

2009 Rates After 12/01/08 5.8% COLA increase

	Vet +			Surv Spouse (10)	SS +			Ea. Add Child
	Vet (00)	1 Dep (10/81)	2 Deps (11/82)		1 Dep (11)	2 Deps (12)	3 Deps (13)	
Monthly	985	1,291	1,459	661	865	1,033	1,203	168
BASIC	11,830	15,493	17,513	7,933	10,385	12,405	14,445	2,020
5%	592	775	875	397	520	620	722	
Monthly	1,204	1,510	1678	808	1,012	1,180	1,348	
HB	14,457	18,120	20,140	9,696	12,144	14,164	16,184	
Monthly	1,644	1,949	2,118	1,056	1,260	1,429	1,597	
A/A	19,736	23,396	25,416	12,681	15,128	17,148	19,168	
each additional child			Monthly Yearly					168 Yearly
								2,020

Widow's DIC	1154
w/HB add	\$135
w/A&A add	\$286
ea child <18 add	\$286

PL 95-588 Improved Pension

Standard Medicare Deduction:	
12/1/05	\$88.50
12/1/07	\$96.40
12/1/06	\$93.50
12/1/08	\$96.40

2008 Rates After 12/01/2007 2.3% COLA increase

	Vet +			Surv Spouse (10)	SS +			Child
	Vet (00)	1 Dep (10/81)	2 Deps (11/82)		1 Dep (11)	2 Deps (12)	3 Deps (13)	
Monthly	931	1,220	1,379	624	817	976	1,135	159
BASIC	11,181	14,643	16,552	7,498	9,815	11,724	13,633	1,909
5%	559	732	827	375	490	586	681	
Monthly	1,138	1,427	1586	763	956	1,115	1,274	
HB	13,664	17,126	19,035	9,164	11,478	13,387	15,296	
Monthly	1,554	1,842	2,001	998	1,191	1,330	1,509	
A/A	18,654	22,113	24,022	11,985	14,298	16,207	18,116	
each additional child			Monthly Yearly					159 Yearly
								1,909

source: VBA WEB SITE: <http://www.vba.va.gov/bln/21/rates/index.htm>



(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

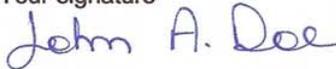
<p>SECTION (Continued) IV Tell us about your reserve duty</p>	<p>18e. Do you have an inactive reserve obligation? (You perform no active duty, but you could be activated if there was a national emergency)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>(If "Yes," answer Item 18f also)</p>	<p>18f. What is your reserve obligation termination date?</p> <p>_____</p> <p>mo day yr</p>
<p>Instructions 18g-18k</p> <p>If you are currently or have ever been a full time reservist for operational or support duty,</p> <ol style="list-style-type: none"> 1. Complete 18g-18k for that service only. 2. Attach proof of reserve service 	<p>18g. I entered reserve service. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>18h. My service number was . . .</p>
<p>Instructions 18l-18p</p> <p>If your disability occurred or was aggravated during any period of reserve duty,</p> <ol style="list-style-type: none"> 1. Complete 18l-18p for the period when your disability occurred. 2. Attach proof that your disability occurred during reserve service. 	<p>18i. I left reserve service. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>18j. Branch of service</p> <p>18k. Grade, rank, or rating</p>
<p>SECTION V Tell us about your National Guard duty</p>	<p>19a. Are you currently a member of the National Guard?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not assigned yet</p> <p>(If "Yes," answer Item 19b also)</p>	<p>19b. What is the name, mailing address, and telephone number of your current unit?</p>
<p>Instructions 19e-19i</p> <p>If you were activated to Federal Active Duty under the Authority of Title 10, United States Code,</p> <ol style="list-style-type: none"> 1. Complete 19e-19i for that service only 2. Attach proof of this Federal Active Duty. 	<p>19c. Were you previously assigned to a guard unit within the last 2 years?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If "Yes," answer Item 19d also)</p>	<p>19d. What is the name, mailing address, and telephone number of that unit?</p>
<p>Instructions 19j-19n</p> <p>If your disability occurred or was aggravated during any period of guard duty,</p> <ol style="list-style-type: none"> 1. Complete 19j-19n for the period when your disability occurred 2. Attach proof that your disability occurred during National Guard Service. 	<p>19e. I entered Federal Active Duty. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>19f. My service number was . . .</p>
	<p>19g. I left Federal Active Duty. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>19h. Branch of service</p> <p>19i. Grade, rank, or rating</p>
	<p>19j. I entered National Guard. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>19k. My service number was . . .</p>
	<p>19l. I left National Guard. . .</p> <p>_____ Place: _____</p> <p>mo day yr</p>	<p>19m. Branch of service</p> <p>19n. Grade, rank, or rating</p>

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 	26. Today's date <u>05/11/2009</u> <small>mo day yr</small>
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 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?	13f. Why did your marriage end? (death, divorce)	13g. Where did your marriage end? (city/state or country)
<u> </u> mo day yr			<u> </u> mo day yr		
<u> </u> mo day yr			<u> </u> 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?	14f. Why did your spouse's marriage end? (death, divorce)	14g. Where did your spouse's marriage end? (city/state or country)
<u> </u> mo day yr			<u> </u> mo day yr		
<u> </u> mo day yr			<u> </u> 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?
			\$.
			\$.
			\$.
			\$.

Your name John Allen Doe	Your Social Security Number 111-22-3333
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Department of Veterans Affairs

VA Form 21-526, Part D: Pension

Use this form to apply for pension. 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 4.

SECTION I Tell us about your disability and background

Complete this section if you are claiming pension because of permanent and total disability not caused by your military service.

Attach current medical evidence showing that you are permanently and totally disabled.

Note: If you are a veteran who is age 65 or older or determined to be disabled by the Social Security Administration, you DO NOT have to submit medical evidence with your application.

1a. What disability(ies) prevent you from working?
Stroke

1b. When did the disability(ies) begin?
05/01/2006
mo day yr

2. Are you claiming a special monthly pension because you need the regular assistance of another person, are blind, nearly blind, or having severe visual problems, or are housebound?
[] Yes [X] No

3a. Are you now, or have you recently been hospitalized or given outpatient or home-based care?
[] Yes [X] No
(If "Yes," answer Items 3b and 3c also)

3b. Tell us the dates of the recent hospitalization or care
Began mo day yr
Ended mo day yr

3c. What is the name and complete mailing address of the facility or doctor?

4a. Are you now employed?
[] Yes [X] No
(If "No," answer Item 4b also)

4b. When did you last work?
mo day yr

4c. Were you self-employed before becoming totally disabled?
[] Yes [X] No
(If "Yes," answer Item 4d and 4e also)

4d. What kind of work did you do?

4e. Are you still self-employed?
[] Yes [] No
(If "Yes," answer Item 4f also)

4f. What kind of work do you do now?

4g. Have you claimed or are you receiving disability benefits from the Social Security Administration (SSA)?
[X] Yes [] No

4h. Circle the highest year of education you completed:
Grade school 1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4 over 4

4i. List the other training or experience you have and any certificates that you hold.

SECTION II Tell us your work history

In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.

5a. What was the name and address of your employer?	5b. What was your job title?	5c. When did your work begin?	5d. When did your work end?	5e. How many days were lost due to disability?	5f. What were your total annual earnings?
Sears Co. 100 Crabtree Lane Raleigh, NC 27610	Sales	05/01/1996 mo day yr	05/01/2006 mo day yr	0	\$ 35,000-00
		mo day yr	mo day yr		\$.
		mo day yr	mo day yr		\$.

SECTION III Tell us if you are in a nursing home

In this section, tell us if you are in a nursing home. If you are in a nursing home, give us more information about the nursing home.

To get your claim processed faster, provide a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability and tells us the daily charge for your care.

6a. Are you now in a nursing home?

Yes No

(If "yes," answer Item 6b also)

6b. What is the name and complete mailing address of the facility or doctor?

6c. Does Medicaid cover all or part of your nursing home costs?

Yes No

(If "no," answer Item 6d also)

6d. Have you applied for Medicaid?

Yes No

SECTION IV Tell us the net worth of you and your dependents

In this section, we ask you to give us specific information about your net worth and the net worth of your dependents. You will need to enter this information in the tables on page 3.

You must include all assets in your net worth except those items you use everyday (See definition of net worth below.)

You should subtract from the market value of your real estate any amounts that you owe on it (such as mortgages, liens, etc.)

You can subtract mortgages on any property, and the value of the house or part of a building that you live in as your primary residence.

You can report farms or buildings that you or a dependent own by reporting its value as "real property."

VA cannot pay you pension if your net worth is sizeable.

Definitions:

Net worth is the market value of all interest and rights in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture.

Go to Page 3 and fill out the table.

SECTION IV Tell us about your net worth and your dependents' net worth.

**IV
(Continued)**

For items 7a-h: provide the amounts. If none, write "0" or "None"

Source	Veteran	Spouse	Child(ren)		
			I. Name: <small>(first, middle initial, last)</small>	II. Name: <small>(first, middle initial, last)</small>	III. Name: <small>(first, middle initial, last)</small>
7a. Cash, non-interest bearing bank accounts	\$3,000.00	\$0.00			
7b. Interest bearing bank accounts, certificates of deposit (CDs)	\$0.00	\$0.00			
7c. IRAs, Keogh Plans, etc.	\$0.00	\$0.00			
7d. Stocks and bonds	\$0.00	\$0.00			
7e. Mutual funds	\$0.00	\$0.00			
7f. Value of business assets	\$0.00	\$0.00			
7g. Real property (not your home)	\$0.00	\$0.00			
7h. All other property	\$0.00	\$0.00			

SECTION V Tell us about the income you have received and you expect to receive

In this section, we ask you to give us specific information about the income you have received and the income you expect to receive from all sources. You will need to enter this information in the tables on Page 4. In these tables,

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables.

If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.

If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.

If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

Payments from any source will be counted, unless the law says that they don't need to be counted. VA will determine any amount that does not count.

8. Will you receive any income from rental property or from operation of a business within 12 months of the day you sign this form?

Yes No

9. Will you receive any income from the operation of a farm within 12 months of the day you sign this form?

Yes No

10. Do you expect to receive money from a civilian agency, corporation, or individual, because of personal injury or death within 12 months of the day you sign this form?

Yes No

SECTION V (Continued) Monthly Income –Tell us the income you and your dependents receive every month.

For Items 11a-12f if none write "0" or "None"

Sources of recurring monthly income	Veteran	Spouse	Child(ren)		
			I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
11a. Social Security	\$600.00	\$400.00			
11b. U.S. Civil Service	\$0.00	\$0.00			
11c. U.S. Railroad Retirement	\$0.00	\$0.00			
11d. Military Retired Pay	\$0.00	\$0.00			
11e. Black Lung Benefits	\$0.00	\$0.00			
11f. Supplemental Security (SSI)/Public Assistance	\$0.00	\$0.00			
11g. Other income received monthly (Please write in the source below:)	\$0.00	\$0.00			

Next 12 months –Tell us about other income for you and your dependents

Sources of income for the next 12 months	Veteran	Spouse	Child(ren)		
			I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
12a. Gross wages and salary	\$0.00	\$0.00			
12b. Total interest and dividends	\$0.00	\$0.00			
12c. Worker's compensation for injury	\$0.00	\$0.00			
12d. Unemployment compensation	\$0.00	\$0.00			
12e. Other military benefit (Please write in the source below:)	\$0.00	\$0.00			
12f. Other one-time benefit (Please write in the source below:)	\$0.00	\$0.00			

SECTION VI	Tell us any information concerning, Medical, Legal or Other Expenses— Family medical expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses you paid for yourself or relatives you are under an obligation to support. Also, show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Show the Medicare deduction in line 1. If more space is needed attach a separate sheet.				
	13A. AMOUNT PAID BY YOU	13B. DATE PAID	13C. PURPOSE (Doctor's fees, hospital charges, Attorney fees, etc)	13D. PAID TO (Name of doctor, hospital, pharmacy, Attorney, etc.)	13E. DISABILITY OR RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID
IMPORTANT— Items 13A through 13E should be completed only if you are applying for nonservice-connected pension.					

Your name John Allen Doe	Your Social Security Number 111-22-3333
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