



Department of Veterans Affairs

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 (*Last, first, middle*) _____ 2. PLACE OF SEPARATION _____

3. SOCIAL SECURITY NUMBER _____ 4. DATE OF BIRTH (*MM,DD,YYYY*) _____ 5. SEX
 MALE FEMALE

6A. CURRENT ADDRESS
Street address, rural route, or P.O. Box _____ Apt. number _____
City _____ State _____ ZIP Code _____ Country _____
6B. TELEPHONE NUMBERS (*Include Area Code*)
Daytime _____
Evening _____
Cell phone _____

7A. WORK E-MAIL ADDRESS (*If applicable*) _____ 7B. PERSONAL E-MAIL ADDRESS (*If applicable*) _____

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?
 YES NO (*If "Yes," provide your file number in Item 10B*) _____ 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

Empty rows for providing details on disabilities claimed.

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?
 YES (*If "Yes," go to Item 12B*) _____
 NO (*If "No," go to Item 13A*) _____ 12B. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER _____

13A. I ENTERED THIS CURRENT PERIOD OF ACTIVE SERVICE ON (*MM,DD,YYYY*)
_____ 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?
 YES NO

14A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C.?
 YES NO (*If "Yes," provide date of activation in Item 14B*) _____ 14B. DATE OF ACTIVATION (*MM,DD,YYYY*)
_____ 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? (*Include Area Code*) _____

16A. DO YOU HAVE ADDITIONAL PERIODS OF ACTIVE SERVICE?
 YES (*If "Yes," go to Item 16B*) _____
 NO (*If "No," go to Item 17A*) _____ 16B. I PREVIOUSLY ENTERED ACTIVE SERVICE ON (*MM,DD,YYYY*)
_____ mo day yr _____

SECTION III: MILITARY RETIRED PAY

17A. WILL YOU RECEIVE RETIRED PAY?

 YES NO (If "Yes," complete Item 17B)

17B. TYPE OF RETIRED PAY?

 LONGEVITY DISABILITY
 TDRL

18A. WILL YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE PAY?

 YES NO (If "Yes," complete Items 18B and 18C)

18B. LIST AMOUNT (If known)

18C. LIST TYPE (If known)

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.

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.

19. 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 (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

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

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

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 (Do NOT print)

23B. DATE SIGNED

SECTION VI: WITNESSES TO SIGNATURE

24A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

24B. PRINTED NAME AND ADDRESS OF WITNESS

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

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.