beginning on the date entitlement to DIC began. It ceases on the first month beginning after the expiration of the two-year period or the month in which all of the surviving spouse’s children have attained the age of 18, or are removed from the award, whichever is earliest. Effective date: Section 301(b) makes the amendment applicable to DIC payments for the first month beginning after the date of enactment, which is January 2005, and for subsequent months.

- For surviving spouses currently in receipt of DIC, who have one or more minor children and an original DIC award effective date between February 2003 and December 1, 2004, VA will award the pro rata number of months allowed. For example, a surviving spouse with at least one child under the age of 18 and an original DIC award effective date of July 1, 2004, has entitlement ending two years later, June 30, 2006. Therefore, VA will pay an additional $250.00 per month from January 1, 2005 through June 30, 2006, or until the last minor child attains age 18 or is otherwise removed from the surviving spouses’ DIC award, whichever is earlier. Another example is a spouse with at least one child under the age of 18 and an original award effective date of February 1, 2003. This surviving spouse’s two-year period of eligibility for increased DIC ends on January 31, 2005. Therefore, this surviving spouse gets an additional $250.00 for the month of January 2005.

**HOW TO APPLY FOR DIC**

1. Applicants apply for DIC by completing a VA Form 21-534. The veterans death certificate, proof of marriage, and all previous divorce decrees or death certificates (if not previously provided) must be submitted with the claim.

2. Claims filed within one year of the date of the death of the veteran are effective for payment of benefits the 1st day of the month of the death of the veteran. NOTE: Sect. 506 of Public Law 104-275 provides a surviving spouse is entitled to the veteran’s rate for the month of death after 12/31/96.

3. Claims filed after one year of the date of the death of the veteran are effective for payment the first day of the month after receipt of claim.

**APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION DEPENDENT PARENTS**
1. Dependency and Indemnity Compensation for parents is a needs based program, with need being measured by income. Monthly rates depend upon the income of the surviving parent(s) and whether there is only one parent, two parents not living together or two parents together or remarried with a new spouse. The income limit for the benefit is adjusted annually.

2. To qualify for benefits, the dependent parent must have had a child who entered the Armed Forces and:

a. The veteran child dies:

   (1) From disease or injury incurred or aggravated in service.

   (2) From disease or injury incurred or aggravated while on inactive duty training.

   (3) From a service-connected disability compensable under VA Laws.

b. Rate of DIC paid depends on the amount of income and number of parents.

c. An additional amount is payable each month to a parent who is a patient in a nursing home or in need of aid and attendance (A&A).

**EFFECTIVE 12-01-2009  (0.0% Cost-of-Living Increase)**

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**HOW TO APPLY** - Applicants may apply for Parents DIC by completing a VA Form 21-535. Applications must be complete. The veteran's death certificate and proof of dependency must be submitted with the claim. 2. Report all income received, including wages, interest and dividends. Also report source of income. In reporting wages or salary, report gross income - NOT TAKE HOME PAY. DO NOT deduct amounts withheld under a retirement act, or amounts withheld for income tax.
38 CFR §3.814 Monetary allowance under 38 U.S.C. 1805 for an individual suffering from spina bifida whose biological father or mother is or was a Vietnam veteran.

(a) VA will pay a monthly allowance based upon the level of disability determined under the provisions of paragraph (d) of this section to or for an individual who it has determined is suffering from spina bifida and whose biological father or mother is or was a Vietnam veteran. Receipt of this allowance will not affect the right of the individual or any other related individual to receive any other benefit to which he or she may be entitled under any law administered by VA. An individual suffering from spina bifida is entitled to only one monthly allowance under this section, even if the individual's biological father and mother are or were both Vietnam veterans.

Public Law 108-183 Expanded benefits eligibility to children with Spina Bifida who were born to certain Vietnam-era veterans who served in Korea near the demilitarized zone.

(b) Applicants for the monetary allowance under this section must submit an application to the VA regional office and include the information mandated on the following VA form entitled “Application for Spina Bifida Benefits.” [Ed. Note: Form will be found at the end of this section.]

(c) Definitions.

(1) Vietnam veteran. For the purposes of this section, the term “Vietnam veteran” means an individual who performed active military, naval, or air service in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, without regard to the characterization of the individual’s service. Service in the Republic of Vietnam includes service in the waters offshore and service in other locations if the conditions of service involved duty or visitation in the Republic of Vietnam.

(2) Individual. For the purposes of this section, the term “individual” means a person, regardless of age or marital status, whose biological father or mother is or was a Vietnam veteran and who was conceived after the date on which the veteran first served in the Republic of Vietnam during the Vietnam era. Notwithstanding the provisions of §3.204(a)(1), VA shall require the types of evidence specified in §§3.209 and 3.210 sufficient to establish in the judgment of the Secretary that an individual's biological father or mother is or was a Vietnam veteran.

(3) Spina bifida. For the purposes of this section, the term “spina bifida” means any form and manifestation of spina bifida except spina bifida occulta.

(d) (1) Except as otherwise specified in this paragraph, VA will determine the level of payment as follows:
(i) **Level I.** The individual walks without braces or other external support as his or her primary means of mobility in the community, has no sensory or motor impairment of the upper extremities, has an IQ of 90 or higher, and is continent of urine and feces without the use of medication or other means to control incontinence. **$286.00 per month benefit (NO COLA 12/1/09).**

(ii) **Level II.** Provided that none of the disabilities is severe enough to warrant payment at Level III, and the individual: walks with braces or other external support as his or her primary means of mobility in the community; or, has sensory or motor impairment of the upper extremities, but is able to grasp pen, feed self, and perform self care; or, has an IQ of at least 70 but less than 90; or, requires medication or other means to control the effects of urinary bladder impairment and no more than two times per week is unable to remain dry for at least three hours at a time during waking hours; or, requires bowel management techniques or other treatment to control the effects of bowel impairment but does not have fecal leakage severe or frequent enough to require wearing of absorbent materials at least four days a week; or, has a colostomy that does not require wearing a bag. **$984.00 per month benefit (NO COLA 12/1/09).**

(iii) **Level III.** The individual uses a wheelchair as his or her primary means of mobility in the community; or, has sensory or motor impairment of the upper extremities severe enough to prevent grasping a pen, feeding self, and performing self care; or, has an IQ of 69 or less; or, despite the use of medication or other means to control the effects of urinary bladder impairment, at least three times per week is unable to remain dry for three hours at a time during waking hours; or, despite bowel management techniques or other treatment to control the effects of bowel impairment, has fecal leakage severe or frequent enough to require wearing of absorbent materials at least four days a week; or, regularly requires manual evacuation or digital stimulation to empty the bowel; or, has a colostomy that requires wearing a bag. **$1,678.00 per month benefit (NO COLA 12/1/09).**

(2) If an individual who would otherwise be paid at Level I or II has one or more disabilities, such as blindness, uncontrolled seizures, or renal failure that result either from spina bifida, or from treatment procedures for spina bifida, the Director of the Compensation and Pension Service may increase the monthly payment to the level that, in his or her judgment, best represents the extent to which the disabilities resulting from spina bifida limit the individual's ability to engage in ordinary day-to-day activities, including activities outside the home. A Level II or Level III payment will be awarded depending on whether the effects of a disability are of equivalent severity to the effects specified under Level II or Level III.

(3) VA may accept statements from private physicians, or examination reports from government or private institutions, for the purpose of rating spina bifida claims without further examination, provided the statements or reports are adequate for assessing the level of disability due to spina bifida under the provisions of paragraph (d)(1) of this
section. In the absence of adequate medical information, VA will schedule an examination for the purpose of assessing the level of disability.

(4) VA will pay an individual eligible for a monetary allowance due to spina bifida at Level I unless or until it receives medical evidence supporting a higher payment. When required to reassess the level of disability under paragraph (d)(5) or (d)(6) of this section, VA will pay an individual eligible for this monetary allowance at Level I in the absence of evidence adequate to support a higher level of disability or if the individual fails to report, without good cause, for a scheduled examination. Examples of good cause include, but are not limited to, the illness or hospitalization of the claimant, death of an immediate family member, etc.

(5) VA will pay individuals under the age of one year at Level I unless a pediatric neurologist or a pediatric neurosurgeon certifies that, in his or her medical judgment, there is a neurological deficit that will prevent the individual from ambulating, grasping a pen, feeding himself or herself, performing self care, or from achieving urinary or fecal continence. If any of those deficits are present, VA will pay the individual at Level III. In either case, VA will reassess the level of disability when the individual reaches the age of one year.

(6) VA will reassess the level of payment whenever it receives medical evidence indicating that a change is warranted. For individuals between the ages of one and twenty-one, however, it must reassess the level of payment at least every five years.

(Authority: 38 U.S.C. 501, 1805)

(e) Effective dates. Except as otherwise provided, VA will award the monetary allowance for children suffering from spina bifida based on an original claim, a claim reopened after final disallowance, or a claim for increase as of the date VA received the claim or the date entitlement arose, whichever is later.

(1) VA will increase benefits as of the earliest date the evidence establishes that the level of severity increased, but only if the beneficiary applies for an increase within one year of that date.

(2) If a claimant reopens a previously disallowed claim based on corrected military records, VA will award the benefit from the latest of the following dates: the date the veteran or beneficiary applied for a correction of the military records; the date the disallowed claim was filed; or, the date one year before the date of receipt of the reopened claim.

(f) Reductions and discontinuances. VA will generally reduce or discontinue awards according to the facts found except as provided in §§3.105 and 3.114(b).

(1) If benefits were paid erroneously because of beneficiary error, VA will reduce or discontinue benefits as of the effective date of the erroneous award.

(2) If benefits were paid erroneously because of administrative error, VA will reduce or discontinue benefits as of the date of last payment.
TO FILE A CLAIM, UTILIZE:

1. VA Form 21-0304
2. Veterans DD 214
3. Child’s Birth Certificate showing Veteran as natural father
4. Private Medical Statement showing Spina Bifida diagnosis

NOTE: THE CLAIMS FOLDER, WHEN ESTABLISHED, WILL BE ON THE CHILD WITH THE CHILD’S SOCIAL SECURITY NUMBER AS THE IDENTIFYING CLAIM NUMBER (NOT THE VETERAN’S) MUST SUBMIT A SEPARATE 21-22 FOR THE CHILD IN ORDER TO ASSIST.

Definitions:

**Spina bifida** - Literally means **cleft or split spine**. Results from a congenital failure of the bony vertebral arches that normally encircle the spinal cord to fuse because of abnormal development during the first month of pregnancy. The extent of disability may range from none to total. However, the term “spina bifida” is commonly used as a synonym for myelomeningocele, which is its most severe form.

**Spina bifida occulta** - Type of spina bifida where the only abnormality is a defect in the vertebral arch. There are no external abnormalities, and it is of no clinical significance. (However, may sometimes indicate that an internal abnormality, such as lipomas or other tumors, tethered cord, or diastematomyelia, may be present.)

**REGULATORY AMENDMENT 3-00-4**

Effective Date of the Regulation: October 1, 1997

Date Secretary Approved Regulation: February 2, 2000

Federal Register Citation: 65 FR 35280-35283 (June 2, 2000)

Public Law No. 104-204 defined the term “Vietnam veteran” as a “veteran” who performed active military, naval, or air service in the Republic of Vietnam “during the Vietnam era.” Public Law No. 105-114 amended that definition to refer to an “individual” who performed active military, naval, or air service in the Republic of Vietnam “during the period beginning on January 9, 1962, and ending on May 7, 1975, without regard to the characterization of the individual’s service.” We are amending 38 CFR 3.814(c)(1) of the monetary allowance regulations accordingly. This change also affects the spina bifida regulations concerning provision of healthcare (see 38 CFR 17.901) and provision of vocational training and rehabilitation (see 38 CFR 21.8012).
P.L. 106-419, Section 401—Children of Women Vietnam Veterans Born with Certain Birth Defects (Sec. 401 of PL 106 - 419).

This section authorizes the payment of monetary benefits to, or on behalf of, certain children of female veterans who served in Vietnam. Benefits are payable to qualifying children, or on their behalf, beginning December 1, 2001. There are three eligibility requirements. To be eligible, the child must: be the biological child of a woman veteran who served in the Republic of Vietnam (RVN); have been conceived after the date the veteran first served in the RVN during the Vietnam era; and have certain birth defects to be identified by the Secretary resulting in permanent physical or mental disability.

The law also limits the birth defects for which we may pay benefits. Do not grant benefits if the birth defect results from: a familial disorder; a birth-related injury; or a fetal or neonatal infirmity with well-established causes.

The specific birth defects qualifying for benefits will be established by regulation.

An application is required. The current Spina Bifida application VA Form 21-0304, is being modified to accommodate this class of beneficiaries. The Spina Bifida payment system is also being expanded to provide for payment of these benefits.

**Entitlements:** Health Coverage: The law allows health care covering the defects or any disability associated with the birth defects. This care may be provided directly or by contract. Vocational Rehabilitation: If achievement of a vocational goal is reasonably feasible, a program of vocational training provided by Vocational Rehabilitation and Employment is available to an eligible child. Monetary Allowance: The law includes four levels of monetary allowance, each based on the level of disability of the eligible child. Current authorized payments are as follows and will be adjusted annually based on the cost of living. These rates are provided for informational purposes in counseling applicants.

(1) In the case of a child suffering from the lowest level of disability prescribed in the schedule for rating disabilities resulting from covered birth defects, $131.

(2) In the case of a child suffering from the lower intermediate level of disability prescribed in the schedule for rating disabilities from covered birth defects, $286.
(3) In the case of a child suffering from the higher intermediate level of
disability prescribed in the schedule for rating disabilities from covered birth
defects $984.

(4) In the case of a child suffering from the highest level of disability
prescribed in the schedule for rating disabilities from covered birth defects,
$1,678 (NO COLA 12/1/09).

Children currently receiving Spina Bifida benefits with another qualifying
birth defect will be paid the greater benefit.

**Countable income:** These benefits will not be considered income or
resource under any law administered by the Secretary of VA or any other
Federal or federally assisted program.

**Population:** The population of women who served in the RVN during the
Vietnam War is believed to be less than 10,000. The VA anticipates that
the number of qualifying children will be relatively small.

**Effective Date:** The effective date of the act is **December 1, 2001**.

**For Agent Orange and Related Issues – Visit:**
http://www1.va.gov/agentorange/

**The Vietnam Conflict**

An estimated 2.6 million personnel served within the borders of South Vietnam
and in adjacent waters.

**Agent Orange (AO)** - Agent Orange was a herbicide used in Vietnam to
defoliate trees and remove cover for the enemy. Agent Orange spraying
missions were flown in Vietnam between January 1965 and April 1970. Shipped
in orange-striped barrels, it was a reddish-brown liquid containing four
chemicals: 2,4,5-trichlorophenoxyacetic acid (2,4,5-T), 2,4-
dichlorophenoxyacetic acid (2,4-D), cacodylic acid and picloram. The 2,4,5-T
was contaminated in the manufacturing process with dioxin. Several herbicides
were sprayed in Vietnam at different times—during different years as well as
during different seasons because of the variety of vegetation and environmental
conditions.

**Medical Services For Vietnam Veterans** - VA has offered special access to
health services and studies since 1978, when it initiated a medical surveillance
program for Vietnam veterans with health concerns, called the **Agent Orange
Registry**, and the contact number is: 1 – 877 – 222 – 8387. By 1981, VA offered
priority medical care to Vietnam veterans with any health problems which may
have resulted from Agent Orange exposure. That program continues today.
Special Compensation for Disease - As with other veterans, Vietnam veterans with disabilities incurred or aggravated by military service may receive monthly VA compensation. As knowledge has grown from studies of Agent Orange, some diseases that may not have become evident in service have been recognized as service-connected presumptive condition. A presumptive condition means the following:

Normally, the evidence submitted in conjunction with a claim for service connection must show a relationship between military service and any claimed condition. For purposes of exposure to Agent Orange, a Veteran who served in-country, or on Vietnam’s inland waterways, are presumed to have been exposed to Agent Orange. If a Veteran develops any of these three conditions, or certain other conditions, it is presumed that exposure to Agent Orange resulted in the development of the particular condition.

Based on clinical research, the following diseases are now on VA's Agent Orange list: Chloracne (Must occur within 1 year of exposure to AO), Hodgkin's Disease, Multiple Myeloma, Non-Hodgkin's Lymphoma, Porphyria Cutanea Tarda (Must occur within 1 year of exposure), Respiratory Cancers (lung, bronchus, larynx and trachea), Soft-Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma, Kaposi’s sarcoma, or Mesothelioma), Acute and Subacute Transient Peripheral Neuropathy (Must appear within 1 year of exposure and resolve within 2 years of date of onset), Prostate Cancer, Diabetes Mellitus (Type 2), and Chronic Lymphocytic Leukemia (CLL).

NOTE: On October 13, 2009, the Secretary of the Department of Veterans Affairs (VA) announced his intent to establish presumption of service connection for three additional illnesses associated with Agent Orange exposure. Resulting from studies conducted by the Institute of Medicine (IOM), part of the National Academy of Sciences (NAS), the illnesses recognized to be added to the list of presumed illnesses are, B cell leukemia, such as hairy cell leukemia; Parkinson’s disease, and Ischemic Heart Disease (IHD). This new policy will not go into effect until sometime in 2010 and in the case of veterans who have not filed a claim relating to these conditions, they should be advised to file now to preserve the earliest possible effective date.

In addition, monetary benefits, health care and vocational rehabilitation services are provided to Vietnam veterans' offspring with spina bifida, a congenital birth defect of the spine, which was previously addressed. VA presumes that all military personnel who served in Vietnam and who have one of the listed diseases were exposed to AO. The VA also expanded eligibility to the AO Registry to veterans who served in Korea in 1968 and 1969 near the demilitarized zone.

On September 23, 2008, the VA published the below news release reference Veterans with Amyotrophic Lateral Sclerosis (ALS):
VA Secretary Establishes ALS as a Presumptive Compensable Illness

Cites Association between Military Service and Later Development of ALS

WASHINGTON – Veterans with amyotrophic lateral sclerosis (ALS) may receive badly-needed support for themselves and their families after the Department of Veterans Affairs (VA) announced today that ALS will become a presumptively compensable illness for all veterans with 90 days or more of continuously active service in the military.

“Veterans are developing ALS in rates higher than the general population, and it was appropriate to take action,” Secretary of Veterans Affairs Dr. James B. Peake said.

Secretary Peake based his decision primarily on a November 2006 report by the National Academy of Sciences’ Institute of Medicine (IOM) on the association between active-duty service and ALS.

“We are extremely grateful to Secretary Peake, Congressman Henry Brown and Senator Lindsey Graham for standing on the side of veterans with ALS across the country,” said Gary Leo, president and CEO of The ALS Association. “Thanks to their leadership, veterans with ALS will receive the benefits and care they need, when they need them. Thanks to their efforts, no veteran with ALS will ever be left behind.”

The report, titled *Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature*, analyzed numerous previous studies on the issue and concluded that “there is limited and suggestive evidence of an association between military service and later development of ALS.”

“ALS is a disease that progresses rapidly, once it is diagnosed,” the Secretary explained. “There simply isn’t time to develop the evidence needed to support compensation claims before many veterans become seriously ill. My decision will make those claims much easier to process,
and for them and their families to receive the compensation they have earned through their service to our nation.”

ALS, also called Lou Gehrig’s disease, is a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States, is often relentlessly progressive, and is almost always fatal.

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment.

The new interim final regulation applies to all applications for benefits received by VA on or after September 23, 2008, or that are pending before VA, the United States Court of Appeals for Veterans Claims, or the United States Court of Appeals for the Federal Circuit on that date.

VA will work to identify and contact veterans with ALS, including those whose claims for ALS were previously denied, through direct mailings and other outreach programs.

To view the Interim final rule published in the Federal Register today, go to:


The Interim final rule 38 CFR Part 3, § 3.318, Presumptive Service Connection for Amyotrophic Lateral Sclerosis will be amended to state:

(a) Except as provided in paragraph (b) of this section, the development of amyotrophic lateral sclerosis manifested at any time after discharge or release from active military, naval, or air service is sufficient to establish service connection for that disease.

(b) Service connection will not be established under this section:

(1) If there is affirmative evidence that amyotrophic lateral sclerosis was not incurred during or aggravated by active military, naval, or air service;
(2) If there is affirmative evidence that amyotrophic lateral sclerosis is due to the veteran’s own willful misconduct; or

(3) If the veteran did not have active, continuous service of 90 days or more.

(Authority: 38 U.S.C. 501(a)(1))

**Sabo v. United States, A PTSD Class Action Lawsuit:**

A recent development in the class action lawsuit, *Sabo v. United States*, will likely result in the payment of millions of dollars in financial benefits and improved healthcare for thousands of Iraq & Afghanistan veterans diagnosed with posttraumatic stress disorder (PTSD) and their families. *Sabo v. United States* was filed in December 2008 on behalf of seven veterans by the non-profit NVLSP under the Lawyers Serving Warriors program, and pro bono counsel Morgan Lewis & Bockius LLP.

While this lawsuit is solely for veterans suffering from PTSD as a result of a traumatic event in service, a larger group of veterans may need to check their ratings to ascertain that they were properly awarded benefits.

**WHO CAN BE A CLASS MEMBER IN THIS CLASS ACTION LAWSUIT?**

All individuals who (a) served on active duty in the U.S. Army, Navy, Marine Corps, or Air Force, (b) were found by a Physical Evaluation Board to be unfit for continued service due, at least in part, to the individual’s PTSD, (c) were assigned a disability rating for PTSD of less than 50%, and, as a result, (d) were released, separated, retired, or discharged from active duty after December 17, 2002, and prior to October 14, 2008 (regardless whether such release, separation, retirement, or discharge resulted in the individual’s placement on the Temporary Disability Retirement List.)

Veterans who do not receive the legal notice, but who believe they may qualify as a class member in *Sabo vs. United States*, should go to [www.ptsdlawsuit.com](http://www.ptsdlawsuit.com) to obtain information about their rights in the lawsuit. The PTSD lawsuit sign-up deadline is July 24, 2010.
CHAPTER 6

http://www.cem.va.gov/

GRAVE MARKERS
Eligibility

1. The VA will furnish a headstone or grave marker for the unmarked grave of any veteran buried in a national cemetery, post cemetery, or private cemetery who is eligible for such. A headstone or marker will also be furnished to commemorate any person who died while on active duty and whose remains have not been recovered, identified or were buried at sea.

2. There is no time limit on requesting a headstone or grave marker for a veteran's grave. The next-of-kin, or any interested individual, may request a headstone or grave marker for a veteran’s death. Spouses or other interested parties should be prepared to furnish proof of military service in conjunction with a claim.

How to Apply

1. Headstones are automatically placed at the grave of a person buried in a national cemetery. Headstones or grave markers are in most cases automatically placed at the grave of a person buried in a state-owned veteran’s cemetery. (This may differ from state-to-state).

2. VA Form 40-1330, Application for Headstone or Marker, is the prescribed form to request this benefit. Such a request may be submitted directly to the nearest VA office.

3. There is no charge for the original headstone or grave marker that is placed on a veteran’s grave. Such markers are prepared and shipped free of charge. However, it is the responsibility of the next-of-kin or other interested party to bear the cost of having the headstone or grave marker erected or placed. In many instances, it is necessary to prepare the grave site with a base upon which to mount the grave marker and a charge for this may be made.

4. Headstones or grave markers delivered with inscription errors
that were made by the government contractor will be replaced without cost. Other errors made in the completion of (VA Form 40-1330), and signed by the next-of-kin or other interested party, may be corrected but not at government expense. Additional inscriptions may be placed on the marker but should be identified on the application. There is a charge for such inscriptions.

**Burial, Headstone & Plot Rate Table**

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**Note 1:** The P.L. 107-103 service-connected burial rate applies in cases where death occurred on or after 9/11/01.

**Note 2:** The headstone/marker allowance is payable only if the veteran died between 10/18/78 and 11/1/90. The rate payable is determined by when the headstone/marker was purchased. For example, the rate payable would be $98 if the veteran died on 7/1/85 and the headstone/marker was purchased on 9/29/94.

5. Government headstones take between four to six months to
be received. To check on the status of a Headstone or monument, service officers may call or write to:

Monument Service
Department of Veterans Affairs
National Cemetery Administration (402B2)
810 Vermont Avenue, NW
Washington, DC 20420
1-800-697-6947

June, 1999 - Public Law 105-368 changed the name of the National Cemetery System to the National Cemetery Administration and changed the title of the Director, National Cemetery System to the Under Secretary for Memorial Affairs. This document amends 38 CFR chapter I to reflect these changes. Internet: http://www.cem.va.gov/

PL 107-103, SEC. 502. GOV. MARKERS - MARKED GRAVES AT PRIVATE CEMETERIES.

(a) GOVERNMENT MARKER BENEFIT- Section 2306 of title 38, United States Code, is amended-
(d)(1) The Secretary shall furnish, when requested, an appropriate Government marker at the expense of the United States for the grave of an individual described in paragraph (2) of subsection (a) who is buried in a private cemetery, notwithstanding that the grave is marked by a headstone or marker furnished at private expense. Such a marker may be furnished only if the individual making the request for the Government marker certifies to the Secretary that the marker will be placed on the grave for which the marker is requested.

(2) Any marker furnished under this subsection shall be delivered by the Secretary directly to the cemetery where the grave is located.

(3) The authority to furnish a marker under this subsection expires on December 31, 2006.

Headstone and Marker Inscriptions
New Policy for Optional Inscriptions on Government Headstones/Markers

1. It has come to our attention that some field station personnel are not aware of a policy change in the National Cemetery System (NCS) which affects many of our customers. This letter is intended to provide a brief overview of the policy change as well as provide a point of contact for any questions concerning this change.

2. Effective February 17, 1997, NCS implemented an all-inclusive inscription policy. This policy change provides for the payment at Government expense of text only, space permitting, for optional inscriptions on all Government headstones or markers. On upright headstones, the optional inscription at Government expense will be limited to the side of the headstone bearing the decedent’s name.

3. Except for emblems of belief, the Medal of Honor and the Southern Cross of Honor (Civil War), no graphics will be permitted. For example, if a graphic representing the Bronze Star medal is requested, the applicant will be informed that, space permitting, the text “Bronze Star Medal” or “BSM” may be inscribed at no expense to the applicant. Graphics will not be added to a headstone or grave markers at a later date (i.e., by local VA contractor or at private expense).

4. National Cemetery Directors are responsible for ensuring that optional inscriptions meet acceptable standards of good taste. Inscription requests of a questionable or a policy-related nature will be reviewed by the Memorial Programs Service, NCS.

5. Field station personnel, especially those in public contact positions, are encouraged to familiarize themselves with the newest issue of VAF 40-1330, Application For Standard Government Headstone Or Marker, Jan 1998. Several editorial changes have been made to the instruction pages of this form, primarily to the “Inscription Information” section.

This policy concerning inscriptions was issued: March 27, 1997.

NEW POLICY FOR ADDITIONAL INSCRIPTIONS
Effective February 17, 1997, the National Cemetery System implemented an all-inclusive inscription policy. This policy change provides for the payment at Government expense of text only, space permitting, for additional inscriptions on ALL Government headstones or markers. On upright headstones, the additional inscription at Government expense will be limited to the side of the headstone bearing the decedent's name.

Except for authorized emblems of belief, the Medal of Honor and the Southern Cross of Honor (civil war), no graphics will be permitted. For example, if a graphic representing the Bronze Star Medal is requested, the applicant will be informed that, space permitting, the text "Bronze Star Medal" or "BSM" will be inscribed at no expense to the applicant.

National Cemetery Directors are responsible for ensuring that additional inscriptions meet acceptable standards of good taste. Inscription requests of a questionable or a policy-related nature should be referred to Memorial Programs Service for review and approval.

All headstones and markers that require replacement will be replaced in kind at no cost to the veteran's family. Textual information and replacement in kind information will be included as instructed on the attachment for inputting information into AMAS-R.

This policy is the result of a review of the former additional inscription policy whereby applicants could request textual inscriptions or graphics and for which they paid the fee directly to the contractor. The previous policy created confusion, different fees were charged by contractors for the same item, and there were delays and complaints. NCS anticipates that headstone and marker application processing time will be reduced and NCS will realize other related operational efficiencies due to the all-inclusive inscription policy.

PLOT ALLOWANCES
Eligibility

1. A plot allowance not to exceed $300.00 (effective: December 1, 2001) may be paid toward the purchase of a grave plot for any veteran who was discharged from active duty because of a disability incurred in the line of duty, or a veteran in receipt of compensation (S/C, pension, retirement pay in lieu of S/C). Veterans who die while properly hospitalized by the VA may also qualify for the plot allowance. The plot-interment allowance is $150.00 for deaths prior to December 1, 2001.

2. Plot allowances are not authorized for the burial of a veteran whose remains will be in a national cemetery. In cases where a veteran is buried in a state-owned veterans’ cemetery, the plot allowance may be assigned to the state. Usually the funeral director will automatically apply for a plot allowance unless a state-owned veterans' cemetery is involved.

Cremation and Scientific Research

1. Cremation is considered a burial. Regardless of the disposition of the ashes, payment of a plot allowance is warranted as explained above.

2. Donation of a body to a medical school for scientific research is considered a burial and the plot allowance is available.

3. Should a family who has received the Plot Allowance decide to bury cremated ashes of the veteran in a National Cemetery, they are responsible to reimburse the government for the plot allowance previously paid.

BURIAL ALLOWANCES
1. An allowance of $300.00 may be paid to defray the cost of funeral and burial expenses for certain eligible veterans. When a veteran dies of a service-connected disability, a burial benefit not to exceed $2,000.00 (where death occurred on or after 9/11/01) is authorized in lieu of other burial benefits.

Eligibility

Persons Eligible for Burial in a VA National Cemetery:

1. Veterans and Members of the Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard)
   a. Any member of the Armed Forces of the United States who dies on active duty.
   b. Any veteran who was discharged under conditions other than dishonorable. With certain exceptions, service after September 7, 1980, must be for a minimum of 24 months or the full period for which the person was called to active duty. Undesirable, bad conduct, and any type of discharge other than conditions other than honorable may or may not qualify the individual for veterans benefits, depending upon a special determination made by the Adjudication Officer at a VA Regional Office. Cases presenting multiple discharges of varying character are also referred to adjudication.
   c. Any citizen of the United States who, during any war in which the United States has been or may hereafter be engaged, served in the Armed Forces of any Government allied with the United States during that war, whose last active service terminated honorably by death or otherwise, and who was a citizen of the United States at the time of entry into such service and at the time of death.

2. Members of Reserve Components and Reserve Officers' Training Corps
   a. Any member of a reserve component of the Armed Forces, the Army National Guard or Air National Guard, who during a period of active duty for training was disabled or died from a disease or injury incurred or aggravated in the line of duty or during a period of inactive duty training was disabled or died from an injury
incurred or aggravated in the line of the duty.

b. Members of reserve components who die under honorable conditions while hospitalized or undergoing treatment at the expense of the United States for injury or disease contracted or incurred while performing active duty for training or inactive duty training, or undergoing such hospitalization or treatment.

c. Members of the Reserve Officers' Training Corps of the Army, Navy, or Air Force who die under honorable conditions while attending an authorized training camp or on an authorized cruise, while performing authorized travel to or from that camp or cruise, or while hospitalized or undergoing treatment at the expense of the United States for injury or disease contracted or incurred under honorable conditions while engaged in one of those activities.

d. All persons, including Reservists and National Guard members with 20 years of qualifying service, who are entitled to retired pay or would be entitled, if at least 60 years of age, under Chapter 67, title 10, U.S. Code. Specific categories of individuals eligible for retired pay are delineated in 1332 of Chapter 67, title 10, U.S. Code.

3. Commissioners of the National Oceanic and Atmospheric Administration

a. Any Commissioner of the National Oceanic and Atmospheric Administration (formerly titled the Coast and Geodetic Survey and the Environmental Science Services Administration) with full-time duty on or after July 29, 1945.

b. Any Commissioner of the National Oceanic and Atmospheric Administration who served before July 29, 1945, and who:

   (1) Was assigned to an area of immediate hazard described in the Act of December 3, 1942 (56 Stat. 1038; 33 U. S. C. ss 855a), as amended;

   (2) Served in the Philippine Islands on December 7, 1941; or,

   (3) Transferred to the Department of the Army or the Department of the Navy under the provisions of the Act of May 22, 1917 (40
4. Public Health Service
   a. Any Commissioned Officer of the Regular or Reserve Corps of the Public Health Service who served on full-time duty on or after July 29, 1945. If the service of the particular Public Health Service Officer falls within the meaning of active duty for training, as defined in section 101(22) of title 38, United States Code, he or she must have been disabled or died from a disease or injury incurred or aggravated in the line of duty.
   b. Any Commissioned Officer of the Regular or Reserve Corps of the Public Health Service who performed full-time duty prior to July 29, 1945:
      (1) In time of war;
      (2) On detail for duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard; or,
      (3) While the Service was part of the military forces of the United States pursuant to Executive Order of the President.
   c. Any Commissioned Officer serving on inactive duty training as defined in section 101(23) of title 38, United States Code, whose death resulted from an injury incurred or aggravated in the line of duty.

5. World War II Merchant Marine
   All American merchant seamen who were in active oceangoing service at any time during the period from December 7, 1941, to August 15, 1945, are eligible to receive discharge certificates. Apply to Commandant (G- MVP-6), United States Coast Guard, 2100 2nd Street, SW, Washington, DC 20593. Upon successful application, an individual will be issued a Department of Defense Form 214 (DD 214) which may establish eligibility for veterans benefits including burial in a national cemetery (Public Law 95-202).

   NOTE: On November 11, 1998, the President signed the "Veterans Programs Enhancement Act of 1998," Public Law 105-368 Section 402 has amended title 46, United States Code, by adding chapter 112, which provides that the "qualified service"
of certain merchant mariners between August 16, 1945, and December 31, 1946, would be deemed active duty service for purposes of benefits eligibility under chapters 23 and 24 of title 38, United States Code. Depending on the type of merchant marine service, certification of "qualified service" must come from the Department of Transportation or the Department of Defense. Basic eligibility has thus been extended to covered merchant mariners for the following benefits: burial flags, burial allowance for certain indigent wartime veterans, plot allowance payable to a State for burial in certain "state-owned" cemeteries or cemetery sections, headstones and markers, interment in national cemeteries, markers in memorial areas of national cemeteries, and markers in memorial areas of Arlington National Cemetery. In general, benefits may be provided only for deaths occurring after November 11, 1998. However, in the case of an initial burial or columbarium placement in a national cemetery after November 11, 1998, benefits incident to burial and the provision of a headstone or marker are authorized regardless of the date of death.

6. Spouses and Dependents

a. The spouse of an eligible person, even if that person is not buried or memorialized in a national cemetery, is eligible for interment in a national cemetery. In addition, the spouse of a member of the Armed Forces of the United States lost or buried at sea or officially determined to be permanently absent in a status of missing or missing in action or whose remains have been donated to science or cremated and the ashes scattered is also eligible.

b. The surviving spouse of an eligible decedent who remarries a nonveteran and whose remarriage is void, terminated by death, or dissolved by annulment or divorce is eligible for burial in a national cemetery (Public Law 103-446). The surviving spouse of an eligible decedent who remarries an eligible person retains his or her eligibility for burial in a national cemetery.
Veterans Benefits Act of 2003 Amends § 2402(5)

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 age limit for remarriage. This amendment applies with respect to deaths occurring on or after Jan 1, 2000.

c. The minor children of an eligible person are eligible. For purpose of burial in a national cemetery, a minor child is a person who is unmarried and meets either of the two additional criteria listed below.

   (1) Who is under the age of 21 years; or,

   (2) Who, after attaining the age of 21 years and until completion of education or training (but not after attaining the age of 23 years), is pursuing a course of instruction at an approved educational institution.

d. Also, eligible are the unmarried adult children of an eligible person, if they become permanently incapable of self-support because of a physical or mental disability incurred before attaining the age of 21 years.

7. Others

Such other persons or classes of persons as designated by the Secretary of Veterans Affairs (38 U. S. C. 2402(6)) or the Secretary of the Air Force (Public Law 95-202, 401).

8. Key Points of Who is Eligible for VA Burial Allowance:

   You may be eligible for a VA burial allowance if:
   • you paid for a veteran's burial or funeral AND
   • you have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
   • the veteran was discharged under 3 conditions other than dishonorable.
   In addition, at least one of the following conditions must be met:
   • the veteran died because of a service-related disability OR
   • the veteran was receiving VA pension or compensation at the time of death OR
   • the veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay OR
   • the veteran died in a VA hospital, in a nursing home under VA contract, or while in an approved state nursing home.

9. If the body of a deceased veteran is unclaimed, there being no relatives or friends who will assume responsibility for expenses, the amount otherwise payable for a non-service connected burial allowance will be payable. The funeral director must make application for benefits under such criteria, and a statement must be provided that no funds from any source are available to defray costs. The veteran must have served during a period designated as wartime, to be eligible for benefits as an indigent.
How to Apply

1. VA Form 21-530, Application for Burial Benefits, is the prescribed form to use when applying for burial expenses. Veterans eligible for burial expenses are automatically entitled to the VA plot allowance (unless interred in a national cemetery) and the VA Form 21-530 should be completed to claim both the burial expenses and plot allowance in such cases. In most cases VA Form 21-530 will be completed by a funeral director; however, the application may be filed directly with a VA Regional Office. Applications for plot allowances and the burial allowance must be filed within two years of the veteran’s death. A paid receipt must accompany the VA Form 21-530 showing who, when, how much, and for what the claimant paid.

NOTE: In cases where the veteran’s death must be adjudicated as to whether it was direct or a contributory service-connected basis, a rating board decision must be made to award the additional burial expenses. It is ALWAYS recommended that the death certificate utilized to process the claim for burial benefits, be the type certificate issued by the Bureau of Vital Statistics that reflects the cause of death. In Florida, death certificates are available in two types: those which show cause of death, and those which do not disclose a cause of death.

2. For the purpose of claiming the burial allowance, the person who bore the veteran’s total burial expenses may claim reimbursement from VA.

NOTE: Claims for burial allowance: the initial funeral director who was engaged to provide services is the proper claimant unless the charges have been satisfied by the claimant in full.

--------------------------------------------------------------------------------
NOTE: April 1, 1998 In Reply Refer To: 213A Director (00/21) All VA Regional Offices and Centers
SUBJ: Eligibility for Burial Benefits Under 38 U.S.C., Section 2303(a)(2)(B)

1. Section 212 of Public Law 104-275 permits payment of burial allowance for certain veterans who die in State nursing homes. The General Counsel has found that veterans admitted to nursing homes that receive payments from VA under 38 U.S.C., Section 1741 for a veteran’s care may qualify for the burial benefits authorized under 38 U.S.C., Section 2303(a) even though a veteran may die outside the physical confines of the institution to which he or she was admitted. Therefore, veterans who, while residing in State nursing homes, are transferred to non-VA facilities for acute medical care and then die at those locations are eligible for burial payments.

2. This information will be included with the next change to M21-1, Part III, chapter 13.
NOTE: Public Law 104-275 allowed the Department of Veterans Affairs (VA) to provide a monetary allowance towards the private purchase of an outer burial receptacle for use in a VA national cemetery. Under VA regulation (38 CFR 1.629), the allowance is equal to the average cost of Government-
furnished grave liners ($263.00 for FY 2008), minus any administrative costs to VA. The law continues to provide a veteran's survivors with the option of selecting a Government-furnished grave liner for use in a VA national cemetery where such use is authorized.

The administrative costs incurred by VA consist of those costs that relate to processing and paying an allowance in lieu of the Government-furnished grave liner. These costs have been determined to be $9.00 for calendar year 2009.

The net allowance payable for qualifying interments occurring during calendar year 2009, therefore, is $254.00. Source: Federal Register: December 22, 2008 (Volume 73, Number 246) [Notices][Page 78427].

TRANSPORTATION OF REMAINS

1. If death occurs while traveling under authorization or while hospitalized by the VA, and in certain other circumstances, the cost of transporting the veteran’s remains to the place of burial may be paid in addition to any other burial benefits.

2. The VA may pay the cost of transporting (to the nearest national cemetery having available space) the remains of a deceased veteran who at the time of death had a compensable service-connected disability or who died while admitted to a VA Medical facility.

MISCELLANEOUS BURIAL BENEFITS

Flags

1. A United States flag will be furnished by the VA to drape the casket of a deceased veteran who was discharged under other than dishonorable conditions and who:
   a. served during wartime
   b. served during Mexican Border Period (January 1, 1911, to May 8, 1916)
   c. served at least one enlistment during peacetime
   d. served after January 31, 1955.

2. Those veterans who expire on or after October 9, 1996 in state nursing homes, will be included in the class of veterans who have similar entitlement to those who expire in a VA medical facility or while under VA contract in a nursing facility. Currently, procedural changes to effectuate such payments have not been established. (PL 104-275, Sect. 212)
3. Generally, flags are obtained by funeral directors at the time of burial. If a flag is not issued at the time of burial, it may be obtained by the nearest relative of the deceased for memorial purposes. Flags may be obtained from a VA Regional Office or from certain post offices. Applications for a flag may be made on VA Form 21-2008.

**NOTE:** Burial Flags for Former Members of Selected Reserve

1. Section 517 of Public Law 105-261 amends 38 U.S.C. 2301 to provide that VA shall furnish a burial flag for each deceased member or former member of the Selected Reserve who is not otherwise eligible for a flag.

2. In order to be eligible for a burial flag the deceased must have completed at least one enlistment as a member of the Selected Reserve or, in the case of an officer, completed the period of initial obligated service as a member of the Selected Reserve; or must have been discharged from the Selected Reserve for a disability incurred or aggravated in the line of duty; or must have died while a member of the Selected Reserve. A burial flag may not be issued if the individual’s discharge was under dishonorable conditions for VA purposes.

3. Generally speaking copies of orders transferring a service member to the inactive reserve, an NGB Form 22, copies of orders indicative of sufficient and honorable service such as promotion orders, orders awarding citations such as the good conduct medals or medals for length of service, or a service commendation medal would be included. Also included are certificates indicating completion of a leadership or advanced skill training course. This list is not all inclusive.

4. **MILITARY FUNERAL HONORS**

Section 578 of Public Law 106-65, National Defense Authorization Act for FY 2000, implements a provision for military funeral honors at funeral ceremonies of eligible veterans. This provision provides DOD military funeral honors which consist of folding and presentation of the flag and the playing of “TAPS” for every eligible veteran upon request. A detail to perform honors will consist of two or more uniformed members with at least one from the service in which the deceased veteran served. Authority is also granted in the law to reimburse members of Veteran Services Organizations (VSO) and other authorized organizations for expenses when they participate with the military in the delivery of military funeral honors.

DOD in conjunction with VA, VSOs and the funeral directors associations, developed a kit to assist funeral directors. The kit includes the following: a military service directory, a military funeral honors brochure, a list of frequently asked questions, a brochure on how to fold the flag and a compact disc of “TAPS”. The toll free number for funeral directors to
request military funeral honors is 1-877-654-4667. Below is the Military Funeral Honors web site:


ADDITIONAL INFORMATION

To obtain the location of person buried in a national cemetery write to:

Department Memorial Affairs (41A)
ATTN: 41A
Veterans Administration
810 Vermont Avenue
Washington, DC 20420

To obtain military information concerning veterans.

Revolutionary War period to Philippine Insurrection
American Battle Commission
Modern Military and all periods for Navy/Marines
Alternate: National Archives

(202) 501-5392
(202) 272-0533
(202) 501-5385
(301) 763-7410

The U.S. Department of Veterans Affairs (VA) National Cemetery Administration can provide limited burial location assistance to family members and close friends of decedents thought to be buried in a VA national cemetery.

We will research our records to determine if a decedent is buried in one of VA’s 123 national cemeteries. We cannot search for large groups on the basis of surname, military unit, war period or place of residence. A request can include up to a maximum of ten specific names.

We do not have information on persons buried in cemeteries other than VA’s 119 national cemeteries and our records do not contain any personal, military or family information on the decedents. We can only tell you if the individual is buried in a VA national cemetery and where.

No form is required to request this information and no fee is charged. When requesting a burial location search, please provide the following information on each individual:

- Full name including any alternate spellings
- Date and place of birth
- Date and place of death
State from which the individual entered active duty
Military service branch

Most requests take approximately three weeks for a reply. Be sure to include your return mailing address, phone number or Internet e-mail address with your request and send it to:

U.S. Department of Veterans Affairs
National Cemetery Administration (402B)
Burial Location Request
810 Vermont Avenue, N.W.
Washington, D.C. 20420

The VA also offers the ability to use the Nationwide Gravesite Locator on the Internet that will allow a search in the 123 Department of Veterans Affairs' national cemeteries for burial locations. This Nationwide Gravesite Locator can be accessed at:

http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1

Presidential Memorial Certificates (PMC)

1. A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current President, to honor the memory of honorably discharged deceased veterans.

2. This program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent Presidents. Statutory authority for the program is Section 112, Title 38, of the United States Code.

3. The Department of Veterans Affairs (VA) administers the PMC program by preparing the certificates which bear the current President’s signature expressing the country’s grateful recognition of the veteran’s service in the United States Armed Forces.

4. A Presidential Memorial Certificate may be issued to the next-of-kin for any deceased wartime or peacetime veteran whose discharge was under conditions other than dishonorable or to next-of-kin of members who at the time of death were members of the armed forces.

5. When no Presidential Memorial Certificate is issued to next-of-kin, a request from a close friend or associate will be honored.

6. Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail or via the PMC toll-
free fax of 1 - 800 - 455 - 7153. Requests cannot be sent via e-mail. Please enclose a copy of the veteran's discharge and death certificate to verify eligibility, as the VA cannot process any request without proof of honorable military service. It is important to submit copies only, the VA will not return original documents. If you desire to apply for a PMC, or if you requested one more than eight (8) weeks ago and have not received it yet, the VA ask that you complete VA Form 40 - 0247, Application for PMC available at: http://www.va.gov/vaforms/va/pdf/VA40-0247.pdf and submit along with copies of documents previously mentioned to:

Presidential Memorial Certificates (41A1C)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903

Or Fax To: 1- (800) - 455 - 7143

BURIAL IN NATIONAL CEMETERIES

Eligibility

Burial in a national cemetery is authorized for any person whose death occurred in the line of duty while on active duty, active duty for training, or while hospitalized or receiving treatment at the expense of the U.S. Government for any injury or disease contracted in the line of duty. Interment in a national cemetery is also authorized for any veteran whose active duty service was terminated by a discharge under conditions other than dishonorable. Dependents, un-remarried surviving spouses and minor children are also eligible for burial.

How to Apply

The burial of a veteran or eligible dependent in a national cemetery should normally be handled through a funeral director who will make necessary arrangements with the cemetery. To arrange for veteran's burial during holidays and weekends (8:00am - 4:30pm), seven days a week, call, 1 (800) 535-1117. The National Cemetery System normally does not conduct burials on weekends. A weekend caller, however, will be directed to one of three strategically located VA cemetery offices that remain open during weekends to schedule burials at the cemetery of the caller's choice during the following week.

BURIAL IN ARLINGTON NATIONAL CEMETERY

1. Interment in Arlington National Cemetery is limited to:
a. persons who died on active duty

b. retired members of the Army, Navy, Air Force, Marine Corps, or Coast Guard.

c. persons eligible by reason of honorable military service and who have also held elective office in the U.S. Government or served on the Supreme Court or in the Cabinet.

d. former members of the Armed Forces separated for physical disability of 30% or more prior to October 1, 1949, and who served on active duty (other than for training) and who would have been eligible for retirement under the provisions of 10 U.S.C. Section 1201, had the statute been in effect at the time of discharge.

e. former members of the Armed Forces whose last active duty (other than training) was terminated honorably and who have been awarded one of the following decorations:

(1) Medal of Honor, Distinguished Service Cross, Air Force or Navy Cross, Distinguished Service Medal, Silver Star, or Purple Heart

f. spouses, minor children and dependent adult children of the person listed above and of persons already buried in Arlington

How to Apply

Burial in Arlington National Cemetery can be arranged through any funeral director provided the deceased is eligible for interment. Remains should not be shipped to Arlington National Cemetery until approved by cemetery personnel. The telephone number of Arlington National Cemetery for General Information, including location of gravesites is: (703)-607-8000. Internet: http://www.arlingtoncemetery.org/index.htm

NOTE: In a DOD Press Release of December 17, 2008, it was announced that the starting early in 2009, the Army will allow full military funeral honors at Arlington National Cemetery in Virginia for all soldiers killed in action.

Full military honors include a caisson, band, colors team and an escort platoon in addition to the standard honors of a firing party, bugler and chaplain. In the past, the caisson was available only for officers killed in action because of limited availability.

The policy change affects only funerals at Arlington, because Arlington is the only military cemetery controlled by the Department of the Army and has unique assets.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Eligibility Requirements</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flag</strong></td>
<td>1.) Veteran of any war or service after January 31, 1955; 2.) served one enlistment or 3.) was discharged or released for disability incurred or aggravated by service.</td>
<td>VAF 60-2008</td>
</tr>
<tr>
<td><strong>Burial Allowance, not to exceed $300</strong></td>
<td>1.) In receipt of compensation or pension at time of death (or but for the receipt of pay would have been retired eligible for compensation); or 2.) died in a VA facility to which he or she had been properly admitted; or 3.) veteran of any war whose body is held by a State and for whom there is no next of kin or other person claiming the body and there are not available sufficient resources to cover burial and funeral expenses.</td>
<td>VAF 21-530</td>
</tr>
<tr>
<td><strong>Plot or Interment Allowance, not to exceed $300</strong></td>
<td>1.) Eligible for the Burial Allowance; or 2.) was discharged from the active military, naval, or air service for a disability incurred or aggravated in line of duty; or 3.) who is a veteran of any war and who is not buried in a national cemetery or other cemetery under the jurisdiction of the U.S.</td>
<td>VAF 21-530</td>
</tr>
<tr>
<td><strong>Burial Allowance, not to exceed $2,000</strong></td>
<td>Died as the result of service-connected disabilities (Note: if this benefit is paid the $300 Burial Allowance and the $300 Plot or Interment Allowance will not be paid).</td>
<td>VAF 21-530</td>
</tr>
<tr>
<td><strong>Transportation to place of burial</strong></td>
<td>Died in a Veterans' Administration facility to which he or she was properly admitted or while traveling to or from a VA facility under proper prior authorization.</td>
<td>VAF 21-530</td>
</tr>
<tr>
<td><strong>Transportation to National Cemetery</strong></td>
<td>Died as the result of a service-connected disability; or was in receipt of (but for the receipt of retirement pay or pension would have been entitled to) disability compensation. Payment will not exceed the cost of transportation to the nearest national cemetery to the veteran's last place of residence where grave space is available.</td>
<td>VAF 21-530</td>
</tr>
<tr>
<td><strong>Headstone or Marker</strong></td>
<td>1.) Buried in a national cemetery; or 2.) a veteran eligible for burial in a national cemetery but not buried there; or 3.) soldiers of the Union or Confederate armies of the Civil War; or 4.) any veteran whose remains have not been recovered or identified, or were buried at sea, donated to science, or cremated and the ashes scattered.</td>
<td>VAF 40-1330</td>
</tr>
<tr>
<td><strong>Reimbursement for Headstone or Marker</strong></td>
<td>Spouses or other interested parties who do not desire to utilize the government furnished headstone or grave marker may be reimbursed for privately procured grave markers if the veteran was buried between October 18, 1978 and October 31, 1990. Such reimbursement shall not exceed the average cost of a VA furnished headstone or grave marker.</td>
<td>VAF 21-8834</td>
</tr>
<tr>
<td><strong>Burial in a National Cemetery</strong></td>
<td>1.) Service person who died on active duty; 2) veteran with an &quot;other than&quot; dishonorable discharge; 3.) member of the Reserves or National Guard (including ROTC) who died while on active duty for training or while hospitalized for a service-connected condition at government expense; 4.) U.S. citizen who served with the armed forces of an ally of the U.S. during a war; and, 5) Certain relatives of the proceeding</td>
<td></td>
</tr>
</tbody>
</table>
1. Veterans and their dependents who receive notice of a debt payable to
the U.S. Department of Veterans Affairs have several options available. In accordance with 38 CFR §1.911(c) the debtor has the right to informally dispute the existence of the debt, and/or request a waiver of collection of the debt, to a hearing on the waiver request and to appeal the decision. These rights are to be exercised separately.

2. **AN INFORMAL DISPUTE** means that the claimant writes to the U.S. Department of Veterans Affairs (VA) and questions whether he or she owes the debt or whether the amount is accurate. The VA will, as expeditiously as possible, review the accuracy of the debt determination. If the resolution is adverse to the claimant, he/she may then request a waiver of collection. 38 CFR §1.911(c) (1)

### TIME LIMITS

1. **TIME OF FILING TO PREVENT WITHHOLDING OF BENEFITS**

   Debt collection via offset will automatically begin unless the claimant makes a written request for the administrative relief within 30 days of the date of notification of the debt by the VA. (To stop the VA from initially collecting from existing benefits). 38 CFR §1.912 (c)(1) or (2) or (3)

2. **TIME LIMIT FOR FILING REQUEST FOR WAIVER (other than home loan)**

   Within 180 days following the date of a notice of indebtedness issued on or after April 1, 1983, by the Department of Veterans Affairs to the debtor. The 180 day period may be extended if the individual requesting waiver demonstrated that, as a result of an error by either the Department of Veterans Affairs or the postal authorities, or due to other circumstances beyond the debtor's control, there was a delay in such individual's receipt of the notification of indebtedness beyond the time customarily required for mailing (including forwarding). If the requester does substantiate that there was such a delay in the receipt of the notice of indebtedness, the Chairperson shall direct that the 180 day period be computed from the date of the requester's actual receipt of the notice of indebtedness. 38 CFR §1.963 (1)(2)

3. **TIME LIMIT FOR FILING REQUEST FOR WAIVER OF LOAN GUARANTEE**

   A request for waiver of an indebtedness under this section shall be made within **one year** after the date on which the debtor receives, by Certified
Mail-Return Receipt Requested, written notice from VA of the indebtedness. If written notice of indebtedness is sent by means other than Certified Mail-Return Receipt Requested, then there is no time limit for filing a request for waiver of indebtedness under this section. 38 CFR §1.964 (e)

**HOW TO APPLY**

1. In order to request a waiver of debt, the veteran or claimant must apply in writing using VA Form 21 - 4138 and VA Form 5655 (Financial Statement). The request should be made sent to:

   **The U.S. Department of Veterans Affairs**
   **Debt Management Center**
   **P.O. Box 11930**
   **St. Paul, MN 55111**
   **Phone: (800) 827 - 0648**
   **FAX: (612) 970 - 5688**
   **e-mail: dmc.ops@va.gov**
   **Web Site: http://www.va.gov/FINANCE/dmc.asp**

2. The request must specify what action is being requested, i.e.

   a. I request a waiver of $ ____________________, and/or.

   b. I dispute the existence of the debt stated in VA letter dated ________.

3. The request should be supported with statements and/or documentation to show why the claimant believes he should receive a waiver.

4. If the claimant is alleging undue financial hardship, defeat of the purpose of the benefit, or change of position (Compromise offer or monthly repayment plan) a VA Form 5655 must be submitted in addition to the request.

5. Additionally the claimant may request a waiver based on administrative error. An administrative error is an error made by the VA in computing or calculating an award or benefit. This can exist when the VA had access to, or knew that information was available that would have, or could have affected the entitlement. 38 CFR §3.500(b)(2), USC 5112.

**TREASURY BEGINS COLLECTING DELINQUENT DEBTS FROM SOCIAL SECURITY**

(VA Press Release)
FOR IMMEDIATE RELEASE
March 21, 2001

WASHINGTON — The Treasury Department has begun sending letters to about 243,000 veterans to remind them that they owe the federal government and that money can be taken from other federal checks to settle their debts. For the first time, portions of a monthly Social Security check can be withheld by the Treasury to settle debts that veterans owe to the Department of Veterans Affairs (VA). Federal law says that when veterans owe more than $25 to VA and the debts are more than 180 days overdue, VA officials must report the debts to the U. S. Treasury Department. VA has referred approximately 243,000 names of veterans to the Treasury Department, with debts valued at more than $75 million, which averages to about $300 a veteran.

Veterans affected by the withholding will always receive the first $750 of each month’s Social Security payment. Only 15 percent of the amount greater than $750 can be withheld. Veterans can avoid any loss of Social Security or other federal payments by voluntarily settling their debts with VA.

Deductions will begin this spring. The Treasury Department will notify veterans twice (at 60-day and 30-day intervals) in writing about the anticipated deductions. The letters will include the name of the VA agency that is owed money and a point of contact who will answer questions regarding the delinquent debt.

The Treasury Department is responsible for collecting the debts from other income including income tax, federal retired pay and now Social Security (but not Supplemental Security Income). In the future, Treasury will begin docking federal retired pay, military pay or military retired pay, Railroad Retirement Board benefits (but not “Tier 2” benefits), Black Lung Program payments (Part B) and other federal payments made to individuals. Veterans will be notified before any new offsets.

Many of the veterans affected by the mailing have been treated in VA medical facilities for health care conditions not related to their military service. For that care and for some prescribed medication, they are responsible for co-payments. Additionally, some recipients of disability compensation and VA pensions may fall into the Treasury offset program because of debts, usually for overpayment of their benefits. In July 2000, VA mailed a letter to each veteran notifying him or her of an outstanding debt, providing a local contact, and encouraging the veteran to request a hearing or to make payment arrangements to avoid further action. Those who took no action or did not pay their debts were referred to the Treasury Department. Veterans with questions about whether they have VA debts should contact the VA medical centers where they received care.

Standards for Waiver Consideration

1. The VA is required by Law to consider specific elements when granting or denying requests for waivers. A finding of Fraud and
Misrepresentation, or Bad Faith automatically precludes granting of a waiver.

2. In order to determine that Fraud, Misrepresentation, or Bad Faith exists, the VA must prove a willful intent on the part of the claimant. The burden of such proof lies solely with the VA. If the VA cannot prove a willful intent, then it cannot establish Fraud, Misrepresentation, or Bad Faith.

3. APPLICATION OF STANDARD, 38 CFR §1.965

A. The standard Equity and Good Conscience, will be applied when the facts and circumstances in a particular case indicate a need for reasonableness and moderation in the exercise of the Government's rights. The decision reached should not be unduly favorable or adverse to either side. The phrase equity and good conscience means arriving at a fair decision between the obligor and the Government. In making this determination, consideration will be given to the following elements, which are not intended to be all inclusive:

(1) Fault of debtor. Where actions of the debtor contribute to creation of the debt.

(2) Balancing of faults. Weighing fault of debtor against Department of Veterans Affairs fault.

(3) Undue Financial Hardship. Collection will seriously impair the debtor's ability to discharge the responsibility to provide his/her family with the basic necessities of life. The debtor will be expected to accord a Government debt the same regard given any other debt. In determining whether collection of the debt would prevent the debtor from meeting necessities or the essential subsistence expenses, the following factors should be considered by the Committee members:

(a) Income from all sources of the debtor, spouse, and dependents (VA Form 5655);

(b) The extent to which the assets of the debtor, spouse, and dependents are available to meet both collection and essential subsistence expenses;

(c) Whether the essential subsistence expenses have been minimized to the greatest extent possible; and

(d) The extent to which the debtor, spouse, and dependents have other exceptional expenses and debts that should be taken into Account
and whether these expenses and debts have been minimized. In applying this element of undue financial hardship, Committees will look not only at the debtor's current financial situation, but also at the debtor's future financial situation for the next 3 to 5 years.

(4) **Defeat the purpose.** Whether withholding of benefits or recovery would nullify the objective for which benefits were intended.

(5) **Unjust enrichment.** Failure to make restitution would result in unfair gain to the claimant.

(6) **Changing position to one's detriment.** Reliance on Department of Veterans Affairs benefits results in relinquishment of a valuable right or incurrence of a legal obligation.

B. In applying this single standard for all areas of indebtedness, the following elements will be considered, any indication of which, if found, will preclude the granting of waiver:

(1) **Fraud or misrepresentation** of a material fact (see 38 CFR§1.962(b)).

(2) **Bad faith.** This term generally describes unfair or deceptive dealing by one who seeks to gain thereby at another's expense. Thus, a debtor's conduct in connection with a debt arising from participation in a VA benefits/services program exhibits bad faith if such conduct, although not undertaken with actual fraudulent intent, is undertaken with intent to seek an unfair advantage, with knowledge of the likely consequences, and results in a loss to the government.

(3) **Lack of good faith.** Absence of an honest intention to abstain from taking unfair advantage of the holder and/or the Government.

4. The claimant must state these elements (appropriate ones), in their request, to support the waiver. Evidence to support each element must be provided by the claimant.
Board of Veterans Appeals (BVA) - http://www.va.gov/landing_bva.htm
APPEALS

1. When the VA completes action on a claim, written notification will be provided to the claimant and/or the organization that holds the power of attorney for the claimant. **The claimant may, if not satisfied with the agency decision, file a "Notice of Disagreement, (NOD)" with the office where the original claim was filed.**

2. A "Notice Of Disagreement" **must be filed within one year of the date of the original letter notifying the claimant of the decision**, except in contested claims where the notice of disagreement must be filed within 30 days of the date of mailing the notice of decision. **NOTE:** A contested claim exists when:
   - a favorable decision on one claim requires
     - the denial of the other claim, or
     - payment of a lesser benefit to the other claimant, and
   - one claimant may contest the allowance or payment of that benefit to the other claimant.

3. At a minimum the notice of disagreement must be in writing and specify the issue(s) that are being disagreed with. The VA decision must be reviewed and all issues that are disagreed with clearly identified in the Notice of Disagreement. The Notice of Disagreement should clearly state that it is a Notice of Disagreement, statements such as: “please reconsider”, or “your decision did not address my condition of…” are not adequate, and may cause the disagreement to be considered as routine correspondence with no action required. As a representative, assistance should be provided to the client to assist in writing the notice of disagreement that includes any points of law, facts, evidence, or statements that were not considered, submitted, or addressed by the VA when reaching their original decision. Please do not say: “Issues 1,2 and 5” This is not clear, spell out what is being disagreed with.

4. The Agency, usually a VA Regional Office, because of the Notice of Disagreement will turn the claim over to a Decision Review Officer (DRO). The DRO will determine if further development is need and if anything accomplished thus far, regarding the claim, is in error. If the DRO determines that additional evidence, examinations, records, etc. is/are needed they will work with the claimants representative (in the Regional Office) to obtain these items. If the DRO determines that no further development is necessary and errors were not made, on the decision, they will send the claims folder to the Rating Board to complete a "Statement of The Case (SOC)" which will be sent to the claimant.
Further assistance when filing a Notice Of Disagreement (NOD):

This is intended as an operational guide in the development and processing of NOD’s and for our clients. The points and suggestions herein are not absolutes and the service officer must decide how to proceed with each case, as each case is different. The procedures discussed have been proven to work. We all have our own literary style and this is not intended to change yours. Hopefully, this guide will provide you with formats and procedures to allow the very best representation for your client.

The Notice of Disagreement (NOD):

We are aware of when to file an NOD. There are times when we must file an NOD that is inappropriate. For example, the veteran insists on an appeal.

In this era of BVA and CAVC remands the regional office is very sensitive to its remand figures. So we can help the regional office reduce its remands by allowing them to grant the benefit based on our NOD. We have learned through trial and error that an unfavorable decision can be overturned using a well-written NOD (with support evidence) instead of an appeal. When your research with further development convinces you that the regional office was incorrect in their denial, then you should present your case in the form of an NOD. The NOD should be written as a case brief and, when possible, cover all rules, evidence and how they support your client’s contention that the benefit should have been granted. Providing you have a reasonable case and you do your homework, you can help your client avoid the lengthy appeal process.

3. In order to file a notice of disagreement the VA must have issued a final decision. **Pre-determination notices, proposals of reductions, or correspondence that does not result in the award or denial of a benefit are not final decisions that can be disagreed with.**
ISSUE:
Service connection for peripheral neuropathy as a result of exposure to herbicides.

EVIDENCE:
Testimony from personal hearing conducted on 03-25-04.
Treatment reports from Dr. I. M. Riche for the period of 1-24-00 to 05-06-07.
All evidence of record.

ADJUDICATIVE ACTIONS:
Military Service: Served Honorably from 00-00-00 to 00-00-00 and from 00-00-00 to 00-00-00.
08-21-00 Claim received.
12-05-01 Claim considered based on all the evidence of record.
12-10-02 Claimant notified of decision.
01-13-03 Notice of Disagreement received.
03-25-04 The veteran presented evidence and testimony at the personal hearing.
04-03-05 Treatment reports from Dr. I. M. Riche received.
05-06-07 Claim considered based on all the evidence of record.
05-06-08 The veteran was furnished a Statement of the Case outlining actions taken on the claim.

PERTINENT LAWS; REGULATIONS; RATING SCHEDULE PROVISIONS:

Unless otherwise indicated, the symbol "§" denotes a section from title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief Title 38 contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits.

38 USC Section 5107. Burden of proof, benefit of the doubt
6. **Supplemental Statement of the Case.** An appellant may receive one or more Supplemental Statements of the Case during the course of the proceedings. The purpose of this document is to inform him or her of additional developments in the case since the time that the Statement of the Case was prepared. He or she may respond to the Supplemental Statement of the Case. If a timely Substantive Appeal has been filed, a response to the Supplemental Statement of the Case is optional. However, if a Supplemental Statement of the Case includes issues that were not included in the original Statement of the Case, then a Substantive Appeal must be filed with respect to those issues within 60 days in order to perfect an appeal with respect to those additional issues. Any response that the appellant wishes to make must be filed within 30 days after the Supplemental Statement of the Case was mailed, unless an extension of time has been requested and granted. The Supplemental Statement of the Case is also presumed to have been mailed on the date of the document.

7. A properly executed **VA Form 9, “Appeal to the Board of Veterans Appeals”,** when received from a claimant or representative, following the furnishing of a statement of the case will constitute a substantive appeal. The appeal must describe specifically what the claimant disagrees with and why. It should point out any and all specific allegations of error by omission, misrepresentation or alleged misinterpretation of rules, regulations or laws. To the extent feasible, allegations should be related to issues as stated on the Statement of the Case.


A Substantive Appeal consists of a properly completed VA Form 9, Appeal to Board of Veterans' Appeals, or correspondence containing the necessary information. If the Statement of the Case and any prior Supplemental Statements of the Case addressed several issues, the Substantive Appeal must either indicate that the appeal is being perfected as to all of those issues or must specifically identify the issues appealed. The Substantive Appeal should set out specific arguments relating to errors of fact or law made by the agency of original jurisdiction in reaching the determination, or determinations, being appealed. To the extent feasible, the argument should be related to specific items in the Statement of the Case and any prior Supplemental Statements of the Case. The Board will construe such arguments in a liberal manner for purposes of determining whether they raise issues on appeal, but the Board may dismiss any appeal, which fails to allege specific error of fact or law in the determination, or determinations, being appealed. The Board will not presume that an appellant agrees with any statement of fact contained in a Statement of the Case or a Supplemental Statement of the Case, which is not specifically contested. Proper completion and filing of a Substantive Appeal are the last actions the appellant needs to take to perfect an appeal. (Authority: 38 U.S.C. 7105(d)(3)-(5)) (Approved by the Office of Management and Budget under control number 2900-0085)
TIME LIMITS

1. Notice of disagreement must be filed within 1 year from the date of mailing of the initial determination, otherwise that determination will become final.

2. Substantive appeal shall be filed within 60 days from the date of mailing of the Statement of the Case, or within the remainder of the one-year period from the date of mailing of the original notification of the determination being appealed, whichever is greater. Where a Supplemental Statement of the Case is furnished, a period of 30 days will be allowed for supplementing the appeal, or within the remainder of the one-year period.

3. All contested claims must be responded to within 30 days of the notice of decision, and the mailing of the statement of the case.

SUBJECT: Changes To Appellate Procedures, all claims in which a Notice of Disagreement is filed on or after June 1, 2001.

The VA has recently entered changes to appellate procedures in two areas; review of benefits decisions, and waivers of consideration of new evidence by the agency of original jurisdiction.

The VA has published a new regulation, 38 CFR 3.2600, which permits a de novo (a fresh look) review of a claims benefit decision prior to beginning the appellate process. This means that upon the request of the veteran or his/her representative, a denial of a benefit can be reviewed by a Decision Review Officer (DRO) prior to beginning the appellate process.

This review can only be initiated by receipt of a Notice of Disagreement (NOD). Unless the NOD includes a request for the review, the claimant will be notified by letter that they can request the review, and will be given 60 days to respond. If no response is received, the review will not be done and the appeal process will begin. If the NOD includes a request for the review, by the claimant or his/her representative, the review will be conducted without the 60-day delay. You are urged to include a request for the de novo review permitted under 38 CFR 3.2600 with the NOD on any case that has merit.

Once the DRO takes jurisdiction and begins the review, he is free to request additional evidence from the claimant and any other source, including ordering an exam. The claimant retains the right to submit new evidence and argument, including requesting a hearing. The DRO can overturn the prior decision based on new evidence, difference of opinion, or clear and unmistakable error, or he/she can confirm the prior decision. The DRO may not make a decision that is disadvantageous to the claimant unless the prior decision contained a clear and unmistakable error.

If the DRO does not grant the benefit, the case will move into the appellate process without any further action required. A Statement of the Case will be issued.
Appellant Rights

1. **Right to Appeal.** VA claimants have the right to appeal determinations made by a VA regional office or medical center which they believe are unfavorable to them. These appeals are decided by the Board of Veterans Appeals in Washington, DC.

2. **Notice of Rights.** Applicable laws and regulations require that a claimant be informed of the right of appeal, the time within which to appeal, the right to a personal hearing and the right to representation. This information will be provided when he or she is notified of a determination of entitlement or non-entitlement to a VA benefit.

3. **Appealable Determinations.** Most, but not all, field determinations are appealable. Determinations dealing with the following issues are examples of determinations which may be appealed:
   
a. Compensation for service-connected disability  
b. Vocational rehabilitation  
c. Disability and death pension  
d. Dependency and indemnity compensation  
e. Educational assistance benefits  
g. Payment or reimbursement for unauthorized medical expenses  
h. Burial benefits  
i. Loan guaranty  
j. Waiver of recovery of overpayments  
k. Forfeiture of rights, claims or benefits for fraud or treason  
l. Character of discharge

**What can't I appeal to the Board?**

Decisions concerning the need for medical care or the type of medical treatment needed, such as a physician's decision to prescribe (or not to prescribe) a particular drug, or whether to order a specific type of treatment, are not within the Board's jurisdiction. (Occasionally, the Board receives an appeal of this nature, but since it doesn't have the legal authority to decide this type of case, the Board must dismiss it.) {38 C.F.R. § 20.101(b); 38 U.S.C. § 511(a); 38U.S.C. § 7104(a)}.

4. **How an Appeal Is Initiated.** The Notice of Disagreement (NOD). An appeal is initiated by filing a NOD. This is any document in which the claimant or his or her representative expresses dissatisfaction with a final field determination concerning an award of VA benefits and requests appellate review. No special form or special wording is required. A simple letter or statement will suffice. Once the NOD has been filed, the claimant is known as an appellant.

5. **Time Limit for Filing a Notice of Disagreement.** Except in the case of contested claims. A claimant has 1 year from the date the original letter notifying him/her of the determination concerning a claim was mailed by VA within which to file a Notice of Disagreement. The notice letter is presumed to have been mailed on the date typed or stamped at the top of the letter. In the case of a contested claim, the NOD from a person
adversely affected must be filed within 30 days from the date of mailing of the notice letter. A “contested claim” as previously explained, arises in those situations where the award of a benefit to one claimant results in the award of lesser, or no, benefits to other claimants and a NOD is filed by one or more claimants as a result of the award. See Rules of Practice [500 through 504, 38 CFR 20.500-20.504.)

6. Statement of the Case (SOC). Upon receipt of the NOD, the VA office, which made the determination in the case, which is being appealed, will furnish the appellant a Statement of the Case. This is a document, which sets forth the issues, evidence, applicable law[s] and regulations, decisions on each issue, and the reasons and basis for the determination including a discussion of how the laws and regulations affected the decision. It should be complete enough to allow the appellant to determine the reasons and basis for VA's actions so that he/she can make an informed decision about whether or not to complete the appeal by filing what is known as a Substantive Appeal.

7. Substantive Appeal. Filing a Substantive Appeal is the last action that the law requires an appellant to take to complete the appeal. A Substantive Appeal normally consists of a properly completed VA Form 9 "Appeal to Board of Veterans Appeals". With the Statement of the Case, the appellant will be furnished information on the right and time within which to file a Substantive Appeal, the VA Form 9 to use in filing the Substantive Appeal, and information concerning hearing and representation rights. Detailed information on how to complete the Substantive Appeal may be found on the VA Form 9.

Note especially that:

- The appellant should specifically identify the benefit he or she feels have been wrongfully withheld.

- The Substantive Appeal should set out specific arguments as to error of fact or law, related to the issues. VA does not expect technical legal arguments from the average appellant, but the Substantive Appeal should identify which statements of fact in the Statement of the Case the appellant believes are inaccurate, why the appellant believes that he/she is entitled to the benefits which he/she is seeking under the applicable laws and regulations described in the Statement of the Case, and any other relevant facts or laws and regulations the appellant feels have been ignored in reaching the decision in the claim.

- The appellant is not presumed to agree with any statement of fact contained in the Statement of the Case to which the appellant does not specifically express agreement.

- The regional office or medical center, which made the determination being appealed, may close the appeal for failure to file a Substantive Appeal within the period allowed by law.

- The Board of Veterans Appeals will base its decision on all of the evidence and argument of record. The Board does not limit itself to a review of the evidence summarized in the Statement of the Case.
8. **Time Limit for Filing a Substantive Appeal.** Except for cases involving a contested claim, a Substantive Appeal must be filed within 60 days from the date of mailing of the Statement of the Case, or within 1 year from the date of mailing of the original letter from the regional office or medical center to the appellant advising him or her of the determination being appealed, whichever period ends later. Thus, if the Statement of the Case was mailed to the appellant less than 60 days before the expiration of the 1-year period, the appellant would still have the full 60 days from the date the Statement of the Case was mailed within which to file a Substantive Appeal. On the other hand, if the Statement of the Case were mailed to the appellant 7 months after the date of mailing of the first notice letter, he or she would have 5 months within which to file the Substantive Appeal. As is the case with the notice letter, the Statement of the Case is presumed to have been mailed on the same day as the date of the document. When a contested claim is involved, a Substantive Appeal must be filed within 30 days from the date of mailing of the Statement of the Case. Any appellant may request an extension of time within which to file the Substantive Appeal if additional time is needed to prepare the appeal. *This request for extension of time must be in writing and must always be filed before the time allowed for filing the Substantive Appeal has elapsed.*

9. **Effect of Failure to File a Notice of Disagreement or Substantive Appeal Within the Time Allowed.** It is very important to the appellant that a Notice of Disagreement or Substantive Appeal be filed within the time allowed by law. Once the time allowed has passed without the required document being filed, the determination with which the appellant disagrees becomes final. It is much more difficult to overturn a final determination. Such a field determination cannot be overturned unless the appellant can show that it was clearly and unmistakably erroneous. Even after a decision has become final, however, submitting new and material evidence concerning the claim to the agency of original jurisdiction may always reopen a claim.

10. **Supplemental Statement of the Case (SSOC).** An appellant may receive one or more Supplemental Statements of the Case during the course of the proceedings. The purpose of this document is to inform him or her of additional developments in the case since the time that the Statement of the Case was prepared. He or she may respond to the Supplemental Statement of the Case. If a timely Substantive Appeal has been filed, a response to the Supplemental Statement of the Case is optional. Any response, which the appellant wishes to make, must be filed within 30 days after the Supplemental Statement of the Case was mailed, unless an extension of time has been requested and granted. The Supplemental Statement of the Case is also presumed to have been mailed on the date of the document. (NOTE: SSOC previously were allowed 60 days for a response, however, CFR 38 Book A §20.303 Rule 303, was changed at 73 FR 40748, dated July 16, 2008, so now the SSOC response time is 30 days (As previously stated, a response to the SSOC is optional).

11. **Personal Hearings.** A hearing will be granted at any stage in the proceedings if an appellant expresses a desire to appear in person, subject to the limitations in 38 CFR 20.1304 once an appeal has been certified to the Board of Veterans Appeals. The appellant, the authorized representative, any witnesses, and Members of Congress and their staffs may appear and present arguments and testimony in support of an appeal. At the request of an appellant, a Veterans Benefits Counselor may assist the appellant in presenting testimony and argument. A hearing requested before a Notice of Disagreement has been filed is normally held before a hearing officer or appropriate Veterans Health Administration
personnel at the local level. A hearing requested at the time of, or after, the Notice of Disagreement is filed may be held in one of the following places at the option of the appellant:

a. Before the Board of Veterans’ Appeals in Washington, DC, or at a VA regional office, or

b. Before a hearing officer or appropriate Veterans Health Administration personnel at a local VA facility.

(1) Hearings before traveling sections of the Board of Veterans’ Appeals are scheduled in the order in which the VA regional office receives the requests for hearings.

(2) VA does not reimburse appellants for costs incurred in attending personal hearings. Once an appeal is certified to the Board of Veterans Appeals, the appellant or his or her representative may request a hearing within 90 days of the notice of transfer of the case to the Board, or until an appellate decision is promulgated by the Board, whichever comes first. After 90 days, a request for a hearing must be on motion demonstrating good cause for the late request. If good cause is not shown, the hearing request will be referred to the agency of original jurisdiction upon completion of the Board’s action on the appeal. If a personal hearing granted as a result of the request referred by the Board is subsequently the basis for an allowance of the benefit, the effective date of the award will be the same as if the benefit had been granted by the Board as a result of the appeal which was pending at the time of the hearing request.

12. Reconsideration of Board of Veterans Appeals Decisions. Decisions by the Board of Veterans Appeals are final. An appellant or representative may ask the Board to reconsider a decision. A motion for reconsideration may be in the form of a letter to the Board. It should state the specific reason(s) why the decision of the Board should be reconsidered.

Additional Information. For more detailed information on the appeal process, consult Title 38. CFR, Parts 19 and 20.

NOTE: If the claimant wishes to retain the right to appeal to the Court of Veterans’ Appeals (CAVC) the reconsideration request, to the BVA, must be filed within 120 days of the mailing of their decision.

Board of Veterans' Appeals

Understanding the Appeal Process


Very helpful site: → Gateway to VA Appeals: http://www.va.gov/vbs/bva/

Appeals Management Center, Washington, D.C.

The Secretary of Veteran Affairs has directed that the Appeal Management Center be opened in Washington, D.C., as a first-tier adjudicator (VA Regional Office adjudicator). This action was the result of the decision of the United States Court of Appeals for the Federal Circuit (Fed. Cir.) in Disabled American Veterans v. Secretary
of Veterans Affairs, Case Nos. 02-7304, -7305, -7316(Fed. Cir. May 1, 2003) and VA General Counsel Precedent Opinion (VAOGCPREC) 1-2003 of May 21, 2003.

The function of the Appeals Management Center is to conduct the development ordered by the Board and to function as the first-tier adjudicator. If the AMC grants the claim, the case is returned to the originating VA Regional Office. If the AMC denies the claim, it is returned to the Board for a final appellate decision. Final decisions from the Board may be appealed to the United States Court of Appeals for Veterans Claims.

With the installation of a new Automatic Call Distributor (ACD) the Appeals Management Center (AMC) Public Contact Unit is now operational. The AMC can now be reached at the VA Toll Fee Number: 1-866-258-0341/Fax # (202)-530-9216.
CHAPTER 9

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

http://www.uscourts.cavc.gov/
1. The U. S. Court of Appeals for Veterans Claims (USCAVC) was established by legislation signed in 1988 (Public Law 100-687) creating a separate judicial body with authority to hear and rule on appeals of claims made to the Department of Veterans Affairs (VA). Previously, final rulings were made by the Board of Veterans Appeals (BVA), an independent component of VA which will continue as the department's highest level of administrative review.

Under the law, claimants may challenge VA decisions to the CAVC, following procedures similar to those used in other U.S. appeals courts. The legislation also cleared the path for further elevating VA claims appeals to higher U.S. courts, including the Supreme Court.

NOTE: There has been a change in the law. Claimants are now allowed to pay a fee for representation by an accredited agent or attorney after an initial decision on a claim has been rendered by the VARO. For details, please see 38 CFR §14.636.

2. Claimants may seek VA review of any claims decision, first with the VA regional office issuing the decision, and optionally to the Board of Veterans Appeals. Information concerning both existing and new VA procedures is available from VA offices and through authorized representatives of various veteran service organizations.

Service Officer Actions:

1. Insure that the claimant’s VA claims folder is complete in every respect. The development of the claim must be as accurate and concise as it can. The scope of the CAVC is to review "clearly erroneous" decisions that the VA, through the BVA, has rendered. The claim folder is all of the evidence that may be submitted to the court. No material may be added to or taken away from the folder. It must remain as it was when it was presented to the BVA.

NOTE: Public Law 105-368, Section 511 renamed the Court of Veterans Appeals. The correct designation is the United States Court of Appeals for Veterans Claims. The effective date of this change was March 1, 1999.

2. The address for the Court is:

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS
CLERK OF THE COURT
625 Indiana Avenue, N.W. Suite 900
Washington, D.C. 20004-2950
The Court's web site is found at:  http://www.uscourts.cavc.gov/

PHONE: 202-501-5970(Voice)  FAX: 202-501-5848  24 hours per day, 7 days per week

NOTES:
1. If claimant wants the Board of Veterans' Appeals (BVA) to “Reconsider” the claim but wants to insure that they maintain the right to appeal to the Court of Appeals for Veterans’ Claims (CAVC), they must request reconsideration by the BVA within 120 days of the date of the mailing of the BVA decision. This will insure that, should the BVA continue to deny the claim, they have protected their appeal rights to file to the CAVC.

2. FEE SCHEDULE Effective: 12/01/2008 - Misc. No. 12-08, IN RE: FEE SCHEDULE

It is ORDERED, pursuant to Rule 45(f), of the Court’s Rules of Practice and Procedure, that the following revised schedule of fees approved by the Court is announced. The fees marked * apply to services on behalf of the United States, if the information is available through electronic access. # Changes effected by this Order.

<table>
<thead>
<tr>
<th>Fee Schedule Effective (December 1, 2008)</th>
</tr>
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<tbody>
<tr>
<td>For filing Notice of Appeal or Petition for Extraordinary Relief in this Court, but not when the Court orders case redocketing for its administrative convenience</td>
</tr>
<tr>
<td>For filing Notice of Appeal to the U.S. Court of Appeals for the Federal Circuit (fee set by that court, payable to this Court)</td>
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<tr>
<td>For reproducing a paper copy from original documents or from microfiche or microfilm reproductions of original records, per copy page</td>
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<tr>
<td>For each microfiche sheet of film or microfilm jacket copy of any Court record, when available</td>
</tr>
<tr>
<td>For reproducing audio or video tape recording, including cost of materials</td>
</tr>
<tr>
<td>For searching Court records, per name or item searched</td>
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<tr>
<td>For retrieval of a Court record from a Federal Records Center or National Archives</td>
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<tr>
<td>For certifying a document or paper, whether certification is made directly on the document or by separate instrument</td>
</tr>
<tr>
<td>For application for admission to practice before the Court</td>
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<tr>
<td>For a certificate of admission to practice, suitable for framing (fee set by, and payable to, printer) Attorney</td>
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<tr>
<td>Nonattorney</td>
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<tr>
<td>For a Certificate of Good Standing</td>
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</tbody>
</table>

ALL FEES MUST BE PAID BY CHECK OR MONEY ORDER. CASH IS NOT ACCEPTED.

3. The Florida Department of Veterans' Affairs (FDVA) does not represent anyone at the CAVC.
This includes any organization under the umbrella of the FDVA. There is a “Consortium” at the CAVC, that reviews unrepresented claims for possible assistance. There is no need to request this action as it is automatic. Do not believe that they will take a case that has no merit as this will not occur. Frivolous claims before a civil court are grounds for a contempt of court citation with possible fines imposed upon the attorney, organization.

PL 107-103, SEC. 603. TERMINATION OF NOTICE OF DISAGREEMENT AS JURISDICTIONAL REQUIREMENT FOR THE COURT.

(d) APPLICABILITY- The repeals made by subsections (a) and (b) shall apply to any appeal filed with the United States Court of Appeals for Veterans Claims--

(1) on or after the date of the enactment of this Act; or (2) before the date of the enactment of this Act but in which a final decision has not been made under section 7291 of title 38, United States Code, as of that date.

United States Court of Appeals for Veterans Claims Annual Reports

<table>
<thead>
<tr>
<th>Fiscal year ending Sep 30</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<td>% unrepresented at filing</td>
<td>55.36%</td>
<td>58%</td>
<td>59%</td>
<td>58%</td>
<td>58%</td>
<td>63%</td>
<td>53%</td>
<td>64%</td>
<td>68%</td>
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<td>Cases decided (Total)</td>
<td>3336</td>
<td>1451</td>
<td>2638</td>
<td>1780</td>
<td>1905</td>
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<td>% unrepresented at closure</td>
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<td>29%</td>
<td>21%</td>
<td>22%</td>
<td>29%</td>
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<td>28%</td>
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<td>Procedural decisions (Total)</td>
<td>483</td>
<td>479</td>
<td>486</td>
<td>443</td>
<td>624</td>
<td>707</td>
<td>1666</td>
<td>904</td>
<td>1109</td>
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<tr>
<td>Dismissed, lack of jurisdiction</td>
<td>281</td>
<td>229</td>
<td>215</td>
<td>204</td>
<td>248</td>
<td>320</td>
<td>317</td>
<td>369</td>
<td>385</td>
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<tr>
<td>Dismissed for default</td>
<td>102</td>
<td>51</td>
<td>70</td>
<td>60</td>
<td>160</td>
<td>160</td>
<td>176</td>
<td>265</td>
<td>412</td>
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<td>Dismissed voluntarily</td>
<td>78</td>
<td>106</td>
<td>132</td>
<td>123</td>
<td>144</td>
<td>198</td>
<td>1149</td>
<td>254</td>
<td>286</td>
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<tr>
<td>Extraordinary relief dismissed</td>
<td>22</td>
<td>93</td>
<td>69</td>
<td>56</td>
<td>72</td>
<td>29</td>
<td>24</td>
<td>16</td>
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<td>Merits decisions (Total)</td>
<td>2853</td>
<td>972</td>
<td>2152</td>
<td>1337</td>
<td>1281</td>
<td>2135</td>
<td>3211</td>
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<tr>
<td>Affirmed</td>
<td>27</td>
<td>109</td>
<td>129</td>
<td>155</td>
<td>271</td>
<td>448</td>
<td>1098</td>
<td>693</td>
<td>571</td>
</tr>
<tr>
<td>Affirmed or dismissed in part, reversed/vacated &amp; remanded in part</td>
<td>65</td>
<td>24</td>
<td>22</td>
<td>35</td>
<td>40</td>
<td>266</td>
<td>442</td>
<td>603</td>
<td>496</td>
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<tr>
<td>Reversed/vacated &amp; remanded</td>
<td>962</td>
<td>209</td>
<td>412</td>
<td>313</td>
<td>257</td>
<td>518</td>
<td>524</td>
<td>559</td>
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<tr>
<td>Extraordinary relief granted</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Extraordinary relief denied/dismissed</td>
<td>75</td>
<td>154</td>
<td>62</td>
<td>59</td>
<td>71</td>
<td>56</td>
<td>66</td>
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<td>Remanded</td>
<td>1724*</td>
<td>476</td>
<td>1527</td>
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<td>379</td>
<td>351**</td>
<td>416</td>
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<td>EAJA applications granted</td>
<td>617</td>
<td>466</td>
<td>1419</td>
<td>921</td>
<td>831</td>
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<td>EAJA applications denied</td>
<td>19</td>
<td>554</td>
<td>40</td>
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<td>EAJA applications dismissed</td>
<td>165</td>
<td>84</td>
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<td>97</td>
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<td>Oral Arguments</td>
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<td>16</td>
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<td>24</td>
<td>22</td>
<td>24</td>
<td>17</td>
<td>30</td>
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<tr>
<td>Appeals to USCA Federal Circuit</td>
<td>110</td>
<td>410</td>
<td>228</td>
<td>182</td>
<td>186</td>
<td>382</td>
<td>314</td>
<td>158</td>
<td>167</td>
</tr>
</tbody>
</table>

*Due to enactment of the VCAA in November 2000, these cases were remanded to the VA for additional review pursuant to the VCAA. ** In order to provide a statistical comparison to other Federal Courts of Appeal this figure was changed to median number of days for FY 2006.

NOTE: The Veterans Consortium Pro Bono Program –

The Veterans Consortium is an organization established to provide free attorneys for unrepresented veterans who have an appeal pending before the U.S. Court of Appeals for Veterans Claims and who are not otherwise able to obtain counsel to assist them. A co-operative effort by four veterans’ service organizations - The American Legion, the Disabled American Veterans, the National Veterans Legal Services Program and the Paralyzed Veterans of America - the Consortium recruits and trains volunteer attorneys to help needy appellants with their appeals at the Court. If a veteran has filed an appeal with the Court and has not been able to obtain his or her own attorney within 30 days, he or she can then request assistance from the Pro Bono Program.

Address: 701 Pennsylvania Ave., NW Suite 131, Washington D.C. 20004-2935

Brian D. Robertson, Esq. Director, Case Evaluation & Placement Component
Phone #: 1-202-628-8164; FAX #: 1-202-628-8169 Toll Free: 1-888-838-7727
E-Mail: mail@vetsprobono.org Web Site: http://www.vetsprobono.org

Meg Bartley, Esq. Director, Outreach & Education Components
Phone #: 1-202-265-8305, ext 106; FAX #: 1-202-328-0063
E-Mail: probonoprogram@nvlscep.org Web Site: http://www.vetsprobono.org

THE VETERANS CONSORTIUM
PRO BONO PROGRAM

Providing Representation to Veterans at the U.S. Court of Appeals for Veterans Claims

Retainer Agreement and Power Of Attorney

I want to be represented before the U.S. Court of Appeals for Veterans Claims under The Veterans Consortium Pro Bono Program. I understand that to find out if I qualify for a pro bono (free) representative under the program my case must be screened. I agree to be represented by The Veterans Consortium for the purpose of screening my case. If my case is accepted for placement, the Veterans Consortium will provide monitoring and mentoring assistance to my free representative. I understand that I will not be charged a fee and I can withdraw from this program in writing at any time.

Consent to Release of Information: I give my consent for The Veterans Consortium, or attorney participating in the Veterans Consortium Program, as my representative, to review and make copies of any material contained in my claims file in the custody of the Department of Veterans Affairs and in my case file in the custody of the U.S. Court of Appeals for Veterans Claims. If this material includes information (protected under 38 U.S.C. § 7332) about drug abuse, infection with the human immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. § 552a(b), and under any other federal or state law or regulation that controls access to my records.

Date: _______________ Signature: ______________________________

Printed Name: ______________________________________________________________________

Social Security No: ____________________________________________________________________

VA Claim No. (If Not SSN): __________________________________________________________________

Six Digit Court Of Appeals Docket Number: ________________

Your Address: ______________________________________________________________________

____________________________________________________________________________________

Your Phone Number: ______________________________

If you want to be considered for representation under the Veterans Consortium Pro Bono Program, please complete and sign this form. Send it to:

The Veterans Consortium Pro Bono Program
701 Pennsylvania Avenue, N.W, Suite 131
Washington, DC 20004

This form can also be accessed at: http://www.vetsprobono.org/pdf/retainer.pdf

Do Not Send This Form To The Court or to the Department of Veterans Affairs

How To Appeal

About the Court
The Court reviews certain BVA decisions. The Court isn't part of VA. It doesn't hold trials, receive new evidence, or hear witnesses. It reviews your BVA decision, the written record, and the briefs of the parties. You don't need to come to Washington for your appeal.

The Law and the Rules

The law that created this Court is in sections 7251 through 7292 of title 38, U.S. Code. It is in most public libraries. Your appeal must follow that law and the Court's Rules of Practice and Procedure, which are on this website. The Court will send a printed copy of the rules to you when your appeal is accepted.

Representation

If you think this Court can consider your appeal, you should get advice from an attorney or from a service officer in a veterans organization or a state or county veterans affairs office. You may represent yourself, but VA will be represented by its attorneys. Your case may be better presented if you are represented.

The Public List of Practitioners at this website may help you. It shows people who are allowed to represent appellants in this Court and have said that they are available to do that. Most charge a fee. The Court does not recommend or appoint them, or anyone else, to represent you.

Time Limits

You must meet two important time limits, or the Court can't consider your appeal: After you filed your claim with a VA regional office (RO), you were notified of its decision. If you weren't satisfied, you or your representative filed a written Notice of Disagreement (NOD) at the RO, which sent a Statement of the Case to you. The Statement of the Case usually shows the date when you filed your NOD. Your NOD must have been filed on or after November 18, 1988. NOTE: (See PL 107-103, SEC. 603 on previous page) After you appealed to the BVA, the BVA mailed its final decision to you. You must have a final decision from the BVA — not the RO — before you can appeal to this Court. Usually, the date stamped on the front of the BVA's decision is the date when it was mailed. You must file your Notice of Appeal with the Court at the address below within 120 days after the date when the BVA mailed its decision to you and your representative.

Forms and Fee

If you decide to appeal, fill in the Notice of Appeal form. The fee for an appeal is $50.00. If you can't pay this fee, use the Declaration of Financial Hardship form. Follow instructions on the forms carefully and mail to:

Clerk, U.S. Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, D.C. 20004-2950
or fax them to the Court at 202-501-5848. You may not file them by email.

Enclosures
Form 1 (Notice of Appeal)
Form 4 (Motion to Waive Filing Fee)
NOTE: USCAVC Forms can be downloaded from:

http://www.vetapp.uscourts.gov/court_forms/CourtForms.cfm

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS
Notice of Appeal

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The following named appellant appeals to the Court from a final Board of Veterans' Appeals (BVA) decision. The BVA’s decision was dated ____________________.

Appellant's printed name ___________________________ VA claims file number ___________________________

Appellant's address ___________________________ Appellant's telephone number ___________________________

Signature of person filing this notice ___________________________

Only if this Notice of Appeal is filed by a representative, check one of the following:

[ ] My Notice of Appearance is attached.
[ ] My representation is limited to the filing of this Notice of Appeal (complete items below)

Representative's printed name ___________________________

Representative's address ___________________________

Representative's telephone number ___________________________

INSTRUCTIONS

Send this Notice of Appeal (NOA) (original only) to:

Clerk, US Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950

It will be in time if it is properly addressed to the Court and bears a legible postmark affixed by the United States Postal Service (USPS) within 120 days after the mailing date of the BVA decision that you are appealing. A postage-metered date imprint other than one affixed by USPS does not qualify.

You may send this NOA by facsimile transmission to (202) 501-5848 or by means other than US mail. If you do that, or if you mail the NOA and it does not bear a legible USPS postmark, the NOA will be too late if it arrives at the Court after the 120-day time limit. The Court cannot extend the time limit.

There is a $50 filing fee for an appeal. Send a check or money order, payable to "US Court of Appeals for Veterans Claims," with this NOA. Do not send cash. To request a waiver of the filing fee, attach a completed Form 4 (Declaration of Financial Hardship).

Form 1
(Rev 03/02)
DECLARATION OF FINANCIAL HARDSHIP

_________________________________________________, Appellant/Petitioner,

v.                                                                 No.________________________________________

Secretary of Veterans Affairs, Appellee/Respondent.

I am the appellant/petitioner. I declare, by my signature below, that payment of the fifty dollar ($50.00) filing fee required by Rule 3(e) or Rule 21(a) of the Court's Rules of Practice and Procedure would be a financial hardship for me.

Pursuant to 28 U.S.C. § 1746, I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

_________________________________________________
Signature of Appellant/Petitioner

_________________________________________________
Date

********************************************************************

Accepted for filing:

_______________________________________   _____________________________________
Deputy Clerk                                                       Date

INSTRUCTIONS
Send this Declaration (original only) to:
Clerk, US Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004-2950

or Fax to (202) – 501 - 2848

TITLE 28, PART V, CHAPTER 115, Sec. 1746. - Unsworn declarations under penalty of perjury

Form 4
(Rev 01/03)
Wherever, under any law of the United States or under any rule, regulation, order, or requirement made pursuant to law, any matter is required or permitted to be supported, evidenced, established, or proved by the sworn declaration, verification, certificate, statement, oath, or affidavit, in writing of the person making the same (other than a deposition, or an oath of office, or an oath required to be taken before a specified official other than a notary public), such matter may, with like force and effect, be supported, evidenced, established, or proved by the unsworn declaration, certificate, verification, or statement, in writing of such person which is subscribed by him, as true under penalty of perjury, and dated, in substantially the following form:

(1) If executed without the United States: "I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on (date). (Signature)"

(2) If executed within the United States, its territories, possessions, or commonwealths: "I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on (date). (Signature)"

**RULE 3. HOW TO APPEAL**

(e) **Payment of Fees.** Upon the filing of any separate or joint Notice of Appeal from a decision of the Board, each appellant shall include with the Notice of Appeal a $50.00 nonrefundable filing fee payable to "U.S. Court of Appeals for Veterans Claims." If an appellant believes the payment of the fee will impose a financial hardship, the appellant may obtain a waiver of the fee by including with the Notice of Appeal a declaration of financial hardship on the form prescribed at Form 4 in the Appendix of Forms. See Rule 24. If the Court accepts the declaration, the fee will be waived. If the declaration is rejected for filing by the Court, the fee or an acceptable declaration must be received by the Court within the time set by the Court's order or the appeal will be dismissed. If a facsimile Notice of Appeal is filed, the filing fee or declaration must be received by the Court within 14 days after the facsimile was sent.

**RULE 21. EXTRAORDINARY RELIEF**

(a) **Petition; Service and Filing.** A party desiring extraordinary relief must file a petition with the Clerk with proof of service on the respondent(s), on any other party at interest, and on the Secretary. The petition must contain:

(1) a statement of the precise relief sought;

(2) a statement of the facts necessary to understand the issues presented by the petition;

(3) a statement of the reasons why the petition should be granted, including why the petitioner has a clear and indisputable right to the writ and why there are inadequate alternative means to obtain the relief sought; and

(4) copies of any order or decision or parts of the record necessary to understand the petition.

Upon receipt of the $50.00 filing fee (unless waived pursuant to Rule 24) Declaration of Financial Hardship Form, the Clerk shall docket the petition and submit it to the Court.
Instructions for Unrepresented Appellants

Below is a copy of instructions appellants receive from the U.S. Court of Appeals for Veterans Claims when filing an appeal on a decision made by the Board of Veterans Appeals. These instructions explain some court terms that are shown in bold type. Don't try to make things harder by using other "legal" words - especially if you're not sure what they mean!

The attached notice shows that we have docketed (assigned a case number to) your notice of appeal from a Board of Veterans' Appeals (BVA) decision. Put that number on every paper you send to the Court so we can match it with your case. Type or print your papers so we can read them! If you don't, we'll have to send them back; that will delay your case.

As your case moves along, we'll tell you what to do next by sending a notice or order. Pay attention to those; do what they tell you. You must follow the Court's Rules of Practice and Procedure; a copy is attached.

About the Court. In 1988, Congress created this Court to review certain BVA decisions. The Court isn't part of VA. It doesn't hear witnesses, receive new evidence, hold trials, or award money damages. It reviews only what the BVA did in your case, based on the written record on appeal and the briefs. You or your representative do not need to come to Washington for your appeal.

Finding the law. The law about veterans benefits is in Title 38 of the U.S. Code, which should be in a local library. The Court's opinions are printed in West's Veterans Appeals Reporter. If you think you need a copy of an opinion and can't get it from a veterans service organization, VA regional office, or law library, you can ask us for it, but we must charge you 50 cents per page. If you have a computer modem, you can get it free from the Court's electronic bulletin board by dialing (202) 501-5836 or 5837.

Change of address. If you move while your case is in the Court, send a notice of your new address and phone number to the Court and to VA counsel. If you don't, and you miss a deadline because mail went to your old address, the Court may dismiss your appeal (reject it without even considering it)!

Representation. As the appellant, you may represent yourself before the Court, but the appellee, the Secretary of Veterans Affairs, is represented by VA lawyers who will argue VA's side. Your appeal may be better presented if you are represented. The attached list may help you find someone to do that. It shows people who can represent appellants and have said that they'll do that. We can't recommend or appoint anyone to represent you. You can find out more about the attorneys listed by checking a directory, such as Martindale-Hubbell, in your library. Your representative doesn't have to be from the state where you live.

Visit this web link to access more information on an Appeal without Representation:

http://www.uscourts.cavc.gov/about/how_to_appeal/

Page 2
Service of papers. When you file (send to the Court) any paper, you must serve (mail a copy to) VA counsel at:

PL 107-103, SEC. 507. ELIMINATION OF REQUIREMENT FOR PROVIDING A COPY OF NOTICE OF APPEAL TO THE SECRETARY OF VETERANS AFFAIRS.

(a) REPEAL- Section 7266 is amended by striking: “The appellant shall also furnish the Secretary with a copy of such notice, but a failure to do so shall not constitute a failure of timely compliance with subsection (a) of this section” EFFECTIVE: December 27, 2001

and tell us that you have done so. Use a Certificate of Service like the one on Form 1.

The record on appeal. a. The Court won't review all of your VA claims file, only those parts that relate to your appeal. In about 60 days, VA counsel will designate the record by sending to you (1) a list of papers in your file that relate to your appeal and (2) copies of those papers. Don't send them to the Court; they're yours to keep.

a. If VA's designation is correct, write to the Court and say so. If VA counsel didn't list some important papers from your file, prepare a counter designation (a list like the one VA counsel sent to you). Describe the missing papers by title and date. Don't list papers VA counsel has already listed. Don't list papers dated after the BVA decision. File your list with the Court, and serve a copy on VA counsel.

b. After you and VA counsel agree on what should be in the record—or, if you don't agree, after the Court decides—VA counsel will send copies of those papers, with page numbers, to you and to the Court. This is the record on appeal, and is the only evidence the Court can consider. The Court never receives your VA claims file only copies of some papers in it. VA keeps your VA claims file so it can work on other claims you have in the system.

Your brief. a. After VA counsel files the record, we'll tell you to file your brief. That is an important paper. It tells the Court what you think was wrong with the BVA's decision. Most cases depend on the facts. Refer to facts that are in the record, but not new facts that weren't available to the BVA. You may also refer to any laws, regulations, or court decisions that you think apply to your appeal.

a. We'll send an Informal Brief form that you may use. Follow the instructions on the form. If you don't use that form, you must meet all the requirements of the Court's Rules 28 and 32. You may attach extra pages to an Informal Brief, but not more than 23 pages without the Court's permission. Don't attach "evidence." If it's in the record on appeal, the Court will look at it there. If it isn't in the record, the Court can't look at it.

b. File an original and 3 copies of your brief with the Court, and serve another copy on VA counsel.
c. After you file your brief, VA counsel will file a brief arguing its side of the case and will serve a copy on you. Within 14 days after that, you may—but don't have to—file a reply brief of not more than 15 pages. If you used the Informal Brief form, your reply brief may be in a letter.

**Motions.** If you need to ask the Court's permission to do something, file and serve a motion. Say specifically what you want and why you want it. See Rule 27.

**Withdraw your appeal.** If you change your mind about appealing, you may withdraw by sending a letter saying, "I withdraw my appeal," to the Court, with a copy to VA counsel. Be sure you want to do that, because the Court probably won't let you change your mind later. We will not refund the $50 filing fee.

**Notice of the Court's decision.** The Court may decide your appeal in an opinion, memorandum decision, or order. When it does, we'll mail a copy to you.

The Court may find nothing wrong with the BVA decision and affirm it.

The Court may reverse (overturn) or vacate (cancel) the BVA decision and remand the case (send it back) for action by the BVA or another part of VA.

The Court may decide that it doesn't have the jurisdiction, or legal authority, to consider your appeal at all, or that you haven't obeyed the Court's rules and orders; if so, the Court will dismiss the appeal, leaving the BVA decision in effect.

**More information.** You may write to us at the address at the top of the first page, or call us at (202) 501-5971 between 1:00 and 4:00 p.m. on weekdays. We won't give you legal advice. We won't suggest how you should handle your appeal. And we won't guess how or when it will be decided. But we will tell you about procedures and about the status of your case.

**U.S. COURT OF APPEALS FOR VETERANS CLAIMS (USCAVC)**

A U.S. Department of Veterans Affairs (VA) claim may be appealed from the Board of Veterans' Appeals to the U.S. Court of Appeals for Veterans Claims. This Court is independent of the Department of Veterans Affairs. Only claimants may seek reviews by the Court; the VA may not appeal Board decisions.

To appeal to the court, claimants must have filed a "Notice of Disagreement" on or after November 18, 1988. The notice of appeal must be filed with the court with a postmark that is within 120 days after the Board of Veterans' Appeals mails its final decision.

The court does not hold trials or receive new evidence. The court reviews the record that was considered by the Board of Veterans' Appeals. Oral argument is held only at the direction of the court. Either party may appeal a decision of the court to the U.S. Court of Appeals for the Federal Circuit and to the Supreme Court of the United States. Appellants may represent themselves before the court or have lawyers or approved agents as representatives.

The court's decisions are published in West's Veterans Appeals Reporter, in the WESTLAW and LEXIS on-line services, and on the court's electronic bulletin board The bulletin board can be reached at (202) 502-5836. For information about case status or the court's rules and procedures, contact the Clerk of the Court, 625 Indiana Avenue, Northwest, Suite 900, Washington, D. C 20004, or call (202) 501-5971 from 1 p. m. to 4 p. m., Eastern Time.

**Web Address of the Court:** [http://www.uscourts.cavc.gov/](http://www.uscourts.cavc.gov/)

(Forms and Rules of the Court are located on this site)

**Decisions of the U. S. Court of Appeals for the Federal Circuit:** [http://library.law.emory.edu/for-visitors/](http://library.law.emory.edu/for-visitors/)

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CHAPTER 10

MEDICAL CARE

http://www1.va.gov/health/index.asp

Contact Us

1-877-222-8387

Health Care

VA Form 10-10EZ, Application for Health Benefits
INSTRUCTIONS FOR COMPLETING
APPLICATION FOR HEALTH BENEFITS

WHAT IS THIS FORM USED FOR?
This form is for Veterans to apply for enrollment in the VA health care system, or dental benefits. The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 45 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.
Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387)

DEFINITIONS
SERVICE-CONNECTED (SC): A veteran with a VA determination that an illness or injury was incurred or aggravated while on active duty.
COMPENSABLE: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.
NONCOMPENSABLE: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.
NONSERVICE-CONNECTED (NSC): A veteran who does not have a VA determined service-related condition.

SECTIONS TO COMPLETE
After reviewing all of the instructions, answer the following questions and click the "GO TO SECTION 1" button.

1) Please review the following list and select the first response that applies to you. This information will be used to determine which sections of the Application for Health Benefits you should complete. If you are unsure of the response that applies to you, select "All Other Veterans."

Select

2) Select the state in which you wish to receive care:

Select State

GO TO SECTION I

SECTION I - GENERAL INFORMATION
Complete all questions.

SECTION II - INSURANCE INFORMATION
Include information for all health insurance companies that cover you. Bring your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people) with you to each health care appointment.

SECTION III - EMPLOYMENT INFORMATION
Complete all questions.

SECTION IV - MILITARY SERVICE INFORMATION
If you are not currently receiving benefits from VA, you should attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII veterans, a "WD" Form), with your signed application to expedite processing of your application.

If you indicate that you received a Purple Heart Award, we will check our records for confirmation of your status. If we are unable to confirm your status as a Purple Heart Award recipient, we will ask you to provide VA a copy of your DD-214 or other military service records or orders indicating you were awarded the Purple Heart. To reduce processing time, you may submit a copy of this documentation with your signed application.
SECTION V - FINANCIAL DISCLOSURE

The financial assessment is used to determine whether certain veterans qualify for cost-free health care services for their nonservice-connected conditions and to assign their priority for enrollment.

Veterans are not required to disclose their financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have a special eligibility factor. Recent combat veterans (e.g., OEF/OIF) who were discharged within the past 5 years or discharged from the military more than 5 years ago and applying for enrollment by Jan. 27, 2011 are eligible for enrollment without disclosing their financial information but like other veterans may provide it to establish their eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to military experience and consideration for waiver of travel deductibles.

If a financial assessment is not used to determine your priority for enrollment, you may choose not to disclose your information and agree to make copays for treatment of your nonservice-connected conditions. If a financial assessment is used to determine your eligibility for travel assistance, and you do not disclose your financial information, you will not be eligible for this benefit for your nonservice-connected conditions. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copay as required by law.

SECTION VI - DEPENDENT INFORMATION

You may count your spouse as your dependent even if you did not live together, as long as you contributed $500 or more in support last calendar year.

You may count your biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and under the age of 18, or be at least 18 but under 23 and attending high school, college or vocational school on a full or part-time basis, or have become permanently unable to support themselves before reaching the age of 18.

Count child support contributions even if not paid in regular set amounts. Contributions can include tuition payments or payments of medical bills.

SECTION VII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN

Report gross annual income from employment, except for income from your farm, ranch, property or business, including information about your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.

Report net income from your farm, ranch, property or business. Payments on principal of mortgage and depreciation expenses are not deductible.

Report other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability Income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Do Not Report: Welfare, Supplemental Security Income (SSI) and need-based payments from a government agency, profit from the occasional sale of property, income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs), scholarship and grants for school attendance, disaster relief payment or proceeds of casualty insurance, loans, Agent Orange and Alaska Native Claim Settlement Acts Income and payments to foster parents.

SECTION VIII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES

Report nonreimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources.

SECTION IX - PREVIOUS CALENDAR YEAR NET WORTH

Your net worth is the market value of all the interest and rights you have in any kind of property. However net worth does not include your single-family residence and a reasonable lot area surrounding it. It also does not include the personal things you use every day like your vehicle, clothing and furniture.
### WHAT DO I DO WHEN I HAVE FINISHED MY APPLICATION?

Read Section X, Paperwork and Privacy Act Information, Section XI, Consent to Copays and Section XII, Assignment of Benefits.

This form requires a signature, and you will have to send us a signed copy before we can complete your enrollment. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", then you must have two people you know witness you as you sign. They must then sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete. This will result in a delay in VA's processing your application.

After you have finished online data entry and reviewed your submission, you will have two choices:

(a) **Fastest** - Print the form and electronically submit it. Sign the printed copy and mail or fax it to the address provided when you submit the form. We begin processing the electronically submitted application immediately upon receipt of your signed form.

(b) **Fast** - If you cannot print, sign, and mail the form, or choose not to, we will mail you a printed copy of your information that you can sign and return to us. The added time taken for us to process our mailing to you and mail transit time will lengthen the enrollment process.

Attach any continuation sheets and necessary material to your application.

**Where do I send my application?**

Mail the original application with a copy of your supporting materials to your local VA health care facility. The address of your local VA health care facility to which you should mail your application will be provided.

If you desire a health care appointment, contact the Enrollment Coordinator at your local VA health care facility for assistance in scheduling an appointment.
HEALTH CARE ENROLLMENT – Public Law 104-262

To receive health care, veterans generally must be enrolled with VA. A veteran may apply for enrollment at any time. Veterans do not have to be enrolled if they: (1) have a service-connected disability of 50 percent or more; (2) want care for a disability, which the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, during the 12-month period following discharge; or (3) want care for a service-connected disability. To permit better planning of health resources, however, these three categories of veterans also are urged to enroll.

Veterans seeking VA medical care will be enrolled under the following Priority Groups to receive treatment:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
</table>
| Priority 1: | • Veterans with VA-rated service-connected disabilities 50% or more disabling  
• Veterans determined by VA to be unemployable due to service-connected conditions |
| Priority 2: | • Veterans with VA-rated service-connected disabilities 30% or 40% disabling |
| Priority 3: | • Veterans who are Former Prisoners of War (POWs)  
• Veterans awarded a Purple Heart medal  
• Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty  
• Veterans with VA-rated service-connected disabilities 10% or 20% disabling  
• Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, “benefits for individuals disabled by treatment or vocational rehabilitation” |
| Priority 4: | • Veterans who are receiving aid and attendance or housebound benefits from VA  
• Veterans who have been determined by VA to be catastrophically |
### Priority 5:
- Nonservice-connected veterans and noncompensable service-connected veterans rated 0% disabled by VA with annual income and **net worth** below the [VA National Income Thresholds](#).
- Veterans receiving VA **pension benefits**.
- Veterans eligible for Medicaid programs.

### Priority 6:
- World War I veterans.
- Compensable 0% service-connected veterans.
- Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
- Project 112/SHAD participants.
- Veterans who served in a theater of combat operations after November 11, 1998 as follows:
  - Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge.
  - Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008 are eligible for this enhanced enrollment benefit through January 27, 2011.

### Priority 7:
- Veterans with income and/or **net worth** above the VA national income threshold and income below the [VA National Geographic Income Thresholds](#) who agree to pay copays.

**NOTE:** At the end of this enhanced enrollment priority group placement time period Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.
Priority 8:

- Veterans with income and/or net worth above the **VA National Income Thresholds** and the **VA National Geographic Income Thresholds** who agree to pay copays

**Veterans eligible for enrollment:** Noncompensable 0% **service-connected** and:

Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status

Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current **VA National Income Thresholds** or **VA National Geographic Income Thresholds** by 10% or less

**Veterans eligible for enrollment:** Nonservice-connected and:

Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this subpriority due to changed eligibility status

Subpriority d: Enrolled on or after June 15, 2009 whose income exceeds the current **VA National Income Thresholds** or **VA National Geographic Income Thresholds** by 10% or less

**Veterans not eligible for enrollment:** Veterans not meeting the criteria above:

Subpriority e: Noncompensable 0% **service-connected**

Subpriority g: Nonservice-connected

**NOTE:** These groups are enrollment priorities only. The services and treatment available to enrolled veterans is not based on enrollment priority groups. Enrollment will be reviewed each year and veterans will be notified in writing of any change in their enrollment status. Additional information on enrollment, including enrollment forms and on-line applications, can be found on the Internet at: [http://www.va.gov/healtheligibility/](http://www.va.gov/healtheligibility/)

FINANCIAL ASSESSMENT

The "means test" eligibility assessment includes Social Security, U.S. Civil Service retirement, U.S. Railroad Retirement, military retirement, unemployment insurance, any other retirement income, total wages from all employers, interest and dividends, workers' compensation, black lung benefits and any other gross income for the calendar year prior to application for care. Also considered are assets such as the market value of stocks, bonds, notes, individual retirement accounts, bank deposits, savings accounts and cash. The patient may fill out VA Form 10-10EZ at the time application for enrollment is made. VA forms can be found on the World Wide Web at the VA forms website (http://www.va.gov/forms/default.asp).

NOTE: VA may compare income information provided by the veteran with information obtained from the Social Security Administration and the Internal Revenue Service.

CO-PAYMENTS

WHAT ARE THE CURRENT CO-PAYMENTS?

2010 Copay Rates Effective January 1, 2010

Outpatient Services
Basic Care Services
services provided by a primary care clinician: $15.00 per visit

Specialty Care Services
services provided by a clinical specialist such as surgeon, radiologist, audiologist, optometrist, cardiologist, and specialty tests such as magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, and nuclear medicine studies $50.00 per visit

Copay amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copay amount is based on the highest level of service received. There is no copay requirement for preventive care services such as screenings and immunizations.

Medications
For each 30-day or less supply of medication for treatment of nonservice-connected condition  

$8.00

(Veterans in Priority Groups 2 through 6 are limited to $960 annual cap)

**Inpatient Services**

Inpatient Copay for first 90 days of care during a 365-day period $1,068.00

Inpatient Copay for each additional 90 days of care during a 365-day period $534.00

**Per Diem Charge**

$10.00 per day

Based on geographically-based means testing, lower income veterans who live in high-cost areas may qualify for a reduction of 80% of inpatient copay charges.

**Long-Term Care**

Nursing Home Care/Inpatient Respite Care/Geriatric Evaluation  
maximum of $97/day

Adult Day Health Care/Outpatient Geriatric Evaluation Outpatient Respite Care  
maximum of $15/day

Domiciliary Care  
maximum of $5 / day

Copays for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no copay requirement for the first 21 days. Actual copay charges will vary from veteran to veteran depending upon financial information submitted on VA Form 10-10EC.

**Remember**, veterans' net worth, combined with their income, and generally cannot exceed $80,000 in order to be exempt from medical care co-payments.

**Hardship Determination:**

A Hardship Determination is a process by which veterans enrolled in Priority Group 7 may request a change in their enrollment priority group if their projected income for the current year will be substantially lower than their income from the previous year. Circumstances that might warrant hardship determination would be the loss of employment, business bankruptcy, or out-of-pocket medical expenses.

**NOTE:** VA will Freeze Increase in Prescription Copayments: Any increase in Veterans out-of-pocket payments for pharmaceuticals will be delayed until June 30, 2010. This means the department will delay a scheduled $1 increase – to $9 – in the copayments facing Veterans for each 30-day supply of medicine for the treatment of conditions not related to military service. During this period, VA will also keep $960 as the maximum, annual out-of-pocket payments for pharmaceuticals for non-service-related conditions. The $960 cap will not apply to Veterans in priority groups seven and eight. The yearly maximum out-of-pocket payment was scheduled to increase to $1,080. **There are no copayments associated with the treatment of conditions related to military service.**
An annual medication copayment cap of $840 has been established for veterans enrolled in priority groups 2-6. Medications will continue to be dispensed when the copayment cap is met. An annual medication copayment cap was not established for veterans enrolled in priority group 7 or 8.

Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106-117 on November 30, 1999.

Medical care copayment required veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the copayment requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

Priority Group 6 – Health insurance and all applicable copayments will be billed when the care is for conditions not related to the veteran's exposure or experience. Veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

Special Categories of Veterans – (i.e., Agent Orange, Ionizing Radiation, Persian Gulf, veterans receiving military sexual trauma counseling) are subject to medical care copayments when the treatment is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is nonservice-connected will be billed to the insurance carrier.

Medication Copayment Exemption – All veterans receiving prescriptions for NSC conditions who meet the low income criteria (income limits for the VA NSC pension program) are exempt from the medication copayment.

Long Term Care Copayments – Changes to Long Term Care Copayments are effective June 17, 2002 and are displayed on a separate chart.

Priority Group 7a and 7c Veterans -- Veterans enrolled in this priority group have income above the VA Means Test threshold but below the Geographic Means Test threshold and are responsible for 20% of the inpatient copayment and 20% of the inpatient per diem copayment. The geographic means test copayment reduction does not apply to outpatient and medication copayments and veterans will be assessed the full applicable copayment charges. Note that recused inpatient copayments can apply to veterans in Priority Groups 4 and 6 based upon the income of the veteran.

Priority Group 7e and 7g Veterans -- Veterans assigned to Priority Group 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

Priority Group 8a and 8c Veterans-- Veterans enrolled in this priority group are responsible for the full inpatient copayment and the inpatient per diem copayment for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication copayments for care of their NSC conditions.

Priority Group 8e and 8g Veterans -- Veterans assigned to Priority Group 8e or 8g are not eligible for enrollment. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of SC conditions at no charge.
BILLING INSURANCE COMPANIES

When applying for medical care, all veterans will be asked to provide information pertaining to health insurance coverage, including policies held by spouses. VA is authorized to submit claims to insurance carriers for the recovery of costs for medical care provided to non-service-connected veterans and service-connected veterans for non-service-connected conditions. Veterans will not be responsible for portions of an insurance claim not covered by the policy. Veterans above certain income levels, however, are responsible for the co-payments required by federal law.

VA NURSING-HOME CARE

Nursing care in VA or private nursing homes may be provided for veterans who are not acutely ill and not in need of hospital care. VA will provide needed nursing-home care to any veteran in need of such care for a service-connected disability, and to any veteran who needs such care and who has a service-connected disability rated at 70 percent or more. This authority will expire on December 31, 2008. In addition, if space and resources are available, VA may also provide VA nursing-home care to other veterans. Veterans who have a service-connected disability are given first priority for nursing-home care. Applicants who may be provided nursing-home care without an income eligibility assessment include veterans with a compensable, service-connected disability, veterans who were exposed to herbicides while serving in Vietnam, veterans exposed to ionizing radiation during atmospheric testing or in the occupation of Hiroshima and Nagasaki, veterans with a condition related to an environmental exposure in the Gulf War, veterans who are former prisoners of war, veterans on VA pension, veterans of the Mexican Border period or World War I and veterans who are eligible for Medicaid.

NOTE: Non-Service-Connected veteran’s receiving care in a VA Nursing home are subject to a co-payment after 21 days.
DOMICILARY ADMISSION CRITERIA

Currently the Dom is only admitting patients who are able to work and do not have an adequate source of income to sustain independent community living. We want patients employable patients who we can rehabilitate and return to the community as self supporting individuals. We are not accepting veterans who want to come to the Dom while waiting for SSD, NSC pension, or for housing. We are primarily accepting patients into the Homeless Program, however we may have limited regular Dom beds available from time to time. At this point, the admission criteria are the same for the homeless and regular. We are hoping to be more flexible in the future with admissions to regular Dom beds.

Patients will be required to go through a one month phase I program of classes and groups geared toward improving employability and independent living. Phase II will be seeking and obtaining employment and accumulating enough money to return to the community.

Patients can apply for the Homeless beds from the community or from a medical center ward (including SATP). To meet homeless criteria they must not have a residence. To be eligible from a medical center ward they would not have a place to go upon discharge.

The medical center social worker should contact either Bill Workman or Harry Roth to set up an appointment to have an X or Y form completed on the medical unit. If the patient is already out in the community the Homeless outreach workers can meet with them at one of the community sites they visit. We will soon distribute a flyer showing the community locations and schedules of the outreach workers, which will also include Ft Myers and Sarasota. Until then you can contact the workers directly at their listed phones number on the social work roster to learn about their locations.

Following is the admission criteria that must be met in order to qualify for admission to the domiciliary (in addition to being homeless):

1. Should be in need of employment and must be employable and willing to seek employment.
2. No costive deficits that would interfere with participation in processing material provided by staff in required classes and groups.
3. Cannot pose a safety risk to self or others (i.e. History of suicidal/homicidal or violent behavior will be assessed).
4. Must be motivated to make lifestyle changes and eliminate dysfunctional patterns of behavior.
5. Must be self care (including self administration of meds) and be able to tolerate community living which will include having a room mate, eating in a cafeteria style setting and participating in group discussions.
6. Must be willing to work IT and CWT as part of their TX program. However, there is no guarantee of admission to these programs while in the Domiciliary,
7. Cannot have unresolved legal issues that will interfere with program participation or employment. We cannot accept registered sexual offenders under any circumstances.
8. Admission pain score has to be 3 or lower. Applicants can be on prescribed pain meds.
9. Clean/sober time. It is our goal to have a clean and sober environment of the Dom patients. At the same time we want to be flexible and therapeutic in our TX approach. At the time of screening urine will be collected and the substance abuse HX will be reviewed. We will consider the situation of each patient on an individual basis. Therefore, there is no rule about being clean and sober for a specific number of days. It is suggested that you make a determination whether your patient requires substance abuse treatment or detox before proceeding with a referral for the Dom.
10. Veteran must be in this locale. We no longer provide absentia applications in the domiciliary.
11. The only exception to all of the above criteria would be veterans of Bosnia, Afghanistan and Iraq wars. They are a PRIORITY and will be given every consideration to be assisted expeditiously.

The Social Worker for Manatee County has relocated to Miami. We are currently obtaining medical center approval to fill this vacancy. Until then, the Ft Myers Social Worker, Lori Berkland (cell# 239-470-1729) and the Bay Pines VAMC Homeless Coordinator, Catherine Alexander-Ponder (cell# 727-58-9091) are covering Manatee County. are dedicated to serving the homeless veterans of our service area.

REFERENCES: Title 38, USC 601(b) and 38 CFR 17.43, 17.46, 17.47(e)

In Florida there is one VA Domiciliary with 200 beds located at the VA Medical Center at Bay Pines Florida.
DENTAL SERVICES (CFR 17.161)

1. Dental services are provided by the Department of Veterans' Affairs (VA) to veterans on an outpatient basis under the following conditions:

   a. Veterans are considered eligible and may apply at any time for outpatient dental services if:
      
      (1) Veteran receives service-connected compensation for a dental condition or disability.
      
      (2) Veteran is rated a 0% for service-connected dental conditions which are the result of combat wounds or service injuries.
      
      (3) May be provided to a veteran who was a prisoner of war for 90 days or more for any dental treatment.
      
      (4) Veteran receiving disability compensation at the 100% rate for a service-connected condition(s), or rated 60% service-connected with a 100% individually unemployable rating.
      
      (5) Veteran's dental condition is non-service-connected and it is determined by the VA to be associated with and aggravating a service-connected condition.
      
      (6) Veteran is participating in a VA vocational rehabilitation program.

   b. Effective January 28, 2008, recently discharged veterans with a service-connected noncompensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care within 180 days separation from active duty, may receive one time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or release and the veteran’s certificate of discharge does not indicate that the veteran received necessary dental care within a 90-day period prior to discharge or release.

   c. Dental treatment claimed is for a non-service-connected condition and dental treatment was begun while receiving hospital care at VA expense and it is professionally determined to be reasonably necessary to complete the remainder of this dental care on an outpatient basis.

DESIGNATED SPECIALTY CENTERS

The Department of Veterans Affairs maintains Specialty Centers (for blinded, paraplegic, amputees, alcoholic, drug addicted, etc.), the nature and location of which can be obtained from any VA hospital or clinic, or
ADMISSION OF ALCOHOLIC AND DRUG ADDICTED VETERANS TO VETERANS AFFAIRS HOSPITALS

Requests for hospitalization for the treatment of alcoholism and drug addiction will be medically and administratively processed in the same manner as requests for admission for treatment of any other disability, disease or defect susceptible to cure or decided improvement, except that all eligible applicants for hospitalization for drug dependence will be classified as medical emergencies. For additional information on this program, please consult with your FDVA representative located in the hospital or clinic.

GULF WAR, AGENT ORANGE AND IONIZING RADIATION

Registry Programs. Veterans who served in the Gulf War (August 2, 1990 to a date not yet established) or who claim exposure to Agent Orange during the Vietnam War (between 1962 and 1975), or atomic radiation, or veterans treated with Nasopharyngeal (NP) radium during military service, are provided with free, comprehensive medical examinations, including laboratory and other diagnostic tests deemed necessary by an examining physician to determine health status. Eligible veterans do not have to be enrolled in VA health care to participate in registry examinations. Results of the examinations, which include review of the veteran's military service and exposure history, are entered into special, computerized databases, called registries. These databases assist VA in analyzing the types of health conditions being reported by veterans. Registry participants are advised of the results of their examinations in personal consultations and by letters. Veterans wishing to participate should contact the nearest VA health-care facility for an examination. The VA operates a toll-free hotline at 800-749-8387 to inform Gulf War veterans about VA programs, their benefits and the latest information on Gulf War Era benefits.

Treatment. VA provides treatment to any Gulf War veteran who has a medical condition that may be the result of Gulf War service. A veteran who, while serving in Vietnam, may have been exposed to dioxin or to a toxic substance in a herbicide or defoliant used for military purposes, is provided medical treatment by VA for conditions possibly related to such exposure. Health-care services also are available for medical conditions the VA recognizes as possibly related to a veteran's exposure to ionizing radiation from the detonation of a nuclear device in connection with nuclear tests (between 1945 and 1962), or with the American occupation of Hiroshima and Nagasaki, Japan, during the period beginning Sept. 11, 1945, and ending July 1, 1946; or internment as a prisoner of war in Japan during World War II which VA determines resulted in exposure to ionizing radiation, or treatment of any cancer of the head or neck which VA finds may be associated with the veteran's receipt of NP radium irradiation treatments while in the active military.
SERVICES AND AIDS FOR BLIND VETERANS

Blind veterans may be eligible for services at a VA medical center or for admission to a VA blind rehabilitation center. Services are available at all VA medical facilities through the Visual Impairment Services coordinator. In addition, blind veterans entitled to receive disability compensation may receive VA aids for the blind. Aids and services for blind veterans include:

1. A total health and benefits review by a VA Visual Impairment Services team.
2. Adjustment to blindness training.
3. Home improvements and structural alterations to homes.
4. Specially adapted housing and adaptations.
5. Low-vision aids and training in their use.
6. Electronic and mechanical aids for the blind, including adaptive computers and computer-assisted devices such as reading machines and electronic travel aids.
7. Guide dogs, including the expense of training the veteran to use the dog and the cost of the dog's medical care.
8. Talking books, tapes and Braille literature.

OTHER CATEGORIES FOR MEDICAL CARE

MERCHANT MARINE SEAMEN

Merchant Marine seamen who served in World War II may qualify for veterans' benefits. When applying for medical care, seamen must present their DD-214 (discharge certificate) from the appropriate agency to the VA medical facility. VA regional offices can assist in obtaining a certificate.

ALLIED VETERANS

VA is authorized to provide medical care to veterans of nations allied or associated with the United States during World War I or World War II. Such treatment is available at any VA medical facility if authorized and reimbursed by the foreign government. VA also is authorized to provide hospitalization, outpatient and domiciliary care to former members of the armed forces of Czechoslovakia or Poland who participated during World Wars I or II in armed conflict against an enemy of the United States, if they have been citizens of the United States for at least 10 years.
1. On November 17, 2008, the Veterans Health Administration (VHA) announced via a News Release increases of mileage reimbursement rates and deductibles for travel to or from, a Department of Veterans Affairs (VA) facility or other place for the purpose of examination, treatment, or care. The new VA’s beneficiary travel mileage reimbursement rate is effective on November 17, 2008, raised from 28.5 cents per mile to 41.5 cents per mile for all eligible veterans. This would include travel for recalls due to a deficient lab, electrocardiogram (EKG), and X-rays in relation to a Compensation and Pension (C&P) examination (convenience of the Government).

2. Title 38 U.S.C. § 111(c)(5) requires VA to adjust proportionately the beneficiary travel mileage reimbursement rate deductibles for travel in relation to examination, treatment or care (currently $3 one way; $6 round trip; with a maximum of $18 per calendar month) effective on the date of a beneficiary travel mileage reimbursement rate change. Therefore, based on the increase of the beneficiary travel mileage reimbursement rate, the deductible is adjusted proportionately to $7.77 per one way trip; $15.54 for a round trip; with a maximum deductible of $46.62 per calendar month. These deductibles may be waived in accordance with Title 38 Code of Federal Regulations (CFR) §17.144(b) when their imposition would cause severe financial hardship. NOTE: VA News Release of November 17, 2008, states: “While increasing the payment, the current deductible amounts applied to certain mileage will remain frozen at $7.77 for a one way trip; $15.54 for a round trip; and capped at a maximum deductible of $46.62 per calendar month. On January 9, 2009, these deductibles will decrease to $3 for a one way trip, $6 for a round trip, with a maximum of $16 per calendar month.

3. Mileage reimbursement claims for travel prior to February 1, 2008, may still be received. Such claims will be processed using the previous rates and deductibles.

4. Those eligible for mileage reimbursement for travel to or from a VA facility or other place for the purpose of examination, treatment, or care include:

(1) Veterans rated 30 percent or more service connected (SC) for travel relating to any condition;
(2) Veterans rated less than 30 percent for travel relating to their SC condition;
(3) Veterans receiving VA pension benefits for all conditions;
(4) Veterans with annual income below the maximum applicable annual rate of pension for all conditions;
(5) Veterans traveling in relation to a C&P Examination; and
(6) Veterans in an authorized Voc Rehabilitation Program for all conditions.
AMBULANCE TRAVEL

1. It cannot be emphasized too strongly to avoid difficulties in reimbursement that prior authorization for ambulance travel must be obtained. It is important to obtain the name of the person in the VA authorizing transportation. We are setting out below a short summary of the procedure to be followed.

2. When a veteran, his attending physician, or his representative contacts a VA clinic, or VA Medical Center, requesting emergency ambulance, the chief medical officer, or his designate, will get all information possible about the case, and after weighing the facts, make final decision on the necessity for ambulance service and grant such service unconditionally if warranted.

3. When a veteran is brought by ambulance to a VA hospital in which the VA has beds allocated for admission for a service-connected disability, and his condition is such that ambulance service was necessary, reimbursement for the cost of ambulance service may be authorized when the delay caused in obtaining prior authority might have resulted in endangering the veteran's life.

SPECIAL MODES

Medically indicated specialized modes of transportation—The VA shall pay the cost of specialized modes of transportation when a VA physician determines it is medically required; and, it is authorized before travel begins; and the veteran or other person is unable to defray the cost.

NOTE: Unable to defray the cost is defined to include veterans or other persons traveling in connection with a service-connected disability, veterans who are service-connected 30% or more, veterans in receipt of VA pension, or whose annual income does not exceed the maximum annual rate of pension which would be payable if the veteran were eligible for pension. The deductible does not apply. Special mode includes ambulance, ambulate, air ambulance, wheelchair van, or other modes of transportation which are specially designed to transport certain types of medically disabled individuals. Special mode does not include public transportation such as a bus, subway, train, airplane, or privately owned conveyance.
MEDICAL EMERGENCIES

When delay in immediate transportation would be hazardous to the patient's health or life, a VA physician may authorize a specialized mode of transportation before eligibility is determined. Payment may be made to the provider of the transportation, subject to subsequently recovering the amount of the payment from the veteran if the veteran was determined to be ineligible.

INTERFACILITY TRANSFER

When necessary to transfer the inpatient from one health care institution (either VA or contract care facility) to another, provided both institutions furnish the individual with treatment at VA expense, or under VA auspices, and the transfer is necessary for the continuation of such treatment. Use of hired car, or a taxi is authorized, provided they are less expensive than other modes of travel.

NOTE: Eligibility criteria and deductibles do not apply. All care required for inpatients is the responsibility of the VA.

HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS (HISA)

1. Benefit: Home improvement and structural alterations determined by the VA to be necessary for effective and economical treatment of a disability may be furnished to any veteran to include improvement and structural alterations as are necessary to assure the continuation of treatment or to provide access to home or to essential lavatory and sanitary facilities.

NOTE: Apply using VA Form 10-0103

ELIGIBILITY:

a. Service-connected disability

b. Disability incurred or aggravated in the line of duty, in the case of any veteran discharged or released from active military service for such disability

c. Any non-service-connected disability of a veteran in receipt of authorized post-hospital care

d. Any non-service-connected disability of a veteran with service connected disabilities rated at 50% or more

e. Any non-service-connected disability of a veteran of the Mexican Border period or of World War I or of a veteran in receipt of aid and attendance or housebound benefits
NOTE: The cost to the VA, or reimbursement by the VA, to veterans being treated for a service-connected disability will not exceed $4100.00 and for a non-service-connected disability will not exceed $1200.00 for home improvement or structural alterations. Authorization for benefits under this program must be given in advance.

REFERENCE: 38 C.F.R. 17.57 and 17.60

PROSTHETIC ELIGIBILITY CRITERIA

A. The Veterans Health Care Eligibility Reform Act of 1996 has significantly simplified the eligibility criteria for providing prosthetic services. Veterans now eligible are:

1) Service-connected veterans seeking care for a service-connected disability;

2) Veterans with compensable service-connected disabilities (generally rated 10% or more);

3) Former prisoners of war, veterans discharged or released from active military service for a compensable disability that was incurred or aggravated in the line of duty, and veterans who are in receipt of section 1151 benefits;

4) Veterans who are in receipt of Increased pension based on a need of regular aid and attendance or by reason of being Permanently housebound;

5) Veterans who have annual income and net worth below the "means test" threshold,

6) All other veterans who are not required to pay a co-payment for their care; and

7) Veterans who must pay a co-payment for their care.

B. Provision of sensory-neural aids

1) Needing eyeglasses and hearing aids will be Provided to veterans in number 1, 2, 3, & 4 mentioned previously.

2) Eyeglasses and hearing aids will be Provided to all other veterans (number 5, 6, or 7) if the visual or hearing impairment is the direct result of the primary medical diagnosis and/or treatment for which the veteran is receiving VA care (eg., stroke, diabetes, multiple sclerosis, vascular disease, geriatric chronic illness, ototoxic drugs, cataract Surgery, other surgeries performed on the eye or ear resulting In visual or hearing Impairment, etc. Eyeglasses or hearing aids are not to be provided to these veterans for normally occurring visual/hearing impairments, e.g. near sightedness, far sightedness, minor hearing loss, etc.
3) If the veteran is so severely visually or hearing impaired that the provision of eyeglasses, hearing aids or other similar device is necessary to permit his/her active participation in their own medical treatment, (i.e., a geriatric patient when a severe visual or hearing loss combined with other age related infirmities makes communication extremely difficult if not impossible).

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 CHAMPSUS/TRICARE (the medical program for civilian dependents provided by the Defense Department) or Medicare, Part A, as a result of reaching age 65, the following are eligible for CHAMPVA:

1. The spouse or child of a veteran who has a permanent and total service-connected disability.

2. The spouse or child of a veteran who died of a service-connected condition or was totally disabled from a service-connected condition at the time of death.

3. The spouse or child of a person who died in the line of duty, and not due to misconduct.

A widow or widower who lost eligibility for medical care under CHAMPVA as a result of remarriage may regain eligibility upon termination of the remarriage.

NOTE: Public Law 107-330 - Authorizes retention of CHAMPVA benefits for surviving spouses who remarry after age 55. There is a 1-year open season from date of enactment of Act for otherwise eligible spouses to apply for benefits. Effective: February 6, 2003.

Persons under age 65 must be enrolled in both Medicare Parts A and B to be eligible for CHAMPVA as a secondary payer to Medicare. Beneficiaries age 65 or older who lose eligibility for CHAMPVA by becoming eligible for Medicare, Part A, may re-establish CHAMPVA eligibility by submitting documentation from the Social Security Administration certifying they are not entitled to or have exhausted Medicare, Part A, benefits. Apply to the VA Health Administration Center, P.O. Box 65023, Denver, CO 80206, or call 1-800-733-8387. Additional information on CHAMPVA benefits, eligibility, and application procedures and forms is available on the Internet at: http://www4.va.gov/hac/forbeneficiaries/champva/champva.asp
REFERENCES: 38 CFR 17.271

TRICARE - [http://www.tricare.mil](http://www.tricare.mil)

**TRICARE Overseas:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Eligibility (DEERS)</td>
<td>1-888-538-9552</td>
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<tr>
<td>TRICARE Prime Remote</td>
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<td>TRICARE Mail Order Pharmacy</td>
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<td>TRICARE Retiree Dental Plan</td>
<td>1-888-838-8737</td>
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<tr>
<td>TRICARE Dental Program</td>
<td>1-800-866-8499</td>
</tr>
<tr>
<td>TRICARE For Life</td>
<td>1-866-773-0404</td>
</tr>
</tbody>
</table>

**DEERS – Stands for The Defense Enrollment Eligibility Reporting System.**

Overseas
Pacific 1-888-777-8343
Europe 1-888-777-8343
Canada/Latin America 1-888-777-8343
Puerto Rico/Virgin Islands 1-888-777-8343
TRICARE FOR LIFE

When beneficiaries become entitled to Medicare Part A upon attaining the age of 65 and purchase Medicare Part B, they now experience no break in TRICARE coverage. The only change is that TRICARE will pay secondary to Medicare, beginning on the 1st day of the month they turn 65.

Eligibility:
TRICARE For Life is provided to the following beneficiaries:

- Medicare-eligible uniformed service retirees, including retired guard and reservists
- Medicare-eligible family members, including widows/widowers
- Certain former spouses if they were eligible for TRICARE before age 65

Note: Dependent parents and parents-in-law are not eligible for TRICARE benefits. They may continue to receive services within a military treatment facility on a space available basis.

Cost to beneficiaries:
There are no enrollment fees for TRICARE For Life. You are required to enroll in Medicare Part A/B and must pay Medicare Part B monthly fees. Please check with the Social Security Administration online at www.ssa.gov, toll-free at 1-800-772-1213, or visit Medicare online at www.medicare.gov, for more information about enrolling in Medicare Part B and monthly fees that will apply to you.

Benefits:

- For services payable by both Medicare and TRICARE, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE.

- For services payable by TRICARE, but not Medicare, such as overseas care, TRICARE will pay the same as if you were under age 65. You will be responsible for the TRICARE annual deductible and cost shares.

- For services payable by Medicare, but not TRICARE, such as chiropractic services, Medicare will pay as usual, but TRICARE will pay nothing. You will be responsible for Medicare co-pays.

- For services not payable by TRICARE or Medicare, you are entirely responsible for the medical bill.
If you receive care from a civilian provider, your provider will file claims with Medicare. Medicare will pay its portion, then automatically forward the claim to TRICARE for the remaining amount. TRICARE will send its payment directly to your provider. You will receive an explanation of benefits (EOB) that indicates the amount paid to your provider.

**Medicare Part B:**
The Defense Eligibility Enrollment Reporting System (DEERS) notifies beneficiaries within 90 days prior to their 65th birthday that their medical benefits are about to change. They will ask you to contact the nearest Social Security Office regarding enrollment in Medicare. It is important to remember that you must elect to enroll in Medicare Part B in order to be eligible for TRICARE For Life benefits.

If you are age 65 and over and only have Medicare Part A, you can enroll in Medicare Part B during the annual General Enrollment Period, which runs from January 1st to March 31st every year. Medicare Part B coverage will then begin on July 1st of the year in which you enroll.

For more information about enrolling in Medicare Part B, please visit the Social Security Administration online at [www.ssa.gov](http://www.ssa.gov) or call toll free at 1-800-772-1213 (TTY/TDD 1-800-325-0778).

**TRICARE For Life overseas:**
Living overseas does not mean you cannot take advantage of TRICARE For Life, if you are enrolled in Medicare Part B. Since Medicare does not typically provide health care coverage overseas, TRICARE will provide the same benefits available to retirees under the age 65, and you will be responsible for the same cost shares and deductibles.

**Services in military treatment facilities:**
Beneficiaries using TRICARE For Life may continue to receive care in military treatment facilities. Under a new program, TRICARE Plus, you may be allowed to enroll to a military treatment facility for primary care. TRICARE Plus is based on local availability.*

If you have specific questions about how TRICARE For Life will affect you, please call 1-888-DoD-LIFE (1-888-363-5433). You can also visit the TRICARE Web site for more information at

**New! TRICARE Reserve Select (TRS)**

TRICARE Reserve Select is a new premium-
based TRICARE health plan offered for purchase by certain members and former members of the Reserve Component* (RC) and their families, if specific eligibility requirements are met.

**TRS** coverage is available to eligible RC members who were called or ordered to active duty, under Title 10, in support of a contingency operation on or after September 11, 2001. RC Members and their Reserve Component unit will need to agree for the member to stay in the Select Reserve for one or more whole years to qualify.

**TRS** coverage must be purchased. **TRS** members pay a monthly premium for health care coverage (for self-only or for self and family).

**Premium Update:** Effective January 1, 2010, TRICARE rates for TRICARE Reserve Select (TRS) Monthly premiums for TRS individual coverage is $49.62, and TRS family coverage is $197.65.

*The Reserve Components include the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve, and the U.S. Coast Guard Reserve. For more information about the Reserve Component and the Selected Reserve, visit [www.defenselink.mil](http://www.defenselink.mil)

*For more details and the latest information, please visit The TRICARE Reserve Select Home Page at:

[http://www.tricare.mil/mybenefit/home/overview/Plans/ReserveSelect](http://www.tricare.mil/mybenefit/home/overview/Plans/ReserveSelect)
On October 1, 2001, military Medicare-eligible beneficiaries became eligible for TRICARE For Life, under which TRICARE will provide second-payer coverage to Medicare. Unfortunately, such major and expensive benefit changes are frequently accompanied by rumors and misinformation. Everything we see indicates TFL will be implemented and funded as planned on October 1. Here are some of the TFL myths.

Myth #1: “TFL is not a permanent program and Congress is looking at cutbacks because of its high cost.”

Reality: TFL is set in permanent law, in the same way as Social Security, Medicare, and military retired pay. As such, annual action by Congress to re-authorize TFL is not required. Public Law 106-398 established a DoD Medicare-Eligible Health Care Trust Fund, to be effective October 1, 2002. The Fund will be resourced with annual mandatory contributions from the Department of Defense and the U.S. Treasury. Congress certainly has the power to change any program, including Social Security, Medicare, military retired pay, or TFL, but that would take another law change. There has been no discussion in Congress of any TFL cutback. Congress and the Defense Department are committed to bringing TFL on line, on time, as promised.

Myth #2: “My doctors will not accept me as a TFL patient because they don’t participate in TRICARE.”

Reality: Under TFL, all Medicare-approved providers are automatically "TRICARE-approved providers." If Medicare pays the doctor, TRICARE will too – automatically. There is no requirement for the doctor to formally participate in TRICARE. In the worst case, a skeptical doctor may ask you to pay the Medicare copayment up front until he can be sure TFL will pay on time.

Myth #3: “Doctors who treat TFL patients will have to file a secondary TFL claim for the supplemental coverage that my Medigap insurance now pays.”

Reality: For the vast majority of cases, all the doctor has to do is file the claim with Medicare, with no extra paperwork for TFL. Most providers already bill Medicare. Medicare will process the primary claim and send the Medicare payment directly to the provider. The paid Medicare claim will be automatically forwarded to TRICARE, which will generate a TRICARE copayment directly to the provider. You will get an Explanation of Benefits (EOB) statement from both Medicare and TRICARE showing that both programs have paid their share of the bill and that you owe nothing. (Note: This automatic payment system will be in place for beneficiaries age 65 and over as of Oct 1, but won’t be available until sometime next year for disabled Medicare-eligibles under 65. In the interim, a separate paper claim to TRICARE will still be necessary for the under-65 Medicare-eligibles.

Myth #4: “Before I can get any benefits under TFL, I must have a new Uniformed Services Identification Card that shows eligibility for health care.”

Reality: A new ID card is not required. Eligibility for TFL is based on your having
correct information in DEERS, the Defense Enrollment Eligibility Reporting System. Even if the back of the Military ID Card indicates, “No civilian medical care is authorized” (after a stated date), TFL benefits will be paid so long as your DEERS information is accurate. In addition, TRICARE contractors mailed out a letter in late July and early August to all uniformed services beneficiaries 65 and older with a wallet-size “Information Card” that can be shown to a provider. The card states the provider should “file claims (for reimbursement) in the usual manner to Medicare.” It also shows that the patient has no copay or deductible for TRICARE and Medicare-covered benefits and provides contact numbers for TFL information.

Myth # 5: “Because I am enrolled in a Medicare HMO or have other health insurance (OHI) coverage, TFL will not benefit me.”

Reality: We believe you won’t need other health insurance under TFL, but if you decide to keep it anyway, you will not get all the benefits of your premium-free TFL coverage. That’s because TFL will be third-payer after Medicare and your other insurance. TROA recommends that all TFL eligibles should review their situation to assess whether it still makes sense to pay premiums for coverage that TFL provides at no cost. But even if you retain a Medicare HMO, Medigap insurance or a former employer’s plan after October 1, TFL may still be of some value. If you pay copays under your other plan, you can file a TRICARE claim and be reimbursed for those costs. Also, if your plan has limited coverage, you can file a TRICARE claim for the out-of-pocket expenses, but you must enclose proof that your other plan’s benefits have been exhausted. In order to submit a claim, the receipt or explanation of benefits form from your other insurer must show the patient’s name, date of care, and type of service. If you are in a Medicare HMO, you should indicate that the receipt is from a Medicare Plus Choice HMO and is for your cost-share. The receipt and a claim form may then be submitted to TRICARE for adjudication. For more information, call the DOD Customer Call Center at 888-DoD-LIFE (888-363-5433).

Myth # 6: “For retirees who travel or live outside the United States (its possessions or territories), Medicare will not pay. Thus, TFL offers no benefits overseas.”

Reality: While Medicare doesn’t provide benefits outside the U.S., TRICARE does. If you are a TFL beneficiary (enrolled in Medicare Part B) and become ill while traveling or residing outside the United States, TFL will be the first payer for TRICARE-covered benefits. In this case, you’ll be responsible for paying the TRICARE copayments and deductibles, up to the catastrophic cap of $3,000 per family per year plus any excess charges. You also will be responsible for paying any billed charges above what TRICARE allows. For information, call DoD’s TFL Call Center at 1- 888 – 363 - 5433.

Myth # 7: “TRICARE For Life will pay for long-term nursing care services, so I won’t need long-term care insurance.”

Reality: TFL does not cover long-term custodial care. Medicare and TRICARE cover certain “medically-necessary” skilled nursing care either in a Skilled Nursing Facility
(SNF) or at home. Such services are very different from long-term care services. SNF care may be needed following a period of hospitalization for rehabilitation or for stabilization of a condition. Long-term care, also called “custodial or personal care”, is for people who require permanent assistance in activities of daily living, such as eating, bathing, dressing and physical movement. Beneficiaries are solely responsible for paying for custodial services. Beneficiaries desiring such coverage may want to purchase long-term care insurance, but they will have to meet certain “medical underwriting conditions” as determined by an insurance carrier.

Non-VA Emergency Care Services

Congress provides VA with new authority to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system. The new benefit will pay for emergency care rendered for non-service-connected conditions for enrolled veterans who have no other source of payment for the care. Although the new authority was effective May 29, 2000, VA cannot process and pay claims until regulations are issued to implement the new law. VA expects to publish such regulations sometime in fiscal year 2002. VA is currently accepting claims for care rendered after May 29, 2000, but is holding them until regulations are published, at which time VA will evaluate the claims for payment.

How do I qualify?
This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify you must meet all of the following criteria:

- You were provided care in a hospital emergency department or similar facility providing emergency care
- You are enrolled in the VA Health Care System
- You have been provided care by a VA health care provider within the last 24 months
- You are financially liable to the provider of the emergency treatment for that treatment
- You have no other form of health care insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA programs
- You have no other contractual or legal recourse against a third party that will pay all or part of the bill
- Department of Veterans Affairs or other Federal facilities were not feasibly available at time of the emergency
- The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health

Should I cancel my current insurance to meet these requirements?
If you are covered by a program or plan that would pay for the emergency care received, you would not qualify for this new benefit. However, VA encourages you to keep all current health insurance. Remember that spouses of veterans generally do not qualify for VA health
care. If you cancel your current insurance, your spouse may not retain health insurance coverage. If you are covered by Medicare Part B and you decide to have it cancelled, it cannot be reinstated until January of the next year.

**What type of emergency services will VA cover?**

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA health care facility.

**Do I need to get approval before going to the emergency room?**

No. If you are an eligible veteran, a VA facility is not feasibly available, and you believe your health or life is in immediate danger, report directly to the closest emergency room. You, your representative, or the treating facility should then contact the nearest VA as soon as possible (within 48 hours) to arrange a transfer to VA care, if hospitalization is required.

**How long will I stay in the private hospital?**

If you are hospitalized, VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, VA will arrange to transport you to a VA, or VA-designated facility.

**What if I do not wish to leave the private facility?**

VA will pay for your emergency care services only until your condition is stabilized. If you stay beyond that point, you will assume responsibility for the payment of costs associated with treatment.

**Will I have to pay for transportation to a VA designated facility?**

VA will assist with transportation arrangements and may be able to pay for such expenses. Please contact your local facility for current guidelines.

**What if the hospital bills me for services?**

If you are billed for emergency care services, contact your local VA health care facility and a representative will assist you in resolving the issue.

**What if my claim is denied?**

To resolve claims issues, VA has established official appeals processes to make sure your case is thoroughly reviewed. Please see your local VA health care facility for current procedures.

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ELIGIBILITY FOR A DEPARTMENT OF VETERANS AFFAIRS FEE BASIS I.D. CARD

**ELIGIBILITY**

A. Service connected veterans.

B. Veterans in receipt of Special Monthly Pension (SMP).
C. WWI veterans.
D. VA Facilities can not be available.
E. The outpatient conditions must require recurring treatment.

**APPLICATION**

A. Submit VA Form 10-10EZ (Marked: Fee Basis).
B. Submit if possible a doctors' report on outpatient treatment needed. This will help the veteran speed up the process.
C. Submit private health Insurance information (required by law).
D. Submit VARO Award Letter.

**How to use a Fee Basis Card (once issued)**

A. Veteran must locate the physician of their choice who is willing to participate in the Fee Program.

B. **Payment is limited to $125.00 per month** for the conditions listed on the Fee Basis Card.

C. If the Fee physician wants to perform a procedure that will exceed the $125.00 limit he must obtain prior approval by submitting a written treatment plan with medical justification, to the appropriate address.

D. Veteran should not be billed any balances for services beyond what the Fee schedule allows unless the services were for unapproved conditions. In that case the VA will not pay.

**Special Notes**

Fee Basis I.D. Cards are for outpatient treatment only (not for: dental, hospitalization, prosthetic or any other purpose).

All veterans will be re-evaluated periodically to determine continuation of Fee Basis care. Fee Basis is not a permanent status for any veteran.

The VA will bill insurance companies for medical care provided for all non service connected disabilities (required by law).

**---------------------      Example      ---------------------**

A. Veterans with aid and attendance or housebound; and WWI veterans whose only entitlement is non-service connected.
B. Veterans who are rated 50% service connected or more and are authorized treatment for all conditions; the VA will bill insurance companies for the non-service connected conditions.

C. VA will not bill the veteran if the insurance carrier does not pay.

Eligibility and How to Apply for VA Authorization of Emergency (Emergency Room) Outpatient Treatment

A. Service connected 50%-100%.
   Any Emergent condition.

B. Service connected less than 50%.
   Emergent treatment for service-connected conditions only.

C. A&A, Housebound or WWI veterans.
   Any Emergent condition.

D. VA facilities are not feasibly available.

E. Must be reported within 15 days from date of Emergent condition.

F. Notification of such Emergency may be made by telephone, telegram or letter.

G. When submitting for payment veteran must submit all invoices, emergency room report or doctors' report; and must substantiate the existence of a medical Emergency.

Eligibility and Procedures to File a Claim for UNAUTHORIZED Emergent Outpatient Medical Services

A. Emergent treatment for a service-connected disability.

B. Emergent treatment for any condition for veterans rated permanently and totally disabled due to service connected disability(ies) (no future exam scheduled)

C. VA facilities must not be feasibly available.

D. Medical condition must be of such an emergent nature that any delay in obtaining treatment would have been hazardous to the veterans' life or health.

How to File

A. Complete VA Form 10-583 for each provider of care.

B. All bills, vouchers, invoices, or receipts or other documentary evidence establishing that such amount was paid.
C. Emergency room reports and doctors’ notes.

D. An explanation of the circumstances necessitating the use of private emergent medical care.

How to use VA Pharmacy to fill non VA prescriptions
Fee Basis I.D. Card Participants

Eligibility

A. Veterans being treated by private physicians' at VA expense or on Housebound or Aid & Attendance.

NOTE: If income does not exceed the MAPR for Pen. W/A&A by $1000.00 the eligibility for medications will continue. (38 CFR §17.96 (a)(2))

B. Must send prescriptions to appropriate facility

C. Mail-out pharmacy will substitute with Generic Drugs where medically feasible.

Eligibility and how to file an AUTHORIZED private hospital claim

A. Must be an emergency.

B. Must notify the Department of Veterans Affairs within 72 hours of admission.

C. Condition must be an emergent service-connected disability or veteran must be 100% permanent and totally disabled. (cannot be an elective or scheduled admission).

D. Female veterans any emergent condition. (only provision).

E. Must be an emergent condition while an active Vocational Rehabilitation participant. (service connected or non-service connected).

F. VA facilities are not available.

G. PAYMENT IS ONLY TO DATE OF STABILIZATION (VETERAN MUST ACCEPT TRANSFER TO A VA MEDICAL FACILITY)

H. Preferred method of transfer is have treating physician call VAMC doctor.

Eligibility and how to file an UNAUTHORIZED private hospitalization claim

Notification after 72 hours of emergent private hospitalization.
A. Emergent service-connected condition.

B. If veteran is rated 100% permanent and totally disabled due to a service-connected disability for any emergent condition.

C. VA facilities were not available.

D. Two (2) years to file for benefit

How to file.

A. Emergency room report if any,

B. Hospital admission notes, history, and physical report.

C. Physicians daily progress notes.

D. Hospital discharge summary.

Note: Remember payment will only be made to the date when the veteran's condition improved to the point that the patient could be safely transferred to a VA medical Center.

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38 CFR § 3.12a  MINIMUM ACTIVE DUTY REQUIREMENTS

a. Persons (see other categorized in subpar. b) who originally enlisted in a regular component of the Armed Forces after September 7, 1980, or who entered on active duty after October 16, 1981, are not eligible for benefits administered by VA unless they completed the lesser of:

(1) Twenty-four continuous months of active duty, or

(2) The full period for which such person was called or ordered to active duty.

(This item (2) applies to National Guard and Reserve personnel called up for active duty).
b. The minimum active duty requirements specified in subparagraph 4.17a. do not apply to the following classes of individuals:

(1) Those who are discharged or released from active duty for:
   (a) Reasons of early-out (10 U.S.C. 1171).
   (b) Reasons of hardship (10 U.S.C. 1173).
   (c) Disability incurred or aggravated in line of duty.

(2) Persons who have a compensable service-connected disability.

(3) Those who entered on active duty after October 16, 1981, and who had previously completed a continuous period of active duty of at least 24 months or who had been discharged or released from such period of duty for reasons of early-out.

c. Persons who do not meet the minimum active duty requirements and have an adjudicated, SC disability may be provided medical benefits for or in connection with that specific disability and are eligible for medical care in the same manner as any other veteran who served on active duty. Entitlement to class II dental benefits does not require adjudication action when the provisions of 38 CFR 17.123a, are met.

d. A discharge under 10 U.S.C. 1171, is an "early-out" discharge available to enlisted persons only (and not to officers), which must be granted within 90 days before the expiration of the term of enlistment or extended enlistment. For example, with a 2-year period of enlistment, a discharge under 10 U.S.C. 1171, may only be granted after the person has served at least 21 months; for a 3-year enlistment, only after at least 33 months have been served, etc. Since the 24-month requirement would already be met in the second situation, it is only the 10 U.S.C. 1171, discharge for a 2-year enlistment which is of concern to VA in determining entitlement to VA benefits. Only the Army has a minimum 2-year period of enlistment. It is most important that the DD Form 214, Report of Separation from Active Duty, be reviewed very carefully to determine if a discharge under 10 U.S.C. 1171, has been granted when an Army veteran has less than 24 months active duty service and none of the other exceptions listed under subparagraph b or c apply.

(1) The majority of Army discharges under 10 U.S.C. 1171, will have the narrative reason "Oversea Returnee" on the DD Form 214. If the individual served at least 21 months active duty and the narrative reason for separation on the DD Form 214 shows "Oversea Returnee," it will be accepted as proof of discharge under 10 U.S.C. 1171.

(2) If an Army veteran served at least 21 months and any other narrative reason for separation (including one considered to be for the convenience of the Government) is shown on the discharge form, an inquiry to the regional office of jurisdiction will be initiated for a determination as to whether or not the separation was under 10 U.S.C. 1171. Other narrative reasons the Army may use for discharges under 10 U.S.C. 1171, include:

   (a) Assignment to installation or unit scheduled for inactivation or permanent change of station;
   (b) Separation from medical holding detachment/company;
   (c) Physical disqualification for duty in MOS (Military Occupational Specialty); (d) Acceptance into ROTC (Reserve Officer Training Corps) Program; and
   (e) Secretarial authority.

(3) If an Army veteran served less than 21 months and none of the other exceptions listed under subparagraph b or c apply, the individual is not eligible for VA medical benefits.

(4) The minimum period of enlistment in the Navy, Air Force, Marine Corps and Coast Guard is at least 3 years. Therefore, individuals discharged from those branches with less than 24 months service could not have 10 U.S.C. 1171, discharges, since the discharges would have to occur after at least 33 months service to be under 10 U.S.C. 1171.

**MEANS TEST THRESHOLDS - 2010**

1. These are the Financial Income Thresholds for VA Health Care Benefits.

2. POLICY: Facilities began to use these new rates on January 1, 2010.

3. ACTION: The following new Means Test Thresholds are effective January 1, 2010, through December 31, 2010, as seen in VA Health Care Fact Sheet 164-
### VA National Income Thresholds

#### Financial Test Year 2010

<table>
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<th>Veteran with</th>
<th>Free VA Prescriptions and travel benefits (maximum allowable rate):</th>
<th>Free VA Health Care: (0% service connected (noncompensable) and nonservice-connected veterans only):</th>
<th>Medical expenses deduction (5% of maximum allowable pension rate from previous year):</th>
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<td>0 dependents</td>
<td>$11,830 or less</td>
<td>$29,402 or less</td>
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<td>1 dependent</td>
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<td>2 dependents</td>
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<td>3 dependents</td>
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<td>$41,344 or less</td>
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<td>For each additional dependent add:</td>
<td>$2,020</td>
<td>$2,020</td>
<td>5% of maximum allowable pension rate</td>
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<td>Medicare Deductible:</td>
<td>$1,100</td>
<td>Income &amp; Asset Net Worth: $80,000</td>
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### CVSO & VAMC (LOOK-UP) CROSS REFERENCE

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<td>32</td>
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**CHAPTER 11**

205
EDUCATIONAL BENEFITS

INTERNET: http://www.gibill.va.gov/

HISTORY OF THE GI BILL

On June 22, 1944, President Franklin Delano Roosevelt signed into law one of the most significant pieces of legislation ever produced by the United States government: The Servicemembers’ Readjustment Act of 1944, commonly known as the GI Bill of Rights. By the time the original GI Bill ended in July 1956, 7.8 million World War II veterans had participated in an education or training program and 2.4 million veterans had home loans backed by VA. Today, the legacy of the original GI Bill lives on in the Montgomery GI Bill. The Post-9/11 Veterans Educational Assistance Act of 2008 or “New GI Bill” benefits became effective for training on or after August 1, 2009.

EDUCATIONAL BENEFITS

1. GENERAL

The Department of Veterans Affairs Educational Assistance Program provides training and/or educational assistance to veterans and/or established eligible dependents. The program is designed to achieve the following goals:

a. To make service in the Armed Forces of the United States more attractive.
b. To extend benefits of secondary education/training to qualified and deserving persons who may not be able to avail themselves otherwise.

c. To provide vocational readjustment and restore lost educational opportunities to those whose personal careers were interrupted by active federal service.

d. To create a climate in which Armed Forces veterans may aspire to greater educational advantages than they might normally have had, had they not served in the Armed Forces. The various types of educational benefits are commonly referred to as follows;

(1) Chapter 15 - Vocational Rehabilitation for Veterans Receiving pension
(2) Chapter 30 - Montgomery GI Bill
(3) Chapter 31 - Vocational Rehabilitation
(4) Chapter 32 - Post Vietnam Era Educational Assistance (VEAP)
(5) Chapter 35 - Survivors and Dependents Educational Assistance
(6) Chapter 1606 - Montgomery GI Bill for the Selected Reserves and Army National Guard
(7) Tutorial Assistance

Tutorial Assistance
Chapters 30, 32, 35, and 1606 - up to $100 per month not to exceed $1200 total. Entitlement charged after the first $600 paid at the rate of one month each time the equivalent of the full-time rate is paid.

(8) Educational Loans

Chapter numbers are the chapters of Title 38 U.S. Code that authorize those particular benefits.

The most commonly used VA Forms for education claims are:

21-674 Request for Approval of School Attendance.
22-1990 Application for Educational Benefits - Chapter 30, 32, 33, 1606, & 1607.
22-1995 Request for Change of Program/Place of Training - Chapter 30, 32, 1606.
22-1999c Enrollment Certification - Chapter 30, 32, 1606, 35.
22-5490 Application for Survivors/Dependent's Educational Assistance - Ch. 35.
22-5495 Request Change of Program / Place of Training - Chapter 35.

CHAPTER 30 - MONTGOMERY GI BILL - ACTIVE DUTY
EDUCATIONAL ASSISTANCE PROGRAM

ELIGIBILITY
1. Category IA. Veterans who first become members of the Armed Forces or who first entered on active duty after June 30, 1985; who have an initial obligated period of active duty of less than 3 years; and who have no service in the Selected Reserve used for eligibility purposes.

2. Category IB. Veterans who first became members of the Armed Forces or who first entered on active duty after June 30, 1985; and who have an initial obligated period of active duty of 3 years or longer.

3. Category IC. Veterans who first became members of the Armed Forces or who first entered on active duty after June 30, 1985, and who have service in the Selected Reserve used for purposes of establishing Chapter 30 eligibility.

4. Category IIA. Veterans who are eligible to receive benefits under Chapter 34 on December 31, 1989; who have served without a break in service from October 19, 1984 through June 30, 1985; who have continuous active duty after June 30, 1985; and who have no service in the Selected Reserve used for purposes of establishing Chapter 30 eligibility.

5. Category IIB. Veterans who are eligible for benefits under Chapter 34 on December 31, 1989; who have served without a break in service from October 19, 1984, through June 30, 1985; who have continuous active duty service after June 30, 1985; and who do have service in the Selected Reserve used for purposes of establishing Chapter 30 eligibility.

6. For Chapter 30 benefits all military service must have been under HONORABLE CONDITIONS. VA will not pay basic educational assistance or supplemental educational assistance to that veteran beyond 10 years after the veteran's last discharge or release from a period of active duty of 90 days or more of continuous service, or November 30, 2009, whichever is later. An UNCHARACTERIZED discharge also does not qualify a veteran for benefits under Chapter 30.

7. MILITARY PAY REDUCTION: Veterans in eligibility categories IA, IB, and IC will have their military pay reduced by $100 each month for the first 12 months after they enter active duty for a total of $1,200. Persons in eligibility categories IIA and IIB will not have their military pay reduced. Individuals (in eligibility categories IA, IB, or IC) entering active duty (after June 30, 1985) will have the $100 withheld each month unless they elect (at the time they initially enter active duty) not to participate. If an individual decides not to participate, he or she must elect not to do so.

New Provision (PL 106-419 is effective May 1, 2001)

(1) PL 106-419 revises 38 U.S.C. §3011 and §3012 to allow a service member participating in MGIB to make additional payments to VA for the purpose of receiving an increased amount of educational assistance.
(2) Participants can make these additional payments in $4 increments up to a maximum of $600. The minimum amount that DoD will withhold as a pay reduction is $20. These additional payments are non-refundable.

(3) MGIB participants who establish eligibility under 38 U.S.C. §3011(a)(1)(B) (category IIA), §3012(a)(1)(B) (category IIB), §3018A (category IIIA), §3018B (category IIIB), or §3018C (categories IVA and IVC) are not eligible to make additional payments.

NOTE 1: VEAP participants who elect chapter 30 under the provisions of PL 106-419 (new category IVC) are not eligible to make additional payments under this provision.

NOTE 2: If an individual was originally eligible under category I and made contributions under this provision, and now is discharged under category IIIA or IIIB, any amount contributed under this provision is still available to increase the basic rate payable.

(4) A participant’s monthly full-time MGIB benefit will be increased by an additional $1 per month for each $4 contributed. Payment for lesser training times will be adjusted proportionately. The maximum contribution of $600 allows for a maximum monthly full-time MGIB benefit of $800 for categories IB, IC, and III, and $678 for category IA.

d. Time Limit. MGIB participants who are discharged from service between November 1, 2000, and April 30, 2001, may make these additional payments beginning on May 1, 2001, and ending on July 31, 2001.

NOTE: These contributions are in addition to the $1200 pay reductions required of MGIB-Active Duty participants.

BENEFITS

1. $1,368.00 per month for 36 months for persons who served on active duty for 3 years or 2 years active duty plus 4 years in the Selected Reserve or National Guard. The Secretary shall provide a percentage increase (rounded to the nearest dollar) in the rates payable. Effective: October 1, 2009.

2. $1,111.00 per month for 36 months for those who served at least two but less than three years. The Secretary shall provide a percentage increase (rounded to the nearest dollar) in the rates payable. Effective: October 1, 2009. Internet Site at:

http://www.gibill.va.gov/GI_Bill_Info/rates.htm

3. Chapter 30, and Ch-32, have/had a period of ten years to use his/her benefits.

4. School Attendance must be certified by the student to the VA.
Active duty military and Chapter 30 veterans MUST verify their monthly enrollment, and WAVE is the preferred method to accomplish this. WAVE is found using the Internet by accessing this Web site: https://www.gibill.va.gov/wave/index.do
Once at that site, the student should follow the prompts to establish him/herself in the system and verify enrollment on a regular basis.

NOTE: This is a secure site so accept the "security Alert" message (in the event you get one).

Many folks prefer this system since it is accessed through the Internet and may be easier for them to get into. Of course the telephone verification system is also still available 24 hours a day as before. That number is: 1- 877- 823 - 2378.

**TYPES OF TRAINING AVAILABLE**

Benefits are payable for attendance at institution of higher learning, non-college degree programs, apprenticeship, on-job training, pursuit of correspondence training, cooperative courses and flight training. Also included are refresher, remedial and deficiency courses, tutorial assistance and/or work-study benefits.

Internet: http://www.gibill.va.gov/GI_Bill_info/programs.htm

NOTE: Veterans taking tests required for certification or licensure in an occupation may be able to use their Department of Veterans Affairs (VA) education benefits to cover test fees.

Veterans benefits already cover many of the courses needed for occupational licensure. The new benefit made possible by a recent change in law allows VA to pay for such things as a state bar examination required to practice law or a license qualification test for a plumber. Veterans may be reimbursed for actual examination costs up to $2,000 per test. Participants must be eligible for the Montgomery GI Bill or the Veterans’ Educational Assistance Program. The benefit is also available to survivors of veterans who qualify for the Dependents Educational Assistance program.

In determining which tests will be approved for reimbursement, VA will rely on its existing partnerships with state agencies that certify education programs for GI Bill benefits. In general, if the testing organization is a non-governmental group, the test must be accepted within the industry and meet other requirements, such as having been in use for at least two years. Because it is a new program, few tests were immediately authorized, but VA is encouraging organizations that administer occupational licensure and certification tests to request state approving agencies to review their examinations to obtain standing approval.

Both veterans and certifying organizations may obtain information about the process by calling VA’s education service at 888-442-4551. Payments are sent directly to the veterans, who may obtain more information about VA educational benefits and procedures to apply for test reimbursement from VA’s Web site at www.gibill.va.gov.
CHAPTER 1606 MONTGOMERY G.I. BILL FOR THE SELECTED RESERVE (SR) AND ARMY NATIONAL GUARD (ANG)

1. ELIGIBILITY

a. Persons who, after June 30, 1985, enlist, reenlist, or extend an enlistment in the Selected Reserves or Army National Guard for a period of six years or more; and those who are appointed or are serving as reserve officers and agree to serve in the Selected Reserve or Army National Guard for not less than 6 years in addition to any other period of obligated Selected Reserve service after June 30, 1985, may qualify.

b. An individual must complete his or her initial period of active duty training. In addition, a reservist must have completed the requirements for a secondary school diploma or equivalent before completing initial active duty, or before completing a reenlistment or extending an enlistment. The individual must continue to satisfactorily participate in the National Guard or Selected Reserve.

2. BENEFITS

a. An eligible reservist is entitled to a maximum of 36 months of educational assistance. The amounts effective 10/01/09 are:
   - $333.00 per month for each month of full-time pursuit of a program of education;
   - $249.00 per month for each month of three-quarter-time pursuit of a program of education;
   - $165.00 per month for each month of half-time pursuit of a program of education. To view Payment rates on the internet, visit:

   http://www.gibill.va.gov/GI_Bill_Info/rates.htm

b. Eligibility will end 14 years from the date eligibility began, or the date of separation from the Selected Reserve. Public Law 107-314 has been passed extending the eligibility period for Chapter 1606 benefits from 10 to 14 years effective October 1, 1992. This means that individuals who became eligible on or after that date now have 14 instead of 10 years to use their benefit entitlement (the maximum entitlement remains 36 months). Contrary to some rumors, this does NOT affect ANY other GI Bill program.

3. TYPES OF TRAINING

Educational assistance is payable for pursuit of an undergraduate degree, non-college degree (NCD) program, apprenticeship on-job training, pursuit of correspondence training, cooperative courses and flight training. Reservists may receive work-study benefits for service performed at Department of Defense facilities. To be eligible for NCD, Cooperative, OJT, Apprenticeship, correspondence, independent study, and flight training the person must have a 6 year commitment that begins after September 30, 1990.
IMPORTANT- New education benefit for Activated Reservists -- H.R 4200 authorizing the creation of a new education benefit was signed into law on October 28, 2004. The new benefit, Chapter 1607, makes certain individuals who were activated after September 11, 2001 either eligible for education benefits or eligible for increased benefits.

**Purpose of Chapter 1607** Chapter 1607 provides educational assistance to members of the reserve components called or ordered to active duty in response to a war or national emergency (contingency operations) as declared by the President or Congress.

*Note: "Contingency operations" as defined in title 10 U.S. Code means "military operations that are designated by the Secretary of Defense as an operation in which members of the armed forces are or may become involved in military actions, operations or hostilities against an enemy of the United States or against opposing military force; or results in the call or order to, or retention on active duty of members of the uniformed services under section 688, 12301(a), 12302, 12304, 12305, or 12406 of 10 U.S.C., chapter 15 of 10 U.S.C., or any other provision of law during a war or during a national emergency declared by the President or Congress."*

**Eligibility** A member of a reserve component who serves on active duty on or after September 11, 2001 under title 10 U.S. Code for a contingency operation and who serves at least 90 consecutive days or more is eligible for chapter 1607. National Guard members also are eligible if their active duty is under section 502(f), title 32 U.S.C. and they serve for 90 consecutive days when authorized by the President or Secretary of Defense for a national emergency and is supported by federal funds. Individuals are eligible as soon as they reach the 90-day point whether or not they are currently on active duty. DoD will fully identify contingency operations that qualify for benefits under chapter 1607.

Disabled members who are injured or have an illness or disease incurred or aggravated in the line of duty and are released from active duty before completing 90 consecutive days are also eligible.

*Note: The "reserve components" consist of Army Reserve, Naval Reserve, Air Force Reserve, Marine Corps Reserve, Coast Guard Reserve, and the Army National Guard and the Air National Guard. A "member of a reserve component who serves on active duty" includes persons from the Selected Reserve and the IRR (Individual Ready Reserve). "Contingency operation" does not just mean the current Iraq or Afghanistan operations. DoD will advise VA as to what the authorized contingency operations are. The key issue is: Did a person serve in a contingency operation on or after September 11, 2001? Call-up after that date is not necessarily a requirement.*

**Benefits Under Chapter 1607** The educational assistance allowance payable under chapter 1607 is a percentage of the chapter 30 3-year rate (Category 1B rate) based on the number of continuous days served on active duty. The full-time rate in the table below is the rate for full-time institutional training under chapter 1607, effective October 1, 2009.

<table>
<thead>
<tr>
<th>Member Serves</th>
<th>Percentage of 3-Year Rate</th>
<th>Full-Time Rate FY 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 days but less than one year</td>
<td>40%</td>
<td>$547.20</td>
</tr>
<tr>
<td>One year but less than two years</td>
<td>60%</td>
<td>$820.00</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----</td>
<td>---------</td>
</tr>
<tr>
<td>Two years or more</td>
<td>80%</td>
<td>$1,094.40</td>
</tr>
</tbody>
</table>

Note: This is a Partial table, complete Chapter 1607 rates can be seen at:

http://www.gibill.va.gov/GI_Bill_Info/rates.htm

Reduced rates will apply for correspondence, flight, apprenticeship/OJT and licensing and certification training. Note: Disabled members released before 90 days are eligible for the 40% rate.

Maximum Months of Assistance The number of months of entitlement under chapter 1607 is 36 months. A person could earn 36 months of entitlement after serving the minimum 90 days. The 48-month limitation when combining two or more education programs applies to chapter 1607. The restoration of entitlement provision applies to members under chapter 1607 who after they become eligible for chapter 1607 have to discontinue their education and fail to receive credit for coursework due to call-up.

Programs Approved educational programs under 1607 will include any educational programs approved under chapter 30 of title 38 U.S.C.

Written Notification The law requires DoD to provide members a written notice summarizing the provisions of chapter 1607 upon release from active duty. DoD will provide details as to the type of written notice they will provide.

Bar to Dual Eligibility A member may not use the same period of service to qualify for benefits under chapter 1607 and chapter 30 of 38 U.S.C. The member must make an irrevocable decision as to which program the service will be credited to.

Bar to Duplication of Educational Assistance Allowance If a member is qualified for chapter 1607, chapter 1606 of 10 U.S.C. or chapters 30, 31, 32 or 35 under 38 U.S.C., or the Hostage Relief Act of 1980, he or she may not receive assistance under more than one program at one time. The member must elect through VA which program of assistance he or she wishes to receive.

Chapter 1606 Kickers The chapter 1606 kicker will be paid to a member who was otherwise entitled to a chapter 1606 kicker before call-up and will now receive benefits under chapter 1607.

Duration of Entitlement to Chapter 1607 A member remains entitled under chapter 1607 by continuing to serve in the Selected Reserve in a case of a member called or ordered to active service while serving in the Selected Reserve. A member remains entitled under chapter 1607 by continuing to serve in the Ready Reserve in a case of a member called or ordered to active service while serving in the Ready Reserve. (The latter provision refers to individuals called up from the IRR. To continue to be eligible after their active duty, they must continue to serve in the IRR. They do not have to serve in the Selected Reserve.)
Note: There is no fixed delimiting period for persons eligible under chapter 1607 as there is for all of the other VA education programs. There is one exception: If a member is separated from the Ready Reserve for disability which was not the result of the individual’s own willful misconduct, the person is entitled to chapter 1607 benefits for 10 years after the date of entitlement.

Effective Date of Benefits Chapter 1607 benefits may be paid before the date of enactment the law. Chapter 1607 benefits are potentially payable from December 9, 2001 (90 days after September 11, 2001) for persons who were serving on a contingency operation on September 11, 2001 and who were in school on December 9, 2001. DoD may provide further guidance as to the retroactive nature of this program.

Termination of Assistance Under Chapter 1607 Members receiving assistance under chapter 1607 will have benefits terminated if they receive financial assistance under section 2107 (ROTC scholarship) of title 10 U.S.C. or when the person separates from the Ready Reserve. This is a permanent termination, but the member could be entitled to a resumption of benefits under chapter 1607 at a later date due to a different qualifying period of service.

Interim Application Procedures Claimants should complete a VA Form 22-1990 or 1995 as appropriate and annotate at the top “1607”. The claimant should also indicate from which date (s)he wishes to receive Chapter 1607 benefits. If that period overlaps with a period for which we paid Chapter 1606 benefits, we will pay the difference between the Chapter 1607 rate and what we have already paid at the Chapter 1606 rate.

FINAL RULES AND INSTRUCTIONS WILL BE DISTRIBUTED BY THE VA.

CHAPTER 31 - “VOCATIONAL REHABILITATION AND EMPLOYMENT” (VR&E)

1. ELIGIBILITY

   a. Veterans who served in the Armed Forces on or after September 16, 1940, are eligible for vocational rehabilitation if all three of the following conditions are met:

   b. (Effective October 1, 1993). For those veterans not evaluated 20 percent or more disabled due to a service-connected disability, eligibility to vocational rehabilitation may be established if he or she has a service-connected disability evaluated 10 percent disabling and Vocational Rehabilitation and Employment” (VR&E) determines that the veteran has a serious employment handicap. Although a statutory award under 38 U.S.C. 1114(k) or former subsection (q) does not meet the 10 percent evaluation requirement, entitlement under 38 CFR 3.324
would; and

c. Discharged or released under other than dishonorable conditions or are hospitalized awaiting separation for disability; and
d. The VA determines there is a need for vocational rehabilitation to overcome impairment to the veteran's ability to prepare for, obtain or retain employment consistent with abilities, aptitudes and interests. Service-connected disabilities must materially contribute to the existing employment handicap.

2. PERIOD OF ELIGIBILITY

Generally, the veteran must complete a rehabilitation program within 12 years from the date the VA notifies him or her of entitlement to compensation.

3. LENGTH OF REHABILITATION PROGRAM

Eligible disabled veterans may receive up to 4 years of full-time training, its equivalent in part-time training, or a combination of part-time and full-time training. In some cases, training may exceed 4 years if deemed necessary to overcome serious employment handicaps.

4. BENEFITS

a. While in training and for 2 months after the completion of training, eligible veterans may receive subsistence allowance in addition to their disability compensation or retirement pay. The VA also pays the costs of tuition, fees, books, supplies, and equipment. The VA pays for special supportive services, such as tutorial assistance, medical care, including: prosthetic devices, lip-reading training, and signing for the deaf.

b. In addition to training, a veteran may receive counseling, job search and work adjustment services for up to 18 months. Employment services may also be given under either of the following conditions;

(1) The veteran is eligible for vocational rehabilitation, but these services are the only assistance needed to overcome the employment handicap and enable the veteran to become suitably employed or

(2) The veteran is eligible for vocational rehabilitation, but is determined to be employable and has previously taken part in a program for at least 90 days under the VA or a state rehabilitation agency.

5. TYPES OF TRAINING

A full-time course leading to a standard college degree or to a professional or vocational objective which requires at least six months to complete, during the first two years after the end of the eligibility. The six-month requirement may be waived by VA under certain circumstances. The loan program is based on financial need.
Chapter 31 Subsistence Allowance Rates As of October 1, 2009

NOTE: This Chapter 31 Table is a partial table. A complete table can be accessed at:

http://www.vba.va.gov/bln/vre/sa.htm

The following Subsistence Allowance rates are paid for training in an Institution of Higher Learning:

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<thead>
<tr>
<th>Number of Dependents</th>
<th>Full Time</th>
<th>Three Quarter Time</th>
<th>One Half Time</th>
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<tbody>
<tr>
<td>No Dependents</td>
<td>$547.54</td>
<td>$411.41</td>
<td>$275.28</td>
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<tr>
<td>One Dependent</td>
<td>$679.18</td>
<td>$510.12</td>
<td>$341.07</td>
</tr>
<tr>
<td>Two Dependents</td>
<td>$800.36</td>
<td>$598.38</td>
<td>$400.92</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$58.34</td>
<td>$44.86</td>
<td>$29.93</td>
</tr>
</tbody>
</table>

Subsistence Allowance is paid for full time training only, in the following training programs: Non-pay or nominal pay on-job training in a federal, state, local, or federally recognized Indian tribe agency; training in the home; vocational course in a rehabilitation facility or sheltered workshop; institutional non-farm cooperative.

CHAPTER 35 SURVIVORS & DEPENDENTS EDUCATIONAL ASSISTANCE

1. ELIGIBILITY

Educational assistance is extended to:

a. The son, daughter or spouse of a veteran who is permanently and totally disabled as the result of service-connected disability, or the son, daughter or spouse of an individual on active duty who has been listed as missing in action for a total of more than 90 days, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power; or

b. The son, daughter, or surviving spouse of a veteran who died of a service-connected disability.

c. Generally the period of eligibility for a son or daughter is between the ages of 18 and 26 years. In certain instances, it is possible to begin training before age 18, and to continue after age 26. The marriage of a son or daughter is not a bar to this benefit. (38 CFR §3.807, 38 CFR §21.3041 Periods of eligibility; child.)

a. A spouse is eligible for educational benefits during the 10-year period after eligibility is found. A surviving spouse may use these benefits during a 10-year period after the veteran's death, or 10 years after the VA determines the veteran's death was caused by a service-connected disability. Eligibility
will terminate, the last day of attendance before remarriage, under age 57, by a surviving spouse (PL 108-183). 38 CFR 21.3135

NOTE: PL 108 - 454, Veterans Benefits Act of 2004, Section 105, provides a Ten-year extension of delimiting period for survivors’ and dependents’ educational assistance for spouses of members who die on Active Duty. Amends 38 U.S.C § 3512(b)(1) to extend the Dependents Educational Assistance (Chapter 35) delimiting date for surviving spouses of service members who die on active duty from 10 years to 20 years from the eligibility date.

NOTE: PL 108-183, Veterans Benefits Act of 2003 allows a surviving spouse who remarries on or after his or her 57th birthday to remain eligible for DIC, home loan, and educational benefits.

2. TERMINATION

Benefits will be terminated in the event the VA determines that the person on whose account benefits are claimed is no longer totally disabled, or the VA is notified that the person is no longer listed as captured, missing in action or forcibly detained.


a. An eligible person is entitled to a maximum of 45 months of educational assistance. The rates for an eligible person who is pursuing a program consisting of institutional courses are: $925.00 for full time, $694.00 for ¾ time, and $461.00 for ½ time. Rates effective: October 1, 2009, please note that this Chapter 35 Table is a partial table. A complete table can be accessed at:

http://www.gibill.va.gov/GI_Bill_Info/rates.htm

<table>
<thead>
<tr>
<th>Training Time</th>
<th>Monthly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>$925.00</td>
</tr>
<tr>
<td>¾ time</td>
<td>$694.00</td>
</tr>
<tr>
<td>Time</td>
<td>Amount</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>½ time</td>
<td>$461.00</td>
</tr>
<tr>
<td>less than ½ time more than ¼ time</td>
<td>$461.00**</td>
</tr>
<tr>
<td>¼ time or less</td>
<td>$231.25 **</td>
</tr>
</tbody>
</table>

**Correspondence** - Entitlement charged at the rate of one month for each $925.00 paid.

** Tuition and Fees ONLY. Payment cannot exceed the listed amount.

b. On February, 2001, in Ozer v. Principi, the CAVC decision has the effect of ending delimiting dates for chapter 35 spouses. This decision does not change the rules for determining a surviving spouse’s delimiting date.

VA ESTABLISHES NATIONWIDE EDUCATION INFORMATION HELP LINE (News Release February 8, 1999): Washington, D.C. -- The Department of Veterans Affairs (VA) has a new toll-free telephone number for veterans and dependents to get the latest information on VA education benefits. By dialing 1-888-GI BILL 1 (1-888-442-4551), veterans, dependents, school officials, veterans service officers and others can receive education benefits information, including detailed eligibility criteria and general background on VA programs, 24 hours a day, seven days a week. Education benefits information is also available on the VA’s Education Home Page on the Internet: [http://www.gibill.va.gov/](http://www.gibill.va.gov/).

**State Approving Agency for Veterans Training (SAA)**

The SAA is a Bureau similar to Claims and Field Services which is under the jurisdiction of The Director of Benefits & Assistance, a part of The Florida Department of Veterans Affairs. The SAA is charged with the function of approving and oversight of the following types of programs for veterans and otherwise eligible dependents: College, Non-college, On-The-Job, and Apprenticeship programs.

In addition, the SAA conducts periodic supervisory visits, assist visits, training, and investigations as requested by the U.S. Department of Veterans Affairs (VA) Education Liaison Representative’s Office (ELR). Most active facilities are visited by the SAA on an annual basis.

The SAA does not have access to the VA’s Educational payment system and, therefore, they are unable to resolve individual benefit payment problems. They are, however, able to intercede in behalf of veterans and eligible dependents who seek the approval of programs of education/training not currently approved. You should encourage questions relative to the approval process be directed to the SAA. We have enclosed a copy of the assignment of Program Specialists by name and telephone number throughout the state.
In addition, the FDVA website provides a current list of approved facilities within the state. Updates are made periodically as new programs are approved, facilities are suspended, or approval is withdrawn. Veterans should be encouraged to access this website as a means to determine if a specific program is currently approved. This website can be accessed through:  http://www.floridavets.org/saa/saa.asp
State of Florida
Department of Veterans' Affairs
Division of Veterans' Benefits and Assistance
Bureau of State Approving for Veterans' Training
P.O. Box 31003
St. Petersburg, FL 33731
FAX: (727) 319-7781
www.floridavets.org

LeRoy Collins, Jr.
Executive Director

Charlie Crist
Governor
Bill McCollum
Attorney General
Alex Sink
Chief Financial Officer
Charles Bronson
Commissioner of Agriculture

Area Distribution - Effective October 1, 2010

PROGRAM SPECIALIST

- **AREA I**
  - Marcus Hurston (850) 867-5303
    hurstomn@fdva.state.fl.us

- **AREA II**
  - Patrick Burch (727) 215-8154
    burchp@fdva.state.fl.us

- **AREA III**
  - Jenny George (727) 215-7056
    georgej@fdva.state.fl.us

- **AREA IV**
  - Richard Gouin (727) 319-7407
    gouinr@fdva.state.fl.us

BUREAU CHIEF
Steve J. Turbece - (727) 319-7401
 turbeces@fdva.state.fl.us

ADMINISTRATIVE STAFF
Cora Stagner, Office Manager - (727) 319-7402
stagnerc@fdva.state.fl.us

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The Post-9/11 Veterans Educational Assistance Act of 2008 or “New GI Bill” has been enacted into law.

The Post - 9/11 GI Bill is a new education benefit program for individuals who served on active duty on or after September 11, 2001.

**When Can I Receive Benefits under the Post-9/11 GI Bill?**

Post-9/11 GI Bill benefits are payable for training pursued on or after August 1, 2009. No payments can be made under this program for training pursued before that date.

**Am I Eligible?**

You may be eligible if you served at least 90 aggregate days on active duty after September 10, 2001, and you are still on active duty or were honorably-

- discharged from the active duty; or
- released from active duty and placed on the retired list or temporary disability retired list; or
- released from active duty and transferred to the Fleet Reserve or Fleet Marine Corps Reserve; or
- released from the active duty for further service in a reserve component of the Armed Forces.

You may also be eligible if you were honorably discharged from active duty for a service-connected disability and you served 30 continuous days after September 10, 2001.

**If I am eligible for the Montgomery GI Bill, Montgomery GI Bill-Selected Reserve, or the Reserve Educational Assistance Program, am I eligible for Post-9/11 GI Bill?**

If, on August 1, 2009, you are eligible for one of these programs and you qualify for the Post-9/11 GI Bill, you may make an irrevocable election to receive benefits under the Post-9/11 GI Bill.

Note: Once you elect to receive benefits under the Post-9/11 GI Bill, you will no longer be eligible to receive benefits under the program from which you elected the Post-9/11 GI Bill.
**How much will I receive?**

Based on your length of active duty service, you are entitled to a percentage of the following:

- Cost of tuition and fees, not to exceed the most expensive in-state undergraduate tuition at a public institution of higher education (paid to school);

- Monthly housing allowance* equal to the basic allowance for housing payable to a military E-5 with dependents, in the same zip code as your school (paid to you);

- Yearly books and supplies stipend of up to $1000 per year (paid to you); and -A one-time payment of $500 paid to certain individuals relocating from highly rural areas.

*NOTE – The housing allowance and books and supplies stipend are not payable to individuals on active duty. The housing allowance is not payable to those pursuing training at half time or less or to individuals enrolled in distance learning. Individuals serving an aggregate period of active duty after September 10, 2001, of:

<table>
<thead>
<tr>
<th>Percentage of Maximum Benefit Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 36 months</td>
</tr>
<tr>
<td>At least 30 continuous days and discharged due to service connected disability</td>
</tr>
<tr>
<td>At least 30 months &lt; 36 months</td>
</tr>
<tr>
<td>At least 24 months &lt; 30 months</td>
</tr>
<tr>
<td>At least 18 months &lt; 24 months</td>
</tr>
<tr>
<td>At least 12 months &lt; 18 months</td>
</tr>
<tr>
<td>At least 6 months &lt; 12 months</td>
</tr>
<tr>
<td>At least 90 days &lt; 6 months</td>
</tr>
</tbody>
</table>
What does the Post-9/11 GI Bill cover?

You may receive benefits for any approved program offered by a school in the United States that is authorized to grant an associate (or higher) degree. Visit the VA website at:

http://www.gibill.va.gov/GI_Bill_Info/Programs.htm

To verify that the program at your school, or the program at the school you would like to attend, is approved. You may also receive benefits for tutorial assistance or up to $2,000 for the reimbursement of one licensing or certification test.

If you transferred to the Post-9/11 GI Bill from the Montgomery GI Bill – Active Duty, Montgomery GI Bill – Selected Reserves, or the Reserve Education Assistance Program, you may also receive Post-9/11 GI Bill benefits for flight training, apprenticeship or on-the-job training programs, and correspondence courses.

Can I transfer my entitlement to my dependents?

Yes, if you meet the eligibility requirements determined by your military service branch. For more details, Visit:


Did you know?

➤ The Post-9/11 GI Bill includes an annual book stipend of up to $1000.
➤ You may be able to transfer your Post 9/11 GI Bill benefits to your dependents.
➤ With the Post-9/11 GI Bill, you may be eligible for benefits up to 15 years after leaving service.
➤ Reservists may qualify for 100% tuition reimbursement with the Post-9/11 GI Bill.
➤ Free educational and vocational counseling services are available to servicemembers and veterans.
➤ With the Yellow Ribbon program, you may be able to attend a private university at no cost to you.
➤ The Post-9/11 GI Bill includes both tuition support and a housing stipend.
➤ See Details at:
➤ http://www.gibill.va.gov/GI_Bill_Info/CH33/Benefit_Comparison_Chart.htm#MONEY
Chapter 12

LIFE INSURANCE

http://www.insurance.va.gov/
### VA LIFE INSURANCE PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Beginning Date</th>
<th>Last Date</th>
<th>Policy Prefix</th>
</tr>
</thead>
<tbody>
<tr>
<td>U. S. Government (USGLI)</td>
<td>May, 1919</td>
<td>Apr 24, 1951</td>
<td>K</td>
</tr>
<tr>
<td>National service (NSLI)</td>
<td>Oct 8, 1940</td>
<td>Apr 24, 1951</td>
<td>V, H, N or AN</td>
</tr>
<tr>
<td>Veterans Special (VSLI)</td>
<td>Apr 25, 1951</td>
<td>Dec 31, 1956</td>
<td>RS, W</td>
</tr>
<tr>
<td>Service Disabled (SDVI)</td>
<td>Apr 25, 1951</td>
<td>Open</td>
<td>RH,</td>
</tr>
<tr>
<td>ARH(death)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Reopened (VRI)</td>
<td>May 1, 1965</td>
<td>May 2, 1966</td>
<td>J,JR,JS</td>
</tr>
<tr>
<td>Servicemen's Group (SGLI)</td>
<td>Sep 29, 1965</td>
<td>OPEN</td>
<td></td>
</tr>
<tr>
<td>Veteran's Mortgage (VMLI)</td>
<td>Aug 11, 1971</td>
<td>OPEN</td>
<td></td>
</tr>
<tr>
<td>Veteran's Group (VGLI)</td>
<td>Aug 1, 1974</td>
<td>OPEN</td>
<td></td>
</tr>
</tbody>
</table>


1. Each of the Insurance plans above were issued to Active Duty Service members or are available to veterans of those periods of service if certain conditions exist.

2. USGLI, NSLI, VSLI and VRI have not accepted new policies since the closing dates shown above for those plans.

3. SDVI is open only to veterans with service-connected disabilities. Veterans separated from service on or after April 25, 1951, who are granted a new service-connected disability of 0 percent or higher, but are otherwise in good health, may apply to VA for up to $10,000 life insurance coverage at standard insurance rates within 2 years from the date VA notifies the veteran that the disability has been rated as service-connected. VA FORM 29-4364, Application for Service-Disabled Insurance.
Disability Provision

All SDVI policies provide for waiver of premiums, at no extra cost, if the insured is determined to be totally disabled for at least six months and total disability begins before age 65. Policyholders eligible for waiver of premiums may purchase up to $20,000 additional coverage under the Supplemental Service Disabled Veterans Insurance (SSDVI) program. Premiums for this additional SSDVI may not be waived (VA Form 29-357).

New Legislation

The President has signed legislation effective November 1, 2000, that will "cap" RH term premiums at the age 70 rate. This means there will be a premium reduction for all "RH" term policies that last renewed at insurance age 71 or more. There is nothing the policyholder needs to do to take advantage of this change. We will automatically change the policyholder's premium to the new reduced rate. Please continue to pay premiums at the old rate through January 1, 2001. Complete adjustments will be made in January 2001.

New Term-Capped Premium Rates Per $1,000

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Quarterly</th>
<th>Semi-Annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5.87</td>
<td>$17.58</td>
<td>$35.06</td>
<td>$69.73</td>
</tr>
</tbody>
</table>

4. SGLI is the insurance program presently providing life insurance coverage to all members of the Uniformed Services and has been since September 29, 1965. SGLI, upon separation from the acting Armed Forces or Active Reserve or National Guard status may be converted to VGLI (Application for Conversion - VA Form 29-0152).

5. VGLI is a term life insurance program administered by Office of Servicemen's Group Life Insurance, 213 Washington Street, Newark, NJ., 07102. Coverage is available in $10,000 increments up to $250,000 but not more than the amount of SGLI that the member had in force at the time of separation. VGLI is available to:

a. Individuals being released from active duty on or after August 1, 1974.

b. Reservist who, while performing active duty or inactive duty for training under a call or order specifying a period of less than 31 days, suffer an injury or disability which renders them uninsurable at standard premium rates.

c. Members of the Individual Ready Reserve and Inactive National Guard. Members on active duty entitled to full-time SGLI coverage can convert to
VGLI by submitting the premium before the end of 120 days following the date of separation from service with the insurance made effective the 121st day. If the veteran, unless totally disabled, does not submit the premium within 120 days, the veteran may be granted VGLI provided initial premium and evidence of insurability are submitted within one year after the veteran's SGLI coverage is terminated. Insurance will be effective on the date the premium is received in OSGLI.

Members with full-time SGLI coverage who are totally disabled at the time of separation and whose service makes them eligible for VGLI may purchase the insurance while remaining totally disabled up to 1 year following separation. The effective date of VGLI will be at the end of the one-year period following separation or the date the disability ends, whichever is earlier, but in no event prior to 120 days after separation.

H. R. 4110 (Public Law 105-368): A bill to provide a cost-of-living adjustment in rates of compensation paid to veterans with service-connected disabilities, to make various improvements in education, housing, and cemetery programs of the Department of Veterans Affairs, and for other purposes. (Veterans Benefits Improvement Act of 1998)

TITLE III--COMPENSATION, PENSION, AND INSURANCE

SEC. 302. ACCELERATED DEATH BENEFIT FOR SERVICEMEMBERS' GROUP LIFE INSURANCE AND VETERANS' GROUP LIFE INSURANCE PARTICIPANTS.

(a) IN GENERAL- (1) Subchapter III of chapter 19 is amended by adding at the end the following new section:

`Sec. 1980. Option to receive accelerated death benefit

'(a) For the purpose of this section, a person shall be considered to be terminally ill if the person has a medical prognosis such that the life expectancy of the person is less than a period prescribed by the Secretary. The maximum length of such period may not exceed 12 months.

'(b)(1) A terminally ill person insured under Servicemembers' Group Life Insurance or Veterans' Group Life Insurance may elect to receive in a lump-sum payment a portion of the face value of the insurance as an accelerated death benefit reduced by an amount necessary to assure that there is no increase in the actuarial value of the benefit paid, as determined by the Secretary.

'(2) The Secretary shall prescribe the maximum amount of the accelerated death benefit available under this section that the Secretary finds to be administratively practicable and actuarially sound, but in no event may the amount of the benefit exceed the amount equal to 50 percent of the face value of the person's insurance in force on the date the election of the person to receive the benefit is approved.

'(3) A person making an election under this section may elect to receive an amount that is less than the maximum amount prescribed under paragraph (2). The Secretary shall prescribe the increments in which a reduced amount under this paragraph may be elected.

'(c) The portion of the face value of insurance which is not paid in a lump sum as an accelerated death benefit under this section shall remain payable in accordance with the provisions of this chapter.

'(d) Deductions under section 1969 of this title and premiums under section 1977(c) of this title shall be reduced, in a manner consistent with the percentage reduction in the face value of the insurance as a result of payment of an accelerated death benefit under this section, effective with respect to any amounts which would otherwise become due on or after the date of payment under this section.
(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions regarding--
'(1) the form and manner in which an application for an election under this section shall be made; and
'(2) the procedures under which any such application shall be considered.
'(f)(1) An election to receive a benefit under this section shall be irrevocable.
'(2) A person may not make more than one election under this section, even if the election of the person is to receive less than the maximum amount of the benefit available to the person under this section.
'(g) If a person insured under Servicemembers' Group Life Insurance elects to receive a benefit under this section and the person's Servicemembers' Group Life Insurance is thereafter converted to Veterans' Group Life Insurance as provided in section 1968(b) of this title, the amount of the benefit paid under this section shall reduce the amount of Veterans' Group Life Insurance available to the person under section 1977(a) of this title.
'(h) Notwithstanding any other provision of law, the amount of the accelerated death benefit received by a person under this section shall not be considered income or resources for purposes of determining eligibility for or the amount of benefits under any Federal or federally-assisted program or for any other purpose.

6. Veterans mortgage life insurance (VMLI)

Effective August 11, 1971 PL 92-95 established a program of group mortgage life insurance for those who have been granted or will be granted a specially adapted housing grant. Public Law 94-443 increased the maximum amount of this insurance to $90,000 effective October 1, 1992. Protection is automatic unless eligible veterans decline in writing or fail to respond to a final request for information on which their premium can be based. Premiums are automatically deducted from VA benefit payments or paid direct, if the veteran does not draw compensation, and will continue until the mortgage (up to the maximum amount of insurance) has been liquidated, or the home is sold, or until the coverage terminates when the veteran reaches age 70 or dies. If a mortgage is disposed of through liquidation or sale of the property, VMLI may be obtained on the mortgage of a second or subsequent home. Additional information on VMLI is contained in VA pamphlet 29-79-2 veterans mortgage life insurance - information and premium rates. VAROIC Philadelphia, Pa. AmLeg. phone #: (215) 381-3022, FAX (215) 381-3183.
Beneficiary and Option Designations

1. A properly completed, updated beneficiary and optional settlement selection is essential to making certain that an insured receives the full benefit from his or her Government life insurance. If an insured is uncertain as to his or her current beneficiary and option, this information may be obtained from the Insurance Center which maintains his or her records. Since a later designation supersedes all prior designations for the same policy(ies), an alternative is to simply submit a designation which reflects the insurer’s current intentions.

2. The following factors should be kept in mind when completing a beneficiary and option selection:

3. If it appears that the insured does not fully understand his or her actions or is not acting completely freely, a statement from the witness or another party who is present will assist VA in determining the designation’s validity. The statement should accompany the designation when submitted to VA, and should list all pertinent details, including the insurer’s reason for making the beneficiary designation, if known. Lack of full understanding can be caused by mental illness, drugs or alcohol intoxication; other factors such as duress or undue influence can result in the insured not acting freely in making the designation.

4. The latest revision of VA Form 29-336, Designation of Beneficiary Government Life Insurance, is dated Dec 2005. (This is the preferred method of changing Beneficiary).

5. Principal and contingent beneficiaries should be clearly differentiated on the form. Where the insured lists multiple principal or contingent beneficiaries, their shares should be clearly shown and should always total "1".

6. The pre-printed phrase "or to survivor(s)" means that the share of a beneficiary who predeceases the insured will be paid to the surviving beneficiaries. If this automatic distribution is not desired, the insured can cross it out. An alternative is to provide that the share of a deceased beneficiary should go to his or her "issue" (children). This is sometimes referred to as a "per stripes" distribution.

7. If a beneficiary who is entitled to a lump sum payment survives the insured but dies before payment, the beneficiary's estate is entitled to the proceeds. To allow the proceeds to go to the contingent beneficiaries in a "common disaster" situation, rather than to the principal beneficiary’s estate, the phrase "provided the principal beneficiary survives me for ___ days" may be added. Any number of days up to a maximum of 30 may be shown.

8. The insured retains ownership of the policy(ies) and the right to change beneficiaries regardless of state court orders, property settlements, or divorce decrees to the contrary. Therefore, beneficiary designations should not contain language which attempts to restrict the insurer’s right to change the beneficiary, or divest the insured from ownership of the insurance.
9. If an insured is incompetent, his or her legal representative (guardian, conservator, etc.) may make a beneficiary designation on the insurer’s behalf upon receipt of a court order specifically authorizing the designation. An alternative is to have the insured make the designation while he or she is lucid. This should be done in the presence of a physician who will verify in writing that the insured possessed the capacity to understand the nature and consequences of the action.

10. If an insured, or claimant, must sign by a mark, two disinterested parties must witness the designation or claim.

11. A beneficiary change cannot be made by Last Will and Testament. However, VA regulations permit an option selection for all Government life insurance policies to be made by Will.

12. All recently printed VA Forms 29-336 contain a pre-printed "1" in the option block. If the insured wants the beneficiary to receive monthly installments rather than a lump sum, the "1" must be crossed off and substituted by the desired option (2, 3, 4).

13. It is important to send death claim(s) to the Insurance Center to ensure prompt processing. Insurance claims should not be sent to the VA Regional Office which handles the veteran’s other records as this will delay processing.

In most cases the documents which are necessary to pay insurance awards are, for principal beneficiaries, Claim Form (VA Form 29-4125, Claim for One Sum Payment), and the insurer’s death certificate (showing date and cause of death). Contingent beneficiary should file a Claim Form, Death certificates for the insured and principal beneficiary(ies).

If the claimant wants monthly payments, the necessary forms are a Claim Form (VA Form 29-4125k, Claims for Monthly Payments), death certificate(s) and the claimant’s birth certificate (or other official proof of age) if a lifetime income option (3 or 4) is selected.

If the claimant is a minor or incompetent, the necessary forms are 1) a claim from the next-of-kin, personal representative (guardian, custodian, etc.) or logical person to receive payment for the minor or incompetent, 2) death certificate(s), 3) letters of guardianship, conservatorship, etc. (if any), and 4) address of minor or incompetent.

If the beneficiary is an estate, the necessary forms are 1) death certificates, and 2) a claim from the personal representative (executor or administrator) along with a copy of letters testamentary or letters of administration.

NOTE: If the named beneficiary predeceases, the insurance will pay to the veteran’s estate.

Or, in lieu of the above, other documents which will be used to settle the estate (such as a court order of distribution) along with claims from the entitled parties.
for the proper shares.

Or, in lieu of the above, a statement that there will be no administration of the estate. If available, VA Form 29-541, Certificate Showing Residence and Heirs of Deceased Veteran, should accompany the statement.

14. The following factors should be kept in mind when filing a death claim:

a. An insurer’s Will can be used as evidence that he or she intended a lump sum payment, regardless of when it was executed. The Will need not specifically mention USGLI or NSLI nor must it be probated.

b. If a beneficiary's name has changed from the designation by the insured (usually by marriage), the beneficiary should advise the Insurance Center of that fact in writing.

c. A beneficiary may assign all or a portion of his or her share of the insurance to a restricted class of the insurer’s relatives. If an assignment is desired, the Insurance Center should be contacted for instructions.

d. If the award check is to be mailed to the claimant's bank account, the account number must be shown on the claim in addition to the name and address of the bank.

e. Most death awards are authorized by the Insurance Center within 10 days of receipt of the documents needed for payment.

f. A letter claiming the proceeds and showing a mailing address for the check may be used instead of a VA claim form. The claimant should be sure to show the insurance file number and sign the letter.

15. For VMLI claims, the St. Paul VAROIC will need a copy of the insurer's death certificate, a certified copy of the deed showing the insider’s ownership of the mortgaged property and the full name and address of the current mortgage holder. The VA will then provide the mortgage holder with necessary claim forms for completion. Upon return of the completed form, the claim will be processed for payment.

!!! IMPORTANT FACTS !!!!
One Beneficiary Designation applies to all of your policies unless you specify otherwise. Make sure the distribution of shares equals 1. Be sure to have your Beneficiary Designation witnessed.

A beneficiary change cannot be made by Last Will and Testament, but an option change can. NO ONE can order the insured to change their beneficiary, including State courts or Divorce Courts.

Do you Need Help?

Be sure to call the toll-free number if you have any questions or need any information

Internet: (http://insurance.va.gov/)

As of March 1, 1999, the consolidation of the VA Insurance Center at St. Paul, MN into VAROIC Philadelphia, PA was completed. All National Service Life Insurance and Veterans Mortgage Life Insurance matters, claims and inquiries should now be directed to:

Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box (PLEASE SEE BOX BELOW)
Philadelphia, Pennsylvania 19101

For correspondence concerning:
Death & Insurance Disability Claims P.O. Box 7208
Loans & Cash Surrenders P.O. Box 7327
All Other Insurance Mail P.O. Box 42954

Email the Insurance Center: Vainsurance@vba.va.gov
Call the Insurance Center Toll-free: 1-800-669-8477 (Life Insurance) Insurance Specialists available from 8:00 AM to 6:00 PM (eastern time), Monday - Friday; after hours/weekends messaging system is available.

• Insurance Specialists are available 8:30 AM to 6:00 PM (Eastern Time) Monday - Friday (the best days to call are Wednesdays through Fridays)
• Automated voice response system provides policy information such as loan values, premium status, and dividend payments 24 hours per day, seven days per week
• Voice messaging is available prior to 8:30 AM and after 6:00 PM weekdays and 24 hours per day on weekend.

American Legion #: (215) 381-3022

-------------------------------------------------------------------------------------------------------

The Office of Servicemembers' Group Life Insurance
213 Washington Street
Newark, New Jersey 07102-2999
Or Call OSGLI Toll Free: 1-800-419-1473, Fax: 1-973-643-8723

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LEGISLATIVE BULLETIN OFFICE OF CONGRESSIONAL AFFAIRS

On November 11, 1998, the President signed into law H.R. 4110, an omnibus veterans’ bill containing a wide variety of provisions affecting VA benefits/services. Attached is a summary of this bill. Public Law No: 105-368 has been assigned.

TITLE III – COMPENSATION, PENSION AND INSURANCE

4. Authorize the VA to issue dividends to the holders of World War II-era National Service Life Insurance (NSLI) series "H" policies.

Legislative Changes to the SGLI Program
1. **SGLI coverage increasing to $400,000**  
Details at: [http://www.insurance.va.gov](http://www.insurance.va.gov)

The maximum level of Servicemembers’ Group Life Insurance coverage has increased from $250,000 to $400,000 as of September 1, 2005. Anyone eligible for SGLI coverage on September 1, 2005, will be covered for $400,000 under SGLI, even if they previously declined or elected lesser coverage.

If a servicemember wants no coverage or less than the maximum, they will have to go their Personnel Office and complete SGLV-8286 to re-elect no coverage or less than the maximum.

**General Information**

**How much will SGLI coverage increase?**

The maximum level of SGLI will be increased automatically from $250,000 to $400,000, effective September 1, 2005.

**Who will be affected by this change?**

All servicemembers and reservists eligible for full-time SGLI will automatically become insured for $400,000 regardless of any previous requests to reduce or decline SGLI.

**What coverage amounts will be available?**

SGLI will be available only in increments of $50,000. Previously, servicemembers could elect coverage in increments of $10,000.

For access to additional Frequently Asked Questions about the SGLI Increase, visit this VA Insurance Link:

[http://www.insurance.va.gov/sgliSite/legislation/IncreaseFAQs.htm#1a](http://www.insurance.va.gov/sgliSite/legislation/IncreaseFAQs.htm#1a)

2. **Traumatic injury rider to be added to SGLI effective 12/01/2005**

**Traumatic Injury Protection Insurance Program (T-SGLI)**

T-SGLI is a rider which will be attached to Servicemembers’ Group Life Insurance coverage, and will provide for insurance payments to members who suffer a traumatic injury.

**Who is covered under T-SGLI**

Every member who has SGLI will also have T-SGLI effective December 1, 2005. This coverage will apply to active duty members, reservists, funeral honors duty and one-day muster duty.

**Who is not covered under T-SGLI**

This coverage will not apply to spouses and children covered under Family SGLI.
Amount paid to members who suffer traumatic injury

T-SGLI payments will range from $25,000 to a maximum of $100,000 after suffering a traumatic injury.

**Premium for T-SGLI**

The premium for T-SGLI will be a flat rate, regardless of coverage level. The table below outlines current rates for various categories of SGLI coverage:

<table>
<thead>
<tr>
<th>Duty Status</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active duty members</td>
<td>$1.00 per month</td>
</tr>
<tr>
<td>Reservists w/full time coverage</td>
<td>$1.00 per month</td>
</tr>
<tr>
<td>Reservists w/part time coverage</td>
<td>$1.00 per year</td>
</tr>
<tr>
<td>Funeral honors duty</td>
<td>no charge</td>
</tr>
<tr>
<td>1 day muster duty</td>
<td>no charge</td>
</tr>
</tbody>
</table>

Note: These rates are determined by VA and are subject to change based on claims experience.

**Toll-free telephone:** 1-800-419-1473

**Toll-free fax numbers:**
- Death and accelerated benefits claims only: 1-877-832-4943
- All other fax inquiries: 1-800-236-6142

**Overseas:**
- Phone Number: 973-548-5699
- Fax Number: 973-548-5300

**E-mail:**
- Death and accelerated benefits claims only: osgli.claims@prudential.com
- All other inquiries: osgli.osgli@prudential.com

For access to additional information the Traumatic Injury Protection Insurance Program (T-SGLI), visit this VA Insurance Link:

[http://www.insurance.va.gov/sgliSite/legislation/TSGLIFacts.htm](http://www.insurance.va.gov/sgliSite/legislation/TSGLIFacts.htm)

**Expanded Benefits under the Traumatic Injury Protection under SGLI (TSGLI) Program**
Effective November 26, 2008, VA has increased the number of traumatic injuries covered under TSGLI as well as liberalizing the criteria of other injuries. Follow this link for a summary of the expanded benefits.

http://www.insurance.va.gov/sgliSite/TSGLI/TSGLIYORSummary.pdf

What New Injuries are Covered under TSGLI?

New injuries covered include the partial amputation of the foot and hands and the degree of injuries based on severe burns. Another important change to the TSGLI program is the payment of a $25,000 benefit to those injured members who are hospitalized for a period of 15 consecutive days as a result of a traumatic injury. Follow this link to view a list of the losses covered under TSGLI.

http://www.insurance.va.gov/sgliSite/TSGLI/Schedule/Schedule.htm

Why Was the Benefit Expanded?

VA recently completed a "Year-One Review" (YOR) of the program to consider whether the program was meeting its intended purpose, whether new injuries or losses should be added, and if improvements could be made in how the program is administered. Follow this link to read more about the TSGLI Year One Review and view a copy of the YOR report.

http://www.insurance.va.gov/sgliSite/popups/YOR.htm

Are the Changes Retroactive?

Changes to benefits are being made retroactive to October 7, 2001, the beginning of Operation Enduring Freedom, consistent with the original implementing legislation.

Where Can I find more information about TSGLI?

For FAQ’s about TSGLI, visit: http://www.insurance.va.gov/sgliSite/TSGLI/TSGLIFAQ.htm
CHAPTER 13

HOME LOAN GUARANTY

http://www.homeloans.va.gov/
Home Loan Guaranty

1. VA home loan guaranties are issued to help eligible service members, veterans, reservists and unmarried surviving spouses obtain homes, condominiums, residential cooperative housing units, and manufactured homes, and to refinance loans. For additional information or to obtain VA loan guaranty forms, visit http://www.homeloans.va.gov.

2. **Loan Uses:** A VA guaranty helps protect lenders from loss if the borrower fails to repay the loan. It can be used to obtain a loan to:

1. Buy or build a home.
2. Buy a residential condominium.
3. Buy a residential cooperative housing unit.
4. Repair, alter or improve a home.
5. Refinance an existing home loan.
6. Buy a manufactured home with or without a lot.
7. Buy and improve a manufactured home lot.
8. Install a solar heating or cooling system or other weatherization improvements.
9. Buy a home and install energy-efficient improvements.

3. **Eligibility:**

In addition to the periods of eligibility and conditions of service requirements, applicants must have a good credit rating, sufficient income, a valid Certificate of Eligibility (COE), and agree to live in the property in order to be approved by a lender for a VA home loan.

To obtain a COE, complete VA Form 26-1880 -- “Request for a Certificate of Eligibility for VA Home Loan” -- and mail to: VA Loan Eligibility Center, P.O. Box 20729, Winston-Salem, NC 27120, Phone Number: 1 - (888) 244-6711. **NOTE: DO NOT MAIL THE 26-1880 TO THE REGIONAL OFFICE. -- THIS WILL ONLY DELAY YOUR CERTIFICATE.**

It is also possible to obtain a COE from your lender. Most lenders have access to VA’s “WebLGY” system. This Internet-based application can establish eligibility and issue an online COE in seconds. Not all cases can currently be processed online – only those for which VA has sufficient data in its records. However, veterans are encouraged to ask their lenders about this method of obtaining a certificate before sending an application to the Eligibility Center. For more information, visit [http://www.homeloans.va.gov/eligibility.htm](http://www.homeloans.va.gov/eligibility.htm).
4. Periods of Eligibility:

**World War II:** (1) active duty service after Sept. 15, 1940, and prior to July 26, 1947; (2) discharge under other than dishonorable conditions; and (3) at least 90 days total service unless discharged early for a service-connected disability.

**Post-World War II period:** (1) active duty service after July 25, 1947, and prior to June 27, 1950; (2) discharge under other than dishonorable conditions; and (3) 181 days continuous active duty service unless discharged early for a service-connected disability.

**Korean War:** (1) active duty after June 26, 1950, and prior to Feb 1, 1955; (2) discharge under other than dishonorable conditions; and (3) at least 90 days total service, unless discharged early for a service-connected disability.

**Post-Korean War period:** (1) active duty after Jan. 31, 1955, and prior to Aug. 5, 1964; (2) discharge under other than dishonorable conditions; (3) 181 days continuous service, unless discharged early for a service-connected disability.

**Vietnam War:** (1) active duty after Aug. 4, 1964, and prior to May 8, 1975; (2) discharge under other than dishonorable conditions; and (3) 90 days total service, unless discharged early for a service-connected disability. For veterans who served in the Republic of Vietnam, the beginning date is Feb. 28, 1961.

**Post-Vietnam period:** (1) active duty after May 7, 1975, and prior to Aug 2, 1990; (2) active duty for 181 continuous days, all of which occurred after May 7, 1975; and (3) discharge under conditions other than dishonorable or early discharge for service-connected disability.

**24-Month Rule:** If service was between Sept. 8, 1980, (Oct. 16, 1981, for Officers) and Aug. 1, 1990, veterans must generally complete 24 months of continuous active duty service or the full period (at least 181 days) for which they were called or ordered to active duty, and be discharged under conditions other than dishonorable. Exceptions are allowed if the veteran completed at least 181 days of active duty service but was discharged earlier than 24 months for: (1) hardship, (2) the convenience of the government, (3) reduction-in-force, (4) certain medical conditions, or (5) service-connected disability.

**Gulf War:** Veterans of the Gulf War era -- Aug. 2, 1990, to a date
to be determined -- must generally complete 24 months of continuous active duty service or the full period (at least 90 days) for which they were called to active duty, and be discharged under other than dishonorable conditions. Exceptions are allowed if the veteran completed at least 90 days of active duty but was discharged earlier than 24 months for (1) hardship, (2) the convenience of the government, (3) reduction-in-force, (4) certain medical conditions, or (5) service-connected disability. Reservists and National Guard members are eligible if they were activated after Aug. 1, 1990, served at least 90 days, and received an honorable discharge.

**Active Duty Personnel:** Until the Gulf War era is ended, persons on active duty are eligible after serving 90 continuous days.

5. **VA Guaranty Varies with Size and Type of Loan**

The VA guaranty varies with the size of the loan, and is issued to protect lenders so they may make loans to eligible borrowers. Because the lenders are able to obtain this guaranty from VA, borrowers do not need to make a down payment, provided they have enough home loan entitlement.

The maximum guaranty amount is equal to 25 percent of the Freddie Mac conforming loan limit for a single family home. This limit changes yearly, but is set at $417,000 for calendar year 2008 ($625,500 for Hawaii, Alaska, Guam and the U.S. Virgin Islands).

**NOTE:** VA News Release dated October 24, 2008, provides details of The Veterans’ Benefits Improvement Act of 2008, which President Bush signed into law on October 10, 2008, and it increases the maximum guaranty amount of $417,000 to a new limit of $729,000 for a single family residence depending on where the property is located.

**NOTE – A copy of the VA News Release can be seen at the end of this Chapter.**

6. **Specially Adapted Housing (SAH).** The SAH grant limit is now **$60,000** per H.R. 3221, the Housing and Economic Recovery Act of 2008 dated 07/30/2008 and eligibility to the $60,000 SAH is granted to veterans with permanent and total service-connected disabilities due to the loss of, or loss of use, of both upper extremities such as to preclude use of the arms at or above the elbows. In addition, Title 38, Section 1151, is amended to specify eligibility where any veteran has suffered an injury, or an aggravation of an injury, as the result of hospitalization, medical or surgical treatment, as if it were service-connected for benefits under Chapter 21, relating to SAH.
7. Adjustable Rate Mortgages.

VA’s authority to guarantee adjustable rate mortgages (ARMs) and hybrid adjustable rate mortgages (HARMs) was scheduled to expire on September 30, 2008. Section 505 of Public Law 110-389 extended this authority through September 30, 2012. All VA program requirements related to ARMs and HARMs remain in effect. The law gives VA authority to guarantee “traditional” Adjustable Rate Mortgages (ARMs) in a manner similar to that by which HUD insures adjustable rate mortgages under section 251 of the National Housing Act. Key features of this program are:

(1) Interest rate adjustments on an annual basis;

(2) Annual interest rate adjustments limited to a maximum increase or decrease of 1 percentage point;

(3) Interest rate increases limited to a maximum of 5 percent points over the life of the loan;

(4) This type of ARM loan **MUST** be underwritten at 1 percentage point above the initial rate.

8. Hybrid ARM Loans

(1) *Extension of Authority.* The law extends VA authority to guarantee hybrid ARM loans to September 30, 2012.

(2) *Modification of Interest Rate Adjustment Requirements:*

(a) If the initial contract interest rate remains fixed for less than 5 years, the initial adjustment is limited to a maximum increase or decrease of 1 percentage point and the interest rate increase over the life of the loan is limited to 5 percentage points.

(b) If the initial contract interest rate remains fixed for 5 years or more, the initial adjustment will be limited to a maximum increase or decrease of 2 percentage points.

(c) In cases where the initial interest rate remains fixed for 5 years or more, the interest rate increase over the life of the loan will be limited to 6 percentage points.
(d) After the initial interest rate adjustment, annual adjustments thereafter remain limited to 1 percentage point.

(3) Effect on hybrid ARMS Guaranteed prior to Enactment of the Act. The provisions of this Act will not affect existing hybrid ARMs. VA hybrid ARM loans made prior to this Act will be subject to the terms in effect at the time they were made. For example, a hybrid ARM with an initial fixed rate for 5 years or more made prior to this Act is limited to a 1 percentage point initial adjustment and a 5 percent limit over the life of the loan.

9. Native American Direct Loans Program (NADL). VA direct home loans are available to eligible Native American veterans who wish to purchase or construct a home on trust lands. Details on the military service requirements can be obtained by visiting: http://www.homeloans.va.gov/VAP26-93-1.htm or by contacting your local VA office.

10. Funding Fee Exemption. The law expands the definition of veterans who are in receipt of compensation and thus entitled to a waiver of the VA funding fee. Veterans who are rated eligible to receive compensation as a result of a pre-discharge disability examination and rating will now be considered as receiving compensation as of that date. This means veterans still on active duty awaiting discharge, but who wish to close on a loan before being released from the military, may be entitled to a waiver of the funding fee.


12. Amounts and General Conditions.

a. Your basic entitlement is $36,000. For loans in excess of $144,000 to purchase or construct a home, additional entitlement up to an amount equal to 25 percent of the Freddie Mac conforming loan limit for a single family home may be available. This loan limit changes yearly.

b. Persons eligible can use up to a maximum of $20,000 of their available entitlement for the purchase of a manufactured home and/or lot. A veteran who previously obtained a VA loan can use the remaining entitlement for any eligible purpose; except that veterans who used their entitlement to purchase a manufactured home must first dispose of the manufactured home prior to the purchase of a second manufactured home with a VA guaranteed loan. Veterans refinancing an existing VA loan at a lower interest rate need not have any entitlement available for use.
c. There are no established maximum loan amounts. However, no loan for the acquisition of a home may exceed the reasonable value of the property. A loan for the purpose of re-financing existing mortgage loans or other liens secured of record on a dwelling and owned and occupied by the veteran as the veteran's home is generally limited to 90 percent of the appraised value of the dwelling as determined by the Secretary. A loan for the purchase of a manufactured home and/or lot is limited to 95 percent of the amount what would be subject to finance charges.

d. An eligible person may qualify for entitlement restoration if VA has been relieved of liability by full payment of the loan and/or disposal of the property and subsequent refinancing. Restoration may also be granted if a VA buyer agrees to substitute his or her entitlement for that of the original VA qualified buyer.

e. Eligible veterans must make their own arrangements for loans through the usual lending channels, such as banks, savings and loan associations, building and loan associations, mortgage loan companies or other commercial sources. The lender is guaranteed against loss up to 50% of loans up to $45,000, 50% of loans over $45,000 with a maximum guaranty of $36,000 and 25% of loans over $144,000 with a maximum guaranty of $46,000. In manufactured houses and/or lot loans the amount of guaranty is 40% of the loan not to exceed $20,000. A manufactured home which is permanently affixed to a lot and considered to be real property under laws of a state in which it is located are eligible for a guaranty same as a site constructed home.
13. Funding Fee Table:

<table>
<thead>
<tr>
<th>Description</th>
<th>ACTIVE DUTY and VETERANS PAY:</th>
<th>RESERVIST and NATIONAL GUARD PAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loans for purchase or construction with down payments of less than 5%, refinancing, and home improvement.</td>
<td>2.15%</td>
<td>2.40%</td>
</tr>
<tr>
<td>Loans for purchase or construction with down payments of at least 5% but less than 10%.</td>
<td>1.50%</td>
<td>1.75%</td>
</tr>
<tr>
<td>Loans for purchase or construction with down payments of 10% or more.</td>
<td>1.25%</td>
<td>1.50%</td>
</tr>
<tr>
<td>Loans for manufactured home.</td>
<td>1.0%</td>
<td>1.00%</td>
</tr>
<tr>
<td>Interest rate reduction loans.</td>
<td>.50%</td>
<td>.50%</td>
</tr>
<tr>
<td>Assumption of VA-guaranteed loans.</td>
<td>.50%</td>
<td>.50%</td>
</tr>
<tr>
<td>Second or subsequent use of entitlement with no down payment.</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

The law provides permanent authority for housing loans for persons qualifying based on service in the Selected Reserve. Previously, eligibility for this group was set to expire on September 30, 2009.

*If the person is a reservist called to active duty, AND through that service, they qualify as an active duty person or a veteran of active duty service, the lower % applies.

See the VA Lender's Handbook for further information on calculating the funding fee (Large file, takes a while to download).

Internet site:
http://www.warms.vba.va.gov/admin26/pamphlet/pam26_7/ch01.doc

The following persons are exempt from paying the funding fee:

- Veterans receiving VA compensation for service-connected disabilities.
- Veterans who would be entitled to receive compensation for service-connected disabilities if they did not receive retirement pay.
- Surviving spouses of veterans who died in service or from service-connected disabilities (whether or not such surviving spouses are veterans with their own entitlement and whether or not they are using their own entitlement on the loan).
  (Source: VA Pamphlet 26-7 Revised, Chapter 8; Borrower Fees and Charges and the VA Funding Fee).
14. **DISCOUNT POINTS**

DISCOUNT POINTS ARE NEGOTIABLE EFFECTIVE OCTOBER 28, 1992

DISCOUNT POINTS MAY BE INCLUDED IN THE LOAN AMOUNT FOR
- INTEREST RATE REDUCTION LOAN (IRRRL)
- LOAN TO REFINANCE AN INSTALLMENT SALES CONTRACT
- CONSTRUCTION LOAN
- LOAN ASSUMED BY THE VETERAN TO A NEW LOAN AT A LOWER INTEREST RATE.
  - Veterans in receipt of service-connected compensation (10% or greater), are exempt from the funding fee.

15. **Other Closing Costs**

Reasonable closing costs may be charged by the lender. These costs may not be included in the loan. The following items may be paid by the veteran purchaser, the seller, or shared. Closing costs may vary among lenders and also throughout the nation because of differing local laws and customs.

- VA appraisal
- Credit report
- Loan origination fee (usually 1% of the loan)
- Discount points
- Title search and title insurance
- Recording fees
- State and/or local transfer taxes, if applicable
- Survey

No commissions, brokerage fees or "buyer broker" fees may be charged to the veteran buyer.

16. **Loan Assumption Requirements and Liability**

VA loans made on or after March 1, 1988, are not assumable without the prior approval of VA or its authorized agent (usually the lender collecting the monthly payments). To approve the assumption, the lender must ensure that the assumer is a satisfactory credit risk and will assume all of the veteran’s liabilities on the loan. If approved, the assumer will have to pay a funding fee that the lender sends to VA, and the veteran will be released from liability to the federal government. A release of liability does not mean that a veteran’s guaranty entitlement is restored. That occurs only if the assumer is an eligible veteran who agrees to substitute his or her entitlement for that of the seller. If a veteran allows assumption of a loan without prior approval, then the lender may demand immediate and full payment of the loan, and the veteran may be liable if the loan is foreclosed and VA has to pay a claim under the loan guaranty.

Loans made prior to March 1, 1988, are generally freely assumable, but veterans should still request VA’s approval in order to be released of liability. Veterans whose loans were closed after Dec. 31, 1989, usually have
no liability to the government following a foreclosure, except in cases involving fraud, misrepresentation, or bad faith, such as allowing an unapproved assumption. However, for the entitlement to be restored, any loss suffered by VA must be paid in full.

17. **VA Acquires Property Foreclosures**

VA acquires properties as a result of foreclosures. Ocwen Loan Servicing, LLC, under contract with VA, is currently marketing the properties through listing agents using local Multiple Listing Services. A listing of “VA Properties for Sale” may be found at [http://www.ocwen.com/reo/home.cfm](http://www.ocwen.com/reo/home.cfm). Contact a real estate agent for information on purchasing a VA acquired property.

18. **FIVE EASY STEPS TO A VA LOAN**

1. **Apply for a Certificate of Eligibility.**

   A veteran who doesn't have a certificate can obtain one easily by making application on VA Form 26-1880, Request for Determination of Eligibility and Available Loan Guaranty Entitlement, to the local VA office.

2. **Decide on a home the buyer wants to buy and sign a purchase agreement.**

3. **Order an appraisal from VA.** (Usually this is done by the lender.) Most VA regional offices offer a "speed-up" telephone appraisal system. No loan can be guaranteed by VA without first being appraised by a VA-assigned fee appraiser. A buyer, seller, real estate agent or lender can request a VA appraisal by completing VA Form 26-1805, “Request for Determination of Reasonable Value.” The requester pays for the appraisal upon completion, according to a fee schedule approved by VA. This VA appraisal estimates the value of the property. It is not an inspection and does not guarantee the house is free of defects. **VA guarantees the loan, not the condition of the property.**

4. **Apply to a mortgage lender for the loan.**

   While the appraisal is being done, the lender (mortgage company, savings and loan, bank, etc.) can be gathering credit and income information. If the lender is authorized by VA to do automatic processing, upon receipt of the VA or LAPP appraised value determination, the loan can be approved and closed without waiting for VA's review of the credit application. For loans that must first be approved by VA, the lender will send the application to the local VA office, which will notify the lender of its decision.

5. **Close the loan and the buyer moves in.**
19. **Safeguards Established to Protect Veterans**

The following safeguards have been established to protect veterans:

1. VA may suspend from the loan program those who take unfair advantage of veterans or discriminate because of race, color, religion, sex, disability, family status or national origin.

2. The builder of a new home (or manufactured home) is required to give the purchasing veteran either a one-year warranty or 10 year insurance-backed protection plan.

3. The borrower obtaining a loan may only be charged closing costs prescribed by VA as allowable.

4. The borrower can prepay without penalty the entire loan or any part not less than one installment or $100.

5. VA encourages holders to extend forbearance if a borrower becomes unable to meet the terms of the loan.
FOR IMMEDIATE RELEASE
June 12, 2008

VA Reaching Out to Vets with Mortgage Problems
Peake: VA Has a “Solid Record of Success” in Helping

WASHINGTON – Many home owners have found it difficult recently to pay their mortgages, but quick intervention by loan counselors at the Department of Veterans Affairs (VA) has actually reduced the number of veterans defaulting on their home loans.

“VA is reaching out to veterans -- both those who use our home-loan guaranty program and those who don’t take advantage of our guaranties -- to keep people in their homes,” said Secretary of Veterans Affairs Dr. James B. Peake. “I’m proud of our solid record of success in helping veterans and active-duty personnel deal with financial crises.”

Accounting for much of this success are VA counselors at nine regional loan centers who assist people with VA-guarantied loans avoid foreclosure through counseling and special financing arrangements. The counselors also can assist other veterans with financial problems. VA counselors have helped about 74,000 veterans, active-duty members and survivors keep their homes since 2000, a savings to the government of nearly $1.5 billion.

Depending on a veteran’s circumstances, VA can intercede with the borrower on the veteran’s behalf to pursue options -- such as repayment plans, forbearance, and loan modifications -- that would allow a veteran to keep a home.

To obtain help from a VA financial counselor, veterans can call VA toll-free at 1- 877- 827- 3702. Information about VA’s home loan guaranty program can be obtained at www.homeloans.va.gov.

Since 1944, when home-loan guaranties were offered with the original GI Bill, VA has guarantied more than 18 million home loans worth $911 billion. Last year, about 135,000 veterans, active-duty service members and survivors received loans valued at nearly $24 billion.

About 2.3 million home loans still in effect were purchased through VA’s home-loan guaranty program, which makes home loans more affordable for veterans, active-duty members and some surviving spouses by protecting lenders from loss if the borrower fails to repay the loan. More than 90 percent of VA-backed home loans were given without a downpayment.

April data shows that foreclosures are down more than 50 percent from the same months in 2003. VA attributes this to prudent credit underwriting standards, its robust supplemental loan servicing program and VA financial loan counselors.
WASHINGTON (Oct.24) -- Veterans with conventional home loans now have new options for refinancing to a Department of Veterans Affairs (VA) guaranteed home loan. These new options are available as a result of the Veterans’ Benefits Improvement Act of 2008, which the President signed into law on October 10, 2008.

“These changes will allow VA to assist a substantial number of veterans with subprime mortgages refinance into a safer, more affordable, VA guaranteed loan,” said Secretary of Veterans Affairs Dr. James B. Peake. “Veterans in financial distress due to high rate subprime mortgages are potentially the greatest beneficiaries.”

VA has never guaranteed subprime loans. However, as a result of the new law VA can now help many more veterans who currently have subprime loans.

The new law makes changes to VA’s home loan refinancing program. Veterans who wish to refinance their subprime or conventional mortgage may now do so for up to 100 percent of the value of the property. These types of loans were previously limited to 90 percent of the value.

Additionally, Congress raised VA’s maximum loan amount for these types of refinancing loans. Previously, these refinancing loans were capped at $144,000. With the new legislation, such loans may be made up to $729,750 depending on where the property is located.

Increasing the loan-to-value ratio and raising the maximum loan amount will allow more qualified veterans to refinance through VA, allowing for savings on interest costs or even potentially avoiding foreclosure.

Originally set to expire at the end of this month, VA’s authority to guaranty Adjustable Rate Mortgages (ARMs) and Hybrid ARMs was also extended under this new law through September 30, 2012. Unlike conventional ARMs and hybrid ARMs, VA limits interest rate increases on these loans from year to year, as well as over the life of the loans.

Since 1944, when home loan guaranties were offered with the original GI Bill, VA has guaranteed more than 18 million home loans worth over $911 billion. This year, about 180,000 veterans, active duty servicemembers, and survivors received loans valued at about $36 billion.

For more information, or to obtain help from a VA Loan Specialist, veterans may call VA at 1-877-827-3702 or visit www.homeloans.va.gov.
2010 VA County Loan Limits for High-Cost Counties

The Department of Veterans Affairs’ Loan Guaranty program does not impose a maximum amount that an eligible veteran may borrow using a VA guaranteed loan. However, the following county “limits” must be used to calculate VA’s maximum guaranty amount for a particular county. These limits apply to all loans closed January 1, 2010 through December 31, 2010. 2011 county loan limits will be made available as soon as possible.

The maximum guaranty amount (available for loans over $144,000) is 25 percent of the 2010 VA Limit shown below. Therefore, a veteran with full entitlement available may borrow up to the 2010 VA Limit shown below and VA will guarantee 25 percent of the loan amount. If a veteran has previously used entitlement that has not been restored, the maximum guaranty amount available to that veteran must be reduced accordingly. Lenders should check their own investor requirements regarding guaranty amounts and down payments. Questions about VA loans in a particular county may be directed to the VA Regional Loan Center listed for that county.

NOTE: For all counties other than those listed below, the 2010 Limit is $417,000.

<table>
<thead>
<tr>
<th>STATE</th>
<th>COUNTY</th>
<th>2010 VA LIMIT</th>
<th>Regional Loan Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLORIDA</td>
<td>MONROE</td>
<td>$425,000</td>
<td>St. Petersburg</td>
</tr>
</tbody>
</table>

Monroe County is the only County in Florida which is mentioned in the listing of 2010 VA County Loan Limits for High-Cost Counties.

For access to this document, visit this VA link below:

CHAPTER 14

CORRECTION OF MILITARY RECORDS, DISCHARGE REVIEW BOARDS, AND MILITARY RECORDS

http://www.archives.gov/veterans/military-service-records/correcting-records.html
Correction of Military Records

1. Veterans who discover errors on their discharge documents, or wish to upgrade a less than Honorable discharge have the right to request such action from the branch of service that issued the discharge. National Veteran Service Organizations provide representation to veterans seeking to change or upgrade their discharge. The Boards do not have the authority to reinstate or permit reenlistment of applicants. The Boards do not change reenlistment codes.

2. USC Title 10 § 1553. Review of discharge or dismissal
   (a) The Secretary concerned shall, after consulting the Secretary of Veterans Affairs, establish a board of review, consisting of five members, to review the discharge or dismissal (other than a discharge or dismissal by sentence of a general court-martial) of any former member of an armed force under the jurisdiction of his department upon its own motion or upon the request of the former member or, if he is dead, his surviving spouse, next of kin, or legal representative.
   (b) A board established under this section may, subject to review by the Secretary concerned, change a discharge or dismissal, or issue a new discharge, to reflect its findings.


Discharge Review Boards

1. Purpose: A review by a board shall be based on the records of the armed forces concerned and such other evidence as may be presented to the board. A witness may present evidence to the board in person or by affidavit. A person who requests a review under this section may appear before the board in person or by counsel or an accredited representative of an organization recognized by the Secretary of Veterans Affairs under chapter 59 of title 38. The boards do not change Reenlistment Codes (RE).

2. Application: Application for review is made on DD Form 293. Applicant must specify "exactly" what change is required and why the military should consider the change. Supporting documents can be submitted with application or anytime prior to the meeting of the Board.
3. Time limit for submitting application. A motion or request for review must be made within 15 years after the date of the discharge or dismissal. With respect to a discharge or dismissal adjudged by a court-martial case tried or reviewed under chapter 47 of this title (or under the Uniform Code of Military Justice (Public Law 506 of the 81st Congress)), action under this subsection may extend only to a change in the discharge or dismissal or issuance of a new discharge for purposes of clemency.

4. Hearings/Personal Appearance. Applicants may and should elect to receive a personal hearing. Army and Air Force Boards currently travel and will hear cases within the state. Navy and Marine Corps do not travel; they currently hold hearings at:

- Arlington, Virginia
- Dallas, Texas
- Chicago, Illinois
- San Francisco, California

All applicants can attend hearings in the Washington, DC area. Representation will be provided by the National Veteran Organization selected by the applicant.

**Boards for Correction of Army, Navy, or Air Force Records.**

1. **Purpose:** The Secretary of a military department may correct any military record of the Secretary's department when the Secretary considers it necessary to correct an error or remove an injustice. Except as provided in the case of the correction of a military record announcing a decision that a person is not eligible to enlist (or reenlist) or is not accepted for enlistment (or reenlistment) or announcing the promotion and appointment of an enlisted member to an initial or higher grade or the decision not to promote an enlisted member to a higher grade. Such a correction may be made only if the correction is favorable to the person concerned., such corrections shall be made by the Secretary acting through boards of civilians of the executive part of that military department. The Secretary of Transportation may in the same manner correct any military record of the Coast Guard. With respect to records of courts-martial and related administrative records pertaining to court-martial cases tried or reviewed under chapter 47 of this title (or under the Uniform Code of Military Justice (Public Law 506 of the 81st Congress)), may extend only to correction of a record to reflect actions taken by reviewing authorities under chapter 47 of this title (or under the Uniform Code of Military Justice (Public Law 506 of the 81st Congress)); or action on the sentence of a court-martial for purposes of clemency.

2. **Application:** Application for correction of records is made on DD Form 149. Application and supporting documents must be submitted to the
Board as a "complete case". All evidence and statements are considered complete when received by the Board.

3. Time limit for submitting Application: Application must be filed with the Service Secretary by the claimant "his or her heirs at Law" or legal representative within 3 years of discovery of the error or injustice. A failure to file such application within the prescribed time frame may be excused by the Board on its findings that it is in the "interest of justice to do so."

4. Hearings/Personal Appearance: BCMRs will review the application and they will determine if a personal appearance is required. The BCMRs seldom grant hearings with personal appearance before the board. All Hearings before the BCMRs are held in Washington, DC

U.S.C. TITLE 10 - ARMED FORCES
Subtitle A - General Military Law, PART II - PERSONNEL
CHAPTER 79 - CORRECTION OF MILITARY RECORDS, § 1552. Correction of military records: claims incident thereto

Internet: http://www4.law.cornell.edu/uscode/10/stA.html

Military Separation Reason Codes (Separation Program Numbers (SPN))

These codes are contained in your military records and may be annotated on various military separation documents.

Military Reenlistment Eligibility (RE) Codes

Web Site for SPN and RE Codes: http://usmilitary.about.com/od/theorderlyroom/l/blcodemenu.htm

This site lists the following Codes:
Separation Codes (Numeric)
Separation Codes (Alphabetic)
RE Codes (Army)
RE Codes (Air Force)
RE Codes (Navy/ Marines/ Coast Guard)

Note: A "Separation Code" is a numerical or alphabetic code that defines the reason a discharge was granted. While the primary factor on whether or not one can reenlist lies with the RE Code, the services also use the Separation Codes to determine whether or not one is eligible. An individual's Separation Code and RE Code can normally be found on the DD Form 214, Record of Discharge.

Changing Reenlistment Eligibility (RE) Codes.
The Armed Forces use Reenlistment Eligibility (RE) codes to categorize individuals for enlistment or reenlistment in the Armed Forces. RE codes in the '1' series indicate a person is eligible for immediate reenlistment or prior service enlistment, provided otherwise eligible. RE codes in the '2', '3' and '4' series restrict the individual from immediate reenlistment or prior service enlistment. You must receive a review and/or waiver of these RE codes before you are eligible to enlist again.

There are many qualified prior service applicants who possess a '1' series RE code who will not be able to reenter the military due to specific needs of the service. In most cases, a person with a "2" RE code is not allowed to enlist. If you have a RE code in the '3' or '4' series, you should contact a local recruiter for the branch of service you wish to enter. If you meet all other enlistment criteria, the recruiter may submit a waiver request for the RE '3' or '4' series through appropriate recruiting channels.

The services will not directly consider a request to change the RE code in the DRB process. There is one exception: If the DRB upgrades an applicant's discharge, the Board will also consider whether the RE code should be changed. If the applicant is considered a good candidate to return to the military, the RE code will be changed to "3A"--a waivered code. Any request to directly consider a change to RE code not involving change to the characterization of service and/or narrative reason for separation must be made through the appropriate Board of Correction for Military Records.

If you are seeking a waiver or change of the RE code for the purpose of entering another branch of service, you will need to contact the appropriate service recruiter. The prerogative to waive the individual's RE ineligibility based on post service performance and conduct rests with the Secretaries of the Army, Navy and Air Force. Each Secretary may allow an individual to enlist in the service under his/her jurisdiction. The Secretary of one branch of the Armed Forces has no authority to waive reenlistment/enlistment ineligibility for another service. For example, if a former Army member wishes to enlist in the Air Force, he/she must process through Air Force channels for prior service enlistment. If the RE code renders the veteran ineligible, he/she must process any review or change action through Army channels.
Request for Military Records

All requests for military records such as Medical Records, Personnel Records, Discharge documents, Awards and Decorations can be submitted on a Standard Form 180 (SF180). All information on this form should be carefully and accurately completed.

GUIDE TO OBTAINING YOUR MEDALS

Obtain replacement military medals by writing to the appropriate branch of service as shown below:

<table>
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<tr>
<th>BRANCH</th>
<th>WHERE TO WRITE FOR MEDALS</th>
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<tbody>
<tr>
<td>Army</td>
<td>National Personnel Records Center</td>
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<td></td>
<td>Medals Section (NRPMA-M)</td>
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<td></td>
<td>9700 Page Avenue</td>
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<td></td>
<td>St. Louis, MO 63132-5100</td>
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<td>Air Force</td>
<td>National Personnel Records Center</td>
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<td>Air Force Reference Branch (NRPMF)</td>
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<td>9700 Page Avenue</td>
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<tr>
<td>Marine Corps</td>
<td>Bureau of Naval Personnel</td>
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<tr>
<td>Coast Guard</td>
<td>Liaison Office Room 5409</td>
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<tr>
<td>Navy</td>
<td>9700 Page Avenue</td>
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<td></td>
<td>St. Louis, MO 63132-5100</td>
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</tbody>
</table>

SAMPLE LETTERS

**SAMPLE Application Letter**
I request that I be issued all award emblems I am entitled to. I have attached a copy of my separation document (DD 214)

My Social Security number is:
My former service number is:
My VA claim number is:
Date and place of birth:
Full name, address, and phone number:

**Sample Letter from Next-of-Kin**
As the legal next-of-kin, I request that I be issued all award emblems that (full name of veteran) was entitled to. A copy of the separation document (DD 214) is enclosed:

Veteran’s Social Security number:
Veteran’s service number:
Veteran’s VA Claim Number:
Veteran’s date of death:
Veteran’s date and place of birth:
Full name, address, and phone number:

NOTE: Standard Form 180 may be used but MUST be complete to obtain military medals.
REQUEST FOR MILITARY MEDICAL AND PERSONNEL RECORDS

1. ARMY CLINICAL RECORDS.

FILES, CLINICAL, X-RAYS. AND OTHER FILES PERTAINING TO MEDICAL TREATMENT AT VARIOUS MEDICAL FACILITIES. LOCATED AT NPRC (MPR), 9700 PAGE BLVD., ST. LOUIS, MO.

Clinical records of personnel serving on active duty including Reserve, NG, and ROTC on active duty or active duty training, and those completely separated or retired. The records are placed in an inactive file upon release of the patient, cut-off at the end of each calendar year, and retired one year after the annual cut-off date. (Hospitals that maintain Clinical Records Libraries retain their clinical records for five additional years.) Clinical created at non-fixed facilities are retired monthly.

Clinical records of cadets and active and retired uniformed personnel of the Public Health Service, Coast and Geodetic Survey, and VA beneficiaries treated at an Army medical facility after December 31, 1965. The records are placed in an inactive file upon release of the patient, cut-off at the end of each calendar year, and retired one year after the annual cut-off date. Clinical records created at non-fixed facilities are retired monthly.

Inpatient medical records of dependents of Army personnel treated at a Naval medical facility.

Medical records on American Red Cross personnel are withdrawn and forwarded to the American Red Cross.

Health records of U.S. Military Academy (West Point Cadets only).

2. CLINICAL, X-RAYS, AND OTHER FILES PERTAINING TO MEDICAL TREATMENT AT VARIOUS MEDICAL FACILITIES. LOCATED AT NPRC (CPR), III WINNEBAGO ST., ST. LOUIS, MO.

Entrance and separation X-rays. Interim X-rays are destroyed at the creating facilities five calendar years after late of last film.

Medical Treatment Folder (clinical, outpatient, dental records, and individual consultation service case files) of dependents of military personnel, civilian employees, American Red Cross personnel, and U.S. Merchant Marines treated at Army or Air Force Medical Facilities. Outpatient medical records of dependents of Army personnel treated at medical facilities after 1964 are located at MPR.

Procurement and separation (final type) x-ray files consisting of chest x-rays exposed during complete medical examinations of enlisted personnel
accepted as applicants for enlistment as aviation cadets, as officer candidates, for flying service in an enlisted status, and x-ray film or the chest and other parts’ of the body made as part of the separation medical examination including disability separations not transferred to the VA. Also included are: X-rays of the chest and other parts of the body of officer personnel made as part of procurement and separation medical examinations of applicants for appointments as officers, warrant officers and flight officers. Includes students/graduates of officer candidate schools, active duty exams, and X-rays of these officers at the time of relief from active duty or separation from the service.

3. COAST GUARD CLINICAL RECORDS FILES

MEDICAL FACILITY FILES: CLINICAL, X-RAYS, AND OTHER RECORDS ABOUT TREATMENT OF INDIVIDUALS LOCATED AT NPRC (MPR), 9700 PAGE BLVD., ST. LOUIS, MO.

Medical/dental records, including x-ray films of retired personnel treated at Army, Navy or Air Force medical treatment facility. Also, outpatient records of retired USCG treated at Coast Guard facilities.

Reports of Medical Relief dating from 1942 showing name, service number, rate, diagnosis, and number of days of treatment and number of days off duty.

Inpatient medical records of dependents of Coast Guard personnel treated at a Naval medical facility.

4. MEDICAL FACILITY FILES: LOCATED AT NPRC(CPR), III WINNEBAGO ST., ST. LOUIS, MO.

Medical and dental records, including x-ray films of dependents of Coast Guard personnel treated at an Army or Air Force medical facility.

Outpatient medical records of dependents of Coast Guard personnel treated at a Naval medical facility are at Headquarters, USCG, Washington, DC

Clinical records for active duty personnel treated at a Public Health Service Facility are maintained at that facility.

Clinical and medical records of U.S. Merchant Marine personnel treated at a medical facility in the United States or overseas in a military installation are on file at Federal Record Centers located throughout the continental United States. Copies of these medical and clinical records can be obtained by writing to the: PHS Health Data Center, Gillis W. Long Hansen’s Disease Center, Carville, LA 70721.

5. AIR FORCE CLINICAL RECORDS FILES

MEDICAL FACILITY FILES: CLINICAL, X-RAYS, AND OTHER RECORDS
Clinical records of Air Force personnel on active duty and other military personnel, including retired, who were treated at Air Force medical facilities. Files are cut-off annually and a new file established as of January 1 each year. Records are retired one year after annual cut-off date. (Hospitals that maintain clinical records libraries retain their clinical records for an additional five years.) (Treatment PRIOR to 1957 are filed with the Official Military Personnel File.)

Outpatient service and Dental health records for retired airmen.

Medical records of Cadets and Midshipmen of service academies treated at Air Force medical facilities.

Inpatient medical records of dependents of Air Force personnel treated at Naval medical facilities.

Outpatient medical records of the Public Health Service and Coast and Geodetic Survey personnel on active duty or retired, and their dependents, treated at Air Force medical facilities.

Medical Records of VA beneficiaries treated at Air Force medical facilities after 1967.

Interim type x-rays are held for five years at the creating facility and then are destroyed by that facility.

**MEDICAL FACILITY FILES LOCATED AT NPRC (CPR), III WINNEBAGO ST., ST. LOUIS, MO.**

Final type (entrance and separation) x-ray film for officers and airmen at time or appointment, enlistment, release from active duty, disability separation, and disqualification for flying status.

Final type (entrance and separation) x-ray film for officers and airmen taken while in a student status at Air Force and U.S. Military Academies, and those pertaining to disqualification for flying status.

Outpatient medical records of dependents of Air Force personnel, through 1963, and treated at Naval medical facilities. AFTER 1963 they are located at NPRC (MPR).

Inpatient medical treatment folders (clinical and dental records) for dependents of Air Force military personnel, civilian employees, nonmilitary foreign nationals, and dependents of allied or neutral armed forces personnel treated at Army or Air Force medical facilities. Also those for VA
beneficiaries after 1968.
Inpatient medical records of Public Health Service and Coast and Geodetic Survey personnel on active duty or retired and their dependents treated at Air Force medical facilities.

MEDICAL FACILITY FILES: LOCATED AT THE GAINING VA REGIONAL OFFICE.

Air Force military personnel clinical records for patients separated or retired for disability while in a patient status.

MEDICAL FACILITY FILES: LOCATED AT THE VA REGIONAL OFFICE SERVING THE AREA IN WHICH THE PERSON RESIDES.

Health records of military personnel separated or retired for disability and not in a patient status.

MEDICAL FACILITY FILES: LOCATED IN AN ALLIED OR NEUTRAL COUNTRY OF RESIDENCE.

Allied and neutral armed forces personnel medical records consisting of clinical and dental records, x-ray film, and medical examination reports.

MEDICAL FACILITY FILES: LOCATED IN APPROPRIATE REGIONAL FEDERAL RECORDS CENTERS.

Veterans Administration (VA) beneficiaries’ outpatient medical and dental treatment records, including x-ray film, of VA outpatient clinics. Records are retained in the clinic for four years after last treatment, retired to the records center for 11 more years, then destroyed. Medical records of VA beneficiaries treated at Air Force medical facilities through 1967 were retired one year after annual cut-off to FRC Kansas City. After 1967, they were retired to National Personnel Records Center (MPR).

7. NAVY AND MARINE CORPS CLINICAL RECORDS FILES

CLINICAL, X-RAYS, AND OTHER MEDICAL FACILITY FILES: LOCATED AT NPRC (MPR), 9700 PAGE BLVD., ST. LOUIS, MO.

Records (bound volumes) showing personnel examined for Navy or Marine Corps service during period 1890-1913.

Medical Journals and Reports on Patients (bound volumes) containing the history of medical treatment of Navy and Marine Corps personnel who served during the period 1885-1911. (Those for period 1812-1884 are on file in the National Archives, Washington, DC).

Hospital Corps rosters dating from 1913-1935 showing name, rate, dates
of enlistment and reenlistment, date detached or discharged, and transfers.

Statistical Reports (Form-F and FA Cards) dating from 1914 to within three years of current date showing dates of hospitalization, and transfers.

Medical Officer of the Day Logs for period 1941 to present showing injuries, serious illness, and information of historical value.

Sick Call Logs for period 1941 to present showing daily record of sick call and treatment. Various other daily logs showing record of a medical nature.

Clinical records on Navy and Marine Corps personnel treated at U.S.-Naval Hospitals and inpatient care at other Naval activities. Also, those for Navy and Marine Corps personnel treated at Army and Air Force medical facilities. Clinical or patient’s treatment folders are transferred to an inactive file upon completion of the treatment. Inactive files are cut-off at the end of each calendar year, retained for one additional year, then retired to Records Center. (Navy Teaching Hospitals may retain these records for residency training, research, or clinical investigation for a period not to exceed five years before retiring.)

Clinical records of members of any of the military services who are discharged from, or die, in any Naval facility. These files are retired two years after the last date of admission.

Medical Treatment Folders (clinical, outpatient, and dental records-) on dependents of Navy, Marine Corps, Army, Air Force, and Coast Guard personnel, Civil Service employees, Red Cross, Public Health Service, and Coast and Geodetic Survey personnel treated at a Naval medical facility. Also medical records on other categories of patients such as FBI, State Department, foreign military personnel and their dependents, and “humanitarian” patients treated at a Naval medical facility.

Medical Records of Cadets and Midshipmen of service academies treated at a Naval medical facility.

MEDICAL FACILITY FILES: LOCATED AT NPRC(CPR), III WINNEBAGO ST., ST. LOUIS, MO.

Final type x-rays (entrance and separation). Also, photofluorograms dating from 1940.

Medical Treatment Folders (clinical, outpatient, and dental records) for civilian employees of the Navy and Marine Corps.
Clinical Records for active duty personnel treated at a Public Health Service Facility are located at the facility of treatment.

*Other Valuable Documentation Resources:*

To obtain old medical records (copies of those burned in St. Louis); Verification of hospital stays on one day or longer; Hospital admissions records, contact the Patient Administration System and Biostatistics Activity (PASBA) at 210 – 221 – 1102 or 210 – 295 – 8922. The PASBA Web site can be accessed at: [http://www.cs.amedd.army.mil/pab/PAdimSG.asp](http://www.cs.amedd.army.mil/pab/PAdimSG.asp)

If you need to conduct PTSD research, contact the U.S. Army and Joint Services Records Research Center (JSRRC). This Center serves as the DOD EXECUTIVE AGENT for matters pertaining to Post Traumatic Stress Disorder (PTSD) claims and Agent Orange research and in support of individual veterans, the Department of Veterans Affairs (VA) and veterans' service organizations. Visit this link for details: [https://www.arims.army.mil/](https://www.arims.army.mil/) (Need to create an Army Knowledge Online account).

**National Archive & Records Administration**


**Request for Military Personnel Records:** If you are a veteran or next-of-kin of a deceased veteran, *you may now use the online web site or still use SF-180 to order copies of military records.* The web link follows:

CHAPTER 15

STATE OF FLORIDA VETERANS' BENEFITS

http://www.floridavets.org/

STATE OF FLORIDA VETERANS AND SURVIVORS BENEFITS

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1. **IDENTIFICATION CARD** Upon request, a card will be issued by the FDVA to a veteran who is a permanent resident of the state and who is determined by the VA or the Department of Defense (DOD) to have a 100% service-connected, permanent and total disability rating for compensation. There are no fees nor renewal requirements (Amended by Ch. 97-14, effective 7/1/97). This card may be used by the veteran as proof of eligibility for any state benefit, except Exemption of Homesteads.  FS 295.17

2. **EXEMPTION OF HOMESTEADS.** Any real estate that is owned and used as a homestead by a veteran who was honorably discharged with a service-connected total and permanent disability and for whom a letter from the United States Government or United States Department of Veterans Affairs or its predecessor has been issued certifying that the veteran is **totally and permanently disabled** is exempt from taxation (not education taxes), if the veteran is a permanent resident of this state on January 1 of the tax year for which exemption is being claimed or was a permanent resident of this state on January 1 of the year the veteran died.

   a. The production by a veteran or the spouse or surviving spouse of a letter of total and permanent disability from the United States Government or United States Department of Veterans Affairs or its predecessor before the property appraiser of the county in which property of the veteran lies is prima facie evidence of the fact that the veteran or the surviving spouse is entitled to the exemption.

   b. If the totally and permanently disabled veteran predeceases his or her spouse and if, upon the death of the veteran, the spouse holds the legal or beneficial title to the homestead and permanently resides thereon as specified in s. 196.031, the exemption from taxation carries over to the benefit of the veteran’s spouse until such time as he or she remarries or sells or otherwise disposes of the property. If the spouse sells the property, an exemption not to exceed the amount granted from the most recent ad valorem tax roll may be transferred to his or her new residence, as long as it is used as his or her primary residence and he or she does not remarry.

   (1) Any real estate that is owned and used as a homestead by the surviving spouse of a veteran who died from service-connected causes while on active duty as a member of the United States Armed Forces and for whom a letter from the United States Government or United States Department of Veterans Affairs or its predecessor has been issued certifying that the veteran died from service-connected causes while on active duty, is exempt from taxation if the veteran was a permanent resident of this state on January 1 of the year in which the veteran died.
(2) The production by the surviving spouse of a letter that was issued as required under paragraph (1) and that attests the veteran’s death while on active duty is prima facie evidence of the fact that the surviving spouse is entitled to an exemption under paragraph (1).

(3) The tax exemption that applies under paragraph 2 to the veteran carries over to the benefit of the veteran’s surviving spouse as long as the spouse holds the legal or beneficial title to the homestead, permanently resides thereon as specified in s. 196.031, and does not remarry. If the surviving spouse sells the property, an exemption not to exceed the amount granted from the most recent ad valorem tax roll may be transferred to his or her new residence as long as it is used as his or her primary residence and he or she does not remarry. FS 196.081

c. Veterans who are paraplegic, hemiplegic, are permanently and totally disabled, must use a wheelchair for mobility, or are legally blind are exempt from real estate taxation if gross annual household income does not exceed the adjusted maximum allowed. The veteran must be a resident of the State of Florida to qualify. A certificate of such disability from two licensed doctors of this state or from the VA or an award letter from the Social Security Administration to the property appraiser is prima facie evidence of entitlement to such exemption. FS 196.101

d. Veterans with service-connected disabilities of 10% or more shall be entitled to a $5,000.00 property tax exemption. To qualify for homestead exemption a veteran must be a bonafide resident of the state. FS 196.24

NOTE: SB 550 - The primary effect of the bill is to extend the current $5,000 homestead property tax exemption for partially disabled veterans to their surviving spouses. This is similar to the full exemption currently available to the surviving spouses of totally and permanently disabled veterans. Amends 196.012,.24 EFFECTIVE DATE: 07/01/2005. Upon the death of the veteran, the benefit will carry over to the unremarried spouse who had been married to the deceased veteran for five or more years. If the spouse sells the property, an exemption not to exceed the amount granted in the most recent ad valorem tax roll may be transferred to his or her new residence so long as it is used as his or her primary residence.

e. Every person who is entitled to homestead exemption in this state and who is serving in any branch of the Armed Forces of the United States may file a claim for homestead exemption. Servicemen unable to file in person may file through next of kin or duly authorized representatives. FS 196.071

NOTE: AGO OPINION: Section 196.081(4), Florida Statutes, does not require that homestead property be owned by a veteran at the time of his or her death from service-connected causes while on active duty, but requires that the veteran be a permanent resident of Florida on January 1 of the year in which he or she died.

3. **HUNTING AND FISHING LICENSE** A state hunting and fishing license shall be issued for a period of five years, upon request, to any resident of the state, who is permanently and totally disabled and currently certified by a licensed physician of this state or the VA, or has been issued a valid identification card by the FDVA. FS 372.562 (1)(a).
No license shall be required for military service personnel who are Florida residents while they are home on leave for periods of 30 days or less. FS 372.57 (1) (c ).

A fresh, saltwater fishing license must be issued, without license fee, to any resident who is certified to be totally and permanently disabled by the United States Department of Veterans Affairs or its predecessor, or by any branch of the United States Armed Forces, or who holds a valid ID card issued by the Department of Veterans' Affairs pursuant to s. 295.17, upon proof of same. Any license issued under this paragraph after January 1, 1997, expires after 5 years. Upon request, the license shall be reissued for a 5-year period and shall be reissued every 5 years thereafter. FS 370.0605(4)(a), FS 372.562.

NOTE: The Florida Fish and Wildlife Conservation Commission (FWC) offers a Military Gold Sportsman’s License to active duty and retired military that are stationed in Florida or have lived in the state for six months and claim Florida as their primary residence. The reduced-fee annual license ($20) offers the same privileges as the traditional Gold Sportsman’s License ($83.50). It includes hunting, saltwater fishing and freshwater fishing licenses and wildlife management area, archery, muzzleloading gun, turkey, Florida waterfowl, snook and crawfish permits.

The Military Gold Sportsman’s Licenses are only available at tax collectors’ offices. Those wishing to purchase one must show their military ID cards plus a Florida driver’s license or orders showing they are stationed in Florida.

More information about hunting and fishing in Florida is available at: http://myfwc.com/

4. CERTIFICATION OF DISCHARGE OR SEPARATION The Clerk of the Circuit Court shall record, without cost to the veteran, certificates of discharge or separation from the Armed Forces of the United States. FS 28.222(3)(d). (Caution: Document becomes Public Record).

5. DISABLED VETERAN MOTOR VEHICLE LICENSE PLATE A motor vehicle license plate will be issued for use on any motor vehicle owned or leased by an disabled veteran who has been a continuous resident of Florida for the last five years or has established a domicile as provided by FS 222.17(1) or (2) and (3), upon application accompanied by proof that:

(1) the vehicle was acquired through financial assistance from the VA or

(2) the veteran has been determined by the VA to have a service-connected disability of 100% rating for compensation, or
(3) the veteran has been determined to have a service-connected disability of 100% and is in receipt of disability retirement pay from any branch of the uniformed Armed Forces. A plate fee is charged. FS 320.084(1),(a),(b),(c)

(4) No state agency, county, municipality, or agency thereof shall exact any fee for parking on the public streets or highways or in any metered parking space or handicapped parking space of the driver of a vehicle which displays a "DV" license pursuant to 320.084. FS 316.1964

(5) "DV" License Plates with "wheelchair emblem" are available for those veterans permanently confined to a wheelchair and who qualify for the basic "DV" License Plate. FS 320.0842

6. HIGH SCHOOL DIPLOMAS - WORLD WAR II & KOREAN WAR VETERANS
The Commissioner of Education may award a standard high school diploma to honorably discharged **WW II** veterans who started high school between 1937 and 1946 and were scheduled to graduate between 1941 and 1950 but were inducted into the United States Armed Forces between September 16, 1940, and December 31, 1946, prior to completing the necessary high school graduation requirements. In addition the Commissioner may award a standard high school diploma to honorably discharged veterans who started high school between 1946 and 1950 and were scheduled to graduate between 1950 and 1954, but were inducted into the United States Armed Forces between June 1950 and January 1954, and served during the **Korean War** prior to completing the necessary high school graduation requirements. Upon the recommendation of the commissioner, the State Board of Education may develop criteria and guidelines for awarding such diplomas. FS 229.551 & 232.246

**NOTE:** The 2009 Florida Legislature passed the Corporal Larry E. Smedley Vietnam Veterans High School Diploma Act. This act, effective July 1, 2009, **authorizes the Commissioner of Education to award a high school diploma to honorably discharged Vietnam War veterans and increases the opportunity for some Florida veterans to receive a high school diploma.** Senate Bill 316, Chapter 2009-37, Laws of Florida, provides for the award of a high school diploma to eligible Vietnam veterans. This legislation amends s. 1003.43, F. S. To be eligible, veterans must meet the following criteria:
- Must be a Florida resident
- Inducted into military service before completing the necessary graduation requirements
- Must have served in the Vietnam Era, February 28, 1961 through May 7, 1975, as established in s. 1.01(14)(f), F. S.
- Received an honorable discharge

*For eligibility information and an application on all 3 Diplomas programs, visit:*
7. **EX-POW MOTOR VEHICLE LICENSE PLATE.** A motor vehicle license plate will be issued upon application and proof of eligibility, for use on any motor vehicle not used for hire or commercial use, owned by a veteran who is a resident of Florida and was held as a prisoner of war and was a citizen of the U.S. at such time as the Armed Forces were engaged in combat and was a member of the U.S. Armed Forces or the Armed Forces of a nation allied with the U.S. A plate fee is charged. This plate is transferable to the unremarried spouse of the EX-POW upon the death of the veteran. FS 320.089(2)

8. **MOTOR VEHICLE LICENSE PLATE, EX-POW, NON CITIZEN POW, NATIONAL GUARD OR RESERVE MEMBER, SURVIVORS OF PEARL HARBOR, PURPLEHEART MEDAL RECIPIENTS AND MEDAL OF HONOR RECIPIENTS:**

1) Each owner or lessee of an automobile for private use, who is a resident of the state and is a former prisoner of war, or their unremarried surviving spouse, shall, upon application and proof of eligibility, be issued a license plate stamped with the words "EX-POW". Plates are tax exempt, administrative fees apply. FS 320.089(2)

2) Each owner or lessee of an automobile for private use, who is a resident of the state and served as a member of the armed forces of the United States or the armed forces of a nation allied with the United States and was held as a prisoner of war (or was not a citizen of the U.S. at the time held), or their unremarried surviving spouse may, upon application and proof of eligibility be issued a special plate, with payment of the license tax and administrative fees. FS 320.089(2)(a) and (b)

3) Each owner or lessee of an automobile for private use, who is a resident of the state and an active member of the Florida National Guard, the Armed Forces Reserve, or a survivor of Pearl Harbor shall upon application and proof of eligibility be issued a special plate, with payment of the license tax and administrative fees. FS 320.089(1)

4) Each owner or lessee of an automobile for private use, who is a resident of the state and has been awarded the Purple Heart Medal, may, upon application and proof of eligibility, be issued a special plate. Taxes and administrative fees are charged. FS 320.089(1)

5) Each owner or lessee of an automobile for private use, who is a resident of the state and has been awarded the United States Congressional Medal of Honor, may, upon application and proof of eligibility, be issued a special plate. A plate fee is charged. FS 320.0893

9. **DRIVER’S LICENSE** - Any veteran discharged under conditions other than
dishonorable from the Armed Forces who has been issued a valid identification card by the FDVA, in accordance with the provisions of FS 295.17 or who has been determined by the VA or DOD to have a 100% total and permanent service-connected disability and is qualified to obtain a Drivers License under this chapter is exempt from all fees required by this section. Other fees may apply. FS 322.21(7)

10. **HANDICAPPED TOLL PERMIT** - Any handicapped person who has a valid driver's license, who operates a vehicle specially equipped for use by the handicapped, and who is certified by a licensed physician or by the VA Adjudication Officer as being physically disabled and having permanent impairments which impair the person's ability to deposit coins in toll baskets shall be allowed to pass free through all toll gates. A vehicle window sticker will be issued. FS 338.155(3)

11. **SCHOLARSHIPS FOR CHILDREN AND SPOUSES OF DECEASED OR DISABLED FLORIDA VETERANS** - Florida provides educational opportunities for dependent children of a deceased or totally and permanently disabled veterans of the U.S. Armed Forces through the Scholarships for Children and Spouses of Deceased or Disabled Veterans (CSDDV). The parent veteran must have been a Florida resident for one year prior to their date of death or disability. Students who qualify, receive monetary benefits which cover their costs of tuition and registration at any eligible state or private post-secondary educational institution in Florida. **NOTE:** The 2006 Florida Legislature amended Section 295.01, 295.02, 295.03, and 295.05, Florida Statutes, Scholarships for Children of Deceased or Disabled Veterans. This program expands eligibility to eligible spouses to receive the cost equivalent to public tuition and fees at an eligible Florida postsecondary institution effective 7/01/06. For details, visit: [https://www.floridastudentfinancialaidsg.org/home/CSDDV_faq.asp](https://www.floridastudentfinancialaidsg.org/home/CSDDV_faq.asp)

Dependent children of a Florida veteran whose death or disability occurred in any of the actions specified next are exempt from the one year residency requirement for the CDDV participation however, still must meet residency requirements for student financial aid. (FS 295.01 and 295.0185) Actions are: The Iranian Rescue Mission (Operation Eagle Claw) or the Lebanon and Grenada military arenas or in the crash of a military transport airplane in Gander, Newfoundland on December 12, 1985, or the attack on the USS Starke on May 17, 1987, Operation Just Cause, Operation Desert Shield/Desert Storm, Enduring Freedom; Operation Iraqi Freedom, was classified as POW or MIA during the Korean Conflict or Vietnam Era and has not returned alive or remains have not been recovered. **Either parent of the dependent children must meet residency requirements of the state.**

12. **PREFERENCE IN APPOINTMENT AND RETENTION**

The state and its political subdivisions shall give preference in appointment and retention in covered government positions to eligible veterans with wartime service who separated under honorable conditions, or who are disabled with a compensable service-connected disability, as well as to the eligible spouse or un-remarried veteran's widow or widower. FS 295.07. A veteran who has served in a campaign or expedition for which a qualifying campaign badge or expeditionary medal has been authorized (including any Armed Forces Expeditionary Medal or
the Global War on Terrorism Expeditionary Medal) is eligible for preference pursuant to Section 295.07. Chapter 2007-51, effective July 1, 2007, restores preference eligibility for those individuals previously not eligible pursuant to Chapter 295.101. Chapter 2007-51 repeals s 295.101. A position that is announced as being open to employees only, to be filled by the reassignment, transfer, promotion or demotion of an employee is not covered for the purpose of Chapter 295. Promotion preference is governed by Chapter 295.09. A preference eligible person may file a complaint with the FDVA when a non-preferred applicant is selected over an equally-qualified veteran. FS 295.07; 295.11.

13. OCCUPATIONS LICENSE TAXES.

A wartime veteran who is disabled from performing manual labor and his/her unremarried widow/widower shall be exempt from a sum not to exceed $50. This exemption is applicable to veterans and to their surviving spouses. Veteran's widow or widower must be a bonafide resident of Florida. FS 205.171

14. DISABLED VETERANS EXEMPTION FROM CERTAIN LICENSE OR PERMIT FEES

No totally and permanently disabled veteran who is a resident of Florida shall be required to pay license or permit fees to any county or municipality in order to make certain improvements to assist with his or her disability on any mobile home owned by the veteran and used as his/her residence. Improvements are limited to ramps, widening of doors, and similar improvements for the purpose of making the mobile home habitable for veterans confined to wheelchairs. FS 295.16

15. COUNTY AND CITY VETERAN SERVICE OFFICERS

Veteran assistance is available through a statewide network of county or city Veteran Service Officers employed by local Boards of County Commissioners. All services are provided free of charge. For complete information on veterans' programs, entitlements, and referral services, veterans should call their County Veteran Service Office listed under county offices in the local telephone directory, or this department at (727) 319-7400. FS 292.11

16. "FLORIDA SALUTES VETERANS" LICENSE PLATES
This distinctive license plate is for use by all Florida residents. The purpose of the plate is to pay tribute to Florida veterans and provide funds for construction, operation, and maintenance of domiciliary and nursing homes for veterans in Florida. The usual $15.00 “Vanity” tag expense is charged. Questions concerning the issuance of the new license plate should be addressed to the license agency in your county. FS 320.08058(4). Joining the “Florida Salutes Veterans” and the U.S. Marine Corps license plates already available are the new plates for the Army, Air Force, Navy, and the Coast Guard:

These new military specialty automobile license plates, along with the “Florida Salutes Veterans” and the U.S. Marine Corps license plates, are available now at local DMV offices.
17. VETERANS' DOMICILIARY HOME OF FLORIDA

Domiciliary Home care will be provided to veterans discharged under honorable conditions at the Veterans' Domiciliary Home of Florida on Sycamore Lane in Lake City, Florida. The veterans admitted must be able to feed and clothe themselves, be residents of the State for one year prior to admission, have limited financial resources and not owe money to the Department for services rendered during any previous stay at any Department facility. Current information is available through the office of the Home Administrator in Lake City, your County Veteran Service Office, or any of the FDVA offices listed in this brochure.

18. VETERANS' NURSING HOMES OF FLORIDA

Persons interested in residency must be referred through a VA Medical Center. Candidates will be veterans discharged under honorable conditions, be a resident of Florida for a minimum of one year immediately prior to applying for admission, must require long-term care in a skilled nursing facility, and not owe money to the Department for services rendered during any previous stay at any Department facility. For admission information contact the nearest County Veterans Service Office or FDVA Service Office. Veterans with service-connected disabilities or veterans unable to afford nursing home care will be considered first for residency. You are welcome to contact the Director of Social Services for additional information. Tours are available any time.

Florida Statutes on the Internet: [http://www.flsenate.gov/statutes/index.cfm](http://www.flsenate.gov/statutes/index.cfm)

19. State universities & community colleges to waive tuition for Recipient of Purple Heart or other combat decoration superior in precedence Enacted by the Legislature of the State of Florida, effective July 1, 2006, FS 1009.26 Subsection (9) is added to section 1009.26, Fee waivers.— and requires state universities & community colleges to waive tuition for Recipient of Purple Heart or other combat decoration superior in precedence who fulfills specified criteria; provides percentage cap on number of required credit hours for which tuition waiver may be received.

*Subsection (9) is added to section 1009.26, Florida Statutes, to read:*

(9) A state university or community college shall waive undergraduate tuition for each recipient of a Purple Heart or another combat decoration superior in precedence who:

(a) Is enrolled as a full-time, part-time, or summer-school student in an undergraduate program that terminates in a degree or certificate; (b) Is currently, and was at the time of the military action that resulted in the awarding of the Purple Heart or other combat decoration superior in precedence, a resident of this state; and (c) Submits
to the state university or the community college the DD-214 form issued at the time of separation from service as documentation that the student has received a Purple Heart or another combat decoration superior in precedence.

20. NOTE: On November 7, 2006, Florida voters overwhelmingly approved constitutional Amendment 7, which, as an additive benefit, provides a discount from the amount of ad valorem tax on the homestead of a partially disabled veteran who is age 65 or older, who was a Florida resident at the time of entering military service, who provides evidence that identifies a combat-related disability, and who was honorably discharged; to specify the percentage of the discount as equal to the percentage of the veteran’s service-connected disability.

· When did Amendment 7 take effect?
Amendment 7 took effect December 7, 2006, for the tax year beginning in January 2007. It is self-executing, and does not require implementing legislation.

· How many veterans are affected by this Amendment?
We estimate between 20,000 and 25,000 Florida veterans are currently eligible to apply.

· Where do I apply?
Eligible veterans should apply at their county property appraiser’s office.

· What is the deadline to submit my documents to the county property appraiser?
Application deadline is March 1 annually.

· Will I lose any of my existing benefits as a result of Amendment 7?
No. Amendment 7 does not remove any existing benefits Florida’s veterans have earned by virtue of their military service. The Florida Legislature intended this constitutional amendment to be an additive benefit to the myriad of state resources available to veterans, many of whom are elderly and on fixed incomes. Amendment 7 is intended to be a discount on taxes owed after all other ad valorem exemptions are computed.

· Can you provide some examples?
1. Those veterans currently exempt from paying any homestead taxes who are rated service-connected, 100% permanent and total disability, continue to be exempt.
2. Eligible, resident veterans of all ages with a VA-certified service-connected disability of 10% or greater will continue to be entitled to a $5,000 homestead property tax exemption.
3. Those disabled veterans with a 10% - 90% disability rating who meet the requirements of Amendment 7 will see their property taxes further reduced.

· What are the requirements for the discount?
According to the Amendment, the requirements for the discount are:
1. Proof of age 65 years or older;
2. Proof of Florida residency at the time of entering military service;
3. Official letter from the U. S. Department of Veterans Affairs (USDVA) stating the percentage of the veteran’s service-connected disability;
4. Evidence that reasonably identifies a combat-related disability; and
5. Documentation of the veteran’s honorable discharge.

· What is combat-related?
The Department of Defense has defined Combat-Related for a special pay program for certain retirees. These definitions are useful when evaluating a veteran’s USDVA letter in order to determine if any of their Service-Connected disabilities can be construed as Combat-Related. Combat-Related is not a term used by the U. S. Department of Veterans Affairs; rather, the department determines whether or not a disability is Service-Connected. This is the determination that will be seen in the USDVA letter that veterans provide.
Can you explain the difference between combat-related and service-connected disability?
Although the Amendment requires the veteran’s disability be combat-related in order to qualify, the total service-connected rating percentage is used to determine discount even though one or more combat disabilities may be only part of their total compensable disabilities.

What documents do veterans need to provide to claim the discount?
Veterans discharged after Jan. 1, 1950, should be able to provide two documents which would qualify eligible applicants in most cases. These documents are:

1) DD Form 214 - Certificate of Release or Discharge From Active Duty
Will satisfy the following requirements above: #1 (Date of Birth), #2 (Home of Record at Time of Entry), and #5 (Character of Service). Additionally, #4 may be satisfied if the applicant was awarded the Purple Heart for combat wound(s).

2) Service-Connected Rating Decision (Disability) Letter from USDVA
Will satisfy requirement #3 (Rating Decision), and may satisfy requirement #4 (under the headings of Evidence, Reasons for Decision, and/or Associated Claims).

These two documents alone should qualify most eligible applicants; however, there may be other documents which could support the applicant. Veterans discharged prior to 1950 may present different discharge documents. Other veterans may be in the process of requesting a copy of their DD-214 and may not have received it by March 1. In such cases, government-issued identification cards, other proof of Florida residency at time of military entry (i.e. high school diploma dated close to military orders), an honorable discharge certificate, or other documents may assist in determining eligibility.

In cases where neither the DD Form 214 or the Rating Decision Letter satisfy requirement #4 regarding evidence of a combat disability, other documents such as award citations (decoration associated with combat, documents mentioning a combat injury), or documentation from the Department of Defense for Combat Related Special Compensation for retirees, may be useful for property appraisers to consider.

How do I obtain a copy of my DD Form 214?
All veterans may also apply for a copy of their DD Form 214 by visiting the following Web site: http://www.archives.gov/veterans/military-service-records/dd-214.html

What if the county property appraiser denies my request for a discount?
The county property appraiser must notify the applicant in writing of the reasons for the denial, and the veteran may reapply.

If I receive the discount, do I have to reapply every year?
Yes, at this time. However, the Legislature may, by general law, waive the annual application requirement in subsequent years.

Will I continue to receive the property tax discount if my veteran spouse has died?
No, the discount only applies to the veteran.

CHAPTER 16

Veterans’ Preference
HISTORY:
Throughout our history, America’s war veterans have usually received some form of recognition for their military service. To this end, it became the policy of the Florida Legislature to provide preference and priority in the hiring practices of this state and its political subdivisions.

Florida laws relating to veterans, commonly referred to as veterans’ preference, were enacted to provide selected military veterans with an employment advantage in recognition of their sacrifices for the nation, and also as some small compensation for having deferred their education and civilian careers.

Veterans’ preference in Florida evolved after World War II with the passing in 1949 of Florida Statutes 295.06 and 295.07 which gave “preference in civil service, merit system and other competitive examinations” and “preference in appointment, reinstatement and reemployment” respectively. Additional sections of Chapter 295 defined who would receive preference and how the benefit was to be administered. The Florida statute closely followed the passage of similar federal legislation.

2. WHO IS ELIGIBLE FOR VETERANS’ PREFERENCE?

Many people believe that anyone who served in the military is eligible for veterans’ preference, or that only those who served in the Armed Forces are eligible for veterans’ preference in public employment. Neither is quite true. Therefore, we will refer to those who are eligible as preference eligible. In addition, the veterans’ preference law covers state government and all its political subdivisions, including counties, municipalities, special districts, public universities and community colleges. However, certain positions are excluded from the law subject to review by an administrative body, the Public Employees Relations Commission (PERC). In addition, veterans’ preference is only available to Florida residents. Chapter 295.07(3) F.S.

There are five veterans’ preference categories: (1) veterans with a service-connected disability which is compensable under public laws administered by the United States Department of Veterans Affairs (DVA); (2) the spouse of any veteran with a permanent and total service connected disability; (3) any veteran of any war who served one day on active duty during a wartime period, and any veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom, qualifies for preference in appointment, effective July 1, 2007; (4) the unremarried widow or widower of a veteran who died as a result of a service-connected disability; (5) any veteran who has served in a qualifying campaign or expedition for which a campaign badge has been authorized. Any Armed Forces Expeditionary Medal is qualifying for veterans’ preference. The Global War on

3. **WHAT ARE NUMERICALLY BASED APPOINTMENTS?**

Numerically based personnel systems utilize an examination or scored system as the sole criteria for selection. Employment preferences, where numerically based examinations are used as a tool for selection, consist of adding 10 points to the score of disabled veterans and spouses of disabled or missing veterans and 5 points to the score of other preference eligible applicants. Where the highest possible examination score is other than 100, then 10 percent or 5 percent shall be added to the applicants respective score to give the preference eligible applicant the equivalent of 10 points or 5 points on a scale of 100.

Persons eligible to receive a 10-point preference where service-connected disabilities have been rated by the DVA or the Department of Defense to be 30 percent or more shall be placed at the top of the appropriate register or employment list in the rank order of their augmented ratings. In a numerically based appointment scheme, placement at the top of the register or employment list requires that absolute preference be given to the veteran, and he or she therefore must be given the job. However, certain classes of positions are exempt from absolute preference for veterans with a 30 percent or more disability rating. Absolute preference will not apply to positions when a numerically based selection process is not used. F.S. 295.08.

Non-numerically based appointments: In all covered positions from which an examination is not used to determine the qualifications for employment, preference in appointment and employment shall be given to eligible applicants provided they possess the minimum qualifications necessary for the discharge of the duties involved. Preference in appointment and employment in a non-numerically based system requires that a preferred applicant be given special consideration at each step of the employment selection process but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified person for the position. For non-numerically based positions, military retirees are to be given special consideration at each step of the selection process, but also do not have to be hired over more qualified non-veterans. F.S. 295.085.

4. **REINSTatement OR REEMPLOYMENT; PROMOTION PREFERENCE**
When an employee in a covered position leaves employment of the state or its political subdivisions for the purpose of serving in the Armed Forces of the United States and is separated there from with an honorable discharge, the state or its political subdivision must reinstate or reemploy such persons under the following conditions:

- Reinstatement or reemployment is made to the same or to an equivalent position.
- Reinstatement or reemployment is made within one year of the date of separation from the military service or, in the case of extended active duty, within one year of the date of discharge or separation subsequent to the extension.

Persons reinstated or reemployed under this law shall be awarded preference in promotion, and shall be promoted ahead of all other employees who are as well or less qualified for the position. Eligibility for preference in promotion shall apply only to a veteran’s first promotion after reinstatement or reemployment, without exception. F.S. 296.09.

5. **PREFERENCE IN RETENTION**

In a reduction-in-force, each employee is in direct competition with all other employees engaged in similar work, in the same pay grade, and serving under similar conditions. Among competing employees, the order of separation is determined by type of appointment, veterans’ preference, length of employment, and performance ratings.

In all covered positions where layoffs are necessitated, special consideration in the retention of employees shall be given to those preference eligible persons included under the law. In the event that a point system is not utilized by the covered employer, the employer must demonstrate how special consideration was afforded in the retention process. F.S. 296.07

6. **COMMENCEMENT OF PREFERENCE IN APPOINTMENT**

A veterans’ preference claim must be indicated by the applicant on the employment application form. The veterans’ preference claim is placed in the employee’s personnel file upon appointment to the position.

Veterans’ preference in perpetuity: A person eligible for veterans’ preference in appointment (defined at s. 295.07, FS) does not forfeit employment preference eligibility once that veteran or eligible spouse of the veteran has been employed by a state agency or any political subdivision of this state (HB 699). Effective July 1, 2007, HB 699 also restores veterans’ preference in employment for all categories.
of protected individuals previously employed by a state agency or any political subdivision of this state.

7. **ENFORCEMENT OF PREFERENCE; ADMINISTRATIVE REVIEW**

An applicant for veterans’ preference who believes he or she was not afforded employment preference may file a complaint with FDVA:

The complaint must be filed within 21 calendar days of the applicant receiving notice of the hiring decision made by the employing agency or within three months of the date the application is filed with the employer if no notice is given. Because the employer is not required to provide notice of nonselection to the applicant, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled. In a complaint action, if the preference eligible applicant is not satisfied with the department’s findings or the employer’s proposed action to resolve the complaint is unsatisfactory, the applicant has the right to petition the Public Employees Relations Commission for a hearing. The Florida Department of Veterans’ Affairs, however, does not provide legal assistance in the appeal process. F.S. 295.11.

In the event the veteran prevails in his/her veterans’ preference complaint and appeal to the Public Employees Relations Commission, the Commission may issue an order to compensate the veteran for loss of wages, reasonable attorney fees and costs incurred in having to appeal to the Commission. Attorney fees and costs are capped at $10,000 per case.

In the event that the Florida Department of Veterans’ Affairs finds that a veterans’ preference complaint lacks merit and the Public Employees Relations Commission determines that there is a complete lack of a justifiable issue of fact or law, the case may be dismissed without holding a hearing. Chapter 295.11(4), F.S.

There is no specific form to file a complaint. The complaint should be typed or legibly written and provide sufficient details concerning the employer, position and veteran status so the department can initiate appropriate action.

8. **WHERE CAN PREFERENCE ELIGIBLES GET FURTHER INFORMATION ON EMPLOYMENT OPPORTUNITIES?**
Individuals interested in working for the State of Florida or any public employer in the state should contact the Human Resources (HR) department or the personnel office of the employer for assistance. Also, the local One Stop Center/Work Force Board and The Agency for Workforce Innovation can provide preference eligible applicants with information on local and state employment opportunities. http://www.floridajobs.org/workforce/veterans.html

The Veterans’ Preference Administrator for The Florida Department of Veterans’ Affairs is Don Post, telephone number (727) – 319 – 7462, e-mail: PostD@fdva.state.fl.us.
Appendix
Supplement

FORMS AND APPLICATIONS

http://www.va.gov/vaforms/

VA FORMS AVAILABLE FOR DISTRIBUTION

NOTE: These forms can be accessed at the VA Forms Web site of:
http://www.va.gov/vaforms/
Miscellaneous VA Forms - NO PREFIX

9 Appeal to Board of Veterans Appeals
21a Application for Accreditation as a Claims Agent
572 Request for Change of Address/Cancellation of Direct Deposit
3232 General Information Request
3288 Request for and Consent to Release Information from Claimant's Records
4107VHA Your Rights to Appeal Our Decision
5281 Application for Refund of Educational Contribution
5655 Financial Status Report

VHA Forms - 10 PREFIX

10-0408 VHA Fisher House Application
10-10d Application for CHAMPVA Benefits
10-10EC Application for Extended Care Services
10-10EZ Application for Health Benefits
10-10EZR Health Benefits Renewal Form
10-583 Claim for Payment of Cost of Unauthorized Medical Services
10-1394 Application for Adaptive Equipment - Motor Vehicle
10-5345 Request For and Authorization To Release Medical Records
10-7055 Application for Voluntary Service
10-7959A CHAMPVA Claim Form
10-8678 Application for Annual Clothing Allowance

General VBA Forms - 20 PREFIX

20-572 Request for Change of Address/Cancellation of Direct Deposit
20-8800 Request for VA Forms and Publications

Compensation and Pension Forms - 21 PREFIX

21-22 Appointment of Veterans Service Organization as Claimant's Representative
21-22a Appointment of Individual As Claimant's Representative
21-121 Application for Burial Allowance & Accrued Amounts, Payable as Reimbursement
21-509 Statement of Dependency of Parent(s)
21-524 Statement of Person Claiming to have stood in Relation of Parent
21-526 Veteran's Application for Compensation and Pension
21-527 Income - Net Worth and Employment Statement
21-530 Application for Burial Benefits
21-534 Application for Dependency and Indemnity Compensation or Death Pension by Surviving Spouse or Child (Including Accrued Benefits and Death Compensation, Where Applicable)
21-534a Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child - IN-SERVICE DEATH ONLY (Sent to Philadelphia w/ DD Form 1300, Rpt of Casualty)
21-535 Application for Dependency and Indemnity Compensation by Parents
21-601 Application for Accrued Amounts Due a Deceased Beneficiary
21-651 Election of Compensation in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation or Pension from VA
21-674  Request for Approval of School Attendance
21-674b School Attendance Report
21-686c Declaration of Status of Dependents
21-0304 Application for Spina Bifida Benefits
21-0307 Award Attachment for Certain Children with Disabilities Born of Vietnam Veterans
  2/25/2002
21-0501 Veterans Benefits Timetable
21-0506 Due Process Rights
21-0510 Eligibility Report Instructions
21-0511S-1 Old Law EVR (Surviving Spouse)
21-0511V-1 Old Law Eligibility Verification Report (Veteran) 1V
21-0512S-1 Section 306 Eligibility Verification Report (Surviving Spouse) 2S
21-0512V-1 Section 306 Eligibility Verification Report (Veteran) 2V
21-0513-1 Old Law and Section 306 Eligibility Verification Report (Children Only) 3
21-0514-1 DIC Parent's Eligibility Verification Report 4
21-0516-1 Improved Pension Eligibility Verification Report (Veteran with or without
  Spouse) 6
21-0517-1 Improved Pension Eligibility Verification Report (Veterans with Children) 7
21-0518-1 Improved Pension Eligibility Verification Report (Surviving Spouse with No
  Children) 8
21-0519C-1 Improved Pension Eligibility Verification Report (Child or children)
21-0519S-1 Improved Pension EVR (Surviving Spouse with Children)
21-0571 Application for Exclusion of Children's Income
21-0779 Request for Nursing Home Info in Connection with Claim for Aid and Attendance
21-0781 Statement in Support of claim for SC Post-Traumatic Stress Disorder (PTSD)
21-0781a Statement in Support of claim for SC for PTSD Secondary to Personal Trauma
21-1775 Statement of Disappearance
21-2008 Application for United States Flag for Burial Purposes
21-4103 Information from Remarried Widow/er
21-4138 Statement in Support of Claim
21-4140-1 Employment Questionnaire
21-4142 Authorization for Release of Information
21-4170 Statement of Marital Relationship
21-4171 Supporting Statement Regarding Marriage
21-4176 Report of Accidental Injury in Support of Claim for Compensation or Pension
21-4183 Application for Dependency and Indemnity Compensation by Child
21-4185 Report of Income from Property or Business
21-4192 Request for Employment Information in Connection with Claim for Disability Benefits
21-4502 Application for Automobile or Other Conveyance and Adaptive Equipment
21-8049 Request for Details of Expenses
21-8416 Medical Expense Report
21-8416b Report of Medical, Legal, and Other Expenses Incident to Recovery for Injury or
  Death
21-8834 Application for Reimbursement of Headstone or Marker Expense
21-8924 Application for Benefits Under the Provisions of Section 156, Public Law 97-377
  (REPS)
21-8938 Student Beneficiary Report - REPS
21-8940 Veteran's Application for Increased Compensation Based on Unemployability
21-8951-2 Notice of Waiver of VA Comp or Pension to Receive Military Pay and Allowances
**Education Forms - 22 PREFIX**

22-1919  Conflicting Interests Certification for Proprietary Schools Only
22-1990  Application for VA Education Benefits
22-1995  Request for Change of Program or Place of Training
22-1999c Certificate of Affirmation of Enrollment Agreement Correspondence Course
22-5490  Application for Survivors and Dependents Educational Assistance
22-5495  Change of Program or Place of Training Survivor's & Dependents' Educational Asst
22-8691  Application for Work-Study Allowance
22-8692  Student Work Study Agreement (Student Services)
22-8692a Extended Student Work-Study Agreement
22-8692b Work Study Agreement (Student Services)
22-8864  Other On-The-Job Training and Apprenticeship Training Agreement and Standards
22-8873  Supp Info for Change of Program or Reenrollment After Unsatisfactory Attendance
22-8889  Application for Educational Assistance Test Program Benefits

**Finance and Budget Forms - 24 Prefix**

24-0296  Direct Deposit Enrollment
24-5281  Application for Refund of Education Contributions

**Home Loan Guaranty Forms - 26 PREFIX**

26-0285  VA Transmittal List
26-0286  VA Loan Summary Sheet
26-1817  Request for Determination of L.G. Eligibility - Unmarried Surviving Spouses
26-1880  Request for A Certificate of Eligibility
26-4555  Veteran's Application in Acquiring Specially Adapted Housing or Special HomeAdaptation Grant
26-4555c Veterans Supplemental Application for Assistance in Acquiring Specially Adapted Housing
26-8261a Request for Certificate of Veteran Status

**27 PREFIX**

27-8944  Instructions for Applying for Aid and Attendance or Housebound Benefits

**Vocational Rehabilitation & Employment Forms - 28 PREFIX**

28-0588  Notice of Special Benefits for the Service Disabled
28-1900  Disabled Veterans Application for Vocational Rehabilitation (Ch. 31)
28-1902  Counseling Record - Personal Information
28-8832  Veterans Application for Counseling
28-8890  Important Information About Vocational Rehabilitation (Attachment to VA Form 28-1900)
28-8966  Vocational Training Application for VA Pensioners (Ch. 15, Title 38, U.S.C.)

**VA Life Insurance - 29 PREFIX**

283
29-0532-1 VA Matic Authorization
29-178 Request for Insurance Status - Government Life Insurance
29-336 Designation of Beneficiary - Government Life Insurance
29-352 Application for Reinstatement (Insurance Lapsed More Than 6 Months) Govt Life Ins/TDIP
29-353 Application for Reinstatement (Nonmedical - Comparative Health Statement) Govt Life Ins/TDIP
29-357 Claim for Disability Insurance Benefits - Government Life Insurance
29-538 Assignment - Government Life Insurance Benefits
29-586 Certification of Change or Correction of Name - Government Life Insurance
29-888 Insurance Deduction Authorization (For Deduction from Benefit Payments)
29-0152 Application for Conversion - Government Life Insurance
29-1546 Application for Cash Surrender Value or Policy Loan
29-1549 Application for Change of Permanent Plan (Medical) (Change to a policy with a lower reserve value)
29-4125 Claim for One Sum Payment - Government Life Insurance All Prefixes
29-4125a Claim for Monthly Payments - National Service Life Insurance
29-4125k Claim for Monthly Payments - United States Government Life Insurance (USGLI)
29-4364 Application for Service-Disabled Veterans Life Insurance (RH)

40 PREFIX

40-1330 Application for Standard Government Headstone or Marker for Installation in a Private or Local Cemetery

STANDARD FORMS

SF-95 Claim for Damage, Injury, or Death
SF-180 Request Pertaining to Military Records
SF-233 Power of Attorney by Individual to a Bank for the Collection of Checks Drawn on the United States Treasury

DD FORMS & SERVICEMAN’S & VETERANS GROUP LIFE INSURANCE

DD-149 Application for Correction of Military Record Under the Provisions of Title 10, U.S.C., Section 1552
DD-293 Application for the Review of Discharge or Dismissal from the Armed Forces of the United States
DD-1172 Application for Uniformed Services Identification Card DEERS Enrollment
DD-1884 Survivor Benefit Plan - Application for Annuity
DD-2168 Application for Discharge of Member or Survivor of Member of Group Certified to Have Performed Active Duty with the Armed Forces of the United States
SGLV-8283 Claim for Death Benefits (SGLI or VGLI)
SGLV-8285 Request for Insurance
SGLV-8713 Application for SGLI - Retired Reservists
SGLV-8714 Application for VGLI
SGLV-8721 Beneficiary Designation - VGLI or SGLI

OTHER FORMS AVAILABLE FOR DISTRIBUTION

STANDARD FORM
SF-95  Claim for Damage, Injury, or Death
SF-180  Request Pertaining to Military Records
SF-233  Power of Attorney by Individual to a Bank for the Collection of Checks Drawn on the United States Treasury

**DD FORMS**

DD-149  Application for Correction of Military Record Under the Provisions of Title 10, U.S.C., Section 1552
DD-293  Application for the Review of Discharge or Dismissal from the Armed Forces of the United States
DD-1172 Application for Uniformed Services Identification Card DEERS Enrollment
DD-1884 Survivor Benefit Plan - Application for Annuity
DD-2168 Application for Discharge of Member or Survivor of Member of Group Certified to Have Performed Active Duty with the Armed Forces of the United States Merchant Marine
DD Form 2860 CRSC (Combat-Related Special Compensation) Application

**CHAMPVA**

10-7959a  CHAMPVA Claim Form
PUBLIC TELEPHONE NUMBERS AND ADDRESSES FOR VA FACILITIES

NATIONAL CEMETERIES
BUSHNELL - FLORIDA NATL CEMETERY, 6502 SW 102 AVE, BUSHNELL, FL (33513) (OPEN)................352 793-7740
PENSACOLA - BARRANCAS NATL CEMETERY, NAVAL AIR STATION (32508) (OPEN)......................850 452-3357/4196
ST. AUGUSTINE NATL CEMETERY, 104 MARINE STREET (32084) (CLOSED - TELEPHONE ANSWERED BY FLORIDA NATIONAL CEMETERY)..........................................................904 793-7740
ST PETERSBURG - BAY PINES NATIONAL CEMETERY, 10000 BAY PINES BLVD N (PO BOX 447, 33504) (OPEN FOR CREMATED REMAINS ONLY)..........................727-398-9426
SOUTH FLORIDA VA NATL CEMETERY (CASKETED & CREMATED REMAINS) LAKE WORTH... (561) 649-6489
JACKSONVILLE VA NATIONAL CEMETERY (To open in Dec 2008) For Burial Arrangements, call (800) 535-1117
SARASOTA VA NATIONAL CEMETERY (To open in late 2008) For Burial Arrangements, call (941) 861-9840
VA AMBULATORY CARE CLINICS
BOCA RATON - 901 MEADOWS ROAD, BOCA RATON (33433) .......................................................... 561-416-8995
BROOKSVILLE - 14540 CORTEZ BLVD, SUITE 200 (34613) .............................................................. 352-597-8287
BROWARD COUNTY VA CLINIC ........................................................................................................... 305-575-7000
CITRUS COUNTY - 401 NORTH CENTRAL AVE, INVERNESS (34453) .............................................. 352-637-3500
CLEARWATER - OAK BROOK PLAZA, 2465 McMULLEN-BOOTH RD (33719) ................................... 727-797-3789
DAYTONA BEACH - 551 NATIONAL HEALTH CARE DR., DAYTONA BEACH (32114) ...................... 386-323-7500
DEL RAY BEACH - 4800 LINTON BLVD STE F-111 (33445) ............................................................... 561-495-1973
ELLENTON - 4333 NORTH US HIGHWAY SOUTH (34222) ................................................................. 941-721-0649
FT LAUDERDALE - 5599 NORTH DIXIE HWY, OAKLAND PARK (33334) ........................................ 1-888-497-4647* or 954-771-2101
FORT MYERS - 3033 WINKLER AVENUE EXTENSION (33916) ......................................................... 1-888-513-0045* or 239-939-3939
FORT PIERCE - 727 NORTH US 1 (34950) ......................................................................................... 772-595-5150
HOMESTEAD - 950 KROME AVE., SUITE 401, (HOMESTEAD) (33030) .............................................. 305-248-1875
JACKSONVILLE - METHODIST PROF BLDG, 1833 BLVD (32206) ..................................................... 904-232-2751
KEY LARGO - 105662 OVERSEAS HIGHWAY (33037) ................................................................. 305-451-0164
KEY WEST - 1300 DOUGLAS CIRCLE, BLDG L-15, KEY WEST (33040) .......................................... 305-293-4609
LAKELAND - 3240 SOUTH FLORIDA AVENUE (33803) ................................................................. 863-701-2470
NAPLES - 2685 HORSESHOE DR SUITE 101 (34104) ............................................................................ 941-659-9188
NEW PORT RICHEY - 9912 LITTLE RD (34654) ................................................................................. 1-877-353-1107* or 727-869-4100
PORT CHARLOTTE - 4161 TAMIAMII TRAIL, UNIT 4, PORT CHARLOTTE (33952)............................... 941-235-2710
OCALA - 1515 E SILVER SPRINGS BLVD (34470) ............................................................................. 352-369-3320
ORLANDO - VA HEALTH CARE CTR, 5201 RAYMOND ST. (32803) .............................................. 1 800 922-7521* or 407 629-1599
PANAMA CITY - COASTAL SYSTEMS STATION, 6703 HIGHWAY 98 BLDG 387 (32407-7001) ....... 850-235-5101
PENSACOLA - 312 KENMORE ROAD (32503) ...................................................................................... 1 800 897-8977* or 850 476-1100
SANFORD - 209 SAN CARLOS AVE (32771) .................................................................................... 407-323-5999
SARASOTA VA PRIMARY CARE CLINIC, 4000 SAWYER ROAD, SARASOTA (34233) .................... 941 927-8422
ST PETERSBURG - 3420 8TH AVE SOUTH (33711) .......................................................................... 727-322-1304
STUART - 3501 S E WILLOUGHBY BLVD., STUART (34997) .............................................................. 772-288-0304
TALLAHASSEE - 1607 ST. JAMES COURT (32308) ............................................................................... 1 800 541-8387* or 904 878-0191
VIERA - 2900 VETERANS WAY (32940) ......................................................................................... 407-637-3788
ZEPHYRHILLS - 6937 MEDICAL VIEW LANE, ZEPHYRHILLS (33541) ........................................... 813-780-2550

VA MEDICAL CENTERS
BAY PINES (NURSING HOME, DOMICILIARY) - 10000 BAY PINES BLVD NORTH (ALT U.S. 19) (33704) .......................................................................................... 1-888-820-0230* or 727-398-6661
MAILING ADDRESS - PO BOX 5005, BAY PINES FL 33744
MAIL-OUT PHARMACY - VA MEDICAL CENTER, MAIL-OUT PHARMACY - 119B,
POST OFFICE BOX 5001, BAY PINES, FL 33744
BILOXI, MISSISSIPPI (NURSING HOME) - PASS ROAD, 39531........ 1 800 296-8872* - 228-523-5000
GAINESVILLE (Nursing Home) - 1601 Archer Road (32602) ............................................................ 1 800 324-8387* or 352-376-1611
LAKE CITY (NURSING HOME) - 801 SOUTH MARION STREET (32055)........... 1 800 308-8387* or 904 755-3016
MIAMI (NURSING HOME) - 1201 NW 16TH STREET (33125) ...................................................... 1-888-276-1785* or 305 324-4455
MONTGOMERY, ALABAMA - 215 PERRY HILL ROAD (36109) .......................................................... 334 272-4670
WEST PALM BEACH (NURSING HOME) - 7305 N. MILITARY TRAIL (33410) ............ 1 800 972-8262* or 561 882-8262
TAMPA (NURSING HOME) - 13000 BRUCE B. DOWNS BLVD (NORTH 30TH STREET) (33612)
MAIN HOSPITAL................................................................. 1 888-716-7787* (813-903-4815)
TELEPHONE CARE LINE......................................................... 1-888-811-0107* (813-903-4895)
PHARMACY REFILL................................................................. 1-888-281-5463* (813-903-4885)
(*) This toll free number may not be valid for all calling areas in Florida. We should give the caller both numbers.

QUICK REFERENCE TELEPHONE NUMBERS

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<th>SUBJECT</th>
<th>OFFICE AND/OR WEB SITE</th>
<th>TELEPHONE NO.</th>
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<tr>
<td>AR BALANCE (HOME LOAN)</td>
<td>FINANCE DIVISION</td>
<td>1-800-827-1000 EXT 5966</td>
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<tr>
<td>AGENT ORANGE INFORMATION</td>
<td><a href="http://www.vba.va.gov/bln/21/benefits/herbicide/index.htm">www.vba.va.gov/bln/21/benefits/herbicide/index.htm</a></td>
<td>1-800-749-8387</td>
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<tr>
<td>APPEALS MANAGEMENT CENTER</td>
<td>APPEALS MANAGEMENT CENTER PUBLIC CONT</td>
<td>1-888-276-1785*</td>
</tr>
<tr>
<td>ARLINGTON NATIONAL CEMETERY</td>
<td><a href="http://www.aronlinecemetery.org">www.aronlinecemetery.org</a></td>
<td>703-697-2131</td>
</tr>
<tr>
<td>BOARD OF VETERANS APPEALS</td>
<td><a href="http://www.va.gov/bsf/bva/">www.va.gov/bsf/bva/</a></td>
<td>813-903-4885</td>
</tr>
<tr>
<td>CHAMPVA</td>
<td>VA HEALTH ADMINISTRATION CENTER</td>
<td><a href="http://www.va.gov/hac/">www.va.gov/hac/</a></td>
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<td>CIVIL SERVICE RETIRED PAY</td>
<td>OFFICE OF PERSONNEL MGMT</td>
<td><a href="http://www.opm.gov/retire/">www.opm.gov/retire/</a></td>
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CRSC - AIR FORCE https://www.dmdc.osd.mil/crsc/ 1-866-229-7074
CRSC - ARMY https://www.dmdc.osd.mil/crsc/ 1-866-281-3254
DEBIT CARDS (ELECTRONIC BENEFITS TRANSFER) CITIBANK CUSTOMER SERVICE 1-888-356-3281
DEERS http://www.tricare.osd.mil/deers/default.cfm 1-800-538-9552
DIRECT DEPOSIT VA EFT INFORMATION HOTLINE 1-877-838-2778
EDUCATION CLAIMS REGIONAL PROCESSING OFFICE - ATLANTA 1-888-442-4551
EDU VERIFICATIONS OF PURSUIT https://www.gibill.va.gov/wave/ 1-800-929-8387
FLORIDA STATE BENEFITS FL DEPT VETS AFFS www.floridavets.org/ 1-800-827-1000 EXT 7400
FRAUD, WASTE, AND ABUSE VA INSPECTOR GENERAL 1-800-488-8244
GULF WAR VETERANS HOTLINE www.va.gov/health/environ/persgulf.htm 1-800-749-8387
HEADSTONES AND MARKERS OFF MEMORIAL PROGRAMS www.cem.va.gov/hm.htm 1-800-697-6947
HEALTH CARE VA HEALTH BENEFITS SERVICE CENTER 1-877-222-8387
HEALTH CARE OVERSEAS FOREIGN MEDICAL PROG www.va.gov/hac/fmp/fmp.html 303-331-7590
HEALTH ELIGIBILITY CENTER ATLANTA, GA 1-800-929-8387
HEPATITIS C HEP C ALERT 1-877-435-7443
INFORMATION FEDERAL INFORMATION CTR http://www.firstgov.gov/ 1-800-688-9889
INSURANCE - SERVICEMEN'S AND VETERAN'S GROUP LIFE VA INSURANCE CENTER www.insurance.va.gov/ 1-800-669-8477
INSURANCE - FAX FOR LOAN APPS VA INSURANCE CENTER 215-381-3524
LOAN GUARANTY CERTIFICATES OF ELIGIBILITY ELIGIBILITY CENTER - WINSTON-SALEM www.homeloans.va.gov/ 1-888-244-6711
LOAN GUARANTY HELPLINE http://www.vba.va.gov/ro/south/spete/RLC/index.htm 1-800-827-1000
X 7500 VA FINANCIAL MORTGAGE COUNSELOR http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1514 1-877-827-3702
MAMMOGRAPHY HOTLINE VHA MAMMOGRAPHY OFFICE 1-888-492-7844
MILITARY RECORDS NPRC www.archives.gov/facilities/mo/st_louis.html 314-801-0800
NATIONAL CEMETRY NATIONAL CEMETEY BARANCAS (NAVAL AIR STATION, PENSACOLA) 850-453-4108
NATIONAL CEMETERIES BAY PINES, BUSHNELL, ST AUGUSTINE 352-793-7740
OVERPAYMENTS DEBT MANAGEMENT CENTER, ST PAUL 1-800-827-0648
PENSION - EVR PROCESSING PENSION MAINTENANCE CENTER 1-877-294-6380
PROP MANAGEMENT (VA REPOS) OCWEN FINANCIAL CORP www.ocwen.com 1-800-523-9479
RETIRED PAY, MILITARY (EXC CG) DFAS RETIRED PAY CTR www.dfas.mil/money/retired/ 1-800-321-1080
RETIRED PAY, COAST GUARD CG HR SVC & INFO CTR www.uscg.mil/hq/hrsic/ 1-800-772-8724
RETIRED PAY, REPORTING DEATH DFAS CASUALTY OFFICE 1-800-269-5170
SBP INFO LINE DFAS DENVER CENTER 1-800-321-1080
X 1080 SEC PRINCIPIS TELEPHONE UNIT VA CENTRAL OFFICE 202-273-5674
SMALL BUSINESS SMALL BUSINESS ADMIN www.sba.gov/VETS/ 1-800-827-5722
SMALL BUSINESS VA CTR FOR VETS ENTERPRISE www.vetbiz.va.gov 1-866-584-2344
SOCIAL SECURITY www.ssa.gov 1-800-772-1213
SPINA BIFIDA VA HEALTH ADMINISTRATION CENTER www.va.gov/hac 1-888-820-1756
Telecommunications Device For The Deaf VARO CHICAGO 1-800-826-4833
TRICARE www.tricare.osd.mil 1-800-444-5445
VA CENTRAL OFFICE www.va.gov 202-273-5400
WORK STUDY WORK STUDY OFFICE 1-800-827-1000 EXT 5951

TOLL-FREE TELEPHONE NUMBER DIRECTOR

FLORIDA
ATTORNEY’S REFERRAL SERVICE (8:30 AM - 5:00 PM MON-FRI).................................1 800 – 342 - 8011
CANCER INFORMATION CENTER (9:00 AM - 4:30 PM MON-FRI)..............................1 800 – 422 - 6237
CHILD/ADULT ABUSE (24 HRS/DAY, 7 DAYS WEEK).............................................1 800 - 342 - 9152
DEPARTMENT OF COMMERCE (INFORMATION ON HOW TO START A BUSINESS)

288
(8:00 AM - 5:00 PM) .......................................................................................... 1 800 – 342-0771

DEPARTMENT OF NATURAL RESOURCES (RESOURCE ALTER, WHERE TO REPORT VIOLATIONS)
(24 HRS/DAY, 7 DAYS/WEEK) ...................................................................................... 1 800 - 342- 1821
DEPARTMENT OF PROFESSION REGULATION (8:00 AM - 5:00 PM, MON-FRI).............. 1 800 – 342 - 7940
DIVISION OF BLIND SERVICES (8:00 AM - 5:00 PM, MON-FRI)................................. 1 800 - 342 -1828
DIVISION OF CONSUMER SERVICES (7:45 AM - 4:30 PM, MON-FRI)......................... 1 800 - 342 - 2176
DIVISION OF FLORIDA LAND SALES, CONDOMINIUMS, AND MOBILE HOMES
(8:00 - 5:00 PM, MON-FRI) ......................................................................................... 1 800 - 342 - 8081
8081
EDUCATION INFORMATION CENTER (8:00 AM - 5:00 PM, MON-FRI)......................... 1 800 - 342 - 9271
FLORIDA DENTAL ASSOCIATION (8:30 AM - 4:30 PM, MON-FRI)............................... 1 800  - 282 - 9117
GAME AND FRESH WATER FISH COMMISSION (24 HRS/DAY, 7 DAYS/WEEK)........ 1 800 - 342 - 1676
HEALTH AND REHABILITATIVE SERVICES (24 HRS/DAY, 7 DAYS/WEEK)............. 1 800 - 342 - 0825
HOSPITAL COST CONTAINMENT BOARD (8:00 AM - 5:00 PM, MON-FRI)................. 1 800 - 342 - 0828
LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED
(8:00 AM - 5:00 PM, MON-FRI) ................................................................................. 1 800 - 342 - 5627
5627
NURSING HOME OMBUDSMAN (24 HRS/DAY, 7 DAYS/WEEK)................................. 1 800 - 342 - 0825
PUBLIC SERVICE COMMISSION (7:45 AM - 4:30 PM, MON-FRI)............................... 1 800 - 342 - 3552
WORKERS’ COMPENSATION (8:00 AM - 5:00 PM, MON-FRI)................................... 1 800 - 342 - 1741

NATIONAL
AUTO SAFETY HOTLINE (8:00 AM - 4:00 PM, MON-FRI). ............................................... 1 800 424 - 9393
CANCER HOTLINE (9:00 AM - 10:00 PM, MON-FRI, 10:00 AM - 6:00 PM, SAT)........... 1 800 638 - 6694
CONSERVATION AND RENEWABLE ENERGY INQUIRY AND REFERRAL SERVICE
(9:00 AM - 5:00 PM, MON-FRI) ..................................................................................... 1 800 - 523 - 2929
CONSUMER PRODUCT SAFETY COMMISSION (8:30 AM - 5:00 PM, MON-FRI)... 1 800 - 638 - 2772
CRIME INSURANCE (8:30 AM - 5:00 PM, MON-FRI). ...................................................... 1 800 - 638 – 8780

DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY (DCoE) resources@dcoeoutreach.org (24 HRS OUTREACH PROGRAM)..1 (866)- 966 - 1020
FEDERAL FLOOD INSURANCE (8:00 AM - 8:00 PM, MON-FRI)................................. 1 800 - 638 - 6620
INTERNAL REVENUE SERVICE (8:00 AM - 5:00 PM, MON-FRI)................................. 1 800 - 829 - 1040
MEDICAL SECOND OPINION HOTLINE (8:00 AM - 12:00 PM, 7 DAYS/WEEK)....... 1 800 - 638-6833
NATIONAL ASBESTOS VICTIMS LEGAL ACTION ORGANIZATION COMMITTEE...1 800 395-9565
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN. (8:00 AM-4:00 PM, MON-FRI).....1 800 - 424-9393
NATIONAL RUNAWAY SWITCHBOARD (24 HRS/DAY, 7 DAYS/WEEK)...................... 1 800 - 621-4000

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FLORIDA VA OUTPATIENT CLINICS

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289
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<tr>
<th>Location</th>
<th>Address</th>
<th>City</th>
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<tr>
<td>BOCA RATON</td>
<td>900 GLADES RD, BOCA RATON 33431</td>
<td>561-416-8995</td>
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<tr>
<td>BREVARD (VIERA)</td>
<td>2900 VETERANS WAY, VIERA 32940</td>
<td>321-637-3788</td>
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<tr>
<td>BROOKSVILLE</td>
<td>14540 CORTEZ BLVD STE 202, BROOKSVILLE 34613</td>
<td>352-597-8287</td>
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<tr>
<td>CHARLOTTE COUNTY</td>
<td>2885 TAMiami TRL STE 301, PORT CHARLOTTe 33952</td>
<td>941-235-2710</td>
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<tr>
<td>COLLIER COUNTY</td>
<td>2685 HORSESHOE DR STE 101, NAPLES 34104</td>
<td>941-659-9188</td>
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<td>CORAL SPRINGS</td>
<td>9900 WEST SAMPLE RD, STE 100, CORAL SPRINGS 954-575-4940</td>
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<td>DAYTONA BEACH</td>
<td>551 NATIONAL HEALTH CARE DRIVE, DAYTONA BEACH, 32114</td>
<td>386-323-7500</td>
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<td>DEERFIELD BEACH</td>
<td>2100 SW 10TH ST, DEERFIELD BEACH 33442</td>
<td>954-570-5572</td>
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<td>DELRAY BEACH</td>
<td>4800 LINTON BLVD BLDG F STE 11, DELRAY BEACH 33445</td>
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<td>EGLIN CBOC</td>
<td>100 VETERANS WAY, EGLIN AFB 32542</td>
<td>1-866-520-7359</td>
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<tr>
<td>FORT MYERS</td>
<td>3033 WINKLER EXTENSION, FORT MYERS 33916</td>
<td>1-888-513-0045*</td>
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<tr>
<td>FORT PIERCE</td>
<td>727 NORTH US 1, FORT PIERCE 34950</td>
<td>772-595-5150</td>
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<td>HALLANDALE</td>
<td>2500 E HALLANDALE BEACH BLVD, PENTHOUSE II HALLANDALE 33009</td>
<td>954-454-7788</td>
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<tr>
<td>HOMESTEAD</td>
<td>950 KROME AVE, STE 401 HOMESTEAD 33030</td>
<td>305-248-0874</td>
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<tr>
<td>INVERNESS (CITRUS COUNTY)</td>
<td>401 N CENTRAL AVE, INVERNESS 34453</td>
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<td>JACKSONVILLE</td>
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<td>LAKELAND</td>
<td>3240 S FLORIDA AVE, 33803</td>
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<td>LEESBURG</td>
<td>9836 S HWY 441, LEESBURG 34788</td>
<td>352-728-4462</td>
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<td>MANATEE</td>
<td>4333 US HWY 301 NORTH, ELLENTON 34222</td>
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<td>NORTH PINELLAS</td>
<td>2465 MCMULLEN-BOOTH RD, CLEARWATER 33719</td>
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<td>NEW PORT RICHEY</td>
<td>9912 LITTLE RD, NEW PORT RICHEY 34654</td>
<td>1-877-353-1107*</td>
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<td>OAKLAND PARK</td>
<td>5599 N DIXIE HWY, OAKLAND PARK</td>
<td>1-888-497-4647*</td>
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<td>OCALA</td>
<td>1515 SILVER SPRINGS BLVD, OCALA 34470-6814</td>
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<td>OKEECHOBEE</td>
<td>1201 N PARROT AVE, OKEECHOBEE 34992</td>
<td>863-824-3232</td>
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<tr>
<td>ORLANDO HEALTHCARE CTR</td>
<td>5201 RAYMOND ST, ORLANDO 32803</td>
<td>1-800-922-7521*</td>
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<tr>
<td>PANAMA CITY</td>
<td>COASTAL SYSTEMS STATION, 6703 HWY 98 BLDG 387</td>
<td>1-888-231-5047*</td>
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<td>PEMBROKE PINES</td>
<td>2261 N UNIVERSITY DR STE 202, PEMBROKE PINES 33024</td>
<td>954-894-1668</td>
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<td>PENSACOLA</td>
<td>312 KENMORE RD, PENSACOLA</td>
<td>1-800-897-8977*</td>
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<tr>
<td>SANFORD</td>
<td>209 SAN CARLOS AVE, SANFORD 32771</td>
<td>407-323-5999</td>
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<td>ZEPHYRHILLS</td>
<td>6937 MEDICAL VIEW LANE, ZEPHYRHILLS 33541</td>
<td>813-780-2250</td>
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For a complete list, please visit: [http://www2.va.gov/directory/guide/region_flsh.asp?map=0&ID=8](http://www2.va.gov/directory/guide/region_flsh.asp?map=0&ID=8)

(*) Toll-free numbers may have limited calling areas. Provide callers with both numbers.

**DISABILITY COMPENSATION - BASIC RATES (EFFECTIVE 12-1-2009, same as 2008)**
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**ADD FOR A&A SPOUSE**

(A) Rates for EACH SCHOOL CHILD are shown separately; they are not included with any other compensation rates.

(B) Add the figure for ADD FOR A&A SPOUSE to the amount shown for the proper dep code.

**Improved Pension Annual Rates and Prior Pension Laws Income Limits**
### Effective Dates:
- 12-1-02
- 12-1-03
- 12-1-04
- 12-1-05
- 12-1-06
- 12-1-07
- 12-1-08
- 12-1-09
- 12-1-10

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<td>2.1%</td>
<td>2.7%</td>
<td>4.1%</td>
<td>3.3%</td>
<td>2.3%</td>
<td>5.8%</td>
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### Veteran

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<th>12-1-04</th>
<th>12-1-05</th>
<th>12-1-06</th>
<th>12-1-07</th>
<th>12-1-08</th>
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### Veteran – HB (Eff 12-01-2009 additional monthly amount for HB veteran: 219)

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### Vet Married to Vet

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#### Veteran – HB (Eff 12-01-2009 additional monthly amount for HB veteran: 219)

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### Widow/er

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<th>12-1-07</th>
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<th>12-1-04</th>
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<th>12-1-06</th>
<th>12-1-07</th>
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<td>11,715</td>
<td>11,985</td>
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*If entitled under 38 U.S.C. 1536(d)(2) as surviving spouse of SAW veteran, add 773 514

### Widow/er – HB (Eff 12-01-2009 additional monthly amount for HB widow/er: 147)

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<th>12-1-05</th>
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<th>12-1-07</th>
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<th>12-1-07</th>
<th>12-1-08</th>
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| Each Add Dep | 1,653   | 1,688   | 1,734   | 1,806   | 1,866   | 1,909   | 2,020   | 2,020   |

### Each Add Child

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<th>12-1-09</th>
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</thead>
<tbody>
<tr>
<td>One Child</td>
<td>1,653</td>
<td>1,688</td>
<td>1,734</td>
<td>1,806</td>
<td>1,866</td>
<td>1,909</td>
<td>2,020</td>
<td>2,020</td>
</tr>
</tbody>
</table>

### 306 Pension Income Limits

(Veteran in need of A&A whose income does not exceed the applicable income limitation by more than $1000 retains eligibility to have prescriptions filled by VA. MEDICARE DEDUCTION: 2010: $96.40 2009: $96.40 2008: $96.40 2007: $93.50 2006: $88.50 2005: $78.20)

<table>
<thead>
<tr>
<th>Child</th>
<th>9,011</th>
<th>9,201</th>
<th>9,450</th>
<th>9,838</th>
<th>10,1&quot;6&quot;</th>
<th>10,397</th>
<th>11,001</th>
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</thead>
</table>

### Note:

- A veteran in need of Aid and Attendance whose income does not exceed the applicable income limitation by more than $1000 retains eligibility to have prescriptions filled by VA.
Definitions of VA Terms and Medical Terms

**VA and VBA Terms**
1. VBA: **Veterans Benefits Administration**
2. VHA: **Veterans Health Administration**
3. DMA or NCS: _Department of Memorial Affairs, or National Cemetery Service_
4. VSC: **Veterans Service Center**
5. VARO or RO: _VA Regional Office_
6. VACO: **VA Central Office**
7. BVA: _Board of Veterans Appeals, or Blinded Veterans Association_
8. CAVC: _Court of Appeals for Veterans Claims_

**Compensation and Pension Terms**
1. SC: **Service Connected**
2. NSC: **Non-service Connected**
3. P&T: **Permanent and Total**
4. SCD: **Service Connected Disability**
5. IVAP: **Income for VA Pension Purposes**
6. MAPR: **Maximum Annual Rate of Pension**
7. UME: **Unusual Medical Expenses**
8. PTSD: **Post Traumatic Stress Disorder**
9. SMR or SMR’s: _Service Medical Records_
10. IU: **Individual Unemployability also referred to as Code 18**

**Computer Terms**
1. MAP-D: _Modern Award Processing-Development_
2. BIRLS: _Beneficiary Identification Records Location Screen_
3. COVERS: _Consolidated Veterans Records System_
4. BDN: _Benefit Delivery Network_
5. PIES: _Personnel Information Exchange System_
6. WIPP: __Work in Progress_
7. AMIE or CAPRI: _Automated Medical Information Exchange, C&P Records Interchange_

**Medical Terms**
1. ASHD: __Atherosclerotic Heart Disease__
2. CA: __Cancer__
3. HT: __Hypertension__
4. R/O: __Rule Out__
5. GAF: _Global Assessment of Functioning also referred to as Axis IV_
6. PRN: __as often as necessary; as needed__