



CREATE YOUR USER PROFILE

*LAST NAME:

MIDDLE NAME:

*FIRST NAME:

*EMAIL ADDRESS:

*CONFIRM EMAIL ADDRESS:

COUNTRY:

ZIP CODE:

A WEALTH OF INFORMATION

The eBenefits portal offers a wealth of information regarding benefits for veterans, servicemembers and their families. Some features include:

- [Feature 1](#) »
- [Feature 2](#) »
- [Feature 3](#) »

Family
WWarrior
Active
Veteran

65% of users that have registered on the eBenefits portal are Veterans

[Relevant Link](#) »

DISCLAIMER

Labitur lucilius epudic quo ex. Id posse dele uscipntur nec. Cum e omnes electram. Cu mudus menandriest, eam regione tuperarib

COUNTRY:

Select One 

ZIP CODE:

WHICH USER BEST DESCRIBES YOU?


(Select all that apply)

- Active Duty
- Caregiver/Delegate
- Care Management Team
- Family Member of Service Member
- Veteran
- Wounded Warrior

BRANCH OF SERVICE

Select One 

COMMUNICATION METHOD

Select One 

NOTIFY ME:

	Yes	No	Email
Secure Message Received	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New User Profile Attribute Added	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to User Profile Info	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to Health Claim Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER

Labitur lucilius epudic quo ex. Id posse dele uscipntur nec. Cum e omnes electram. Cu mudius menandriest, eam regione tuperarib An usu dicta zzril nusquam.

Change to Health Claim Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to Health Benefits Eligibility Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA/DoD has initiated Direct Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA/DoD has sent Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA/DoD has collected a Co-Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of Change of Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of Direct Deposit Info Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Explanation of Benefits is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Record of Treatment is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Requested Document is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminder of Calendar Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminder that Prescription Refill is due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminder that Insurance Premium is due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMIZATION:

Yes No

CUSTOMIZATION:

	Yes	No
Display Healthcare Team on homepage/ My Page	<input type="checkbox"/>	<input type="checkbox"/>

Display all available widgets on homepage/ My Page	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

OTHER PREFERENCES:

	Yes	No
Subscribe to Newsfeeds	<input type="checkbox"/>	<input type="checkbox"/>

Subscribe to specific content	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------	--------------------------	--------------------------

Alternate Address zip	Alternate Address Country Code
<input type="text"/>	<input type="text" value="Select One"/>

***USER ID:**

***PASSWORD:**

***CONFIRM PASSWORD:**

***HINT ONE:**

***ANSWER ONE:**

***HINT ONE:**

***ANSWER ONE:**

***HINT TWO:**

***ANSWER TWO:**

DS LOGON ACTIVATION CODE:

DS LOGON PASSWORD:



The reCAPTCHA challenge box features a red border and a white background. At the top, the words "overlooks" and "inquiry" are written in a black, cursive font. Below the words is a yellow input field with the text "Type the two words:" and a small mouse cursor icon. To the right of the input field are three red buttons: a refresh button, a volume icon, and a speech icon. The reCAPTCHA logo is also present, with the text "stop spam. read books." below it.

I have read and agree to abide with the [Terms and Conditions](#)

Submit

Reset

***HINT TWO:**

***ANSWER TWO:**

DS LOGON ACTIVATION CODE:

DS LOGON PASSWORD:



I have read and agree to abide with the [Terms and Conditions](#)

OMB Number: xxx-xxxx
Estimated Burden: 5 minutes

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average ten (10) minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. This collection of information is intended to fulfill the need identified by the Department of Veterans Affairs (VA) to categorize your question, complaint, compliment, or suggestion and collect the necessary information to respond to it. Results will be used to automatically route your inquiry to the appropriate person in the VA, which will help ensure that you receive a response in a timely manner. Use of this form is voluntary and failure to participate will have no adverse effect of benefits to which you might otherwise be entitled.