

**NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR  
DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION, AND/OR  
ACCRUED BENEFITS**

(This notice is applicable to survivors claims for: Death Pension • Dependency Indemnity Compensation (DIC) • DIC under 38 U.S.C. 1151 • Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound • Accrued Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for DIC, Death Pension, and/or Accrued Benefits.  
This notice informs you of the evidence necessary to substantiate your claim.

**Want your claim processed faster?** The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! To participate in the FDC Program if you are making a claim for DIC, Death Pension, and/or Accrued Benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21-527EZ, *Application for Pension*. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

FDC Criteria (Claim(s) for DIC, Death Pension, and/or Accrued Benefits)	
1.	Submit your claim on a <u>signed and completed</u> VA Form 21-534EZ, <i>Application for DIC, Death Pension, and/or Accrued Benefits</i> (Attached).
2.	<p>Submit simultaneously with your claim:</p> <p>A copy of the veteran's Death Certificate (unless he or she died on active duty); <b>AND</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>If claiming death pension:</b></p> <ul style="list-style-type: none"> <li>● All necessary income and net-worth information</li> <li>● <b>If claiming death pension with increased survivor benefits</b>, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i></li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>If claiming DIC:</b></p> <ul style="list-style-type: none"> <li>● All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a Federal facility, such as a VA medical center, that support your claim</li> <li>● Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s)</li> <li>● <b>If claiming DIC as the parent of the veteran</b>, all necessary income and net-worth information and, if claiming benefits as the foster parent of the veteran, a completed VA Form 21-524, <i>Statement of Person Claiming to Have Stood in Relation of Parent</i></li> <li>● <b>If claiming DIC with increased survivor benefits</b>, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i></li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Requirements for Certain Claimants:</b></p> <p>Under the circumstances shown below, you must also submit simultaneously with your claim:</p> <ul style="list-style-type: none"> <li>● <b>If claiming benefits as the surviving spouse of the veteran</b>, a copy of your marriage certificate showing your marriage to the veteran, or <b>if claiming benefits for a child or biological/adoptive parent of the veteran</b>, a copy of the birth certificate or court record of adoption showing relation to the veteran</li> <li>● <b>If claiming benefits for a child of the veteran between the ages of 18 and 23</b>, a completed VA Form 21-674, <i>Request for Approval of School Attendance</i></li> <li>● <b>If claiming benefits for a seriously disabled (helpless) child of the veteran</b>, all, if any, relevant, private medical treatment records for the child's pertinent disabilities</li> </ul> </div>
3.	Report for any VA medical examinations VA determines are necessary to decide your claim.

**The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate!** Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

**WHAT YOU NEED TO DO**

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> <li>• Submit your claim in accordance with the "FDC Criteria" (see page 1)</li> </ul>	<p>You must:</p> <ul style="list-style-type: none"> <li>• If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it</li> </ul> <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <b><i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></b></p>

**HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM**

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain</li> </ul>	<p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain</li> <li>• Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers</li> </ul>

**WHEN YOU SHOULD SEND WHAT WE NEED**

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> <li>• Send the information and evidence simultaneously with your claim</li> </ul> <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>We strongly encourage you to:</p> <ul style="list-style-type: none"> <li>• Send any information or evidence as soon as you can</li> </ul> <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

**WHERE TO SEND INFORMATION AND EVIDENCE**

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at [www.va.gov/directory](http://www.va.gov/directory).

## WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
Needs-based benefits based on the veterans wartime service.	Death Pension
<ul style="list-style-type: none"> <li>• The veteran's death was related to his or her service (DIC), <b>OR</b></li> <li>• DIC benefits because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling.</li> </ul>	Dependency and Indemnity Compensation (DIC)
The veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy.	DIC under 38 U.S.C. 1151
DIC and it was previously denied by VA.	Reopened DIC
Increased death pension or DIC benefits because your disabilities cause you to be in need of aid and attendance or to be confined to your residence.	Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound
You are eligible to the benefits that were due to the veteran at the time of the veteran's death.	Accrued Benefits
You are eligible to the benefits because a child of the veteran is severely disabled.	Helpless Child

## EVIDENCE TABLES

Death Pension
<p>To support your claim for <b>death pension benefits</b>, the evidence must show:</p> <ol style="list-style-type: none"> <li>The veteran met certain minimum requirements regarding active service during a period of war. Generally, those requirements involve: <ul style="list-style-type: none"> <li>• 90 days of consecutive service, at least one day of which was during a period of war; <b>OR</b></li> <li>• 90 days of combined service during at least one period of war;</li> </ul> <p><i>(Note : If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.)</i></p> <p><b>OR</b> any length of active service during a period of war when:</p> <ul style="list-style-type: none"> <li>• At the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; <b>OR</b></li> <li>• The veteran was discharged from active service due to a service-connected disability.</li> </ul> </li> <li>Your net worth and income do not exceed certain requirements.</li> </ol>

Dependency and Indemnity Compensation (DIC)
<p>To support a claim for <b>Dependency and Indemnity Compensation (DIC) benefits based on a service-connected disability</b> established during the veteran's lifetime, the evidence must show:</p> <ul style="list-style-type: none"> <li>• The veteran died while on active service; <b>OR</b></li> <li>• The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; <b>OR</b></li> <li>• The veteran died from non service-connected injury or disease <b>AND</b> was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling: <ul style="list-style-type: none"> <li>• For at least 10 years immediately before death; <b>OR</b></li> <li>• For at least 5 years after the veteran's release from active duty preceding death; <b>OR</b></li> <li>• For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999</li> </ul> </li> </ul> <p>To support a claim for <b>DIC benefits based on a disability that was not service-connected</b> or for which the veteran did not file a claim during his or her lifetime, the evidence must show:</p> <ul style="list-style-type: none"> <li>• An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; <b>AND</b></li> <li>• A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; <b>AND</b></li> <li>• A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence</li> </ul>

## EVIDENCE TABLES (Continued)

### Dependency and Indemnity Compensation (DIC) (Continued)

To support your claim for **DIC benefits based upon the service person's active duty for training**, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC benefits based upon the service person's inactive duty training**, the evidence must show:

- The service person died during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

### DIC under 38 U.S.C. 1151:

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
  - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
  - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
  - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

### Reopened DIC:

In order to reopen a claim previously denied by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

## EVIDENCE TABLES (Continued)

### Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

### Accrued Benefits:

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

### Helpless Child:

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

### IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

## HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for death benefits, the beginning date of your entitlement will generally be based on when we received your claim. However, if VA received your claim within one year of the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Higher levels of benefits are available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living or leave their home. Higher levels of benefits may be effective from the date medical evidence first establishes entitlement.

For more information on the FDC Program, visit our web site at <http://benefits.va.gov/transformation/fastclaims/>. For more information on VA benefits, visit our web site at [www.va.gov](http://www.va.gov), contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).







**VA DATE STAMP  
 (DO NOT WRITE IN THIS SPACE)**

**APPLICATION FOR DIC, DEATH PENSION,  
 AND/OR ACCRUED BENEFITS**

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.

**SECTION I: PERSONAL INFORMATION (MUST COMPLETE)**

1. VETERAN'S NAME (Last, first, middle)		2. VETERAN'S SOCIAL SECURITY NUMBER		3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)	
4. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide the file number in Item 6)		6. VA FILE NUMBER	
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			8. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)		
9. WHAT IS YOUR NAME? (First, middle, last name)			10. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one) <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> CUSTODIAN FILING FOR CHILD		
11. WHAT IS YOUR SOCIAL SECURITY NUMBER?		12. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)		13. ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14A. WHAT IS YOUR ADDRESS?  Street address, rural route, or P.O. Box  City State ZIP Code Country				14B. YOUR TELEPHONE NUMBER(S) (include Area Code) DAYTIME ( ) EVENING ( ) CELL PHONE ( )	
15A. YOUR PREFERRED E-MAIL ADDRESS (If applicable)			15B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable)		

16. WHAT ARE YOU CLAIMING? (Check all that apply)  
 DEPENDENCY AND INDEMNITY COMPENSATION (DIC)  DEATH PENSION  ACCRUED BENEFITS

**SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)**

*(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)*

17A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 17B) (If "No," skip to Item 18A)		17B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:	
18A. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)		18B. BRANCH OF SERVICE	18C. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)
18D. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO		18E. PLACE OF LAST SEPARATION	
19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," answer Items 19B, 19C and 19D)			19B. DATE OF ACTIVATION (MM,DD,YYYY)
19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?			19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code)  ( )
20A. WAS THE VETERAN EVER A PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 20B) (If "No," skip to Section III)		20B. DATES OF CONFINEMENT FROM: TO:	

**SECTION III- MARITAL INFORMATION (COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)**

*(Skip to Section IV if you are NOT claiming benefits as the surviving spouse of the veteran)*

**TELL US ABOUT THE VETERAN'S MARRIAGES**

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)?

21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	21C. TO WHOM MARRIED (first, middle, last name)	21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	21E. HOW MARRIAGE TERMINATED (death, divorce)	21F. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:

**TELL US ABOUT YOUR MARRIAGES**

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran)		
22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	22D. TO WHOM MARRIED (first, middle, last name)	22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	22F. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated)	22G. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:

23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO
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25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Item 26)	26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION (IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)
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27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?

YES  NO (If "Yes," provide explanation):

**SECTION IV: DEPENDENT CHILDREN (COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)**

*(Skip to Section V if you are NOT claiming benefits for a child(ren) of the veteran)*

28A. NAME OF CHILD (First, middle initial, last name)	28B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country)	28C. SOCIAL SECURITY NUMBER	<i>(Check all that apply)</i>						
			28D. BIOLOGICAL	28E. ADOPTED	28F. STEPCHILD	28G. 18-23 YEARS OLD (in school)	28H. SERIOUSLY DISABLED	28I. CHILD MARRIED	28J. CHILD PREVIOUSLY MARRIED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who **do not** live with you.

29A. NAME OF CHILD (First, middle initial, last name)	29B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	29C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	29D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			\$
			\$
			\$



**SECTION V: VETERAN'S PARENT (COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)**

*(Skip to Section VI if you are NOT claiming benefits as the parent of a veteran)*

30A. WHAT IS YOUR MARITAL STATUS? (Check one)

- MARRIED AND LIVE WITH OTHER PARENT OF VETERAN     MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN     SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE     DIVORCED     WIDOWED  
 NEVER MARRIED

30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death, divorce)

30C. IF YOU ARE SEPARATED, 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)*

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name)  
(Skip to Item 32A if never married or no longer married)

31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)

31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?

31D. IS YOUR SPOUSE ALSO A VETERAN?

- YES     NO (If "Yes," complete Item 31E)

31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY (AGE 18 IN MOST STATES)?

- YES     NO (If "Yes," skip to Item 34)

32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control)

(MM DD YYYY) to (MM DD YYYY)    (MM DD YYYY) to (MM DD YYYY)

32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B

A. NAME (FIRST, MIDDLE, LAST)

B. ADDRESS

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

City    State    ZIP Code    Country

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

City    State    ZIP Code    Country

34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE OF DEATH.

A. NAME (FIRST, MIDDLE, LAST)

B. DATE OF DEATH (MM,DD,YYYY)

**SECTION VI: DIC (COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))**

*(Skip to Section VII if you are NOT claiming DIC)*

35. WHAT BENEFIT ARE YOU CLAIMING?

- DIC     DIC under 38 U.S.C. 1151 (RARE)

36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

A. NAME AND LOCATION OF VA MEDICAL CENTER

B. DATE(S) OF TREATMENT

**SECTION VII: NET WORTH (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**  
*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**37. NET WORTH** (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household. Identify the **specific** owner for each net worth source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your net worth and the child's net worth, if any.

SOURCE	AMOUNT	OWNER	SOURCE	AMOUNT	OWNER
CASH/NON-INTEREST BEARING BANK ACCOUNTS	\$		REAL PROPERTY <i>(Not your home, vehicle, furniture, or clothing)</i>	\$	
INTEREST-BEARING BANK ACCOUNTS	\$		ALL OTHER PROPERTY <i>(Please write source)</i>	\$	
IRA'S, KEOGH PLANS, ETC.	\$		ALL OTHER PROPERTY <i>(Please write source)</i>	\$	
STOCKS, BONDS, MUTUAL FUNDS, ETC.	\$		OTHER <i>(Provide source)</i>	\$	

**SECTION VIII: GROSS MONTHLY INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**  
*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**38. GROSS MONTHLY INCOME** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your income and the child's income, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
SOCIAL SECURITY	\$		SERVICE RETIREMENT/ SURVIVOR BENEFIT PLAN (SBP) ANNUITY	\$	
SOCIAL SECURITY	\$		SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	\$	
U.S. CIVIL SERVICE	\$		OTHER <i>(Provide source)</i>	\$	
U.S. RAILROAD RETIREMENT	\$		OTHER <i>(Provide source)</i>	\$	
BLACK LUNG BENEFITS	\$		OTHER <i>(Provide source)</i>	\$	

**SECTION IX: EXPECTED INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**  
*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**39. EXPECTED INCOME - NEXT 12 MONTHS** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household 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 total household income for the 12 month period from the date you sign this application. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report **your expected income** and the **child's expected income**, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	
GROSS WAGES AND SALARY	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	
TOTAL DIVIDENDS AND INTEREST	\$		OTHER INCOME EXPECTED <i>(Provide source)</i>	\$	

**SECTION X: MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES**  
**(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**  
*(Skip to Section XI if you are NOT claiming death pension or parents DIC)*

**40. 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.

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yyyy)	PURPOSE (Medicare deduction, nursing home costs, burial expenses, etc.)	PAID TO (Name of nursing home, hospital, funeral home, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse, child, etc.)
\$				
\$				
\$				
\$				
\$				

**SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)**

The Department of Treasury requires all Federal benefit payments 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, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

41. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

CHECKING

SAVINGS

I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

42. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

43. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

**SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)**

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.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits*.

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 44, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

44. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

**I DO NOT want my claim considered for rapid processing** under the FDC Program because I plan to submit further evidence in support of my claim.

45A. CLAIMANT'S SIGNATURE (REQUIRED)

45B. DATE SIGNED

**SECTION XIII: WITNESSES TO SIGNATURE (COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")**

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

**PRIVACY ACT NOTICE:** The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.