

**IN THE UNITED STATES COURT OF APPEALS
FOR VETERANS CLAIMS**

NYNA S. MURRAY,
BURTON R. RIPLEY, and
LEA-ANN BUTLER,
Petitioners,

v.

DENIS MCDONOUGH,
Secretary of Veterans Affairs,
Respondent.

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Vet. App. No. 21-0947

MOTION TO DISMISS AMENDED PETITION

Respondent, Denis McDonough, Secretary of Veterans Affairs (Secretary), hereby moves for dismissal of this action on grounds that the requirements for judicial review under Article III, section 2, of the U.S. Constitution are not met.

RELEVANT BACKGROUND AND FACTS

Statutory section 5102(a) provides: “Upon request made by any person claiming or applying for, or expressing an intent to claim or apply for, a benefit under the laws administered by the Secretary, the Secretary shall furnish such person, free of all expense, all instructions and forms necessary to apply for that benefit.” 38 U.S.C. § 5102(a). Regulatory section 3.150(a) echoes this general requirement: “Upon request made in person or in writing by any person applying for benefits under the laws administered by the Department of Veterans Affairs, the appropriate application form will be furnished.” 38 C.F.R. § 3.150(a). Section 3.155, provides, more specifically, that upon receipt of an intent to file (ITF), the

Secretary “will furnish the claimant with the appropriate application form prescribed by the Secretary.” 38 C.F.R. § 3.155(b).

On February 20, 2021, Petitioner Nina S. Murray, with the help of a service organization representative, submitted an ITF on a Form 21-0966.¹ It was received by the Secretary on February 24, 2020. In response, Petitioner Murray received an automatically generated letter from the Secretary with online direction to the forms needed to complete her claim. Petitioner Murray did not receive from the Secretary a paper copy of an application and, according to her declaration, was unable to access an online application by herself. Yet, on February 23, 2021, within one year of receipt of her ITF, she submitted a completed application form.² Moreover, on August 4, 2021, her claim was granted, and she was awarded survivor’s pension benefits, effective February 24, 2020, the date of receipt of her ITF.³

On or about October 28, 2021, Petitioner Lea-Ann Butler submitted an ITF on a Form 21-0966.⁴ It was received by the Secretary on November 1, 2021. In

¹ For purposes of this motion, the Secretary accepts as true the statements made by Petitioners in their respective declarations submitted with the Amended Petition. *See* Amended Petition for Class Injunctive Relief/Writ of Mandamus, Declarations of Nina S. Murray, Burton R. Ripley, and Lea-Ann Butler.

² *See* attached February 23, 2021, Application.

³ *See* attached August 4, 2021, Notice of Decision.

⁴ Petitioner Butler states in her declaration that her ITF was submitted in “October 2021.” The copy of the ITF included as an attachment to the Amended Petition is neither signed nor dated. *See* Amended Petition for Class Injunctive Relief/Writ of Mandamus, Exhibit I-1). However, the actual document submitted is contained in his electronic claims folder and reflects that it was signed and dated on October 28, 2021 (see attached). It was received by the Secretary on November 1, 2021 (see attached).

response, Petitioner Butler received an automatically generated letter from the Secretary with online direction to the appropriate forms needed to complete her claim. Petitioner Burton did not receive a paper copy of an application form from the Secretary at that time or at the time the Amended Petition was filed.⁵ However, on December 16, 2021, in response to her expressed need or desire for a paper application, the Secretary mailed Petitioner Butler a paper copy of an application.⁶

On or about October 29, 2021, Petitioner Burton R. Ripley submitted an ITF on a Form 21-0966.⁷ It was received by the Secretary on November 1, 2021. In response, Petitioner Ripley received an automatically generated letter from the Secretary with online direction to the forms needed to complete his claim. Petitioner Ripley did not receive a paper copy of an application form from the Secretary at the time the Amended Petition was filed.⁸ However, on December 16, 2021, in response

⁵ Petitioner Butler does not state whether, prior to his inclusion as a named petitioner in this action, he expressed to the Secretary a need or desire for a paper application.

⁶ See attached December 16, 2021, letter to Petitioner Butler (application excluded from this attachment).

⁷ Petitioner Ripley states in his declaration that he submitted his ITF in “October 2021.” The copy of his ITF included as an attachment to the Amended Petition is neither signed nor dated. *See* Amended Petition for Class Injunctive Relief/Writ of Mandamus, Exhibits H-1). However, the actual document submitted is contained in his electronic claims folder and reflects that it was signed and dated on October 29, 2021 (see attached). It was received by the Secretary on November 1, 2021 (see attached).

⁸ Petitioner Ripley does not state whether, prior to his inclusion as a named petitioner in this action, he expressed to the Secretary a need or desire for a paper application.

to his expressed need or desire for a paper application, the Secretary mailed him a paper application.⁹

Petitioners filed a petition for extraordinary relief under the All Writs Act. They challenge the way in which the Secretary furnishes claimants with the forms needed to apply for benefits. Specifically, they allege that the Secretary is required to furnish claimants for whom he receives intents to file or requests for application with application forms in a particular manner, and that, at least with respect to them and claimants like them, he is required to mail or deliver applications in paper format.¹⁰ They allege that the Secretary did not mail or deliver application forms to them in paper format and thus violated his obligation to furnish them with the forms needed to complete their claims. Based on this allegedly unlawful practice, Petitioners seek declaratory and injunctive relief on behalf of themselves individually and a putative class.

⁹ See attached December 16, 2021, letter to Petitioner Ripley (application excluded from this attachment).

¹⁰ In the Petition and Amended Petition, Petitioners assert that the Secretary is required by law to furnish all claimants with applications in paper format. However, this is not the position taken by Petitioner Murray in her Reply or Petitioners' Amended Request for Class Action. The position taken in those ancillary pleadings is that the Secretary is required to provide applications forms to claimants in a manner reasonably calculated to be received and that, in the case of claimants who submit intents to file orally or in writing, this means by mail or delivery in paper format. The difference in positions, while fatal to the merits of this case, is not necessarily relevant to the question of Petitioners' standing as, in either case, Petitioners assert that the Secretary violated an obligation to provide them with paper copies of the application forms they needed to complete their claims.

THE ARTICLE III CASE OR CONTROVERSY REQUIREMENTS ARE NOT MET

Article III, section 2, of the U.S. Constitution limits the exercise of judicial power to “cases” and “controversies.”¹¹ “A justiciable controversy must be ‘definite and concrete’ and must ‘be a real and substantial controversy admitting of specific relief through a decree of a conclusive character, as distinguished from an opinion advising what the law would be upon a hypothetical state of facts.’” *Perez v. Shinseki*, 25 Vet.App. 190, 193 (2012) (quoting *Aetna Life Ins. Co. of Hartford, Conn. V. Haworth*, 300 U.S. 227, 241 (1937)). “When there is no case or controversy, or where a once live case or controversy becomes moot, the Court lacks jurisdiction.” *Bond v. Derwinski*, 2 Vet.App. 376, 377 (1992) (per curiam).

A. Petitioners lack standing to bring this action

The doctrine of standing, an essential aspect of the Article III case or controversy requirement, demands that a plaintiff have “a personal stake in the outcome of the controversy.” *Warth v. Seldin*, 422 U.S. 490, 498 (1975).¹² At an “irreducible constitutional minimum” this requires the plaintiff, as the party seeking to invoke the court’s jurisdiction, to establish three elements: (1) an injury in fact; (2) a causal connection between that injury and the defendant’s challenged conduct;

¹¹ Cf. *Cardona v. Shinseki*, 26 Vet.App. 472, 474 (2014) (per curium order) (“Although not an Article III court, this Court has adopted the case-or-controversy requirement as a basis for exercising our exclusive jurisdiction in the veteran’s benefits arena . . .”). The jurisdictional requirements of Article III are separate from the jurisdictional limits set forth by 38 U.S.C. § 7252.

¹² *Socialist Labor Party v. Gilligan*, 406 U.S. 583, 586-87 (1972).

and (3) a likelihood that the injury suffered will be redressed by a favorable decision. *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 559-62 (1992).¹³

An injury in fact is an “invasion of a legally protected interest” that is “concrete and particularized” as well as “actual or imminent, not conjectural or hypothetical.” *Lujan*, 504 U.S. at 560-61 (quotations omitted). For an injury to be “particularized,” “it must affect the plaintiff in a personal and individual way.” *Spokeo, Inc. v. Robins*, 136 S. Ct. 1540, 1548 (2016). For an injury to be “concrete,” it must be “real, and not abstract.” *Id.*

A plaintiff must show that they suffered some actual or imminent harm that is both concrete and particularized “even in the context of a statutory violation.” *Spokeo*, 136 S. Ct. at 1549.¹⁴ For that reason, a mere allegation that a statute or regulation has been violated does not satisfy the injury-in-fact requirement. *See id.* (explaining that a plaintiff cannot “allege a bare procedural violation, divorced from any concrete harm” and satisfy the injury-in-fact requirement of Article III). In other words, as the U.S. Court of Appeals for the Ninth Circuit explained, even when a statute is alleged to have been violated, such violation must be shown “to have caused some real—as opposed to purely legal—harm to the plaintiff. *Robins*

¹³ *See also Waterhouse v. Principi*, 3 Vet.App. 473, 475 (1992) (explaining that standing “requires a party who invokes the courts authority to show that he personally has suffered some actual or threatened injury as a result of the putatively illegal conduct of the defendant, and that the injury fairly can be traced to the challenged action and is likely to be redressed by a favorable decision”).

¹⁴ *See also id.* (holding that a plaintiff “does not automatically satisfy the injury-in-fact requirement whenever a statute grants a right and purports to authorize a suit to vindicate it”).

v. Spokeo, Inc., 867 F.3d 1108, 1112 (9th Cir. 2017). The burden is on the party seeking to invoke federal jurisdiction to establish standing. *Clapper v. Amnesty Int'l USA*, 568 U.S. 387, 411-12 (2013).¹⁵

Petitioners filed a petition for extraordinary relief under the All Writs Act seeking declaratory and injunctive relief based on the manner in which the Secretary furnishes application forms to claimants. They allege that the Secretary is required to furnish claimants for whom he receives intents to file or requests for application with application forms in a particular manner, and that, at least with respect to them and claimants in similar circumstances, he is required to mail or deliver applications in paper format. They allege that the Secretary did not mail or deliver application forms to them in paper format, and thus violated his obligation to furnish them with the forms necessary to complete their claims and apply for benefits.

Petitioners do not explain what concrete harm they suffered as a result of this alleged violation. None contend that they were unable to complete their claims because the Secretary failed to immediately and automatically provide them with physical copies of application forms. Indeed, Petitioner Murray completed her claim on February 23, 2021, and did so within a year of when her ITF to file was submitted, thus securing an effective date of any potential award of benefits tied to the date of receipt of her ITF. It is irrelevant that Petitioner Murray had not completed her claim at the time she filed the Petition. Even assuming that she had

¹⁵ See also *Skaar v. Wilkie*, 32 Vet.App. 156, 173 (2019).

not because she was temporarily unable to at that time, she does not allege that this temporary inability resulted in any actual and concrete harm.¹⁶ In fact, her claim was granted, and she was awarded benefits based on the date of receipt of her ITF.

While Petitioners Ripley and Butler have not yet completed their claims, their intents to file were only received on November 1, 2021, and thus both have until October 31, 2022, to do so without any risk of losing an effective date of any potential award of benefits tied to the date of receipt of their ITF.¹⁷ Moreover, while Petitioners Ripley and Butler state that they do not have the forms needed to complete their claims because the Secretary technically sent them a letter with online direction to those forms and not physical copies of those forms, they do not

¹⁶ To be sure, on August 4, 2021, Petitioner Murray's claim was granted, and she was awarded survivor's benefits, effective February 24, 2020, the date of receipt of her ITF.

¹⁷ Although a separate requirement under Article III, it is unclear that Petitioners Ripley or Butler, or even Petitioner Murray, present a grievance that is ripe for judicial review. Even assuming for the sake of argument that the Secretary is required to furnish claimants with applications forms in a particular manner, and that the mere violation of this obligation constitutes a "concrete" harm, the Amended Petition is not premised on any allegation that the Secretary is required to satisfy this obligation within any specific period of time. When Petitioners Ripley and Butler were added to the Amended Petition, their one-year period in which to complete their claims in order to preserve an effective date for any potential award of benefits tied to the date of receipt of their intents to file had not expired. Indeed, it still has not expired. In other words, it is unclear how the Secretary can even be said to have violated his obligation to provide Petitioners Ripley and Butler at the time they were added to the Amended Petition, or even now, given that their intents to file were only received on November 1, 2021. The Secretary has not denied them an effective date for an award of benefits tied the date of receipt of their intents to file, and that risk will not even materialize until after October 31, 2022, assuming that they do not complete their claims before that date.

allege that they are unable to access the forms online. Nor do either otherwise allege that they are unable to complete their claim on account of the Secretary's allegedly unlawful failure to automatically provide them with physical copies of the needed application forms.¹⁸

Put differently, what Petitioners Murray, Ripley, and Butler allege is nothing more than a purely legal or procedural violation “divorced from any concrete harm.” *See Skaar v. Wilkie*, 32 Vet.App. 156, 173 (2019) (“Claimants cannot simply allege a bare procedural violation, divorced from any concrete harm to satisfy the injury requirement.”). Indeed, Petitioners appear to recognize that the mere failure to provide claimants applications in paper format is not a cognizable injury.

In attempting to make their case for why extraordinary classwide relief is warranted, Petitioners assert that, by not providing claimants with physical application forms and, instead providing them with online direction to those forms, the Secretary leaves those claimants without the ability to apply for benefits and complete their claims within one year of the receipt of their intents to file, which

¹⁸In fact, neither alleges that their receipt of online direction to the forms needed to complete their claims, rather than physical copies of those forms, put them in any different or worse-off position in terms of their ability to ultimately complete their claim and secure benefits. Moreover, even assuming that Petitioners would have received some nominal or convenience-based benefit had the Secretary immediately and automatically provided them with physical copies of application forms, the denial of such benefit still would not satisfy the requirement of “concrete” harm. Neither assert that a claimant’s mere convenience is the concrete interest that Congress or the Secretary sought to protect by requiring the Secretary to furnish application forms to claimants upon request or otherwise for whom he receives an intent to file.

they must do in order to protect the effective date of any potential award of benefits.¹⁹ In other words, Petitioners assert that the Secretary's challenged practices cause harm to claimants insofar as it denies them the ability to apply for benefits and preserve the effective date of a potential award of benefits tied to the date of receipt of their intents to file. But, while this may be a concrete harm in the abstract, as discussed above, it is not one that Petitioners Murray, Ripley, or Butler themselves suffered.

What's more, Petitioners appear to acknowledge that such harm is purely hypothetical even in the abstract. Specifically, in the section of the Amended Petition titled "The Secretary's Policy and Practice Harms Claimants," Petitioners do not allege that the Secretary's conduct has actually led to any claimant not applying for benefits or missing the deadline to complete their claim in order to preserve the effective date of a potential award of benefits. Rather, they contend that the Secretary's "unlawful withholding of paper forms inflicts real harm" on claimants because some of them "may be unable to access application forms at all, or at best are forced to expend additional time and resources to locate forms that

¹⁹ In her introduction, Petitioner states that "the Secretary's failure to furnish the appropriate paper forms inflicts real harm on claimants." (Amended Petition at 1). She then states that, while "some claimants may manage to locate the forms online, others lack the ability to do the same" and that, for such claimants, "the Secretary's failure is an insurmountable obstacle to submitting their applications—particularly during the ongoing pandemic, when government resources to facilitate public access to the Internet are either closed or scarce." (Amended Petition at 2).

should have been provided to them directly.”²⁰ (Amended Petition at 18). Thus, on the face of the Amended Petition, Petitioners concede that the harm they insist is caused by the Secretary’s allegedly unlawful failure to provide claimants with applications in paper format is simply a hypothetical possibility.²¹

In sum, Petitioners fail to allege that they suffered any “concrete and particularized” harm that is or was “actual or imminent, not conjectural or hypothetical,” as a result of the Secretary’s challenged conduct and, as such, they

²⁰ Indeed, while Petitioners intimate that there are prospective claimants who have not submitted completed claims because they were not automatically provided with paper applications by the Secretary, they refrain from actually making that assertion and, instead, state that it “is unknowable how many claimants have not submitted their claims as a result.” (Amended Petition at 18). The fact that Petitioners have not identified a single such claimant is, if nothing else, indicative of the purely hypothetical nature of the harm they allege. Petitioner Murray’s own circumstances confirm that. By her own description, Petitioner Murray is 88 years old, a widow, suffered a stroke, suffers from paralysis on the left side of her body, needs to use a wheelchair, has never used a computer by herself and does not know how to use one, is unable to drive, did not receive a paper application from the Secretary and, due to personal health issues, would have risked her life had she visited a regional office in person to get one. Yet even she was able to complete her claim for benefits within one year of receipt of her ITF and secure an effective date for a potential award of benefits tied to the date of receipt of her ITF.

²¹ Even accepting at face value the assertion that certain claimants are forced to expend more time and resources to locate forms than they would have if the Secretary directly and immediately provided to them with physical copies of those forms, Petitioners fail to explain how this amounts to a “concrete” harm or poses any material risk of harm to the underlying concrete interest Congress and the Secretary sought to protect by requiring the Secretary to furnish claimants with the forms needed to apply for benefits, i.e., the ability to seek benefits. As the U.S. Court of Appeals for the Second Circuit explained, “even where Congress has accorded procedural rights to protect a concrete interest, a plaintiff may fail to demonstrate concrete injury where violation of the procedure at issue presents no material risk of harm to that underlying interest.” *Strubel v. Comenity Bank*, 842 F.3d 181, 190 (2nd Cir. 2016); *accord Kamal v. J Crew Grp., Inc.*, 918 F.3d 102, 113 (3rd Cir. 2019).

fail to establish the injury-in-fact requirement for standing. *See Warth*, 422 U.S. at 518 (“It is the responsibility of the complainant clearly to allege facts demonstrating that he is a proper party to invoke judicial resolution of the dispute and the exercise of the court’s remedial powers.”). Petitioner Murray completed her claim for benefits and secured the right to an effective date for any potential award tied to the date of receipt of her ITF.²² Petitioners Ripley and Butler, while they have not yet completed their claims, do not allege that they are unable to as a result of the Secretary’s challenged conduct, and neither has lost, or faces any imminent risk of losing, the right to an effective date for any award of benefits tied to the date of receipt of her ITF. The mere possibility that some unidentified and hypothetical claimant might fail to apply for benefits or fail to complete their claim within the one-year period needed to preserve the effective date for a potential award of benefits tied to the date of receipt of their ITF, is insufficient to establish Petitioners’ standing to bring this action.

Accordingly, the Amended Petition must be dismissed.²³ *See Rosinski v. Shulkin*, 29 Vet.App. 183, 192 (2018) (dismissing petition and denying motion for

²² The Secretary maintains his position that, even if Petitioners have standing to challenge the Secretary’s practices with respect to furnishing application forms to claimants for whom an ITF is received under 38 C.F.R. § 3.155(b), they lack standing to challenge his practices with respect to furnishing application forms to claimants for whom a request for application is received under 38 C.F.R. § 3.155(a), as none submitted a request for application under this provision. Rather, each of Petitioners Murray, Ripley, and Butler submitted intents to file.

²³ As Petitioners lack standing to bring this action on their own behalf, they also lack standing to bring this action on behalf of the proposed class. *O’Shea v. Littleton*, 414 U.S. 488, 494 (1974) (explaining that “if none of the named plaintiffs

class certification where named petitioner failed to demonstrate that he suffered or will imminently suffer an injury in fact).

B. Petitioners' claims against the Secretary are moot.

“A case or controversy ceases to exist, and a case becomes moot, when the issues presented are no longer ‘live’ or the parties lack a legally cognizable interest in the outcome.” *Godsey v. Wilkie*, 31 Vet.App. 207, 218 (2019) (quotations omitted). “When a case becomes moot during the course of litigation, the proper outcome is to dismiss the case for lack of jurisdiction, unless an exception to mootness applies.” *Id.* (quotations omitted). Even if Petitioners Murray, Ripley, and Butler had standing to bring this action, their claims against the Secretary have since been rendered moot as they either completed their claims within the one-year period following receipt of their intents to file or were sent paper copies of the necessary applications well before that one-year period expired.

Specifically, Petitioner Murray’s claim against the Secretary became moot when she successfully submitted her application for benefits within the one-year period following receipt of her ITF, and thus completed her claim and secured her right to an effective date of any potential award of benefits tied to the date of receipt of her ITF. Indeed, on August 4, 2021, Petitioner Murray’s claim was granted, and

purporting to represent a class establishes the requisite of a case or controversy with the defendants, none may seek relief on behalf of himself or any other member of the class”); *Skaar*, 32 Vet.App. at 172-73 (recognizing that in a class action with multiple claims, “at least one named representative must have standing with respect to each claim”).

she was awarded survivor's pension benefits, effective February 24, 2020, the date of receipt of her ITF. Accordingly, any personal stake Petitioner Murray might have had in the outcome of this case at one point no longer exists.

Petitioners Ripley and Butler's claims against the Secretary were rendered moot when, on December 16, 2021, in response to their stated need or desire for a paper application, the Secretary mailed them paper copies of applications. Petitioners Ripley and Butler still have until October 31, 2022, to complete their claims. Accordingly, any personal stake Petitioners Ripley and Butler might have had in the outcome of this case at one point no longer exists, and this action.

The Secretary acknowledges that the termination of a class representative's claim does not necessarily moot the claims of unnamed class members where the conduct on which they are based is "so inherently transitory" that it is capable of escaping judicial review.²⁴ *Godsey*, 13 Vet.App. at 219-20. However, the conduct at issue in this case is does not fall into this category. Here, Petitioners challenge the manner by which the Secretary furnishes application forms to prospective claimants, alleging that his failure to provide certain claimants with physical copies of application forms results in their inability to apply for benefits and complete their claims within one year of receipt of their intents to file. This is not inherently

²⁴ "A class action claim is not necessarily moot upon the termination of the named plaintiff's claim in circumstances in which other persons similarly situated will continue to be subject to the challenged conduct but the challenged conduct was effectively unreviewable, because no plaintiff possessed a personal stake in the suit long enough for litigation to run its course." *Monk v. Shulkin*, 855 F3d1312, 1317 (Fed. Cir. 2017) (quotations omitted).

transitory conduct or conduct that otherwise naturally lends itself to escaping judicial review.²⁵

Nor did Petitioners claims become moot because of any tactic used by the Secretary to avoid judicial scrutiny of his practices.²⁶ Petitioner Murray's claim is moot because she acted on her own accord to avoid the very injury for which she seeks redress. Specifically, before the one-year period in which to complete her claim in order to preserve a favorable effective date expired, Petitioner Murray submitted a completed application for benefits. Petitioner Ripley's and Butler's claim is moot because they each expressed a need or desire for a paper application and were provided with one, consistent with the Secretary's practices. If anything, the fact that Petitioners' claims have been rendered moot is indicative of the purely hypothetical nature of the harm for which they seek redress.

Again, Petitioners have not identified a single individual who allegedly failed to apply for benefits or complete their claim within one year of receipt of their intents to file on account of the Secretary's practices concerning his furnishment of

²⁵ *Cf. County of Riverside v. McLaughlin*, 500 U.S. 44 (1991) (recognizing county's policy of combining probable cause determinations with arraignment procedures was inherently transitory given that the longest an individual arrested without a warrant would be held prior to a probable cause determination was seven days); *Godsey*, 13 Vet.App. at 219-20 (concluding that undue delay in certification of appeals to the Board was "so inherently transitory that it was capable of evading review").

²⁶ *Cf. Godsey*, 13 Vet.App. at 219 (concluding that a petition for extraordinary relief was not moot even though petitioners no longer had a personal stake in the outcome of their case because the Secretary "could, and did, extinguish their individual interests in the outcome of the class action petition before the Court had the opportunity to rule on their request for class certification").

application forms to claimants. In short, to the extent that Petitioners have not possessed a personal stake in this action long enough for litigation to run its course, it is not because of the nature of the challenged conduct, but because their own conduct and actions and the purely hypothetical nature of the harm they allege as a result of the Secretary's challenged conduct.

CONCLUSION

In light of the above, Respondent, Denis McDonough, Secretary of Veterans Affairs, respectfully moves the Court to dismiss Petitioners' amended petition for extraordinary relief.

Counsel for Petitioners was contacted for a position on this motion via email on December 20, 2021. However, as of the submission of this motion, her position is not known.

Respectfully submitted,

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Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

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

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

SECTION I: PERSONAL INFORMATION (MUST COMPLETE)

1. VETERAN'S NAME (First, Middle Initial, Last)

A l f r e d

M M u r r a y

2. VETERAN'S SOCIAL SECURITY NUMBER

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

3. VETERAN'S DATE OF BIRTH
(MM,DD,YYYY)

Month Day Year
0 5 - 1 5 - 1 9 2 7

4. VETERAN'S GENDER

☒ MALE ☐ FEMALE

5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT
EVER FILED A CLAIM WITH VA?

☒ YES ☐ NO (If "Yes," provide the file number in item 6)

6. VA FILE NUMBER

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

7. DID THE VETERAN DIE WHILE ON
ACTIVE DUTY?

☐ YES ☒ NO

8. VETERAN'S SERVICE NUMBER

7 8 3 0 2 1 2

9. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)

Month Day Year
0 2 - 1 9 - 1 9 9 1

10. WHAT IS YOUR NAME? (First, middle, last name)

N y n a

S M u r r a y

11. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)

☒ SURVIVING SPOUSE ☐ PARENT ☐ CHILD ☐ CUSTODIAN FILING FOR CHILD

12. WHAT IS YOUR SOCIAL SECURITY
NUMBER?

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

13. WHAT IS YOUR DATE OF BIRTH?
(MM,DD,YYYY)

Month Day Year
0 8 - 2 8 - 1 9 3 2

14. ARE YOU A VETERAN?

☐ YES ☒ NO

15A. WHAT IS YOUR ADDRESS?

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

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

Apt./Unit Number

City

R o a n o k e

State/Province

V A

Country

U S

ZIP Code/Postal Code

2 4 0 1 9 -

15B. YOUR TELEPHONE NUMBER(S) (include Area Code)

DAYTIME

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

EVENING

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

CELL PHONE

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

16A. YOUR PREFERRED E-MAIL ADDRESS (if applicable)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

16B. YOUR ALTERNATE E-MAIL ADDRESS (if applicable)

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

17. WHAT ARE YOU CLAIMING? (Check all that apply)

☐ DEPENDENCY AND INDEMNITY COMPENSATION (DIC) ☒ SURVIVORS PENSION ☐ ACCRUED BENEFITS

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

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

18A. DID THE VETERAN SERVE UNDER ANOTHER NAME?

☐ YES ☒ NO (If "Yes," complete item 18B) (If "No," skip to item 18C)

18B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 0

VETERAN'S SOCIAL SECURITY NUMBER

18C. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY) Month Day Year 0 5 - 2 5 - 1 9 4 5			18D. BRANCH OF SERVICE N a v y			18E. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY) Month Day Year 0 8 - 0 1 - 1 9 4 6			
18F. PLACE OF LAST SEPARATION U S N a v a l S t n . N o r f o l k , V A									
19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)? <input type="radio"/> YES <input checked="" type="radio"/> NO (If "Yes," answer Items 19B, 19C and 19D)						19B. DATE OF ACTIVATION (MM,DD,YYYY) Month Day Year			
19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?						19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code)			
20A. WAS THE VETERAN EVER A PRISONER OF WAR? <input type="radio"/> YES <input checked="" type="radio"/> NO (If "Yes," complete Item 20B) (If "No," skip to Section III)						20B. DATES OF CONFINEMENT Month Day Year FROM: TO:			
SECTION III- MARITAL INFORMATION (COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN) (Skip to Section IV if you are NOT claiming benefits as the surviving spouse of the veteran)									
TELL US ABOUT THE VETERAN'S MARRIAGES									
21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)? 1									
21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)		21C. TO WHOM MARRIED (first, middle, last name)		21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)		21E. HOW MARRIAGE ENDED (death, divorce)		21F. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)	
09/30/1950 Roanoke, VA		Nyna Joyce Slayton		Ceremonial		Death		02/19/1991 Roanoke, VA	
21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:									
TELL US ABOUT YOUR MARRIAGES									
22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="radio"/> YES <input checked="" type="radio"/> NO				22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran) 1					
22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)		22D. TO WHOM MARRIED (first, middle, last name)		22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)		22F. HOW MARRIAGE ENDED (death, divorce, marriage has not ended)		22G. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)	
09/30/1950 Roanoke, VA		Alfred Murstan Murray		Ceremonial		Death		02/19/1991 Roanoke, VA	
22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:									
23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? <input checked="" type="radio"/> YES <input type="radio"/> NO					24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? <input type="radio"/> YES <input checked="" type="radio"/> NO				
25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? <input checked="" type="radio"/> YES <input type="radio"/> NO (If "No," complete Item 26)					26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION (IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)				

VETERAN'S SOCIAL SECURITY NUMBER 

27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?
☐ YES ☒ NO (If "Yes," provide explanation):

SECTION IV: CHILD OF THE VETERAN (COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)
 (Skip to Section V if you are NOT claiming benefits for a child(ren) of the veteran) (If necessary, attach a separate sheet)

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

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


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

SECTION V: VETERAN'S PARENT (COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)
 (Skip to Section VI if you are NOT claiming benefits as the parent of a veteran)

30A. WHAT IS YOUR MARITAL STATUS? (Check one)
☐ MARRIED AND LIVE WITH OTHER PARENT OF VETERAN ☐ MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN ☐ SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE ☐ DIVORCED ☐ WIDOWED
☐ NEVER MARRIED

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

30C. IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION (IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name) (Skip to Item 32A if never married or no longer married)	31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)	31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER? 
--	--	---

31D. IS YOUR SPOUSE ALSO A VETERAN? <input type="radio"/> YES <input type="radio"/> NO (If "Yes," complete Item 31E)	31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)
---	--

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY (AGE 18 IN MOST STATES)? <input type="radio"/> YES <input type="radio"/> NO (If "Yes," skip to Item 34)	32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control) (MM DD YYYY) to (MM DD YYYY) (MM DD YYYY) to (MM DD YYYY)
--	--

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

VETERAN'S SOCIAL SECURITY NUMBER 

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B			
A. NAME (FIRST, MIDDLE, LAST)		B. ADDRESS	
	Street address, rural route, or P.O. Box		Apt. number
	City	State	ZIP Code
	Country		
	Street address, rural route, or P.O. Box		Apt. number
	City	State	ZIP Code
	Country		
34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE(S) OF DEATH.			
A. NAME (FIRST, MIDDLE, LAST)		B. DATE OF DEATH (MM,DD,YYYY)	
SECTION VI: DIC (COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC)) (Skip to Section VII if you are NOT claiming DIC)			
35. WHAT BENEFIT ARE YOU CLAIMING?			
<input type="radio"/> DIC <input type="radio"/> DIC under 38 U.S.C. 1151 (RARE)			
36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:			
A. NAME AND LOCATION OF VA MEDICAL CENTER		B. DATE(S) OF TREATMENT	
SECTION VII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT			
37. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?			
<input checked="" type="radio"/> YES <input type="radio"/> NO <small>(If "Yes," please complete and attach with this application, VA Form 21-2680, Exam for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinical Nurse Specialist (CNS).)</small>			
38A. ARE YOU NOW IN A NURSING HOME?			
<input type="radio"/> YES <input checked="" type="radio"/> NO <small>(If "Yes," answer Items 38B and 38C. Also, submit a statement from an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.)</small>			
38B. WHAT IS THE NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY?			
38C. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS?			
<input type="radio"/> YES <input type="radio"/> NO <small>(If "No," complete Item 38D)</small>			
38D. HAVE YOU APPLIED FOR MEDICAID?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
SECTION VIII: INCOME AND ASSETS (COMPLETE ONLY IF CLAIMING SURVIVORS PENSION OR PARENTS DIC) (Skip to Section XI if you are NOT claiming survivors pension benefits or parents DIC)			
IMPORTANT:			
<ul style="list-style-type: none"> If you are a surviving spouse claimant, you must report income and assets for yourself and for any child of the veteran who lives with you or for whom you are responsible unless a court has decided you do not have custody of the child. If you are a surviving child claimant (which means the child is not in the custody of a surviving spouse), you must report income and assets for yourself, your custodian, and your custodian's spouse. If you are a surviving parent claimant, you must report income for yourself and your spouse. 			
39. DO YOU OR YOUR DEPENDENTS RECEIVE SOCIAL SECURITY BENEFITS?			
<input checked="" type="radio"/> YES <input type="radio"/> NO <small>(If "YES," complete Item 40) (If "NO," skip to Item 41)</small>			

VETERAN'S SOCIAL SECURITY NUMBER 

40. GROSS MONTHLY INCOME (Attach a separate sheet if necessary)					
SOCIAL SECURITY RECIPIENT					GROSS MONTHLY AMOUNT
Nyna S. Murray					\$ 325.00
					\$
					\$
					\$
					\$
41. DO YOU OWN YOUR PRIMARY RESIDENCE? (Parents' DIC claimants skip to Item 43A) <input checked="" type="radio"/> YES <input type="radio"/> NO					
42A. WHAT IS THE SIZE OF THE LOT ON WHICH YOUR PRIMARY RESIDENCE SITS? (Square Feet) Square Feet: <u>95832</u>			42B. COULD PART OF YOUR LOT BE SOLD WITHOUT SELLING YOUR RESIDENCE? <input type="radio"/> YES <input checked="" type="radio"/> NO (If "YES," complete and attach VA Form, 21P-0969, <i>Income and Asset Statement</i>)		
IMPORTANT: VA matches income information reported with Federal tax information. Report ALL income you and your dependents receive on the appropriate sections of this form and VA Form 21P-0969, <i>Income and Asset Statement</i> , if appropriate.					
43A. OTHER THAN SOCIAL SECURITY, DO YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME? <input checked="" type="radio"/> YES <input type="radio"/> NO			43B. OTHER THAN SOCIAL SECURITY, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR? <input checked="" type="radio"/> YES <input type="radio"/> NO		
43C. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN \$10,000 IN ASSETS? (NOTE: Assets are all the money and property you or your dependents own. Assets <i>do not</i> include your primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation) <input checked="" type="radio"/> YES <input type="radio"/> NO					
43D. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving them away, selling them, purchasing an annuity, or using them to establish a trust) <input type="radio"/> YES <input checked="" type="radio"/> NO					
43E. DID YOU ANSWER "YES," TO ANY OF THE QUESTIONS IN ITEMS 43A THRU 43D? <input checked="" type="radio"/> YES <input type="radio"/> NO (If "Yes," you <i>must</i> also complete VA Form 21P-0969, <i>Income and Asset Statement</i>)					
SECTION IX: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES					
Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child. Educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all 6 criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, <i>Medical Expense Report</i> .					
IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet on pages 13 and 14.					
44. ARE YOU CLAIMING UNREIMBURSED MEDICAL EXPENSES? <input checked="" type="radio"/> YES <input type="radio"/> NO (If "No," skip to Section X)					
45A. WHOSE MEDICAL, LEGAL, OR OTHER EXPENSES WERE PAID?	45B. PAID TO (Name of provider, insurance company, nursing home, etc.)	45C. PURPOSE (Medicare premiums, nursing home, etc.)	45D. DATE PAID (MM,DD,YYYY)	45E. HOURLY RATE/HOURS (In-home Provider only)	45F. AMOUNT YOU PAY
Nyna S. Murray	BlueCross BlueShield	Insurance premiums	Monthly		\$3000/yr
Nyna S. Murray	Medicare	Medicare premium	Monthly		\$1782/yr
Nyna S. Murray	Deanna Garrison	In-home Attendant	Weekly	\$10.50/40hr	21,840/yr
Nyna S. Murray	Carol Johnson	In-home Attendant	Weekly	\$10/40hrs	20,800/yr

VETERAN'S SOCIAL SECURITY NUMBER [REDACTED] 4 [REDACTED]

CONTINUED

[illegible]**SECTION X: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)**

The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below, and attach either a voided personal check or a deposit slip. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits/banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

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

● CHECKING

SAVINGS

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

Account No.: [REDACTED] Account No.: [REDACTED]

47. NAME OF FINANCIAL INSTITUTION
(where you want your direct deposit)

Blue Eagle Credit Union

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

251482891

VETERAN'S SOCIAL SECURITY NUMBER

SECTION XI: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)

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

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

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 49, indicating that I **do not** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

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

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

50A. CLAIMANT'S SIGNATURE (REQUIRED)

Nepa S. Manay

50B. DATE SIGNED

02/22/2021

SECTION XII: WITNESSES TO SIGNATURE (COMPLETE ONLY IF CLAIMANT SIGNED ITEM 50A WITH AN "X")

51A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

51B. PRINTED NAME AND ADDRESS OF WITNESS

52A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

52B. PRINTED NAME AND ADDRESS OF WITNESS

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

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

VETERAN'S SOCIAL SECURITY NUMBER

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

- (1) Eating
- (2) Bathing/Showering
- (3) Dressing
- (4) Transferring (for example, from bed to chair)
- (5) Using the toilet

Custodial Care is regular -

- assistance with two or more ADLs, or
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally **does not** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes **and**
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☒ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☒ YES ☐ NO

(If "NO," payments to this in-home attendant for assistance with IADLs **do not** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 3. Is the **primary responsibility** of the in-home attendant to provide you with health care or custodial care?

☒ YES ☐ NO

(If "YES," payments to this in-home attendant **may** qualify as medical expenses in Items 45A thru 45F if VA rates you as eligible for special monthly pension. Please report separately in Items 45A thru 45F amounts you pay an in-home attendant for: (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6)
(If "NO," payments to this in-home attendant for assistance with IADLs **do not** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO

(If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)
(If "NO," the attendant **must be a health care provider**. Only report payments to the in-home attendant for **health care services or assistance with ADLs** provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs do not qualify as medical expenses. Skip to Step 6)

STEP 5. Is the **primary responsibility** of the in-home attendant to provide the disabled person with health care or custodial care?

☐ YES ☐ NO

(If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A thru 45F)
(If "NO," report payments to this in-home attendant for **health care and/or custodial care** as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs **do not** qualify as medical expenses)

STEP 6. Check all activities below that the attendant assists the veteran or disabled person with:

ADLs: ☐ EATING ☒ BATHING/SHOWERING ☒ DRESSING ☒ TRANSFERRING ☒ USING THE TOILET

IADLs: ☐ SHOPPING ☒ FOOD PREPARATION ☐ HOUSEKEEPING ☒ LAUNDERING ☐ MANAGING FINANCES ☒ HANDLING MEDICATIONS
☐ USING THE TELEPHONE ☒ TRANSPORTATION FOR NON-MEDICAL PURPOSES

STEP 7. In-Home Attendant Certification: Please submit a current breakdown of the time the attendant spends assisting the veteran or disabled person with health care services, ADLs and IADLs.

I **CERTIFY** that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to Nyna S. Murray

(Name of Person Requiring Care)

and his or her care from Kent Lambert

(Name of Attendant)

Kent Lambert, Home Care Coordinator

(Name, Signature and Title of Certifying Official)

02/22/2021

(Date Certified)

VETERAN'S SOCIAL SECURITY NUMBER

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

- (1) Eating
- (2) Bathing/Showering
- (3) Dressing
- (4) Transferring (for example, from bed to chair)
- (5) Using the toilet

Custodial Care is regular -

- assistance with two or more ADLs, or
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally *does not* recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes *and*
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☒ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☒ YES ☐ NO (If "NO," payments to this in-home attendant for assistance with IADLs *do not* qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 3. Is the *primary responsibility* of the in-home attendant to provide you with health care or custodial care?

☒ YES ☐ NO (If "YES," payments to this in-home attendant *may* qualify as medical expenses in Items 45A thru 45F *if* VA rates you as eligible for special monthly pension. Please report separately in Items 45A thru 45F amounts you pay an in-home attendant for: (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6)
(If "NO," payments to this in-home attendant for assistance with IADLs *do not* qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)
(If "NO," the attendant *must be a health care provider*. Only report payments to the in-home attendant for *health care services or assistance with ADLs* provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs *do not* qualify as medical expenses. Skip to Step 6)

STEP 5. Is the *primary responsibility* of the in-home attendant to provide the disabled person with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A thru 45F)
(If "NO," report payments to this in-home attendant for *health care and/or custodial care* as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs *do not* qualify as medical expenses)

STEP 6. Check all activities below that the attendant assists the veteran or disabled person with:

ADLs: ☐ EATING ☒ BATHING/SHOWERING ☒ DRESSING ☒ TRANSFERRING ☒ USING THE TOILET
IADLs: ☐ SHOPPING ☒ FOOD PREPARATION ☐ HOUSEKEEPING ☒ LAUNDERING ☐ MANAGING FINANCES ☒ HANDLING MEDICATIONS
☐ USING THE TELEPHONE ☒ TRANSPORTATION FOR NON-MEDICAL PURPOSES

STEP 7. In-Home Attendant Certification: Please submit a current breakdown of the time the attendant spends assisting the veteran or disabled person with health care services, ADLs and IADLs.

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to Nyna S. Murray

(Name of Person Requiring Care)

and his or her care from Deanna Garrison

(Name of Attendant)

Kent Lambert, Home Care Coordinator

(Name, Signature and Title of Certifying Official)

02/22/2021

(Date Certified)

VETERAN'S SOCIAL SECURITY NUMBER

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

- (1) Eating
- (2) Bathing/Showering
- (3) Dressing
- (4) Transferring (for example, from bed to chair)
- (5) Using the toilet

Custodial Care is regular -

- assistance with two or more ADLs, **or**
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally **does not** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes **and**
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☒ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☒ YES ☐ NO

(If "NO," payments to this in-home attendant for assistance with IADLs **do not** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 3. Is the **primary responsibility** of the in-home attendant to provide you with health care or custodial care?

☒ YES ☐ NO

(If "YES," payments to this in-home attendant **may** qualify as medical expenses in Items 45A thru 45F **if** VA rates you as eligible for special monthly pension. Please report separately in Items 45A thru 45F amounts you pay an in-home attendant for: (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6)
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STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO

(If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)
(If "NO," the attendant **must be a health care provider**. Only report payments to the in-home attendant for **health care services or assistance with ADLs** provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs **do not** qualify as medical expenses. Skip to Step 6)

STEP 5. Is the **primary responsibility** of the in-home attendant to provide the disabled person with health care or custodial care?

☐ YES ☐ NO

(If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A thru 45F)
(If "NO," report payments to this in-home attendant for **health care and/or custodial care** as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs **do not** qualify as medical expenses)

STEP 6. Check all activities below that the attendant assists the veteran or disabled person with:

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☐ USING THE TELEPHONE ☒ TRANSPORTATION FOR NON-MEDICAL PURPOSES

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I **CERTIFY** that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to Nyna S. Murray (Name of Person Requiring Care)

and his or her care from Tracy Bennett (Name of Attendant)

Kent Lambert, Home Care Coordinator
(Name, Signature and Title of Certifying Official)

02/22/2021
(Date Certified)

VETERAN'S SOCIAL SECURITY NUMBER [REDACTED]

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

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Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes *and*
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☒ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☒ YES ☐ NO (If "NO," payments to this in-home attendant for assistance with IADLs *do not* qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

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(If "NO," the attendant *must be a health care provider*. Only report payments to the in-home attendant for *health care services or assistance with ADLs* provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with ADLs *do not* qualify as medical expenses. Skip to Step 6)

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(If "NO," report payments to this in-home attendant for *health care and/or custodial care* as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs *do not* qualify as medical expenses)

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I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to Nyna S. Murray (Name of Person Requiring Care)

and his or her care from Carol Johnson (Name of Attendant)

Kent Lambert, Home Care Coordinator
(Name, Signature and Title of Certifying Official)

02/22/2021
(Date Certified)

DEPARTMENT OF VETERANS AFFAIRS

August 4, 2021

NYNA MURRAY
7920 SHADWELL DR
ROANOKE, VA 24019

In Reply Refer To: 335/21P


MURRAY, Alfred M

Dear Mrs. Murray:

We made a new decision on your claim for Survivors benefits received on February 23, 2021.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Effective Date	Reason for Change
\$1,228.00	Mar 1, 2020	Initial grant of Survivors Pension with aid and attendance.
\$1,244.00	Dec 1, 2020	Cost of Living Adjustment

We're paying you as a surviving spouse with no dependents. *Let us know right away if there is any change in your marital status.*

You Can Expect Payment

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.


Murray, Alfred M

What We Decided

We granted Survivors Pension effective February 24, 2020, payable March 1, 2020.

We granted an additional allowance for aid and attendance effective February 24, 2020.

We denied your claim for Dependency and Indemnity Compensation (DIC).

We denied your claim for Accrued benefits.

How Did We Make Our Decision?

We granted Survivors Pension benefits because the Veteran served during a period of war, and you meet the income and net worth requirements set by law.

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision on your claim for benefits. Your Rating Decision and this letter constitute our decision based on your claim received on February 23, 2021. It represents all claims we understood to be specifically made, implied or inferred in that claim.

For the elements not met that are required to grant benefits, please see the denial reasons below.

- We denied your claim for DIC because there is no evidence to show that the veteran's death was related to military service.

DIC may be paid to *eligible dependents*:

- when the Veteran died while in service, *or*
- when the Veteran died of a service-connected condition.

DIC may also be paid when the Veteran was totally disabled because of service-connected condition(s) but died from other causes if:

- the Veteran was totally disabled by reason of service-connected disability(ies) for a period of 10 years or more immediately preceding death, *or*
- the Veteran was totally disabled by reason of service-connected disability(ies) from date of discharge from military service for at least a 5 year period immediately preceding death.

[REDACTED]
Murray, Alfred M

- An accrued benefit is any money we owe a Veteran at the time of death. We can't approve your claim for accrued benefits because VA didn't owe the Veteran any money and the Veteran did not have any existing claims or appeals pending at the time of death.

Evidence Used to Decide Your Claim

In making our decision, in addition to the evidence in the attached Rating Decision, we used the following evidence:

Received February 24, 2020:

- VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative

Received February 23, 2021:

- Care expense information
- Discharge document
- Marriage certificate
- Savings bond information
- VA Form 21P-0516-1 Improved Pension Eligibility Verification Report

Received June 21, 2021:

- VA Form 21P-8416, Medical Expense Report
- VA Form 21-4138, Statement in Support of Claim
- FA Form 21-0779, request for Nursing Home Information in Connection with Claim for Aid and Attendance

Other Evidence Used:

- Data match with the Social Security Administration (SSA)
- Our telephone call on July 30, 2021, with Hermitage Roanoke to verify facility information
- Our telephone calls on August 3, 2021, to verify in-home care information

[REDACTED]
Murray, Alfred M

Findings of Fact

Favorable Finding(s) applicable to the decision on your claim for benefits are listed below:

<u>Survivors Pension</u>	<u>Favorable Finding</u>
Active Duty Service	The Veteran had the minimum active duty requirements in order to qualify for pension.
Wartime Service	The Veteran had wartime service.
Character of Service	The Veteran's character of service meets the requirements to qualify for pension.

A summary of laws and regulations applicable to your claim is attached for your reference.

What Income and Expenses Did We Use?

We used your total family income as shown below to award your Survivors Pension benefit from March 1, 2020.

Income We Counted

	Annual Wages	Annual Social Security	Annual Civil Service	Other Annual Income
Yourself	\$0	\$3,840	\$52,860	\$0

We used family medical expenses you paid in the amount of \$97,031.00, which reduces your countable income to \$0.00.

We used your total family income as shown below to adjust your Survivors Pension benefit from December 1, 2020.

Income We Counted

	Annual Wages	Annual Social Security	Annual Civil Service	Other Annual Income
Yourself	\$0	\$3,900	\$52,860	\$0

We used family medical expenses you paid in the amount of \$97,031.00, which reduces your countable income to \$0.00.

██████████
Murray, Alfred M

We used your total family income as shown below to adjust your Survivors Pension benefit from February 1, 2021.

Income We Counted

	Annual Wages	Annual Social Security	Annual Civil Service	Other Annual Income
Yourselves	\$0	\$3,900	\$53,556	\$0

We used family medical expenses you paid in the amount of \$103,834.00, which reduces your countable income to \$0.00.

We used your total family income as shown below to adjust your pension benefit from January 1, 2022.

Income We Counted

	Annual Wages	Annual Social Security	Annual Civil Service	Other Annual Income
Yourselves	\$0	\$3,900	\$53,556	\$0

We used your medical expenses of \$107,119.00, which represents the amount you pay for Medicare Part B premiums of 129.50 per month, private medical insurance premiums of \$250.00 per month, and facility care costs of \$281.00 per day as continuing deductions from January 1, 2022. This reduces your countable income to \$0.00. If the amount you pay for medical expenses changes or you are no longer paying medical expenses, tell us immediately. If you don't tell us about changes in your medical expenses, we may pay you too much money. You would have to pay back this money.

We can only consider medical expenses that are more than \$467.00, which represents 5% of the standard maximum annual pension rate of \$9,344.00.


Murray, Alfred M

Information about Your Social Security Benefit

You reported \$320.00 per month in gross Social Security income on your VA Form 21P-0516-1, *Improved Pension Eligibility Verification Report*, you signed on February 21, 2020. You reported \$325.00 per month in gross Social Security income on your VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits*, received on February 23, 2021. However, a data match with the Social Security Administration indicates you may receive a lesser amount from their agency than what we are using to calculate your VA benefit. We have counted \$320.00 as reported by you to calculate your benefit from March 1, 2020, and \$325.00 from December 1, 2020.

You reported \$4,405.00 per month in gross Civil Service income on your VA Form 21P-0516-1, *Improved Pension Eligibility Verification Report*, you signed on February 21, 2020. We have counted this combined monthly amount effective March 1, 2020. We have estimated your 2021 Civil Service income monthly rate to be \$4,463.00 based on the cost of living increase of 1.3%. We counted the increased amount on February 1, 2021.

What Are Your Responsibilities?

You are responsible to tell us right away if:

- your income or the income of your dependents changes (e.g., earnings, Social Security benefits, lottery and gambling winnings)
- your net worth increases (e.g., bank accounts, investments, real estate)
- your continuing medical expenses are reduced
- you gain or lose a dependent
- your address or phone number changes

Are You Entitled to Additional Benefits?

We've enclosed VA Form 21-8767, "Death Pension Award Attachment," which explains other benefits.

You should contact your State office of Veteran's affairs for information on any tax, license, or fee-related benefits for which you may be eligible as a Veteran (or surviving dependent of a Veteran). State offices of Veteran's affairs are available at <http://www.va.gov/statedva.htm>.

██████████
Murray, Alfred M

What You Should Do If You Disagree With Our Decision

If you do not agree with this decision, you have one year from the date of this letter to select a review option to preserve your earliest effective benefit date. The review options and their proper applications are as follows, for a(n):

- **Supplemental Claim**, complete **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*.
- **Higher-Level Review**, complete **VA Form 20-0996**, *Decision Review Request: Higher-Level Review*.
- **Appeal to the Board**, complete **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*.

Please see the enclosed VA Form 20-0998, *Your Rights To Seek Further Review Of Our Decision*. It explains your options for an additional review. You may obtain any of the required application by down loading them from www.va.gov/vaforms/ or by contacting us. You can also learn more about the disagreement process at www.va.gov/decision-reviews. If you would like to obtain or access evidence used in making this decision, please contact us as noted below. Some evidence may be obtained by signing in at www.va.gov.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.custhelp.va.gov/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number in the letter. Please mail all written correspondence to <i>Where to Send Your Correspondence</i> .

In all cases, be sure to refer to VA file number 10 530 836.

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.va.gov/>.


Murray, Alfred M

What is VA.gov

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

We sent a copy of this letter to your representative, Virginia Department of Veterans Services, whom you can also contact if you have questions or need assistance.

Sincerely yours,

RO Director
VA Regional




Enclosure(s): VA Form 20-0998
VA Form 21-8767
VA Form 21P-10199
Rating Decision
Where to Send your Correspondence

cc: VA DVS

0836am2/dmr/215

YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

			
	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	<p>You are adding or identifying new and relevant evidence to support your claim that we did not previously consider.</p> <p>VA will assist you in gathering new and relevant evidence that you identify to support your claim.</p>	<p>You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision.</p> <p>You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.</p>	<p>You must choose a docket:</p> <p>Direct Review - You do not want to submit evidence or have a hearing.</p> <p>Evidence Submission - You choose to submit additional evidence without a hearing.</p> <p>Hearing - You choose to have a hearing with a Veterans Law Judge.</p>
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File To Select This Option*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.

* All forms listed above are available at www.va.gov/vaforms/.



For most VA benefits, **you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date.** Consult your decision notice for specific limitations.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You may also find a directory of accredited representatives at www.va.gov/vso.

DEATH PENSION AWARD ATTACHMENT

Information concerning Department of Veterans Affairs, Federal, State or local benefits may be obtained from your nearest VA office or any national service organization representative. You may call VA toll-free at 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833) or contact VA by Internet at iris.va.gov.

WHEN IS YOUR VA CHECK DELIVERED?

A check covering the initial amount due under this award will be mailed within 15 days. Thereafter, checks will be delivered at the beginning of each month for the prior month.

HOW CAN YOU RECEIVE ADDITIONAL BENEFITS FOR DEPENDENTS?

You may be entitled to additional benefits for the veteran's unmarried children if the children are under age 18 or under 23 if attending an approved school, or if, prior to age 18, the child has become permanently incapable of self-support because of mental or physical defect. Children who meet one of these criteria may receive pension in their own right if there is no surviving spouse. You may contact VA as shown above for information on applying for this benefit.

HOW CAN YOU RECEIVE AID AND ATTENDANCE OR HOUSEBOUND BENEFITS?

VA may pay a higher rate of 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. You may contact VA as shown above for information on applying for this benefit.

HOW CAN CERTAIN EXPENSES INCREASE YOUR RATE OF IMPROVED PENSION?

Family medical expenses and educational or vocational rehabilitation expenses actually paid by you may be used to increase your rate of pension. Family medical expenses are amounts paid by you for medical expenses, including premiums paid for health insurance for yourself and relatives you are under an obligation to support. VA will deduct the amount you paid for medical expenses from your countable income if the expenses qualify for exclusion under the formula provided by law. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials, and may be deducted from the respective incomes of a surviving spouse and the earned income of a child, if the child is pursuing a course of postsecondary education or vocational rehabilitation or training. Keep track of the unreimbursed amounts you pay. Normally these expenses are reported at the end of the year with an Eligibility Verification Report.

ARE YOUR BENEFITS EXEMPT FROM CLAIMS OF CREDITORS?

VA pension payments are exempt from claims of creditors. With certain exceptions, the payments are not assignable and are not subject to attachment, levy, or seizure except as to claims of the United States.

HOW DO YOU REPORT A CHANGE OF ADDRESS?

Please notify this office immediately of any change of address.

WHAT CONDITIONS AFFECT RIGHT TO PAYMENTS?

1. Your benefits may be affected by any changes in the amount of family income and marital or dependency status of the surviving spouse or children.

- a. Change in family income and net worth: You are required to report the total amounts and sources of all income and net worth for you and your dependents for whom you have been awarded benefits. Some income is not countable. If you report such income, VA will exclude it when computing your income for VA purposes. Benefit rates and income limits change frequently; however, you can find out what the current income limitations and rates of benefits are by contacting VA as shown above.
- b. Change in marital or dependency status: You or your survivors must notify us of any change in marital or dependency status or upon your death. Examples of changes in marital or dependency status include the death of a dependent, the marriage of you or your dependent child, and discontinuance of a child's school attendance. **Note: The law provides that entitlement to benefits is permanently lost if the surviving spouse or child marries or enters into a relationship where the individuals hold themselves out to the public as being married.**

Any reduction or discontinuance of benefits caused by a change in marital status, death of a dependent, or discontinuance of a child's school attendance will be effective the first day of the month following the date the change occurred. Discontinuance due to remarriage will be effective the last day of the month before marriage.

2. If your award includes aid and attendance benefits based on nursing home patient status, you must immediately notify us when you are no longer a nursing home patient.
3. Benefits for a surviving spouse or child will be discontinued effective the 61st day of incarceration in a Federal, State or local penal institution following conviction for a felony or misdemeanor. The amount not payable may be apportioned to dependent children.
4. Monthly payments of your award may be stopped if you fail to furnish evidence as requested or if you furnish VA, or cause to be furnished, any false or fraudulent evidence.
5. Information submitted, including income information, is subject to verification through computer matching programs with other agencies.
6. The law provides severe penalties which include fine or imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled.

IMPORTANT

Notify us immediately if there is a change in any condition affecting your right to continued payments. Failure to notify us of these changes immediately will result in an overpayment which is subject to recovery.



SURVIVORS PENSION

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § § 501, 103, 105, 512, 5110, 101	3.1	Definitions
38 U.S.C. § 101	3.2	Periods of war
38 U.S.C. § § 1541, 1543	3.3	Pension
38 U.S.C. § § 5110, 501, 5101	3.4	General
38 U.S.C. § 501	3.5	Spouse and surviving spouse
38 U.S.C. § § 101, 106	3.6	Duty periods
38 U.S.C. § § 5303, 1152, 1504, 106	3.7	Individuals and groups considered to have performed active military, naval, or air service
38 U.S.C. § § 5303, 501	3.12	Character of discharge
38 U.S.C. § 501	3.12a	Minimum active-duty service requirement
38 U.S.C. § 501	3.16	Service pension
38 U.S.C. § § 5310, 5111	3.20	Surviving spouse's benefit for month of veteran's death
38 U.S.C. § § 1541, 501	3.23	Improved pension rates - Veterans and surviving spouses
38 U.S.C. § § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous Cohabitation
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. § § 101, 104, 501, 1541	3.57	Child
38 U.S.C. § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. § § 5112, 5110	3.66	Dependency, income and estate
38 U.S.C. § § 501(a), 501, 1506, 5104	3.103	Procedural due process and other rights
38 U.S.C. § 501	3.109	Time limit
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § § 5103 and 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.205	Marriage
38 U.S.C. § § 501, 1315, 1503, 1506	3.211	Death
38 U.S.C. § § 501, 501(a)	3.271	Computation of income
38 U.S.C. § § 501, 1503	3.272	Exclusions from income

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § 501	3.272	Exclusions from income
38 U.S.C. § 501	3.273	Rate computation
38 U.S.C. §§ 1543, 5110, 5112	3.274	Net worth and VA pension
38 U.S.C. § 1543	3.275	How VA determines the asset amount for pension net worth determinations
38 U.S.C. §§ 1543, 1506	3.276	Asset transfers and penalty periods
38 U.S.C. §§ 501, 1315, 1503, 1506	3.278	Deductible medical expenses
38 U.S.C. §§ 1502(b), 1541	3.351	Special monthly dependency and indemnity compensation, death compensation, pension and spouse's compensation ratings
38 U.S.C. §§ 1501, 512, 1541	3.356	Conditions which determine permanent incapacity for self-support
38 U.S.C. §§ 501, 5110	3.402	Surviving spouse
38 U.S.C. § 5503	3.551	Reduction because of hospitalization
38 U.S.C. §§ 501(a), 5313, 5313B	3.666	Incarcerated beneficiaries and fugitive felons - pension
DEPENDENCY AND INDEMNITY COMPENSATION		
UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. §§ 501, 103, 105, 512, 5110, 101	3.1	Definitions
38 U.S.C. § 1310	3.5	Dependency and indemnity compensation
38 U.S.C. §§ 101, 106	3.6	Duty periods
38 U.S.C. §§ 5303, 1152, 1504, 106	3.7	Individuals and groups considered to have performed active military, naval, or air space
38 U.S.C. §§ 501, 1311, 1314, 1321	3.10	Dependency and indemnity compensation rate for a surviving spouse
38 U.S.C. §§ 5303, 501	3.12	Character of discharge
38 U.S.C. § 501	3.12a	Minimum active-duty service requirement
38 U.S.C. §§ 5301, 5111	3.20	Surviving spouse's benefit for month of veteran's death
38 U.S.C. §§ 1318, 501	3.22	DIC benefits for survivors of certain veterans rated totally disabled at time of death
38 U.S.C. § 501	3.50	Spouse and surviving spouse
38 U.S.C. § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous cohabitation
38 U.S.C. §§ 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. §§ 1532, 1534, 1536, 1541, 103(b)	3.55	Reinstatement of benefits eligibility based upon terminated marital relationships
38 U.S.C. §§ 101, 104, 1536, 501, 1541	3.57	Child
38 U.S.C. § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. §§ 501(a), 501, 1506, 5104	3.103	Procedural due process and other rights

DEPENDENCY AND INDEMNITY COMPENSATION (Continued)

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § 501	3.109	Time limit
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § 501	3.155	How to file a claim
38 U.S.C. § § 5103, 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.205	Marriage
38 U.S.C. § 501	3.211	Death
38 U.S.C. § 501	3.309	Diseases subject to presumptive service connection
38 U.S.C. § § 1502(b), 1541	3.351	Special monthly dependency and indemnity compensation, death compensation, pension and spouse's compensation ratings
38 U.S.C. § 1151	3.361	Benefits under 38 U.S.C. 1151(a) for additional disability or death due to hospital care, medical or surgical treatment, examination, training and rehabilitation services, or compensated work therapy program
38 U.S.C. § § 5110, 501, 5101	3.400	General
38 U.S.C. § § 501, 5110	3.402	Surviving spouse
38 U.S.C. § § 501(a), 5313, 5313B	3.665	Incarcerated beneficiaries and fugitive felons - compensation
38 U.S.C. § Chapter 35	3.807	Dependents' educational assistance; certification

ACCRUED BENEFITS

UNITED STATES CODE (U.S.C.)	38 CFR §	TITLE
38 U.S.C. § 103(c)	3.1(j)	Definitions
38 U.S.C. § 501	3.50	Spouse and surviving spouse
38 U.S.C. § 103(a)	3.52	Marriages deemed valid
38 U.S.C. § 501	3.53	Continuous cohabitation
38 U.S.C. § § 1532, 1534, 1536, 1541, 103(b)	3.54	Marriage dates
38 U.S.C. § § 101, 104, 501, 1521, 1541	3.57	Child
38 U.S.C. § § 1521(h)(2)	3.60	Definition of "living with"
38 U.S.C. § § 501, 5101	3.152	Claims for death benefits
38 U.S.C. § § 5103, 5103A	3.159	Department of Veterans Affairs assistance in developing claims
38 U.S.C. § 501	3.160	Status of claims
38 U.S.C. § 501	3.211	Death
38 U.S.C. § 5121	3.1000	Entitlement under 38 U.S.C. § 5121 to benefits due and unpaid upon death of a beneficiary
38 U.S.C. § § 5121, 5121A	3.1010	Substitution under 38 U.S.C. § 5121A following death of a claimant

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547	Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547
Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979	Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 95211 Lakeland, FL 33804

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC (This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)			
NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.			
SECTION I: CLAIMANT/VETERAN IDENTIFICATION			
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.			
1. CLAIMANT'S NAME (First, Middle Initial, Last) <div style="border: 1px solid black; padding: 2px;"> L E A - A N N B U T L E R </div>			
2. CLAIMANT'S SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3. VA FILE NUMBER (If applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY) <div style="display: flex; justify-content: space-between;"> <div>Month 0 7</div> <div>Day 0 2</div> <div>Year 1 9 5 9</div> </div>			
5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
6. VETERAN'S SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		7. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. VETERAN'S SERVICE NUMBER (If applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street: <div style="border: 1px solid black; padding: 2px;">W</div> Apt./Unit Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City: <div style="border: 1px solid black; padding: 2px;">O K L A H O M A C I T Y</div> State/Province: <div style="border: 1px solid black; padding: 2px;">O K</div> Country: <div style="border: 1px solid black; padding: 2px;">U S</div> ZIP Code/Postal Code: <div style="border: 1px solid black; padding: 2px;">7 3 1 3 9 -</div>			
10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. TELEPHONE NUMBER (Include Area Code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
12. EMAIL ADDRESS (If applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
SECTION II: GENERAL BENEFIT ELECTION			
IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you <u>do not</u> select one or more of the general benefits listed below.			
13. I intend to file for the general benefit(s) checked below: (Choose all that apply) <input checked="" type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION NOTE: Only check the box below if you are a surviving dependent of the veteran. <input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)			
IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov . If you give VA a completed application for the selected general benefit within <u>one</u> year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the <u>first</u> completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.			
SECTION III: DECLARATION OF INTENT			
By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is <u>not a claim for benefits</u> ; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.			
14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE 		14B. DATE SIGNED (MM,DD,YYYY) <div style="border: 1px solid black; padding: 2px;">10-28-21</div>	
15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print) (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)			
<p>PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. 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 the appropriate application and provide it to the claimant.</p> <p>RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>			



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION,
OR SURVIVORS PENSION AND/OR DIC

(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.

1. CLAIMANT'S NAME (First, Middle Initial, Last)

B U R T O N R I P L E Y

2. CLAIMANT'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If applicable)

4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)

Month Day Year
0 6 - 0 4 - 1 9 5 0

5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant)

6. VETERAN'S SOCIAL SECURITY NUMBER

7. VETERAN'S SEX

8. VETERAN'S SERVICE NUMBER (If applicable)

☒ MALE ☐ FEMALE

9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street P . O . B O X 1 8 2

Apt./Unit Number City R A I N E L L E

State/Province W V Country U S ZIP Code/Postal Code 2 5 9 6 2 -

10. HAS THE VETERAN EVER FILED A CLAIM WITH VA?

☒ YES ☐ NO

11. TELEPHONE NUMBER (Include Area Code)

12. EMAIL ADDRESS (If applicable)

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.

13. I intend to file for the general benefit(s) checked below: (Choose all that apply)

☒ COMPENSATION ☐ PENSION

NOTE: Only check the box below if you are a surviving dependent of the veteran.

☐ SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov. If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

SECTION III: DECLARATION OF INTENT

By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.

14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE

Burtan R. Ripley

14B. DATE SIGNED (MM,DD,YYYY)

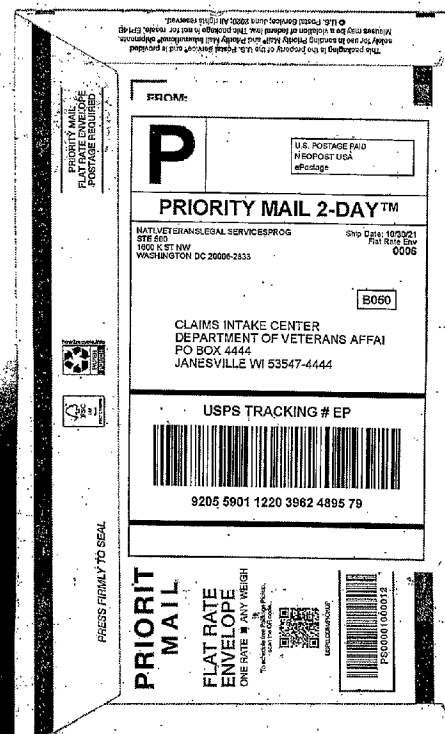
10-29-21

15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)

(NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

PRIVACY ACT NOTICE: 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. 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 the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.





Department of Veterans Affairs
6437 Garners Ferry Road
Columbia, SC 29209

December 16, 2021

LEA BUTLER
220 SW 62ND ST
OKLAHOMA CITY OK 73139

In Reply Refer To: 320/NCC/ATL
CSS XXXXX8813
Butler L A

Dear Lea Butler,

Please find the requested form(s) enclosed. Please complete and return to the address at the bottom of the letter.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, email or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	www.VA.gov - "ask a question"
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Claims Intake Center PO Box 5235 Janesville, WI 53547-5235

With sincere regard for the Veteran's service,

RO Director
VA Regional Office

To email us visit www.VA.gov- "ask a question"

Enclosures:
21-526EZ Application for Disability Compensation and Related Benefits

Do you know about VA.gov?

The new VA.gov design focuses on the top information Veterans seek out across all VA websites. This homepage also provides Veterans with a standard way to log in to access a personalized user experience. Users are able to log into VA.gov via their existing MyHealtheVet, DS Logon, or ID.me credentials.

As VA continues to transition self-service capabilities from eBenefits to VA.gov, there are limited functions available exclusively in eBenefits. All eBenefits functionality has been transitioned to VA.gov except:

- Request for Certificate of Eligibility
- Chapter 31 VRE application
- POA Search and VAF 21-22/a submission
- Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) grant application
- Order prosthetic socks
- View My Document

To register for an account, follow the online prompts on VA.gov.



Department of Veterans Affairs
6437 Garners Ferry Road
Columbia, SC 29209

December 16, 2021

BURTON RIPLEY
PO BOX 182
RAINELLE WV 25962

In Reply Refer To: 320/NCC/ATL
C XXXXX868
Ripley B R

Dear Burton Ripley,

Please find the requested form(s) enclosed. Please complete and return to the address at the bottom of the letter.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, email or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	www.VA.gov - "ask a question"
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Claims Intake Center PO Box 5235 Janesville, WI 53547-5235

With sincere regard for the Veteran's service,

RO Director
VA Regional Office

To email us visit www.VA.gov- "ask a question"

Enclosures:

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Do you know about VA.gov?

The new VA.gov design focuses on the top information Veterans seek out across all VA websites. This homepage also provides Veterans with a standard way to log in to access a personalized user experience. Users are able to log into VA.gov via their existing MyHealtheVet, DS Logon, or ID.me credentials.

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- Chapter 31 VRE application
- POA Search and VAF 21-22/a submission
- Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) grant application
- Order prosthetic socks
- View My Document

To register for an account, follow the online prompts on VA.gov.

