MODULE #7 DEATH PENSION (WIDOW'S PENSION)				
DATE STARTED:		**LOCATION:**		
SERVICE OFFICER/TRAINEE SIGNATURE:				
TRAINER SIGNATURE:				
DATE COMPLETED				
I. Please rate the effectiveness of this training module.				
Objective		**Acceptable**	**Marginal**	**Unacceptable**
Acquire knowledge of the Death Pension Program	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Eligibility for Improved Death Pension. 1.Veteran Service Requirement 2. Dependency Requirement 3. Income & Net Worth 4. Last illness, just debts and funeral expenses 5. Establishing effective date of claim and "45 Day Rule: 6. Unreimbursed Medical Expenses	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Determining and calculating widows pension benefits	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Difference between Widow's Pension and DIC	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			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

MODULE #_7___ 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)

Training Module 7

DEATH PENSION

Objective: To learn how to assist a claimant to submit a claim for death pension; and to become familiar with the requirements for such claims.

References:

Title 38, U.S. Code, Chapter 15.
38 Code of Federal Regulations, Part 3.
Adjudication Manual 21-1, Part IV; Part I, Appendix B.
VA Pamphlet, Federal Benefits for Veterans and Dependents.
EVR Booklet

Instructions: Study the assigned reference materials to learn the requirements for death pension claims. Pay special attention to the income information in the application, as that will be a major portion of the development of the claim.

Summary:

Death pension is the income supplement program for a low-income surviving spouse and/or children of a veteran. The basic requirements are: wartime service, income and net worth within specified limits, and the veteran's death was not related to service.

> VA currently maintains three death pension programs:
> "Old law pension," also known as "protected pension";
> "Section 306 pension," also known as "86-211 pension"; and
> "Improved pension," which is the current pension program.

Improved pension began on January 1, 1979. All persons who were in receipt of pension under either of the prior pension laws, or who had a pension claim pending on that date, are protected under those laws for as long as they continue to meet the income and net worth limits of their program. If the pension award is terminated for any reason, the claimant may only reopen the claim under the current (improved) pension program. In addition, since the claimant's status is in effect frozen, he or she may not claim additional pension because of being housebound or being in need of regular aid and attendance, unless he or she elects improved pension.

Qualifying wartime service for pension purposes means that the veteran served on active duty for at least 90 consecutive days, at least one day of which was during a wartime period; or if less than 90 days, was discharged because of disability for which service connection could be established without resort to any presumptive provisions of the law, or had a disability for which service connection could be established which would have warranted a discharge for disability; or had two or more separate periods of active service for an aggregate of 90 days or more during more than one period of war.

In addition to the above, service requirements for death pension will be met regardless of the length of the veteran's service if at the time of death the veteran was receiving, or was entitled to receive, compensation or retired pay for a service-connected disability incurred or aggravated during a wartime period. Finally, if a veteran dies while on active duty under circumstances precluding the payment of service-connected benefits (e.g.,

the death was not in line of duty, or was the result of willful misconduct), death pension may be payable to the surviving spouse and/or children provided the veteran had served honorably for at least two years, any part of which was during a wartime period.

Income and net worth limits for improved pension are spelled out in 38 U.S. Code, Sections 1541, 1542, and 1543. The income limits are adjusted periodically. The adjusted limits are published in the "Notices" section of the Federal Register and are listed in Adjudication Manual 21-1, Appendix B. All of the surviving spouse's and/or children's income from all sources is counted unless specifically excluded. Higher income limits apply if the surviving spouse has children in custody; however, the children's incomes are also counted, as well. In addition, higher income limits also apply if the surviving spouse is housebound or in need of regular aid and attendance.

A child beyond age 18 who was in the custody of an eligible surviving spouse before reaching age 18 will remain on the spouse's award as an additional dependent if the child is attending school (up to age 23) or is determined to be permanently incapable of self-support (helpless). In this circumstance, the child has no independent entitlement to pension, even if he or she is living elsewhere while attending school. A child not in the custody of the surviving spouse has separate entitlement, and that child's income and net worth are counted separately from the surviving spouse and any children in the spouse's custody. If there is no eligible surviving spouse, the income for each child is counted according to the formulas set out in 38 CFR § 3.24, and payment made as appropriate to or for each eligible child.

Pension is not payable to a surviving spouse and/or a dependent child if the spouse's or child's net worth is of such size that it would be reasonable for it to be consumed for the maintenance of that beneficiary. This is determined on a case-by-case basis, taking into account such factors as the nature, source(s), and amount(s) of income and assets; the nature and amount(s) of debts and expenses; the number and age(s) of any children; anticipated educational expenses for such children; the spouse's and/or children's state of health; and the anticipated life expectancy of the surviving spouse and/or children (where appropriate). There is no specific dollar limitation (38 CFR 3.274). However, if a claimant has an estate of $80,000 or greater, development action is taken by adjudication to determine if the net worth is excessive and a bar to pension entitlement. (M21-1, part IV, Subchapter VIII 16.39 (c)(e). To assist claimant in development, claimant must complete VA Form 21-8049 and answer "net worth" questions. See sample copy at end of Module 5.

To determine the actual rate(s) payable, the surviving spouse's and/or children's total annual countable family income (after exclusions and deductions) is subtracted from the applicable income limit and the difference divided into twelve equal payments. If the total annual amount payable would be less than 4% of the maximum annual rate, payments may be made quarterly, semiannually, or even annually, unless the claimant specifically requests monthly payments.

It is not required that a dependent have been recognized prior to the veteran's death. However, there are time limits for recognition of a surviving spouse for benefits purposes: in general, the surviving spouse must have been married to the veteran for at least one year prior to the veteran's death, or for any length of time if a child was born of the marriage or was born to them before the marriage. For death pension, the surviving

spouse will also qualify regardless of the length of the marriage, if the marriage took place prior to the delimiting date for the particular wartime period as specified in 38 CFR § 3.54(a). Remarriage of surviving spouse is a bar to benefits under a previous spouse unless the marriage complies with the requirements of 38 CFR 3.44(a)(2):

On or after January 1, 1971, remarriage of a surviving spouse terminated prior to November 1, 1990, or terminated by legal proceedings commenced prior to November 1, 1990, by an individual who, but for the remarriage, would be considered the surviving spouse, shall not bar the furnishing of benefits to such surviving spouse provided that the marriage:

(i) Has been terminated by death, or
(ii) Has been dissolved by a court with basic authority to render divorce decrees unless the Department of Veterans Affairs determines that the divorce was secured through fraud by the surviving spouse or by collusion (38CFR 3.54(a)(2).

For Death Pension remarriage or inference of remarriage of surviving spouse will terminate death pension and be a permanent bar to future death pension benefits.

If there are minor children of school children they may qualify in their own right.

A claim for death pension by any class of dependent is ALWAYS also a claim for DIC, as well as for any available accrued benefits. Accrued benefits would include any claim (whether formal, informal, or inferred) that was pending and unresolved at the time of the veteran's death, or any recurring benefit that was due but not paid at the time of the veteran's death (such as when a claim was approved but the veteran died before the initial check was issued, or when the initial check was issued but the veteran died before negotiating it). If more than one class of dependents applies, the order of precedence for accrued benefits is (1) surviving spouse and (2) children (in equal shares). If accrued benefits are authorized, they may not be paid for any retroactive period exceeding two years prior to the month of the veteran's death.

Training Module 7

Review Questions: Death Pension

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

1. How many major pension programs are there currently being administered by the Department of Veterans Affairs (DVA) for death pension? 7-1

   a. 3
   b. 2
   c. 4

2. Death pension is based on the same eligibility service dates and character of discharge as the Veteran's non-service connected disability pension. 7-1, 7-2

   a. True
   b. False

3. Provided all eligibility is met; is this widow of a war veteran eligible for death pension. 1. They were married less than a year at the time of death. 2. They were married during peace time. 7-2

   a. Yes
   b. No

4. A surviving spouse will receive a lump sum life insurance of $15,000, her only source of income is her Social Security of $567, which has been adjusted after the death of the veteran, and (veteran died 15 days prior). The funeral bill was $7,000 (paid), is the surviving spouse eligible for death pension? If yes, Why? 7-2

5. Is net worth a factor for Improved Pension death claims? 7-2

   a. Yes
   b. No

6. Which of the following are considered when determining eligibility for pension for minor child who has a custodian/guardian. 7-2

   a. Custodians income
   b. Childs earned income
   c. Childs net worth
   d. All the above

7. At what dollar amount of net worth (corpus of estate) does the VA begin development? 7-2

   a. $50,000
   b. $100.00
   c. $75,000
   d. $80,000

Training Module 7

8. Is it necessary to convert a "306" pensioner to "Improved Pension" in order to establish the Aid and Attendance rate? 7-2

   a. Yes
   b. No

9. An Improved Pension recipient with no dependents was admitted to a nursing home, under Medicaid. Failure to report the admittance to the VA for twelve months will create an overpayment of pension benefits. 7-1 (38 CFR Part 3)

   a. True
   b. False

10. If a surviving spouse remarries and that marriage is dissolved by death or divorce, is the surviving spouse eligible to resume benefits under her first veteran husband? 7-3

    a. Yes
    b. No

11. Disability is a factor in determining a surviving spouse's eligibility for death pension. 7-1

    a. True
    b. False

12. A surviving spouse has Social Security income only; will she receive an EVR? _____ If not, should she report her medical expenses? _____ 7-1

13. The veteran died on February 1, 2005, there was a life insurance policy of $3,000, funeral expenses of $5,000 were prepaid on January 15, 2000, her monthly Social Security will be $350 (adjusted). When should the surviving spouse file a claim for death pension? _____ Will the amount of her pension payment change in 12 months? _____ If so why? 7-1

14. The veteran was in receipt of disability compensation at the rate of 10% for tender scars, he dies of car accident, the surviving spouse has income of $40,000 from all sources and net worth of $500,000, should the surviving spouse file a claim for death pension? If she should, why? If she should not, why? 7-1 (M21-1)

Training Module 7

FORMS

ORIGINAL CLAIM
VA Form 21-22 –Appointment of Veterans Service Organization as claimant's representative
VA Form 21-534 –Application for widow's death pension, DIC, or accrued benefit
Certified DD 214, If no verified service on record
Veteran's Death Certificate, unless death in VA Facility
Social Security numbers of all dependents
Written verification of income
Itemized funeral bill
Paid receipt, if paid
Other last illness expenses

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 child over 18, submit VA Form 21-674 (school attendance form) for each child over 18

REOPEN WIDOW'S DEATH PENSION
VA Form 21-4138 - Statement in support of claim
Appropriate EVR
Verification of Income

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

	Vet (OO)	Vet + 1 Dep (10/81)	Vet + 2 Deps (11/82)	Vet + 3 Deps (12/83)			Surv Spouse (10)	SS + 1 Dep (11)	SS + 2 Deps (12)	SS + 3 Deps (13)	Ea. Add Child
Monthly	*985*	*1,291*	*1,459*	*1,627*			*661*	*865*	*1,033*	*1,203*	*168*
BASIC	**11,830**	**15,493**	**17,513**	**19,533**			**7,933**	**10,385**	**12,405**	**14,445**	**2,020**
5%	592	775	875	976			397	520	620	722	
Monthly	*1,204*	*1,510*	1678	*1,846*			*808*	*1,012*	*1,180*	*1,348*	
HB	**14,457**	**18,120**	**20,140**	**22,160**			**9,696**	**12,144**	**14,164**	**16,184**	
Monthly	*1,644*	*1,949*	*2,118*	*2,286*			*1,056*	*1,260*	*1,429*	*1,597*	
A/A	**19,736**	**23,396**	**25,416**	**27,436**			**12,681**	**15,128**	**17,148**	**19,168**	
each additional child			*Monthly*	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 (OO)	Vet + 1 Dep (10/81)	Vet + 2 Deps (11/82)	Vet + 3 Deps (12/83)			Surv Spouse (10)	SS + 1 Dep (11)	SS + 2 Deps (12)	SS + 3 Deps (13)	Child
Monthly	*931*	*1,220*	*1,379*	*1,538*			*624*	*817*	*976*	*1,135*	*159*
BASIC	**11,181**	**14,643**	**16,552**	**18,461**			**7,498**	**9,815**	**11,724**	**13,633**	**1,909**
5%	559	732	827	923			375	490	586	681	
Monthly	*1,138*	*1,427*	1586	*1,745*			*763*	*956*	*1,115*	*1,274*	
HB	**13,664**	**17,126**	**19,035**	**20,944**			**9,164**	**11,478**	**13,387**	**15,296**	
Monthly	*1,554*	*1,842*	*2,001*	*2,160*			*998*	*1,191*	*1,350*	*1,509*	
A/A	**18,654**	**22,113**	**24,022**	**25,931**			**11,985**	**14,298**	**16,207**	**18,116**	
each additional child			*Monthly*	159							
			Yearly	**1,909**							

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

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?
☒ Yes ☐ No *(If "Yes," answer Item 2)*

2. What is the VA file number?
XC 23 985 947

3. Has the surviving spouse or child ever filed a claim with VA?
☐ Yes ☒ 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?
☐ Yes ☒ No

SECTION II

Tell us about you and the deceased veteran

8. What is the veteran's
John Allen Doe
First Middle Last Suffix (If applicable)

9. What is the veteran's Social Security number?
111-22-3333

10a. Did the veteran serve under another name?
☐ Yes ☒ No
(If "Yes," answer Items 10b)

10b. Please list the other name(s) the veteran served under:
NONE

11. What is the veteran's date of birth?
07/4/1948
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.

12. What is the veteran's date of death?
04/15/2009
mo day yr

13. Was the veteran a former prisoner of war?
☐ Yes ☒ No

14. What is your name? (First, Middle, Last Name)
Ann Doe

15. What is your relationship to the veteran? (check one)
☒ Surviving Spouse ☐ Child

16. 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

17. What are your telephone numbers? (Include Area Code)
Daytime (919) 777-0000
Evening (919) 777-9999

18. What is your e-mail address?

19. What is your Social Security number?
987-65-4321

20. What is your date of birth?
08/15/1950
mo day yr

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

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)*
11/22/1972 (mo day yr)	Raleigh, NC	Ann Jones	04/15/2009 (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)*
11/22/1972 (mo day yr)	Raleigh, NC	John A. Doe	04/15/2009 (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)

Answer Item 24 only if you were married to the veteran for less than one year.

24. Was a child born to you and the veteran during your marriage or prior to your marriage?

☐ Yes ☐ No

25. Are you expecting the birth of a child of the veteran?

☐ Yes ☒ No

26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?

☒ Yes ☐ No

(If "No", answer Item 27)

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.

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		☐	☐	☐	☐	☐	☐
	mo day yr		☐	☐	☐	☐	☐	☐
	mo day yr		☐	☐	☐	☐	☐	☐

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.

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?

☐ Yes ☒ No

(If "No," skip to section VII)

32a. Are you now in a nursing home?

☐ Yes ☐ No

(If "Yes," answer Items 32b and 32c also)

32b. What is the name and complete mailing address of the facility?

32c. Does Medicaid cover all or part of your nursing home costs?

☐ Yes ☐ No

(If "No," answer Item 32d also)

32d. Have you applied for Medicaid?

☐ Yes ☐ No

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

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have 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. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

Source	Surviving spouse or Custodian of children	Child(ren) Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*
33a. Cash, bank accounts, certificates of deposit (CDs)	3000			
33b. IRAs, Keogh Plans, etc.	0			
33c. Stocks, bonds, mutual funds	0			
33d. Value of business assets	0			
33e. Real property (not your home)	0			
33f. All other property	0			

SECTION VIII Tell us about the income of you and your dependents

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

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

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.

34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody?

☒ Yes ☐ No

(If "Yes," answer item 34b)

34b. Is Social Security based on your own employment?

☐ Yes ☒ No

35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?

☐ Yes ☒ No

36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?

☐ Yes ☒ No

37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran?

☐ Yes ☒ No

SECTION VIII Tell us about the income of you and your dependents (continued)

Monthly Income - Tell us the income you and your dependents receive every month

Sources of recurring monthly income	Surviving spouse or Custodian of children	Child(ren)		
		Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*
38a. Social Security	600			
38b. U.S. Civil Service	0			
38c. U.S. Railroad Retirement	0			
38d. Military Retirement	0			
38e. Black Lung Benefits	0			
38f. Supplemental Security Income (SSI)/ Public Assistance	0			
38g. Other income received monthly (Please write source below:)	0			

Expected income next 12 months - Tell us about other income for you and your dependents

Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

Sources of income for the next 12 months	Surviving spouse or Custodian of children	Child(ren)		
		Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*	Name: *(first, middle initial, last)*
39a. Gross wages and salary	0			
39b. Total dividends and interest	45			
39c. Other income expected (Please write source below:)	0			
39d. Other income expected (Please write source below:)	0			

SECTION IX

Tell us about medical, last illness, burial or other unreimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed attach a separate sheet.

40a. Amount paid by you	40b. Date Paid	40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.)	40d. Paid to (Name of nursing home, hospital, funeral home, etc.)	40e. Relationship of person for whom expenses paid
$ 8000	04/17/2009 mo day yr	Burial Expenses	Rest In Peace Funeral Home	Spouse
$	mo day yr			
$	mo day yr			
$	mo day yr			

SECTION X

Give us direct deposit information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, ***"All Federal payments..."*** and then either:

1. Attach a voided check, or
2. Answer questions 41-43 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 41. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

41. Account number (Please check the appropriate box and provide that account number, if applicable)

☐ Checking

☐ Savings

☒ I certify that I **do not** have an account with a financial institution or certified payment agent

Account number _____

42. Name of financial institution

_____

43. Routing or transit number

_____

SECTION XI **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.

44. Your signature	45. Today's date
Ann Doe	05/11/2009 mo day yr

46a. Signature of witness (If claimant signed above using an "X")	46b. Printed name and address of witness
47a. Signature of witness (If claimant signed above using an "X")	47b. Printed name and address of witness

SECTION XII

Remarks - Use this space for any additional statements that you would like to make concerning your application.

48. 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)*

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.