



**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

**NOTICE OF WAIVER OF VA COMPENSATION OR PENSION TO RECEIVE  
 MILITARY PAY AND ALLOWANCES**

**IMPORTANT:** We need this information to determine whether you choose to waive your VA compensation or pension or your military pay and allowances for the days for which you received training pay (10 U.S.C. 12316 and 38 U.S.C.5304(c)). If you have any questions about the information contained on this form or if you need assistance in completing the form, call VA's toll-free number 1-800-827-1000.

<b>TO</b>	<b>NAME AND ADDRESS OF VETERAN</b>	<b>FROM</b>	
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**SECTION I - VETERAN'S IDENTIFICATION INFORMATION**

**NOTE:** You can *either* complete the form online or by hand. Please print the information required in ink, neatly, and legibly to help process the form.

1. NAME OF VETERAN (*First, Middle Initial, Last*)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. DATE OF BIRTH (*MM/DD/YYYY*)

5. VETERAN'S SERVICE NUMBER (*If applicable*)

6. TELEPHONE NUMBER (*Include Area Code*)

7. EMAIL ADDRESS (*Optional*)

**SECTION II - TRAINING PAY INFORMATION**

Based on your Social Security Number (SSN), the Defense Manpower Data Center (DMDC) has identified you as having been a reservist or guardsman during the fiscal year indicated below. Please verify that the SSN shown above is your correct SSN. If it is not, please enter the correct number. Also, please enter your telephone number above.

By law, active or inactive duty training pay can't be paid at the same time you're receiving VA disability compensation or pension benefits. You may decide to keep the training pay you received from your military branch. However, to keep your training pay, you must waive your VA benefits for the same number of days as the number of days you received training pay for. Usually, it's to your advantage to waive benefits and keep your training pay.

DMDC records indicate that you received training pay for the following number of days.

FISCAL YEAR	TRAINING DAYS
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**NOTE:** A fiscal year runs from October 1 through September 30. For example, fiscal year 2017 runs from October 1, 2016 through September 30, 2017.

You drilled for \_\_\_\_\_ days, receiving \$\_\_\_\_\_. If you waive VA Comp during that time you will owe a reimbursement of \$\_\_\_\_\_ to VA.

Please note that the National Guard and Reserves report one full day's duty pay for each 4-hour session of training you attend. That means they may credit you with 4 days' worth of training for a 2-day drill weekend. The National Guard and Reserves pay most of their members for about 63 training days during a fiscal year. That included 48 armory drills or training sessions, and 15 days of active training.

Please fully complete this form and return it to the address that pertains to you on page 3.

**SECTION III - ELECTION NOTICE**

8. Complete the appropriate block below, sign this form, secure the signature of your unit commander or designee, and return the completed form to VA within 60 days. Check one of the following blocks. If you check neither, we will assume that you agree with the number of training pay days shown on the front of this form.

- I agree that the number of training days shown on the front of this form is correct.
- The number of training days shown on the front of this form is not correct. The following is the actual number of days for which I received training pay. (Enter correct information in the blocks below).

**FISCAL YEAR**

**TRAINING DAYS**

9. Check only one of the following blocks:

- I elect to waive VA benefits for the days indicated in order to retain my training pay.
- I elect to waive military pay and allowances for the days indicated in order to retain my VA compensation or pension.  
NOTE: Checking this option will give most veterans LESS money.
- I received no military pay and allowances during the fiscal year indicated on the front front of this form.

**SECTION IV - CERTIFICATION AND SIGNATURE**

If we do not receive a waiver from you, we will assume that you wish to waive VA compensation or pension for the number of days printed on the front of the form. However, we will not adjust your award until we have advised you of the specific changes we propose to make.

**NOTE:** In the past you may have filed a one-time waiver of disability benefits which was to remain in effect until your reserve/guard status changed or you withdrew the waiver. That waiver is no longer valid. Annual waivers are again required.

10. SIGNATURE OF RESERVIST/GUARDSMAN (**REQUIRED**)

11. DATE SIGNED (MM/DD/YYYY)

**I CERTIFY THAT** to the best of my knowledge, the information shown above concerning the member's training days is correct.

12. SIGNATURE OF UNIT COMMANDER OR DESIGNEE (**REQUIRED**)

13. DATE SIGNED (MM/DD/YYYY)

14. NAME AND MAILING ADDRESS OF RESERVE/GUARD UNIT

15. UNIT TELEPHONE NO. (Include Area Code)

**PRIVACY ACT NOTICE:** 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. 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 whether you choose to waive your VA compensation or pension or your military pay and allowances for the days for which you received training pay (10 U.S.C. 12316 and 38 U.S.C. 5304(c)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete the 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](http://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.

**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 fraudulent acceptance of any payment to which you are not entitled.

**DEPARTMENT OF VETERANS AFFAIRS**

**Where to Send Your Written Correspondence**

In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivors Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
<b>All United States and Foreign Locations</b>	Department Of Veterans Affairs Evidence Intake Center <b>P.O. Box 4444</b> Janesville WI 53547-4444  Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
<p><b>*Note:</b> For foreign Veterans Pension and Survivors Benefits please refer to the below addresses.</p>	

For correspondence relating to all **Veterans Pension** and **Survivors Benefits** claims:

Location of Residence	Address
Alabama      Kentucky      Missouri Arkansas      Louisiana      Ohio Illinois      Michigan      Tennessee Indiana      Mississippi      Wisconsin	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center <b>P.O. Box 5192</b> Janesville WI 53547-5192 Or Fax your information to: Toll Free: (844) 655-1604
Alaska      Montana      Texas Arizona      Nebraska      Utah California      Nevada      Washington Colorado      New Mexico      Wyoming Hawaii      North Dakota      Mexico Idaho      Oklahoma      Central America Iowa      Oregon      South America Kansas      South Dakota      Caribbean Minnesota	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center <b>P.O. Box 5365</b> Janesville WI 53547-5365 Or fax your information to: Toll Free: (844) 655-1604
Connecticut      New Hampshire      South Carolina Delaware      New Jersey      Vermont Florida      New York      Virginia Georgia      North Carolina      West Virginia Maine      Pennsylvania      District of Columbia Maryland      Rhode Island      Puerto Rico Massachusetts      Canada	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center <b>P.O. Box 5206</b> Janesville WI 53547-5206 Or fax your information to: Toll Free: (844) 655-1604
Countries outside of North, Central or South America	