



June 28, 2013

**VETS 1010 Form On-line Submission**

OMB NO. 1293-0002 (EXP 10/31/2013)  
VETS/USERRA/VP Form 1010 (REV 1/2010)

*NOTE: All information you enter will be saved automatically when you move to another section. If you do not submit your claim by completing the "Signature" section before you logout, you can log back in later to finish and submit your claim. An asterisk (\*) indicates a required field in the e-1010 Form.*

Section I Claimant	Section II Service	Section III Employer	Section IV Claim Type	Comments	Signature
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**Section I: Claimant Information**

**1. Name:**

Last Name: \*

First Name: \*

M.I.:

**2. Home Address:**

US Address  Overseas Address

Street: \*

City: \*

State: \*

Zip Code:

**3. Social Security Number:**

**4. Home/Contact Phone:**

**5. Work Phone:**

**6. Email Address:**

**7. Do you have a military service-connected disability?**  Yes  No  Unknown \*

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