

MODULE #6 DEPENDENCY & INDEMNITY COMPENSATION (DIC)

DATE STARTED: _____ **LOCATION:** _____

SERVICE OFFICER/TRAINEE SIGNATURE: _____

TRAINER SIGNATURE: _____

DATE COMPLETED _____

I. Please rate the effectiveness of this training module.

Objective		Acceptable	Marginal	Unacceptable
Types of DIC (spouse, children, parents)	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Eligibility for DIC for spouse & children	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Ancillary Benefits	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Eligibility for Dependent Parents	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Dual Claims	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

MODULE # 6 CONTINUED

Objective		Acceptable	Marginal	Unacceptable
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			

SUBJECTIVE EVALUATION

		Good	Fair	Poor
1. Please rate the extent to which you met your personal objective for this module				
2. Rate the information provided in the Training Manual & other reference materials				
3. Please evaluate the physical environment where the training was held.				
4. Is there anything that we could have done to make this training better for you? (Please comment)				

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DEPENDENCY and INDEMNITY COMPENSATION

Objective: To learn the basics to assist a claimant in submitting a claim for this benefit and to become familiar with the requirements for such claims.

References:

Title 38, U.S. Code, Chapter 13
38 Code of Federal Regulations, Part 3
Adjudication Manual 21-1MR, Part 4
DVA Pamphlet *Federal Benefits for Veterans and Dependents*

Instructions: Study the assigned reference materials to learn the basic requirements for Dependency and Indemnity Compensation (DIC) claims. There are two types of DIC benefits. The DIC benefit for surviving spouses and children, and the DIC-Parent benefit, which is income based.

Summary:

Dependency and Indemnity Compensation (DIC) is paid to surviving spouses and dependent children when the service member dies while on active duty; or, when death occurs after military service, if a service-connected disability either directly caused or contributed substantially and materially to the death of the veteran. DIC can be granted if the veteran dies from medical treatment received through the DVA medical system or from Vocational Rehabilitation training. DIC for spouses and dependent children is not income based.

Since 1978, DIC could be granted when the veteran had been rated 100% service-connected for ten or more years at the time of death and dies from nonservice-connected causes other than willful misconduct. For veterans passing away within ten years from discharge date and die from non-service-connected causes, DIC is payable when the veteran was rated 100% service-connected for at least five years prior to the date of death.

Prior to 1957, surviving dependents received "Death Compensation" for service-connected deaths. There are a few recipients still receiving this benefit. From 1957, when DIC became payable, until 1972, Death Compensation was still granted under certain circumstances. Recipients of Death Compensation are protected at their current payment levels. Entitlement to additional allowances such as Aid & Attendance can be granted if the recipient elects to switch to DIC.

For veterans dying after January 1, 1993, a flat rate of DIC is payable. Prior to this date, DIC was paid based on the military rank of the veteran. Under the flat rate plan, an additional allowance is payable for those veterans rated totally disabled due to service connected condition(s) for eight or more years at the time of their death with the surviving spouse having been married to the veteran for eight or more years immediately preceding the death. Surviving spouses can qualify for Housebound or Aid & Attendance allowances under 38 CFR§ 3.351. DIC rates are listed in Adjudication Manual 21-1MR, Part 1, Appendix B.

If surviving spouse remarries, DIC is terminated. However, if subsequent marriage is dissolved by death, divorce, annulment, or voided marriage, remarried spouse is eligible to reapply for DIC benefits.

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On December 16, 2003, the President signed the Veterans Benefits Act of 2003. This Act amended Title 38 of the United States Code in several ways. Previously, 38 U.S.C. § 103(d) prohibited a surviving spouse who remarries from receiving DIC and related housing and education benefits during the length of the remarriage. The Act now allows a surviving spouse who remarries on or after his or her 57th birthday to remain eligible for DIC, home loan, and educational benefits.

Surviving spouses who remarried after turning age 57 prior to the enactment of the Act have one year from the date of the enactment of the ACT to apply for reinstatement of benefits. This amendment is effective January 1, 2004, Section 101(d) prohibits retroactive benefits; no benefits may be paid to any person by reason of this amendment for any period prior to the effective date.

For those survivors whose benefits were previously terminated due to remarriage on or after the age of 57, a claim for restored benefits must be submitted in writing. The preferred method is to submit a VA Form 21-696c.

Survivors who remarried after reaching the age of 57 and who file claims for restoration of benefits prior to December 16, 2004, are entitled to retro benefits from January 1, 2004.

Parent's DIC is granted if the death of the veteran is service-connected. This is an income-based benefit. The rates are listed in 38 U. S. Code, Section 1315 and Adjudication Manual 21-1, part 1, Appendix B. There are different income limits based on whether one or both parents survive, if they are married to each other, or have or have not remarried, and whether one or both parents is in need of Aid & Attendance. Net worth is not a factor.

It is not required that a dependent has been recognized prior to the death of the veteran. The surviving spouse must have been married to the veteran for at least one year prior to the death of the veteran or for any length of time if a child was born of the marriage, or was born to them before the marriage. An exception is 38 CFR § 3.54 (c)(1), which covers marriages within fifteen years of leaving military service on or after January 1, 1957.

A Death Pension claim is always a claim for DIC and accrued benefits. When applying for DIC, if there is a chance that Improved Death Pension could be granted later, care must be taken to follow the 45-day rule. Accrued benefits may not be paid for any retroactive period exceeding two years prior to the month of the death of the veteran. Accrued benefits are paid in order of precedence to the surviving spouse, children in equal shares, and dependent parents in equal shares.

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Review Questions: Dependency and Indemnity Compensation

Using the assigned references and reading materials, answer the following questions:

1. There are two types of Dependency and Indemnity Compensation (DIC). These two types are? [page 6-1]
A. _____
B. _____
2. DIC for surviving spouses and children is granted if one of the following circumstances exist: [page 6-1]
A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
3. DIC for surviving spouses and dependent children is not: [page 6-1]
A. _____
4. For veterans dying after January 1, 1993, a _____ of DIC is payable. Prior to this date, DIC was paid based on the _____. [page 6-1]
5. If surviving spouse remarries, DIC is _____. If subsequent marriage is dissolved by _____, _____, _____, or _____, remarried spouse is _____ to reapply for DIC benefits. [page 6-2]
6. Veterans Benefits act of 2003 allows a surviving spouse who _____ on or after his or her _____ to remain eligible for DIC, _____, and _____. [page 6-2]
7. Parent's DIC is granted if the death of the veteran is _____. This benefit is _____. _____ is not a factor. [page 6-2]
8. The surviving spouse must have been married to the veteran for at least _____ year prior to the death of the veteran, or _____ of time if a child was born of the marriage, or was born _____ the marriage. An exception is 38 CFR section 3.54 (C)(1), which covers marriages within _____ of leaving _____ on or after _____. [page 6-2]
9. A Death Pension is also a claim for _____ and _____. [page 6-2]

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FORMS

FORMS FOR DIC

- VA Form 21-22 - Appointment of Veterans Service Organization as Claimant's Representative
- VA Form 21-534 - Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)
- VA Form 21-674 - Request for Approval of School Attendance (Child age 18 and older not electing DEA)
- VA Form 21-686c – Declaration of Status of Dependents (If additional dependency listing needed)
- VA Form 21-4138 - Statement in Support of Claim (To relate any facts or comments)
- NCDVA-1A - Medical evidence to apply for Housebound or Aid & Attendance

FORMS FOR PARENT'S DIC

- VA Form 21-22 - Appointment of Veterans Service Organization as Claimant's Representative
- VA Form 21-535 - Application for Dependency and Indemnity Compensation by Parent(s)
- VA Form 21-686c – Declaration of Status of Dependents (If additional dependency listing needed)
- NCDVA-1A - Medical evidence to apply for Aid & Attendance

DOCUMENTS FOR DIC

- Marriage Certificate (current spouse)
- Divorce Decrees or Death Certificates (previous spouses)
- Certified DD-214 (If claims number not established)
- Death Certificate of Veteran
- Birth Certificate of Dependents (or Adoption Papers)
- Terminal Hospital Report and/or Medical Evidence to establish well-grounded claim for service connected death
- Social Security Numbers

DOCUMENTS FOR PARENT'S DIC

- Certified DD-214 (If claim number not established)
- Death certificate of veteran
- Birth Certificate of veteran (listing names of parents)
- Marriage Certificate
- Divorce Decrees or Death Certificates (previous spouses) for claimant and dependent spouse
- Social Security Award Letters for claimant and dependent spouse
- Proof of Other Income
- Terminal Hospital Report and/or medical evidence to establish well-grounded claim for service-connected death



Department of Veterans Affairs

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

(DO NOT WRITE IN THIS SPACE)

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

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

SECTION I Tell us what you are applying for and what you and the deceased veteran have applied for	1. Did the veteran ever file a claim with VA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 2)	2. What is the VA file number? <u>XC 23 985 947</u>
	3. Has the surviving spouse or child ever filed a claim with VA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Items 4 through 6)	4. What is the VA file number? _____
	5. What is the name of the person on whose service the claim was filed? _____ First Middle Last	
	6. What is your relationship to that person? _____	
	7. Are you claiming service connection for cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	SECTION II Tell us about you and the deceased veteran	
	8. What is the veteran's <u>John Allen Doe</u> First Middle Last Suffix (If applicable)	
9. What is the veteran's Social Security number? <u>111-22-3333</u>	10a. Did the veteran serve under another name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Items 10b)	
10b. Please list the other name(s) the veteran served under: <u>NONE</u>	11. What is the veteran's date of birth? <u>07/4/1948</u> mo day yr	
12. What is the veteran's date of death? <u>04/15/2009</u> mo day yr	13. Was the veteran a former prisoner of war? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. What is your name? (First, Middle, Last Name) <u>Ann Doe</u>	15. What is your relationship to the veteran? (check one) <input checked="" type="checkbox"/> Surviving Spouse <input type="checkbox"/> Child	
16. What is your address? <u>110 Veteran Avenue</u> Street address, Rural Route, or P.O. Box Apt. number <u>Raleigh, NC 27999</u> <u>US</u> City State ZIP Code Country		
17. What are your telephone numbers? (Include Area Code) Daytime <u>(919) 777-0000</u> Evening <u>(919) 777-9999</u>	18. What is your e-mail address? _____	
19. What is your Social Security number? <u>987-65-4321</u>	20. What is your date of birth? <u>08/15/1950</u> mo day yr	

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

SECTION III Tell us about the veteran's active duty service

1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks."

2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.

21a. Entered Active Service (first period) <u>01/1/1967</u> mo day yr	21b. Place Raleigh, NC	21c. Service Number US 11 222 333	
21d. Left This Active Service <u>12/31/1969</u> mo day yr	21e. Place Ft. Bragg, NC	21f. Branch of Service Army	21g. Grade, Rank, or Rating Pfc E-3
21h. Entered Active Service (second period) mo day yr	21i. Place	21j. Service Number	
21k. Left This Active Service mo day yr	21l. Place	21m. Branch of Service	21n. Grade, Rank, or Rating

SECTION IV Tell us about your and the veteran's marital history

Attach a copy of your marriage certificate showing your marriage to the veteran.

Note: Skip to Section V if the veteran was receiving additional VA benefits for you as his/her spouse at the time of his/her death unless you remarried after the veteran's death.

You must furnish complete information about **all** marriages of the surviving spouse and the veteran. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

The veteran's marriages

22a. How many times was the veteran married? 1

22b. Date of Marriage	22c. Place (city/state or country)	22d. To whom married (first, middle initial, last name)	22e. Date marriage ended	22f. Place (city/state or country)	22g. How marriage ended (death, divorce)
<u>11/22/1972</u> mo day yr	Raleigh, NC	Ann Jones	<u>04/15/2009</u> mo day yr	Ralgieh, NC	Death
 mo day yr			 mo day yr		

The surviving spouse's marriages. Note: Items 23a through 27 should be completed by the veteran's surviving spouse. If the claimant is not the surviving spouse, skip to Section V.

23a. How many times were you married? 1 23b. Have you remarried since the death of the veteran? Yes No

23c. Date of Marriage	23d. Place (city/state or country)	23e. To whom married (first, middle initial, last name)	23f. Date marriage ended	23g. Place (city/state or country)	23h. How marriage ended (death, divorce)
<u>11/22/1972</u> mo day yr	Raleigh, NC	John A. Doe	<u>04/15/2009</u> mo day yr	Raleigh, NC	Death
 mo day yr			 mo day yr		

SECTION IV Tell us about your and the veteran's marital history (continued)

<p>Answer Item 24 only if you were married to the veteran for less than one year. ▶</p>	<p>24. Was a child born to you and the veteran during your marriage or prior to your marriage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>25. Are you expecting the birth of a child of the veteran?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "No", answer Item 27)</i></p>	<p>27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.</p>	

SECTION V Tell us about the unmarried children of the veteran

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a *unless* the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- between 18 and 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

28a. Name of child (First, middle initial, Last)	28b. Date and place of birth (City/State or Country)	28c. Social Security Number	29a. Biological	29b. Adopted	29c. Stepchild	29d. 18 - 23 yrs old and in school	29e. Seriously disabled	29f. Child previously married
	_____ mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ mo day yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V Tell us about the unmarried children of the veteran (continued)

Tell us about the children listed above that don't live with you.

30a. Name of child (first, middle initial, last)	30b. Child's Complete Address	30c. Name of person the child lives with (if applicable)	30d. Monthly amount you contribute to child's support
			\$
			\$
			\$

SECTION VI Tell us if you are housebound, in a nursing home or require aid and attendance

If you answered "yes" to Item 31 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.

<p>31. Are you claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(If "No," skip to section VII)</i></p>	<p>32a. Are you now in a nursing home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "Yes," answer Items 32b and 32c also)</i></p>
<p>32b. What is the name and complete mailing address of the facility?</p>	<p>32c. Does Medicaid cover all or part of your nursing home costs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "No," answer Item 32d also)</i></p>
<p>32d. Have you applied for Medicaid?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	