



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

PRE-DISCHARGE COMPENSATION CLAIM
(For use only with Benefits Delivery at Discharge (BDD) or Quick Start Claims)

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

THIS FORM WILL BE USED FOR (CHECK ONLY ONE)

Benefits Delivery at Discharge (BDD) CLAIMS **Quick Start Claims**

SECTION I: TO BE COMPLETED BY SERVICE MEMBER

1. SERVICE MEMBER NAME <i>(Last, first, middle)</i>		2. PLACE OF SEPARATION	
3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH <i>(MM,DD,YYYY)</i>	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
6A. CURRENT ADDRESS Street address, rural route, or P.O. Box _____ Apt. number _____ City _____ State _____ ZIP Code _____ Country _____		6B. TELEPHONE NUMBERS <i>(Include Area Code)</i> Daytime _____ Evening _____ Cell phone _____	
7A. WORK E-MAIL ADDRESS <i>(If applicable)</i>		7B. PERSONAL E-MAIL ADDRESS <i>(If applicable)</i>	
8A. FORWARDING ADDRESS			8B. TELEPHONE NUMBER
9A. NAME AND RELATIONSHIP OF NEXT OF KIN	9B. ADDRESS OF NEXT OF KIN	9C. TELEPHONE NUMBER OF NEXT OF KIN	
10A. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide your file number in Item 10B)</i>		10B. VA FILE NUMBER	
11. WHAT DISABILITIES ARE YOU CLAIMING? SUBMIT ADDITIONAL SUPPORTING STATEMENTS AND INFORMATION CONCERNING YOUR CLAIMED DISABILITIES ON VA FORM 21-4138, STATEMENT IN SUPPORT OF CLAIM, AVAILABLE AT www.va.gov/vaforms			

IMPORTANT: If claiming dependents, please attach a completed VA Form 21-686c, Declaration of Status of Dependents, available at www.va.gov/vaforms

SECTION II: SERVICE INFORMATION

12A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <i>(If "Yes," go to Item 12B)</i> <input type="checkbox"/> NO <i>(If "No," go to Item 13A)</i>		12B. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER	
13A. I ENTERED THIS CURRENT PERIOD OF ACTIVE SERVICE ON <i>(MM,DD,YYYY)</i> _____ mo day yr	13B. BRANCH OF SERVICE	13C. ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY	13D. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO
14A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide date of activation in Item 14B)</i>			14B. DATE OF ACTIVATION <i>(MM,DD,YYYY)</i> _____ mo day yr
15A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?			15B. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? <i>(Include Area Code)</i>
16A. DO YOU HAVE ADDITIONAL PERIODS OF ACTIVE SERVICE? <input type="checkbox"/> YES <i>(If "Yes," go to Item 16B)</i> <input type="checkbox"/> NO <i>(If "No," go to Item 17A)</i>		16B. I PREVIOUSLY ENTERED ACTIVE SERVICE ON <i>(MM,DD,YYYY)</i> _____ mo day yr	

SECTION III: MILITARY RETIRED PAY

17A. WILL YOU RECEIVE RETIRED PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 17B)</i>		17B. TYPE OF RETIRED PAY? <input type="checkbox"/> LONGEVITY <input type="checkbox"/> DISABILITY <input type="checkbox"/> TDRL	
18A. WILL YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 18B and 18C)</i>		18B. LIST AMOUNT <i>(If known)</i>	18C. LIST TYPE <i>(If known)</i>
<p>IMPORTANT: Unless you check the box in Item 19 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by that amount. VA will notify the Military Retired Pay Center of all benefit changes.</p> <p>If you receive both military retired pay and VA compensation, some of the amount you get may be recouped by VA, or, in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.</p>			
19. <input type="checkbox"/> No, I do not want VA compensation in lieu of military retired pay.			

SECTION IV: DIRECT DEPOSIT INFORMATION

The Department of Treasury requires all Federal benefit payments 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 20, 21 and 22 to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

20. ACCOUNT NUMBER <i>(Please check the appropriate box and provide the account number, if applicable)</i> <input type="checkbox"/> CHECKING _____ <input type="checkbox"/> SAVINGS _____		<input type="checkbox"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT
21. NAME OF FINANCIAL INSTITUTION <i>(Please provide the name of the bank where you want your direct deposit)</i>	22. ROUTING OR TRANSIT NUMBER <i>(The first nine numbers located at the bottom left of your check)</i>	

SECTION V: 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, and I waive any privilege which makes the information confidential.

23A. YOUR SIGNATURE <i>(Do NOT print)</i>	23B. DATE SIGNED
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SECTION VI: WITNESSES TO SIGNATURE

24A. SIGNATURE OF WITNESS <i>(If claimant signed above using an "X")</i>	24B. PRINTED NAME AND ADDRESS OF WITNESS
25A. SIGNATURE OF WITNESS <i>(If claimant signed above using an "X")</i>	25B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation 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 compensation. 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.