Forward

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Since 1993 I have been assisting veterans in obtaining their lawful benefits. It has been rewarding work, and I am grateful to be able to help our country’s heroes. In truth, I feel a tremendous obligation to assist our veterans in any way possible.

This guide to obtaining compensation is an answer to those veterans who want to know how the process should be carried out. I have tried to give them a complete guideline without making the process seem overly complicated.

This guide should be passed on to someone who will find it helpful, rather than keeping it on a bookshelf. It was paid for by several caring individuals and organizations with the express purpose of allowing our veterans to obtain their benefits. I thank them for their help, and hope those who use the guide will achieve their goals.

Charles Fettes

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Disclaimer

This publication is provided solely as an aid to better understand the Veterans Administration compensation claim filing process based upon the Author’s personal experience and known data at time of publication. You should, however, confirm all statements contained herein with your local Veterans Service Office before taking any action. It is your responsibility to use this information at your own risk.

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As a courtesy to veterans his publication can be downloaded at the following websites in PDF format for online viewing or local printing:

www.veteransgrapevine.com
www.veteranspage.com
www.operationwelcomehomeveterans.org
Introduction

The Department of Veteran’s Affairs issues millions of dollars in compensation benefits to our nations veterans every month. Unfortunately, many veterans have no idea what they have to do to obtain the benefits they are entitled to by law. This document is intended to serve as a guide for the purpose of obtaining compensation. There are several other benefits available to veterans from the VA which are beyond the scope of this guide. Please refer to www.va.gov for the complete list of available benefits.

The Department of Veterans Affairs defines disability compensation as a monetary benefit which is paid to veterans who are disabled by an injury or illness incurred or aggravated during their time on active duty in the U.S. Military. The term used to refer to these disabilities is “service connected”. Any individual who served on active duty for one day or more may be eligible for compensation, provided a claimed disability can be related back to service. The federal guidelines and regulations for determination of service connected disability are listed in title 38 of the code of federal regulations. The regulations and guidelines can be viewed online at http://www.benefits.va.gov/warms/topics.asp.

The amount of compensation is set up by the degree of disability. The degree of disability is determined mainly by the effect on the veteran’s ability to obtain and maintain employment. Benefits begin at ten percent, and continue at twenty, thirty, etc. with the maximum rating of one hundred percent. The number of the veteran’s dependents also affects disability payments. Any veteran who is married and/or has minor children or stepchildren will receive additional benefits with a disability rating of thirty percent or more, as long as they live with the veteran or he or she can prove support for these dependents. Under certain conditions, the veteran may claim his or her parents as dependents. Those veterans with extremely severe conditions may be eligible for “Special Monthly Compensation” which also will increase payments.

The type of discharge given to a veteran can also affect payments. Any veteran who was discharged dishonorably is not eligible for compensation. Incarcerated veterans will have their payments lowered to the ten percent disability rate if imprisoned more than sixty days if rated at twenty percent or more, and half of the ten percent rate if rated at ten
percent. Fugitive felons will have their compensation benefits stopped entirely.

Those veterans rated at less than fifty percent who retired from the military will have their retirement pay offset by the amount of compensation they are receiving. At the fifty percent rating, a program known as concurrent receipt will make up the difference. Concurrent receipt will start automatically upon meeting the fifty percent rate for those in receipt of military retirement.

Not every veteran will be eligible for compensation. The reasons vary, but many simply have no proof that a claimed condition began in the military. Some veterans simply give up when confronted with the frustration and confusion which comes from dealing with a government institution. This guide should help the veteran have a positive outcome when claiming disability benefits, but there are no guarantees of success. Veterans should be prepared for some setbacks when attempting to establish a condition as service connected. No matter the problem, it’s important to remember that every decision rendered by the Department of Veterans Affairs is subject to the appellate process. Nothing is final until the Court of Appeals in Washington D.C. declares the case closed. The keys to a successful outcome are diligence and a great deal of patience. Some claims will take years to resolve, and even the quickest take several months.

Current compensation rates of payment including the allowance for dependents can be found online at:

http://www.vba.va.gov/bln/21/Rates/comp01.htm

Please note that VA compensation benefits have no effect on social security payments or vice versa.

Obtaining Assistance in Filing a Claim

As a rule of thumb, nothing associated with filing a claim for disability compensation should cost the veteran a single cent. There are several means of obtaining help in filing for a claim, all of which are provided free of charge.

Veterans Service Organizations have National and State Service Officers, accredited by the Department of Veterans Affairs which certifies their

ability to represent the veteran in VA matters. These organizations are chartered by Congress, and generally work in partnership with the VA to ensure the veteran receives the maximum benefit available. These Organizations include the American legion, Veterans of Foreign Wars, Disabled American Veterans, Military Order of the Purple Heart, Vietnam Veterans of America, the Marine Corps League, Catholic War Veterans, AMVETS, Jewish War Veterans, Non-Commissioned Officers Association, Paralyzed Veterans and the Polish Legion. Other Institutions such as the American Red Cross may also provide assistance in filing claims. Each VA Regional Office has a number of accredited service officers from these organizations working nearby. There are also local post and chapter veterans service officers which will assist in filing for benefits. A simple search of the area phone book should reveal the numbers of the local Veterans Organizations. All services are of no cost to the veteran. Service Officers associated with these groups will request submission of VA Form 21-22 (available at www.va.gov/vaforms) which allows them to represent you before the VA and access to your records.

Many areas have State, County and City service officers to assist local veterans in obtaining benefits free of charge. These individuals are trained in this work by the veterans service organizations and the Department of Veterans Affairs, and many are accredited through the service organizations. A search of the county and city listings in the phone book should provide the locations of these service officers.

The Department of Veterans Affairs itself will provide assistance in filing for benefits. A visit to the local regional office will provide personal assistance in filing out claim forms, or online through the VONAPP (Veterans Online Applications) program at www.va.gov. The VA may be contacted nationwide at 1-800-827-1000 at any time. Once again, assistance is free of charge.

There are many non-veteran organizations which will “assist” you in filing for benefits, which require donations or payments. These groups are not accredited, and are ineffective in achieving positive outcomes. Many are doing this work illegally. The question a veteran should always ask is “Are you accredited with the Department of Veterans Affairs?”. A visit to http://www.va.gov/ogc/apps/accreditation/index.asp will ascertain the validity of their credentials.

Many veterans feel a lawyer is required to successfully obtain benefits. This is, of course, the veteran’s prerogative, and many lawyers will provide the service free of charge to the veteran. Some lawyers do charge
the veteran for their assistance, and payment is the responsibility of that veteran. Any veteran hiring a lawyer should have a thorough discussion of the fees associated with their assistance.

**Getting Started**

Prior to filing a claim for compensation benefits, there are certain things that are necessary for a successful outcome. The following pages will have a discussion of each of them, and how they can be accomplished.

**Informal claims**

The first step to filing a claim for benefits is to inform the Department of Veterans Affairs of the intention to do so. This is known as an informal claim. An informal claim will preserve an effective date for any grant of benefits for up to a year. In other words, a successful claim filed eleven months after an informal claim is documented will be granted as of the date of the informal claim. This can mean thousands of dollars in compensation benefits to the veteran!

An informal claim can consist of nothing more than a phone call to the VA Nationwide toll free number 1-800-827-1000 and stating the intention to file a claim for benefits. A better option is to file a written notice via VA Form 21-4138 (a general statement form) with the VA, stating the intention to file, and what benefit the veteran is seeking (i.e. compensation for a left knee condition). The 21-4138 can be obtained through a veteran’s service officer or online at [http://www.va.gov/vaforms](http://www.va.gov/vaforms), as can any other VA form sought. The application can be submitted electronically via the VONAPP program at [www.va.gov](http://www.va.gov) or via mail to the nearest VA Regional Office. The address of the Regional Office in the veteran’s area can be found using the locator function at the [www.va.gov](http://www.va.gov) website.

**Proof of Service**

Any claim with the Department of Veterans Affairs requires documentation of service. No claim can begin unless the veteran can provide proof of active duty service. For most this proof is via a DD 214. The DD 214 identifies the veteran and lists the dates of service, duty stations, overseas service, medals and awards, educational accomplishments, rank, service number (prior to 1970), date and place of birth, character of discharge and whether the veteran received wounds as a result of combat. There is a long form and a short form of the DD 214. The long form is the document that the VA requires. This form specifically cites the character of service (i.e. honorable, general, etc.). Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, NAVPERS 553, NAVMC 78PD, and the NAVCG 553.

For most claims, the DD214 alone is not enough. Every service member should have a copy of his or her entire military record. This includes both the medical and personnel records. If not already in their possession, the veteran can obtain these records through the National Personnel Records Center in St. Louis via Standard Form 180. Standard Form 180 can be obtained from any Veterans Service Officer or online at [www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records). The form can be filed electronically or sent via mail to:

**National Personnel Records Center**

1 Archives Drive

St. Louis, Missouri 63138

When filling out the Standard Form 180, ensure that an undeleted report of separation is requested. This will make certain that the character of discharge is displayed on the document.

Please note that the records repository experienced a major fire in 1973 which led to the loss of thousands of military personnel and medical records. The records repository will attempt to reconstruct the records if this was the case, but not all attempts will be successful. The veteran may have to rely on other means to document his or her service.

For example, if compensation is requested as a result of a specific incident which may not be documented in personnel or medical records, morning reports, ships logs, roster reports, casualty reports can also be requested for specific time frames via Standard Form 180. In general, this type of request will take longer to fill than the simple requests for personnel and medical records.

Once proof of service and the military records are obtained, it’s time for the veteran to gather necessary evidence to support his claim for benefits.

The periods of war associated with VA benefits are as follows:

- World War II. December 7, 1941, through December 31, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service.
● Future dates. The period beginning on the date of any future declaration of war by the Congress and ending on a date prescribed by Presidential proclamation or concurrent resolution of the Congress. (Authority: 38 U.S.C. 101)
● Persian Gulf War. August 1, 1990, through date to be prescribed by Presidential proclamation or law.

These dates are supplied strictly for reference. Compensation benefits are available to wartime and peacetime era veterans.

Records Review

A claim for compensation requires documentation that a disability is related to the veteran’s military service directly, presumptively, via aggravation of a preexisting condition, or secondary to an already service connected disability. Many veterans feel that their current medical records will suffice to document a disability and, when compared to their service medical records, the claim will be granted. In rare occurrences this may be true, but most will find it’s not quite that easy!

As an example, we shall propose the veteran sustained a severe back strain on active duty for which he sought treatment. X-rays were negative so medical personnel treated the back with heat, massage and pain medication. After several weeks of continued treatment the pain decreased and the veteran returned to full duty. Twenty years later, after thousands of dollars of chiropractic treatment and numerous prescriptions for pain killers, the veteran feels that his current back pain is a result of the incident in service. He obtains his chiropractic records, and submits them with a claim for benefits, secure in the knowledge that his service medical records will document the previous injury in service, and the benefits will be granted!

The veteran submits to a VA examination and six months later receives his decision. To his dismay, the claim has been denied. The narrative of the decision explains that, while the veteran was treated in service for a back condition, the injury in service was acute and transitory in nature, and completely resolved prior to discharge. The veteran has provided proof of a current back condition, but no relationship was established between the previously mentioned injury in service and the current disability. The examiner has rendered an opinion that there is no relationship between the current back condition and the injury in service. The veteran is then informed of his right to appeal the decision. Case closed!

The previous example happens thousands of times a year throughout the country, yet can be completely avoided with some relatively simple preparation:

● Upon receipt of service medical records, the veteran should determine what the claimed disabilities are, and review the records thoroughly. He or she should then document in a separate log the dates of treatment, where it took place, the type of treatment rendered, any medication prescribed and what tests were given, including x-rays, MRIs, EKGs etc. The veteran should also document the events leading up to the injury. Was it during the accomplishment of regular duties, physical training, an off base incident, a physical altercation, a sporting event, a motor vehicle accident, as a result of combat, etc.? Any type of medical treatment given off base should also be documented.

Buddy Statements

If the veteran has maintained contact with other service members he or she served with, who know about the injury or condition the veteran is claiming, they should attempt to obtain a “buddy statement” from them in support of the claim. This statement should consist of what was observed as to any incidents witnessed, decrease in performance, physical symptoms, knowledge of treatment or hospitalization, etc.. Speculation as to the cause of the condition in medical terms should be avoided unless the writer is a medical professional.

An acceptable letter would say something like, “I observed Cpl. John Jones get struck by a jeep at Camp Lejeune in March of 1973. I visited him at the base hospital several times over the next month. After his release from the hospital he was on profile and had a noticeable limp on his left side. He was unable to lift more than a few pounds due to the pain in his back. I served with Cpl. Jones until May of 1974 after which he was discharged. His limitations continued for the entire time we served together following the accident.”.
An example of a poorly worded and speculative letter is “I observed John Jones get hit by a jeep in 1973 at Camp Lejeune. He was hospitalized for nearly a month. This is the reason his back hurts today.”. The writer has no basis for his opinion that the current back condition is due to the auto accident in service.

Family members, friends and spouses can also write as to the changes in the veteran either physically or mentally as long as they knew him or her both before, and after, service. Once again, medical speculation should be avoided.

Ensure any “buddy statement” is signed and dated and includes the full name and address of the writer and that the veteran is clearly identified in the narrative of the letter.

Postmarked letters written on active duty can be used to establish the existence of a claimed condition in service, as can newspaper articles or photographs of observable conditions. The veteran must be clearly identified in this type of evidence.

Medical Records

Just as in a court case, the more evidence in the veteran’s favor, the better. The stronger the evidence, the more likely a positive outcome will be the result. Medical evidence in support of any claim for disability is vital. The VA requires the veteran to establish the existence of a disability prior to processing a claim. Normally, the veteran should provide medical documentation of the disability as part of the initial claim package.

VA medical records are available to the Regional Office at any time. The veteran just has to make them aware of the existence of these records. On the VA claim form 21-526, which is the form necessary to file for compensation benefits, the veteran should list the dates of treatment, which VA facility treated him or her, and what specific disability they were seen for. This triggers the VA’s “Duty to Assist” and they will obtain these records and associate them with the claim. VA from 21-526 is obtained from any Veterans Service Officer, or via http://www.va.gov/vaforms

For treatment outside the VA system, VA form 21-4142 is normally used. This is a release of information which will allow the VA to request the medical records from a private physician or hospital. In order to provide a complete medical picture, several 21-4142s may be required.

The objective is to obtain any pertinent medical information available from the date of discharge to the present. If a dozen different medical providers treated the veteran for the claimed conditions, then a dozen 21-4142s should be submitted. The form itself is available through a Veterans Service Officer or at http://www.va.gov/vaforms.

In many cases, the veteran is already in possession of pertinent medical records via discharge summaries, treatment notes, prescription forms, etc. This information should be copied and sent to the VA Regional Office, with the veteran’s information clearly displayed on each page of the submission. This will prevent the information from being lost in the VA system, which happens quite often.

Employment records may contain pertinent medical evidence if an initial physical was required for hiring. Many employers require annual physicals as well. The veteran may have to acquire these records on his or her own as form 21-4142 may not be effective in obtaining them.

Many claimants will submit medical information discovered while searching the internet, feeling it describes exactly what is happening to them. This information is very limited in value. The internet is available to everyone, and anyone can render an opinion on any issue. Unfortunately many will take these frivolous opinions as gospel, and submit them as “proof” to the Department of Veteran’s Affairs. This “proof” is then easily discarded by the VA as unsubstantiated and irrelevant. Any internet documents have to be obtained from a reputable source, and should consist of general information regarding studies on progression of disease, secondary complications from medication, effects on the internal systems due to physical disability, etc.

A much better option is for the veteran to take any medical information obtained through internet research and discuss it with his or her physician. This can be valuable in obtaining what is referred to as a “nexus statement”.

Nexus statements

A nexus statement is basically an informed opinion rendered by a medical professional in support of the veteran’s claim. The VA’s standard of proof is fifty/fifty in favor of the veteran. In other words, if all evidence is equal, the tie goes to the veteran. An opinion obtained from a medical professional should, at a minimum, contain the words “at least as likely as not”. Even better is “more likely than not”, or “the
claimed condition is definitely associated with the incident on active duty’. Wording consisting of phrases such as “it is possible” or “it could be” are not considered favorable evidence and should be avoided.

A proper nexus statement is normally rendered by the veteran’s treating physician, one who has known the veteran for several years, and is familiar with the veteran’s claimed conditions. The veteran may also seek the assistance of a specialist in the field, with credentials that the Department of Veteran’s Affairs would find extremely hard to dismiss. A nexus statement can also be obtained from other medical professionals such as nurses, psychologists, chiropractors, mental health counselors, audiologists, physician’s assistants, and dental technicians, as long as the claimed condition deals with the specialty they are trained in. It doesn’t make sense for a dental technician to render an opinion on a mental health condition, as the VA would not consider them an expert in the field. A veterans service officer may also be helpful in establishing the acceptable format for a nexus. Once a template is written, the medical professional will have a guide for his or her opinion statement.

Once it is determined which medical professional will be approached for the nexus statement, all of the research previously accomplished now comes in to play. The medical professional should be provided with the pertinent pages of the service medical records pertaining to the disability, any other medical records from VA or civilian facilities, the written log of the history and progression of the condition, and any internet research which is relevant to the claim. It is extremely important that this material is reviewed by the medical professional, and any opinion rendered state that he or she has performed this review, with a list of the material provided to them. The reason it is so important is that the rating specialist who will be deciding whether to grant compensation will be inclined to take the word of the VA examiner who will also render an opinion. The ratings specialist will dismiss the opinion rendered in the nexus statement because the VA examiner had reviewed the claims file, including the service medical records, and the medical professional associated with the nexus statement based his or her opinion on the history provided by the veteran. By ensuring that service medical records and post discharge medical information were reviewed and stating that the medical professional has done so, the ratings specialist cannot easily ignore the nexus statement. A favorable outcome will be more likely with the evidence reviewed by the medical professional properly documented.

At this point it should be mentioned that any statement obtained in support of the claim from a doctor or other medical professional may come with a required fee for services. Many veterans will state that they simply cannot afford this fee, and give up any attempt for this type of evidence. There is an old saying that “in order to make an omelet you need to break a few eggs” which applies in this situation. The question the veteran needs to ask him or herself is, “For the money this opinion will cost me, what is the possible reward?” Remember, VA compensation is a monthly benefit, which is generally paid for the rest of the veteran’s lifetime. A fee of several hundred dollars paid for a favorable nexus statement could lead to thousands of dollars over the coming years. There are, of course, no guarantees that the VA will grant compensation benefits, but if the nexus statement will “put the veteran over the top”, it will be worth it in the long run.

The veteran also has the option of requesting a nexus opinion from a VA physician. It is entirely up to that physician if they will write such a statement, but no harm comes from asking. If a VA physician renders a favorable opinion, it will come at no cost to the veteran.

Once the medical professional has reviewed the veteran’s records, the opinion should be rendered after stating how long the individual has been treating the veteran for the claimed condition, any symptoms and secondary conditions associated with the disability, occupational, recreational and social problems caused by the condition, and any special restrictions placed on the veteran (i.e. diet, wearing a brace, cannot drive, etc.). Any x-ray, MRI, EKG or other specialized tests should be documented and the diagnosis stated. Finally, the incident or treatment in service should be specifically cited, and the relationship between the current condition and the veteran’s military service related with the minimum standard of “at least as likely as not” (i.e. the veteran’s current lumbar spine condition is at least as likely as not due to the automobile accident at the Alameda Naval Air Station is March of 1974). The reason and basis for the medical opinion should be specifically stated in the nexus, (i.e. the veteran was treated at the base hospital for a separated left shoulder as a result of a training accident at Fort Ord in 1965. A physical examination and x-ray evidence show severe arthritic changes at the site of the previous injury). Any additional medical reference material used in arriving at the opinion rendered should be specifically cited in the conclusion of the narrative.

The medical professional’s name, address and credentials should be clearly stated on the page, and the veteran’s name and claim number/
It is important to note that a nexus statement for a psychiatric condition will take a different format. In addition to noting the veteran's history, the medical professional must render a diagnosis (PTSD, Dysthmic Disorder, Depression, Schizophrenia, etc.) and include a global assessment of functioning (GAF). This is a comparison of the social and occupational functionality of the veteran compared to the “normal” person. A typical GAF score for a veteran with Post Traumatic Stress Disorder will run somewhere in the range of 40-65. The Department of Veterans Affairs does not rate the veteran’s disability strictly on the GAF, but it does play a huge part in the final outcome of the claim. The diagnosis of the condition is essential. A VA examiner typically spends fifteen minutes to half an hour with the veteran during the examination. This is simply not enough time to establish the existence of the claimed disorder, and certainly not enough time to assess the impact of the disability on the veteran’s social and occupational activities. Relying on the compensation and pension examination for diagnosis of a claimed mental condition is futile. Time should be spent with a competent mental health professional who will take the time to properly assess and diagnose the veteran’s psychiatric disability.

What type of conditions can be claimed?

The first time a claim for disability compensation is filed with the Department of Veterans Affairs, the veteran must submit VA Form 21-526. Normally, assistance would be sought through a Veteran’s Service Officer accredited with the VA. If the veteran decides to forego this type of help and go it alone, Form 21-526 can be found online at [http://www.va.gov/vaforms](http://www.va.gov/vaforms).

The option to file the application for benefits online is available through the VONAPP program at [www.va.gov](http://www.va.gov), or the claim can be directly mailed to the regional office, but assistance with the claim is highly recommended. Veterans should take the time to sit down with a Veteran’s Service Officer and discuss what conditions should be claimed. This can prevent problems with the claim as the process moves forward.

Certain conditions are not considered disabilities by the Department of Veterans Affairs. Examples include high cholesterol, alcoholism, substance abuse, tobacco addiction, decrease in vision due to aging, genetic conditions and personality disorders. There is little point in filing for a disability which has no chance of being granted. The veteran should concentrate on those conditions which led to some of the disabilities previously listed. In many cases, veterans with psychiatric conditions developed addiction to tobacco, alcohol and controlled substances due to “self medication”. Certain genetic conditions may have been aggravated by the veteran’s service, such as spondylosis of the back. Vision problems may possibly be related to diabetes. Personality disorders in service may have been misdiagnosed (during the period 1940-1980 it seems every psychiatric problem in the military was a personality disorder), and a claimable condition such as schizophrenia or post traumatic stress disorder may be the true diagnosis. The objective of the claim is to have a favorable decision no matter the path taken to establish a condition as service connected.

There are five different methods to obtain service connection for a claimed condition, each of which will be discussed in detail in the following pages.

**Direct Service Connection**

The most common means of establishing disability compensation for a claimed condition is “Direct service connection”. This simply means that the disability was incurred on active duty and continues to affect the ability to obtain and maintain employment now. In most, but not all, cases, treatment was rendered at base or field medical facilities and service medical records reflect any medical diagnosis.

Basically, any condition which was not labeled as “acute” is subject to direct service connection. Some common examples would include residuals of gunshot or shrapnel wounds, broken bones, back strain, shoulder separation, knee conditions, pes planus, puncture wounds and cuts requiring sutures, amputations, open and closed head injuries, arthritic conditions, recurrent diseases such as diabetes, cardiovascular disease, pulmonary conditions, malaria, multiple sclerosis, chronic headaches, ulcers, reproductive system disorders, genital conditions, hemorrhoids, various cancers, skin conditions, etc. The key to direct service connection is that the condition was diagnosed or treated while on active duty, and still has residual effects today.

Some conditions may not have been treated on active duty, but can be directly service connected. The most common condition in this category is hearing loss with associated tinnitus (ringing in the ears). Prior to the 1980’s, a veteran was normally given a whisper test upon discharge to
determine any degree of hearing loss. This consisted of the examiner standing about fifteen feet away and whispering to the veteran. If the veteran heard what the individual was saying, he passed! This test was certainly not accurate or scientific in any way. Most veterans are initially afflicted with high frequency hearing loss, which the whisper test did not begin to assess. In point of fact, hearing loss is the most common disability associated with military service.

Other conditions may have been untreated due to combat. Many service members found it “inconvenient” to drop their weapons and run to a field hospital, and in many cases no medic or corpsman was available on the field of battle. The Federal Court of Appeals for Veteran’s Claims (www.uscourts.cavc.gov) has determined that a veteran’s claim for combat injuries must be taken for fact unless that claim is inherently incredible. In other words, if it is conceivable that the injury took place while the veteran was engaged in combat with enemy forces, the claim is considered “well grounded” and the Department of Veterans Affairs must assist with the development of the claim. Further proof need only consist of a medical diagnosis of a current condition, and a relationship established between the combat injury and the current disability. This relationship should be established via a nexus statement as previously discussed.

In some cases, treatment may have occurred at civilian medical facilities. This may have occurred during extended leave periods or while awaiting orders. In those cases, a request for records from those medical facilities (VA Form 21-4142) should be submitted. Police reports and buddy statements also assist in establishing that the claimed disability began during the time period the veteran contends.

It’s important to point out that every claimed condition must have been determined to be in the line of duty. If punitive action (Court Martial, non-judicial punishment, etc.) took place, the injury would normally not be in the line of duty and compensation would be denied. Examples would be injuries in bar scuffles with police involvement, injuries resulting from controlled substance abuse, and fallout from domestic violence. Line of duty determinations are available in the serviceman’s personnel and medical records.

Many veterans develop theories as to why a certain condition must be related to service, and then rely on the VA to prove their theory is correct. This is absolutely the wrong way to go about validating the theory, as the VA will almost certainly deny the claim. If there is no mention of a condition in service medical records, it falls to the veteran to prove the theory is true! The VA will not take the veterans word for it.

An example of application of a theory in obtaining service connection for a disability is as follows:

The veteran was involved in painting a shaft alley onboard a carrier while on active duty. The veteran used an epoxy paint which gave off toxic fumes. Make-shift ventilation was provided as there was no regular ventilation shafts to the compartment. The veteran was provided a respirator to filter the fumes, and a shipmate was to check on him regularly. Several hours later, the veteran is found passed out in the shaft alley, overcome by fumes. He is rushed to sick bay and revived, and returned to duty several hours later. The incident is then all but forgotten.

Several years later, the veteran develops chronic obstructive pulmonary disease (COPD). The veteran does not smoke, has never worked in a hazardous environment, and lives in the country, far from any areas of heavy smog. After thinking back on his experiences, he determines the only incidence of any type of toxic exposure to his lungs was in the shaft alley onboard ship. He files a claim with the VA for his COPD with a detailed statement as to why he should be service connected for the condition. He receives a denial letter six months later, as the condition was not found to have occurred on duty and was not related to service!

Any theory for service connection must be validated with the opinion of at least one medical professional, preferably two or more. There may be scientific studies already in existence which deal with this type of situation, but the evidence must be specific to the veteran’s claim. Remember the rules for service connecting a claim directly are an incident in service (passing out due to toxic fumes), a current condition (COPD), and a relationship shown between the two. The third element of a service connected claim is missing. The veteran may have presented a plausible theory, but there must be at least one nexus statement validating the theory, and a VA examiner is unlikely to do so. The veteran should obtain the nexus prior to submitting a claim for benefits.

The veteran should not be discouraged if the initial claim for service connection based on a theory is denied, even when nexus statements are provided. It may be that the rating specialist feels that they do not have the authority to grant such a claim, as it falls outside of the rules and
Psychiatric conditions

Many psychiatric conditions are considered to be directly service connected despite manifesting years or even decades after service. Examples of these disabilities include post traumatic stress disorder (PTSD), dysthymic disorder, and chronic depression. These are known as acquired psychiatric disorders. In truth, the dysthymic disorder and chronic depression are usually part of the post traumatic stress disorder condition which will be the only condition referred to in the following discussion.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (1994) states:

“The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic Stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person, or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

Common symptoms of post traumatic stress disorder include hyper vigilance, inability to accept authority, anti-social tendencies, panic attacks, sleep disorders, fits of rage, memory loss, night sweats, intrusive thoughts, suicidal thoughts, flattened affect, and many others. Veterans afflicted with PTSD often turn to substance abuse and alcohol addiction to decrease the effects of the condition. This is referred to as self-medication.

Any diagnosis of PTSD should follow the guidelines set forth is DSM IV (Diagnostic and Statistical Manual of Mental Disorders fourth edition by the American Psychiatric Association), found here:

http://www ptsd va gov/professional/pages/dsm iv tr ptsd asp

The elements allowing service connection for post traumatic stress disorder are slightly different than for a standard service connected disability. In order to establish service connection for PTSD the veteran must establish that a traumatic incident (or incidents) happened in service, have a current diagnosis of a psychiatric condition, and have a statement relating the current condition to the incident in service. The incident in service will now be referred to as a “stressor”.

VA Form 21-0781 is used to document a stressor associated with combat, with 21-0781a used to document stressors associated with personal assault or other trauma. VA Form 21-0960P-3, filled out by a medical professional, will help in relating the stressors to a diagnosed condition, (for depression, etc, use form 21-0960P-2).

These forms are available through a veteran’s service officer or at http://www.va.gov/vaforms.

The events used as a stressor must be proven to be factual. Documentation for stressful events in service for those who experienced combat are generally easier to prove than that involving personal assault or other trauma. The receipt of a purple heart, silver star, bronze star with V, combat infantry badge, and various other combat awards is ample proof of the veteran’s participation in stressful events while in service. Personnel records will also document the participation in major battles and campaigns. A review of the DD-214 may show any wounds received in combat and participation in major campaigns as well.

If the veteran is in receipt of a combat award, the 21-0781 will be used to give specifics as to the stressful event or events. In cases where the veteran was wounded and in receipt of a purple heart, the veteran need only refer to the award citation which documents the date, locations and sequence of events associated with the award. Combat situations not involving wounds will require a more detailed explanation of the stressor situation. This would include casualties, enemy action, fear of death or disability due to the situation, feelings of helplessness, fear of capture, and fear of the unknown. The stressor statement should be as detailed as possible. The veteran should first write down his recollection of events, set it aside for a few days and read what has been written. Generally details which were not documented in the initial draft will come to mind, and a more complete description of the events will be possible. A stressor statement should never be rushed. Third, fourth and even fifth drafts are recommended.
There are veterans who feel that talking or writing about the events leading to post traumatic stress disorder will have them regarded as a “wimp”, and somehow less than manly. First of all, none of this information will be made public so no one other than the service officer, mental health professionals and VA rating specialists need know the details. Secondly, the veteran is asking for monthly benefits based on these events. The VA must have a confirmed diagnosis of post traumatic stress disorder in order to grant the benefit, and the diagnosis cannot be rendered unless the stressor statement is revealed to be a true account of events. Unless the details of the stressful situation are revealed, there is no hope of verifying the accuracy of the veteran’s account.

Buddy statements and letters from the time period are also helpful in documenting that a stressful event actually occurred. Pictures may or may not be helpful, as, with the passage of time, it may be hard to identify the veteran’s participation in the event portrayed in the photograph.

A recent change in the law allowing a grant of benefits for PTSD includes the stipulation that if a VA psychiatrist or psychologist accepts the stressor as truthful and factual, the rating specialist should also do so. This allows for an easier path for those who have been treated by VA mental health professionals for months or years prior to filing a claim for the first time. For those who have never sought treatment in the past, the assistance of an outside mental health professional may be required. Unfortunately, the VA psychiatrist or psychologist performing the mental health examination for compensation purposes will spend very little time with the veteran prior to rendering a diagnosis. It is not recommended that the veteran count on the compensation examination for the initial diagnosis of PTSD. In most cases, the diagnosis obtained in that manner will be unsatisfactory.

When no details of the veteran’s participation in stressful events is revealed by the DD 214 or personnel records, it may be necessary to fall back on historical records. The VA will generally acknowledge that anyone stationed in Vietnam will have been subject to rocket or mortar attacks, and most of these attacks are easily verified. Veterans of other wars and conflicts who served in combat zones should have little trouble documenting this type of attack. In addition, many service men were temporarily attached to different units due to needs of the service, with little or no documentation provided. Those temporary transfers often resulted in combat action with the enemy. If the veteran can remember the names of friends or fellow servicemen killed in action, this may also be accepted as a stressful event Anyone who became a prisoner of war after capture by the enemy is entitled to service connection for numerous conditions via presumption, which follows an entirely different set of rules and regulations that will be discussed in later pages. The following websites may be helpful in determining the identities of fellow servicemen who died in action or historical records of individual units:


http://thewall-usa.com/

http://www.globalsecurity.org/military/ops/iraq_casualties.htm

http://www.archives.gov/research/arc/ww2/

As stated earlier, additional information may be obtained from morning reports, ships logs, or casualty reports. Standard Form 180 should be used to initiate a search at the National Records Repository:

www.archives.gov/veterans/military-service-records

When a mental health professional outside of the VA system diagnoses PTSD, he or she must refer back to the stressful situation in service and tie the current PTSD diagnosis, at least in part, to the traumatic event on active duty. If this is not done, the claim has little chance of being granted. The veteran should provide as much information as possible to the psychiatrist/psychologist, including a detailed account of the stressful event. It is recommended that the mental health professional review the information presented on VA Form 21-0781, and any supporting documents prior to rendering a written diagnosis. If possible, a Global Assessment of Functioning Score should also be attached to the written diagnosis. Any diagnosis rendered must meet the criteria set forth in the aforementioned DSM IV.

Those veterans who are afflicted with PTSD due to other types of traumatic events may have trouble obtaining documentation of a stressful incident. In the case of those veterans filing for a psychiatric disorder due to rape or sexual or physical assault, the incident may have gone unreported. This is not unusual, as the victims of this type of attack often did not report anything to authorities due to shame, fear of reprisals, threats of physical...
harm or death, or even transfer in an attempt to cover the incident up entirely. Some assaults may have been perpetrated by the spouse, which raises many other issues including loss of income, thoughts of the children, instances of chronic abuse, and others.

Victims of physical and sexual assault may lend credence to their claim by providing copies of personal evaluations or fitreps showing a decline in performance, medical records with treatment for venereal disease or pregnancy tests, letters to home, buddy statements from friends and coworkers marking a change in behavior or personal knowledge of the event and even police reports showing substance abuse, public drunkenness, etc.

Prior to the establishment of the Federal Court of Appeals for Veteran’s Claims, many of the personal assault PTSD cases were dismissed for lack of evidence. The Court’s actions on several of these claims heightened the VA’s duty to assist the claimant, and increased their attention to the sensitive nature of these particular cases. Some proof will always be necessary, but the testimony of the veteran in assault cases is always factored in heavily when the decision is made. VA Form 21-0781a should be submitted with this type of case via a service officer or obtained at [http://www.va.gov/vaforms](http://www.va.gov/vaforms).

Other claims for PTSD may involve participation in events such as natural disasters, terrorist attacks, quelling civil unrest, motor vehicle or airline accidents and participation in police actions. These type of claims have stressors which are generally easily verified through newspaper articles, television recordings, police reports, personnel records, and service medical records. In many instances a simple internet search will provide all of the evidence needed to verify a stressor in this type of case.

Some claimants have filed for depression based on simply experiencing failure to adjust to military life, hazing, conscientious objector status, sexual orientation, domestic situations, or inability to meet military fitness standards. This type of claim is difficult, but not impossible to pursue. The key to success is in the mental health professional’s assessment. A well written statement accompanying a diagnosis will greatly enhance the veteran’s chances of a successful outcome. The veteran should include any written evidence such as evaluations, fitreps, discipline write ups, non-judicial punishment or court martials, counseling reports via the chaplain or a military psychiatrist, statements from friends and family comparing the veteran’s personality before and after service, and buddy statements from fellow service members. A stressor statement is not part of this type of claim, as there is no specific action or incident causing the condition, but the entire military experience.

Please note the discussion of acquired psychiatric conditions above does not include those conditions which were diagnosed and treated on active duty, only those that developed years later. Psychiatric conditions treated on active duty are claimed following the guidelines for simple direct service connected claims. The development of psychiatric disorders due to the lifestyle changes brought about by service connected disabilities, and not by the military experience itself, are service connected as secondary to the service connected disability as discussed in the next section. How a mental condition is related to service is important in obtaining a successful outcome to the claim.

Secondary Service Connection

Secondary service connected claims refer to those conditions that developed due to a previously service connected condition (or one that will be service connected).

For example, a veteran is afflicted with diabetes on active duty, but treatment consists of pills to control his or her glucose level and no other symptoms are present while in the military. Three years after active duty, the veteran is placed on insulin. Three years after that, the veteran developed neuropathy (loss of feeling) in the lower extremities. Several years later, the diabetes brings about a heart condition, loss of use of the creatine organ and loss of kidney function. At age sixty, the veteran experiences severe retinopathy and goes blind. At age sixty-five, the left leg is amputated due to sores becoming gangrenous.

In the above example, the veteran can directly service connect only the diabetes, which was treated in service. However the natural progression of the disease brought about the neuropathy, heart, renal, and reproductive conditions, and eventually led to the amputation and blindness. All of these conditions are subject to service connection as secondary to the diabetic affliction. It is important to point out that the conditions other than the diabetes are service connected to the diabetes on VA Form 21-526. Otherwise, the rating specialist could deny the secondary conditions as not found in the service medical records. It might be argued that common sense would dictate that secondary conditions should be automatically granted once the primary condition is service connected,
but rating specialists are not doctors, and are no allowed to make medical determinations on their own. The claim should always spell out exactly what the veteran is claiming, and how it is related to service, or, in this case, how it is related to the service connected primary condition.

Secondary service connection can occur in many different ways, some of which might not be readily apparent. Suppose the veteran has been placed on steroids for an extended time due to a chronic skin or joint condition. After many years, the veteran may develop an ulcer condition or diabetes as a result of constant steroid use. Worse, the veteran may have masked a serious heart or liver condition because of the steroids. Simply going to the dentist can trigger infections in the bodily systems which the immune system can no longer fight due to the use of steroids. An endocarditis (invasive vegetative growth) of the heart valves could result, with a heart attack to follow.

Glaucoma may eventually lead to total blindness, and will eventually cause some vision loss under the best of circumstances.

Constant use of strong pain killers for service connected conditions can cause deterioration of the liver over time. Some veterans are reduced to hoping for a liver transplant as the liver may be irreparably harmed due to this type of medication.

The veteran may have a severe knee condition due to service, and have developed a constant limp over the years. Eventually, the knee on the other leg may suffer damage due to overcompensating for the service connected knee. The back may have suffered damage due to the awkward gait of the veteran, and foot and toe problems may develop from using only one part of the foot for weight bearing.

Amputation of any limb will cause uneven blood flow through out the body, which forces the heart to work differently. Eventually cardiovascular problems may result, which could be service connected secondary to the amputated limb.

Any serious service connected condition may result in chronic depression due to lifestyle changes forced on the veteran by the disability. The most common instances of a service connected condition resulting in depression are loss of use of a reproductive organ (whether physical loss, erectile dysfunction, hysterectomy, penile deformation, etc.), heart conditions, or amputations. Facial scarring and cancers can also lead to depression in many cases.

Closed head injuries may lead to chronic headaches, vision problems and tinnitus. Some may even lead to loss of motor function and memory loss.

There has been some success service connecting heart conditions secondary to post traumatic stress disorder. Unfortunately, there is a great deal of resistance to this type of claim. The scientific community disagrees on whether chronic stress can be the cause of a cardiovascular problem and this is reflected in the ratings issued by the VA. This type of claim is normally won through the appellate process.

The key to establishing service connection for a condition secondary to a service connected disability is to establish service connection for the primary condition, and have the relationship between the primary and secondary conditions stated, in writing, by a medical professional. The veteran should never assume that the VA will service connect a secondary condition because “everybody knows that, if you have this condition, this other condition is related to it.”. “Everybody knows” is not a valid reason for granting a benefit! The assigned rating technician will want medical verification that the claimed condition is related to the primary condition. The veteran should take the time to obtain a doctor’s statement cementing the relationship between the primary and secondary conditions, and submit it with the claim for benefits.

The bottom line is that if a doctor will relate a secondary condition to a service connected condition, and state the reasons and basis for his opinion, there is a good chance for a successful outcome.

It is also important to note that aggravation of an existing condition may be service connected as secondary to a primary service connected condition. An example of this principle is that the veteran has a damaged knee unrelated to military service. The other knee is service connected. Years of limping due to the service connected knee caused additional damage in the non-service connected condition. The other knee may now be service connected even if the original injury had nothing to do with service. Of course, a doctor’s statement will be necessary to ensure that the VA will acknowledge the worsening of the knee due to the service connected condition.

The following website is an excellent resource for the natural progression of chronic diseases and how secondary conditions may be related to a
Service connected condition. It will also delineate the secondary effects of common prescribed drugs:

www.merckmanuals.com/professional/index.html

Civilian treatment records are important to a claim for secondary service connection, as the VA will want to establish that the secondary condition began after the primary service connected condition was first diagnosed. Many claims on a secondary basis have been denied due to treatment for the condition occurring years before the primary condition was noted.

Service Connection by Aggravation of a Pre-existing Disability

A veteran who has had active, continuous service of six months or more is considered to have been in sound condition when he or she was examined accepted and placed on active duty except for those defects, disorder and infirmities noted during that examination, or where medical evidence establishes the an injury or disease preexisted service.

A preexisting injury or disease will be considered to have been aggravated by active military service where there is an increase in the disability during service unless it is found that the increase in disability is due to the natural progress of the disease.

The usual effects of medical and surgical treatment in service used in treating a preexisting condition will be precluded from service connection, including expected postoperative scars and poorly functioning limbs and organs.

The aggravation of a preexisting condition simply means the condition was noted on the entrance examination and got worse during service.

An example would be as follows:

The veteran injured his left knee while playing football his senior year in high school. Arthroscopic surgery was performed, and the veteran made a full recovery. He enlisted after graduation from high school and went to Army basic training. After basic training, the veteran attended his service school, and four months later was assigned to his unit. While performing his physical training, the left knee suddenly gave out, requiring an additional arthroscopic surgery when x-rays found bone fragments in the joint. The veteran developed a slight limp, and never regained full range of motion in the left knee. In addition, the knee occasionally gave out during the rest of his term of service.

In the example described above, the veteran’s knee condition was noted on his entrance examination. He had full range of motion, with no pain or discomfort, and the knee was stable under all conditions. After discharge he was afflicted with restricted range of motion in the knee, wore a flexible knee brace, had occasional instability, and constant low level pain in the joint. A comparison of the left knee when the veteran entered service to the condition of the knee upon discharge reveals significant worsening of the pre-existing left knee condition. The veteran’s left knee should be rated at a minimum of twenty percent due to aggravation.

Helpful documentation in aggravation cases would include surgical and follow up reports from prior to service, letters from the family doctor regarding the veteran’s condition before and after service, and letters from friends and family attesting to the change in the degree of disability.

In a bit of subterfuge, the military would often have the veteran sign a letter stating that a condition existed prior to service, so that he or she could be discharged administratively. Many times this was after years of service! This statement means very little as the veteran was, in most cases, not a medical professional. This was done mainly to prevent having to pay severance pay, or retiring the veteran medically. Unfortunately, many veterans felt that there was no point in ever filing a claim with the VA for disability benefits, as they had already admitted that the condition began prior to service. If the veteran aggravated a condition in service, no matter the time spent on active duty, a claim should be filed for that aggravation, regardless of whether the veteran signed any type of admission that the condition pre-existed service. If the condition was not found on the veteran’s entrance examination, a claim should be filed for direct service connection as previously discussed, and, failing that, aggravation of the condition while on active duty. It doesn’t matter how a successful outcome is reached, only that service connection is granted for the condition.

As with every other claim for benefits, VA Form 21-526 is required, accompanied by the DD214, a nexus statement from a doctor, and proof of treatment in service. Also included should be statements from friends and family attesting to the severity of the condition before and after service. If available, and medical records regarding the severity of the condition prior to service should be submitted as well.

Service connection via presumption

Presumptive service connection is quite simple. Scientific studies have
shown that exposure to certain chemical, biological or radioactive agents will result in a higher incidence of specific types of diseases or other conditions. If the veteran meets the exposure criteria, and has a compensable condition listed as a presumptive disability, service connection will be granted.

Every claim for a presumptive condition should be accompanied by medical records or a release form via VA Form 21-4142, available at www.va.gov/vaforms, which will prove the existence of the claimed condition. It is also imperative that proof of the presumptive criteria for that particular disability is met. (for example Vietnam veterans must have set foot in Vietnam or been a brown water sailor, radiation risk activities must be shown for those conditions associated with radiation exposure, etc.). As with any other type of claim for service connection, it pays to obtain a copy of the service medical records and personnel records. Most required proof of the criteria for presumptive conditions will be found in those documents.

This section will be the largest by far, as each disability related to a specific type of exposure will be listed. Each veteran should search the list for his or her specific disability that matches the exposure criteria. The complete list of these disabilities is found in the Code of Federal Regulations (http://www.gpoaccess.gov/cfr/), and is reproduced in the following pages:

Chronic Diseases subject to presumptive service connection.

The following diseases shall be granted service connection although not otherwise established as incurred in or aggravated by service if manifested to a compensable degree within the applicable time limit of one year following service in a period of war or following peacetime service on or after January 1, 1947.

- Anemia, primary.
- Arteriosclerosis.
- Arthritis.
- Atrophy, Progressive muscular.
- Brain hemorrhage.
- Brain thrombosis.
- Bronchiectasis.
- Calculi of the kidney, bladder, or gallbladder.
- Cardiovascular-renal disease, including hypertension. (This term applies to combination involvement of the type of arteriosclerosis,
Tropical diseases. The following diseases shall be granted service connection as a result of tropical service, although not otherwise established as incurred in service if manifested to a compensable degree within the applicable time limit of one year following service in a period of war or following peacetime service.

- Amebiasis.
- Blackwater fever.
- Cholera.
- Dracontiasis.
- Dysentery.
- Filariasis.
- Leishmaniasis, including kala-azar.
- Loiasis.
- Malaria.
- Onchocerciasis.
- Oroya fever.
- Pinta.
- Plague.
- Schistosomiasis.
- Yaws.
- Yellow fever.
- Resultant disorders or diseases originating because of therapy administered in connection with such diseases or as a preventative measure.

Diseases specific as to former prisoners of war.

If a veteran is a former prisoner of war, the following diseases shall be service connected if manifest to a degree of disability of 10 percent or more at any time after discharge or release from active military, naval, or air service even though there is no record of such disease during service.

- Psychosis.
- Any of the anxiety states.
- Dysthymic disorder (or depressive neurosis).
- Organic residuals of frostbite, if it is determined that the veteran was interned in climatic conditions consistent with the occurrence of frostbite.
- Post-traumatic osteoarthritis.
- Atherosclerotic heart disease or hypertensive vascular disease (including hypertensive heart disease) and their complications (including myocardial infarction, congestive heart failure, arrhythmia).
- Stroke and its complications.
- On or after October 10, 2008, Osteoporosis, if the Veteran establishes service connection for posttraumatic stress disorder.

If the veteran is a former prisoner of war and was interned or detained for not less than 30 days, the following diseases shall be service connected if manifest to a degree of 10 percent or more at any time after discharge or release from active military, naval, or air service even though there is no record of such disease during service.

- Avitaminosis.
- Beriberi (including beriberi heart disease).
- Chronic dysentery.
- Helminthiasis.
- Malnutrition (including optic atrophy associated with malnutrition).
- Pellagra.
- Any other nutritional deficiency.
- Irritable bowel syndrome.
- Peptic ulcer disease.
- Peripheral neuropathy except where directly related to infectious causes.
- Cirrhosis of the liver.
- On or after September 28, 2009, Osteoporosis.

Diseases specific to radiation-exposed veterans.

The diseases listed in this section shall be service-connected if they become manifest in a radiation-exposed veteran.

- Leukemia (other than chronic lymphocytic leukemia).
- Cancer of the thyroid.
- Cancer of the breast.
- Cancer of the pharynx.
- Cancer of the esophagus.
- Cancer of the stomach.
- Cancer of the small intestine.
- Cancer of the pancreas.
- Multiple myeloma.
- Lymphomas (except Hodgkin’s disease).
- Cancer of the bile ducts.
- Cancer of the gall bladder.
- Primary liver cancer (except if cirrhosis or hepatitis B is indicated).
- Cancer of the salivary gland.
- Cancer of the urinary tract.
- Bronchiolo-alveolar carcinoma.
- Cancer of the bone.
● Cancer of the brain.
● Cancer of the colon.
● Cancer of the lung.
● Cancer of the ovary.

Note: The term urinary tract means the kidneys, renal pelves, ureters, urinary bladder, and urethra.

The term radiation-exposed veteran means either a veteran who, while serving on active duty, or an individual who while a member of a reserve component of the Armed Forces during a period of active duty for training or inactive duty training, participated in a radiation-risk activity.

The term radiation-risk activity means:

● Onsite participation in a test involving the atmospheric detonation of a nuclear device.
● The occupation of Hiroshima or Nagasaki, Japan, by United States forces during the period beginning on August 6, 1945, and ending on July 1, 1946.
● Internment as a prisoner of war in Japan (or service on active duty in Japan immediately following such internment) during World War II which resulted in an opportunity for exposure to ionizing radiation comparable to that of the United States occupation forces in Hiroshima or Nagasaki, Japan, during the period beginning on August 6, 1945, and ending on July 1, 1946.
● Service in which the service member was, as part of his or her official military duties, present during a total of at least 250 days before February 1, 1992, on the grounds of a gaseous diffusion plant located in Paducah, Kentucky, Portsmouth, Ohio, or the area identified as K25 at Oak Ridge, Tennessee, if, during such service the veteran:

  ● Was monitored for each of the 250 days of such service through the use of dosimetry badges for exposure at the plant of the external parts of veteran’s body to radiation; or
  ● Served for each of the 250 days of such service in a position that had exposures comparable to a job that is or was monitored through the use of dosimetry badges; or
  ● Service before January 1, 1974, on Amchitka Island, Alaska, if, during such service, the veteran was exposed to ionizing radiation in the performance of duty related to the Long Shot, Milrow, or Cannikin underground nuclear tests.
  ● The term “day” refers to all or any portion of a calendar day.
  ● Service in a capacity which, if performed as an employee of the Department of Energy, would qualify the individual for inclusion as a member of the Special Exposure Cohort under section 3621(14) of the Energy Employees Occupational Illness Compensation Program Act of 2000.

  ● The term atmospheric detonation includes underwater nuclear detonations.

The term onsite participation means:

● During the official operational period of an atmospheric nuclear test, presence at the test site, or performance of official military duties in connection with ships, aircraft or other equipment used in direct support of the nuclear test.
 ● During the six month period following the official operational period of an atmospheric nuclear test, presence at the test site or other test staging area to perform official military duties in connection with completion of projects related to the nuclear test including decontamination of equipment used during the nuclear test.
 ● Service as a member of the garrison or maintenance forces on Eniwetok during the periods June 21, 1951, through July 1, 1952, August 7, 1956, through August 7, 1957, or November 1, 1958, through April 30, 1959.
 ● Assignment to official military duties at Naval Shipyards involving the decontamination of ships that participated in Operation Crossroads.

For tests conducted by the United States, the term operational period means:

● For Operation TRINITY the period July 16, 1945 through August 6, 1945.
● For Operation CROSSROADS the period July 1, 1946 through August 31, 1946.
● For Operation SANDSTONE the period April 15, 1948 through May 20, 1948.
● For Operation RANGER the period January 27, 1951 through February 6, 1951.
● For Operation GREENHOUSE the period April 8, 1951 through June 20, 1951.
● For Operation BUSTER-JANGLE the period October 22, 1951 through December 20, 1951.
● For Operation TUMBLER-SNAPPER the period April 1, 1952 through June 20, 1952.
For Operation IVY the period November 1, 1952 through December 31, 1952.
For Operation UPSHOT-KNOTHOLE the period March 17, 1953 through June 20, 1953.
For Operation CASTLE the period March 1, 1954 through May 31, 1954.
For Operation TEAPOT the period February 18, 1955 through June 10, 1955.
For Operation WIGWAM the period May 14, 1955 through May 15, 1955.
For Operation REDWING the period May 5, 1956 through August 6, 1956.
For Operation PLUMBBOB the period May 28, 1957 through October 22, 1957.
For Operation HARDTACK I the period April 28, 1958 through October 31, 1958.
For Operation ARGUS the period August 27, 1958 through September 10, 1958.
For Operation HARDTACK II the period September 19, 1958 through October 31, 1958.
For Operation DOMINIC I the period April 25, 1962 through December 31, 1962.
For Operation DOMINIC II/ PLOWSHARE the period July 6, 1962 through August 15, 1962.
The term occupation of Hiroshima or Nagasaki, Japan, by United States forces means official military duties within 10 miles of the city limits of either Hiroshima or Nagasaki, Japan, which were required to perform or support military occupation functions such as occupation of territory, control of the population, stabilization of the government, demilitarization of the Japanese military, rehabilitation of the infrastructure or deactivation and conversion of war plants or materials.
Former prisoners of war who had an opportunity for exposure to ionizing radiation comparable to that of veterans who participated in the occupation of Hiroshima or Nagasaki, Japan, by United States forces shall include those who, at any time during the period August 6, 1945, through July 1, 1946:
- Were interned within 75 miles of the city limits of Hiroshima or within 150 miles of the city limits of Nagasaki, or
- Served immediately following internment in the areas of Japan involved in atomic blasts or were repatriated through the port of Nagasaki.

Disease associated with exposure to certain herbicide agents.

If a veteran was exposed to an herbicide agent during active military, naval, or air service, the following diseases shall be service-connected if the veteran served in country Vietnam during the Vietnam war period (to include brown water sailors), or on or near the DMZ in Korea during the period April 1, 1968 to 31 August 1971, even though there is no record of such disease during service. The veteran must be able to prove that he or she set foot on land in Vietnam, or was a brown water sailor, through river travel or anchoring in harbors within a short distance of land. There is one exception, which is non-hodgkins lymphoma. Compensation for non-hodgkins lymphoma may be obtained by blue water sailors who were in the surrounding coastal waters of Vietnam.

For those who feel that they may fall in the category of “brown water sailor” the VA maintains a list of U.S. Navy and Coast Guard ships associated with military service in Vietnam and possible exposure to Agent Orange based on military records. This evolving list helps Veterans who served aboard ships find out if they may qualify for presumption of herbicide exposure.

The list is found here - http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp

Presumptive conditions associated with herbicide exposure are:
- AL amyloidosis
- Chloracne or other acneform disease consistent with chloracne
- Type 2 diabetes (also known as Type II diabetes mellitus or adult-onset diabetes). Form 21-0960E-1 should be used to document this condition (www.va.gov/vaforms).
- Hodgkin’s disease
- Ischemic heart disease (including, but not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal’s angina) Form 21-0960A should be used to document this condition (www.va.gov/vaforms)
- All chronic B-cell leukemias (including, but not limited to, hairy-cell leukemia and chronic lymphocytic leukemia) VA form 21-0960b should be used to document the existence of this condition. (www.va.gov/vaforms)
- Multiple myeloma
- Non-Hodgkin’s lymphoma
- Parkinson’s disease. VA form 21-0960b should be used to document the existence of this condition (www.va.gov/vaforms)
- Acute and subacute peripheral neuropathy
- Porphyria cutanea tarda
- Prostate cancer. VA Form 21-0960j-3 should be used to document this condition (www.va.gov/vaforms).
- Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi’s sarcoma, or mesothelioma)

The term soft-tissue sarcoma includes the following:
- Adult fibrosarcoma
- Dermatofibrosarcoma protuberans
- Malignant fibrous histiocytoma
- Liposarcoma
- Leiomyosarcoma
- Epithelioid leiomyosarcoma (malignant leiomyoblastoma)
- Rhabdomyosarcoma
- Ectomesenchymoma
- Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
- Proliferating (systemic) angioendotheliomatosis
- Malignant glomus tumor
- Malignant hemangiopericytoma
- Synovial sarcoma (malignant synovioma)
- Malignant giant cell tumor of tendon sheath
- Malignant schwannoma, including malignant schwannoma with rhabdomyoblastic differentiation (malignant Triton tumor), glandular and epithelioid malignant schwannomas
  - Malignant mesenchymoma
  - Malignant granular cell tumor
  - Alveolar soft part sarcoma
  - Epithelioid sarcoma
  - Clear cell sarcoma of tendons and aponeuroses
  - Extraskeletal Ewing’s sarcoma
  - Congenital and infantile fibrosarcoma
  - Malignant ganglioneuroma

The term acute and subacute peripheral neuropathy means transient peripheral neuropathy that appears within weeks or months of exposure to an herbicide agent and resolves within two years of the date of onset.

The term ischemic heart disease does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.

Many veterans are confused as to what ischemic heart disease is. The following is the definition and description of ischemia from the Online Medical Dictionary (http://medical-dictionary.thefreedictionary.com/ischemia).

- Ischemia is an insufficient supply of blood to an organ, usually due to a blocked artery.
- Myocardial ischemia is an intermediate condition of coronary artery disease in which the heart tissue is slowly or suddenly starved of oxygen and other nutrients. Eventually, the affected heart tissue will die. When blood flow is completely blocked to the heart, ischemia can lead to a heart attack. Ischemia can be silent or symptomatic. According to the American Heart Association, up to four million Americans may have silent ischemia and be at high risk of having a heart attack with no warning.
- Symptomatic ischemia is characterized by chest pain called angina pectoris. The American Heart Association estimates that nearly seven million Americans have angina pectoris, usually called angina.
  - Angina occurs more frequently in women than in men, and in blacks and Hispanics more than in whites. It also occurs more frequently as people age—25% of women over the age of 85 and 27% of men who are 80-84 years old have angina.

People with angina are at risk of having a heart attack. Stable angina occurs during exertion, can be quickly relieved by resting or taking nitroglycerine, and lasts from three to twenty minutes. Unstable angina, which increases the risk of a heart attack, occurs more frequently, lasts longer, is more severe, and may cause discomfort during rest or light exertion.

Ischemia can also occur in the arteries of the brain, where blockages can lead to a stroke. About 80-85% of all strokes are ischemic. Most blockages in the cerebral arteries are due to a blood clot, often in an artery narrowed by plaque. Sometimes, a blood clot in the heart or aorta travels to a cerebral artery. A transient ischemic attack (TIA) is a "mini-stroke" caused by a temporary deficiency of blood supply to the brain. It occurs suddenly, lasts a few minutes to a few hours, and is a strong warning sign of an impending stroke. Ischemia can also affect intestines, legs, feet and kidneys. Pain, malfunctions, and damage in those areas may result.
Ischemia is almost always caused by blockage of an artery, usually due to atherosclerotic plaque. Myocardial ischemia is also caused by blood clots by (which tend to form on plaque), artery spasms or contractions, or any of these factors combined. Silent ischemia is usually caused by emotional or mental stress or by exertion, but there are no symptoms. Angina is usually caused by increased oxygen demand when the heart is working harder than usual, for example, during exercise or during mental or physical stress. According to researchers at Harvard University, physical stress is harder on the heart than mental stress. A TIA is caused by a blood clot briefly blocking a cerebral artery.

Children of Vietnam veterans conceived after the veteran’s exposure to herbicides who develop spina bifida may be eligible for monthly benefits. The veteran and or child must prove that he or she is the veteran’s child, that they were conceived after the veteran’s exposure to herbicides in Vietnam during the period of the Vietnam War or Korea, and that they have the condition. Children of female Vietnam veterans with certain birth defects may also file for benefits. VA Form 21-0304 (www.va.gov/vaforms) is the proper form to use for the benefit, accompanied by medical information verifying the condition

Amyotrophic Lateral Sclerosis

All veterans who served 90 days or more and who develop Amyotrophic Lateral Sclerosis, known as Lou Gehrig’s Disease, are eligible for compensation for the disability at any time after service. VA Form 21-526 accompanied by medical proof of the disability or medical release form 21-4142 with proof of service (dd214 or equivalent), should be submitted to obtain benefits for this condition. It is also recommended that VA Form 21-2680 and VA Form 21-0960C-2, filled out by a medical professional be submitted with the claim, as special monthly compensation will normally apply in most ALS cases. (www.va.gov/vaforms)

Recent legislation has allowed for any veteran service connected for ALS to be rated one hundred percent. It has been recognized that a life span of five years or less is what the veteran is facing after a diagnosis is rendered. The VA will not need to reexamine the veteran unless it is requested that they do so by the claimant.

Claims based on chronic effects of exposure to mustard gas and Lewisite.

Many veterans who think they were exposed to mustard gas and Lewisite were actually exposed to tear gas, which does not meet the presumptive criteria. Many World War II veterans took part in mustard gas tests, and they will be the vast majority of the claimants under this presumption.

Exposure to the specified vesicant agents during active military service under the circumstances described below together with the subsequent development of any of the indicated conditions is sufficient to establish service connection for that condition:

- Full-body exposure to nitrogen or sulfur mustard during active military service together with the subsequent development of chronic conjunctivitis, keratitis, corneal opacities, scar formation, or the following cancers: Nasopharyngeal; laryngeal; lung (except mesothelioma); or squamous cell carcinoma of the skin.
- Full-body exposure to nitrogen or sulfur mustard or Lewisite during active military service together with the subsequent development of a chronic form of laryngitis, bronchitis, emphysema, asthma or chronic obstructive pulmonary disease.
- Full-body exposure to nitrogen mustard during active military service together with the subsequent development of acute nonlymphocytic leukemia.

Compensation for certain disabilities due to undiagnosed illnesses

The term Persian Gulf veteran means a veteran who served on active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War.

VA will pay compensation to a Persian Gulf veteran who exhibits objective indications of a qualifying chronic disability, provided that such disability:

- Became manifest either during active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War, or to a degree of 10 percent or more not later than December 31, 2011; and
- By history, physical examination, and laboratory tests cannot be attributed to any known clinical diagnosis.

For purposes of this section, a qualifying chronic disability means a chronic disability resulting from any of the following (or any combination of the following):
● An undiagnosed illness;
● The following medically unexplained chronic multisymptom illnesses that are defined by a cluster of signs or symptoms:
  ● Chronic fatigue syndrome;
  ● Fibromyalgia;
  ● Irritable bowel syndrome; or
  ● Any other illness that the VA determines meets the criteria for a medically unexplained chronic multisymptom illness; or
  ● Any diagnosed illness that the VA determines in regulations prescribed under the Code of Federal Regulations warrants a presumption of service-connection.

The term medically unexplained chronic multisymptom illness means a diagnosed illness without conclusive pathophysiology or etiology, that is characterized by overlapping symptoms and signs and has features such as fatigue, pain, disability out of proportion to physical findings, and inconsistent demonstration of laboratory abnormalities. Chronic multisymptom illnesses of partially understood etiology and pathophysiology will not be considered medically unexplained.

Objective indications of chronic disability include both signs, in the medical sense of objective evidence perceptible to an examining physician, and other, non-medical indicators that are capable of independent verification.

Disabilities that have existed for 6 months or more and disabilities that exhibit intermittent episodes of improvement and worsening over a 6-month period will be considered chronic. The 6-month period of chronicity will be measured from the earliest date on which the pertinent evidence establishes that the signs or symptoms of the disability first became manifest.

A chronic disability resulting from an undiagnosed illness shall be rated using evaluation criteria for a disease or injury in which the functions affected, anatomical localization, or symptomatology are similar.

Signs or symptoms which may be manifestations of undiagnosed illness or medically unexplained chronic multisymptom illness include, but are not limited to:

- Fatigue
- Signs or symptoms involving skin
- Headache
- Muscle pain
- Joint pain
- Neurologic signs or symptoms
- Neuropsychological signs or symptoms
- Signs or symptoms involving the respiratory system (upper or lower)
- Sleep disturbances
- Gastrointestinal signs or symptoms
- Cardiovascular signs or symptoms
- Abnormal weight loss
- Menstrual disorders.

Presumptive Service Connection for Southwest Asia and Afghanistan veterans

A disease listed in this section will be service connected if it becomes manifest in a veteran within one year of service.

The diseases subject to presumptive service connection are:

- Brucellosis.
- Campylobacter jejuni.
- Coxiella burnetii (Q fever).
- Malaria.
- Mycobacterium tuberculosis.
- Nontyphoid Salmonella.
- Shigella.
- West Nile virus.
- Visceral leishmaniasis (has no time limit currently associated with it)

The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

Asbestos Exposure

Diseases such as asbestosis, mesothelioma, lung cancer, Chronic Obstructive Pulmonary Disease and fibrosis are not considered presumptive by the Department of Veteran’s Affairs. However, if the veteran can prove the potential of asbestos exposure in service, a claim for direct service connection for the condition would generally be successful. Risk activities for asbestos exposure include lagging preparation and rip out, construction and demolition activities, shipyard work, motor pool work involving brake linings and many others. In
general, the use of asbestos in the military was curtailed in the late sixties and early seventies, but there are still some facilities and ships using asbestos to this day. VA form 21-526, a nexus statement and personnel records are essential in this type of claim. The personnel records must prove a reasonable possibility of asbestos exposure through work activity while on active duty.

**Hepatitis C**

Hepatitis C is another of the semi-presumptive conditions. If the veteran can prove either an infection to hepatitis A or B in service (or hepatitis non A or B), or significant risk activities, including transfusions, combat injuries, occupational risk of blood to blood transfer (corpsman, medic, doctor) and even unprotected sex, a case may be made for the service connection of the condition. Hepatitis C can take decades to make its presence known, and no test was developed until the late 80’s. The veteran should file a claim if any of the risk factors can be proven through medical records, personnel records, buddy statements, etc. It is service connected on a direct basis due to direct blood to blood contact in service, but is presumptive due to the extreme length of the incubation period, and the inability to identify the disease until long after the initial exposure.

**Claims for exposure to contaminated drinking water at Camp LeJeune and other locations**

At least two of the water treatment facilities supplying drinking water to the Camp LeJeune marine base were contaminated with volatile organic compounds.

During the period 1957 to 1987 the level of perchoroethylene in the base drinking water exceeded current acceptable levels.

A study by the Department of Health and Human Service Agency for Toxic Substances and Disease Registry began a study in 2005 which suggests evidence of an association between chronic exposure of perchoroethylene and the following:

- Kidney cancer
- Esophageal cancer
- Bladder cancer
- Breast Cancer
- Lung Cancer

If a veteran is afflicted with any of the above disabilities, and was stationed at Camp LeJeune at any time during the period 1957 to 1987, he or she should file a claim for service connected compensation via VA form 21-526 (www.va.gov/ vaforms), accompanied by proof of the disability or a medical release (VA form 21-4142). The veteran should specifically state that the condition is due to exposure to contaminated drinking water at the Camp. Several more conditions may have an association with the contaminated water at this location and should be filed for once a diagnosis is rendered, even if not listed above.

Studies are also underway to determine the effects on the veteran’s dependents, including unborn children. More information on these studies is available at www.marines.mil/clsurvey/index/html.

There are currently studies of possible contaminated drinking water at other base locations. More information on these surveys and scientific studies may be found at www.va.gov.

**A word about traumatic brain injury (TBI)**

Traumatic Brain Injury has received a great deal of attention in the last two years and is now one of the predominant types of injuries reported among casualties of Iraq and Afghanistan. Traumatic Brain injury is defined by the Department of Defense as a traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- Any period of loss of or decreased level of consciousness
- Any loss of memory for events immediately before or after injury
- Any alteration in mental state at the time of the injury
- Neurological deficits that may or may not be transient
- Intracranial lesion

There are three main categories of residuals of TBI:

- Physical (headaches, sensory loss, balance disorder, vomiting, aphasia, etc.)
● Cognitive (attention, memory, judgment, abstract thinking, etc.)
● Behavioral/emotional (depression, anxiety, aggression, impulsivity)

A formal diagnosis of TBI must be made before a claim can progress.

For VA disability purposes only a VA or DoD physiatrist, psychiatrist, neurosurgeon or neurologist can make a diagnosis of TBI.

No other type of claim requires that a VA or DOD doctor may diagnose a specific condition. This type of claim cannot be validated by a private physician. The veteran must ensure that his or her VA treating doctor (who must be experienced in the TBI field and a specialist as indicated above) makes a proper diagnosis prior to proceeding.

VA form 21-526 accompanied by a letter from a DOD or VA physiatrist, psychiatrist, neurosurgeon or neurologist trained in this field should be submitted to the local Regional Office or through a local veteran’s service officer. It is not recommended that this type of claim be done through VONAPP as the submitted documents should be screened by a benefits expert to ensure that the diagnosis meets the required criteria.

VA form 21-526 may be obtained at www.va.gov/vaforms.

Additional conditions due to exposure to herbicides etc.

Certain conditions which are excluded from the presumptive lists defy logic. For instance, cancers of the lungs, trachea and larynx are presumed to be service connected, yet the throat, mouth and nose are excluded. Prostate cancer appears as a presumptive condition, yet the bladder is excluded. The filtering mechanisms of the body, including the liver and kidneys are also excluded. Veterans who feel strongly that a condition is associated with herbicide exposure, service in the Persian gulf, radiation exposure, etc., should not hesitate to file a claim for benefits. The list of presumptive conditions associated with exposure changes often. A condition excluded today, may appear on the list next year. There is no harm done in applying for disability under these circumstances.

Some veterans have established service connection for conditions they associate with exposure by obtaining nexus statements from noted experts in a particular field. Many cases of throat cancer have been won through exposure to herbicides despite the exclusion of throat cancer from the list. In one case, the veteran consulted a nationally known oncologist from a northern university. The statement was so thorough and quoted so many notable sources and studies that the VA had no choice but to grant the benefit. It can be done, it’s just not as easy as filing for a condition on the presumptive list. A service officer may be able to help with suggestions on who to see in the local area when attempting this type of claim. Remember, even if the claim is denied, it would become a possible effective date if the condition is added to the presumptive list at a future date. Diabetes and ischemic heart condition claims were recently granted all the way back to 1985 simply because the associated veterans filed a claim for benefits even though they were told they would lose before they began the process. Millions of dollars in back payments were the result of their efforts. The important thing is to file for benefits, which will allow an earlier date of entitlement to compensation if the specific disability becomes presumptive in the future.

Individual Unemployability

Those veterans who establish a single service connected disability at the sixty percent rate, or two or more disabilities with a total rating of seventy percent or more with a single disability of at least forty percent may file for individual unemployability if unable to work because of their service connected conditions. The form for this benefit is 21-8940 available through a veteran’s service officer or at http://www.va.gov/vaforms.

Individual unemployability allows payments and all associated benefits at the one hundred percent rate, despite being assigned a lower disability rating. It is recommended that a letter from a medical professional attesting to the inability to obtain and maintain gainful employment due to service connected disabilities accompany the application. Social security records (if available) and a statement from the previous employer are also recommended. Individual unemployability only applies to veteran’s who are currently unemployed, or work for very little income in a protected environment. If the veteran is gainfully employed, there is little point in applying for the benefit. This includes owning a business even though very little actual involvement in the work performed is apparent.

Special Monthly Compensation

This particular discussion appears at the end of this guide due to the...
complicated nature of the determination of rates for special monthly compensation. A veteran who feels that he or she is eligible under the provisions for this additional disability payment, should apply for it under the guidelines established for direct service connected compensation. It must be remembered that loss of use of a limb is simply that the extremity is so limited that a prosthetic would allow essentially the same amount of use.

Special monthly compensation follows a graduated scale, which factors in the severity of the disability, the degree of helplessness, and whether a combination of disabilities exist. The designators assigned to special monthly compensation are (k), (l), (m), (n), (o), (p), (r) and (s). There are intermediate designators which essential add ½ of the next higher designator (for example (m1/2). The specific guidelines as listed in the code of federal regulations are reproduced below. This listing is comprehensive and lengthy, but is necessary to understand the complicated nature of determining the exact amount of benefits due a veteran by law:

VA will pay additional compensation to a veteran who, as a result of military service, was afflicted the loss or loss of use of specific organs or extremities. Loss, or loss of use, is described as either an amputation or, having no effective remaining function of an extremity or organ. Loss, or loss of use, is described as either an amputation or, having no effective remaining function of an extremity or organ (i.e. basically the same as having a prosthetic limb).

The disabilities VA can consider for SMC include:

- Inability to communicate by speech (complete organic aphonía)
- Loss, or loss of use, of a hand or foot
- Immobility of a joint or paralysis
- Loss of sight of an eye (having only light perception)
- Loss, or loss of use, of a reproductive organ
- Complete loss, or loss of use, of both buttocks
- Deafness of both ears (having absence of air and bone conduction)
- Loss of a percentage of tissue from a single breast, or both breasts, from mastectomy or radiation treatment

The VA will pay higher rates for combinations of these disabilities such as loss or loss of use of the feet, legs, hands, and arms, in specific monetary increments, based on the particular combination of the disabilities. There are also higher payments for various combinations of severe deafness with bilateral blindness.

Additional SMC is available if a veteran is service connected for paraplegia, with complete loss of bowel and bladder control.

In addition, if you have other service-connected disabilities that, in combination with the above special monthly compensation, meet certain criteria, a higher amount of SMC can also be considered.

If a veteran is service connected at the 100% rate and is housebound, bedridden, or is so helpless to need the aid and attendance of another person, then payment of additional SMC can be considered. The amount of SMC will vary depending on the level of aid and attendance needed.

The rates payable for those who receive special monthly compensation are available at http://www.vba.va.gov/bln/21/Rates/comp02.htm.

**Determination of the applicable rates are as follows:**

- Determinations must be based upon separate and distinct disabilities. This requires, for example, that where a veteran who had suffered the loss or loss of use of two extremities is being considered for the maximum rate on account of helplessness requiring regular aid and attendance, the latter must be based on need resulting from pathology other than that of the extremities. If the loss or loss of use of two extremities or being permanently bedridden leaves the person helpless, increase is not in order on account of this helplessness. Under no circumstances will the combination of “being permanently bedridden” and “being so helpless as to require regular aid and attendance” without separate and distinct anatomical loss, or loss of use, of two extremities, or blindness, be taken as entitling to the maximum benefit. The fact, however, that two separate and distinct entitling disabilities, such as anatomical loss, or loss of use of both hands and both feet, result from a common etiological agent, for example, one injury or rheumatoid arthritis, will not preclude maximum entitlement.

- The maximum rate, as a result of including helplessness as one of the entitling multiple disabilities, is intended to cover, in addition to obvious losses and blindness, conditions such as the loss of use of two
extremities with absolute deafness and nearly total blindness or with severe multiple injuries producing total disability outside the useless extremities, these conditions being construed as loss of use of two extremities and helplessness.

- An intermediate rate shall be established at the arithmetic mean, between the two rates concerned.
- Anatomical loss or loss of use of one foot with anatomical loss or loss of use of one leg at a level, or with complications preventing natural knee action with prosthesis in place, shall entitle to the rate between (l) and (m).
- Anatomical loss or loss of use of one foot with anatomical loss of one leg so near the hip as to prevent use of prosthetic appliance shall entitle to the rate under (m).
- Anatomical loss or loss of use of one foot with anatomical loss or loss of use of one arm so near the shoulder as to prevent use of a prosthetic appliance shall entitle to the rate under (m).
- Anatomical loss or loss of use of one arm at a level, or with complications, preventing natural elbow action with prosthesis in place, shall entitle to the rate between (l) and (m).
- Anatomical loss or loss of use of one arm so near the shoulder as to prevent use of a prosthetic appliance shall entitle to the rate under (n).
- Anatomical loss or loss of use of one arm at a level, or with complications, preventing natural elbow action with prosthesis in place with anatomical loss of one arm so near the shoulder as to prevent use of a prosthetic appliance, shall entitle to the rate between (n) and (o).
- Blindness of one eye with 5/200 visual acuity or less and blindness of the other eye having only light perception will entitle to the rate between (l) and (m).
- Blindness of one eye with 5/200 visual acuity or less and anatomical loss of, or blindness having no light perception in the other eye, will entitle to a rate equal to (m).
- Blindness of one eye having only light perception and anatomical loss of, or blindness having no light perception in the other eye, will entitle to a rate between (m) and (n).
- Blindness in both eyes with visual acuity of 5/200 or less, or blindness in both eyes when accompanied by service-connected total deafness in one ear, will afford entitlement to the next higher intermediate rate of if the veteran is already entitled to an intermediate rate, to the next higher statutory rate under, but in no event higher than the rate for (o).
- Blindness in both eyes having only light perception or less, when accompanied by bilateral deafness (and the hearing impairment in either one or both ears is service-connected) rated at 10 or 20 percent disabling, will afford entitlement to the next higher intermediate rate, or if the veteran is already entitled to an intermediate rate, to the next higher statutory rate but in no event higher than the rate for (o).
● Service-connected loss or loss of use of one foot which is ratable at less than 50 percent and which is the only compensable disability other than bilateral blindness, will afford entitlement to the next higher intermediate rate or, if the veteran is already entitled to an intermediate rate, to the next higher statutory rate, but in no event higher than the rate for (o).

● In addition to the statutory rates payable under (l) through (n) and the intermediate or next higher rate provisions outlined above, additional single permanent disability or combinations of permanent disabilities independently ratable at 50 percent or more will afford entitlement to the next higher intermediate rate or if already entitled to an intermediate rate to the next higher statutory rate but not above the (o) rate. In the application of this subparagraph the disability or disabilities independently ratable at 50 percent or more must be separate and distinct and involve different anatomical segments or bodily systems from the conditions establishing entitlement under (l) through (n) or the intermediate rate provisions outlined above. The graduated ratings for arrested tuberculosis will not be utilized in this connection, but the permanent residuals of tuberculosis may be utilized.

● In addition to the statutory rates payable under (l) through (n) and the intermediate or next higher rate provisions outlined above additional single permanent disability independently ratable at 100 percent apart from any consideration of individual unemployability will afford entitlement to the next higher statutory rate or if already entitled to an intermediate rate to the next higher intermediate rate, but in no event higher than the rate for (o). The single permanent disability independently ratable at 100 percent must be separate and distinct and involve different anatomical segments or bodily systems from the conditions establishing entitlement under (l) through (n) or the intermediate rate provisions outlined above.

● Where the multiple loss or loss of use entitlement to a statutory or intermediate rate between (l) and (o) is caused by the same etiological disease or injury, that disease or injury may not serve as the basis for the independent 50 percent or 100 percent unless it is so rated without regard to the loss or loss of use.

● Anatomical loss or loss of use, or a combination of anatomical loss and loss of use, of three extremities shall entitle a veteran to the next higher rate without regard to whether that rate is a statutory rate or an intermediate rate. The maximum monthly payment under this provision may not exceed the amount stated in (p).

● For a veteran who was receiving or entitled to receive compensation for tuberculosis on August 19, 1968, the minimum monthly rate is $67. This minimum special monthly compensation is not to be combined with or added to any other disability compensation.

● A veteran receiving the maximum rate under (o) or (p) who is in need of regular aid and attendance or a higher level of care is entitled to an additional allowance during periods he or she is not hospitalized at United States Government expense. The regular or higher level aid and attendance allowance is payable whether or not the need for regular aid and attendance or a higher level of care was a partial basis for entitlement to the maximum rate under (o) or (p), or was based on an independent factual determination.

● A veteran receiving compensation at (n) and (o) plus special monthly compensation under (k) who establishes a factual need for regular aid and attendance or a higher level of care, is also entitled to an additional allowance during periods he or she is not hospitalized at United States Government expense.

● The amount of the additional allowance payable to a veteran in need of regular aid and attendance is specified (r)(1). The amount of the additional allowance payable to a veteran in need of a higher level of care is specified in (r)(2). The higher level aid and attendance allowance authorized by (r)(2) is payable in lieu of the regular aid and attendance allowance authorized by (r)(1).

● Those veterans who are service connected for residuals of traumatic brain injury (TBI) may be eligible for a “T” designation if they are:
  ● In need of regular aid and attendance for the condition but
  ● Are not eligible for the higher level of aid and attendance under “R2” and
  ● Would require hospitalization, nursing home care of other residual institutional care in the absence of regular in-home aid and attendance.

● The special monthly compensation provided by (s) is payable where the veteran has a single service-connected disability rated as 100 percent and has additional service-connected disability or disabilities independently ratable at 60 percent, separate and distinct from the 100 percent service-connected disability and involving different anatomical segments or bodily systems, or is permanently housebound by reason of service-connected disability or disabilities. This requirement is met when the veteran is substantially confined as a direct result of service-connected disabilities to his or her dwelling and the immediate premises or, if institutionalized, to the ward or clinical areas, and it is reasonably certain that the disability or disabilities and resultant confinement will continue throughout his or her lifetime.
As with any other benefit, medical documentation proving the severity of the disability should accompany any claim for special monthly compensation. Direct medical evidence obtained by the veteran may be provided, or the claim should have a medical records release, VA form 21-4142 (www.va.gov/vaforms) submitted with it. Any claim for the housebound or aid and attendance benefit should be accompanied by VA form 21-2680 (www.va.gov/vaforms) which is to be filled out by a medical professional and verifies the extent of the disabling conditions as to the mobility and self-sufficiency of the veteran.

Disabilities associated with VA Medical Treatment and Vocational Rehabilitation

If the veteran is being treated at a VA medical facility, and is injured by the actions of VA Medical Personnel, and the veteran can prove that the VA was negligent in this action, the condition can be deemed service connected just as if the veteran was on active duty. The standard of proof for any claim involving negligence is extraordinarily high. In this type of claim, the burden of proof falls to the veteran. There is no “benefit of the doubt” involved in this type of action.

If the veteran is enrolled in the vocational rehabilitation program, or performing VA approved work study, and the veteran is injured, service connection may also be established. It is recommended that the veteran consult with a veteran’s service officer prior to opening either of these types of claim. In any case, VA form 21-526 is required for requesting disability compensation.

Reopening previously denied claims

Historically, veterans have given up on obtaining service connection for a disability, because the VA denied their claim at some point in the past. In many cases, this was simply because the veteran did not properly develop the claim, and the denial was due to a lack of evidence. It is always recommended that a veteran obtain the assistance of a veteran’s service officer or a guide to obtaining benefits, such as the one at hand.

Generally, in order to reopen a previously denied claim, the veteran must submit new evidence that is material to the claimed condition. This new evidence must be specific to the veteran, not just some internet case study or other similar document. If the evidence is not new and material to the claimed condition, the VA will simply continue the previous denial. However, in the event the claimed condition is a presumptive disability, the veteran may reopen the claim at any time, provided that he or she submits a diagnosis of the claimed condition and meets the required conditions for presumption.

Otherwise, the claim should be approached as if it is a new compensation claim, following the guidelines for direct service connection. The veteran should first file an informal claim, then obtain copies of their service medical records (and personnel records if applicable) from the National Records Center via a Standard Form 180 (www.archives.gov/veterans/military-service-records,) and any treatment records after service. After a thorough review of the treatment in service for the applicable disabilities, the veteran should create a written timeline for the first occurrence and later treatment of the claimed condition(s). The veteran may also obtain any applicable internet information such as scientific studies or prescription side effects (www.merckmanuals.com/professional/index.html), which are pertinent to their claim. He or she should then discuss the problem with their treating medical professional and, after allowing them to review the evidence, attempt to obtain a nexus statement. The veterans should also obtain “buddy statements” from friends and family who have first hand knowledge of the effect of the disability on the veteran’s occupational and social bearing, and of events leading to the inception of the claimed condition.

Once all evidence is obtained the veteran should then contact a veteran’s service officer, the VA Regional Office or go to www.va.gov/vaforms and obtain VA form 21-526b, which is the applicable form for filing for a reopened claim. VA form 21-526b may be filed electronically if desired through the VONAPP program at www.va.gov. Remember if filing on line, the evidence must still be mailed to the VA through the postal service, or faxed to the applicable regional office found via the locator at www.va.gov. It may be desirable to submit everything at one time, rather than through two different systems. VA form 21-4142 must also be submitted for any medical providers so the treatment records can be released to the VA. It is important that the evidence submitted for the reopened claim is both new, and pertinent to the matter at hand. Treatment records alone do not fit the definition of “new and material” evidence. A nexus statement relating the condition back to service is extremely important in reopening a previously denied claim.

There is no need to submit proof of service, as this is already of record via the previously denied claim. VA form 21-526b is a dramatically
shortened version of VA form 21-526 (which needs only be filed once in a veteran’s lifetime). In truth, VA form 21-4138 works just as well as 21-526b for reopening a previously denied claim, as would a phone call or any correspondence with the VA on the subject. It is recommended that the veteran use VA Form 21-526b to prevent repeated requests for clarification of the claimed condition, as the 21-526b is very specific and other forms may be too vague to allow the VA to process the claim. The veteran may soon find him or herself overwhelmed with paperwork simply because the proper application for benefits was not initially filed. These repeated requests for clarification and additional records often lead to the veteran losing interest in pursuing the claim.

In the case of a reopened claim, the VA will first rule on whether the claim is reopened, and then decide the claim on the merits of the evidence submitted. It is possible to have the claim reopened, and still have the claim denied. However, under these circumstances the veteran is not appealing whether the claim should be opened, but whether service connection should be granted. This is confusing to some, as they feel any evidence should be towards the issue of service connection when they are actually appealing the denial of opening the claim for consideration.

It must also be noted that a claim for an acquired psychiatric disorder, such as post traumatic stress disorder, is always a new claim. It does not matter if the claim for this type of benefit has been denied once, or a dozen times, as it is attained during the life of the veteran, based on the traumatic event on active duty. The VA can never refuse to reopen a previously denied claim for this type of psychiatric condition even though they may try. Any denial of an acquired psychiatric condition based on a previously denied claim is improper, and should be appealed immediately, provided the veteran submitted a current diagnosis of the condition with supporting evidence.

In many cases, the veteran was never informed of the VA’s decision regarding their initial filing of the claim. In some cases, the VA never complied with their “duty to assist” and obtained all service medical records. In these cases, the claim has not been properly denied, and remains open from the original effective date. This can equate to a large amount of retroactive compensation should service connection be granted. It is recommended that a copy of the entire claims file be requested under the Freedom of Information Act, via form 21-4138. (www.va.gov/vaforms). The completed form should then be submitted to the applicable regional office. Once the claims file is received, the veteran should contact an accredited Veterans Service Officer for assistance.

Claims for increased compensation

Essentially, the only requirement for reevaluation of a service connected condition is to inform the VA that the condition has worsened, and the veteran wishes to be reevaluated for an increased disability rating. Unfortunately, under this scenario, the veteran is counting on the results of a VA examination which may take fifteen minutes to allow a grant of increased compensation. The recommended method is as follows:

The veteran should contact the VA either through VA form 21-4138 or at 1-800-827-1000 and inform them that he or she intends to file a claim for increase. (The form is obtained at www.va.gov/vaforms or filed electronically through the VONAPP program).

Contact the treating medical professional and request all applicable treatment records. It is always a good idea to have a new examination if medical treatment has not been rendered for quite some time.

If available, review the previous VA documentation which granted the disability. Each service connected disability is assigned a rating diagnostic code. If previous VA decisions are unavailable, the veteran can contact the VA at 1-800-827-1000 or a veteran’s service officer. The veteran should then take the time to review the criteria for higher disability ratings as listed under that diagnostic code in the Code of Federal Regulations http://www.gpoaccess.gov/cfr/. Compare the medical records obtained from the treating medical professional with the criteria listed in the Code of Federal Regulations. If all or most of the criteria have been met, there should be no problem in filing the claim. If not, a conversation with a veteran’s service officer is recommended.

If the veteran desires, and can afford it, an examination by a specialist specifically for the purpose of obtaining an increase may be submitted. Any action of this type is strictly up to the veteran’s discretion.

The form for requesting reevaluation is VA Form 21-526b. This is available through a veteran’s service officer, www.va.gov/vaforms or electronically through VONAPP. VA Form 21-4138 may also be used for this purpose, as long as the veteran claims the condition has worsened.
and that he or she requests reevaluation. All forms should be submitted to the appropriate regional office (www.va.gov and use the locator function). If not already represented, the veteran may submit VA form 21-22 to obtain accredited assistance. VA form 21-4142 should be submitted for any medical records not previously obtained.

There are certain things to keep in mind when filing a claim for increase:

- The rating for a service connected condition is considered permanent after twenty years at the same rating. Filing for increase after nineteen and a half years, for example, is not a good idea if there is any chance of a decrease in the rating.
- After five years at the same rating, the veteran must show improvement in more than one examination prior to any decrease in that rating.
- When receiving compensation for individual unemployability, a claim for increase which would result in no monetary gain for the veteran would not be wise. The VA could make a determination that the veteran is fit for certain types of employment, and sever the benefit.

**VA claim timeline**

Once a claim for compensation of any type is filed, the following will take place in succession:

- Acknowledgement of the receipt of the claim by the Department of Veterans Affairs (normally a few weeks). Normally the VA will request service medical records at this time. No action by the veteran will be required unless these records are unavailable.
- A Veterans Claims Assistance Act (VCAA) letter will be sent out, requesting any additional information not submitted with the original claim. The VCAA letter can be extremely confusing. It is recommended the veteran obtain the assistance of an accredited service officer, or call the VA at 1-800-827-1000 for help in understanding what is required. This letter requires a rapid response to prevent unnecessarily delaying the claim.
- The VA requests private medical records in support of the claim via previously submitted form 21-4142. Existing social security and VA Hospital records will also be requested at this time.
- The veteran will then be called in for a physical and/or mental examination at the nearest VA hospital facility.
- Once the results of the examination have been obtained, and any private and service medical records have arrived, the claim will be assigned to a ratings specialist to render a decision.
- The decision is then reviewed by a senior ratings specialist, and the claim goes to a post-determination team to process any award. Action is then taken to inform the veteran of the results.

Under the best of circumstances, several months are required to process a claim. In some cases the claim may take a year or more to resolve.

In the event of extreme financial hardship or terminal illness, the veteran may have his claim receive expedited processing. Financial hardship will normally have to be proven through supporting documentation (i.e. bankruptcy, shutoff notices, eviction notices, etc.) and terminal illness will require medical documentation of the expected lifespan. This information must then be sent to the local regional office accompanied by VA form 21-4138 (www.va.gov/va forms).

(Under no circumstances should evidence, including medical records, be taken to the compensation examination. Evidence must be submitted to the Regional Office handling the claim, the compensation and pension examiner should not and (hopefully) will not accept evidence for inclusion into the claims file.)

**Combat Related Special Compensation**

A program run by the Department of Defense called combat rated special compensation (CRSC) may help in obtaining additional monies for those retirees rated at less than fifty percent. Combat related special compensation is only for wartime associated injuries and conditions. DD Form 2860 is used to apply for CRSC, found here: http://www.dtic.mil/whs/directives/informt/forms/eforms/dd2860.pdf.

With CRSC, it is possible to receive full military retired pay and VA disability compensation, but the injury has to be combat related. The veteran must provide evidence that proves the injuries were either sustained in combat, were a result of hazardous duty, caused by something utilized in a wartime situation (such as Agent Orange) or in training that simulates war. It is imperative that the veteran have a copy of his or her personnel and service medical records available. These can be obtained through the National Personnel Records Center via Standard Form 180 (www.archives.gov/veterans/military-service-records).

Once service records are obtained, follow the procedures for direct service connected compensation. Include any VA decisions which have previously granted service connection for a condition. Remember that DD Form 2860 must be submitted rather than VA form 21-526 and any needed medical records should be submitted directly with the claim, as
VA form 21-4142 may not be used for that purpose under the CRSC program. A service officer’s assistance is recommended.

CRSC is not a VA program. It is run by the Department of Defense. Contacting the VA about the status of a claim is futile. Veterans requesting status must contact (Army) 1-866-366-2772, (Air Force) 1-800-616-3775, or (Navy) 1-877-366-2772. For more information go to: www.defenselink.mil.

Veterans who have obtained concurrent receipt may not also receive CRSC.

Appeals

This is by no means a detailed discussion of the Appellate process, as that would take an entire book to cover. This is instead a summary of the proper actions to take to ensure an appeal is formalized and perfected.

Every VA decision is subject to an appeal. In addition, the VA must inform the veteran of his or her appellate rights unless a benefit is granted in full (to the maximum allowed by law). The veteran has up to one year of the date he or she was informed of the denial to appeal.

Upon receipt of a denial, the veteran should file a notice of disagreement on VA form 21-4138 (www.va.gov/vaforms). The Notice of Disagreement must contain the date of the denial and the specific issue(s) the veteran disagrees with. The form should then be sent to the Regional Office which made the decision.

The VA will acknowledge the Notice of Disagreement, and send the veteran a form as to whether he or she would request the regular appeals team process the claim, or a Decision Review Officer (DRO) should be assigned. The veteran should normally select a Decision Review Officer, as that DRO becomes the only person dealing with the claim, rather than several individuals.

The veteran will also be asked if they would like a personal hearing. This is normally an excellent option, which should be utilized in all but the most objective situations requiring additional medical documentation. An example of a purely objective issue is hearing loss. If the veteran’s hearing came up normal on the VA examination, there is no helpful testimony which can be given. In this case, test results would have to be obtained which show that a hearing loss exists.

The DRO issues what is known as a statement of the case. The statement of the case could affirm the previous decision, amend it, or reverse it. The veteran must submit VA Form 9 to the Regional Office upon receipt of the statement of the case if he or she wishes to formally appeal the decision. VA Form 9 will be sent to the veteran with the statement of the case, or may be obtained at www.va.gov/vaforms.

After submission of VA Form 9, the claim will be sent to the Board of Veteran’s Appeals in Washington DC, where the veteran will once again be asked if he or she desires a personal hearing. The veteran can have a hearing via teleconference at the local Regional Office, or travel to Washington to appear in person. The decision will then be rendered by a Federal Law Judge. The BVA will either affirm the denial, reverse the denial, or remand the claim back to the Regional Office for additional development.

A BVA denial must be appealed within 120 days to the Federal Court of Appeals for Veteran’s Claims in Washington. If not, the claim will then be considered finally denied, and no further appeal is possible.

More information on the Board of Veterans Appeals is located here: www.bva.va.gov

Information on the Federal Court of Appeals for Veterans Claims is located here: www.uscourts.cavc.gov

Clear and Unmistakable Error

This type of claim is basically the veteran informing the VA they have violated their own rules. Examples include reduction in benefits without due process or an examination, assigning an effective date sometime after a claim was submitted, a severing of individual unemployability with no improvement shown in a service connected condition, etc. A veteran can attempt this type of claim without assistance, but assistance is highly recommended. This claim is for unmistakable error, so no judgment can be involved either by the veteran or the VA. In other words, if the veteran feels the condition should be at twenty percent, and the VA rates it as ten percent, it is generally not a claim for clear and unmistakable error. VA form 21-4138 is used to begin the process (www.va.gov/vaforms).
Hospital and Convalescent Ratings

When a veteran is hospitalized 21 days or more (or under observation at VA expense) for a service connected condition, the condition will be rated at one hundred percent for the period. Normally, the condition will revert to the previously assigned rating following the period of hospitalization.

A discharge summary from the hospital facility should accompany VA Form 21-526b (www.va.gov/vaforms) to the VA Regional Office to obtain the benefit.

When surgery is performed upon a service connected condition, the condition will be rated at one hundred percent for the recovery period in monthly increments, with the length of the recovery period detailed in the discharge summary, provided there is at least a one month convalescent period. This total rating would normally be followed by another temporary rating at a lower rate, with an examination scheduled at an appropriate time to allow for stabilization. Following the examination, a permanent rating would be assigned.

Examples of disabilities which may be eligible for hospital ratings include post traumatic stress disorder treatment programs, and stroke recovery programs.

Convalescent ratings may be assigned to any physical disability requiring surgery provided the period of convalescence is one month or more.

A surgical report with discharge summary and Doctor’s statement as to the period of convalescence should be submitted with form 21-526b (www.va.gov/vaforms) to the VA Regional Office.

Dependency Indemnity Compensation

Dependency Indemnity Compensation (DIC from this point forward) is a monthly payment to the surviving spouses, children and/or dependent parents of a veteran whose discharge was other than dishonorable and whose death was due to:

- A disease or injury incurred or aggravated in the line of duty while on active duty or active duty for training.
- An injury, stroke, heart attack or cardiac arrest incurred or aggravated in the line of duty while on active duty for training.
- A service connected disability, or condition(s) directly related to a service connected disability.

If the veteran was not service connected for the cause of death, DIC may still be obtained if one of the following requirements are met:

- The veteran was totally disabled due to service connected conditions for at least ten years preceding his or her death.
- The veteran was continuously rated totally disabled from the date of military discharge and for at least 5 years immediately preceding death.
- The veteran is a former Prisoner of War who was rated totally disabled for service connected causes for a period of at least one year immediately prior to death and who died after 30 September 1999.

Eligibility of dependents:

- The surviving spouse if he or she:
  - validly married the veteran before January 1, 1957, OR
  - was married to a service member who died on active duty, active duty for training, or inactive duty training, OR
  - married the veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the veteran’s death began or was aggravated, OR
  - was married to the veteran for at least one year, OR
  - had a child with the veteran, AND
  - cohabited with the veteran continuously until the veteran’s death or, if separated, was not at fault for the separation, AND
  - is not currently remarried.*

Note: A surviving spouse who remarries on or after December 16, 2003, and on or after attaining age 57, is entitled to continue to receive DIC.

The surviving child(ren), if he/she is:

- not included on the surviving spouse’s DIC
- unmarried AND
- under age 18, or between the ages of 18 and 23 and attending school or deemed a helpless child prior to age 18.

Filing a claim

- VA Form 21-534 is the proper document used in obtaining the DIC benefit (with the exception of parent’s DIC). This is the same form used for the non-service connected pension benefit for
survivors (see www.va.gov for non-service connected pension
information). If DIC is the only benefit requested, income information
requested on the form should not be filled in. The form can be obtained
from a local veteran’s service officer, the closest VA Regional Office or
at www.va.gov/vaforms. It is strongly recommended that VA Form 21-
22 selecting a veteran’s organization for representation be submitted with
the claim. If the veteran had previously been represented by a service
organization, that document becomes invalid with the veteran’s death. In
claims for DIC, the surviving spouse is now the claimant and should be
represented as the claimant. The completed claim forms should then be
submitted to the Regional Office for processing along with proof of a
valid marriage or birth certificate. Please note that DIC claims go to a
centralized location for completion, so, in most cases, the claim will not
be completed at the local Regional Office. Regional Offices involved in
DIC claim processing are found at www.va.gov using the locator
function.

- The surviving parent(s) may be eligible for an income-based benefit. It
  is strongly recommended that the parents consult a veteran’s service officer prior to
  applying for the benefit. It is an income based benefit unlike that for the surviving spouse or
  child so entitlements such as social security or
  private pension plans may remove the
  eligibility for DIC. VA form 21-0514-1 is required for the parent’s DIC
  benefit (www.va.gov/vaforms).

- Payments for DIC vary depending on the date of
death. For those veterans deceased prior to 1 January, 1993 the payments
are based on military pay grade. For those veterans who died after the
aforementioned date the payments are at a set rate. Current payment
information can be found at http://www1.va.gov/opa/publications/
benefits_book/benefits_chap12.asp

  Special allowances for certain conditions apply.

  - If the veteran was totally disabled due to service
    connected conditions for eight continuous years prior to his or her death,
    a “kicker” is added to the award.

  - There is an additional allowance for dependent
    children under the age of 18 for the initial two years of entitlement for
    those awards beginning on or after 1 January 2005.

  - There are also additional entitlements if the surviving
    spouse is housebound of in need of the aid and attendance of another

person. In this event VA Form 21-2680 should be filled out by a medical
professional and submitted with the claim for benefits (www.va.gov/
vaforms).

- In the event the surviving spouse is receiving
  survivor’s benefits from the Department of Defense, only the larger
  benefit will be received by the claimant (normally DIC).

- The previous chapters in this guide deal with
  establishing compensation for veterans. The guidelines established in
those previous chapters apply to the DIC benefit if the veteran had not
previously obtained compensation benefits for the principle cause of
death. In every case where the veteran had not met the requirements of
total disability listed in the beginning of this chapter, the surviving
spouse must provide proof that the death was “service connected”. For
instance, if a Vietnam veteran dies of ischemic heart disease, the
surviving spouse has only to establish that the cause of death was the
aforementioned heart disease, and that the

  veteran served in Vietnam. The cause of
death would normally be on the long form
  of the death certificate, which would be
  sufficient proof for VA purposes. Vietnam
  service can be verified through the DD214,
  and , if necessary, service personnel and
  medical records.

- In most other cases, a claim must be developed just
  as in establishing compensation for a non-service connected veteran,
  including medical evidence, military documents and a nexus statement.
  Please refer to earlier chapters for guidelines in how to accomplish this.

- In DIC cases, the veteran will not be able to speak as
  to incidents in service, so reliance on records is probable in order to
  establish the existence of a disability not previously deemed service
  connected. The veteran’s service records may be obtained by the next of
  kin by requesting them via Standard Form 180. This is acquired from any
  veteran’s service officer, or online at www.archives.gov/veterans/
  military-service-records. This form may be filed online or sent to The
  National Personnel Records Center. The address is located in the first
  chapter of this guide. The surviving spouse is also responsible for
  obtaining pertinent private medical records or sending a release to the
  appropriate Regional Office for those records via VA Form 21-4142
  (www.va.gov/vaforms).

- A little known clause in the Code of Federal
  Regulations 3.201 states:
“A claimant for dependency and indemnity compensation may elect to furnish to the Department of Veterans Affairs in support of that claim copies of evidence which was previously furnished to the Social Security Administration or to have the Department of Veterans Affairs obtain such evidence from the Social Security Administration. For the purpose of determining the earliest effective date for payment of dependency and indemnity compensation, such evidence will be deemed to have been received by the Department of Veterans Affairs on the date it was received by the Social Security Administration.”

This means simply that a claim for social security is a claim for DIC. This clause in the Code of Federal Regulations may mean additional benefits awarded to a surviving spouse amounting to many years of back pay. In many cases, certain disabilities were not deemed as presumptive conditions by the Department of Veteran’s Affairs until scientific studies proved a correlation between conditions the veteran was exposed to and specific disabilities (Please see presumptive conditions previously listed and explained in this book). In this type of claim, the VA must consider the date of the first social security claim after death as the effective date for the DIC benefit, even though years and even decades may have passed. This does not apply to certain conditions in which a specific date for the allowance of benefits is established by law (for example, ALS (Lou Gehrig’s Disease) claims cannot be honored prior to the effective date of the law).

Other benefits

This publication deals strictly with obtaining compensation benefits for veterans and survivors. There are a multitude of benefits also available under other VA programs which are beyond the scope of this guide. These programs include:

- Non-service connected pension benefits for wartime veterans (income based)
- Death pension for surviving spouses of wartime veterans (income based)
- Educational benefits for veterans and survivors
- The home loan guarantee program
- Death and memorial benefits
- Vocational rehabilitation
- Monetary benefits for certain children of Vietnam Veterans with birth defects
- Homeless Veterans assistance
- Life Insurance
- Post 9/11 Caregiver benefits
- Fiduciary services
- HISA grants for home alteration
- Small Business Loans
- Vehicle purchase and modification for totally disabled service connected veterans

There are also several state and local benefits available to veterans throughout the country (including state supported assisted living facilities).

A visit to an accredited veterans service officer, or the VA Regional Office may assist an interested individual in obtaining information on these programs.

Honoring All Who Served
Example of a request for a nexus statement for hearing loss

Dear Dr. Smith,

Mr. John Jones is a veteran of the Vietnam conflict, with active duty service in the U.S. Marine Corps from 8 August 1965 to 7 August 1969.

Mr. Jones was in Vietnam during two separate tours of duty, and served in the infantry during that time.

In January 1969, Mr. Jones was hit by shrapnel when a mortar round exploded several feet from his position. In addition to his wounds, he was knocked unconscious for several minutes. He was treated in the field and spent several days on a Naval Hospital ship prior to returning to duty. We have included documentation of this event via copies of his service medical records and his DD 214 showing receipt of the purple heart. We have also included a copy of the citation accompanying his award.

Since leaving the service, Mr. Jones has been a real estate agent with little or no exposure to loud noise, etc. He does not hunt, and has had no exposure to firearms since leaving active duty. His hearing has gradually worsened over the years, forcing him to obtain hearing aids in 2002. The tinnitus waxes and wanes but has been with him since the day of the incident in service.

Mr. Jones is currently suffering from severe bilateral hearing loss with tinnitus in both ears. He is in receipt of hearing aids which he wears constantly. The Department of Veterans Affairs will likely concede acoustic trauma in service due to the mortar explosion, and his activities in the infantry.

Given the acoustic trauma is fact, as related in the above narrative, is Mr. Jones current hearing loss and tinnitus condition, at least in part, due to the acoustic trauma in service?

If a favorable opinion is possible, please state the reasons and basis of your opinion, and that you have read the service medical records and other documentation provided. The VA standard of proof is “at least as likely as not”

Thank you for your kind attention to this matter.

Sincerely,

Fred Johnson
Dept. Veterans Service Officer

Sample PTSD Request Letter

Dear Dr. Johnson,

Mr. Dan Green is a combat veteran of the Vietnam conflict who has been afflicted with Post Traumatic Stress Disorder.

Included is a copy of his service medical records for your review. During his time in Vietnam you will see treatment for the veteran’s wounds, as he was twice hospitalized for shrapnel removal to the right arm and back, and is in receipt of the Purple Heart. Function in the right arm is now extremely limited due to the extent of the injury.

Mr. Green experiences flashbacks to his time in Vietnam on a daily basis. He reports night sweats and terrors, has no close friends, two failed marriages and is estranged from his family. He has been unable to hold a job for over eight years, and now lives solely on social security. He has been arrested on several occasions and incarcerated for assault back in 2002 shortly after the attacks on the world trade center. He avoids crowds, has no hobbies, and his only social function is attendance at group sessions at the vet center. He is an admitted alcoholic, which he used as a form of self-medication due to his psychiatric condition and suffers from rage issues and disdain for authority.

Mr. Green filed a claim for PTSD with the local VA Regional Office, yet was denied as the VA examiner opined that his depressive condition, while similar to PTSD, did not meet the criteria as set forth in DSM IV. This despite the fact that, on at least four other occasions, the veteran has been diagnosed with chronic severe PTSD by VA doctors at the VA Medical Center.

We are requesting your opinion as to whether the veteran’s PTSD is, in fact, related to the shell fragment wounds and other incidents in Vietnam, whether it meets the requirements for PTSD as set forth in the Diagnostic and Statistical Manual for Mental Disorders (DSM IV), and your assessment of the severity of his condition to include a global assessment of functioning. We ask that you fill out the attached 21-0960-P3 form to facilitate a favorable decision from the VA rating specialist.

The VA standard of proof is “at least as likely as not”, but we hope to have an opinion that far exceeds the minimum necessary.

Thank you for your assistance to this veteran.

Joe Thompson,
Veteran’s Service Officer
APPLICATION FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

SECTION I - PERSONAL IDENTIFICATION

1. NAME
   a. Last Name
   b. First Name
   c. Middle Name
2. SERVICE MEMBER IDENTIFICATION INFORMATION
   a. SERVICE MEMBER ID NUMBER
   b. SERVICE NUMBER
   c. SOCIAL SECURITY NUMBER
3. ADDRESS INFORMATION
   a. STREET
   b. CITY
   c. STATE
   d. ZIP CODE

SECTION II - PRELIMINARY CRSC CRITERIA

NOTE: You must meet all criteria on this section or your application will be denied.

1. ANSWER ONLY THE PARTS THAT APPLY TO YOUR RETIREMENT.
   a. FOR REGULAR OR DISABILITY RETIREMENTS ONLY: Do you have 20 or more years of service credit for the
   compensation of the amount of your disbursements? YES NO
   b. FOR NON-REGULAR (RESERVE) RETIREMENT (retired pay based on points) ONLY:
   c. Are you entitled to retired pay? YES NO
   d. Were you entitled to retired pay before you retired from the military? YES NO
   e. Were you entitled to retired pay before you retired from the military? YES NO

2. ANSWER ALL PARTS.
   a. Have you been awarded a Purple Heart and do you receive VA disability compensation based on a
   current disability rating of at least 10%? YES NO
   b. Do you receive VA disability compensation based on a current disability rating of at least 10%? YES NO
   c. Were you retired from the service as a result of a disability as a result of a disability rating of at least 10%? YES NO
   d. Were you retired from the service as a result of a disability as a result of a disability rating of at least 10%? YES NO

3. Do you have a current disability rating of at least 10%? YES NO

SECTION III - FINAL CRSC CRITERIA

OBLIGATIONS OF DISABILITIES COMPENSATION BY THE VA

Final CRSC criteria require either a Purple Heart related injury rated at or above 10%, or combat-related injuries with a
combined rating of at least 50%. If you believe you meet any of these Final CRSC Criteria, you should complete
the application. If you do not believe you meet any of these final criteria, you should not complete the application, but you may
apply later if your circumstances change and you believe you meet these Final CRSC Criteria.

In this section list your VA service-connected disabilities and specific information and note that address the disability and
how it was incurred. The "Origin of Disability Codes" are fully defined at the end of this section. A four-digit Medical
Diag Code from the VA Schedule of Rating Disabilities (VASOD) is associated with every VA disability. Begin on the first
Section III page with your first disability and use a separate block for each additional disability.

DD FORM 2860 TEST, MAY 2003 Page 1 of 6

Sample DD Form 2860

Sample DD Form 2860 (continued)
Sample VA Form 21-22

Sample VA Form 21-526
Sample VA Form 21-526 (continued)

**PART II - MARITAL AND DEPENDENCY INFORMATION (continued) (if you need additional space, see Item 25 "Remarks")**

<table>
<thead>
<tr>
<th>29A. DATE AND PLACE OF MARRIAGE</th>
<th>30A. TO WHOM MARRIED (Job, Firm, Etc.)</th>
<th>31A. DATE AND PLACE TERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH, YEAR</td>
<td>CITY, STATE</td>
<td>MONTH, YEAR</td>
</tr>
</tbody>
</table>

**DEPENDENCY - Dependent Children Information (if you need additional space, see Item 47 "Remarks")**

<table>
<thead>
<tr>
<th>39A. NAME OF CHILD</th>
<th>39B. DATE OF BIRTH (Day, Month, Year)</th>
<th>39C. SOCIAL SECURITY NUMBER</th>
<th>40A. CHECK EACH APPLICABLE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First, middle, last, init.)</td>
<td>(Day, Month, Year)</td>
<td></td>
<td>BIOLOGICAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

**PART III - ACTIVE DUTY SERVICE INFORMATION**

<table>
<thead>
<tr>
<th>41A. ENTERED SERVICE</th>
<th>41B. SERVICE NUMBER</th>
<th>41C. SEPARATED FROM SERVICE</th>
<th>41D. RANK ON DATE OF SEPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>PLACE</td>
<td>DATE</td>
<td>PLACE</td>
</tr>
</tbody>
</table>

**PART IV - RESERVE AND NATIONAL GUARD SERVICE INFORMATION**

<table>
<thead>
<tr>
<th>42A. ENTERED RESERVE SERVICE</th>
<th>42B. SERVICE NUMBER</th>
<th>42C. SEPARATED FROM SERVICE</th>
<th>42D. RANK ON DATE OF SEPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>PLACE</td>
<td>DATE</td>
<td>PLACE</td>
</tr>
</tbody>
</table>

**PART V - MILITARY RETIRED/RECESSION PAY**

<table>
<thead>
<tr>
<th>43A. SELECT THE PERSON ENTERED TO RECEIVE MILITARY RETIRED/PENSION PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

**PART VI - MARITAL AND DEPENDENCY INFORMATION**

<table>
<thead>
<tr>
<th>44A. DATE OF MARRIAGE</th>
<th>44B. NAME OF SPOUSE</th>
<th>44C. NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH, YEAR</td>
<td>CITY, STATE</td>
<td>CITY, STATE</td>
</tr>
</tbody>
</table>

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C OR PAGE 10.
### Sample VA Form 21-526 (continued)

**PART VII - INCOME INFORMATION**

*Provide the income you received from all sources.*

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SOURCES OF RECEIVING MONTHLY INCOME</th>
<th>VETERAN</th>
<th>SPOUSE</th>
<th>OTHER DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>35A</td>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35B</td>
<td>U.S. Civil Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35C</td>
<td>Military Retired Pension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35D</td>
<td>Non-Leg. Retirement Pension</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>35E</td>
<td>Other (Social Security, Disability or other payments)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Report the total income before deductions for taxes, insurance, etc. If you do not receive any payments from one of the sources that you list, write "N" 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 or benefit you should be paid. Payments from any source will be counted unless the law says that they don't need to be counted.

#### MONTHLY INCOME

*Provide the income that you and your dependents receive every month. For Items 35A-35F, if none, write "N" or "None." Do not leave blank spaces.*

### Sample VA Form 21-526b

**PART I - VETERAN'S IDENTIFYING INFORMATION**

1. **NAME OF VETERAN (First, Middle, Last)**
2. **VETERAN'S SOCIAL SECURITY NUMBER**
3. **DATE OF BIRTH**
4. **VETERAN'S ADDRESS (Number, street or route, city or P.O. box, State and ZIP code)**
5. **TELEPHONE NUMBER(S)**
6. **E-MAIL ADDRESS (If applicable)**
7. **SERVICE NUMBER(S)**
8. **E-MAIL ADDRESS (If applicable)**

### PART II - INFORMATION ABOUT CLAIM

1. **I DECLARE TO FULLY CLAIM:* (Check all that apply)**
   - Increased evaluation of the disabilities for which an already service-connected (prior to the date of the separation)
   - Service connection for new disabilities (List your new disability(ies))
   - Reopening of previously denied disabilities (List your previously denied disabilities)
   - Disability(ies) secondary to my existing service-connected disability(ies) (Prior to the date of the separation)

2. **NAME AND ADDRESS OF MILITARY FACILITY THAT HAS RELEVANT TREATMENT RECORDS**
3. **NAME AND ADDRESS OF MILITARY FACILITY THAT HAS RELEVANT TREATMENT RECORDS**
4. **NAME AND ADDRESS OF MILITARY FACILITY THAT HAS RELEVANT TREATMENT RECORDS**

### PART III - NET WORTH

*Provide specific information about the net worth of you and your dependents.*

#### NET WORTH

*The net worth is the market value of all interest and rights in any kind of property after subtracting 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 items such as your vehicle, clothing, and furniture.*

### SOURCE

*For Items 32A-32F, provide amounts. If none, write "N" or "None." Do not leave blank spaces.*

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SOURCE</th>
<th>VETERAN</th>
<th>SPOUSE</th>
<th>OTHER DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>32A</td>
<td>Cash, checking or savings accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32B</td>
<td><strong>Retirement accounts</strong> (combined funds)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>32C</td>
<td>Other (Social Security, Disability or other payments)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32D</td>
<td><strong>Stocks, bonds, and mutual funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32E</td>
<td><strong>Value of business assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32F</td>
<td><strong>Real property (not your home)</strong></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THROUGH 42C ON PAGE 1.*
Go to www.va.gov/vaforms to download and print this form.
### Sample VA Form 21-0781a

**STRESSFUL INCIDENT NO. 1**

<table>
<thead>
<tr>
<th>SA DATE INCIDENT OCCURRED (MM, DD, YYYY)</th>
<th>SE LOCATION OF INCIDENT (City, State, Country, Province, landmark or military installation)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>SC UNIT ASSIGNMENT DURING INCIDENT (Such as, Division, Wing, Battalion, Carrier, Ship)</th>
<th>SE DATES OF UNIT ASSIGNMENT (Mo, day, yr)</th>
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<tr>
<th>SE DESCRIPTION OF THE INCIDENT</th>
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</table>

**4. OTHER SOURCES OF INFORMATION**

Identify any other source (military or non-military) that may provide information concerning the incident. If you reported the incident to military or civilian authorities or sought help from a rape crisis center, counseling facility, or health clinic, etc., please provide the name and address and we will make you in getting the information. If the source provided treatment and you would like us to obtain the treatment records, complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA), for each provider. If you confirmed information, family members, chaplains, clergy, or fellow service personnel, you may want to ask them for a statement concerning their knowledge of the incident. These statements will help us in deciding your claim. Other sources of information also include personal service organizations.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
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<table>
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<th>NAME</th>
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</table>
Sample VA Form 21-0781a (continued)
### SECTION IV
Tell me about your and the veteran's marital history (continued)

- **24.** Are you expecting the birth of a child of the veteran?  
  - [ ] Yes  
  - [ ] No

- **25.** Did you remarry within 90 days of the veteran's death?  
  - [ ] Yes  
  - [ ] No

### SECTION V
Tell me about the unmarried children of the veteran

Note: Skip to Section V 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 in eligible dependent status. These children must be unmarried and:  
  - Under age 18, or  
  - At least 18 but under 22 and pursuing an approved course of education, or  
  - Any age and permanently disabled (see below)

- "Seriously disabled" means that the child is permanently disabled who cannot do work which would earn him or her a living wage. A veteran child is considered to be seriously disabled if the child is under age 8 and has been determined to be disabled and an age 8 and older who has been hospitalized for 90 days or more due to a service-connected condition.

#### VA Form 21-534 (continued)
Sample VA Form 21-534 (continued)

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 hospital, submit a statement from your doctor describing the extent of your disabilities. If you are in a nursing home, submit a statement signed by an official of the nursing home stating the date you were admitted to the nursing home, the length of time you have been in the nursing home, the level of care you receive, the amount you pay for care, and whether Medicaid covers all or part of your nursing home costs.

A15-4
Sample VA Form 21-534 (continued)

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

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<tr>
<th>Source</th>
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</table>

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 signed this application.

<table>
<thead>
<tr>
<th>Source of income for the next 12 months</th>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Source of income for the next 12 months</th>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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<tr>
<th>Source of income for the next 12 months</th>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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</table>

<table>
<thead>
<tr>
<th>Source of income for the next 12 months</th>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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</table>

SECTION IX

Tell us about medical, lost 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 unreimbursed family medical expenses such as the monthly Medicare deduction or nursing home care 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 for you by the veteran's employer, charity, or insurance. Include also expenses for which you were reimbursed if you receive reimbursement after you filed this claim. Promptly advise the VA office handling your claim if more space is needed to attach a separate sheet.

<table>
<thead>
<tr>
<th>40a. Amount paid to you</th>
<th>40b. Date Paid</th>
<th>40c. Purpose (state exactly, writing home, care, burial expenses, etc.)</th>
<th>40d. Paid to (Name of person or agency paid, e.g., burial)</th>
<th>40e. Relationship of person to which expenses paid</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

SECTION X

Give us direct deposit information

If benefits are awarded, you will need to have an account in order to process any payments to you. Please write on the space provided, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer questions 41-46 to the right.

<table>
<thead>
<tr>
<th>41. Account number (must be the account number at the financial institution or certified payment agent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
</tr>
<tr>
<td>Savings</td>
</tr>
</tbody>
</table>

42. Name of financial institution or certified payment agent:

<table>
<thead>
<tr>
<th>43. Routing or transit number:</th>
</tr>
</thead>
</table>

Sample VA Form 21-534 (continued)
New VA Forms

In an effort to assist veterans and medical professionals in providing the precise information that the VA will require to grant a benefit, an entire group of forms has been created. These forms are all designated 21-0960 and have alpha-numeric designators assigned to them. These forms are printable, and fillable and can all be obtained through the local service officer or found at www.va.gov/vaforms. The form must be filled out by the medical professional, not the veteran! After obtaining the completed form, the veteran should then submit it to the VA as evidence, either directly to the local service officer, the appropriate regional office, or through their chosen service organization.

The complete list of forms and the conditions they deal with are as follows. The veteran should pay close attention to the wording of the form as some may deal with a specific affliction, and others are generic in nature (i.e. ischemic heart disease is 21-0960A-1 with the general heart condition being 21-0960A-4). For any confusion with the needed form, the veteran should contact his local service officer, the service organization who represents the veteran, or the VA at 1-800-827-1000 (nationwide).

21-0960C-10 Peripheral Nerves Conditions (Not Including Diabetic Sensor-Motor Peripheral Neuropathy) Disability Benefits Questionnaire
21-0960J-1 Kidney Conditions (Nephrology) Disability Benefits Questionnaire
21-0960C-8 Headaches (Including Migraine Headaches) Disability Benefits Questionnaire
21-0960G-2 Gallbladder and Pancreas Conditions Disability Benefits Questionnaire
21-0960K-2 Gynecological Conditions Disability Benefits Questionnaire
21-0960C-4 Diabetic Sensor-Motor Peripheral Neuropathy Disability Benefits Questionnaire
21-0960C-9 Multiple Sclerosis (MS) Disability Benefits Questionnaire
21-0960E-1 Diabetes Mellitus Disability Benefits Questionnaire
21-0960G-1 Esophageal Conditions (Including gastroesophageal reflux disease (GERD), hiatal hernia and other esophageal disorders) Disability Benefits Questionnaire
21-0960P-2 Mental Disorders (Other Than PTSD and Eating Disorders) Disability Benefits Questionnaire
21-0960A-3 Hypertension Disability Benefits Questionnaire
21-0960B-2 Hematologic and Lymphatic Conditions, Including Leukemia Disability Benefits Questionnaire
21-0960J-3 Prostate Cancer Disability Benefits Questionnaire
21-0960M-9 Knee and Lower Leg Conditions Disability Benefits Questionnaire
21-0960N-2 Eye Conditions Disability Benefits Questionnaire
21-0960A-4 Heart Conditions (Including Ischemic and Non-Ischemic
Heart Disease, Arrhythmias, Valvular Disease and Cardiac Surgery) Disability Benefits Questionnaire
21-0960G-8 Infectious Intestinal Disorders, Including Bacterial and Parasitic Infections Disability Benefits Questionnaire
21-0960I-2 Male Reproductive Organ Conditions Disability Benefits Questionnaire
21-0960A-1 Ischemic Heart Disease (IHD) Disability Benefits Questionnaire
21-0960B-1 Hairy Cell and Other B-Cell Leukemias Disability Benefits Questionnaire
21-0960C-1 Parkinson's Disease Disability Benefits Questionnaire
21-0960M-15 Temporomandibular Joint (TMJ) Conditions Disability Benefits Questionnaire
21-0960D-1 Oral and Dental Conditions Including Mouth, Lips and Tongue (Other Than Temporomandibular Joint Conditions) Disability Benefits Questionnaire
21-0960N-4 Sinusitis/Rhinitis and Other Conditions of the Nose, Throat, Larynx and Pharynx Disability Benefits Questionnaire
21-0960L-1 Respiratory Conditions (Other than Tuberculosis and Sleep Apnea) Disability Benefits Questionnaire
21-0960I-2 HIV - Related Illnesses Disability Benefits Questionnaire
21-0960I-4 Systemic Lupus Erythematosus (SLE) and Other Autoimmune Diseases Disability Benefits Questionnaire
21-0960-5 Nutritional Deficiencies Disability Benefits Questionnaire
21-0960C-3 Cranial Nerve Conditions Disability Benefits Questionnaire
21-0960C-6 Narcolepsy Disability Benefits Questionnaire
21-0960C-7 Fibromyalgia Disability Benefits Questionnaire
21-0960P-3 Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire
21-0960E-2 Endocrine Diseases (Other than Thyroid, Parathyroid or Diabetes Mellitus) Disability Benefits Questionnaire
21-0960E-3 Thyroid and Parathyroid Conditions Disability Benefits Questionnaire
21-0960M-11 Osteomyelitis Disability Benefits Questionnaire
21-0960M-13 Neck (Cervical Spine) Disability Benefits Questionnaire
21-0960P-1 Eating Disorders Disability Benefits Questionnaire
21-0960C-5 Central Nervous System and Neuromuscular Diseases (Except Trau. Brain Injury, etc.) Disability Benefits Questionnaire
21-0960M-4 Elbow and Forearm Conditions Disability Benefits Questionnaire
21-0960M-6 Foot Miscellaneous (Other Than Flatfoot/PES Planus) Disability Benefits Questionnaire
21-0960M-2 Ankle Conditions Disability Benefits Questionnaire
21-0960M-14 Back (Thoracolumbar Spine) Conditions Disability Benefits Questionnaire
21-0960N-1 Ear Conditions (Including Vestibular and Infectious Conditions) Disability Benefits Questionnaire
21-0960G-5 Hepatitis, Cirrhosis and Other Liver Conditions Disability Benefits Questionnaire
21-0960G-6 Peritoneal Adhesions Disability Benefits Questionnaire
21-0960I-6 Tuberculosis Disability Benefits Questionnaire
21-0960G-4 Intestinal Surgery (Bowel Resection, Colostomy, Ileostomy) Disability Benefits Questionnaire
21-0960K-1 Breast Conditions and Disorders Disability Benefits Questionnaire
21-0960N-3 Loss of Sense of Smell and/or Taste Disability Benefits Questionnaire
21-0960A-2 Artery and Vein Conditions (Vascular Diseases Including Varicose Veins) Disability Benefits Questionnaire
21-0960C-2 Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) Disability Benefits Questionnaire
21-0960I-4 Urinary Tract (Including Bladder and Urethra) Conditions (Excluding Male Reproductive System) Disability Benefits Questionnaire
21-0960H-1 Hernias (Including Abdominal, Inguinal and Femoral Hernias) Disability Benefits Questionnaire
21-0960I-3 Infectious Diseases (Other than HIV-Related Illness, Chronic Fatigue Syndrome, or Tuberculosis) Disability Benefits Questionnaire
21-0960M-7 Hand and Finger Conditions Disability Benefits Questionnaire
21-0960M-8 Hip and Thigh Conditions Disability Benefits Questionnaire
21-0960M-10 Muscle Injuries Disability Benefits Questionnaire
21-0960C-11 Seizure Disorders (Epilepsy) Disability Benefits Questionnaire
21-0960L-2 Sleep Apnea Disability Benefits Questionnaire
21-0960M-1 Amputations Disability Benefits Questionnaire
21-0960M-3 Non-Degenerative Arthritis (Including Inflammatory, Autoimmune, Crystalline and Infectious Arthritis) and Dysbaric Osteonecrosis Disability Benefits Questionnaire
21-0960G-7 Stomach and Duodenal Conditions (Not Including Gerd or Esophageal Disorders) Benefits Questionnaire
21-0960H-2 Rectum and Anus Conditions (Including Hemorrhoids) Benefits Questionnaire
21-0960I-1 Persian Gulf and Afghanistan Infectious Diseases Disability Benefits Questionnaire
21-0960M-5 Flatfoot (Pes Planus) Disability Benefits Questionnaire
21-0960M-12 Shoulder and Arm Conditions Disability Benefits Questionnaire
21-0960G-3 Intestinal Conditions (Other that Surgical or Infections) (Including Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, and Diverticulitis) Disability Benefits Questionnaire
21-0960M-16 Wrist Conditions Disability Benefits Questionnaire
21-0960F-1 Scars/Disfigurement Disability Benefits Questionnaire
21-0960Q-1 Chronic Fatigue Syndrome Disability Benefits Questionnaire
21-0960F-2 Skin Diseases Disability Benefits Questionnaire
Charles Fettes is a retired Master Chief Petty Officer (U.S. Navy) who has worked in veteran’s service for the past nineteen years.

He retired as the office manager for the American Legion Veterans Affairs & Rehabilitation, Department of Michigan, in September 2010 and accepted the position of Citrus County Veterans Service Officer in December of 2010.

He is married to Barbara and resides in Homosassa, Florida.