Department of Veterans Affairs

FULLY DEVELOPED CLAIM

(EXPRESS CLAIM NOTICE)

(Notice to Claimants of Information and Evidence Necessary to Substantiate a Claim for VA Non-Service Connected Live Pension)

Thank you for participating in the Department of Veterans Affairs (VA) Express Claim Program. VA established the Express Claim Program to expeditiously process claims certified by the claimant or his/her representative as meeting the Express Claim criteria.

Express Claim Criteria:

1. For purposes of this notice, your claim must be a rating-related claim for live pension submitted on VA Form 21-527EZ, Express Pension Claim.
2. You must submit, with your claim, the Express Claim Certification signed and dated by you or your authorized representative.
3. You must submit with the Express Claim Certification:
   - All necessary income and net-worth information.
   - All, if any, relevant, private medical treatment records, and an identification of any treatment records from a Federal treatment facility such as a VA medical center.
   - For Special Monthly Pension claims, a completed VA Form 21-2680, Examination for Housebound Status or Permanent Need for
     Regular Aid and Attendance, or, if claiming Special Monthly Pension based on nursing home attendance, a VA Form, 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance.
   - If claiming dependents, a completed VA Form 21-686c, Declaration of Status of Dependents.
4. You must report for any VA medical examination VA determines necessary to decide your claim.

Note: VA forms are available at www.va.gov/vaforms.

This notice is applicable to your Express Claim for non-service connected live pension. Upon receipt of the Express Claim Certification, we will expedite your claim under the Express Claim Program. If it is determined that your claim does not meet the Express Claim criteria we will process your claim through our standard claim process.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

To support your claim for nonservice-connected pension, the evidence must show:

1. You met certain minimum requirements regarding active military service during a period of war. Generally, those requirements involve:
   - 90 days of consecutive service, at least one day of which was during a period of war; **OR**
   - 90 days of combined service during at least one period of war;

*(**Note:** If your service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligation)*

- **OR** any length of active military service with a discharge due to a service-connected disability.

2. You are age 65 or older or are permanently and totally disabled. You are considered permanently and totally disabled if medical evidence shows you are:
   - A patient in a nursing home for long-term care; **OR**
   - Receiving Social Security disability benefits; **OR**
   - Unemployable due to a disability reasonably certain to continue throughout your lifetime; **OR**
   - Suffering from a disability that is reasonably certain to continue throughout your lifetime that would make it impossible for an average person to follow a substantially gainful occupation; **OR**
   - Suffering from a disease or disorder that VA determines causes persons who have that disease or disorder to be permanently and totally disabled.
3. Your net worth and income do not exceed certain requirements.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM *(Continued)*

To support a claim for increased disability pension benefits based on the need for **aid and attendance,** the evidence must show:

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

To support your claim for increased disability pension benefits based on being **housebound,** the evidence must show:

- You have a single permanent disability evaluated as 100 percent disabling; **AND** another disability, or disabilities, evaluated as 60 percent or more disabling; **OR**
- You have a single permanent disability evaluated as 100 percent disabling; **AND** due to such disability, you are permanently and substantially confined to your immediate premises; **OR**
- You were granted pension based on being 65 or older AND have a disability evaluated as at least 60 percent disabling.

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

Express Claim Process

VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim. For this program, VA will only obtain records from VA medical centers. You must obtain all other records and provide them to VA.

If it is determined that other records exist, and VA needs the records to decide your claim, then your claim will not be processed as an Express Claim. Your claim will be processed in our standard claim process.

Standard Claim Process

VA is responsible for getting relevant records from any Federal agency that you adequately identify and authorize VA to obtain. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration. VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim.

VA will make every reasonable effort to obtain relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, any privately held evidence and information you tell us about (such as private doctor or hospital records), or current or former employers.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable VA to obtain all relevant evidence not in your possession

Express Claim Process

If you provide VA information sufficient to enable VA to obtain relevant VA treatment records and you give VA all other records relevant to your claim, the claim may be decided under the Express Claim Process. This means that, if you are aware of relevant records that are not in your possession, you should obtain them and provide them to VA in order to participate in the Express Claim Process.

Standard Claim Process

If you know of evidence not in your possession and want VA to try to get it for you, you must give VA enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. *It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.*

WHEN YOU SHOULD SEND WHAT WE NEED

Express Claim Process

Send the information and evidence with the Express Claim Certification. If we decide your claim before one year from the date we receive this claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

Standard Claim Process

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date we receive this claim to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date we receive this claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

OMB Control No. 2900-xxxx
Respondent Burden: 25 minutes

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

FULLY DEVELOPED CLAIM
(EXPRESS PENSION CLAIM)

IMPORTANT: Please read the Privacy Act and Respondent Burden on the back before completing the form. This claim must be submitted along with the attached, "Express Claim Certification."

SECTION I: TO BE COMPLETED BY VETERAN

1. VETERAN'S NAME *(Last, first, middle)*	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH *(MM,DD,YYYY)*

4. SEX
☐ MALE ☐ FEMALE

5. HAVE YOU EVER FILED A CLAIM WITH VA?
☐ YES ☐ NO *(If "Yes," provide your file number in Item 6)*

6. VA FILE NUMBER

7A. CURRENT ADDRESS

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

City | State | ZIP Code | Country

7B. TELEPHONE NUMBERS *(Include Area Code)*

Daytime ______________

Evening ______________

Cell phone ______________

8A. PREFERRED E-MAIL ADDRESS *(If applicable)*

8B. ALTERNATE E-MAIL ADDRESS *(If applicable)*

9. WHAT DISABILITY(IES) PREVENTS YOU FROM WORKING AND DATE DISABILITY(IES) BEGAN

A. DISABILITY(IES)	B. DATE BEGAN

10. LIST VA MEDICAL CENTERS WHERE YOU RECEIVED TREATMENT FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES

A. NAME AND LOCATION OF VA MEDICAL CENTER	10B. DATE(S) OF TREATMENT

SECTION II: SERVICE INFORMATION

11A. DID YOU SERVE UNDER ANOTHER NAME?
☐ YES *(If "Yes," go to Item 11B)* ☐ NO *(If "No," go to Item 12A)*

11B. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER

12A. I ENTERED MY MOST RECENT PERIOD OF ACTIVE SERVICE ON *(MM,DD,YYYY)*

12B. BRANCH OF SERVICE

12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY

12D.DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001?
☐ YES ☐ NO

12E. PLACE OF SEPARATION

13A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C. *(National Guard)*?
☐ YES ☐ NO *(If "Yes," provide date of activation in Item 13B)*

13B. DATE OF ACTIVATION *(MM,DD,YYYY)*

14A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?

14B. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? *(Include Area Code)*

15A. DO YOU HAVE ADDITIONAL PERIODS OF ACTIVE SERVICE?
☐ YES *(If "Yes," go to Item 15B)*
☐ NO *(If "No," go to Item 16A)*

15B. I PREVIOUSLY ENTERED ACTIVE SERVICE ON *(MM,DD,YYYY)*

16A. DID YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE/RETIRED PAY?
☐ YES ☐ NO *(If "Yes,"complete Items 16B and 16C)*

16B. LIST AMOUNT *(If known)*
$

16C. LIST TYPE *(If known)*

SECTION III: WORK HISTORY

IN THE TABLE BELOW, TELL US ABOUT ALL OF YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, FOR ONE YEAR BEFORE YOU BECAME DISABLED TO THE PRESENT.

17A. WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER?	17B. WHAT WAS YOUR JOB TITLE?	17C. WHEN DID YOUR WORK BEGIN?	17D. WHEN DID YOUR WORK END?	17E. HOW MANY DAYS WERE LOST DUE TO DISABILITY?	17F. WHAT WERE YOUR TOTAL ANNUAL EARNINGS?
					$
					$

SECTION IV: INCOME VERIFICATION

18A. MONTHLY INCOME *(GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." DO NOT LEAVE BLANK)*

SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY	$	$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER *(Show source below)*		

18B. ANNUAL INCOME *(If no income was received from a particular source, write "0" or "none." DO NOT LEAVE BLANK)*

NOTE: Report last calendar year (January through December) income in the left-hand column and current year income in the right-hand column.

SOURCE	VETERAN		SPOUSE	
GROSS WAGES FROM ALL EMPLOYMENT	$		$	
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER *(Show source below)*				
ALL OTHER *(Show source below)*				

18C. NET WORTH *(If no income was received from a particular source, write "0" or "none." DO NOT LEAVE BLANK)*

SOURCE	VETERAN	SPOUSE
CASH/NON-INTEREST-BEARING BANK ACCOUNTS	$	$
INTEREST-BEARING BANK ACCOUNTS		
IRA'S, KEOGH PLANS, ETC.		
STOCKS, BONDS, MUTUAL FUNDS, ETC.		
REAL PROPERTY *(Not your home)*		
ALL OTHER PROPERTY		

SECTION V: MEDICAL, LEGAL OR OTHER UNREIMBURSED EXPENSES

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid 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 paid by you for the last illness and burial of a spouse or child at any time prior to the end of the year following the year of death. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. If more space is needed continue on page 6 or attach a separate sheet.

19A. Amount paid by you	19B. Date paid	19C. Purpose *(Doctor's fees, hospital charges, attorney fees, etc.)*	19D. Paid to *(Name of doctor, hospital, pharmacy, etc.)*	19E. Disability or relationship of person for whom expenses paid

SECTION V: MEDICAL, LEGAL OR OTHER UNREIMBURSED EXPENSES *(Continued)*

20A. Amount paid by you	20B. Date paid	20C. Purpose *(Doctor's fees, hospital charges, attorney fees, etc.)*	20D. Paid to *(Name of doctor, hospital, pharmacy, etc.)*	20E. Disability or relationship of person for whom expenses paid

SECTION VI: DIRECT DEPOSIT INFORMATION

Generally, all Federal payments are required to be made by electronic funds transfer (EFT), also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 21, 22 and 23 to enroll in Direct Deposit. If you do not have a bank account, we will give you a waiver from Direct Deposit, just check the box below in Item 21. The Treasury Department is working to make bank accounts available in such situations. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause a hardship if you enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street, Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

21. ACCOUNT NUMBER *(Please check the appropriate box and provide the account number, if applicable)*

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

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

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

SECTION VII: CERTIFICATIONS AND SIGNATURE

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.

24A. YOUR SIGNATURE *(Do NOT print)*

24B. DATE SIGNED

SECTION VIII: WITNESSES TO SIGNATURE

25A. SIGNATURE OF WITNESS *(If claimant signed above using an "X")*

25B. PRINTED NAME AND ADDRESS OF WITNESS

26A. SIGNATURE OF WITNESS *(If claimant signed above using an "X")*

26B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: The form will be used to determine allowance to 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

EXPRESS CLAIM CERTIFICATION

Name ______________________________ **Date** ____________

Claim Number ______________________________

Social Security Number ______________________________

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

I have enclosed all the information or evidence that will support my claim to include identifying records from Federal treating facilities, or I have no information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

______________________________ ____________

Claimant/Representative's Signature Date