

Training Module 4

10. Disability Severance Pay is a lump sum payment made to a service member who has less than 20 years of service and has a disability evaluation of less than 30 percent and is discharged from service as not fit for duty. Once a claim is filed for service connected conditions, how is the Severance Pay recouped and by whom? How would the VA process a claim for increase on the severed disability of record? 4-11
11. 38 C.F.R. Section 4.30 (Convalescent ratings) stipulates that a total disability rating (100 percent) will be assigned if treatment of a service connected disability resulted in: 4-7, 4-8
- a. _____
- b. _____
- c. _____
12. Explain what is required to reopen a previously denied service connected claim. Tell what VA Form(s) is required and supporting documentation. 4-17
13. At what point is a service connected disability rating protected? _____ 4-4
14. At what point is a disability evaluation protected? _____ 4-5

Training Module 4

FORMS

ORIGINAL CLAIM

VA Form 21-22 – Appointment of Veterans Service Organization as claimant's representative

VA Form 21-526 – Application for Veteran's Compensation/Pension

Certified DD 214

Social Security numbers of all dependents

Current Medical Evidence to provide nexus/link (if claim filed within one year of discharge, medical evidence not necessary)

Optional documents to submit:

Marriage Certificate

Divorce Decrees from all previous marriages for both veteran and spouse

If applicable, death certificate of previous marriages for both veteran and spouse

Birth certificates for all minor children and children over 18 in school

If an unmarried child(ren) over 18 still in school, submit VA Form 21-674 for each child over 18

REOPEN PREVIOUSLY DENIED S/C CLAIM

VA Form 21-4138 – Statement in Support of Claim

New and Material Evidence

Current medical evidence (nexus/link)

If dependency not current or previously established, submit:

VA Form 21-686c – Declaration of Martial Status

Social Security numbers of all dependents

REOPEN S/C CLAIM FOR INCREASE

VA Form 21-4138

Current Medical Evidence indicating s/c condition has worsen

If dependency not current or previously established, submit:

VA Form 21-686c

Social Security Numbers of all dependents

CLAIM FOR INDIVIDUAL UNEMPLOYABILITY

VA Form 21-8940 – Application for Individual Unemployability

VA Form 21-4192 – Employer's Statement

VA Form 21-4138

Current Medical Evidence if not already on file

If dependency not current or previously established, submit:

VA Form 21-686c

Social Security Numbers of all dependents

NCDVA
Informal Claim Form
April 2009

**NC DIVISION OF VETERANS AFFAIRS
INFORMAL CLAIM FORM**

File Loc: _____

Claim: 1 of 1

DATE: **5/8/2009**

Department of Veteran Affairs
251 North Main Street
Winston-Salem, NC 27155

| | |
|-----------------|---------------------------|
| RE: | Doe, John Allen |
| VA File NO: | |
| SSN: | 111-22-3333 |
| Service Number: | US 11 222 333 |
| Branch: | Army |
| Claimant: | Same |
| Address: | 110 Veteran Avenue |
| | Raleigh, NC 27999 |
| | |

Dear Sir or Madam:

The designated representative submits this letter as an INFORMAL CLAIM FOR:

| | | |
|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> | 1. PENSION | |
| <input type="checkbox"/> | 2. A & A/HOUSEBOUND | |
| <input type="checkbox"/> | 3. PENSION - ELECTION to PL 95-588 | |
| <input checked="" type="checkbox"/> | 4. COMPENSATION | Prostate Cancer, Diabetes II |
| <input type="checkbox"/> | 5. INCREASE IN COMPENSATION | |
| <input type="checkbox"/> | 6. DIC | |
| <input type="checkbox"/> | 7. OTHER | |

Sincerely,

Rob Jones

Accredited Representative
American Legion
NCDVA
DSO # 5

Table I—Combined Ratings Table
 [10 combined with 10 is 19]

| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
|---------|----|----|----|----|----|----|----|----|----|
| 19..... | 27 | 35 | 43 | 51 | 60 | 68 | 76 | 84 | 92 |
| 20..... | 28 | 36 | 44 | 52 | 60 | 68 | 76 | 84 | 92 |
| 21..... | 29 | 37 | 45 | 53 | 61 | 68 | 76 | 84 | 92 |
| 22..... | 30 | 38 | 45 | 53 | 61 | 69 | 77 | 84 | 92 |
| 23..... | 31 | 38 | 46 | 54 | 62 | 69 | 77 | 85 | 92 |
| 24..... | 32 | 39 | 47 | 54 | 62 | 70 | 77 | 85 | 92 |
| 25..... | 33 | 40 | 48 | 55 | 63 | 70 | 78 | 85 | 93 |
| 26..... | 33 | 41 | 48 | 56 | 63 | 70 | 78 | 85 | 93 |
| 27..... | 34 | 42 | 49 | 56 | 64 | 71 | 78 | 85 | 93 |
| 28..... | 35 | 42 | 50 | 57 | 64 | 71 | 78 | 86 | 93 |
| 29..... | 36 | 43 | 50 | 57 | 65 | 72 | 79 | 86 | 93 |
| 30..... | 37 | 44 | 51 | 58 | 65 | 72 | 79 | 86 | 93 |
| 31..... | 38 | 45 | 52 | 59 | 66 | 72 | 79 | 86 | 93 |
| 32..... | 39 | 46 | 52 | 59 | 66 | 73 | 80 | 86 | 93 |
| 33..... | 40 | 46 | 53 | 60 | 67 | 73 | 80 | 87 | 93 |
| 34..... | 41 | 47 | 54 | 60 | 67 | 74 | 80 | 87 | 93 |
| 35..... | 42 | 48 | 55 | 61 | 68 | 74 | 81 | 87 | 94 |
| 36..... | 42 | 49 | 55 | 62 | 68 | 74 | 81 | 87 | 94 |
| 37..... | 43 | 50 | 56 | 62 | 69 | 75 | 81 | 87 | 94 |
| 38..... | 44 | 50 | 57 | 63 | 69 | 75 | 81 | 88 | 94 |
| 39..... | 45 | 51 | 57 | 63 | 70 | 76 | 82 | 88 | 94 |
| 40..... | 46 | 52 | 58 | 64 | 70 | 76 | 82 | 88 | 94 |
| 41..... | 47 | 53 | 59 | 65 | 71 | 76 | 82 | 88 | 94 |
| 42..... | 48 | 54 | 59 | 65 | 71 | 77 | 83 | 88 | 94 |
| 43..... | 49 | 54 | 60 | 66 | 72 | 77 | 83 | 89 | 94 |
| 44..... | 50 | 55 | 61 | 66 | 72 | 78 | 83 | 89 | 94 |
| 45..... | 51 | 56 | 62 | 67 | 73 | 78 | 84 | 89 | 95 |
| 46..... | 51 | 57 | 62 | 68 | 73 | 78 | 84 | 89 | 95 |
| 47..... | 52 | 58 | 63 | 68 | 74 | 79 | 84 | 89 | 95 |
| 48..... | 53 | 58 | 64 | 69 | 74 | 79 | 84 | 90 | 95 |
| 49..... | 54 | 59 | 64 | 69 | 75 | 80 | 85 | 90 | 95 |
| 50..... | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 |
| 51..... | 56 | 61 | 66 | 71 | 76 | 80 | 85 | 90 | 95 |
| 52..... | 57 | 62 | 66 | 71 | 76 | 81 | 86 | 90 | 95 |
| 53..... | 58 | 62 | 67 | 72 | 77 | 81 | 86 | 91 | 95 |
| 54..... | 59 | 63 | 68 | 72 | 77 | 82 | 86 | 91 | 95 |
| 55..... | 60 | 64 | 69 | 73 | 78 | 82 | 87 | 91 | 96 |
| 56..... | 60 | 65 | 69 | 74 | 78 | 82 | 87 | 91 | 96 |
| 57..... | 61 | 66 | 70 | 74 | 79 | 83 | 87 | 91 | 96 |
| 58..... | 62 | 66 | 71 | 75 | 79 | 83 | 87 | 92 | 96 |
| 59..... | 63 | 67 | 71 | 75 | 80 | 84 | 88 | 92 | 96 |
| 60..... | 64 | 68 | 72 | 76 | 80 | 84 | 88 | 92 | 96 |
| 61..... | 65 | 69 | 73 | 77 | 81 | 84 | 88 | 92 | 96 |
| 62..... | 66 | 70 | 73 | 77 | 81 | 85 | 89 | 92 | 96 |

Table I—Combined Ratings Table (cont.)

| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
|---------|----|----|----|----|----|----|----|----|----|
| 63..... | 67 | 70 | 74 | 78 | 82 | 85 | 89 | 93 | 96 |
| 64..... | 68 | 71 | 75 | 78 | 82 | 86 | 89 | 93 | 96 |
| 65..... | 69 | 72 | 76 | 79 | 83 | 86 | 90 | 93 | 97 |
| 66..... | 69 | 73 | 76 | 80 | 83 | 86 | 90 | 93 | 97 |
| 67..... | 70 | 74 | 77 | 80 | 84 | 87 | 90 | 93 | 97 |
| 68..... | 71 | 74 | 78 | 81 | 84 | 87 | 90 | 94 | 97 |
| 69..... | 72 | 75 | 78 | 81 | 85 | 88 | 91 | 94 | 97 |
| 70..... | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 97 |
| 71..... | 74 | 77 | 80 | 83 | 86 | 88 | 91 | 94 | 97 |
| 72..... | 75 | 78 | 80 | 83 | 86 | 89 | 92 | 94 | 97 |
| 73..... | 76 | 78 | 81 | 84 | 87 | 89 | 92 | 95 | 97 |
| 74..... | 77 | 79 | 82 | 84 | 87 | 90 | 92 | 95 | 97 |
| 75..... | 78 | 80 | 83 | 85 | 88 | 90 | 93 | 95 | 98 |
| 76..... | 78 | 81 | 83 | 86 | 88 | 90 | 93 | 95 | 98 |
| 77..... | 79 | 82 | 84 | 86 | 89 | 91 | 93 | 95 | 98 |
| 78..... | 80 | 82 | 85 | 87 | 89 | 91 | 93 | 96 | 98 |
| 79..... | 81 | 83 | 85 | 87 | 90 | 92 | 94 | 96 | 98 |
| 80..... | 82 | 84 | 86 | 88 | 90 | 92 | 94 | 96 | 98 |
| 81..... | 83 | 85 | 87 | 89 | 91 | 92 | 94 | 96 | 98 |
| 82..... | 84 | 86 | 87 | 89 | 91 | 93 | 95 | 96 | 98 |
| 83..... | 85 | 86 | 88 | 90 | 92 | 93 | 95 | 97 | 98 |
| 84..... | 86 | 87 | 89 | 90 | 92 | 94 | 95 | 97 | 98 |
| 85..... | 87 | 88 | 90 | 91 | 93 | 94 | 96 | 97 | 99 |
| 86..... | 87 | 89 | 90 | 92 | 93 | 94 | 96 | 97 | 99 |
| 87..... | 88 | 90 | 91 | 92 | 94 | 95 | 96 | 97 | 99 |
| 88..... | 89 | 90 | 92 | 93 | 94 | 95 | 96 | 98 | 99 |
| 89..... | 90 | 91 | 92 | 93 | 95 | 96 | 97 | 98 | 99 |
| 90..... | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |
| 91..... | 92 | 93 | 94 | 95 | 96 | 96 | 97 | 98 | 99 |
| 92..... | 93 | 94 | 94 | 95 | 96 | 97 | 98 | 98 | 99 |
| 93..... | 94 | 94 | 95 | 96 | 97 | 97 | 98 | 99 | 99 |
| 94..... | 95 | 95 | 96 | 96 | 97 | 98 | 98 | 99 | 99 |

(Authority: 38 U.S.C. 1155)

[41 FR 11293, Mar. 18, 1976, as amended at 54 FR 27161, June 28, 1989; 54 FR 36029, Aug. 31, 1989]



Department of Veterans Affairs

**APPOINTMENT OF VETERANS SERVICE ORGANIZATION
AS CLAIMANT'S REPRESENTATIVE**

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

| | |
|---|---|
| 1. LAST-FIRST-MIDDLE NAME OF VETERAN Doe, John Ellis | 2. VA FILE NUMBER (Include prefix) CSS 123-45-6789 |
| 3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) North Carolina Division of Veterans Affairs | |
| 3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Veterans Service Officer | |

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

| | |
|---|---|
| 4. SOCIAL SECURITY NUMBER 123-45-6789 | 5. INSURANCE NUMBER(S) (Include letter prefix) |
| 6A. SERVICE NUMBER(S) 123-45-6789 | 6B. BRANCH OF SERVICE Army |
| 7. NAME OF CLAIMANT (If other than veteran) | 8. RELATIONSHIP (If other than veteran) |
| 9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 100 Veteran Avenue Raleigh, NC 27999 | 10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) |
| | A. DAYTIME (919) 777-4321 |
| | B. EVENING (919) 777-1234 |
| | 11. DATE OF THIS APPOINTMENT 4/15/2009 |

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - My consent in Item 12 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:
I authorize the service organization listed in Block 3A to release information to the North Carolina Division of Veterans Affairs and the County Veterans Service Officer in the county of my residence concerning my VA affairs.

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. *Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

| | |
|--|-------------------------------|
| 14. SIGNATURE OF CLAIMANT (Do Not Print) <i>John E. Doe</i> | 15. DATE SIGNED 04/15/2009 |
|--|-------------------------------|

| | | | | |
|----------------------------|---|-----------|---------------------|---------------------------|
| VA USE ONLY | VA FORM 21-22-1 SENT TO: | DATE SENT | ACKNOWLEDGED (Date) | REVOKED (Reason and date) |
| | <input type="checkbox"/> CER FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> INSURANCE FILE <input type="checkbox"/> CH. 30 <input type="checkbox"/> DEA FILE <input type="checkbox"/> LG FILE | | | |

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.



(DO NOT WRITE IN THIS SPACE)

VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION, VA Form 21-526, Part A: General information

Please read the attached "General Instructions" before you fill out this form.

SECTION I Tell us what you are applying for

Check the box that says what you are applying for. Be sure to complete the other Parts you need.

1. What are you applying for? If you are unsure please refer to the "General Instructions" page 2 Section 1: Preparing your application

- Compensation ▶ Fill out Part A of VA Form 21-526 and Parts B and C
- Pension ▶ Fill out Part A of VA Form 21-526 and Parts C and D
- Compensation and ▶ Fill out Part A of VA Form 21-526 and Parts B, C and D

2a. Have you ever filed a claim with VA

- No (If "No," skip Item 2b and go to Item 3)
(If "Yes," provide file number below)
- Yes _____ (Go to 2b)

2b. I filed a claim for

- Compensation Pension
- Other _____

SECTION II Tell us about you

We need information about you to process your claim faster.

3. What is your name?

John Allen Doe
First Middle Last Suffix (if applicable)

4. What is your Social Security number?

111-22-3333

5. What is your sex?

- Male Female

6a. Did you serve under another name?

- Yes (If "Yes," go to Item 6b)
- No (If "No," go to Item 7)

6b. Please list the other name(s) you served under

Give us your current mailing address in the space provided. If it will change within the next three months, give us that new address in block 29 "Remarks." Also in block 29, give us the date you think you will be at the new address.

7. What is your address?

110 Veteran Avenue
Street address, rural route, or P.O. Box Apt. number
Raleigh NC 27999 US
City State ZIP Code Country

8. What are your telephone numbers?

Daytime (919) 777-0000
Evening (919) 777-8888

9. What is your e-mail address?

None

10. What is your date of birth?

July 4, 1948

11. Where were you born?

Raleigh, NC, US

OWCP used to be called the U.S. Bureau of Employees Compensation

12a. Are you receiving disability benefits from the Office of Workers' Compensation (OWCP)?

- Yes No

(If "Yes," answer 12b and 12c also)

12b. When was the claim filed?

12c. What disability are you receiving benefits for?

13a. What is the name of your nearest relative or other person we could contact if necessary?

Ann Doe

13b. What is his/her telephone number?

Daytime (919) 777-0000
Evening (919) 777-8888

13c. What is this person's address?

110 Veteran Avenue
Raleigh, NC 27999

13d. How is this person related to you?

Spouse

**SECTION (Continued)
IV Tell us
about your
reserve
duty**

18e. Do you have an inactive reserve obligation? (You perform no active duty, but you could be activated if there was a national emergency)

Yes No Don't know

(If "Yes," answer Item 18f also)

18f. What is your reserve obligation termination date?

_____ mo day yr

Instructions 18g-18k

If you are currently or have ever been a full time reservist for operational or support duty,

1. Complete 18g-18k for that service only.
2. Attach proof of reserve service

18g. I entered reserve service. . .

_____ mo day yr

Place:

18h. My service number was . . .

18i. I left reserve service. . .

_____ mo day yr

Place:

18j. Branch of service

18k. Grade, rank, or rating

Instructions 18l-18p

If your disability occurred or was aggravated during any period of reserve duty,

1. Complete 18l-18p for the period when your disability occurred.
2. Attach proof that your disability occurred during reserve service.

18l. I entered reserve service. . .

_____ mo day yr

Place:

18m. My service number was . . .

18n. I left reserve service. . .

_____ mo day yr

Place:

18o. Branch of service

18p. Grade, rank, or rating

**SECTION V Tell us
about your
National
Guard
duty**

19a. Are you currently a member of the National Guard?

Yes No Not assigned yet

(If "Yes," answer Item 19b also)

19b. What is the name, mailing address, and telephone number of your current unit?

19c. Were you previously assigned to a guard unit within the last 2 years?

Yes No

(If "Yes," answer Item 19d also)

19d. What is the name, mailing address, and telephone number of that unit?

Instructions 19e-19i

If you were activated to Federal Active Duty under the Authority of Title 10, United States Code,

1. Complete 19e-19i for that service only
2. Attach proof of this Federal Active Duty.

19e. I entered Federal Active Duty. . .

_____ mo day yr

Place:

19f. My service number was . . .

19g. I left Federal Active Duty. . .

_____ mo day yr

Place:

19h. Branch of service

19i. Grade, rank, or rating

Instructions 19j-19n

If your disability occurred or was aggravated during any period of guard duty,

1. Complete 19j-19n for the period when your disability occurred
2. Attach proof that your disability occurred during National Guard Service.

19j. I entered National Guard. . .

_____ mo day yr

Place:

19k. My service number was . . .

19l. I left National Guard. . .

_____ mo day yr

Place:

19m. Branch of service

19n. Grade, rank, or rating

SECTION IX Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:

I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

25. Your signature

John A. Doe

26. Today's date

05/08/2009
mo day yr

27a. Signature of witness (If claimant signed above using an "X")

27b. Printed name and address of witness

28c. Signature of witness (If claimant signed above using an "X")

28b. Printed name and address of witness

SECTION X

Remarks—Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension

IMPORTANT

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

29. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the part and item number). (See page 5 "Tips For Filling Out Your VA Form 21-526.")



**Department of
Veterans Affairs**

VA Form 21-526, Part B: Compensation

Use this form to apply for compensation. Remember that you must also fill out a VA Form 21-526, Part A: General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 2.

**SECTION I
Tell us
about
your
disability**

In the table below, tell us more about your disability or disabilities. Be sure to:

- List all disabilities you believe are related to military service.
- List all the treatments you received for your disabilities, including
 - treatments you received in a military facility before and after discharge.
 - treatments you received from civilian and VA sources before, during, and after your service.

| 1. What disability are you claiming? | 2. When did your disability begin? | 3b. When were you treated? | 4a. What medical facility or doctor treated you? | 4b. What is the address of that medical facility or doctor? |
|--------------------------------------|------------------------------------|---|--|---|
| Prostate Cancer | 08/15/2008 mo day yr | from to 08/15/2008 to Current mo day yr mo day yr | Durham VA Medical Center | 508 Fulton St. Durham, NC 27577 |
| Diabetes II | 04/15/08 mo day yr | from to 04/18/08 to Current mo day yr mo day yr | Durham VA Medical Center | 508 Fulton St. Durham, NC 27577 |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |
| | | from to mo day yr mo day yr | | |

SECTION II Tell us if any of the disabilities you listed on Page 1 were because of exposures

| | | |
|---|--|---|
| <p>5a. Were you exposed to Agent Orange or other herbicides?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5b. What is your disability?</p> <p>Prostate Cancer Diabetes Type II</p> | <p>5c. In what country were you exposed?</p> <p>Vietnam</p> |
| <p>6a. Were you exposed to asbestos?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer Item 6b and 6c also)</p> | <p>6b. What is your disability?</p> | |
| <p>7a. Were you exposed to mustard gas?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer Item 7b and 7c also)</p> | <p>6c. When and how were you exposed?</p> | |
| <p>8a. Were you exposed to ionizing radiation?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer Items 8b, 8c, and 8d also)</p> | <p>8b. What is your disability?</p> | <p>8c. When was your last exposure?</p> <p>_____</p> <p>mo day yr</p> |
| <p>8d. How were you exposed to radiation?</p> | <p><input type="checkbox"/> Atmospheric testing</p> <p><input type="checkbox"/> Nagasaki/Hiroshima</p> <p><input type="checkbox"/> Other, describe _____</p> | |
| <p>9a. Were you exposed to an environmental hazard in the Gulf War?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer Items 9b and 9c also)</p> | <p>9b. What is your disability?</p> | <p>9c. What was the hazard?</p> |
| <p>10a. Did you have a separation or retirement physical examination?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If "Yes," answer Items 10b and 10c also)</p> | <p>10b. When was the exam?</p> <p>12/15/1969</p> <p>mo day yr</p> | <p>10c. Where did the exam occur?</p> <p>Ft. Bragg, NC</p> |

SECTION III Tell us how your disabilities listed on Page 1 are related to your military service

11. Explanation

| | |
|--|---|
| <p>Your Name</p> <p>John Allen Doe</p> | <p>Your Social Security Number</p> <p>111-22-3333</p> |
|--|---|



Department of Veterans Affairs

VA Form 21-526, Part C: Dependency

Use this form to tell us more about your dependents. Remember that you must also fill out a VA Form 21-526, Part A: General Information, Part B and/or Part D, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 3.

SECTION I Tell us about your marriage

NOTE: You should provide a copy of your marriage certificate

1. What is your marital status?
 Married Surviving Spouse Divorced Never married

(If your spouse died, you are "divorced," or "never married" skip to Section III beginning on page 2)

2. When were you married?

11/22/1972
mo day yr

3. Where did you get married?
(city/state or country)

Raleigh, NC

4. What is your spouse's name?

Ann Jones
First Middle Last

5. When is your spouse's birthday?

08/15/50
mo day yr

6. What is your spouse's Social Security number?

987-65-4321

7a. Is your spouse also a veteran?

Yes No

(If "Yes," answer Item 7b also)

7b. What is your spouse's VA file number (if any)?

8. Do you live with your spouse?

Yes
 No

9. What is your spouse's address?

Street address, rural route, or P.O. Box Apt. number

City State Zip code Country

10. Tell us why you are not living with your spouse

11. How much do you contribute monthly to your spouse's support?

\$ _____

12. How were you married?

a. Ceremony by a clergyman or other authorized public official

c. Tribal

d. Proxy

b. Common-law

e. Other (please describe in the space below)

SECTION II

Tell us about any previous marriages

NOTE: You should provide copies of divorce decrees or death certificates

In the table below, tell us about:
 ● Your previous marriages, and
 ● Your spouse's previous marriages

Your previous marriages

13a. How many times have you been married before? 0

| 13b. When were you married? | 13c. Where were you married? (city/state or country) | 13d. Who were you married to? (first, middle initial, last) | 13e. When did your marriage end? _____ mo day yr | 13f. Why did your marriage end? (death, divorce) | 13g. Where did your marriage end? (city/state or country) |
|-----------------------------|---|--|---|---|--|
| _____ mo day yr | | | _____ mo day yr | | |
| _____ mo day yr | | | _____ mo day yr | | |

Your spouse's previous marriages

14a. How many times has your current spouse been married before? 0

| 14b. When was your spouse married? | 14c. Where was your spouse married? (city/state or country) | 14d. Who was your spouse married to? (first, middle initial, last) | 14e. When did your spouse's marriage end? _____ mo day yr | 14f. Why did your spouse's marriage end? (death, divorce) | 14g. Where did your spouse's marriage end? (city/state or country) |
|------------------------------------|--|---|--|--|---|
| _____ mo day yr | | | _____ mo day yr | | |
| _____ mo day yr | | | _____ mo day yr | | |

SECTION III

Tell us about your other dependents

In this section we want to know whether your parents are financially dependent on you (Question 15) and more about your **dependent children**. VA may recognize a veteran's biological children, adopted children, and stepchildren as dependent. These children must be unmarried and:
 ● be under the age of 18, or
 ● be at least 18 but under 23 and pursuing an approved course of education, or
 ● have become permanently unable to support themselves before reaching the age of 18.

You should provide: a copy of the public record of birth for each child or a copy of the court record of adoption for each adopted child.

15. Are your parents financially dependent on you?

Yes No (If "Yes," we will request additional information from you later.)

16. Do you have dependent children?

Yes
 (If "No," Skip Items 17-21f.) Go to the bottom of page 3 and write your name and Social Security number.)

No

17. How many dependent children do you have?

_____ Give us more information about these children in the tables on the next page (Items 18 through 21f).

SECTION III Tell us about your dependents (continued)

| 18a. What is the name of your unmarried child(ren)? (first, middle initial, last) | 18b. Date and place of birth (city/state or country) | 18c. Social Security Number | 19a. Biological | 19b. Adopted | 19c. Stepchild | 20a. 18-23 yrs. old and in school | 20b. Seriously disabled before age 18 | 20c. Child previously married |
|--|---|-----------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|---------------------------------------|-------------------------------|
| | _____ mo day yr Place: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ mo day yr Place: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ mo day yr Place: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ mo day yr Place: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about your dependents listed above who *don't* live with you

21a. Do all the children listed above live with you?
 Yes (If "Yes," skip Items 21b thru 21f and write your name and Social Security number below.)
 No (If "No," complete Item 21b and the table below (Items 21c -21f) and write your name and Social Security number below.)

21b. How many of the children do not live with you?

| 21c. What is the name of your child? (first, middle initial, last) | 21d. What is your child's complete address? | 21e. What is the name of the person your child lives with (If applicable)? (first, middle initial, last) | 21f. How much do you contribute each month to the support of your child? |
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|------------------------------------|---|
| Your name John Allen Doe | Your Social Security Number 111-22-3333 |
|------------------------------------|---|