



**Department of
Veterans Affairs**

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)
VA Form 21-534

| |
|--|
| VA DATE STAMP (DO NOT WRITE IN THIS SPACE) |
|--|

Please read the attached "General Instructions" before you fill out this form.

SECTION I

Tell us what you are applying for and what you and the deceased veteran have applied for

| | |
|--|---|
| 1. Did the veteran ever file a claim with VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 2)</i> | 2. What is the VA file number? _____ |
| 3. Has the surviving spouse or child ever filed a claim with VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Items 4 through 6)</i> | 4. What is the VA file number? _____ |
| 5. What is the name of the person on whose service the claim was filed? _____ <div style="display: flex; justify-content: space-between;"> First Middle Last </div> | |
| 6. What is your relationship to that person? _____ | |
| 7. Are you claiming service connection for cause of death? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

SECTION II

Tell us about you and the deceased veteran

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

| | |
|---|--|
| 8. What is the veteran's name? _____ <div style="display: flex; justify-content: space-between;"> First Middle Last Suffix <i>(If applicable)</i> </div> | 10a. Did the veteran serve under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 10b)</i> |
| 9. What is the veteran's Social Security number? _____ | 11. What is the veteran's date of birth? _____ <div style="display: flex; justify-content: center;"> mo day yr </div> |
| 10b. Please list the other name(s) the veteran served under: _____ _____ | 13. Was the veteran a former prisoner of war? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. What is the veteran's date of death? _____ <div style="display: flex; justify-content: center;"> mo day yr </div> | 15. What is your relationship to the veteran? <i>(check one)</i> <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Child |
| 14. What is your name? <i>(First, Middle, Last Name)</i> _____ | |
| 16. What is your address? _____ <div style="display: flex; justify-content: space-between;"> Street address, Rural Route, or P.O. Box Apt. number </div> _____ <div style="display: flex; justify-content: space-between;"> City State ZIP Code Country </div> | |
| 17. What are your telephone numbers? <i>(Include Area Code)</i> Daytime _____ Evening _____ | 18. What is your e-mail address? _____ |
| 19. What is your Social Security number? _____ | 20. What is your date of birth? _____ <div style="display: flex; justify-content: center;"> mo day yr </div> |

SECTION III

Tell us about the veteran's active duty service

1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks."

2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.

| | | | |
|--|------------|------------------------|-----------------------------|
| 21a. Entered Active Service (first period) _____ mo day yr | 21b. Place | 21c. Service Number | |
| 21d. Left This Active Service _____ mo day yr | 21e. Place | 21f. Branch of Service | 21g. Grade, Rank, or Rating |
| 21h. Entered Active Service (second period) _____ mo day yr | 21i. Place | 21j. Service Number | |
| 21k. Left This Active Service _____ mo day yr | 21l. Place | 21m. Branch of Service | 21n. Grade, Rank, or Rating |

SECTION IV

Tell us about your and the veteran's marriages

Attach a copy of your marriage certificate showing your marriage to the veteran.

You must furnish complete information about *all* marriages of the surviving spouse and the veteran. If you need additional space, please attach a separate sheet of paper providing the requested information.

If you are claiming benefits as the surviving spouse of the veteran you should complete Items 22a through 27. If you are not the surviving spouse, skip to Section V.

The veteran's marriages

22a. How many times was the veteran married? _____

| 22b. Date of Marriage (month, day, year) | 22c. Place (city/state or country) | 22d. To whom married (first, middle initial, last name) | 22e. Type of marriage (ceremonial, common-law, proxy, tribal or other) | 22f. Date marriage ended (month, day, year) | 22g. Place (city/state or country) | 22h. How marriage ended (death, divorce) |
|--|------------------------------------|---|--|---|------------------------------------|--|
| | | | | | | |
| | | | | | | |

22i. If you indicated "other" as type of marriage, please explain. _____

22j. At the time of your marriage to the veteran, were you aware of any reason the marriage might not be legally valid?

YES NO If you answered "Yes," please explain.

23a. How many times were you married? _____ 23b. Have you remarried since the death of the veteran? YES NO

| 23c. Date of Marriage (month, day, year) | 23d. Place (city/state or country) | 23e. To whom married (first, middle initial, last name) | 23f. Type of marriage (ceremonial, common-law, proxy, tribal or other) | 23g. Date marriage ended (month, day, year) | 23h. Place (city/state or country) | 23i. How marriage ended (death, divorce) |
|--|------------------------------------|---|--|---|------------------------------------|--|
| | | | | | | |
| | | | | | | |

23j. If you indicated "other" as type of marriage, please explain. _____

SECTION IV Tell us about your and the veteran's marital history (continued)

Answer Item 24 only if you were married to the veteran for less than one year.

24. Was a child born to you and the veteran during your marriage or prior to your marriage?

YES NO

25. Are you expecting the birth of a child of the veteran?

YES NO

26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?

YES NO

(If "No", answer Item 27)

27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.

SECTION V

Tell us about the unmarried children of the veteran

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a *unless* the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- at least 18 but under 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

| 28a. Name of child (First, middle initial, Last) | 28b. Date and place of birth (City/State or Country) | 28c. Social Security Number | 29a. Biological | 29b. Adopted | 29c. Stepchild | 29d. 18 - 23 yrs old and in school | 29e. Seriously disabled | 29f. Child previously married |
|---|--|-----------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------|
| | _____ mo day yr | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ mo day yr | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ mo day yr | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION V Tell us about the unmarried children of the veteran (continued)

Tell us about the children listed above that don't live with you.

| 30a. Name of child <i>(first, middle initial, last)</i> | 30b. Child's Complete Address | 30c. Name of person the child lives with <i>(if applicable)</i> | 30d. Monthly amount you contribute to child's support |
|--|-------------------------------|--|---|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

SECTION VI

**Tell us if
you are housebound,
in a nursing home or
require aid and
attendance**

If you answered "yes" to Item 31 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.

| | |
|---|---|
| <p>31. Are you claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "No," skip to section VII)</i></p> | <p>32a. Are you now in a nursing home?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "Yes," answer Items 32b and 32c also)</i></p> |
| <p>32b. What is the name and complete mailing address of the facility?</p> | <p>32c. Does Medicaid cover all or part of your nursing home costs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>(If "No," answer Item 32d also)</i></p> |
| <p>32d. Have you applied for Medicaid?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | |

SECTION VII

Tell us the net worth of you and your dependents

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| 33a. Cash, bank accounts, certificates of deposit (CDs) | | | | |
| 33b. IRAs, Keogh Plans, etc. | | | | |
| 33c. Stocks, bonds, mutual funds | | | | |
| 33d. Value of business assets | | | | |
| 33e. Real property <i>(not your home)</i> | | | | |
| 33f. All other property | | | | |

SECTION VIII

Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report all income, and VA will determine any amount that does not count.

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

| | |
|--|--|
| 34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer item 34b)</i> | 34b. Is Social Security based on your own employment? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO | 36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

SECTION VIII Tell us about the income of you and your dependents (continued)

Monthly Income - Tell us the income you and your dependents receive every month

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| 38a. Social Security | | | | |
| 38b. U.S. Civil Service | | | | |
| 38c. U.S. Railroad Retirement | | | | |
| 38d. Military Retirement | | | | |
| 38e. Black Lung Benefits | | | | |
| 38f. Supplemental Security Income (SSI)/ Public Assistance | | | | |
| 38g. Other income received monthly <i>(Please write source below:)</i> | | | | |

Expected income next 12 months - Tell us about other income for you and your dependents

Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

| Sources of income for the next 12 months | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> | Name: <i>(first, middle initial, last)</i> |
| 39a. Gross wages and salary | | | | |
| 39b. Total dividends and interest | | | | |
| 39c. Other income expected <i>(Please write source below:)</i> | | | | |
| 39d. Other income expected <i>(Please write source below:)</i> | | | | |

SECTION IX

Tell us about medical, last illness, burial or other unreimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed attach a separate sheet.

| 40a. Amount paid by you | 40b. Date Paid | 40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.) | 40d. Paid to (Name of nursing home, hospital, funeral home, etc.) | 40e. Relationship of person for whom expenses paid |
|-------------------------|----------------|--|---|--|
| \$ | mo day yr | | | |
| \$ | mo day yr | | | |
| \$ | mo day yr | | | |
| \$ | mo day yr | | | |

SECTION X

Give us direct deposit information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer questions 41-43 to the right.

All Federal payments beginning January 2, 1999, must 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 41, 42, and 43 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 41. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

41. Account number (Please check the appropriate box and provide that account number, if applicable)

- Checking
 I certify that I do not have an account with a financial institution or certified payment agent

Savings

Account number _____

42. Name of financial institution

43. Routing or transit number

SECTION XI

Give us your signature

- 1. Read the box that starts, "I certify and authorize the release of information:"
- 2. Sign the box that says, "Your signature."
- 3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

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 except protected health information, and I waive any privilege which makes the information confidential.

| | | |
|---|--|------------------|
| 44. Your signature | | 45. Today's date |
| 46a. Signature of witness (If claimant signed above using an "X") | 46b. Printed name and address of witness | |
| 47a. Signature of witness (If claimant signed above using an "X") | 47b. Printed name and address of witness | |

SECTION XII

Remarks - Use this space for any additional statements that you would like to make concerning your application.

IMPORTANT

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 which you are not entitled to.

48. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)