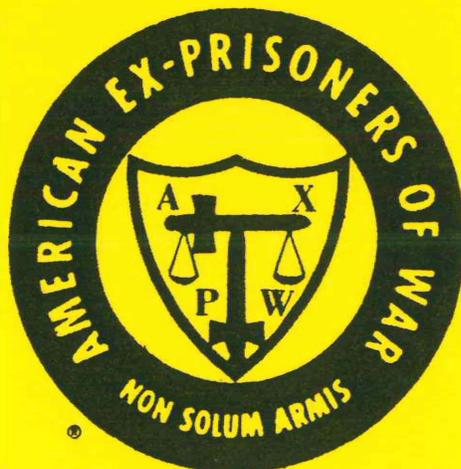


American Ex-Prisoners of War
National Medical Research Committee

Packet 5

WHAT EVERY POW'S WIFE SHOULD KNOW BEFORE SHE'S YOUR WIDOW

Help Her Now Before It's Too Late



“WE EXIST TO HELP THOSE WHO CANNOT HELP THEMSELVES”

**Prepared by POW MedSearch Committee
Summer, 2001**

Revised 03/31/02, 07/15/02, 04/15/03, 08/08/03, 02/23/04, 08/08/05, 04/12/06 and 07/07/09

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INTRODUCTION:

A death in the family too often finds the survivors ill-prepared to cope with the loss. That lack of preparation, and particularly the lack of information, is why this booklet has been prepared for the families of Ex-Prisoners of War before your spouse becomes a widow. One of the most common misconceptions about VA compensation is the belief that disability payments will continue after the death of a disabled veteran. "The fact is that compensation checks stop effective the first day of the month following the veteran's death." In far too many cases, the surviving spouse will not be eligible for any further benefits from the VA. That is a harsh reality for some surviving spouses. After years of dedicating their lives to caring for the physical and emotional needs of their veterans, some of these widows – and widowers – could face financial hardship and even poverty if they don't have a job or some other source of income. Many surviving spouses, however, are entitled to receive benefits under one of two programs: dependency and indemnity compensation (DIC) or non-service connected death pension. It is vitally important for the Ex-POW veteran and their families to prepare for the future. One thing to remember, benefits are not granted automatically. They must be applied for. The following information lists what you as an individual may apply for from the Federal Government: and, if approved, what you can expect to receive or the limitations set on various payments. As with all VA benefits, eligibility for DIC and pension payments **must be verified and justified**. This can be a difficult and complicated process. Wheels of progress are slow especially in a time of need. A separate financial account should be established for the spouse before she becomes a widow for emergency use during this period. A minimum period of ninety days can be expected in collecting the necessary information and documents needed to submit claims and receive the first payment. Because of the time involved in processing, many widows are left without sufficient funds to maintain a merger lifestyle let alone the one they were accustomed to before the loss of their mate.

SERVICE ORGANIZATIONS:

There are many agencies besides the Department of Veterans Affairs to assist veterans and dependents. These agencies include, but are not limited to, Disabled American Veterans, American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, AMVETS, Military Order of Purple Heart, Blinded Veterans of America, and American Ex-Prisoners of War. Each state has a State Department of Veterans Affairs; many counties have a County Veterans Aid program as well as County Service Officers.

Surviving spouses of retired military may contact their nearest military base and request a survivor assistance officer to be appointed. He or she will assist you in completing the documents necessary to comply with regulations. You are the consumer and if you are not comfortable with who is helping you, contact another organization or representative.

These agencies are often located in communities and are easily accessible. Generally, these agencies will request that you sign a limited "Power of Attorney" which allows them to access your VA records and represent you in cases before VA, the Board of Veterans Appeals and COURT of Veterans Appeals. For information on service organizations in your area, contact your local VA office.

REMEMBER! YOU ARE THE CONSUMER.

BURDEN OF PROOF:

“SURVIVING FAMILY MEMBERS SHOULDN'T FIND THEMSELVES TRYING TO PULL ALL THE PAPERWORK TOGETHER IN THEIR TIME OF GRIEF.” ANOTHER IS FOR THE SURVIVING SPOUSE AND DEPENDENTS TO HAVE ALL THE INFORMATION THEY NEED TO ESTABLISH ELIGIBILITY FOR VA AND OTHER FEDERAL BENEFITS.

To ensure the booklet is as helpful as possible, each Ex-POW is encouraged to thoroughly complete the “Personal Family Data” section. That personal information, along with information on the programs and services offered through the Department of Veterans Affairs, will provide answers to questions of surviving next-of-kin that would have otherwise gone unanswered. However, there will be no information or explanation to legal aspects that you may be confronted with. Laws differ from state to state in reference to wills, probate, state taxes, and federal taxes. The family attorney should be contacted in regards to these items. The burden of proving your rights to various benefits for which you might be entitled falls on the widow. This includes insurance, stocks, bonds, all your possessions, any benefits from the Department of Veterans Affairs and Social Security etc.

Copies of many personal and financial records will be required or requested and should have been obtained and put in a portfolio prior to the veterans death. If not, they will have to be obtained. When requesting records be sure and stress the purpose these records are needed. Normally records needed for the support of veterans affairs benefits do not require a fee charge. In writing for copies of records and documents, acquire sufficient copies to support all the claims (as surviving spouse) you intend to file. (Example: Federal, i.e.: Pension, DIC, SBP, Social Security). A word of caution, these records once submitted will become a part of your permanent file within the organization with which the claim is filed and very seldom are they ever returned. Be sure to maintain original documents in your possession at all times. When a certified copy of a record is required, the certificate must be exacted by the proper authority. A funeral director, upon receipt of the death certificate, will provide the surviving spouse sufficient copies to meet their requirements for a fee.

INTRODUCTION TO the VA:

The surest way to obtain current information on VA benefits and claims procedures is to call the nearest VA Regional Office. Counselors can answer questions about benefits eligibility and application procedures and refer you, when necessary, to other VA facilities, such as Medical Centers and National Cemeteries. VA Regional Offices serve the public through a toll-free telephone number. The nationwide number is 1-800-827-1000. VA facilities are listed in the Federal Government section of telephone directories under Department of Veterans Affairs.

Many state governments and some municipalities operate agencies or offices devoted to administering state and local veterans programs and assisting veterans in filing claims for VA and other federal Government benefits. In addition, many veterans service organizations provide benefits information and claim assistance.

VA Regional Offices process claims for VA benefits and administer those benefits, which include disability compensation, pension, home loan guaranty, life insurance, education, vocational training for disabled veterans, burial allowance, and survivor's benefits.

VA Medical Center admissions offices are the immediate source for information regarding medical care eligibility, admissions procedure and scheduling home, dental, drug and alcohol dependency, prosthetics, readjustment counseling, Agent Orange and Persian Gulf syndrome or radiation exposure examinations.

National Cemeteries or Regional Offices can answer questions about eligibility of veterans and dependents for burial. Documentation of service must be shown to the director of the cemetery when burial is requested. The cemetery will schedule an interment service, and provide burial and perpetual care of gravesite as well as an inscribed government marker.

WHO'S ELIGIBLE:

Eligibility for most VA benefits is based on discharge from active military service under "other than dishonorable" conditions from a minimum period specified by law. Women veterans are entitled to the same VA benefits as men.

The Department of Defense issues each veteran a military discharge form DD-214, identifying the veteran's condition of discharge honorable, general, other than honorable, dishonorable, or bad conduct.

Honorable and general discharge qualify a veteran for most VA benefits. Dishonorable and some bad conduct discharges issued by general court-martial bar VA benefits. Benefits eligibility of veterans with other "bad conduct" discharges and discharges described as "other than honorable" must be determined by VA. VA decides, after reviewing the facts of each specific case, whether separation from service was under "dishonorable" or "other than dishonorable" conditions.

Service in 30 organizations, during periods including World Wars I and II, has been certified as active military service by the Department of Defense (DOD) for purposes of laws governing VA. Depending on their periods of service, members of these groups are eligible for certain VA benefits.

WARTIME SERVICE:

Certain VA benefits and medical care eligibility require wartime service. As specified by law, VA recognizes these war periods.

Mexican Border Period--May 9, 1916 through April 5, 1917.

World War I – April 6, 1917 through November 11, 1918; for veteran who served in Russia, April 6, 1917 through April 1, 1920; extended through July 1, 1921 for veterans who had one day of service between April 6, 1917 and November 11, 1918.

World War II – December 7, 1941 through December 31, 1946.

Korean Conflict – June 27, 1950 through January 31, 1955.

Vietnam Era – August 5, 1964 (Feb. 28, 1961 for veterans who served “in country” before Aug. 5, 1964) through May 7, 1975.

Persian Gulf War – August 2, 1990, through a date to be set by law or Presidential Proclamation.

WHERE TO GO FOR HELP:

There is a Department of Veterans Affairs Regional Office in all states and territories you can turn to for assistance. All VA offices can be reached using toll free number 1-800-827-100.

Calling this number will connect you with the nearest VA regional office. VA counselors are available Monday thru Friday, except holidays. Hours of operations vary from office to office.

VA Regional offices and/or VA office, Vet centers and VA Medical Centers are located in all 50 states District of Columbia, Philippines, Puerto Rico and Virgin Islands. Some states have National Cemeteries.

Telephone numbers nationwide include:

Life Insurance	1-800-669-8447
Debt Management Center	1-800-827-0648
TDD Device for the Deaf	1-800-829-4833
CHAMP VA	1-800-733-8387
VA REGIONAL OFFICES	1-800-827-1000
HEADSTONES/MARKERS	1-800-697-6947
INCOME VERIFICATION CENTER	1-800-949-1008
SURVIVOR BENEFIT PLAN	1-800-428-2290
RETIRED MILITARY PAY	1-800-321-1080
SOCIAL SECURITY	1-800-772-1213
HEALTH BENEFITS SERVICE CENTER	1-877-222-8387

BURIAL ALLOWANCE:

An allowance not to exceed \$300.00 is payable based on non-service connected death for burial and funeral expenses if the eligibility for basic burial allowance is met. The deceased veteran must have been discharged or released from service under conditions other than dishonorable. Been in receipt of pension or compensation (or would have been in receipt of compensation, but for the receipt of military retirement pay); or had an original or reopened claim for pension or compensation pending and is found entitled from a date prior to date of death. Died while traveling under prior authorization. Eligibility is also established when death occurs in a VA facility or nursing home with which VA contracted. Additional costs of transportation of the remains may be reimbursed in those cases.

PLOT ALLOWANCE:

The term "plot" or "burial plot" means the final disposal site of the remains and includes a grave, mausoleum vault, columbaria, niche, or other similar place. The term "interment" is synonymous with "burial" meaning any of the usual methods of disposition of remains. Plot allowance is \$300.00. The plot allowance of \$300.00 is not payable when burial is in a national cemetery.

TIME LIMIT FOR CLAIM:

TWO (2) years from date of burial or cremation, for non-service connected death benefit and plot allowance. There is no time limit for filing a claim for service connected burial allowance.

ORDER OF PAYMENT:

A--Burial allowance:

B--Funeral Director, if any balance unpaid.

C--Individual whose funds were used.

D--Executor or Administrator of Estate, if paid by veteran's estate.

PLOT/INTERMENT ALLOWANCE:

A--Funeral Director, if he/she provided plot in advance of funds, if any balance unpaid.

B--Cemetery, or person or entity from whom plot was purchased, if unpaid.

C--Person whose funds were used.

D--Executor or Administrator of estate of veteran.

(Where any part paid or assumed by State or political subdivision or employer, only the difference between the amounts paid or assumed and amount allowable, may be paid.)

ACCOMPANY CLAIM WITH:

A--Death certificate, certified copy.

B--Itemized statement of account, showing credits name and address of person making payment.

C--Completed application for burial benefits, VA FORM 21-530.

D--Copy of DD-214. (If no claim was filed by the veteran during his lifetime.)

ASSISTANCE FOR BURIAL OF DEPENDENTS AND SURVIVORS IS LIMITED TO INTERMENT IN A NATIONAL CEMETERY.

SERVICE CONNECTED DEATH:

A burial allowance not to exceed \$2000.00 is payable when death is service-connected. The service-connected benefit is paid in lieu of the basic \$300.00 allowance and the \$300.00 plot allowance. An additional allowance to cover the cost of transportation from place of death to place of burial is paid from veterans properly admitted to a VA facility or while performing authorized travel to and from such facility whose deaths are non-service connected. Payment is also to cover the cost of transportation to the nearest national cemetery with space available if the veteran was either entitled to disability compensation or died as a result of a service-connected disability.

SECTION 212 OF PUBLIC LAW 104-275: Permits payment of burial allowance for certain veterans who die in State nursing homes. This law was signed into law on October 9, 1996.

INTERMENTS IN NATIONAL CEMETERIES:

GENERAL INFORMATION:

National Cemetery System transferred to direction of Department of Veterans Affairs from Department of Army by National Cemeteries Act of 1973, PL 93-23. approved June 18, 1973.

The benefit for burial in a National Cemetery includes the gravesite, opening and closing of the grave, and perpetual care. Many national cemeteries have columbaria for the interment of cremated remains or special sections for the burial of cremated remains. Headstones and markers are provided and placed to mark the grave or columbaria at the Governments expense.

ELIGIBILITY:

- A--Members and former members, honorably discharged from the Armed Forces. Completed the required period of service.
- B--Members of Reserve Components in receipt of retired pay as a result of 20 years creditable service.
- C--Commissioned Officers, Coast and Geodetic Survey.
- D--Public Health Service.
- E--A U.S. citizen who served in the armed forces of a government allied with the United States in a war also may be eligible.
- F--Spouse, widow or widower.
- G--Minor children.
- H--Unmarried adult children to age 23, if in approved school, helpless child.
- I--Burial of Spouses who Remarry
Eligibility for burial in national cemeteries of surviving spouses who remarry. The Act amends this section to permit the spouse of a deceased veteran who remarries after the veteran's death to be buried in a national cemetery. The provisions of this section contain no limit for remarriage. This amendment applies with respect to deaths occurring on or after January 1, 2000.

Request for authority to make burial arrangements should be submitted at time of death to Director of the National Cemetery accompanied by:

- A--Statement of dependent's martial status.
- B--Statement of degree of dependents.

PERSONS NOT ENTITLED TO INTERMENT:

A--Father, mother, brother, sister or in-law.

B--Dishonorably discharged veteran.

C--Discharged from draft. A person who was ordered to report to induction center but was not inducted into military service.

D--A 1997 law bars certain persons convicted of federal or state capital crimes who are sentenced to death or life without parole from being buried or memorialized in one of the VA national cemeteries or in Arlington National Cemetery.

ASSIGNMENT OF SPACE:

A--Space available basis.

B--One gravesite per family.

C--No reservations made prior to death. (Reservations made under previous programs are honored.)

NATIONAL CEMETERY COSTS:

Grave space, opening and closing of grave, headstone or marker with appropriate inscription(s) provided free of charge.

Personal funds must provide services of funeral director, transportation of remains.

VA basic burial payment may be payable for eligible veteran not to exceed \$300.00. The plot allowance of \$300.00 is not payable when burial is in a national cemetery.

Claim must be filed within two years of permanent burial or cremation.

Additional transportation costs may be allowed if veteran died when admitted to a VA hospital or domiciliary, or died in route to or from a VA hospital, VA domiciliary, VA Regional Office.

ARRANGING AN INTERMENT IN A NATIONAL CEMETERY:

Contact director of specific national cemetery with complete name of veteran, rank, serial number, social security and/or VA claim number, service dates, date and place of birth, and date of death. Until director has informed descendant's family of burial confirmation, remains should not be sent to the cemetery, and date, time and place of burial should not be announced in newspapers.

RENDITION OF MILITARY HONORS:

A national cemetery director is not authorized to provide such honors.

Family members desiring military funeral honors may request them through their mortuary who in turn will make a request of the Department of Defense and/or other appropriate authority.

CEMETERY LOCATION INFORMATION:

National Cemetery System
941 North Capital Northeast
Washington, D.C. 20421

NOTE: The same eligibility criteria apply to the two national cemeteries administered by the Department of the Interior – Andersonville National Cemetery in Georgia and Andrew Johnson Cemetery in Tennessee.

Many states operate state veterans cemeteries under the same or similar eligibility criteria.

For burials in these cemeteries, contact the Interior Department or applicable state.

ARLINGTON NATIONAL CEMETERY:

Arlington National Cemetery is under the jurisdiction of the Army. It has more limited eligibility than other national cemeteries. Eligibility for cremated remains in Arlington's columbaria is the same as eligibility for burial in VA national cemeteries. Certain POWs who died on or after November 30, 1993, and their spouses, are eligible for burial at Arlington. For information on Arlington burials, write to Superintendent, Arlington National Cemetery, Arlington, Va. 22211 or call 703-695-3250.

REQUESTING AN INTERMENT:

The person (usually a Funeral Director) who arranges for interment should contact the Interment Services Office as soon as possible. The Office is open 7:30 AM- 4:00 PM Monday thru Friday, and 9:00 am 1:00 PM on Saturday. Call: 703-695-3250.

Cemetery personnel will verify eligibility. Do not ship remains until notified that verification has been made. Neither should the date, time, and placement of interment be announced until confirmed by the Superintendent.

HEADSTONE OR MARKER FOR UNMARKED GRAVE

BENEFIT:

Headstone or marker furnished upon application for the unmarked grave of a deceased veteran. Applicant maybe anyone having knowledge of the deceased.

Crypt marker if entombment is in a mausoleum.

Bronze Niche Marker available to mark columbaria in VA National Cemeteries or private cemeteries used for the internment remains.

ELIGIBILITY:

Any deceased veteran of wartime or peacetime service who was discharged under conditions other than dishonorable. Benefit is extended to reservists and national guardsman who have 20 years of service.

INSTALLATION:

All cost to install headstone or marker must be paid from private funds. If placement is in a National Cemetery, installing at no cost will be done by the staff.

SHIPMENT:

Headstone or marker is shipped without charge to the person or firm designated on the application. An address Rural Delivery or Post Office Box must show a telephone number on the application to expedite delivery. Headstones or markers may be shipped anywhere in the world.

APPLICATION:

VA Form 40-1330, Application for a Standard Government Headstone or Marker, will be submitted to Monument Service (42), Department of Veterans Affairs, 810 Vermont Avenue N.W., Washington, D.C. 20420.

To expedite processing, attach a copy of the deceased veteran's discharge certificate or other official documents pertaining to military, if available. Do not send original.

All applicants must be sure that the grave is UNMARKED and government headstone or marker is preferred to a privately purchased monument.

On December 27, 2001, President Bush signed Public Law 107-103, the Veterans Education and Benefits Expansion Act of 2001.

This law includes a provision that allows the Department of Veterans Affairs (VA) to furnish an appropriate headstone or marker for the graves of eligible veterans buried in private cemeteries, whose deaths occur on or after September 11, 2001, regardless of whether the grave is already marked with a non-government marker.

This new provision is codified at 38 U.S.C. § 2306(d).

The National Cemetery Administration (NCA) is preparing a regulation to describe how we will implement the new law. Until the regulation is published, the following instructions are in effect.

- VA will furnish, when requested, an appropriate Government headstone or marker at the expense of the United States for the grave of an eligible veteran or eligible reservist who is buried in a private cemetery regardless of whether the grave is already marked by a headstone or marker purchased at private expense.

The veteran's death must have occurred on or after September 11, 2001. For those veterans who died before this date, VA is unable to provide a Government headstone or marker for already marked veteran gravesites.

- VA may provide any headstone or marker available, as listed on the application form
- A Government headstone or marker may be furnished only if the individual making the request certifies that the marker will be placed on the grave, if feasible, otherwise, as close to the grave as possible within the grounds of a private cemetery.
- VA shall deliver any headstone or marker furnished under this law directly to the cemetery where the grave is located or to a receiving agent for delivery to the cemetery, i.e. funeral home, Veterans' Service Officer, etc.

INSCRIPTION:

There are different styles of markers available.. Inscription of name, years or birth and death branch of service are mandatory. Optional items that may be inscribed at VA expense are:

military grade, rank or rate, war service, months and days of dates of birth and death, an emblem reflective on one's beliefs, valor awards received and the Purple Heart and Ex-POW. Additional items may be inscribed at private expense.

INCORRECT INSCRIPTION:

In the event that grave markers or headstones are received with incorrect inscription, the following steps will be taken:

Marble or granite headstone or marker – if there is an error the applicant should notify Monument Service. This office will furnish the disposition instructions (destruction) and “Notice of Destruction Form” to be returned to the Monument Service when completed.

Bronze Marker (not installed) notify Director, National Cemetery System. That office will furnish prepaid mailing label for return of the bronze marker (not installed). If the bronze marker was installed and the inscription is incorrect, the Director, National Cemetery System, will furnish applicant disposition instructions (destruction on bronze marker) and “Notice of Destruction Form” to be returned to the Monument Service.

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All errors on Government monuments considered “errors of fact” are replaced at Government expense (VA or applicant error). Minor errors easily corrected are corrected locally. Replacements are authorized at Government expense when the data appearing on the monument or marker is incorrect, unless the request is impractical or arbitrary.

NOTE:

Headstone or marker available for eligible members of veteran’s family members who are buried in national cemeteries, without application and for state-owned veterans cemeteries. This benefit does not apply to family members buried in private cemeteries.

MEMORIAL PLOTS

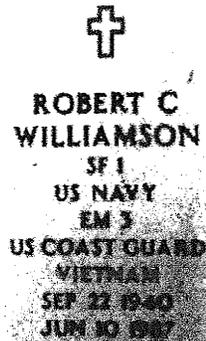
VA will also provide a plot in a National Cemetery upon which a headstone or marker is placed to memorialize an eligible veteran whose remains are not available for burial. The headstone or marker is the same as that used to identify a grave except that the phrase “In Memory of” is mandatory and precedes the authorized inscription. Memorable markers are available to those whose remains were not recovered or identified, were buried at sea, donated to science, or cremated and scattered. The memorial marker may be provided for placement in a plot or other than a National Cemetery. In such case VA does not pay the cost of shipping of the marker or cost of installing. Forward application (VA Form 40-1330 for memorial markers to Director, Monument Service (42), National Cemetery System, Department of Veterans Affairs, Washington, D.C. 20420.

To check on status of any application for headstone or marker write to the Director, Monument Service or call 1-800-697-6947.

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

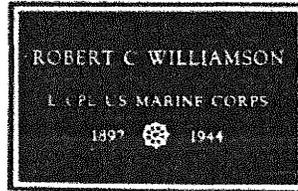
FLAT MARKERS

UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE



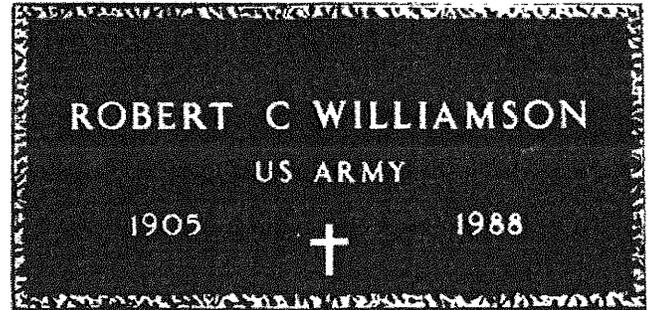
This headstone is 42 inches long, 13 inches wide, and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



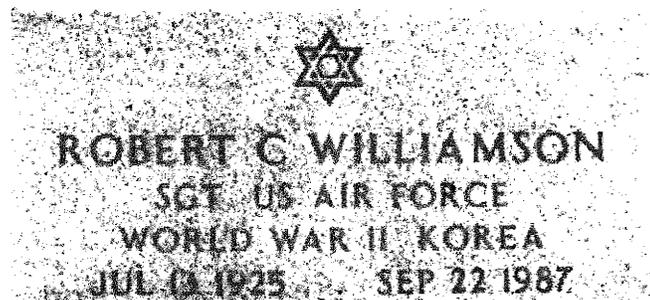
This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. For use if entombment is in a columbarium or mausoleum, or to supplement a private monument, for deaths occurring on or after September 11, 2001.

BRONZE



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era Headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed documentation that supports eligibility.

INSCRIPTION INFORMATION

MANDATORY ITEMS of inscription at Government expense are: Name, Branch of Service, Year of Birth, and Year of Death. Branches of Service are: U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, and by exception, U.S. Army Air Forces, and other parent organizations authorized for certain periods of time. Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the application in boxes with bold outlines. These items may be included if desired, and will be inscribed at Government expense. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, i.e. Vietnam may be inscribed if the veteran served during the Vietnam War period, even though the individual never served in Vietnam itself. Supporting documentation must be included with the application if you wish to include highest rank and/or awards.

RESERVED SPACE below the standard inscriptions for future inscriptions at private expense, such as spousal or dependent data, may be allowed if requested in block 27. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

MEMORIAL HEADSTONES AND MARKERS (remains are not buried). The words "In Memory of" are mandatory and precede the authorized inscription data. The words "In Memory of" are not inscribed when remains are buried.

ADDITIONAL ITEMS may be inscribed at government expense if they are requested on the initial application and space is available. Examples of acceptable items include terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY" or "LOVINGLY CALLED DUTCH"), and military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except VA approved emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederate Veterans.

INCOMPLETE OR INACCURATE INFORMATION ON THE APPLICATION MAY RESULT IN ITS RETURN TO THE APPLICANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.

AUTHORIZED EMBLEMS (See block 12)



(1)
CHRISTIAN



(2)
BUDDHIST



(3)
JUDAISM



(4)
PRESBYTERIAN CROSS



(5)
RUSSIAN ORTHODOX CROSS



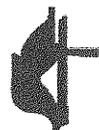
(6)
LUTHERAN CROSS



(7)
EPISCOPAL CROSS



(8)
UNITARIAN CHURCH
FLAMING CHALICE



(9)
UNITED METHODIST CHURCH



(10)
AARONIC ORDER CHURCH



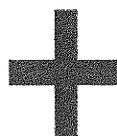
(11)
MORMON-ANGEL MORONI



(12)
NATIVE AMERICAN
CHURCH OF AMERICA



(13)
SERBIAN ORTHODOX



(14)
GREEK CROSS



(15)
BAHAI-9 POINT STAR



(16)
ATHEIST



(17)
MUSLIM-
CRESCENT AND STAR



(18)
HINDU



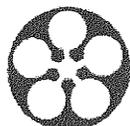
(19)
KONKO-KYO FAITH



(20)
COMMUNITY OF CHRIST



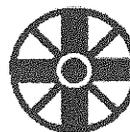
(21)
SUFISM REORIENTED



(22)
TENRIKYO CHURCH



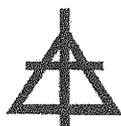
(23)
SEICHO-NO-IE



(24)
THE CHURCH OF
WORLD MESSIANITY (IZUNOME)



(25)
UNITED CHURCH OF
RELIGIOUS SCIENCE



(26)
CHRISTIAN REFORMED
CHURCH



(27)
UNITED MORAVIAN CHURCH



(28)
ECKANKAR



(29)
CHRISTIAN CHURCH



(30)
CHRISTIAN AND MISSIONARY
ALLIANCE

VA FORM 40-1330

NOTE: Not shown because of copyrights
(96) UNITED CHURCH OF CHRIST
(97) CHRISTIAN SCIENCE CROSS AND CROWN
(98) ISLAMIC 5 POINTED STAR

BURIAL FLAGS

BENEFIT:

An American flag is available to drape the casket of a veteran who was discharged under conditions other than dishonorable and to reservists and national guardsman who have 20 years of service.

PRESENTATION OF FLAG:

When used to drape the casket of the deceased veteran the flag shall be delivered to the next-of-kin (or close friend or associate when no claim is made by next-of-kin) following interment. If there is no living relative, or one cannot be located, and no friend or associate requests the flag, it must be returned to the Department of Veterans Affairs. Flags are not issued to remarried surviving spouses unless the application was made prior to remarriage. VA also will issue a flag on behalf of a service member who was missing in action and later presumed dead.

DEFINITIONS:

Phrase “close friend or associate” means a person who establishes by evidence that he or she was a close friend or associate of the deceased. Phrase “next-of-kin” for the purpose of disposing of the flag, is defined as follows with preference to entitlement in order listed.

Surviving spouse

Children, according to age.

Parents, including adoptive, step-parents and foster parents.

Brothers or sisters, including half-brothers or sisters.

Uncles or aunts.

Nephews or nieces.

Others – cousins, grandparents, etc. (but not in-laws).

APPLICATION:

VA form 90-2008, Application For A United States Flag for Burial purposes, may be obtained from a VA Regional Office or Post Office. Flag issue points are Funeral Home where services are being arranged, VA Regional Office, Or Post Office. While a completely executed and signed application is desirable, flags are not withheld because of inability to furnish all required information.

PRESIDENTIAL MEMORIAL CERTIFICATES:

HISTORY:

This program was initiated March, 1962, by President John F. Kennedy to honor the memory of honorably discharged deceased veterans, and has continued by all subsequent Presidents. Statutory authority for the program is Section 112, Title 38, of the United States Code.

BENEFIT:

The Presidential Memorial Certificate is a parchment certificate with a calligraphic inscription expressing the nation's grateful recognition of the veteran's service. The veteran's name is inscribed, and the certificate bears the signature of the President and the presidential seal in gold foil.

ELIGIBILITY:

Certificates are issued in the name of honorably discharged deceased veterans. Eligible recipients include next-of-kin, other relatives and friends. Other family members and friends may request a certificate in the name of an eligible veteran. The veteran may have died at any time in the past. In most cases involving recent deaths, the local VA Regional Office originates the application for a Presidential Memorial Certificate without a request from the next-of-kin. VA Regional Offices normally are aware of veteran deaths when processing a claim or a change in veteran benefits.

When a service member dies on active duty, or if the veteran was not receiving a VA benefit, the next-of-kin should request a certificate. Requests should be accompanied by a copy of a document that will help establish honorable service. VA Regional Offices can assist in applying for certificates. Requests for certificates recognizing service prior to July 16, 1963, should be sent to the VA Regional Office, 941 North Capitol Street N.E., Washington, D.C. 20421.



SAMPLE

*The United States of America
honors the memory of
Allen G. Smith*

*This certificate is awarded by a grateful
nation in recognition of devoted and
selfless consecration to the service
of our country in the Armed Forces
of the United States.*

*William Clinton
President of the United States*

DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

To be eligible, the deceased must have died from:

- 1--A disease or injury incurred or aggravated while on active duty or active duty for training;
- 2--An injury incurred or aggravated in line of duty while on inactive duty training;
- 3--A disability compensable by VA. Death cannot be the result of willful misconduct and the veterans discharge must have been under conditions other than dishonorable.

DIC payments may be authorized for survivors of veterans who were totally service-connected disabled at time of death but whose deaths were not the result of their service-connected disability. The survivor qualifies if:

- 1--The veteran was continuously rated totally disabled for a period of 10 or more years immediately preceding death;
- 2--The veteran was so rated for a period of at least five years from the date of military discharge;
- 3--The veteran was a former prisoner of war who died after September 30, 1999, and who was continuously rated totally disabled for a period of at least one year immediately preceding death.

SHOULD THE WIDOW OR WIDOWER OF A FORMER PRISONER OF WAR NOT MEET THE CRITERIA OF PUBLIC LAW 106-117 SECTION 501 OF THAT LAW IT MUST BE SHOWN THAT THE PRINCIPLE CAUSE OF DEATH WAS A SERVICE-CONNECTED DISABILITY OR A SERVICE-CONNECTED DISABILITY CONTRIBUTED TO THE VETERANS DEATH IF THE FORMER PRISONER OF WAR WAS NOT RATED 100% ONE YEAR PRIOR TO DEATH.

The term "widow" means the legal spouse (male or female) of the veteran at time of the veteran's death and who was married to the veteran for one year or more, or any period of time if a child was born of the marriage or before the marriage.

It must be shown that the spouse lived continuously with the veteran from date of marriage to date of death. Unless separating occurred through no fault of the spouse.

Upon remarriage the spouse is ineligible for benefits should the marriage end in divorce or death eligibility for benefits may be restored.

PUBLIC LAW 95-479 Provides that DIC may be paid even though the veteran's death was not due to a service-connected cause. Eligible are veterans who were rated 100% service-connected disabled (including unemployability). At the time of death and such rating was in effect for ten or more continuous years prior to the veteran's death. (This includes veterans who would have received VA compensation but didn't because they elected to retain their military retired pay or disability pay in lieu of VA service-connected disability). Payment of DIC in such cases does not indicate a service-connected death, but DIC can be paid. None of the other benefits would be available that are normally provided in service-connected deaths such as larger VA burial allowance.

Application for DIC is made using the prescribed VA form 21-534. Questions in relation to income and net worth need not be completed as the widow is applying for DIC and not widow's pension. To apply, the spouse will need a certified copy or ordinal of the veteran's death certificate (unless the death occurred in a VA medical center), certified copy of marriage certificate, veteran's separation papers from the service, certified birth certificates of any minor children or helpless child, copies of any divorce decrees or death certificate if applicable. NOTARIZED documents are not acceptable by the VA documents must be ordinal or certified.

THE SPOUSE SHOULD HAVE THE FOLLOWING INFORMATION AVAILABLE.

- 1--Veteran and spouse's social security numbers.
- 2--Veteran's service number
- 3--Social security numbers of any minor children or helpless child.
- 4--Veteran's VA claim number (C number).
- 5--Location of veteran's claim file. (VA regional office where C file is located).
- 6--Dates and places of any previous marriage (spouse and veteran). Name of previous spouse or spouses, how marriage ended, death or divorce date and place. Certified death certificate or copies of divorce decree.
- 7--Current marriage certificate.

DIC payment:

The DIC benefit payable is not taxable, other income including Social Security does not effect DIC benefit. The only exception would be if the widow or widower is entitled to receive (SBP) Survivors Benefit Plan. SBP is only available to spouses of retired military members. A widow or widower cannot draw both benefits - she or he must elect one or the other. It would be to their advantage to take the DIC benefit. The SBP annuity would be reduced by the amount of DIC received.

DIC may be paid if it can be shown that a service-connected disability, disease or injury significantly contributed to the cause of death. It must be shown that there was a connection between the service-connected disability and cause of death.

If there is any doubt of the cause of death, family members should discuss the probable cause of death with the official certifying the cause of death or the attending physician making them aware of any service-connected conditions the veteran may have had that could have caused or contributed to the veteran's death, and if there is any doubt an autopsy should be requested. (Remember: an autopsy can help to establish a benefit and it can also go against a benefit).

Also former prisoners war that have died of diseases prior to laws making these diseases a presumptive. (Examples; Ulcer and Ischemic Heart Disease) The spouse should reopen the veteran's claim if the veteran died as a result of a recognized presumptive for former prisoners of war. DIC may be granted but not retroactive to date of death, but could be granted from date of reopened claim.

A new regulation, dated July 18, 2003, has provided a new presumptive for former prisoners-of-war – cirrhosis of the liver.

Any veteran's widow that has been denied DIC should be encouraged to reopen her DIC claim for review to verify that cirrhosis of the liver was a contributing cause of the veteran's demise. Every veteran's widow is encouraged to contact a reputable national service officer to assist her in the re-opening of her claim.

VETERANS BENEFITS ARE NOT PRORATED:

Any veteran administration recipient who dies their benefits are not payable for the month in which they died.

Example:

1--Date of death, 03-01-96, benefits can be kept that were paid on 03-01-96. Benefits issued 04-01-96 must be returned.

2--Should a VA recipient die on 02-29-96, benefits must be returned as they are not payable for that month.

Note Social Security benefits are not prorated. To be entitled to a Social Security benefit check for a given month, the person must be alive the entire month. No benefits is payable for the month of death.

Military retired pay is prorated. Contact retired pay Cleveland, OH. INITIAL AWARDS TO DEPENDANTS UPON DEATH OF A VETERAN.

DIC is not payable until first of the month after the death.

1--DIC should be applied for within 45 days of the veteran's demise.

2--DIC applied for 2 years, after the veteran's demise entitlement will be from the date of the claim.

Public Law 104-275, Oct.9, 1996, The Veterans Benefits Improvements Act of 1996 requires the VA to pay a veteran's surviving spouse an entire month's compensation for the month in which the veteran dies.

IN ADDITION TO DIC THERE ARE OTHER VETERANS BENEFITS A SPOUSE MAY BE ELIGIBLE FOR.

1 - AID AND ATTENDANCE

Surviving spouses receiving DIC may be granted a special allowance to pay for aid and attendance if they are patients in a nursing home or require regular assistance of another person in addition to the DIC rate.

2 - HOUSEBOUND

Surviving spouses receiving DIC who are not so disabled to require the regular aid and attendance of another person but who, due to disability, are permanently HOUSE BOUND may be granted a special allowance in addition to DIC rate.

3 - SURVIVORS EDUCATION CHAPTER 35:

Surviving spouses awarded DIC may be eligible for education benefits. While attending school or training the spouse is eligible for an additional monthly allowance.

4 - TRICARE FOR LIFE (TFL)

Was passed by Congress as part of the FY 2001 National Defense Authorization Act (P. L. 106-398) and became Public Law on October 30, 2000. TRICARE For Life took effect on October 1,2001.

ELIGIBILITY TFL covers all uniformed services retirees, spouses, and other qualifying dependents and survivors (including certain former spouses) who are Medicare-eligible and enrolled in Medicare Part B, regardless of age. Retired National Guardsman and Reservists receiving military retired pay are eligible for TFL when eligible for Medicare Part A and also enrolled in Medicare Part B.

TFL does not apply to Military Retirees who are not eligible for Medicare they remain eligible for TRICARE under all its options.

Uniformed Services Family Health Plan (USFHP)

Tricare care For Life has no affect on persons enrolled in USFHP unless they plan to relocate or disenroll from the USFHP. Enrollees 65 and older already receive the full TRICARE benefit. The USFHP contractor provides health care services through a network of hospitals and providers functioning like TRICARE Prime. The Department of defense (DOD) fully funds the USFHP annually through appropriations from Congress.

TRICARE FOR LIFE INFORMATION SOURCES

TFL Information by Phone

DOD Customer Care Call Center: (888) 363-5433

Hours - M-F, 7am-11pm; Sat, 9am-8pm; Sun, 10am-5pm (Eastern time)

TSRX: Tricare Senior Pharmacy Call Center: (877) 363-6337

Hours- M-F, 7am-11pm; Sat, 9am-8pm; Sun, 10am-5:30pm (Eastern time)

DEERS and Defense Manpower Data Center Support Office

(DSO):(800) 538-9552

The best time to call the Telephone Center is between 9am & 3pm (Pacific time) Wednesday through Friday to avoid delays.

National Mail Order Pharmacy: (800) 903-4680

Hours- M-F, 8am-12 midnight; Sat, 8am-6pm; Sun, 9:40 am-6:30pm (Eastern Time)

Medicare:(800) 633-4227, 24 hours per day, 7 days per week

NOTE: TRICARE FOR LIFE does not pay Part B Premiums you are responsible for these monthly premiums.

5 - CHAMPVA FOR LIFE: (CFL)

CHAMPVA FOR LIFE (CFL) is not separate from CHAMPVA, it's an extension of benefits to certain individuals over 65. CFL was signed into law June 5, 2001 as part of the Veteran's Survivor Benefits Improvements Act of 2001, P.L. 107-14.

CHAMPVA is a distinct program and is governed by The Department of Veterans Affairs To be eligible for CFL benefits over age 65, you cannot be eligible for TRICARE/CHAMPUS and you must be in one of these categories:

- 1- Spouse or child of a veteran who has been rated 100% permanently and totally disabled for a service-connected disability by a VA regional office.

- 2- Surviving spouse or child of a veteran who died from a VA-rated service-connected disability, or who at time of death rated 100% permanently and totally disabled.
- 3- Surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most cases, these family members are eligible for TRICARE, not CHAMPVA).

CFL and Helpless Children:

CFL provides benefits if the child is determined to be a Helpless Child by a VA Regional Office and if they meet all other eligibility requirements.

CFL and Remarried Widows/Widowers:

If you remarried after the first veteran-sponsor died, and the remarriage ended, you may be eligible for CFL or CHAMPVA. To be eligible, your first marriage must have been to a veteran who was 100% permanently and totally disabled or who died from a service-connected condition. It does not matter if the veteran was retired from the military.

CFL APPLICATION PROCESS:

- 1 - Application for CHAMPVA benefits form (VA Form 10-10d);
- 2 - Other Health Insurance Certification form (VA Form 10-7959c);
- 3 - Copy of the MEDICARE card (if eligible for Medicare). If not eligible for MEDICARE, but are 65 plus, copy of documentation from the Social Security Administration confirming that you are not entitled to MEDICARE benefits.

OPTIONAL DOCUMENTS USED TO SPEED THE PROCESSING:

1. Veteran and spouse marriage license.
2. Birth certificate/adoption papers for children.
3. Page from VBA rating decision that shows the veteran is 100% permanently and totally disabled or death rating for a survivor.
4. For remarried spouses who are once again single, copy of the legal document proving termination of the second marriage (divorce decree, annulment decree or death certificate).
5. The veteran's DD214 or Report of Separation. This form can be obtained from the sponsor's military branch.
6. School certification of full-time enrollment for children ages 18-23.

NEVER SEND ORIGINAL DOCUMENTS
SUBMIT PHOTOCOPIES ONLY

NEW CHAMPVA POLICY FOR SURVIVING SPOUSES

A new law reinstates health care benefits for some surviving spouses covered by the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they apply by February 4, 2004.

The surviving husband or wife who lost access to CHAMPVA benefits by remarrying before February 4, 2003, can be reinstated if they remarried after becoming age 55 and if they apply for reinstatement by February 4, 2004. Similarly, a surviving spouse who remarried after becoming age 55 and lost access to Tricare benefits may now be eligible for CHAMPVA coverage.

Eligibility is limited to family members of veterans who have a permanent and total service-connected disability, who died of a service-connected condition or who were totally disabled from a service-connected condition at the time of death.

Surviving spouses who remarry at a younger age and lose their CHAMPVA benefits can have these benefits restored if their later marriage is annulled or ends because of death or divorce.

CHAMPVA covers most health care services and supplies that are medically and psychologically necessary. For more information, contact VA's Health Administration Center at 1-800-733-8387.

THE CFL OUTPATIENT PRESCRIPTION MEDICATION BENEFIT

CFL does provide an outpatient prescription benefit, something not provided under MEDICARE. Prescription drugs, if ordered through the CHAMPVA system, are received at no charge and are filled by a pharmacy located in Wyoming. If prescription is filled by a local pharmacy, a co-pay of 25% is required.

CHAMPVA FOR LIFE INFORMATION SOURCES

CFL Information by Phone:
RECORDED INFORMATION (888) 289-2411
Toll free line 24 hours a day.

To speak to a benefits advisor (800) 733-8387
Hours-Monday-Friday 9am- 1:30pm and 2:30pm-5:00pm (Eastern time).

CFL Information by Mail:
The Health Administration Center
P.O. Box 65023
Denver, Co. 80246-9023

CHAMPVA for Life - Eligibility
P.O. BOX 469028
Denver, Co. 80246-9028

NOTE: CFL DOES NOT PAY FOR MEDICARE PART B PREMIUMS.

You are responsible for these monthly premiums.

6 - LONG TERM CARE INSURANCE:

The Federal Long Term Care Insurance Program is an important new benefit. It includes Federal and Postal employees and annuitants, members and retired members of the uniformed services and qualified relatives. The Office of Personnel Management (OPM) contracted with John Hancock and Metlife, who formed a joint venture called Long Term Care Partners, to provide this insurance.

SURVIVING SPOUSES RECEIVING DEPENDENCY and INDEMNITY (DIC).

Surviving spouses are eligible to apply for the Federal Long Term Care Insurance. OPM considers DIC payments to be a survivor annuity. Therefore, surviving spouses receiving DIC payments are eligible to apply for the Federal Long Term care Insurance Program.

LONG TERM CARE INSURANCE (LTC)

INFORMATION SOURCES

LTC INFORMATION BY PHONE:

(800) 582-3337

TDD (800) 843-3557 (hearing impaired)

Hours Monday - Friday 8am-8pm (Eastern time)

LTC INFORMATION BY MALL:

Federal Long Term Care Insurance Program

204 Carter Drive

West Chester, Pa. 19382

7 - SPOUSES ELIGIBILITY FOR HOME LOANS:

Non-remarried spouses of veterans who served during a period which occurred between September 16, 1940 to present who died as a result of service-connected causes. Spouses are limited to one-time use of the GI loan.

8 - FEDERAL EMPLOYMENT PREFERENCE:

Surviving spouses are entitled to veterans preference for federal employment if the veteran passed away from a service-connected disability.

NOTE: There are only a few states that recognize common law marriages. VA is bound by laws governing marriage in every state. A common law marriage can be terminated except thru divorce, annulment or death of one of the parties. A valid common law marriage continues to be valid if the parties later move to a state that does not recognize common law marriages. Should a couple enter into a common law marriage in a state that does not recognize common law marriages the widow cannot establish entitlement to any VA benefit.

SOME OTHER PRESUMPTIVE DISEASES THAT CAN BE CONSIDERED FOR SERVICE CONNECTION FOR DIC:

EXPOSURE TO RADIATION:

Japanese POWs who suffer from types of Cancer due to exposure to radiation who were repatriated through the Port of Nagasaki during the period of 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.

The list is not all-inclusive. VA has revised the Regulations so that it will consider claims based on diseases other than those listed in the Regulation, provided the claimant presents scientific or medical evidence showing the claimant's condition may be caused by radiation exposure.

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 Gall Bladder, Cancer of the bile ducts, Primary liver cancer (Except if cirrhosis or hepatitis B is indicated), Cancer of the salivary gland, Cancer of the urinary tract (means the kidneys, renal pelvis, ureters, urinary bladder, and urethra). PROSTRATE CANCER IS NOT INCLUDED PER FEDERAL REGISTER.

CLAIMS:

The widow must, the same as any other veteran's widow, file a claim proving that any other disability is service related. None of the POW presumptives cover cancers.

AGENT ORANGE EXPOSURE:

If the veteran Ex-POW was retired military called back to active duty during the Vietnam War served in Vietnam is suffering or died from any of the cancers recognized by VA for Agent Orange Exposure a claim needs to be filed.

EXPOSURE TO AGENT ORANGE:

Non Hodgkin's Lymphoma (endless pres. period), effective 08-05-64, Chloracne (12 month presumptive from date last in RVN) effective 09-25-1985, Soft Tissue Sarcomas (But Not Kaposi's sarcoma), (endless pres. period), effective 09-25-1995, Hodgkin's Lymphoma effective 02-03-1994, PCT (12 month presumptive from date last in RVN) effective 02-03-1994, Multiple Myeloma (endless pres. period), effective 06-09-1994, Cancer of lung (but not Mesothelioma), trachea & larynx (but not pharynx) (30 year pres. period from last day in RVN), effective 06-09-1994, Prostrate cancer effective 11-07-1996.

Claim must be filed the same as any other veteran or veteran's widow that the disability is service related.

PENSION FOR SURVIVORS:

Public Law 95-588 "Veterans and Survivors Pension Improvement Act of 1978". Survivors of deceased veterans who are not eligible for Dependency and Indemnity Compensation DIC may be eligible for a pension. Pension is very restrictive and is based on income and need.

ELIGIBILITY:

Veteran had 90 days or more wartime service discharge must have been under conditions other than dishonorable. Spouse must have lived with veteran from date of marriage to date of death for at least one year unless the separation was caused through no fault of the spouse or for any period of time if a child was born of the marriage or born to them prior to marriage. The spouse must provide evidence showing her relationship to the veteran and must meet the statutory income limitations.

As with all veteran's benefits, the widow must apply using forms prescribed by VA, VA Form 21-534.

If the widow is eligible for pension and becomes so disabled as to need the Aid and Assistance of another person, or, because of disabilities, becomes housebound, there are addition payments that the VA may make to help defray the cost. Each year an income questionnaire (EVR) will have to be completed and returned to VA. If a widow remarries the pension will be terminated and they will be unable to go back onto the pension if that marriage ends in a divorce or death. If the widow remarries another veteran and that veteran dies, she can apply for benefits based on that veteran's service.

Unless a claim for pension is filed within 45 days from date of death, that benefit if awarded, is not payable from a date earlier than the date the claim is received by the VA. If the claim is filed within 45 days of the date of death (received by the VA) postmark counted, then they go back to the date of death, if eligible for pension and any insurance received is counted as income and any debts of last illness and burial are spent down. If the claim is filed more than 45 days after date of death, then whatever is paid or received within the 45 days is not countable, income or spend down.

SURVIVOR BENEFIT PLAN: (SAP)

SBP is not a VA benefit and is paid by the branch of service the retiree was a member of.

Election for SBP must have been made by the retiree before his retirement from the military or when there was an open period of enrollment.

Should the widow be eligible for DIC and SBP she can make the election to draw one or the other she cannot draw both.

It would be to the widow's advantage to elect the VA benefit, DIC has no offsets for social security or income tax. The SBP annuity is reduced if the survivor is entitled to social security. Also income tax must be paid on the annuity.

Should the SBP annuity be higher than the amount of DIC, if DIC payment is elected VA will pay file eligible DIC amount and SBP will pay the differential amount. (Full amounts of DIC and SBP cannot be received concurrently)

If the widow is not eligible for benefits from the VA (DIC or widow's pension) she would draw her full SBP annuity with its restrictions.

APPEALS:

If you are denied VA benefit for DIC or widow's pension, you as a claimant have the right to appeal.

A claimant has one year from the date of the notification of a VA decision to file an appeal.

The first step in the appeal process is for claimant to file a notice of disagreement with the nearest VA regional office. This is simply a written statement that you disagree with VA.

Following receipt of written notice, VA will furnish you a "Statement of the Case" describing what facts, laws and regulations were used for the determination.

To complete the request for appeal, the claimant must file a Substantive Appeal within 60 days after the date of the Statement of the Case or within one year from the notification of the original determination, whichever is later.

Should the VA regional office deny your appeal, you have the right to have your claim submitted to the Board of Veterans Appeals. If the Board of Veterans Appeals denies your claim you can request the claim be appealed to the Court of Veterans Appeals. This court is independent of the Department of Veterans Affairs. Only claimants may seek a review by the court, VA may not appeal BVA decisions.

AUTOPSY

Autopsy results can be important in some cases, but survivors should carefully weigh the decision to take that action. When a surviving spouse, dependent child, or dependent files a claim for DIC with VA, the application is their way of stating that they believe the death was service-connected (caused by a disability incurred in, or aggravated by, active duty). Determination of service-connected death is made by disability rating boards in VA regional offices. The board's procedure includes a review of established service-connected disability(ies) or a determination of such disabilities if a prior rating is not on record. It further involves a review of the other medical treatment records that might be pertinent and any other medical evidence developed to support a claimant's position. Among the latter, an autopsy report can be important, even critical, when there is not a clearly established linkage between service-connected disability and death.

While VA neither suggests nor encourages family requests for autopsies, it does advise that autopsy findings can weigh heavily on "close calls" in service-connected death determinations. Families should keep in mind that an autopsy, and related special reports, generally are an additional medical cost and that autopsies are expensive. However if there is any doubt as to cause of death, the nearest VA Medical Center should be contacted and an autopsy requested if the veteran is a former Ex-POW. There is a special autopsy for former POWs. Many VA Medical Centers are unaware of this special autopsy but survivors should insist that the special autopsy be performed. There is no charge and the VA will pick up the remains if death did not occur in the VA Medical Center and will return the remains within 48 hours. This autopsy is known as Former Prisoners of War (POW's) protocol autopsy.

Depending on the presumed cause of death, circumstances surrounding the death or medical interest may prompt civil or medical authorities to request that the family authorize an autopsy. In such cases, the family might not be charged with the expense.

There is no way to predict the specific impact the findings of an autopsy can have on a VA determination. The suggestion is that veterans and their families keep these considerations in mind and carefully review the possibility that such an action can affect the VA ultimate service-connected death determination.

GUIDELINES FOR PERFORMING POST-MORTEM EXAMINATION ON
FORMER PRISONERS OF WAR (POWs)

1. Background

a. A Special Registry was established in 1980 at the Armed Forces Institute of Pathology (AFIP) for pathological material from former POWs of World II, the Korean Conflict and Vietnam Era.

b. It is estimated that approximately 96,000 former prisoners of war from World War II, the Korean Conflict and the Vietnam Era were still living in 1980. Follow-up studies on former prisoners of war have documented the rate and type of morbidity and disability, both psychological and physical, and have detailed as well the differences in disease patterns between those held prisoner in the Far East and those held captive in the European theater of operations.

(1) Each POW group had a mortality ratio higher than that of a matched control group. The experience of both European and Japanese prisoners of World War II suggests a positive association of stress in prison with later mortality. Mortality ratios have been greater in the Korean and Japanese prisoners than in prisoners from the European and Mediterranean areas of World War II.

(2) Sequelae of POWs are both physical and psychiatric; however, these sequelae have been more prevalent in the Japanese and Korean POWs than in the European POWs.

(a) Parasitic disease, tuberculosis, cardiovascular-renal disease, gastrointestinal and liver disease as well as neurological disorders have all been major causes of disability.

(b) Many of these former POWs have been left with permanent impairments.

(c) Review of injuries, illnesses, and psychiatric disorders among POWs of the Vietnam Era indicates the most common physical illnesses diagnosed in Army POWs on repatriation were:

1. Helminthiases,
2. Avit aminosis,
3. Bacterial skin infections and dermatophytosis,
4. Peripheral nerve injury,
5. Hearing loss,
6. Diseases of the retina and optic nerves,
7. Malaria,
8. Amoebiasis,
9. Acute upper respiratory infections,
10. Dental problems, and

11. Compressed fractured vertebrae.

(d) Some former POWs are considered to be at risk because of the extended period of time during which they were subjected to protein, calorie and vitamin malnutrition.

(e) The term "premature aging" has been applied to prisoners who were in their teens when captured. Late adolescence is a vulnerable time to undergo the stress of malnutrition.

NOTE: The wide range of diseases, deficiencies and disabilities to which all POWs were exposed, emphasizes the importance of extending the medical follow-up in these patients whenever possible.

2. Autopsy

Obtaining permission for autopsy examination on former POWs is strongly encouraged. Autopsies performed on former POWs should be in accord with the accepted autopsy protocol currently in use.

a. In addition to the routine autopsy procedures, morphologic study should be made of tissue samples from:

- (1) Peripheral nerves, including sections of skeletal muscles with dorsal root ganglia;
- (2) Spinal cord at several levels including cervical widening;
- (3) Medulla at the level of the hypoglossal nucleus;
- (4) Midbrain;
- (5) Hypothalamus, including mammillary bodies and wall of third ventricle;
- (6) Thalamus;
- (7) Hippocampus;
- (8) Optic nerves; and
- (9) Cortex from each cerebral lobe.

b. Sections from the nervous system should be stained for myelin and axons in addition to the hematoxylin and eosin stains.

c. Further recommendations include taking specimens from the testes, prostate, bladder and kidney.

(1) Half of each testis should be fixed.

(2) Material from the prostate should include the capsule and the urethra.

(3) Sections from the bladder should include any obvious lesions. If none, sample should include the trigone.

(4) Sections from the kidney should include cortex and pelvis.

d. Most importantly, attention should be directed toward the search for, and identification of, diseases and disorders not expected in the autopsy of a non-military patient.

NOTE: *Familiarity with the spectrum of diseases likely to affect former POWs will enable the pathologist to render a more complete medical assessment of patients in this select group.*

3. All pathological material (surgical, cytologic, and autopsy) from POWs will be examined and reported in the customary manner at each medical center. A duplicate set of slides, blocks and representative wet tissue will be forwarded to the AFIP.

a. All material for shipment to AFIP must be packaged in the usual manner and addressed to the Director, Armed Forces Institute of Pathology, "Attention Former POW Registry."

b. The packaged specimens must be further identified by affixing VA Form 10-5558, a POW label. This label measures 2 1/2 X 5/8 inches and has the letters POW in green on a white background.

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MILITARY EXCHANGE AND COMMISSARY PRIVILEGES

ELIGIBILITY:

Unlimited exchange and commissary store privileges in the United States are available to file following.

A--Honorably discharged veterans with a service-connected disability rated at

100%.

B--Retired members of the Armed Forces.

C--Recipients of the Medal of Honor.

D--Dependants and orphans.

E--Reservists and their dependents also may be eligible,

WIDOW:

Non-Remarried widows in receipt of DIC from the Department of Veterans Affairs

Widows of retired members of the Armed Forces

APPLICATION:

VA certifies total disability and widows entitlement. Written communication signed by the veteran or surviving spouse with the VA claim number will be referred to the correspondence unit for the following action.

Review of the C-file or computer information to insure eligibility

Prepare letter for veteran and attach a DDT Form 1172.

For widow, furnish a specially designed letter and attach a DD Form 1172.

MEDICAL CARE FOR DEPENDENTS AND SURVIVORS

CHAMP VA:

Champ VA, the VA civilian health and medical program, shares the cost of medical care for dependents, and survivors of veterans if not eligible for CHAMPUS or MEDICARE, PART A. provided veteran had a total disability for a service-connected injury, died as a result of a service-connected disability or who had a total disability from a service-connected injury at the time of death, died in-the-line of duty in the active Armed Forces.

Apply to Champ VA Center, PO Box 65024, Denver, Co. 80206-5024, or call 1-800-733-8387.

MEDICARE:

Federal hospital and medical insurance for people 65 and older and certain disabled people. Contact local Social Security Office for applications and information.

Medicare pays its share of cost directly to hospital where care was received. A Medicare Benefits Notice explains what services Medicare paid for. A patient's Request for Medicare payment (form 1490S) must be submitted to Medicare carrier to pay for services of doctors and suppliers. Submit to Medicare carrier in state where services were received. If the doctor supplier is Medicare-participating, or uses the assignment method of payment, he or she submits the claim. For more detailed information on Medicare, pick up a copy of The Medicare Handbook (Publication HCFA 10050) at your nearest Social Security Office.

LIFE INSURANCE

COMMERCIAL:

Provides lump sum payments of varying amounts to beneficiaries named by the policyholder.

Contact the local company representative. When you complete claim forms provided by the insurance company, you will need a certified copy of the death certificate and the insurance policy.

VA LIFE INSURANCE:

There are several insurance programs that have evolved over the years. All are administered by The Department of Veterans Affairs. (SGLI and VGLI both are administered by Servicemen Group Life Insurance, Newark, N.J. and will not be covered in this discussion.)

For guidance on procedure for filing claim, have available policy name, policy number, (including policy letter prefix), insured's full name, date of birth; date of death, date of policy issuance and Social Security number of insured.

THE NATIONAL TOLL-FREE VA INSURANCE NUMBER 1-800-669-8477.

VA Regional Office and/or the VA Insurance Centers listed below may also be contacted. NOTE: Within two years thru centralization there will only be one VA Insurance Center located in Philadelphia, Pa.

VA INSURANCE CENTER

PO Box 8079

Philadelphia, PA. 19101

Photo copy of death certificate needs to be attached to VA Form 29-4125 Claim For One Sum Payment (Insurance).

FEDERAL EMPLOYEES GROUP LIFE INSURANCE (FEGLI)

Applies to Federal Civil Service employees who had this insurance. Lump sum or monthly payment depending on settlement option.

Contact:

Office of Personnel Management
Attn.: Retirement and Insurance Information Section
1900 E Street NW
Washington, D.C. 20415
(202) 632-7700

Identified by retiree's CSA number.

SOCIAL SECURITY-FEDERAL RETIREMENT CIVIL SERVICE-RAILROAD

SOCIAL SECURITY:

If the deceased qualified for social security benefits at the time of death, monthly survivor benefits are payable to the:

Widowed spouse at age 65 or as early as age 60 if reduced benefits are elected. Widowed spouse at any age who is caring for a child under 16 or disabled who is entitled to benefits. Disabled widow at age 50 or older. Unmarried children under 18 and those 18 or over who become disabled before age 22 and remain disabled. Dependent parents, age 62 or older. Surviving divorced spouse at age 60 or over 50 if disabled who was married to the deceased for 10 years, or any age if caring for a child under 16 or disabled who is entitled to benefits on the deceased record. A claim for social security benefits should be filed with the nearest Social Security Office. Call first for an appointment and determine what documents will be required.

FEDERAL CIVIL SERVICE:

Survivors of retired federal civil service employees will be entitled to a monthly annuity if the employee elected to receive reduced federal civil service retired pay to provide the annuity. The amount payable is dependent upon the election made by the employee.

Apply Office of Personnel Management
Attn.: Retirement & Insurance Information Section
1900 "E" Street, NW
Washington DC 20415
(202) 632-7700

Annuity inquires: (202) 632-5680 (A-CO) 5007 (CP-G), 5623 (H-N), 0152 (O-SL), 7457 (SM-Z).

Tax inquires: (202) 632-5695 (Washington DC)

Mail Records Center: Office of Personnel Management & Employees, Service & Records Ctr., Boyers, PA 16017, (412) 794-8442/8690/6628.

A certified copy of death certificate must be provided with completed claim form. Provide retiree's civil service retirement number (CSA) on all correspondence.

RAILROAD RETIREMENT:

Paid to survivors of retired railroad employees who elected to participate in this annuity plan. Contact the nearest Railroad Retirement Board Office. Check telephone book under U.S. Government for phone number in your area.

SURVIVING SPOUSE OF RETIRED MILITARY

NOTIFICATION OF DEATH:

It is important that the Military Department receives prompt notification of a retiree's death. This will expedite final settlement of retired pay. If a military base is nearby and a Survivor Assistance Officer is appointed, he or she will probably take care of these notifications. However if such an officer is not available, letters with a copy of the death certificate should be sent to the Military Department from which retired.

Military casualty Assistance Offices provide assistance such as counseling on your rights as a survivor; help in applying for benefits from the military, Department of Veterans Affairs or other government agencies. Contact the Casualty Assistance Office at any military installation for help. Survivors of members of any branch of the military may also call the Air Force's toll free Casualty Assistance Line at (800) 558-1404 (daytime) or (800) 433-0048 (after hours and holidays). They will refer you to the nearest military Casualty Assistance Office.

There are good organizations that can provide helpful information on military benefits, especially SBP, RSFP and can even help you apply for benefits due you. The Army and Air Force Mutual Aid association can be reached at (800) 336-4538. The Navy Mutual Aid Association is a sea service veteran's benefits group serving the Navy, Marine Corps, Coast Guard, Public Health and NOAA uniformed personnel and their families.

Contact them at (800) 628-6011. The Army, Air Force and Marine Corps require two separate letters, one letter to be mailed to the below address the second letter to be mailed to the Defense Finance and Accounting Service, Cleveland, Ohio. address on next page. The Navy requires one letter to be mailed to the Finance & Accounting Service, Cleveland, Ohio. The Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration require only one letter mailed to the below addresses.

ARMY
Headquarters
Department of the Army
Attn: DAPC-PEC
Alexandria VA. 22331-0522

AIR FORCE
US Air Force Manpower
& Personnel Center
Attn: AFMPC/MP CCAA
Randolph AFB TX 78150-6001

MARINE CORPS
Commandant
United States Marine Corps
Attn: MHP-10
Washington DC 20380-0001

NOAA
Chief
Commissioned Personnel Division
6010 Executive Blvd.
Rockville, Md. 20858
(301) 443-8616
(No toll-free number)

Coast Guard
Commandant (G-PS-1)
United States Coast Guard
Trans Point Building
Washington DC 20593-0001
(800) 424-7950
(202) 267-1845

Public Health Service
Survivor Benefit Center
Officer Services
Branch, CPOD
Parklawn Bldg
5600 Fishers Lane
Rockville MD 20857
(301) 443-3087
(No toll-free number)

UNPAID RETIRED PAY / ANNUITIES

UNPAID RETIRED PAY:

Contacting the finance center will stop retired pay and begin the claims process for unpaid retired pay. Entitlement to retired pay stops at midnight on the date of the retiree's death. Return the last non-cashed or non-deposited retired check to the finance center. If pay is received by electronic fund transfer, notify the bank.

Defense Finance & Accounting Service
Cleveland Center
(DFAS-CL/ROAXB)
PO Box 99199-1126
Cleveland OH 44199-1126
(800) 321-1080

Survivor Benefit Plan (SBP) and/or The Retired Serviceman Family Protection Plan (RSFPP). Paid to survivors of military retirees who elected to participate in SBP and/or RSFPP. The annuity is reduced if the survivor is also entitled to VA compensation (DIC) and/or is older than 62 and is entitled to a widow's social security survivor payment. Allow 30-90 days for processing your claim. Contact military finance center listed below.

Defense Finance & Accounting Service
Denver-Center
DFAS -DE/FRB
6760 E Irvington Place
Denver CO 80279-6000
(800) 435-3396
(303) 676-6552

Coast Guard Retired Pay
444 SE Quincy St.
Topeka KS 66683-3591
(800) 772-8724

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LETTER OF INSTRUCTIONS

Date: _____

I. From Retiree: _____ SSN: _____
To Spouse/Next of Kin: _____ SSN: _____

II. The following forms and documents should be located and gathered up immediately upon my death and the Casualty Assistance Representative at _____ be contacted immediately at () _____ or in person:

- Retiree Casualty Assistance Checklist
- Estate Planning Document
- Military Identification Card(s)
- Retiree's Last Pay Statement (known as a Retiree Account Statement)
- Birth Certificate(s)
- DD Forms 214
- Retirement Orders

Note: While gathering these documents, make arrangements to purchase certified copies of death certificate (up to 5). Since these can be expensive, use photo copies wherever they are accepted.

III. Once the above items are located, the following things need to be done right away:

- Notify Social Security (1-800-772-1213)
- Advise bank where retirement checks are sent
- Spouse to get new Identification card (Military)
- Contact Private Insurance Companies (Casualty Assistance Rep. at Base will assist in getting V.A. Insurance)
- Change titles on all vehicles as well as all other "Joint Tenancy"
- Contact all other interested agencies

IV. You can expect the Casualty Assistance people at _____ to fill out the following paperwork:

- The Initial Retiree Death Report
- SF 1174 to be sent to DFAS-Cleveland for arrears in pay
- DD Form 1184, W-4P and FMS Form 2231 to be sent to DFAS-Denver for payment of SBP and/or RSFPP where appropriate
- VA Form 21-534 to be sent to VA as claim form for death benefits insurance (NSLI, VGLI, or SGLI) when appropriate

Note: These are only general type of considerations since each C A R and individual will have their own personal requirements. Also, services other than the U.S. Air Force may have different needs and requirements.

BURIAL INFORMATION

Who should be notified of your death:

Name Relationship Address Phone #

- Do you want to be (circle one): Buried Cremated?
- Name of cemetery where you want to be buried:
- Do you want to be buried in your uniform? YES NO
- Do you want a memorial service? YES NO If yes, where?
- Have you purchased a burial plot? YES NO If yes, where?
- Do you have a preference of funeral home? YES NO If yes, which one?
- Do you want a military honor guard? YES NO

INFORMATION

- Enrolled in RSFPP, SBP, SSBP (circle all that apply) Did you disenroll from this plan? Yes No (circle one)
- VA Claim #:
- Eligible to draw VA disability compensation (even if not currently in receipt): Yes No (circle one)
- Receiving Social Security: Yes No (circle one) If yes, age at which first received:
- Organ donor: Yes No (circle one)
- Is there a living will?
- Date of Marriage: _____ Place of Marriage (City, State, Country): _____

LOCATION OF DOCUMENTS

DOCUMENT

WHERE LOCATED

- Living Will _____
- Current Retired Pay Statement _____
- Marriage Certificate (s) _____
- Divorce Decree(s)/property settlement(s) _____
- (from previous marriages of retiree or spouse)
- Death certificate(s) (from previous marriages of retiree or spouse) _____
- Birth certificates/adoption papers (retiree, spouse, children) _____
- DD Form(s) 214 (Active Duty Discharge Record) (for all periods) _____
- Retirement Orders _____
- Safe-Deposit Box - List Contents: _____
- Will _____
- Vehicle Registration _____
- Vehicle Title _____
- Insurance policies _____
- Investment papers (CDs, Mutual Funds, IRA, other) _____
- Burial plot information _____
- Uniform for burial _____
- Medical and dental records _____
- Real Estate deeds _____
- Tax returns _____
- Bank Name Phone # Type of Acct _____
- Account # (check. or sav.) _____

DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL THE ARMED FORCES
“Retirees Casualty Assistance Checklist”
 (For later use by next of kin)

As of Date: _____

Retirees Name _____ (First) (Middle) (Last) SSN _____ Ser# (Other) _____

Military Grade _____ Date of Retirement _____ Branch of Svc. _____ Yrs. of Svc. _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ (Month Day Year) Place of Birth _____

Date of Marriage _____ (Month Day Year) Place of Marriage _____

Father's Name _____ DOB _____ (Month Day Year) Place of Birth _____

Mother's Maiden Name _____ DOB _____ (Month Day Year) Place of Birth _____

Documents needed to claim death benefits:

- Copies of report(s) of separation from active duty (DD Form 214, etc.)
- Copy of retirement orders
- Copies of birth and death certificates
- Beneficiaries birth certificate(s) and marriage and/or divorce data
- Social Security data (see below)
- VA Insurance data (see below)



Location of these Documents

Plus- You should always have the following documents on hand:

- Updated Will and “LETTER OF INSTRUCTIONS”
- Names of banks, credit unions, etc. (account numbers)
- Updated lists of assets and liabilities
- Insurance policies, numbers, instructions, payments, etc.
- Adoption or naturalization papers (if applicable)

NOTE:
 See “LETTER OF INSTRUCTIONS”
 for location of other documents.

Part I - Veterans Administration Data (if applicable)

VA Compensation \$ _____ Disability Claim # _____ Remarks _____

VA Insurance Policy nr(s) _____ / _____ File # _____

Type _____ Amount \$ _____ / _____ Location of policies _____

Any known paid-up add'l. VA Insurance \$ _____ As of Date _____

Other Remarks _____

Veteran's claim nr(s) (other) _____ Patients data card # _____

Part II - Retirement Pay Data (see Retiree Account Statements)

Retiree gross and net pay data: as of date _____

NOTE: UPDATE PERIODICALLY	Gross pay	\$ _____			
	Deduction	\$ _____	For _____	Deduction	\$ _____ For _____
	Deduction	\$ _____	For _____	Deduction	\$ _____ For _____
	Deduction	\$ _____	For _____	Deduction	\$ _____ For _____
	Net pay	\$ _____		Taxable income	\$ _____

Survivor coverage information (coverage type: spouse only, etc.): _____ Monthly Cost: \$ _____

Survivor Benefit Plan Annuity: _____ Annuity Base Amount: \$ _____
 55% annuity amount \$ _____ } Note: See "Retiree Account Statement" for
 35% annuity amount \$ _____ } explanation of Social Security Offset/2-tier Formula
 RSFPP Annuity: \$ _____
 Supplemental SBP: \$ _____ Effective _____

Part III - Social Security (when applicable)

Social Security Claim # _____ Month Filed _____
 Type of Benefit(s) _____ Beginning month of entitlement _____
 Amount monthly \$ _____ Bank and acct. # (direct deposit) _____
 Note: No payment is payable for the month of death (call 1-800-772-1213)

Part IV - Miscellaneous (Things to know and plan for upon death of retiree)

- Disposition instructions for the body (burial, cremation, memorial service, etc.)
- Info required for Death Certificate (date/place of birth, father's name, mother's maiden name. etc.)
- Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)
- Widows will need a new ID card (military, medical, commissary, base exchange, etc.)
- Necessary changes in your "DEERS" program will have to be made
- It may take several months to clear estates (you may require at least 8 copies of death certificates)
- Contents of your safety deposit box should be known
- Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed
- Named beneficiaries on insurance policies become very important (keep current)
- There may be some entitlement to burial benefits (headstone, payments, etc.)
- Check VA for Presidential Memorial Certificate
- An American flag can be obtained (check VA and Post Office)
- The survivor should update appropriate will
- Extra credit cards should be destroyed or cancelled
- Appropriate changes should be made to all joint ownerships
- Contact insurance companies as appropriate
- Be prepared to turn in Retirees ID card (where and when required)

Note:
MAKE EVERY EFFORT
 to retain "Original" documents
 (Provide Certified copies
 whenever possible).

Fill in and keep handy the following office phone numbers:

<u>Office/Organization</u>	<u>Phone Number</u>
Casualty Assistance	_____
Retiree Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	1-800-827-1000
Social Security Hotline	1-800-772-1213
DEERS (Information)	_____
Other _____	_____
Finance (DFAS - Cleveland)	_____
SBP (Annuity Pay Info)	_____
Other _____ Pass & ID	_____

NOTE: UPDATE PERIODICALLY

OTHER IMPORTANT NUMBERS

<u>Organization</u>	<u>Local and 800#</u>
Mortuary Affairs	
American Red Cross	
Family Support Center	
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it.

SURVIVOR'S CHECKLIST

This checklist serves as a reminder of things to do and a record of actions accomplished. Not all items will apply to you.

<u>CONTACTS</u>	<u>COMMENTS</u>	<u>DATES & NOTES</u>
Mortuary / Funeral Home	Death certificates (at least 10 copies). Assistance with burial, veterans benefits.	
Local military base or military headquarters	Survivor assistance, ID card update	
Employer / Business Associates	Pension plan, retirement benefits, insurance	
Lawyer	Review will, coordinate executor, trustee and other estate matters; prepare new will	
Military finance center	Stop retired pay, start annuities	
Local VA office	Stop compensation, apply for burial benefits headstone, Presidential Memorial Certificate, DIC cost of transportation of remains, if applicable	
VA Insurance Centers	VA life insurance; NSLI USGLI	
Local Social Security Office	Stop social security payments, start survivor benefits, Medicare information	
Office of Personnel Management	Stop civil service retired pay and start insurance annuity	
Commercial life insurance companies	Policy proceeds and premium refunds	
Property / health insurance companies	Policy adjustments and refunds	

DOCUMENT CHECKLIST

<u>DOCUMENT</u>	<u>NEEDED FOR</u>	<u>NOTES</u>
Death Certificate	VA benefits, social security each insurance policy paying finance center, etc.	Obtained from mortuary, Department of Vital Statistics or County Health Department
Military separation certificate (DD214) or similar certification covering the last period of active service	VA benefits, social security	
Birth certificates	Social security, VA benefits military ID cards	If not available, contact the vital statistics office in county or state where birth occurred
Marriage certificates	Social security, VA benefits military ID cards	If lost, contact the vital statistic office in county or state where marriage occurred
Divorce Decrees	Social security, VA benefits military ID cards	If lost, contact the vital statistics office in county or state where divorce occurred
Will	Probate	Contact attorney
Power of Attorney	Allows another person to make legal decisions for you in case you are physically or mentally incapacitated	Contact attorney
Tax returns and related papers for federal and state taxes, property taxes	Filing income taxes	Contact CPA
VA Claim Number	VA burial benefits, death benefits	Contact local VA office
VA file number, policy number	Claim VA insurance benefits	Contact local VA office
Original insurance policy	Claim insurance benefits	If lost, insurance company will provide a lost policy release form

PERSONAL FAMILY DATA

It is in the interest of every ex-POW's family to collect the information that is needed in the event of his or her death, or incapacity. That information is detailed in the following pages. Once this document is filled out completely, it should be stored in a safe place, and the ex-POW's next-of-kin should know of its location.

Name _____

Address _____

DATE PREPARED _____

SERVICE OFFICER _____

NSO ORGANIZATION _____

TELEPHONE _____

RETIREE'S CASUALTY OFFICER _____

C-NUMBER VA _____

SOCIAL SECURITY NUMBER _____

SERVICE-CONNECTED DISABILITIES

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

VITAL STATISTICS and HISTORICAL RECORD

Please PRINT - This is a permanent document, use ink or an indelible pencil

Full name _____
first middle last

Social Security Number _____

Street Address _____

City, state, zip _____

Marital Status (circle one) single - married - widowed - separated - divorced _____

Name of Spouse (If wife, enter maiden name) _____

Occupation of Spouse _____

Date of Birth / / Birthplace _____
day / month / year city/town state/country

Citizen of What Country _____

Usual Occupation Number of years in this occupation _____

Industry or Business Active or Retired _____

Father's Name _____

Father's Birthplace _____
state/country

Mother's Maiden Name _____

Mother's Birthplace _____
state/country

MY PREFERENCES FOR MEMORIAL SERVICES

Religious Denomination _____

Name of Clergyman or Reader Preferred _____

Church or Congregation _____

Location () _____
state zip code phone number

FAMILY RECORDS LOCATION

Birth certificate or other proof of date of birth of self and of each member of immediate family (required by insurance companies and Social Security Administration)

Naturalizations papers (and number) _____

Marriage certificate (necessary in order to establish claims for certain payments and benefits and in connection with the will, also Social Security and VA benefits)

Divorce decree, death certificates, or certified copies thereof (in case of either spouse)

OTHER IMPORTANT PAPERS

WILL: ____ I have executed a will. ____ I have not executed a will. ____ Living Trust

Will, or Living Trust, located at _____

Land Deeds _____

Home Mortgage _____

Automobile Title _____

Other _____

POWER OF ATTORNEY

A. I have executed a Power of Attorney _____ I have no Power of Attorney _____

B. Executed a Power of Attorney dated _____ naming

(Agent or Attorney in Fact)

(Address)

INCOME TAX

A. Copies of my federal tax returns and related papers are located at:

B. Copies of _____ income tax returns and related papers are located at:
(Name of State)

OTHER TAXES

A. Copies of _____ income tax returns and related papers are located at:
(Property, etc.)

INSURANCE

I have the following types of life insurance: Government _____ Commercial _____ Both _____

Insurance Company _____

Policy Number _____ Amount _____

Payment Option _____

Policy Number _____ Amount _____

Payment Option _____

These policies are located at _____

Premium receipts are located at _____

BANK ACCOUNTS

Type of Account #1 (circle type) checking / saving joint / individual

Account number _____

Located at _____
(name and location bank)

Type of Account #2 (circle type) checking / saving joint / individual

Account number _____

Located at _____
(name and location bank)

Type of Account #3 (circle type) checking / saving joint / individual

Account number _____

Located at _____
(name and location bank)

SAFE DEPOSIT BOX

Name of Bank or Trust Company _____

Address _____

Location of Key _____

UNITED STATES WAR OR SAVINGS BONDS

Located at _____

Person designated as _____
Co-Owner Beneficiary

War and Savings Bonds (by serial number, denomination and location; this is necessary to replace lost bonds)

STOCKS and BONDS and SECURITIES

NEWSPAPER NOTICE

My name as it should appear in the notice _____

What local newspaper _____

Lawyer's name and address _____

Executor's name and address _____

**EX-PRISONER OF WAR RECORD OF MILITARY SERVICE and
DEPARTMENT OF VETERANS AFFAIRS (V.A.) INFORMATION**

Date of Enlistment _____ Place _____

Branch of Service _____ Rank _____

Service Number _____ Military Job Specialty _____

Geographic Area of Service _____

Awards and Decorations _____

Date of Discharge _____ Place _____

VA Claims Number _____

Compensation _____ % Pension Amount \$ _____

Type of Disability _____

NAMES OF SERVICE ORGANIZATIONS and NATIONAL ORGANIZATIONS

FORMS INDEX

Request for Headstone
VA Form 40-1330

Application for Burial Benefits
VA Form 21-530

Application for Burial Flag
VA Form 90-2008

Application for Dependency and Indemnity Compensation or Death Pension by
Surviving Spouse (including Accrued Benefits and Death Compensation where
applicable)

VA Form 21-534

SSA Application for Survivors Benefits
SSA VA Form 24

Claim for One Sum Payment (Insurance)
B 29-4125

Instructions for Applying for Aid and Attendance or Housebound Benefits
VA Form 27-8944

Authorization for Autopsy
VA Form SF523

Public Law 97-37

Presumptive Service-Connected Disabilities Layman's Terms

GENERAL INFORMATION SHEET

APPLICATION FOR STANDARD GOVERNMENT HEADSTONE OR MARKER FOR INSTALLATION IN A PRIVATE OR STATE VETERANS' CEMETERY

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average one-fourth hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

BENEFIT PROVIDED

a. HEADSTONE OR MARKER

For deaths occurring on or after September 11, 2001 - Furnished upon application for the grave of any eligible deceased veteran. Will be provided regardless of whether the grave is already marked with a privately purchased headstone or marker. Applicant may be anyone having knowledge of deceased.

For deaths occurring before September 11, 2001 - Furnished upon application for the UNMARKED GRAVE of any eligible deceased veteran. The individual must certify the grave is unmarked and a Government headstone or marker is preferred to a privately purchased headstone or marker. A grave is considered marked if a monument displays the decedent's name and date of birth and/or death, even though the veteran's military data is not shown. Applicant may be anyone having knowledge of the deceased.

b. MEMORIAL HEADSTONE OR MARKER - Furnished upon application for installation in a cemetery only to commemorate any eligible veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered; may not be used as a memento. Check box in block 3 and explain in block 27. Applicant may be anyone having knowledge of deceased.

WHO IS ELIGIBLE - Any deceased veteran discharged under conditions other than dishonorable. A copy of the deceased veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing military service must be attached. Do not send original documents; they will not be returned. Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty. Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the application. Reservists called to active duty and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

HOW TO APPLY

FAX applications and supporting documents to 1-800-455-7143.

IMPORTANT: If faxing more than one application - fax each application package (application plus supporting documents) individually -i.e., disconnect the call and redial for each submission.

MAIL applications to: **Memorial Programs Service (402E)**
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420-0001

A Government headstone or marker may be furnished only upon receipt of a fully completed and signed application with required supporting documentation.

SIGNATURES REQUIRED - The person responsible for the information on this form signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans Cemeteries are not required to complete blocks 17, 18, 22 and 23.

ASSISTANCE NEEDED - If assistance is needed to complete this application, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this application. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail to mps.headstones@mail.va.gov. For more information regarding headstones and markers visit our website at www.cem.va.gov

INSTALLATION - The Government is not responsible for costs to install the headstone or marker in private cemeteries.

TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 19 of the application. The delivery will not be made to a Post Office box. The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker.

CAUTION - To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the application. Mistakes cannot be corrected after a headstone or marker has been ordered. Headstones or markers furnished remain the property of the United States Government and may not be used for any purpose other than to honor the memory of the decedent for whom the headstone or marker is issued.

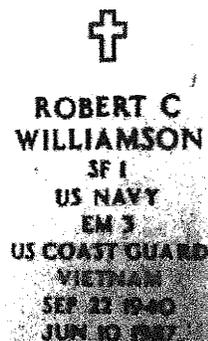
DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

VA FORM **40-1330**
JAN 2003 (RS)

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

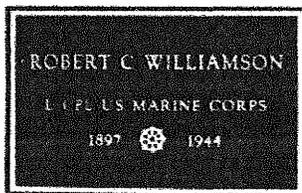
FLAT MARKERS

UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE



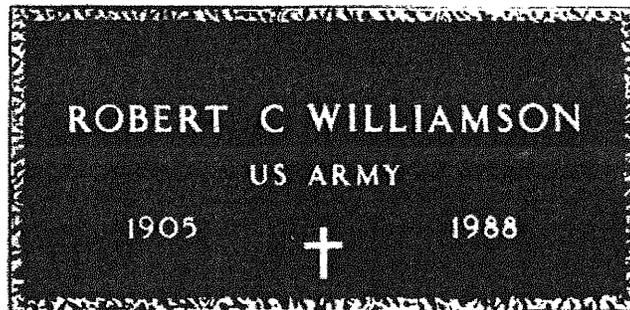
This headstone is 42 inches long, 13 inches wide, and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



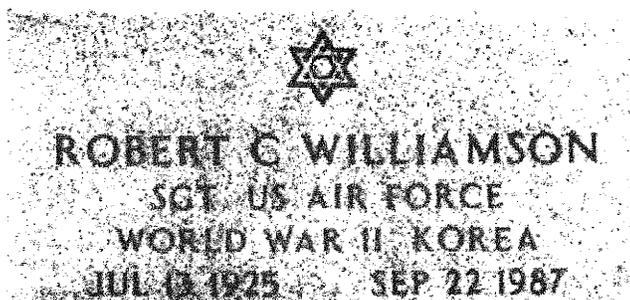
This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. For use if entombment is in a columbarium or mausoleum, or to supplement a private monument, for deaths occurring on or after September 11, 2001.

BRONZE



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era Headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed documentation that supports eligibility.

INSCRIPTION INFORMATION

MANDATORY ITEMS of inscription at Government expense are: Name, Branch of Service, Year of Birth, and Year of Death. Branches of Service are: U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, and by exception, U.S. Army Air Forces, and other parent organizations authorized for certain periods of time. Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the application in boxes with bold outlines. These items may be included if desired, and will be inscribed at Government expense. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, i.e. Vietnam may be inscribed if the veteran served during the Vietnam War period, even though the individual never served in Vietnam itself. Supporting documentation must be included with the application if you wish to include highest rank and/or awards.

RESERVED SPACE below the standard inscriptions for future inscriptions at private expense, such as spousal or dependent data, may be allowed if requested in block 27. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

MEMORIAL HEADSTONES AND MARKERS (remains are not buried). The words "In Memory of" are mandatory and precede the authorized inscription data. The words "In Memory of" are not inscribed when remains are buried.

ADDITIONAL ITEMS may be inscribed at government expense if they are requested on the initial application and space is available. Examples of acceptable items include terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY" or "LOVINGLY CALLED DUTCH"), and military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except VA approved emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederate Veterans.

INCOMPLETE OR INACCURATE INFORMATION ON THE APPLICATION MAY RESULT IN ITS RETURN TO THE APPLICANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.



Department of Veterans Affairs

IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.*

1. TYPE OF REQUEST
 INITIAL (First time) REQUEST
 SECOND REQUEST
 CORRECTED APPLICATION/REPLACEMENT

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX

3. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.)
 REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.)

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

5A. DATE OF BIRTH			5B. DATE OF DEATH		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

7. HIGHEST RANK ATTAINED (No pay grades)

8. BRANCH OF SERVICE (Check box(es) - must be consistent with rank (Box 7))

ARMY <input type="checkbox"/> AR	NAVY <input type="checkbox"/> NA	MARINE CORPS <input type="checkbox"/> MC	COAST GUARD <input type="checkbox"/> CG	AIR FORCE <input type="checkbox"/> AF	ARMY AIR FORCES <input type="checkbox"/> AA	MERCHANT MARINE <input type="checkbox"/> MM	OTHER (Specify) <input type="checkbox"/>
-------------------------------------	-------------------------------------	---------------------------------------------	--------------------------------------------	------------------------------------------	------------------------------------------------	------------------------------------------------	---------------------------------------------

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR <input type="checkbox"/> MOH	DST CROSS <input type="checkbox"/> DSC	NAVY CROSS <input type="checkbox"/> NC	AIR FORCE CROSS <input type="checkbox"/> AFC	SILVER STAR <input type="checkbox"/> SS	BRONZE STAR <input type="checkbox"/> BSM(V)	PURPLE HEART <input type="checkbox"/> PH	OTHER (Specify) <input type="checkbox"/>
------------------------------------------------	-------------------------------------------	-------------------------------------------	-------------------------------------------------	--------------------------------------------	------------------------------------------------	---------------------------------------------	---------------------------------------------

10. WAR SERVICE (Check applicable box(es))

WORLD WAR II <input type="checkbox"/> WWII	KOREA <input type="checkbox"/> KO	VIETNAM <input type="checkbox"/> VN	PERSIAN GULF <input type="checkbox"/> PG	OTHER (Specify) <input type="checkbox"/>
-----------------------------------------------	--------------------------------------	----------------------------------------	---------------------------------------------	---------------------------------------------

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE <input type="checkbox"/> B	FLAT GRANITE <input type="checkbox"/> G	UPRIGHT MARBLE <input type="checkbox"/> U	FLAT MARBLE <input type="checkbox"/> F	BRONZE NICHE <input type="checkbox"/> Z	UPRIGHT GRANITE <input type="checkbox"/> V
-------------------------------------------	--------------------------------------------	----------------------------------------------	-------------------------------------------	--------------------------------------------	-----------------------------------------------

12. DESIRED EMBLEM OF BELIEF

NONE <input type="checkbox"/>	LATIN CROSS (Christian) <input type="checkbox"/> 01	WHEEL OF RIGHTEOUSNESS (Buddhist) <input type="checkbox"/> 02	STAR OF DAVID (Judaism) <input type="checkbox"/> 03	OTHER (Specify) (See reverse of back copy for illustrated authorized emblems) <input type="checkbox"/>
----------------------------------	--------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

13A. NAME AND MAILING ADDRESS (No., street, city, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:

<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> FUNERAL DIRECTOR	<input type="checkbox"/> VETERANS SERVICE OFFICER
<input type="checkbox"/> CEMETERY OFFICIAL	<input type="checkbox"/> OTHER (Specify)	

CERTIFICATION: I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all statements made are true and correct to the best of my knowledge.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A

18. DATE

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE

20. DAYTIME PHONE NO. (Include Area Code)

21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)

CERTIFICATION: I agree to accept prepaid delivery of the headstone or marker.

22. SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19

23. DATE

CERTIFICATION: I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

25. DAYTIME TELEPHONE NO. (Include Area Code)

26. DATE

27. REMARKS (Optional inscription space will vary in size according to the type of marker)

28. GRAVE IS:
 CURRENTLY MARKED (with privately purchased marker)
 NOT MARKED

STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)

29. ID CODE

30. SECTION

31. GRAVE NO.

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AUTHORIZED EMBLEMS (See block 12)



(1)
CHRISTIAN



(2)
BUDDHIST



(3)
JUDAISM



(4)
PRESBYTERIAN CROSS



(5)
RUSSIAN ORTHODOX CROSS



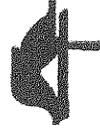
(6)
LUTHERAN CROSS



(7)
EPISCOPAL CROSS



(8)
UNITARIAN CHURCH
FLAMING CHALICE



(9)
UNITED METHODIST CHURCH



(10)
AARONIC ORDER CHURCH



(11)
MORMON-ANGEL MORONI



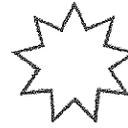
(12)
NATIVE AMERICAN
CHURCH OF AMERICA



(13)
SERBIAN ORTHODOX



(14)
GREEK CROSS



(15)
BAHAI-9 POINT STAR



(16)
ATHEIST



(17)
MUSLIM-
CRESCENT AND STAR



(18)
HINDU



(19)
KONKO-KYO FAITH



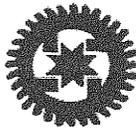
(20)
COMMUNITY OF CHRIST



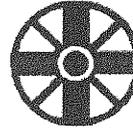
(21)
SUFISM REORIENTED



(22)
TENRIKYO CHURCH



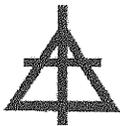
(23)
SEICHO-NO-IE



(24)
THE CHURCH OF
WORLD MESSIANITY (IZUNOME)



(25)
UNITED CHURCH OF
RELIGIOUS SCIENCE



(26)
CHRISTIAN REFORMED
CHURCH



(27)
UNITED MORAVIAN CHURCH



(28)
ECKANKAR



(29)
CHRISTIAN CHURCH



(30)
CHRISTIAN AND MISSIONARY
ALLIANCE

VA FORM 40-1330

NOTE: Not shown because of copyrights
(86) UNITED CHURCH OF CHRIST
(87) CHRISTIAN SCIENCE CROSS AND CROWN
(88) ISLAMIC 5 POINTED STAR

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

1. **RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

2. GENERAL

- a. **BURIAL ALLOWANCE** – An amount towards the expenses of the funeral and burial of the veteran's remains. Burial includes all recognized methods of interment.
- b. **PLOT ALLOWANCE** – Plot means the final resting place of the remains. The allowance is payable towards:
 - (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
 - (2) Expenses payable to a State (or political subdivision) if the veteran died from nonservice-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.
- c. **BURIAL ALLOWANCE FOR SERVICE-CONNECTED DEATH** – When the veteran's death occurred as the result of a service-connected disability, a special "service-connected" rate is payable.
- d. **TRANSPORTATION EXPENSES** – The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:
 - (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
 - (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
 - (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment or care.

3. WHO SHOULD FILE A CLAIM

- a. **CREDITOR** – If expenses have not been paid, the claim should be filed by the funeral director or crematory service by completing Parts I, II, and IV. If the funeral director or crematory service has paid or advanced funds for or furnished the plot or interment expenses, inclusion of these items on the statement of account will serve as claim for the plot allowance. If cemetery owner or other creditor has not been paid for the plot and related interment expenses, he/she may file claim by completing Parts I, III and IV. If both the funeral director and cemetery owner are unpaid, each must submit a separate VA Form 21-530 signed by the person who authorized services.
- b. **PERSON WHOSE FUNDS WERE USED** – If all creditors have been paid, the claim should be filed by the person or persons whose personal funds were used by completing Parts I, II, and IV.

c. VETERAN'S ESTATE – If the expenses were paid from the veteran's estate, the claim should be filed by the executor/ administrator by completing Parts I, II, IV. Submit a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

d. STATE – If a veteran whose death is nonservice-connected was buried without charge for plot or interment in a State-owned cemetery or section used for persons eligible in a national cemetery, the claim may be filed by the State official completing Parts I, III (Items 23 and 24), and IV.

4. TIME LIMIT FOR FILING A CLAIM – A claim for nonservice-connected burial expenses or plot allowance must be filed with VA within 2 years from the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable", the claim must be filed within 2 years from the date of correction. The 2-year limitation does not apply to service-connected burial benefits, transportation expenses or reimbursement of headstone expenses.

5. COMPLETING CLAIM BY A FIRM OR STATE AGENCY – The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.

6. PROOF OF DEATH TO ACCOMPANY CLAIM – Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

7. STATEMENT OF ACCOUNT MUST ACCOMPANY CLAIM

a. FUNERAL DIRECTOR – A statement of account on the funeral director's letterhead must show the name of the veteran; the nature and cost of services, including any payments made to another funeral home (show name and address); all credits; and the name of the person or persons by whom payment in whole or in part was made.

b. TRANSPORTATION – If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.

c. ACCOUNT PAID IN FULL – The statement of account should be receipted in the name of the firm or individual performing the services. Bills or receipts filed in support of this claim become a part of the permanent record and will not be returned, unless specifically requested.

d. PLOT ALLOWANCE ONLY – In a claim for the plot allowance only, the statement of account must show the cost of the veteran's individual gravesite, the mausoleum vault, or the columbarium niche.

8. BURIAL ASSOCIATION OR BURIAL INSURANCE – If the veteran was a member of a burial association or if any insurance company is obligated to pay all or part of the burial expenses, Item 22 should be answered "Yes". It will be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

9. SERVICE RECORD – The original or certified copy of the veteran's service separation document (DD214 or equivalent) that contains information as to the length, time, and character of service will permit prompt processing.

10. TOLL FREE TELEPHONE ASSISTANCE – You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 1-800-829-4833.

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APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN	
2. SOCIAL SECURITY NUMBER OF VETERAN	3. VA FILE NUMBER
4. FIRST, MIDDLE, LAST NAME OF CLAIMANT	5. TELEPHONE NUMBER(S) (Include Area Code)
	A. DAYTIME
	B. EVENING
6. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)	

PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH	7B. PLACE OF BIRTH	
8A. DATE OF DEATH	8B. PLACE OF DEATH	8C. DATE OF BURIAL

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

9A. ENTERED SERVICE	9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE		9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE	DATE	PLACE	

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME	11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

12. PLACE OF BURIAL OR LOCATION OF CREMAINS	13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 15 and 16)	14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 15 and 16)
---------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE) <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> DUE CEMETERY OWNER	16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT \$	18. AMOUNT PAID \$	19. WHOSE FUNDS WERE USED?
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20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 20B and 20C)	20B. AMOUNT OF REIMBURSEMENT \$	20C. SOURCE OF REIMBURSEMENT
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21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 21B and 21C)	21B. AMOUNT \$	21C. SOURCE(S)
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22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Before answering, read and comply with Instruction 8)

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PART III - CLAIM FOR PLOT COST ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.		
23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	24. PLACE OF BURIAL OR LOCATION OF CREMAINS	
25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche) \$	25B. DATE OF PURCHASE	25C. DATE OF PAYMENT
26A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 26B and 27)	26B. AMOUNT PAID \$	27. WHOSE FUNDS WERE USED?
28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 28B and 28C)	28B. AMOUNT OF REIMBURSEMENT \$	28C. SOURCE OF REIMBURSEMENT
29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 29B and 29C)	29B. AMOUNT \$	29C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

30A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 36A thru 37B) (If signing for firm, corporation, or State agency, complete Items 30B thru 31)	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT	
NOTE - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 MUST be completed by the individual who authorized services.	
I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.	
32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 36A thru 37B)	32B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
33. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)	
34. DATE	35. RELATIONSHIP TO VETERAN

WITNESS TO SIGNATURE IF MADE BY "X" MARK

NOTE - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS
37A. SIGNATURE OF WITNESS	37B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.

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INSTRUCTIONS

1. No flag may be issued unless a completed application form has been received (38 U.S.C. 901). The person filling out the application must state under Item 7, "Relationship to Deceased" whether he/she is: (a) A relative, and degree of relationship (e.g., "Brother"); (b) the funeral director; (c) a representative of a veterans' or other organization having charge of the burial (e.g., "The American Legion"); (d) other person having a knowledge of the facts, and acting in the interest of the deceased or his/her family (e.g., "Friend"; "Det. Clerk").

2. One of the lettered conditions listed in Item 4, "Condition Under Which Veteran Was Released From Service" must be evidenced, normally by a document such as a discharge paper (Form DD 214), before a flag may be issued.

(a) The phrase "veteran of a war" in Item 4A requires showing that the deceased was in service in the United States armed forces during a war period. The phrase "Mexican border service" means active service during the period beginning on January 1, 1911, and ending on April 5, 1917, in Mexico, on the borders thereof, or in the waters adjacent thereto. The phrase "service after January 31, 1955" relates to veterans with active military, naval, or air service after the date.

(b) The phrase "under conditions other than dishonorable" in Items 4A, 4B, and 4D requires a showing of discharge or release from active duty under honorable conditions. These must be ("Honorable" or "General") from the indicated period of service in the United States armed forces. In the absence of such discharge or release from active duty under conditions other than dishonorable, there must be a determination by the Department of Veterans Affairs that discharge or release from active duty was "under conditions other than dishonorable".

(c) The phrase in Item 4B "at least one enlistment" is construed to include service of a commissioned officer whose service, computed from date of entrance into commissioned status to date of separation from service, terminated under honorable conditions, and in all cases, relates to peacetime service before June 27, 1950.

(d) In Item 4B when the deceased was honorably discharged for disability, it may be assumed that the disability was "incurred in line of duty".

(e) Issue of a flag in in-service cases Item 4C is required only when deceased was interred outside the United States, or remains not recovered, or where service department cannot supply flag in time for burial. Explanation should be included under "Remarks".

3. When the applicant is unable to furnish documentary proof, such as a discharge under honorable conditions ("Honorable" or "General"), an application may be accepted and a flag issued when statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran of a war, the Mexican border service, or of service after January 31, 1955, discharged or released from active duty, under honorable conditions, or to have been a person discharged from, or released from active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard under honorable conditions after serving at least one complete peacetime enlistment, before June 27, 1950, or for disability incurred in line of duty; or that the deceased was in active

service at the time of death and a flag was not obtainable from a military or naval establishment in time for burial.

4. The following classes of persons are ineligible for issue of a burial flag:

(a) A discharged or rejected draftee, or a member of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, was not finally accepted for military service.

(b) A person who was discharged from World War I service prior to November 12, 1918, on his/her own application or solicitation, by reason of being an alien, or any person discharged for alienage during a period of hostilities.

(c) A person who served with any of the forces allied with the United States in any war, even though a United States citizen, if he/she did not serve with the United States armed forces.

(d) A person inducted for training and service who, before entering upon such training and service, was transferred to the Enlisted Reserve Corps and given a furlough.

(e) A former temporary member of the United States Coast Guard Reserve.

(f) A reservist who served only on active duty for training unless he/she was disabled or died from a disease or injury incurred or aggravated in line of duty.

5. Flags will not be issued subsequent to burial, except where circumstances render it impossible to obtain a flag in time to drape the casket of a deceased veteran prior to final interment. The applicant must personally sign the application and include (under "Remarks") a statement explaining the circumstances preventing the requesting of a burial flag prior to final interment.

6. The flag will be disposed of as follows:

(a) When actually used to drape the casket of the deceased, it must be delivered to the next of kin (or to a close friend or associate when no claim is made by next of kin) following interment or inurnment. If there is no living relative, or one cannot be located, and no friend or associate requests the flag, it must be returned to the nearest Department of Veterans Affairs.

(b) The phrase "next of kin", for the purpose of disposing of the flag, is defined as follows with preference to entitlement in the order listed below:

(1) Widow or widower

(2) Children, according to age (minor child may be issued a flag on application signed by guardian).

(3) Parents, including adoptive, stepparents, and foster parents

(4) Brothers or sisters, including brothers or sisters of the half blood

(5) Uncles or aunts

(6) Nephews or nieces

(7) Others - cousins, grandparents, etc.

(c) The phrase "close friend or associate" means any person who establishes by evidence that he/she was a close friend or an associate of the deceased.

ISSUING OFFICIAL WILL DETACH THIS SHEET AND PRESENT IT TO THE RECIPIENT OF THE FLAG

USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.

2. When used to drape the casket, the flag should be placed as follows:

(a) Closed Casket – When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.

(b) Half Couch (Open) – When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.

(c) Full Couch (Open) – When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.

3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps", is folded in accordance with the illustration below.

4. Folding the flag (see illustration below):

5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown – (see illustration).

6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.

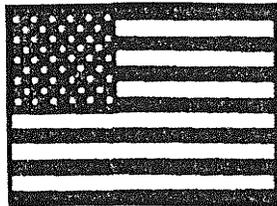
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.

8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.

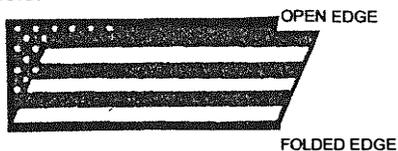
9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.

10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



(a) Fold the lower striped section of the flag over the blue field.



(b) Folded edge is then folded over to meet the open edge.



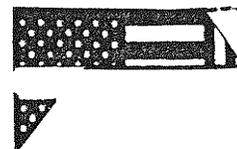
(c) A triangular fold is then started by bringing the stripe corner of the folded edge to the open edge.



(d) Outer point is then turned inward parallel with the open edge to form a second triangle.



(e) Triangular folding is continued until the entire length of the flag is folded in the triangular shape of a cocked hat with only the blue field visible.





APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA Regional Office. Be sure to complete the stub at the bottom.

1. LAST NAME - FIRST NAME-MIDDLE NAME OF DECEASED <i>(Print or type)</i>	
2. BRANCH OF SERVICE <i>(Check box)</i> <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER <i>(Specify)</i>	3. VETERAN'S SERVICE <i>(Check box)</i> <input type="checkbox"/> SPANISH AMERICAN <input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> KOREAN CONFLICT <input type="checkbox"/> AFTER 1-31-55 <input type="checkbox"/> VIETNAM ERA <input type="checkbox"/> OTHER <i>(Specify)</i>
4. CONDITION UNDER WHICH VETERAN WAS RELEASED FROM SERVICE <i>(Check box) (See Item 2, Instructions on Reverse)</i> <input type="checkbox"/> A. VETERAN OF A WAR, MEXICAN BORDER SERVICE, OR OF SERVICE AFTER 1-31-55, DISCHARGED OR RELEASED FROM ACTIVE DUTY UNDER CONDITIONS OTHER THAN DISHONORABLE <input type="checkbox"/> B. DISCHARGED FROM OR RELEASED FROM ACTIVE DUTY IN U.S. ARMED FORCES UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING AT LEAST ONE <input type="checkbox"/> C. BY DEATH IN ACTIVE SERVICE AFTER MAY 27, 1941, AND FLAG NOT FURNISHED BY THE SERVICE DEPARTMENT <input type="checkbox"/> D. SEPARATED FROM PHILIPPINE MILITARY FORCES, UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING WITH THE UNITED STATES IN SUCH FORCES UNDER THE PRESIDENT'S ORDER OF JULY 26, 1941, AND DIED ON OR AFTER APRIL 25, 1951	
5. NAME OF PERSON ENTITLED TO RECEIVE FLAG	6. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG
7. RELATIONSHIP TO DECEASED <i>(See Item 1, Instructions on Reverse)</i>	

PERSONAL DATA OF DECEASED *(To be completed if possible)*

8. VA FILE NUMBER	9. SOCIAL SECURITY NUMBER	10. SERVICE SERIAL NUMBER	
11. DATE OF ENLISTMENT	12. DATE OF DISCHARGE	13. DATE OF BIRTH	14. DATE OF DEATH
15. DATE OF BURIAL	16. PLACE OF BURIAL <i>(Name of cemetery, city, and State)</i>		

17. REMARKS

I CERTIFY that, to the best of my knowledge and belief, the statements made above are correct and true, the deceased is eligible, in accordance with instructions on reverse for issue of a United States flag for burial purposes, and such flag has not previously been applied for or furnished.

18. SIGNATURE OF APPLICANT <i>(Sign in INK)</i>	19. ADDRESS OF APPLICANT <i>(Number and street or rural route, city or P.O., and ZIP Code)</i>	20. RELATIONSHIP TO DECEASED	21. DATE SIGNED
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PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or both imprisonment or both.

ACKNOWLEDGMENT OF RECEIPT OF FLAG

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs; and that Item 6 of the Instructions will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG <i>(Sign in INK)</i>	DATE FLAG RECEIVED
NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	FOR VA USE
	DATE NOTIFICATION FORWARDED TO SUPPLY INITIALS OF RESPONSIBLE VA EMPLOYEE

VA FORM SEP 1999 **21-2008**

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL BE USED.

This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.

NOTIFICATION OF ISSUANCE OF FLAG		
DATE FLAG ISSUED	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
FOR VA USE ▶	DATE OF REPLACEMENT	

VA FORM SEP 1999 **21-2008**

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL BE USED.

SEE REVERSE

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Department of Veterans Affairs

APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION,
DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD
(INCLUDING DEATH COMPENSATION IF APPLICABLE)
VA FORM NUMBER 21-534

A. QUESTIONS? GET FREE INFORMATION: If you have any questions about this form, how to fill it out, or need information about other Department of Veterans Affairs (VA) benefits, call us:

VA NATIONWIDE TOOL-FREE NUMBER:

1-800-827-1000

(Hearing Impaired--TDD 1-800-829-4833)

B. YOU SHOULD USE THIS FORM TO:

- (1) Apply for VA benefits you may be entitled to receive as a surviving spouse or child of a deceased veteran;
- (2) Apply for any money VA owes the veteran but did not pay prior to death (called accrued benefits);
- (3) If you apply for any one of these benefits, the law requires that we also consider you for the others.
- (4) SOCIAL SECURITY BENEFITS: You can apply for Social Security (SS) benefits now by using the SSA-24 attached to this VA Form. (See pages 11 and 12.) You don't have to apply if you don't want to or if you already have. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration. They will then contact you.

C. WHEN YOU ARE DONE WITH THIS FORM: Mail it or take it to a VA Regional Office.

D. REGIONAL OFFICE ADDRESS: You should call the VA toll-free number, 1-800-827-1000, for the address or location of the Regional Office. You might find that office's address in the blue pages of your telephone book. It may be under "United States Government, Veterans Affairs."

IMPORTANT

E. PLEASE BEGIN BY FOLLOWING THE DETAILED INSTRUCTIONS. They begin on page 2.

F. PRINT ALL ANSWERS CLEARLY. If you must write the answers do so very clearly and plainly. If an answer is "None" or "O", write that. YOUR ANSWER TO EVERY QUESTION IS IMPORTANT to help us complete your claim.

G. YOU MUST SIGN AND DATE this application at the bottom of page 9.

H. MAKE A PHOTOCOPY OF THIS APPLICATION for your records before you mail it. Also, tear off and keep this instruction page and all other separate instruction pages.

VA FORM 21-534
JUN 1998

PAGE 1

INSTRUCTIONS FOR VA FORM 21-534

READ VERY CAREFULLY, DETACH, AND RETAIN THESE INSTRUCTION SHEETS FOR YOUR REFERENCE

CALL VA AT 1-800-827-1000 FOR FREE HELP WITH THIS FORM (HEARING IMPAIRED TDD 1-800-829-4833)

A. PAYMENT OF BENEFITS – GENERAL

- (1) Dependency and Indemnity Compensation may be payable when (1) the veteran's death occurred in service, or (2) when a veteran dies of service-connected disability, or (3) in certain circumstances if a veteran rated totally disabled from service-connected disability dies from non-service-connected conditions.
- (2) Death Pension may be payable when the death of a veteran with wartime service is not due to service, provided income is within applicable limits.
- (3) A higher rate of benefits is payable to a surviving spouse who is a patient in a nursing home or otherwise determined to be in need of regular aid and attendance or who is permanently housebound due to disability.
 - (a) The rate of pension paid depends upon the amount of family income and the number of dependent children, according to a formula provided by law.
 - (b) If there is no surviving spouse, pension may be payable on behalf of a child or children.
 - (c) Because benefit rates and income limits are frequently changed, it is not possible to keep such information current in these instructions. Information regarding current income limitations and rates of benefits may be obtained by contacting your nearest VA office at 1 800 827 1000.
- (4) Unless a claim for Dependency and Indemnity Compensation is filed within one year from date of death, that benefit is not payable from a date earlier than the date the claim is received in the VA.
- (5) Unless a claim for pension is filed within 45 days from date of death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

B. REPRESENTATION – You may be represented, without charge, by an accredited representative of a veterans organization or other service organization, recognized by the Secretary of the Veterans Affairs, or you may employ an attorney to assist you with your claim. Typical examples of counsel who may be available include attorneys in private practice or legal aid services. If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action is required on your part.

C. HEARINGS – You have the right to a personal hearing at any stage of claims processing, either before or after a decision is made. This right may be exercised with regard to an original claim, supplemental claim or with regard to any subsequent action affecting your entitlement. All you need do is inform the nearest VA office as to your desires, and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. VA cannot pay any of your expenses in connection with the hearing.

D. HOW TO COMPLETE THE APPLICATION – ALL THE INFORMATION REQUESTED MUST BE ANSWERED FULLY AND CLEARLY OR ACTION ON YOUR CLAIM MAY BE DELAYED. IF YOU DO NOT KNOW THE ANSWER, WRITE "UNKNOWN".

E. MINORS AND INCOMPETENTS – If the person for whom the claim is being made is a minor or is incompetent, the application form should be completed and filed by the legal guardian or, if no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent.

F. EVIDENCE – GENERAL – If you are unable to furnish with this application form any of the required evidence asked for anywhere in these instructions, state why you are unable on a separate sheet. Evidence filed previously with the Department of Veterans Affairs need not be filed again in connection with this claim at this time.

G. EVIDENCE – MEDICAL – A medical statement should accompany the application of a surviving spouse who is housebound or who requires the aid and attendance of another person if he or she is not a nursing home patient. A nursing home patient should furnish a statement signed by an official of the nursing home showing the date of admission and patient status. Also, indicate in Item 37, "Remarks", that you are a nursing home patient and give the name and address of the nursing home.

H. SERVICE INFORMATION (See application form, Part I, blocks I 1A, I 1B, I 1C and I 1D) – Complete information should be furnished for each period of the veteran’s active service including service as a commissioned officer in the National Oceanic and Atmospheric Administration including officers of the Coast and Geodetic Survey and Environmental Science Services Administration or Public Health Service. If the veteran never filed a claim with the Department of Veterans Affairs, you should furnish the discharge or separation document issued by the service department for each period of service listed.

1. INFORMATION RELATING TO MARRIAGE (See application form Part II) – Complete information concerning all marriages entered into by either the surviving spouse or the veteran and the termination of such marriages must be furnished in Items 13 through 17. Specific details as to date, place and manner of dissolution of each marriage must be included. Show the month, day and year for “date”. Show city and state for “place”.

J. INFORMATION CONCERNING CHILDREN (See application form Part III)

(1) PROOF OF AGE AND RELATIONSHIP OF CHILD. Complete information concerning the birth of all children of the veteran must be furnished in Items 22 through 24. Show the month, day and year for “date.” Show city and state for “place.”

(2) HELPLESS CHILD. If any child is claimed as being permanently incapable of self-support by reason of mental or physical defect, it must be shown that such incapacity existed prior to the date the child attained age 18. The nature and extent of the physical or mental impairment should be shown by a statement from the attending physician or other medical evidence, forwarded with the application.

K. NET WORTH (See application form, Part IV)

(1) MINORS AND INCOMPETENTS.

(a) Custodian or Guardian of a Surviving Spouse – Report only the net worth of your ward.

(b) Custodian of Child(ren) – Report your net worth as well as the individual net worth of EACH CHILD for whom benefits are claimed.

(2) SURVIVING SPOUSE WITH CHILDREN. When a surviving spouse files application in his/her own right, the separate net worth of each child for whom benefits are claimed must also be reported.

(3) CHILDREN ALONE. When application is filed on behalf of a child in his or her own right, the child’s net worth should be reported.

Item 25A – Include market value of stocks, checking accounts, bank deposits, savings and loan accounts, cash and currency.

Item 25B – Do not include the value of the single dwelling unit or that portion of real property used solely as your principal residence. On all other real estate reduce the market value by amount of any money owed on it such as mortgages or other indebtedness.

Item 25C – Report the total market value of all rights and interest in all other property not included in Items 25A and B. “Market value” is the price it would currently receive if sold in an open market. Do not include value of ordinary personal effects necessary for your daily living such as an automobile, clothing, furniture and the dwelling (single family unit) used as your principal residence.

Item 25D – Report the total of Items 25A through 25C. This should be your net worth.

L. INCOME OF SURVIVING SPOUSE AND/OR CHILD(REN) (See application form, Part V)

(1) MINORS AND INCOMPETENTS.

(a) Custodian or Guardian of a Surviving Spouse - Report only the income of your ward.

(b) Custodian of Child(ren) - Report your income as well as the individual income of each child for whom benefits are claimed.

(2) SURVIVING SPOUSE WITH CHILDREN. When a surviving spouse files application in his/her right, the separate income of each child for whom benefits are claimed must also be reported.

(3) FOREIGN CURRENCY EXCHANGE RATES. If you report income in foreign currency, we will convert it into dollars based on the average exchange rate for the preceding four quarters (as provided by the Department of the Treasury).

IMPORTANT

YOU MUST SHOW ALL TYPES OF PAYMENTS AND INCOMES FROM ALL SOURCES FOR YOURSELF, SPOUSE AND DEPENDENT CHILDREN BEFORE ANY DEDUCTIONS OR WITHHOLDINGS. UNDER 38 CFR 3.271(a), PAYMENTS OF ANY KIND FROM ANY SOURCE SHALL BE COUNTED AS INCOME UNLESS SPECIFICALLY EXCLUDED BY LAW. VA WILL DETERMINE ANY AMOUNT WHICH DOES NOT COUNT. INCLUDE ALL SEVERANCE PAY OR OTHER ACCRUED PAYMENTS OF ANY KIND OR FROM ANY SOURCE. WHEN NO INCOME IS RECEIVED OR EXPECTED FROM A SPECIFIED SOURCE, WRITE "NONE" IN THE APPROPRIATE BLOCK (ITEMS 26C THROUGH 28D). IF INCOME FROM ANY SOURCE IS ANTICIPATED BUT THE AMOUNT IS NOT YET DETERMINED, WRITE "UNDETERMINED" IN THE APPROPRIATE BLOCK. ATTACH SEPARATE SHEETS IF ADDITIONAL SPACE IS NEEDED.

Items 27F and 28D - When income is reported in these items, the source must be shown in "Remarks" Item 37. If that income is from two or more sources, list each amount separately and clearly indicate the source.

M. COURT OR CLAIM JUDGEMENT, SETTLEMENTS OR COMPROMISES. Money or property received as a result of a claim or legal action for damages based upon the death of the veteran may affect payment of Dependency and Indemnity Compensation or Pension. You must report whether a claim or court action is pending or whether a court decree or settlement or compromise of a claim for damages has been made.

N. DEDUCTIBLE EXPENSES (See application form, Part VI)

(1) If you have paid any expenses of last illness and burial or just debts of the veteran, report them in Part VI of the application. You should also report any expenses of last illness and burial of any children of the veteran, if applicable. Report only payments for which you will not be reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim.

(2) Family medical expenses and educational or vocational rehabilitation expenses paid by you may affect your rate of pension. You should report these expenses at the end of the year.

(3) If you expect to have a continuing high level of unreimbursed medical expenses throughout the year (such as nursing home fees), please make a statement to that effect in "Remarks," Item 37.

PRIVACY ACT INFORMATION: No allowance of compensation or pension may be granted unless this form is completed fully as required by existing law (38 U.S.C. Chapters 13 and 15, Subchapter III). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour and 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments

MAKE SURE YOU HAVE COPIES OF THE FOLLOWING ATTACHED

- Discharge Papers (have 4 copies ready for use)
- Marriage Certificate
- Death Certificate

If death occurred at a VA Facility or under a VA Contract (SC Death)

- Itemized receipt for costs of transportation
- Itemized receipts for costs of burial

If burial will be at a National Cemetery (SC Death)

- Itemized receipt for costs of transportation

Other Reminders

- On VA Form 21-534, at top of page 5, write/answer the following questions:

POW CLAIM: 100% > 1Yr >10Yr >8Yr & Married 8Yr

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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Department of Veterans Affairs

GENERAL INSTRUCTIONS

FOR APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE) VA FORM 21-534

Note: Read very carefully, detach, and keep these instructions for your reference.

A. How can I contact VA if I have questions?

If you have any questions about this form, how to fill it out, or about VA benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833). You may also contact VA by Internet at <https://iris.va.gov>.

B. What is the purpose of VA Form 21-534?

Use VA Form 21-534 to apply for:

- VA benefits you may be entitled to receive as a surviving spouse or child of a deceased veteran, and
- any money VA owes the veteran but did not pay prior to his/her death (accrued benefits).

If you apply for any one of these benefits, the law requires that we also consider you for the others.

C. What is the purpose of the attached SSA-24 form?

You can apply for Social Security (SS) benefits by using the SSA-24 form attached to this VA Form (see pages 9 and 10). You don't have to apply if you don't want to or have already done so. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration for you. They will then contact you.

D. What are dependency and indemnity compensation (DIC) and death pension benefits, and how does VA decide what I will or will not receive?

1. Dependency and indemnity compensation may be payable when:

- a veteran's death occurred in service, or
- a veteran dies of a service-connected disability, or
- in certain circumstances if a veteran rated totally disabled from service-connected disability dies from non-service-connected conditions.

2. Death pension may be payable when:

- the death of a veteran with wartime service is not due to service, and
- income is within applicable limits.

VA pays pension based on the amount of family income and the number of dependent children. This is based on law. VA must include as income all sources that Federal law specifies. If there is no surviving spouse, pension may be payable on behalf of a child or children.

Unless a claim for dependency and indemnity compensation or death pension is filed within one year from the date of the veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

If it is determined that you are entitled to DIC and death pension, we will pay you whichever benefit entitles you to the most money. Benefit rates and income limits are frequently changed, so it is not possible to keep this information current in these instructions. You can find out what the current income limitations and rates of benefits are by contacting your nearest VA regional office.

E. How do I apply for aid and attendance allowance and/or household benefits?

VA may pay a higher rate of DIC or pension to a surviving spouse who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. If you wish to apply for this benefit, check "Yes" for Item 31.

F. How do I complete my application?

Print all answers clearly. If an answer is "none" or "0," write that. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 48, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application (Items 44 and 45).

Note: If the claim is being made on behalf of a minor or incompetent person, the application form should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.

G. What do I do when I have completed my application?

When you have completed this application mail it or take it to a VA regional office. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and everything that you submit to VA before mailing it.

H. How can I assign someone to act as my representative?

A representative can be an accredited member of an accredited organization or other service organization that the Secretary of Veterans Affairs recognizes, an agent recognized by VA, or a licensed lawyer. Agents and attorneys can charge you for services that you get from them only after the Board of Veterans' Appeals (BVA) gives you their final decision about your application. That means you can use an attorney during any stage of your application for benefits. However, the agent or attorney cannot charge you for services unless you are trying to resolve a dispute with VA after BVA has made a decision about your claim.

If you want to use a representative to help you with your application, contact the nearest VA office. Depending on the type of representative you want to designate, we will send you one of the following forms:

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

Respondent Burden: We need this information to determine eligibility for death benefits and accrued benefits under 38 U.S.C. 1310 through 1314, 1532 through 1543, and 5121. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 75 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 22A, Appointment of Individual as Claimant's Representative. You may also download these forms at <http://www.va.gov/vaforms/>. If you have already designated a representative, no further action is required on your part.

I. What if I believe that VA has made an error in processing or deciding my benefits?

You can ask for a personal hearing at any time during the processing of your claim. That means you can ask for the hearing while VA is processing your claim or after VA has made a decision. You should contact the nearest VA office and tell them that you want a personal hearing on your case. Someone in the local VA office will arrange a time and a place for your hearing. At this hearing, you can bring witnesses. VA will record whatever you and your witnesses say during the hearing and include it in the official record. VA will furnish the hearing room and officials, and prepare a transcript of the hearing. VA cannot pay your expenses or the expenses of anyone you want to bring with you to the hearing.



**Department of
Veterans Affairs**

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

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

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

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

SECTION I Tell us what you are applying for and what you and the deceased veteran have applied for	1. Did the veteran ever file a claim with VA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 2)	2. What is the VA file number? _____
	3. Has the surviving spouse or child ever filed a claim with VA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Items 4 through 6)	4. What is the VA file number? _____
	5. What is the name of the person on whose service the claim was filed? _____ First Middle Last	
	6. What is your relationship to that person? _____	
	7. Are you claiming service connection for cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8. What is the veteran's name? _____ First Middle Last Suffix (If applicable)	
	9. What is the veteran's Social Security number? _____	
10a. Did the veteran serve under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Items 10b)	10b. Please list the other name(s) the veteran served under: _____ _____	
11. What is the veteran's date of birth? _____ mo day yr	12. What is the veteran's date of death? _____ mo day yr	
13. Was the veteran a former prisoner of war? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. What is your name? (First, Middle, Last Name)	
15. What is your relationship to the veteran? (check one) <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Child	16. What is your address? _____ Street address, Rural Route, or P.O. Box Apt. number _____ City State ZIP Code Country	
17. What are your telephone numbers? (Include Area Code) Daytime _____ Evening _____	18. What is your e-mail address? _____	
19. What is your Social Security number? _____	20. What is your date of birth? _____ mo day yr	

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

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

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

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

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

21a. Entered Active Service (first period) _____ mo day yr	21b. Place	21c. Service Number	
21d. Left This Active Service _____ mo day yr	21e. Place	21f. Branch of Service	21g. Grade, Rank, or Rating
21h. Entered Active Service (second period) _____ mo day yr	21i. Place	21j. Service Number	
21k. Left This Active Service _____ mo day yr	21l. Place	21m. Branch of Service	21n. Grade, Rank, or Rating

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

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

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

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

The veteran's marriages

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

22b. Date of Marriage _____ mo day yr	22c. Place (city/state or country)	22d. To whom married (first, middle initial, last name)	22e. Date marriage ended _____ mo day yr	22f. Place (city/state or country)	22g. How marriage ended (death, divorce)
_____ mo day yr			_____ mo day yr		
_____ mo day yr			_____ mo day yr		

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

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

23c. Date of Marriage _____ mo day yr	23d. Place (city/state or country)	23e. To whom married (first, middle initial, last name)	23f. Date marriage ended _____ mo day yr	23g. Place (city/state or country)	23h. How marriage ended (death, divorce)
_____ mo day yr			_____ mo day yr		
_____ mo day yr			_____ mo day yr		

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

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

SECTION V Tell us about the unmarried children of the veteran

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

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

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

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

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

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

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer item 34b)</i>	34b. Is Social Security based on your own employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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SECTION IX

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

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

40a. Amount paid by you	40b. Date Paid	40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.)	40d. Paid to (Name of nursing home, hospital, funeral home, etc.)	40e. Relationship of person for whom expenses paid
\$	mo day yr			
\$	mo day yr			
\$	mo day yr			
\$	mo day yr			

SECTION X

Give us direct deposit information

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

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

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

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

- Checking
- Savings

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

Account number _____

42. Name of financial institution

43. Routing or transit number

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SECTION XI
Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:
 I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

44. Your signature	45. Today's date
	_____ mo day yr

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

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

SECTION XII

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

48. Remarks *(If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)*

IMPORTANT

Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

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SOCIAL SECURITY ADMINISTRATION
APPLICATION FOR SURVIVORS BENEFITS
(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

IMPORTANT-- Read instructions before completing form. Detach and retain ONLY the instruction sheet

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (<i>Type or print</i>)		2. DATE OF DEATH
NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6 and 7 about veteran.		
3. SOCIAL SECURITY NO. OF VETERAN	4. DATE OF BIRTH	5. PLACE OF BIRTH
6. NAME OF FATHER	7. MAIDEN NAME OF MOTHER	8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936? <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWI, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE

10. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT	11. DATE OF BIRTH OF APPLICANT	12. VA FILE NO.
------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	-----------------

CHILDREN: Show names of surviving children (including natural children, adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).

13A.	13B.
13C.	13D.

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

14. DATE (<i>Month, day, year</i>)	15. SIGNATURE OF APPLICANT (<i>First name, middle initial, last name</i>) (<i>Sign in ink</i>) SIGN HERE
16. MAILING ADDRESS OF APPLICANT (<i>No. and street or rural route, city or P.O., State and ZIP Code</i>)	17. TELEPHONE NO. (<i>Include Area Code</i>)

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE

18A. SIGNATURE OF WITNESS	18B. ADDRESS OF WITNESS (<i>No. and street, city, State and ZIP Code</i>)
19A. SIGNATURE OF WITNESS	19B. ADDRESS OF WITNESS (<i>No. and street, city, State and ZIP Code</i>)

ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS Use reverse for "Remarks"

20. PROOFS RECEIVED <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> AGE _____ (NAME) <input type="checkbox"/> OTHER (<i>Specify</i>) _____ (NAME) _____ (NAME)	21. PROOFS REQUESTED FROM CLAIMANT OR OTHER (<i>Specify</i>) <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> AGE _____ (NAME) <input type="checkbox"/> OTHER (<i>Specify</i>) _____ (NAME) _____ (NAME)
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22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE
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**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU COMPLETE THE SSA-24.
INSTRUCTIONS FOR COMPLETING FORM SSA-24, APPLICATION FOR SURVIVORS BENEFITS
(Payable Under Title II of the Social Security Act)**

This application form, SSA-24, is an Application for Survivors Benefits Payable under Title II of the Social Security Act, as amended. Under authority of section 202(o) of the Social Security Act, the application requests information in order to determine eligibility to social security benefits.

You **do not** have to complete this application; there are no penalties under the law if you do not complete part or all of the SSA-24. However, it is usually to your advantage to provide the information because not providing it could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

If you **do** wish to supply the information requested on the SSA-24, this information will be forwarded to the Social Security Administration and used by them to determine whether social security benefits may be payable to surviving dependent(s) of the veteran. Social Security will then contact you regarding any social security benefits payable based on information given on this form.

Please understand that Social Security may, in certain instances, disclose the information on this form to another Federal, State or local agency or individual without your written consent. This would be done in order to:

- enable a third party or an agency to assist Social Security in establishing an individual's right to benefits or coverage;
- comply with Federal laws which require or authorize the release of information from social security records; and
- facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social security programs.

If you should have any question about entitlement to social security benefits or the information you have provided on this form, please contact your local social security office.

Complete each item of the attached application, Form SSA-24, (except Items 20 through 23). When signed and dated the form **SHOULD BE LEFT ATTACHED** to your completed

- VA FORM 21-534, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable) or
- VA FORM 21-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.

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 Department of Veterans Affairs <h2 style="margin: 0;">CLAIM FOR ONE SUM PAYMENT</h2> <p style="margin: 0;">Government Life Insurance</p>	1. INSURANCE FILE NUMBER F-
	2. INSURANCE POLICY NUMBER
4. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN	3. NET AMOUNT OF INSURANCE
	5. BENEFICIARY'S SHARE (Fraction)

INSTRUCTIONS

To claim the proceeds of a Government Life Insurance policy, please complete, sign and return this form.

WE ALSO NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 9. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

Send this completed form to the VA office that maintains the insured's records. The addresses of the VA offices that maintain insurance records are:

Department of Veterans Affairs
Regional Office and Insurance Center
P. O. Box 7208
Philadelphia, PA 19101

6. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY	7. RELATIONSHIP TO INSURED	8. BENEFICIARY'S DATE OF BIRTH	9. DATE OF DEATH OF INSURED
10. ADDRESS OF BENEFICIARY (Address where check is to be mailed)			11. BENEFICIARY'S DAYTIME TELEPHONE NUMBER (Include area code) (Will only be used if additional information is needed)

CERTIFICATION: I certify that the above entries are true and correct to the best of my knowledge and belief.

12. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN	13. DATE
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PRIVACY ACT NOTICE: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 717 and 752). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U. S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1 (800) 669-8477

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Department of Veterans Affairs

INSTRUCTIONS FOR APPLYING FOR AID AND ATTENDANCE OR HOUSEBOUND BENEFITS

A veteran or surviving spouse who is a patient in a licensed nursing home because of mental or physical incapacity or otherwise determined to be in need of the regular aid and attendance of another person, or is permanently housebound, may be entitled to higher income limitations or additional benefits, depending on the type of pension received.

If you currently receive pension benefits under one of the prior pension laws, an election of the Improved Pension Program would be required before the aid and attendance or housebound benefits could be included in your monthly payment. This election may be made on the enclosed Statement In Support Of Claim (VA Form 21-4138). However the change will not be made unless it is advantageous to you. Your eligibility to aid and attendance or housebound benefits will be determined before the election is considered.

To assist us in helping you, the following forms should be completed and information submitted:

- Complete the enclosed income statement
- On the Statement In Support Of Claim, (VA Form 21-4138), include the following statement "I elect to receive benefits under the Improved Pension Program, Public Law 95-588, if it is to my financial advantage. I understand that once the election is made, and the first check is cashed, it cannot be changed." Any other information you wish to provide in support of your claim may also be included on this form
- If you are a nursing home patient, supply a certification from the administrator of the nursing home affirming your status as a patient because of physical or mental disability.
- If you are a nursing home patient and have a constant high level of monthly unreimbursed medical expenses, furnish an itemized statement of these recurring, unreimbursed expenses. Unreimbursed expenses are those not covered by insurance, Medicare, and Medicaid.
- If you are not a nursing home patient, furnish a medical statement covering the findings, diagnosis and prognosis of any recent medical treatment or examination. The doctor's statement or hospital report should include the number of hours in bed; posture and general appearance; restriction of use of lower and upper extremities; restrictive use of spine, trunk and neck; effects of advancing age (such as loss of memory and or balance, which affects ability to perform self care, ambulate or travel beyond home or ward); and what is done during a typical day if that information is a part of the record.

However, you are not required to incur the expense of the physical examination by a private physician in order to receive consideration. If the detailed medical information about your ability to care for yourself is not available from the doctor's or hospital's current records, VA can arrange for a physical examination.

You may also furnish any other information which will help determine that you are unable to care for yourself or that you are unable to walk or travel beyond your home because of your condition.

Be sure your name and VA file number are on all correspondence mailed to us and that you have signed all VA forms.

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MEDICAL RECORD	AUTHORIZATION FOR AUTOPSY
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In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. NAME AND LOCATION OF MEDICAL FACILITY	DATE AND TIME

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of _____

I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: _____

(If No Restrictions, Write "None")

The following special examinations are requested: _____

3. I(We) represent that I am (we are) the _____
(Relationship/Authority)
of the deceased and entitled by law to control the disposition of the remains.

WITNESSES (medical facility staff members):
Signed _____
Signed _____

Signed _____
(Name and Title)

Signed _____
(Name and Title)

FOR ADMINISTRATIVE USE ONLY		
Case falls within jurisdiction of Medical Examiner/Coroner		<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical Examiner/Coroner released remains from his jurisdiction to this authority		<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE	TITLE	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.
		WARD NO.

AUTHORIZATION FOR AUTOPSY
Medical Record

The Joint Commission on the Accreditation of Hospitals and Public Law 89-97 (Medicare), provides the guidelines for requesting the voluntary information on SF-523. A uniform medical record format must be available recording the patient's clinical course. The form is used to authorize physicians in attendance at a medical facility to perform a complete autopsy. Failure to complete this form will prevent the performing of an autopsy on the remains. Standard Form 523 will remain in the deceased's medical file and will only be released through a court order, subpoena, or statute.

Public Law 97-37
97th Congress

An Act

To amend title 38, United States Code, to improve certain benefit programs of the Veterans' Administration for veterans who are former prisoners of war, and for other purposes.

Aug. 14
[H.R.]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That (a) this Act may be cited as the "Former Prisoner of War Benefits Act of 1981".

Former P
of War B
Act of 19
38 USC 1
note.

(b) Whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 2. (a) Chapter 3 is amended by inserting after section 220 the following new section:

“§ 221. Advisory Committee on Former Prisoners of War

38 USC 2

“(a)(1) The Administrator shall establish an advisory committee to be known as the Advisory Committee on Former Prisoners of War (hereinafter in this section referred to as the ‘Committee’).

Establish

“(2) The members of the Committee shall be appointed by the Administrator from the general public and shall include—

Members

“(A) appropriate representatives of veterans who are former prisoners of war;

“(B) individuals who are recognized authorities in fields pertinent to disabilities prevalent among former prisoners of war, including authorities in epidemiology, mental health, nutrition, geriatrics, and internal medicine; and

“(C) appropriate representatives of disabled veterans.

The Committee shall also include, as ex officio members, the Chief Medical Director and the Chief Benefits Director, or their designees.

“(3) The Administrator shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Administrator, except that the term of service of any such member may not exceed three years.

“(b) The Administrator shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits under this title for veterans who are former prisoners of war and the needs of such veterans with respect to compensation, health care, and rehabilitation.

“(c) Not later than July 1, 1983, and not later than July 1 of each second year thereafter, the Committee shall submit to the Administrator a report on the programs and activities of the Veterans' Administration that pertain to veterans who are former prisoners of war. The Committee shall include in each such report an assessment of the needs of such veterans with respect to compensation, health care, and rehabilitation, a review of the programs and activities of the Veterans' Administration designed to meet such needs, and such recommendations (including recommendations for administrative and legislative action) as the Committee considers to be appropriate. The Administrator shall immediately submit such report to the

Report.

Report to
Congress

214. Congress with any comments concerning the report that the Administrator considers appropriate. The Committee may also submit to the Administrator such other reports and recommendations as the Committee considers appropriate. The Administrator shall submit with each annual report submitted to the Congress pursuant to section 214 of this title a summary of all reports and recommendations of the Committee submitted to the Administrator since the previous annual report of the Administrator submitted to the Congress pursuant to such section."

(b) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 220 the following new item:

"221. Advisory Committee on Former Prisoners of War."

101. SEC. 3. (a) Section 101 is amended by adding at the end the following new paragraph:

prisoner "(32) The term 'former prisoner of war' means a person who, while serving in the active military, naval or air service, was forcibly detained or interned in line of duty—

"(A) by an enemy government or its agents, or a hostile force, during a period of war; or

"(B) by a foreign government or its agents, or a hostile force, during a period other than a period of war in which such person was held under circumstances which the Administrator finds to have been comparable to the circumstances under which persons have generally been forcibly detained or interned by enemy governments during periods of war."

612. (b) Clause (7) of section 612(b) is amended to read as follows:

"(7) from which a veteran who is a former prisoner of war and who was detained or interned for a period of not less than six months is suffering; or"

312. SEC. 4. (a) Section 312 is amended—

(1) by striking out subsection (b); and

(2) by redesignating subsection (c) as subsection (b) and amending such subsection to read as follows:

"(b) For the purposes of section 310 of this title and subject to the provisions of section 313 of this title, in the case of a veteran who is a former prisoner of war and who was detained or interned for not less than thirty days, the disease of—

"(1) avitaminosis;

"(2) beriberi (including beriberi heart disease),

"(3) chronic dysentery,

"(4) helminthiasis,

"(5) malnutrition (including optic atrophy associated with malnutrition),

"(6) pellagra,

"(7) any other nutritional deficiency,

"(8) psychosis, or

"(9) any of the anxiety states,

which became manifest to a degree of 10 per centum or more after active military, naval, or air service shall be considered to have been incurred in or aggravated by such service, notwithstanding that there is no record of such disease during the period of service."

(b) The amendments made by subsection (a) shall take effect on October 1, 1981.

date.
312 note.
610.

SEC. 5. (a) Section 610(a) is amended—

(1) by striking out "and" at the end of clause (3);

(2) by redesignating clause (4) as clause (5); and

(3) by inserting after clause (3) the following new clause:

“(4) a veteran who is a former prisoner of war; and”.

(b) Section 612(f) is amended—

38 USC 612.

(1) by striking out “and” at the end of clause (1);

(2) by striking out the period at the end of clause (2) and inserting in lieu thereof a semicolon and “and”; and

(3) by inserting after clause (2) the following new clause:

“(3) to any veteran who is a former prisoner of war.”.

(c) Section 612(i) is amended—

(1) by redesignating clause (4) as clause (5); and

(2) by inserting after clause (3) the following new clause:

“(4) To any veteran who is a former prisoner of war.”.

(d) The amendments made by this section shall take effect on October 1, 1981.

Effective date.
38 USC 610 no

SEC. 6. (a) Not later than ninety days after the date of the enactment of this Act and at appropriate times thereafter, the Administrator shall, to the maximum extent feasible and in order to carry out the requirements of the veterans outreach services program under subchapter IV of chapter 3 of title 38, United States Code, seek out former prisoners of war and provide them with information regarding applicable changes in law, regulations, policies, guidelines, or other directives affecting the benefits and services to which former prisoners of war are entitled under such title by virtue of the amendments made by this Act.

Information to former war prisoners.
38 USC 301 no
38 USC 240.

(b)(1) The Administrator shall, for not less than the three-year period beginning ninety days after the date of the enactment of this Act, maintain a centralized record showing all claims for benefits under chapter 11 of such title that are submitted by former prisoners of war and the disposition of such claims.

Centralized record.

(2) Not later than ninety days after the end of the three-year period described in paragraph (1), the Administrator shall, after consulting with and receiving the views of the Advisory Committee on Former Prisoners of War required to be established pursuant to section 221 of such title, submit a report on the results of the disposition of claims described in such paragraph, together with any comments or recommendations that the Administrator may have, to the appropriate committees of Congress. The Administrator may also submit to such committees interim reports on such results.

38 USC 301 et seq.

Report to congressional committees.

(c) For the purposes of this section, the term “former prisoner of war” has the meaning given such term in paragraph (32) of section 101 of title 38, United States Code (as added by section 3(a) of this Act).

Approved August 14, 1981.

LEGISLATIVE HISTORY—H.R. 1100 (S. 468):

HOUSE REPORT No. 97-28 (Comm. on Veterans' Affairs).

SENATE REPORT No. 97-88 accompanying S. 468 (Comm. on Veterans' Affairs).

CONGRESSIONAL RECORD, Vol. 127 (1981):

June 1, 2, considered and passed House.

June 4, considered and passed Senate, amended, in lieu of S. 468.

July 30, House agreed to Senate amendments with amendments; Senate concurred in House amendments.

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**PRESUMPTIVE SERVICE
CONNECTED DISABILITIES
Public Law 97-37 (Layman's Terms)**

by William Paul Skelton, III, MD F.A.C.P.

All ex-POWs should keep these and/or make copies. Whenever you open your claim, take them with you and make sure the adjudication officer sees them and have him read them! Make sure he knows all about them. Tell him your own story as it relates to your problem.

1. ARTHRITIS, TRAUMATIC

Also known as articular trauma. This disorder looks and is treated just like degenerative arthritis (arthritis associated with age) except it is caused by severe damage to a single or few joints producing early onset arthritis. Since it has a definite cause, it is called a secondary form of arthritis. This is an extremely difficult diagnosis to make, but in general one has to prove that a specific trauma occurred to a single or very few joints, and other changes consistent with degenerative arthritis are not present throughout the rest of the body at the same time. In short, these changes need to be localized.

2. AVITAMINOSIS

The total lack of vitamins in the diet. This disorder is a fatal condition unless it is supplemented with vitamins within a few weeks. Therefore, most individuals suffer from hypovitaminosis, which is a relative deficiency or vitamins in the diet. The specific type, intensity and duration of deprivation determine the long-term effects.

3. BERIBERI

Caused by a severe lack of vitamin B1 (thiamine) in the diet. This produces changes in the nerves (both in the brain and extremities) and the heart. Brain changes could produce dementia or psychosis. Nervous changes are usually associated with numbness and/or painful feet. Beriberi heart disease is an acute condition, similar to congestive heart failure, except that the heart pumps more blood than in normal congestive heart failure and it is associated with the presence of an excessive amount of lactic acid in the body. It is unknown at the current time whether this can produce a chronic state.

4. DYSENTERY, CHRONIC

A disease characterized by frequent and watery stools, usually with blood and mucus, and accompanied by rectal pain and abdominal, fever, and dehydration. This is an infection in the colon and can be caused by a multitude of different organisms, the most common of which is amoeba which can produce a mild or severe dysentery and possibly be associated with a chronic irritable colon. Bacillary dysentery is associated with the bacteria shigellosis, but will not cause a chronic state. There are multiple other bacteria that can cause dysentery which usually do not produce chronic states. Viral dysentery can also present like amoebic or bacillary dysentery and will not produce a chronic state.

5. FROSTBITE

The actual freezing of tissue. This is graded on a continuum with one representing mild to four representing mummification of the tissue. The extremities furthest from the heart are usually affected, with primarily the nose, ears, fingertips, and toes being involved. This usually produces long-term side effects such as numbness, discoloration, excessive swelling, and pain in the affected area.

6. HELMINTHIASIS

Infection with any type of worms that parasitize the human. Most infections usually resolve spontaneously either with proper treatment or as the natural course of the disease. Strongyloides is known to persist in a permanent state in humans due to its ability to reinfect the host.

7. MALNUTRITION

Merely means bad nutrition. The nutritional depletion may be either caloric. Vitamin, fatty acid, or mineral deficiency, or more likely a combination. Depending on the type. Intensity, and duration, it may yield permanent side effects or no lasting side effects at all.

8. PELLAGRA

Literally meaning rough skin in Italian, also known as black tongue in dogs. It is caused by a virtual lack of vitamin B3 (niacin) in the diet, producing the classical trio of diarrhea, dermatitis, and dementia. All are easily treated early on with no side effects. The dementia, if left untreated, may produce permanent mental deficits.

9. ANY OTHER NUTRITIONAL DEFICIENCY

The lack of protein and calories in the diet generally produces no lasting side effects. However, vitamin deficiencies other than the aforementioned B1 (beriberi) and B3 (pellagra) can have very disastrous effects on one's body. Also deficiencies of certain fatty acids and essential minerals in the diet can have lasting and long-term sequela.

10. PSYCHOSIS

A generic term for any of the insanities. Generally, it is thought of as a mental disorder causing gross disorganization of a person's mental capacity and his ability to recognize reality and communicate with others regarding the demands of everyday life.

11. PANIC DISORDER

Characterized by discrete periods of apprehension or fear with at least four of the following during an attack: shortness of breath, feelings of heart skipping, chest pain, dizziness, sweating, fainting, trembling, fear of dying, or doing something uncontrollable during an attack. These attacks need to occur at least three times within a three-week period, not associated with physical exertion or life threatening situations. Also there needs to be an absence of severe physical or other mental illness which could cause these symptoms.

12. GENERALIZED ANXIETY DISORDER

Characterized by generalized persistent anxiety and with symptoms of at least three of the following four categories: (1) Motor tension as characterized by shaking, jumpiness, trembling and restlessness; (2) Autonomic hyperactivity such as sweating, cold or clammy hands, high or irregular heart rate, dry mouth, etc.; (3) Apprehensive expectations, anxiety, worry, fear, anticipation of misfortune to himself or others; (4) Tendency to insomnia, hyperattentiveness, irritable. All these symptoms had to have lasted at least one month. Also, there needs to be an absence of all other mental disorders and physical disorders that could explain the symptoms.

13. OBSESSIVE COMPULSIVE DISORDER

This may be either obsessions or compulsions. Obsessions are recurrent persistent ideas or impulses that are thoughts that invite consciousness and are experienced as senseless or repugnant. Attempts are made to ignore or suppress them. Compulsions are repetitive and seemingly purposeful behaviors that are performed in certain similar manners. The behavior is felt by the individual to produce or prevent some future event. Generally, the individuals recognize the senselessness of the behavior and do not derive pleasure from carrying it out, although it often relieves tension. Also, the obsessive or compulsive individuals are associated with a significant sense of distress in that it interferes with social or role functioning.

14. POST TRAUMATIC STRESS DISORDER

The re-experiencing of a trauma of a past recognized stress or that can produce symptoms of distress. This re-experiencing needs at least one of the following: (1) Recurrent and intrusive recollection of the event; (2) Recurrent dreams; (3) Sudden feelings that the trauma was occurring because of an association, an environmental or ideational situation Also involved is reduced involvement with the external world beginning after the trauma, revealed by at least one of the following: (1) Hyperalertness or exaggerated startle response; (2) Sleep disturbance; (3) Guilt about surviving when others have not; (4) Memory impairment or trouble concentrating; (5) Avoidance of activities that arouse recollection of the traumatic event; (6) Intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

15. ATYPICAL ANXIETY DISORDER

This is a category that is used for diagnosis when the affected individual appears to have an anxiety disorder that does not meet the criteria for entry into any of the other known anxiety disorders.

16. DEPRESSIVE NEUROSIS/DYSTHYMIC DISORDER

Characterized by depressive periods in which the patient feels sad and/or down and has a loss of interest in the usual activities that cause pleasure or involvement in usual past times. These depressive periods are separated by periods of normal mood, lasting a few days to a few weeks, but no more than a few months at a time. During the depressive period, at least sleep or too much sleep, low energy or chronic tiredness, loss of self esteem, decreased effectiveness or productivity at work, social withdrawal, loss of interest in pleasurable activities, excessive anger, inability to respond with apparent pleasure to praise or reward, less active or talkative than usual, pessimistic attitude about the future, tearful or crying thoughts about death or suicide. There are also no psychotic features present.

17. PERIPHERAL NEUROPATHY

Literally Greek for the suffering of nerves outside of the brain and spinal cord. There are several different causes for peripheral neuropathy, and vitamin deficiency and possibly mineral deficiency are just two. Other causes to be considered are various toxins such as lead, copper, and mercury, a hereditary pre-disposition to neuropathy, deposition of amyloid or protein produced by one's own body mounted in response to an infection, infections such as by leprosy, which is the most common form of neuropathy in the world, and multiple other less common causes.

18. IRRITABLE BOWEL SYNDROME

Irritable bowel syndrome (IBS) is a common disorder of the intestines that leads to crampy pain, gassiness, bloating, and changes in bowel habits. Some people with IBS have constipation (difficult or infrequent bowel movements); still others have diarrhea (frequent loose stools, often with an urgent need to move the bowels); and some people experience both. Sometimes the person with IBS has a crampy urge to move the bowels but cannot do so. Through the years, IBS has been called by many names - colitis, mucous colitis, spastic colon, spastic bowel, and functional bowel disease. Most of these terms are inaccurate.

19. PEPTIC ULCER DISEASE

A peptic ulcer is a sore or hole in the lining of the stomach or duodenum (the first part of the small intestine). In addition to the pain caused by the ulcer itself, peptic ulcers give rise to such complications as hemorrhage from the erosion of a major blood vessel; perforation of the wall of the stomach or intestine, with resultant peritonitis; or obstruction of the gastrointestinal tract because of spasm or swelling in the area of the ulcer. The direct cause of peptic ulcers is the destruction of the gastric or intestinal mucosal lining by hydrochloric acid, an acid normally present in the digestive juices of the stomach.

20. ISCHEMIC CARDIOMYOPATHY

A disorder caused by lack of oxygen to the tissues of the heart, in which the muscles of the heart are affected and the heart cannot pump properly. Ischemic cardiomyopathy is a cause of heart failure and is a complication of ischemic heart diseases such as acute MI, angina, and unstable angina. Symptoms include: chest pain, experienced under the sternum, may radiate to the neck, jaw, back, shoulder, arm, may feel tight, pressure, crushing, squeezing, may or may not be relieved by rest or nitroglycerin, sensation of feeling the heart beat (palpitations) irregular or rapid pulse, shortness of breath, especially with activity, or shortness of breath that occurs after lying down for a while, cough, fatigue, weakness, faintness, decreased alertness or concentration decreased urine output, excessive urination at night, overall swelling, breathing difficulty when lying down, high blood pressure. Examination may reveal an irregular heartbeat, and heart and lung sounds may be abnormal. There may be other signs of heart failure. Decreased functioning and enlargement of the heart may show in these tests: coronary angiography, echocardiogram, chest X-ray, chest CT scan, MRI of chest. An ECG may show enlargement, old MI, ischemic changes, arrhythmias, or other abnormality. A biopsy of the heart may be needed to rule out other disorders. Lab tests may be used to rule out other disorders and to assess the condition of the heart.

21. CIRRHOSIS OF THE LIVER (added 07/18/03)

The liver, the largest organ in the body, is essential in keeping the body functioning properly. It removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood. It makes proteins that regulate blood clotting and produces bile to help absorb fats and fat-soluble vitamins. In cirrhosis of the liver, scar tissue replaces normal, healthy tissue, blocking the flow of blood through the organ and preventing it from working as it should.

Many people with cirrhosis have no symptoms in the early stages of the disease. However, as scar tissue replaces healthy cells, liver function starts to fail and a person may experience the following symptoms: Exhaustion, fatigue, loss of appetite, nausea, weakness and/or weight loss.

Cirrhosis may be diagnosed on the basis of symptoms, laboratory tests, the patient's medical history, and a physical examination. A liver biopsy will confirm the diagnosis.

22. and 23. On October 7, 2004, an interim final regulatory amendment was published in the Federal Register. The amendment adds heart disease (atherosclerotic heart disease and hypertensive vascular disease and their complications), and stroke and its complications, to the list of former POW presumptive medical conditions. Summary of the new rules can be explained by your national service officer and the amendment appears [(38CFR~3.309)c].

22. STROKE & COMPLICATIONS

A stroke occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells. Brain cells die when they no longer receive oxygen and nutrients from the blood or there is sudden bleeding into or around the brain.

The symptoms of a stroke include sudden numbness or weakness, especially on one side of the body; sudden confusion or trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble with walking, dizziness, or loss of balance or coordination; or sudden severe headache with no known cause. Includes the three major types of stroke: ischemic, hemorrhagic, and embolic, as well as complications from stroke.

23. HEART & COMPLICATIONS

Heart disease includes atherosclerotic heart disease, and hypertensive vascular disease (including hypertensive heart disease, and hypertension). Ischemic heart disease and coronary artery disease are included within this provision.

Complications of atherosclerotic heart disease are included. Complications may include myocardial infarction ("heart attack"), congestive heart failure ("heart failure"), and arrhythmia ("irregular heart beat").

Hypertensive vascular disease refers to disease associated with elevated blood pressure. Complications caused by hypertensive vascular disease are included. Diseases arising from viral or bacterial causes are not included.