



APPLICATION OF SURVIVING SPOUSE OR CHILD FOR REPS BENEFITS (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS)

PRIVACY ACT INFORMATION: 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 VA 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 to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101(c) (1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for REPS benefits (38 U.S.C. 5101 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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.

IMPORTANT INFORMATION

WHO IS ELIGIBLE: Benefits are payable to certain survivors of members or former members of the Armed Forces who died while on active duty prior to August 13, 1981, or who died from a disability incurred in or aggravated by active duty prior to August 13, 1981. Service in the Public Health Service or National Oceanic and Atmospheric Administration does not qualify.

SURVIVING SPOUSE: If you were married to the veteran at the time of his or her death and are not currently married, you may be eligible for REPS benefits for yourself when the youngest child in your care reaches age 16. These benefits will terminate when the child reaches age 18, whether or not the child is still in high school.

CHILD: If you are an unmarried child of the veteran between the ages of 18 and 21 and are attending a postsecondary school full time, you may be eligible for REPS. In the United States, "postsecondary school" refers to school above the level of high school. If you are age 18 and still in high school, you are not eligible for REPS. However, you may apply to the Social Security Administration for an extension of benefits.

INSTRUCTIONS

If you are applying as a surviving spouse whose youngest child in care is age 16 or 17, please complete Part II-Claimant Information. All other questions on the form pertain to you and not to your child. If you are the veteran's child, age 18 to 21 and attending college or other postsecondary school full time, please complete Part II-Claimant Information. All other questions on this form pertain to you. **NOTE:** This form is intended to serve as an application for only one person. Additional forms can be obtained from your nearest VA regional office.

NOTE: Action on your claim may be delayed if you do not provide all of the information requested. You are required to estimate wage information in Part III, even if you do not know the exact wage amount(s). If you need additional space, use Item 22, "REMARKS", or attach a separate sheet and label your answers to correspond to the question numbers on the form. Please include the veteran's full name and VA file number on each sheet. Please type or print in ink.

The form should be returned to VA by toll-free fax at 844-531-7818 or by mail to:

**VA Regional Office,
 400 S. 18th St.,
 St. Louis, MO 63103-2271**

PART I - VETERAN'S INFORMATION

1. FIRST-MIDDLE-LAST NAME	2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER XC-
4. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD		5. DATE OF DEATH

PART II - CLAIMANT'S INFORMATION

6. FIRST - MIDDLE - LAST NAME OF CLAIMANT (<i>SEE INSTRUCTIONS</i>)	7. DATE OF BIRTH (<i>MM,DD,YYYY</i>)	8. SOCIAL SECURITY NUMBER
9. RELATIONSHIP TO VETERAN	10. MAILING ADDRESS (<i>Number and street or rural route, city or P.O., State and ZIP Code</i>)	
11. TELEPHONE NUMBER <i>(Include Area Code)</i>	12. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Widowed (<i>If "Divorced/Widowed," complete Items 13 & 14</i>)	13. DATE YOU MARRIED
		14. DATE OF TERMINATION

PART III - CLAIMANT'S EMPLOYMENT AND WAGE INFORMATION

(To be completed in full, only if you are a surviving spouse, and the youngest child in your care has reached age 16, but is not yet 18)

15. EMPLOYMENT STATUS (PLEASE SELECT ONE) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> SELF-EMPLOYED (Number of hours worked per month)	16. TOTAL EARNINGS FROM EMPLOYMENT FOR LAST CALENDAR YEAR \$ _____ (Year)
17. MAXIMUM EXPECTED EARNINGS FROM EMPLOYMENT FOR THIS CALENDAR YEAR? <i>(You must make an estimate)</i> \$ _____ (Year)	18 MAXIMUM EXPECTED EARNINGS FROM EMPLOYMENT FOR NEXT CALENDAR YEAR? <i>(You must make an estimate)</i> \$ _____ (Year)

PART IV - REMARKS

19. REMARKS *(If any)*

PART V - CERTIFICATION AND SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN

IMPORTANT: IT IS YOUR DUTY TO REPORT ANY CHANGES IN THE INFORMATION PROVIDED ON THIS APPLICATION. To report any changes, please contact the VA National Call Center via telephone at 1-800-827-1000.

I CERTIFY THAT the statements provided are true and correct to the best of my knowledge.

20. SIGNATURE OF CLAIMANT, CUSTODIAN, OR GUARDIAN <i>(Sign in ink)</i>	21. DAYTIME PHONE NUMBER <i>(Include Area Code)</i>	22. DATE SIGNED
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PART VI - CERTIFICATION OF SERVICE-CONNECTION OR DEATH ON ACTIVE DUTY

I HEREBY CERTIFY THAT the deceased died on active duty prior to August 13, 1981, or died from a service-connected disability incurred or aggravated prior to August 13, 1981.

23A. SIGNATURE AND TITLE OF VA OFFICIAL	23B. VARO (City) AND STATION NUMBER	23C. DATE SIGNED
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