

**LOST IN TRANSLATION:
HOW VA'S DISABILITY CLAIMS AND
APPEALS LETTERS SHOULD BE SIMPLIFIED**

HEARING
BEFORE THE
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ASSISTANCE AND MEMORIAL AFFAIRS
OF THE
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U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DISABILITY ASSISTANCE & MEMORIAL
AFFAIRS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 1 p.m., in room 360, Cannon House Office Building, Hon. Morgan Luttrell (chairman of the subcommittee) presiding.

Present: Representatives Luttrell, Crane, Self, Pappas, Deluzio, and Ramirez.

OPENING STATEMENT OF MORGAN LUTTRELL, CHAIRMAN

Mr. LUTTRELL. The subcommittee will come to order. Thank you to all our witnesses for being here today. Today we are here to take a closer look at the notice letters that the Department of Veterans Affairs (VA) sends to veterans who file claims for VA benefits.

The VA disability claims and appeals process is extremely complex. VA's notice letters are supposed to be easy to understand but the directions and the letters themselves are more or less like walking through a maze from what we hear from our veterans. VA's notice letters have been unnecessarily lengthy, complicated, and filled with legal terminology. Some letters provide conflicting or unclear instructions, others do not provide enough information.

The VA claims system is supposed to be veteran-friendly and our veterans deserve better than to be confused or misdirected in any given time. It is time for us to simplify VA notice letters and ensure every veteran can easily navigate the VA disability claims process.

The Veterans Benefits Administration's (VBA) Language Change Control Board has attempted to improve those letters, including because of feedback from Veterans Service Organizations (VSO). VBA's efforts to make notice letters more comprehensive have led to longer, more disorganized, and more complex letters, not clarity.

Even though we consistently hear complaints from our veterans, the VA's letters are still, to date, too confusing. Instead of providing clear directions to navigate the disability claims and appeals process, it seems the VA notice letters have become puzzles that only lawyers and experienced VSOs can read.

Some of our veterans and survivors feel overwhelmed by the complexity of these letters and abandon their claims altogether. Many experience anxiety, depressions, and panic when they receive these letters. I understand that firsthand being a veteran who had to go through these letters.

Congress has passed legislation to verify notice letters, but there is still more to be done. We must ensure that our veterans can easily understand how to pursue their claims without having to encode lengthy letters at every step of the claims process. We owe our veterans a clear and concise communication.

Today we will be hearing from VA disability, we will be hearing from VA Disability, American Veterans, Veterans of Foreign Wars (VFW) and the National Organizations of Veterans Advocates (NOVA) to learn more about how we can improve and simplify VA notice letters.

With that, I yield to the Ranking Member Pappas for his opening statement.

OPENING STATEMENT OF CHRIS PAPPAS, RANKING MEMBER

Mr. PAPPAS. Thank you, Mr. Chairman, for holding this important hearing on disability claim and decision appeal letters. As of this February, the average time for a veteran to receive a decision on their claim is 158 days, and that is assuming they do not need an appeal. Throughout those 158 days the veteran's primary touchpoint is to track the status of their claim through notification and decision letters. These letters communicate claim decisions, the rights and options to appeal, how to contact the VA, compensation rates, hearing dates, and so much more.

Notification letters are critical to the veteran's ability to navigate their benefits claim, yet despite the importance, the information presented in the letters is often ambiguous, convoluted, buried in legal jargon, or outright wrong. In my own district, veterans have contacted our office expressing concerns about letters they have received indicating an immediate response was needed to complete their claim when in reality their claim was already decided or required no further evidence.

We owe it to veterans to provide them with clear, concise, and correct information so they can access the benefits that they have earned.

The letters have been an area of concern, as the chairman said, for over 20 years. Congress enacted the Veterans Claim Assistance Act in the year 2000 to increase transparency and provide support to the veteran throughout their claim. Since then, Government Accountability Office (GAO) has reported documented issues in letter clarity in 2011, 2015, and 2017, which eventually led to the Veterans Appeals Improvement and Modernization Act of 2017.

While significant progress and improvements have been made, more needs to be done here in terms of the clarity of these letters. Now with the implementation of the The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act there is growing concern as to whether the clarity and quality of these letters will be affected by VA's work as VA's workforce adjusts to the growing volume of benefit claims. Understandably the same statutes that have increased trans-

parency and support also put limitations on VA's ability to adapt to present day claim processing challenges.

Today I am interested in hearing from our witnesses about the challenges that veterans experience with these letters, obstacles that stand in the way, to solutions, and especially how Congress can increase the quality and clarity of VA's communication to our veterans. Our shared commitment to veterans demands proactive and collaborative approaches to address these challenges. We must leave here today with a better understanding of the source of some of these communication issues and along the way I appreciate the efforts that VA has made throughout the years to increase transparency and support through the claims process. It is clear that more needs to be done to support the veterans and their families who expect me and everyone up here not only to help them navigate through the red tape, but to cut it down where necessary.

I thank you, Mr. Chairman, and I yield back.

Mr. LUTTRELL. Thank you, Ranking Member. Our lead witness from VA is Ms. Beth Murphy, the Executive Director of Compensation Services. Ms. Murphy is joined by Judge Caroline Fleming, a Veteran Law Judge at the Board of Veterans' Appeals Ms. Denise Kitts, Executive Director of Enterprise Measurement and Design at the Veterans Experience Office (VEO);, and Mr. Brian Griffin, Deputy Chief Counsel of the Benefits Law Group at the Office of General Counsel (OGC).

I ask the witnesses on the first panel to please stand and raise your right hand.

[Witnesses sworn.]

Mr. LUTTRELL. Thank you and let the record show that the witnesses have answered in the affirmative.

Thank you all for being here today. Ms. Murphy, you are now recognized for 5 minutes to deliver your opening statement.

STATEMENT OF BETH MURPHY

Ms. MURPHY. Good afternoon, Chairman Luttrell, Ranking Member Pappas, and members of the subcommittee. Thank you for the opportunity to appear before you today to discuss Department of Veterans Affairs disability claims and appeals letters. Thank you for acknowledging my colleagues today, Ms. Kitts from Veterans Experience Office, Mr. Griffin from Office of General Counsel, Judge Fleming from the Board of Veterans' Appeals.

I would like to acknowledge up front that we recognize the importance of sending letters that are easy for those we serve to understand. For many veterans and family members VA can feel big and confusing. Each letter we send is an opportunity to build and maintain a relationship with those we serve.

The more compassionate and comprehensible we can make our letters, the more trust they will have in our ability to provide benefits. We have taken many steps to improve and are continuing these efforts. The VA seeks to strike a balance between ensuring clarity and readability of letters and complying with statutory and regulatory requirements regarding what our communications must include.

Over the years, VA has implemented several statutes aimed to strengthen and improve protections and transparency. VA is bound

by statutory and regulatory requirements governing our duties with obtaining and relaying evidence needed to substantiate a claim.

Many current letter requirements include VA's statutory duty to notify and duty to assist requirements as part of the Veterans Claims Assistance Act of 2000. Additionally, as part of Veterans Appeals Improvement and Modernization Act of 2017, VA revised letters to include information on VA's appeals process and requirements for the notification letter when a decision is issued on the claim.

More recently, laws related to claims based on military sexual trauma (MST) have impacted VA letters. For example, in 2022, the Dignity for MST Survivors Act required VA to audit denial letters for claims related to MST. A joint Veterans Benefits Administration-Veterans Health Administration (VBA-VHA) workgroup incorporated trauma-informed language in the denial letters, and we went further than that. We even looked at the grant letters, development letters, and the text of the rating decision.

VA held meetings with our Veterans Service Organization partners seeking first their input and then their feedback on the updated products.

In the appeals space, the Board of Veterans' Appeals currently uses about 150 different letters to share information with or seek clarity from veterans and appellants. All Board form letters have undergone multiple levels of review. The Board reviews and updates letters annually, and letters originating from the legal division of the Office of the Clerk of the Board were reviewed for clarity and legal accuracy within the past 6 months.

Though much of the content of VA letters is governed by law and statute, VA has initiated multiple improvements to our correspondence to simplify letters and make them more understandable for veterans. For example, VBA partnered with the Veterans Experience Office to learn more about the experience of veterans in the claims process using human-centered design methods.

In April 2023, VBA launched a new Veterans Signals (VSignals) survey specific to the disability compensation program, which was sent initially—surveys initially were sent to first-time claim filers, and we expanded to other compensation claim types just recently in January 2024.

VBA reaches out directly to veterans for specific feedback after we get the surveys back which we will use to inform future letter changes.

Additionally, in 2013, VBA instituted a governance process for review and update of compensation and pension-related letters called the Language Change Control Board or LCCB, which include members from several business lines and offices. The LCCB reviews and approves all disability compensation and pension-related language change requests for letters and other external facing communications. This group also ensures language changes are tracked, reviewed for accuracy, and sent for implementation.

From Fiscal Year 2022 through February 2024, the LCCB completed 57 disability compensation and pension-related language change requests, ensuring enhanced readability of claims letters. Going forward, we remain committed to continuous improvement in

letters. VBA is in the process of assessing the universe of letters in use and prioritizing a review plan to ensure we are giving proper attention to this area.

Chairman Luttrell, Ranking Member Pappas, in closing, thank you for the opportunity to discuss this important topic. My colleagues and I are happy to respond to your questions, and we would welcome opportunity to meet your staff on specific letter changes if necessary. Thank you.

[THE PREPARED STATEMENT OF BETH MURPHY APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Ms. Murphy. The written statement of Ms. Murphy will be entered into the hearing record. We will now move to questioning and I recognize myself for 5 minutes.

There is kind of a lot to unpack here, but so I spent the all of last night reading this binder full of letters from veterans and that came into our office. I can appreciate the VA's position to protect itself when it engages with the veteran community. I mean, I am sure over the decades and decades and decades when letters have been going out to the veterans on their claims along the way we were, like, hey, we need to add this. We need to take this away, and this is where we are today.

I got to tell you, one time I was on a nuclear submarine, and I was talking to the nuclear engineer, and he was going to teach me how to track the bubble through the reactor on a nuclear submarine. I think after a week, which is saying something, I was, like, hey, how do you make this thing go? He goes push the red button. I was, like, you mean you spent an entire week trying to tell me how the nuclear reactor works, and you could have said just push the red button? I was, like, we could have saved ourselves a whole lot of time.

After reading these letters it seems like the VA has gotten too big for itself when it is corresponding with the veteran community because the letters are just—I was even speaking with lawyers that cannot even understand what is written in it. There has got to be a sweet spot in there somewhere that we have to find.

The number one issue I hear from veterans, I should not say number one, one of them, a very substantial issue I hear when I was speaking with my veterans is I have no idea what to do because I cannot read this letter and I cannot pay for someone to read this to me because my district is way out in the country, right? These guys or gals it is them checking the mailbox.

My question is, and I have a laundry list of—I mean, this is single spaced. I cannot even read the print it is so small of ways to course correct this problem. They seem very simple. My first question, is you said that the letters that are coming back are the responses from the surveys come back to the VA. Ms. Murphy, I caught that. Who is that individual or individuals that receive those letters? Then once they have read them where does that go?

Ms. MURPHY. Chairman, we have a survey mechanism. The letters go out. We send a lot of survey invites out. We get a certain percentage back. So far, I think the response rate has been around 18 percent in the last year that we have been sending out the disability compensation survey letters.

Then we look at the feedback. We look at the distribution of the data. We also make what we call service recovery calls, so we will make phone calls and try to attempt to reach veterans. We call folks who have given us high scores and folks who have given us low scores to see what the reason was for their response.

Then we take that feedback, and we work closely with the Veterans Experience Office since they own the survey mechanism, and then we start to incorporate that—

Mr. LUTTRELL. Those responses that are read go directly to Judge Fleming's office. Am I tracking that correctly? It just seems like it dies on the vine somewhere, and I do not want that to sound abrasive given everything that you have to do.

Ms. MURPHY. There are multiple surveys, sir. The Board will have their survey. We have multiple surveys within VBA by different product type.

Mr. LUTTRELL. You said there are 150 letters, different—I am assuming different types of letters that go out to our veterans. You said 150 different ones?

Ms. MURPHY. From the Board of Veterans Appeals (BVA), sir.

Mr. LUTTRELL. One hundred and fifty different letters to go out to a veteran. That seems like a lot.

Ms. FLEMING. Yes, sir. I certainly understand that, and I can give you a breakdown of the different types of letters. We have docketing letters so for contested claims. We have letters we would send to a claimant. Letters we would send to the contesting party, initial letters, final letters, and so each one of those would count as a different letter. You are right, sir, that there are—it is a lot of letters because there is a lot of information that we are trying to convey to our veterans and to our other appellants and we want to make sure that we are as thorough as possible.

We have tried to tailor the letters as much as possible to the different situations where we might need to send letters or correspond with the veteran or another appellant.

Mr. LUTTRELL. I think we need to step in and refine that number down to a lower number. It seems too excessive to me because in my military experience the Keep It Simple Stupid (KISS) method is the best way to pass information back and forth between two parties. Again, I think the VA has kind of out punted its coverage here. My time has expired. We will review it on my second round. I will pass it off.

I will yield to the ranking member.

Mr. PAPPAS. Okay, thanks very much for the testimony. You had mentioned that the Signal survey which has been in place for about a year, am I correct? You talked a little bit about the feedback that you have received, positive and negative, from that and some of the improvements you have sought to make as a result. Do you feel like you need to make changes to the survey? Are you getting the feedback in the way you desire to help inform your process moving forward or are there changes that need to be made to that tool?

Ms. MURPHY. Sir, we are getting—excuse me—we are getting initial good feedback that is actionable. Beginning later this Fiscal Year we are going to turn on a function working with the Veterans Experience Office to allow free text from the respondents themselves. In addition to the phone calls where we talk through what

the feedback was, individuals will have a chance to type their thoughts to us.

Mr. PAPPAS. Okay. You had also mentioned the Language Change Control Board in your testimony, and you reference an example where the Board added a paragraph to the what should you do if you disagree with our decision section of the notification letter. From what I am hearing from veterans and from VSOs, the clarity of the letters generally decreases the longer the letter is. Some of these things can be well in excess of 10 pages if I am remembering correctly from some of my discussions.

To your knowledge, has the Board ever eliminated text and letters? If so, can you cite some specific examples?

Ms. MURPHY. Yes, Ranking Member Pappas. The Change Control Board they are a governance body to make sure that there is consistency. They enhance clarity, the tracking. They are not the subject matter experts that are creating the letters themselves so they will ingest these requests. Hey, we have a letter we would like to change it. Can the Board take a look at it?

There are subject matter experts from across different VBA offices and so it is a body that aims to improve clarity, consistency and make sure letters are changed.

Off the top of my head, I really cannot give any example of some of their technical or tactical work, but I could get that for you.

Mr. PAPPAS. When we think about veterans and VSOs specifically, how does their feedback get to the Language Change Control Board? Do you feel like that is happening in a way that can actually make a difference in terms of the product?

Ms. MURPHY. Yes, it is making a difference. I would like to include Ms. Kitts from—

Mr. PAPPAS. Sure.

Ms. MURPHY [continuing]. Veterans Experience Office, but before I turn to her, I would like to say very specifically some of the last targeted efforts that we have had on letters we have had sit-down meetings with our VSO partners in particular to get their feedback ahead of time, to show them the products to make sure that, you know, it meets the mail, so to speak. We have had great, great partnership with our VSOs.

Ms. Kitts.

Ms. KITTs. Thank you, Ms. Murphy. We are from the Veterans Experience Office and our job is to advocate for the veterans inside VA; and so when we partner with program offices we use a process called human-centered design which essentially means in a nutshell keep KISS—keep it easy. It is we codesign with our veterans, so one example of that is recently we partnered with VBA, and we did a redesign of the other than honorable letters. In that process, you know, not only did we incorporate—you strike that balance in terms of easy to read, tone, empathy, but we also tested it with veterans. That is at the—so we deploy human-centered design methodology which basically means codesign with our customers, tests with our customers. That is an example of how that voice of the veteran gets entered back into the product.

Mr. PAPPAS. Okay. One question about quality assurance, that topic has been a focus of this subcommittee because as we think about today when VA letters contain avoidable errors they can add

to frustration and confusion, and it can also increase the time that it takes for a veteran to receive their benefits. I am wondering how VA attributes the source of errors like that? Is it training, automation, quality assurance? How should we think about that?

Ms. MURPHY. That is a great question. We have front-end. We have, when you become a new claims processor, we have months of training where you practice on the job. You have a mentor. Your work is reviewed. We have over a dozen different training modules that are specifically addressing letters—excuse me—and we also have quality review mechanisms in place. Local quality review teams look at the products along the way as the claim is being processed to give feedback to claims processors.

We also have national quality review, our star program, and if we find errors that duty to assist has not been met, things like that, we will call an error. Or sometimes if the letter is just not up to snuff, I would say, could have been better, we can give a comment back to the regional office.

Mr. PAPPAS. Okay. Thanks for helping me understand that. I yield back.

Mr. LUTTRELL. Thank you, Mr. Pappas.

Mr. Self, you are recognized for 5 minutes, sir.

Mr. SELF. Thank you, Mr. Chairman. This is the legislative branch. I have already shared my thoughts with the chairman that we are discussing letters that the VA is sending out. I find that should be an administrative function in VA, not a congressional function, but we always talk about inputs up here. I make this comment every time we have a VA panel. We talk a lot about inputs. What we hear are the outputs. The veterans that cannot understand their letters, cannot read their letters, whatever.

I filed a bill, Judge Fleming. I filed a bill to add two judges to the Court of Appeals above the Board. Now, what I am told is that—which I do not like—because the Board is taking so long that is causing the backup at the Court of Appeals. I understand that veterans, you are informing veterans that your review docket takes 365 days and yet the board has informed us that the average is actually 613 days. Is that about right? That there are some that are over 1,500 days. This to me seems a problem.

Again, I do not like putting more judges on the Board—on the Court of Appeals because the Board is so backed up, how are we going to make this run faster and how are we going to do that through these letters, because this is the vehicle, the first vehicle that I understand that they get? How are we going to do that?

This is below Congress level, I believe, but please share with me.

Ms. FLEMING. Thank you for that question, Congressman. You know, I do not have a great answer for why it is taking so long. I know the number of claims that are filed by veterans and other claimants grows every year, and we have expanded and attempted to deal with that.

Part of the goal of the Appeals Modernization Act (AMA) was to speed up the decision-making process at the Board of Veterans' Appeals, and I believe we are doing that. You are certainly correct that we are not yet at the point where we want to be, although we are working as hard as we can to get there, sir.

Mr. SELF. Do you have a process by which you take the 1,500 days to get them done?

Ms. FLEMING. Yes, sir. We decide claims in docket order which means that—

Mr. SELF. Well, I find that—I am not sure that is right because if you had—the average cannot be 613 days if your oldest ones are 1,500 days. That is not possible. You have got some outliers at 1,500?

Ms. FLEMING. Yes, sir, that is correct. Those are from the legacy system which part of the AMA's goal was to—

Mr. SELF. Ah-ha.

Ms. FLEMING [continuing]. was to shorten appeals, shorten the time that appeals were taking to be processed. The legacy appeals, we are working hard to draw down our legacy pending inventory, and we have made a lot of progress in that. I believe we have reduced our pending legacy inventory by over 60 percent in the past fiscal year, and we are continuing to work as hard as we can to complete those oldest claims because you are right. They have been waiting years in some cases and we certainly do not—

Mr. SELF. That only makes sense to me to do that.

Ms. FLEMING. Yes, sir.

Mr. SELF. This is another indication of the VA complexity. I ask you to simplify VA. I asked my own Veterans Integrated Services Network (VISN). We have got the second largest VISN close to my district, not in it but close, and I asked the director at one point we talked about phone numbers coming in. They have 15, at least 15. Why is VA so complex?

These letters are another indication. I mean, to discuss letters, and I know mine is not as thick as the chairman's, but to discuss letters I have at least an inch-thick book here to discuss letters. I just ask you find a way to simplify this, because if veterans cannot understand the letter and they cannot hire somebody to understand the letter, this ought to be a mission order that Congress gives you. Find a way to simplify your letters so that you have the inputs that are more correct and faster and the outputs we hear are a better VA. Outputs are what I am concerned about. How do we help our veterans not how we build a bigger bureaucracy, add judges to the Appeals Court or whatever. How do we simplify this animal?

Thank you, Mr. Chairman. I yield back.

Mr. LUTTRELL. Thank you, Mr. Self.

Mr. McGarvey, you are recognized 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman. Thank you all very much for being here. I share the concern of some of my colleagues, and I think the reason is because we really do care about how our veterans are getting information, how they are able to understand that information, and ultimately get the care service benefits they have earned.

This gives us an opportunity to dig into these details a little bit on the claims notification process, especially as the VA expands the use of automated decision reports. I am not a Luddite, but I do want to make sure that we have the proper guardrails in place as we incorporate these technologies into helping our veterans.

The claims processing and related communications with veteran survivor beneficiaries, let us just be honest about it. It has been an ongoing challenge since 1995. While the VA has been working toward improving efficiency and communication, there have been several, several GAO reports and VSO statements that suggests these are still major issues.

In reading through the testimony today, I am deeply concerned about the way these notifications are handled and the confusing communication veterans and survivors are receiving from both the Veterans Benefits Administration and the Board of Veterans' Appeals. We also want to ensure accuracy in decisions.

Ms. Murphy, starting with you, how is the VA ensuring that the use of automated decision support technology is helping to improve accuracy and efficiency instead of contributing to errors and staff time correcting those errors?

Ms. MURPHY. Thank you for the question. The focus so far for the automation support has been to tee up a lot of—and pull out and use that automation support to pull out the relevant information that the decision-maker needs. Rather than, when I used to rate claims. I would spend hours combing through paper files for service treatment records, various treatment records from private and VHA. This technology is able to pull that information forward into, like, a list where the claims processor can then instead of spending their time digging for things, they can use their smarts and go through and find the relevant information faster. That is saving time and it is really focusing the lift from the technology on finding the most actionable information.

Mr. MCGARVEY. Thank you because we do want to get this right. The second question is what is the VA doing to improve the quality assurance process for the claims process so that the notices veterans and survivors receive are accurate and their access to benefits is not unnecessarily delayed?

Ms. MURPHY. We are constantly looking to improve. I mean, the reason that these letters are so complex is that we are trying to help. There are a vast number of veterans, vast number of types of claims, different things that they are claiming, different things they are entitled to. I will be the first to acknowledge I understand a daunting feeling when you take the letter out of the envelope, and it is this thick.

You know, my husband—my husband is retired Air Force. He gets these letters as well and sometimes I could see it on his face. He almost says, you know, do I want to embark on this?

I do understand that I am empathetic to that.

Our perspective also is, though, we are trying to do everything we can to help veterans get what they are entitled to. Sometimes that means giving them information, adding a form to the letter and it extends the length.

We are constantly trying to find that better balance between giving necessary information and guidance and simplicity.

Mr. MCGARVEY. Thank you and I appreciate that, appreciate your empathy and understanding what a lot of these vets are feeling when they get this information, how confusing it is, and your commitment to try and help them do better.

I yield back, Mr. Chairman.

Mr. LUTTRELL. Thank you, sir.

Mr. Crane, you are recognized for 5 minutes, sir.

Mr. CRANE. Thank you, Mr. Chairman. Thank you guys for coming today. Ms. Murphy, has there been any documentation or communication indicating that outside stakeholders, such as VSOs, have previously notified the VA about issues with clarity and complexity of these letters years ago? If so, did the VA previously take any actions to address these issues? Please give us specifics.

Ms. MURPHY. Yes, sir. We get input and feedback from multiple channels, internal, external, veterans themselves. We ingest all of that feedback. Some of the types of letters that we have prioritized recently have been improving debt letters.

A few years ago, our Undersecretary at the time was very focused on the impact of getting a debt letter and how traumatizing that can be. There was a focused effort in updating debt letters.

Mr. CRANE. Do you have any of the documentation with you that you received from any of these VSOs today?

Ms. MURPHY. I do not, sir.

Mr. CRANE. Do you guys have a to-do list from the VSOs, any documentation of that?

Ms. MURPHY. We have, I am sure we have some correspondence back and forth, emails, things of that nature, various feedback.

Mr. CRANE. Okay, but you do not have a to-do list of things that VSOs, some of the folks representing our veterans are asking for to streamline these letters?

Ms. MURPHY. Sir, what we are doing is we have some feedback. We are going to be soliciting more, and we are going to have an enterprise-wide plan, multi-year plan to identify using the VSignals survey information on what the most actionable letters should be, based on veteran feedback. We are going to start with those targeted letters and do—

Mr. CRANE. Real quick since my time is running out, ma'am, can you provide some of that documentation to this committee on what you guys are tracking from the VSOs and how you intend to take their feedback to streamline this letter process?

Ms. MURPHY. Yes, sir.

Mr. CRANE. Thank you. Judge Fleming, since the Board's June 2023 creation of an office for updating its letters, how many letters have been revised for any reason other than because of change in law compelled you to do so?

Ms. FLEMING. Thank you for that question, sir. I am not certain of that number off the top of my head, but that is something I can certainly take back and get you a more concrete response.

Mr. CRANE. Okay, how about this? Have any letters been revised for any reason other than because a change in law compelled you to do so?

Ms. FLEMING. Yes, sir. My office recently worked on, I believe the title, internal title was the Notice of Disagreement (NOD) verification letter. Where we were once sending out several, one of several different letters if there were several different issues with a 10182 that a veteran or an appellant submitted. We have revised it to make the process simpler for the staff who send the letters out with us. There is, not to get too in the weeds, but a drop-down

menu so if the issue is that the NOD was not signed then the language automatically populates, so things like that. Yes, sir.

Mr. CRANE. Okay, Ms. Fleming, so that is one that you know of off the top of your head, right?

Ms. FLEMING. Yes, sir.

Mr. CRANE. I am going to go to you next, Mr. Griffin. From the perspective of the Office of General Counsel, what measures, if any, has the VA taken to ensure that the letters comply with legal requirements while also being understandable to veterans who do not have legal backgrounds?

Mr. GRIFFIN. Thank you for that question, Congressman. I want to hearken back to what the chair said. He said we are looking for that sweet spot. The adequacy and comprehensiveness of notice letters the VA sends does get litigated, and so we are looking to strike that balance between comprehensiveness and technical clarity on the one hand for appeals purposes, and common sense, informality, and readability from the veteran's perspective. I mean, that is what we are trying to hit.

In terms of specific actions OGC has taken, I mean, when we receive a request to review particular administrative products we work closely with our clients to do so, and our input tends to be front-loaded when a new set of requirements is passed into law, as you alluded, such as the Appeals Modernization Act or the PACT Act. I hope that answers your question.

Mr. CRANE. Yes.

Ms. Murphy, my last one is for you, and I believe you when you say, ma'am, we are trying to do everything we can to provide our veterans help. You said that right after talking about pulling one of these letters out that feels and looks like a packet. What do you think happens for an average veteran that pulls that letter out that looks like a packet? What do you think their initial response is and what do you think the chances that they are going to follow up and follow through on reading through and looking at that entire package is?

Ms. MURPHY. Congressman, I can tell you what my veteran at home says, what he does. He has seen the packet. I think that his first, initial, kind of big sigh of this is a lot, but then I have seen him, and I have sat with him and walked through it. He goes section by section. We have headers. We have categorized the information and he goes section by section and—

Mr. CRANE. Yes, and that is great, ma'am, but he lives with you, right? You work for the VA, and you are an expert in this field. How many veterans have that luxury of having somebody with your experience and your insight and knowledge that, you know, I am sure when he sees it, he is, like, oh, my God, this is huge, but he is, like, my wife is a rock star. She can help me get through this, right? How many veterans have that luxury?

Ms. MURPHY. Yes, sir.

Mr. CRANE. To the Chairman's point and others who have made similar points, what are we going to do to streamline this to where the first thought that a veteran gets when he opens that packet is not completely being overwhelmed?

Ms. MURPHY. Sir, not every letter is that long. The notification letters once we make a decision, other ancillary benefits that some-

body might be entitled to, dependency information, those come with forms. Oftentimes the longer letters are on the back end.

Mr. CRANE. Thank you, ma'am, I appreciate it. Appreciate you guys.

I yield back, Mr. Chairman.

Mr. LUTTRELL. Thank you, Mr. Crane.

Ladies and gentlemen, we have been called to the floor for votes so this hearing will be in recess until we return.

[Recess.]

Mr. LUTTRELL. Well, you know, I actually probably could have cut you guys loose before we got out of here, but I am sure you are going to stay after the fact. This is the one thing that I will ask that we are going to move into the second panel and thank you for your service. I said that before the hearing. I said it during, and I most certainly will say it after the fact.

For the lack of any other better statement, this seems to be a silly problem to have with these letters and the complexities. You heard me say it. We have to find that sweet spot. I am asking you all to do that. We do not need 150 letters, in my opinion. I do not know the depth of it.

Ms. Fleming, I would like to meet with you sometime to dig into the problem set.

Mr. Griffin, you seem to have a good understanding on that as well, and we can have a roundtable discussion on exactly what that looks like. That is an easy ask, yes? Let us do that moving forward. This just benefits the veterans in the long term. I think there is absolutely a way we can work together by, with and through each other to help the men and women out that served our great country.

With that, thank you very much.

[Recess.]

Mr. LUTTRELL. Good afternoon. If you are okay we will go ahead and start. Outstanding.

Our second panel of witnesses will include Mr. Shane Liermann, good to see you again, Disabled American Veterans (DAV), Ms. Diane Boyd Rauber of the National Organization of Veterans' Advocates, and Mr. Michael Figlioli, Veterans of Foreign Affairs—Foreign Wars, excuse me.

I ask that you all stand and raise your right hand.

[Witnesses sworn.]

Mr. LUTTRELL. Thank you and let the record reflect that the witnesses have answered in the affirmative. Thank you all for being here today.

Mr. Liermann, you are recognized for 5 minutes, sir.

STATEMENT OF SHANE LIERMANN

Mr. LIERMANN. Chairman Luttrell, Ranking Member Pappas, and members of the subcommittee, we are grateful for the opportunity to appear before you today. DAV is a congressionally chartered and VA-accredited Veterans Service Organization that provides claims and appeals representation to veterans and their families at no cost.

Mr. Chairman, I refer to my written testimony for the technical aspects of the Veterans Claims Assistance Act and why VA letters

are in their current form. My comments this afternoon will focus on three of the VA's letters: the duty to assist letter, the wrong form or incomplete form letter, and the VA rating decision letter.

Recently, DAV surveyed our national service officers, VA-accredited benefits advocates from over 60 offices across the country. The consistent complaint from veterans about the duty to assist letters is that they do not understand much of the language used and they are not clear on what actions they actually need to take.

In reference to wrong or incomplete forms, the common complaint is that veterans are being advised that they either submitted the wrong form or the form was not completed and signed. However, in many instances, that is not correct. One of our offices noted the veteran was advised by VA that there was a missing page from their 526EZ application for benefits. The veteran responded with the missing page from the application. Then the VA canceled the veteran's claim as they indicated he only provided one page of the form and did not submit a complete claim. This is unacceptable.

Our survey showed that a major complaint from veterans on VA decision letters is they are too long and contain information that may not actually directly apply to them or their decision. It is evident that these letters speak a language that veterans cannot always translate. It becomes even more stressful when the VA letters are filled with errors.

Mr. Chairman, one of our supervisors noted they are finding errors in approximately 30 percent of all VA letters they review. In our written testimony in Exhibits D, E, F, and G, we point out several errors, gross misspelling, and completely inaccurate claims information in VA letters. This compounds veterans' confusion and frustration.

Specifically, we note in Exhibit E, the VA notifies the veteran they received his claim for a back condition and a left Achilles tendon injury. Further, they indicate the veteran must specify what disability he is claiming, although they just acknowledged he did claim two specific conditions. They expected a response from him on what he was claiming, even though they acknowledged he claimed those two conditions.

It took a DAV service officer to contact a VA employee, explain the situation to them, they agreed and then VA rescinded the veteran's letter.

VA letters and notices to veterans and their families have been bogged down with legal language. DAV makes the following recommendations. VA should take a new look at letters by concentrating on the language for the reader, not the legal requirements. We suggest the use of focus groups populated with veterans and veteran service organizations developing language that clearly conveys information and the intent of the letter.

We also believe there should never be a wrong door at VA. DAV recommends that VA reconsider the standardized forms requirement or take an approach that will either accept a wrong form as an intent to file. Or if all of the needed information is provided, VA should just process and adjudicate the claim.

We recommend VA either to create or improve the quality assurance of all of their letters before they are being released. These er-

rors are compounding the inability to understand what is being relayed and what is actually being requested.

In the Committee report accompanied with the Veterans Notice Clarification Act of 2008, Congress stated, “Instead of simple, straightforward notices that can easily be read and understood by claimants, VA is now routinely providing long, frequently convoluted, overly legalistic notices that do not meet the objective of the Veterans Claims Assistance Act.” Here we are 16 years later, and the VA letters have not improved but actually regressed in clarity and quality. VA can and must do better.

This concludes my testimony, and I look forward to any questions you and the subcommittee may have.

[THE PREPARED STATEMENT OF SHANE LIERMANN APPEARS IN THE APPENDIX]

Mr. LUTTRELL. The written statement of Mr. Liermann will be entered into the hearing record.

Ms. Rauber, you are now recognized for 5 minutes.

STATEMENT OF DIANE BOYD RAUBER

Ms. RAUBER. Good afternoon, Chairman Luttrell, Ranking Member Pappas, and members of the subcommittee, NOVA thanks you for the opportunity to discuss whether VA’s letters are easy to understand and provide information needed to navigate claims and appeals effectively and timely.

As accredited attorneys and agents, NOVA members most frequently review letters describing legal decisions, seeking additional information, and conveying deadlines. Although legal in nature, these letters do not have to be complicated. They must, however, be clear and accurate so the recipient understands how to preserve their rights.

Unfortunately, many VA letters are too difficult to read, too confusing to understand, and too disorganized to be effective.

First, VA needs to improve the readability of its letters. VA does not consistently apply plain language concepts to individual letters. Their 2023 Plain Language Act compliance report acknowledges that best practices include use of the Flesch-Kincaid readability standard.

However, the passages we tested under this standard fall far short of an eighth-grade reading level, which is generally recognized to be understandable by 80 percent of the population. In fact, many passages scored on a late high school or college level. This is problematic and, as demonstrated in our written testimony, can be fixed.

Second, improvements to readability alone are insufficient. A letter can be written at an appropriate reading level but still be inaccurate or misleading. Take, for example, notices telling veterans their benefits may be reduced or severed. Veterans have important but limited rights that can impact whether they continue receiving their full benefits while they appeal.

Specifically, if a veteran requests a hearing within 30 days of the notice letter, VA regulation allows benefits to continue at the current level pending a final determination. If a veteran misses the deadline they still have up to 60 days to ask VA to review the decision, but their benefits can be stopped in the meantime. Unfortu-

nately, VA places the information regarding the 30-day deadline for a hearing on Page 4 of its notice underneath the heading that says, "60-day deadline to respond."

In the words of one NOVA member, "We have way too many clients miss their opportunity to a hearing and basic due process because the due process notice is positively buried." We hope VA will fix this problem immediately.

Another frustrating and increasingly common problem involves notice letters to veterans who have allegedly submitted the wrong form. For example, one veteran submitted a supplemental claim form and VA sent a letter telling the veteran they needed to file 526EZ. When the 526EZ was submitted, VA wrote again and told the veteran to submit a supplemental claim form. Yes, that was the original form the veteran had already filed.

That veteran was represented by an accredited attorney. Accredited VSOs, attorneys, and agents are able to look in Veterans Benefits Management System (VBMS) to see what is going on and intervene, but unrepresented veterans are bound to become frustrated, and some will abandon their claim or appeal. Those who stay the course and attempt to figure it out are forced to waste valuable time.

In these situations, VA first has to be sure something really needs to be fixed. If it does, VA needs to clearly identify the problem and give simple instructions for solving it.

Our concerns about letters are not limited to VBA. Our members frequently review letters sent by the Board of Veterans' Appeals impacting legal rights but lacking notice of due process. Furthermore, veterans are forced to contact the general VA call center number and frequently report Board-specific questions are not adequately answered.

The Board should use its Clerk of the Board function to provide clearer written communication and a direct line for appellants seeking answers.

Finally, VA letters are frequently disorganized. Some letters contain important information but not necessarily information critical to the immediate claim. We appreciate VA is seeking to provide veterans with information about other benefits they may have earned and recognize it is a balancing act. VA should put required information up front and provide a table of contents to other information for better organization.

In conclusion, as VA considers how best to improve letters, it should include feedback from veterans, survivors, family members, caregivers, and accredited representatives, as well as pilot new letters to ensure they are readable, accurate, and organized.

We thank you again for the opportunity to testify today and are happy to answer any questions you have.

[THE PREPARED STATEMENT OF DIANE BOYD RAUBER APPEARS IN THE APPENDIX]

Mr. LUTTRELL. The written statement from Ms. Rauber will be entered into the hearing record.

Mr. Figlioli, you are now recognized for 5 minutes, sir.

STATEMENT OF MICHAEL FIGLIOLI

Mr. FIGLIOLI. Chairman Luttrell, Ranking Member Pappas, members of the subcommittee, on behalf of the men and women of the VFW and its auxiliary, thank you for the opportunity to provide remarks on this important issue.

Having worked in this field since 2008, I know the VA letters veterans receive required time and attention at nearly every step of the process. While VA has worked to address this issue, there is work to be done.

For veterans who have served their country, the transition to civilian life can be challenging. However, the complexity of these letters often makes it difficult for the veteran to comprehend the details and implications.

Before the implementation of the Appeals Modernization Act, the VFW, and the VSO community advocated for the simplification of decision notices and supported its directive to improve notification letters to veterans. Even with our input, notification letters from the VBA and the BVA continue to be notorious for complexity and legalese. The average veteran still needs to consult an accredited representative, attorney or other trained professional to help decipher them.

To its credit VA recognizes the complexity of these letters. They have consulted with the VSO community to help make them more understandable, such as letters related to MST and Veterans Readiness and Employment (VR&E), reserve drill pay, and Blue Water Navy benefits.

When easily understood language is used, the time needed to manage expectations and reduce appeals is lessened. Past administrations have convened small working groups of stakeholders to review letters to veterans with positive results. The VFW encourages VA to consider reestablishing a similar process for all correspondence in the future.

One of the primary challenges veterans encounter when reviewing notification letters is intricate language and terminology used. Legal jargon and medical terms can often be overwhelming for those without a background in law or medicine. This leads to confusion and frustration.

Our accredited representatives spend a great deal of time explaining letters that make sense to the trained eye but not to anyone else. The notification letter may mention various forms of compensation and other benefits, but veterans struggle to connect these pieces of information. This lack of clarity impedes veterans' ability to make informed decisions.

Dealing with this bureaucratic process can take a toll on a veteran's mental health. As a result, the emotional impact further complicates the already challenging task of comprehending the details of a notification letter.

VA uses letter-generating technology. While there are key components that decision-makers must contain there is a free text option. Under proper supervision decision-makers should be allowed to better opportunity to explain parts of these letters that are confusing.

The debt management center attended one of our national training sessions. They brought with them two mockups of letters that they were developing. They asked every student to review the let-

ters and offer input as to clarity and content. The result was a collaboration that made the mystery of VA debt collection much less stressful for recipients.

Recently, we have represented the claimant from Texas who filed a claim for Post-traumatic Stress Disorder (PTSD). We submitted the complete claim package to VA. After acknowledging receipt, VA generated a letter to the veteran stating it received the claim but included another blank application. This led the veteran to believe that there was something wrong with the submission, so they completed another application. This claim was dormant for another 135 needless days for a substantially complete application that was already in VA's possession.

AMA was a great collaborative process between VSOs and VA; however, implementation is often where good intentions are lost. The Board also has its challenges with decision notices. What is received by appellants is redundant in nature, generic in scope and missing critical information specific to the appeal.

VBA notifications often include references to correspondence already received. The VFW regularly hears from veterans that the letter contains an additional 20 or more pages of information which are generic explanations. There are more if the letter contains a decision.

Aside from the endless paragraphs of VA jargon or VA-related jargon and Federal Code, the notification still may not explain its intended purpose. An additional challenge is effectively communicating due dates. The veteran that is receiving assistance with an appeal typically has critical dates explained by their representative. If a veteran feels overwhelmed when reading one of these letters or fails to read it completely, the appeal could be closed by VBA due to not receiving a response. This is a higher probability with an unrepresented veteran who is likely confused by the entire process.

There has been a substantial loss of institutional knowledge as a large part of the workforce retires. The VFW is pleased to see the influx of younger talent comprised of veterans who have the same or similar experiences as that of the claimants. With the implementation of the PACT Act, the VFW thanks the Undersecretary for allowing quality errors to be less punitive. These are good learning opportunities, but errors are still punitive for veterans who are waiting for their benefits.

The VFW urges VA to continue to seek stakeholder input in developing letters that will impact benefits. The VFW is committed to working with VA to develop notifications with a common-sense approach. VA has shown a willingness to do so but not consistently. Let us make a continued effort at all levels that will lead to better outcomes for veterans.

This concludes my testimony, and I am happy to answer any questions.

[THE PREPARED STATEMENT OF MICHAEL FIGLIOLI APPEARS IN THE APPENDIX]

Mr. LUTTRELL. The written statement from Mr. Figlioli will be entered into the hearing record. We will now move into questioning.

Okay. The four lovely people from Veterans Affairs who provide oversight for this issue are in the room with us. Three organizations who speak by, with and through our veterans on this problem are in the room with us, which means we can solve this problem today if we want to. I will ask if the three of you have not gotten the phone numbers and emails of the four people sitting behind you and vice versa, you are absolutely wrong.

This issue should not be living in front of this Committee in front of the ranking member myself. This should have been handled at the lower levels, but here we are. Okay? Either I am going to put the Committee together and have all of us at a table figuring this out on a whiteboard or you guys can do it and he and I can move on with every other single problems that we have got. I put that out with the utmost respect to everybody, but I am sure you are listening to what I am saying, yes? Okay, great.

I can appreciate that the VA has to, and we know that the 150 different letters is a problem set, Ms. Murphy stated that absolutely. It almost seems like a summation page on the page number 1, a summation page that says here it is and all the amplifying information follows. Is that possible? This is one of those ones where I wish everybody was sitting up there in front of us, Okay?

I have the list that we pulled out of all of your testimonies, two pages worth of probable fixes for this issue, Okay? I am sure if they have not heard it, I am going to hand it to them when we walk out of here.

My question to the three of you is I am guessing this is not the first time. Let me ask you this. Have you sat down with anybody at the VA to discuss these issues face-to-face or has it all been over the virtual space and gets lost in the middle of nowhere?

Mr. LIERMANN. Our national service department Director and his staff have addressed this issue with the VBA on multiple occasions.

Mr. LUTTRELL. VBA is working on the issue as best they can from what I understand, right?

Mr. LIERMANN. Right, but yes to answer your question, we have addressed this face-to-face with them before, yes.

Mr. LUTTRELL. Obviously since we are sitting here today it did not go very far?

Mr. LIERMANN. Correct. A lot of the issues that we brought up specifically on the VA form letters and the complications and the——

Mr. LUTTRELL. Give me a name of who you are talking to. I want the person so we can reach out directly to that individual and say what is happening here?

Mr. LIERMANN. I would have to ask my service Director on who he specifically spoke to. I am not sure who it was.

Mr. LUTTRELL. I will be waiting for that response.

Mr. LIERMANN. Yes, sir.

Mr. LUTTRELL. Ms. Rauber.

Ms. RAUBER. Well as you can see from our testimony, I think it really needs to start with the fact that they are not even using the readability scale. These letters, like, they are not using simple tools that they are stating are important and I think it kind of needs to start there. We have certainly raised issues with VA in various capacities about letters, labels and all those situations. We have even

had some focus groups, but I think sometimes there needs to be more follow up on those.

We could have a focus group ready by 5 today for people to sit down and talk about letters with our members.

Mr. LUTTRELL. Perfect. I am all about that. Lets get it done today.

Mr. Figlioli.

Mr. FIGLIOLI. Thanks, Mr. Chairman. Yes, we have had conversations with—from the Under Secretary for Benefits (USB) on down as benefits and starts. You know, you have heard us all acknowledge that there are issues with these letters. We started a small group. We will have conversations. We get some things done but it needs to be more consistent.

Mr. LUTTRELL. It sounds like these are just meetings to have meetings. That happens every day in this place.

Mr. FIGLIOLI. Well, it does but there is a concern that they have taken it back, but it needs to be a consistent basis. I said my testimony a past administration tried to stand up a letter-writing office that was staffed with a couple of people when we saw these letters and they did address those issues. Now, with the change of administration that has gone by the wayside. Happy to work with VA. Happy to continue to have these discussions. Happy to convene a roundtable if it means that we can get these letters simplified and out to veterans so that they understand them.

Mr. LUTTRELL. I will personally make sure that we are all in the same room together in a very short period of time.

I am sure I have something more profound to say, but Ranking Member, I will pass it off to you so I can gather myself.

Mr. PAPPAS. Please do. Thanks very much to our panel. I appreciate your thoughts here today.

Mr. Liermann, you mentioned that when a veteran receives an incorrect form letter your service officers often find that the correct form was actually submitted. Why can DAV find that out but why does VA miss it? Is there something in VBMS that you can see that they cannot see?

Mr. LIERMANN. Actually no. We only have read-only access so we can only see what is in the file. I think there is a disconnect from maybe an autofill capability to what some of these forms are getting when they scan the documents in and advising them that it is wrong, but when we go back and check we will find that the forms were signed, the correct form was submitted. How this happens it could be a variety of reasons of the technology, but I think at times, too, if you look at the volume, pure volume right now of claims coming in and claims they are processing that can have an impact when you are very concerned about hitting your widget production for the day. You may be looking past the quality assurance to make sure it is being done correctly.

Mr. PAPPAS. Okay.

Ms. Rauber, you were talking about the readability scale. We heard in the last panel they talked about human-centered design measures that they were taking when crafting these letters. Are those just two different metrics? Is there a way that we can really insist on a greater readability for these letters?

Ms. RAUBER. I do not know much about human-centered design so I do not know how that really fits into the readability scale. I can tell you that those scales are very easily found online and are very easy to use. It does not—I mean, we showed you some examples in our testimony. We took the language; we changed the language and we brought it down from a college level to an eighth-grade level and still conveyed the legal information that needs to be in those letters. It is that part it really is not that difficult.

Mr. PAPPAS. Yes. I was going to ask you that question. You represent accredited attorneys so making something readable at an eighth-grade level does that sacrifice at all any of the legal requirements that VA has?

Ms. RAUBER. No. They can go hand-in-hand.

Mr. PAPPAS. Okay. Do you think VA has the right, I mean, I appreciate some of the discussion here about engagement and how your organizations can be heard as part of this process. I think, Mr. Figlioli, maybe it was you that mentioned working groups that had been convened in the past. Do you know when that was last done?

Mr. FIGLIOLI. I think just last week, sir, Mr. Ranking Member. There was an MST, although text, working group related to those letters. Again, you know, keep it up front. Keep it consistent. If we are going to do it let us do it consistently. Let us meet consistently. Let us talk about the issues and have the veteran get those benefits quickly and understand what VA is conveying to them.

I want to just go back to the question you asked Mr. Liermann. You asked about incorrect forms. We see it all the time. A lot of it is communication amongst the VA and the VA Regional Offices (VARO). We have 52 or 54 regional offices. Forty-eight of them will understand that there is a new form and will accept it and process that claim, but there are always a few others that will send that claim back and say, no, this is the wrong form. Then just it is always the claim that causes issues.

It is also communication, training and oversight.

Mr. PAPPAS. We had heard in the last panel about the VSignals survey, that gets feedback from veterans about their claim experience. Do you know anything about that and how would you rate that opportunity to capture that feedback? Is it effective? Anyone is welcome to chime in.

Mr. LIERMANN. I am aware of the program. I personally have never received the survey so I cannot from my personal experience say I have seen it and know what it is. From a perspective of my own, we have been to several meetings. We have heard it talked about for quite a long time, but I cannot answer directly from my own experience on what it looks like.

Mr. FIGLIOLI. Yes, thank you, Mr. Ranking Member. We have met with VA and Outreach, Transition and Economic Development (OTED) and been briefed on VSignals. It was, like, a positive thing. I have not seen those surveys either, but we did receive a briefing from a few months ago talking about they were going to start this VSignals process. We will be meeting with them to have a follow-up discussion about VSignals, and again, happy to meet with them and have that discussion.

Mr. PAPPAS. Okay. Any other thoughts on specifically how we get—oh, and Ms. Rauber, go ahead.

Ms. RAUBER. No. I was just going to say I do not know a lot about VSignals, but I think when it comes to surveys you really need to be looking at how many people are responding, are they getting a high response rate.

Mr. PAPPAS. Yes. I think they indicated 18 percent for a response rate. Do you have any thoughts on whether that is adequate?

Ms. RAUBER. I think that is low to be making determinations based on it.

Mr. PAPPAS. Okay. Any other thoughts on capturing the veteran feedback specifically, whether or not it is a VSO that is a conduit for that or directly through one of these surveys?

Mr. LIERMANN. Representing veterans as long as I have, there is a level of frustration and anger within them when they get these letters and do not understand what they need to do. For example, there was a veteran who filed a claim for an increase for his diabetes mellitus II. VA sent him a letter saying you used the wrong form. We previously denied your claim for diabetes. What the veteran automatically assumed, VA severed his service-connection from diabetes and took it away. The anger conveyed to us from him I do not think gets through to VA or VBA so they truly understand the level of frustration veterans actually experience because of these letters.

Mr. PAPPAS. Okay. Thank you very much for those comments.

I yield back.

Mr. LUTTRELL. We are asking the VA to restructure the letter formats, decrease the amount or the number of letters, but restructure where it is easier for the veteran to understand.

My question is have any of the three organizations in front of us today taken a letter from the VA that is unreadable and rewritten it in a way that I can take it to the VA and go this works. Here is a sample of what the veteran—they understand it 100 percent because I am asking them to rewrite something that they are writing so the chances are it is not going to be exactly how the veterans want to receive it. You touch the veterans all three of your organizations. Has that been done? That will make it easier for us to engage with the VA to say this makes sense.

On our last committee I said we need to find that sweet spot. Now, I could sit here and argue all day long and say, like, well, we are trying to fix this, but nobody says well, this is how you do. If we have a legitimate rock drill that works that makes it easier on them and it makes it easier on you all. It makes it easier on us and then we could take a step forward. Have we done that?

Ms. RAUBER. I do not think we have done it officially but certainly in the testimony we provided we showed how it can be done and—

Mr. LUTTRELL. Yes, ma'am, I got it, but it is—

Ms. RAUBER. Great. I think we are ready to certainly help and support and work collaboratively with VA.

Mr. LUTTRELL. I am not asking to do all 150 letters, but if we take an end value of 20 and we present that to them, like, this is the direction we need to move and this is why, I think they will

receive it very well. Can I get a head nod in the back of the room? There you go. We are good.

Mr. LIERMANN. Thank you. That is actually a very good idea, Mr. Chairman. We have not done that with our members but to the point when you said earlier, we should have one sheet, one page that would give you a brief explanation. I think that is really a good place to start because if you just tell the veteran here is what we decided, here is what you are getting, here is the date it is going to start it would eliminate a lot of the other problems on a 20-page letter with forms they do not need to complete.

Mr. LUTTRELL. I had to brief the President one time and I took a 100-page document. The guy said—and you walk in there you have got one page and three bullet points. If you cannot get your point across in three bullet points you are done. It is that easy, so thanks for saying that.

Ranking Member, you have something else?

Okay. Ladies and gentlemen, thank you again for coming up and sharing these concerns with us. It is very well-received. Again, the VA is still in the room with us and they are taking notes. I am watching. Okay?

I think if we take the ideas that we discussed and take the next—our Committee is going to move to get everybody in the room together. That is literally—I am tired of meetings to have meetings. I do not want to show up. This is just a done deal, right? Okay. Let us really get this together. Let us move on this like we should, right?

I ask that you do your best to take the letters that we received and break them out so again the veteran can understand it and then I can move to the VA and say here we go. Can we do that? Okay. I will put a timeline on it. Let us get this done in a month, all right? You can shake your head off. Hey, I am a forward team guy. We are moving in 30 seconds. That is how we operate, Okay? That may not work everywhere, but I am putting—you have got 30 days. Does that work? Outstanding. Nobody is arguing with me.

Then we can reassess, all right? I know that is just 30 days. Everybody up here works on an annual basis, like, 3 years from now. That is not how this Committee is going to roll while I am the chair.

Ladies and gentlemen, thank you very much and this hearing is adjourned.

[Whereupon, at 2:46 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Beth Murphy

Good afternoon, Chairman Luttrell, Ranking Member Pappas, and Members of the Subcommittee. Thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs (VA) disability compensation claims and appeals letters. With me today are Denise Kitts, Executive Director, Veterans Experience Office, Brian Griffin, Deputy Chief Counsel, Office of General Counsel, and Caroline Fleming, Veterans Law Judge, Office of the Clerk of the Board of Veterans' Appeals (Board).

Overview of Claims and Appeals Letters

VA administers a wide variety of benefits to Veterans, survivors, and dependents, to include disability compensation, pension, dependency and indemnity compensation (DIC), and numerous associated ancillary benefits. VA handles claims requesting these benefits, as well as requests for decision review, either supplemental claim or higher-level review, regarding disagreement with the decisions made on those benefits. VA frequently communicates with Veterans and claimants via letter to request or provide information required to complete the claims process, and to provide notification when claims are decided. VA has taken a proactive approach to continually review and revise communications based on stakeholder feedback, to include collaboration with Veterans Service Organizations (VSO) and use of human-centered design (HCD). VA seeks to strike a balance between ensuring our letters are clear and readable for Veterans and claimants and complying with the various statutory and regulatory requirements regarding what our communications must include.

Statutory and Regulatory Requirements

Many of the current letter requirements date back to the Veterans Claims Assistance Act of 2000 (VCAA) (P.L. 106–475), enacted on November 9, 2000, which codified VA's statutory duty-to-notify and duty-to-assist requirements in 38 U.S.C. §§ 5102, 5103, and 5103A. This law:

- Redefined VA's requirements to assist claimants with obtaining evidence needed to substantiate a claim;
- Removed the previous requirement that claimants must submit a well-grounded claim to obtain assistance;
- Required notice requirements to inform claimants of evidence needed to substantiate a claim;
- Afforded claimants the opportunity to submit this evidence within 1 year from the date of notification; and
- Required VA to make reasonable efforts to help claimants substantiate a claim (to include potentially obtaining federal records, private treatment records, and examinations).

VA implemented these requirements in regulation in 38 C.F.R. § 3.159 and 38 C.F.R. § 3.103.

Since the VCAA was enacted, additional laws have been passed that impact VA's notice requirements. For example, P.L. 112–154, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, streamlined VA's duty-to-notify and duty-to-assist responsibilities and afforded VA more flexibility in how and when VA delivers the notice required under 38 U.S.C. § 5103. This law allowed VA to deliver notice electronically or in writing. It also removed the requirement that such notice must be provided upon receipt of a complete application, thus allowing the notice to be included on the application so that claimants have this information before submitting a claim. VA implemented this change by including a summary of the evidence required to substantiate various types of claims on initial claim forms, reducing the need for manual letters containing this information to be sent and reducing the time needed to gather all the evidence needed to process the claim.

In addition, P.L. 115–55, the Veterans Appeals Improvement and Modernization Act of 2017 (AMA) significantly revised VA’s claims appeal process, as well as the requirements for the notification letter once a decision is rendered on a claim. Under AMA, there are eight items required to be included in decision notification letters (which are frequently referred to as eight-point decision letters). Notification letters must include the following: 1) identification of the issues adjudicated; 2) summary of evidence considered; 3) summary of applicable laws and regulations; 4) listing of favorable findings; 5) for denied claims, elements not satisfied that led to the denial; 6) if applicable, criteria required to grant service-connection or the next higher-level of compensation; 7) information on how to obtain evidence used in making the decision; and 8) a summary of applicable review options to seek further review of the decision. VA updated its regulations, procedural guidance, and letter templates in accordance with AMA requirements.

In December 2022, several laws related to military sexual trauma (MST) claims were enacted which required updates to VA letters. Public Law 117–300, the Dignity for MST Survivors Act, was enacted, which required VA to audit denial letters for claims related to MST to ensure use of trauma-informed language in order to prevent Veterans from being re-traumatized through insensitive language. Public Law 117–303, the MST Claims Coordination Act, also requires VA to provide MST claimants with certain information at specified points in the claims process.

The compensation decision notification letter is often lengthy due to the eight required items which must be included following AMA, the attached copy of the rating decision, and inclusion of additional helpful information and guidance for Veterans and claimants regarding potential next steps, including potential eligibility for ancillary benefits. For example, in the notification letter, VA may solicit for unclaimed, chronic disabilities shown by the evidence. In such cases, VA would also include a copy of the application form, which adds length to the letter. While not required, the notification letter may also include content on the following, which provides useful information: how VA combines rating percentages; how to contact VA by phone, online, mail, and on social media; how to obtain representation; and information on the spectrum of Veterans Benefits Administration (VBA) benefits available.

VBA’s pension, survivor, and fiduciary programs are similarly bound by statutory and regulatory requirements governing VBA’s duties with obtaining and relaying evidence needed to substantiate a claim. Some pension, survivor, and fiduciary letter templates are used to address more than one benefit or claim type to ensure consistency. For instance, when a claimant applies for survivor benefits via VA Form 21P–534EZ, Application for Dependency and Indemnity Compensation, Survivors Pension and Accrued Benefits by a Surviving Spouse of Child, VBA is required to provide a decision on each of those three benefit types in the decision notice. As a result, there are situations where letters require tailoring based on individual circumstances to ensure consistency in the level of service provided to claimants. This requires VBA to be cognizant of the need to allow our letter formatting to have some freedom in templates to ensure adaptability for the circumstance. This assists in cases where a letter may be communicating a partial grant, or where the development of specific evidentiary needs is communicated.

For decision reviews and appeals-related letters, the same procedures as disability compensation letters are used. Decision review rights are included with all decision notification letters, which outline the options under the AMA (supplemental claim, higher-level review, or appeal). In addition, when the Board grants a legacy or AMA appeal in full or in part, VBA issues a notification letter implementing the grant. These letters note whether the Board decision reflects a “full” or “partial” grant as to the issue or issues on appeal. Such letters further outline actions required of the claimant to subsequently continue the legacy appeal process where applicable, or to continuously pursue a claim or appeal under the AMA system. In some cases, the Board will decide all relevant facets of an appeal, such that VBA’s notification letter upon implementation will direct the claimant to the review rights document sent by the Board.

The Board currently uses approximately 150 different letters to share information with or seek clarity from Veterans and appellants throughout the appeals process. All form letters used by the Board have undergone multiple levels of review. Over one-half of the outgoing letters from the Board originate in the Office of the Clerk of the Board (OCOB). The Board has recently instituted a process to regularly review and update those letters on a yearly basis, or more frequently if required by changes in statute, caselaw, or regulations. All the letters originating from the Legal Division of OCOB have undergone a review for clarity and legal accuracy within the past 6 months.

The Veteran’s Voice

Beginning in October 2021, VBA partnered with the Veterans Experience Office (VEO) to learn about the experience of Veterans who navigate the disability claims process and VA employees who process disability claims. The team utilized HCD methods and produced a journey map, service blueprint, and a VSignals survey specific to the disability compensation program, which was deployed in April 2023. These artifacts help build empathy for and understanding of the Veteran experience. The survey is being used to institute Veteran-centered measurement regarding the disability claims process to inform future process and program improvement opportunities.

On April 28, 2023, VBA launched the Disability Compensation VSignals survey to allow the program office to better understand the voice of the Veteran with respect to the disability claims experience by enabling Veterans to provide input on key elements of the process. Veterans are able to provide input on key dimensions such as VA's communication to Veterans about claims eligibility standards, requirements and reasons or rationale for the initial rating, ease and effectiveness in scheduling the compensation medical examination, ability to keep track of current claims status, extent to which claims decisions are received in a timely manner, understanding Veteran options to challenge initial disability ratings, and gauging whether Veterans trust VA to make fair and accurate decisions on disability compensation claims. This input is actively being reviewed and used by VBA for quality and systems improvement of the disability claims process. Utilizing existing insights from the Journey Map research, HCD methodology, as well as other data assets, and a participatory design approach, VBA is working to develop solutions to improve the Veteran experience, which include enhancements to notification letters to revise the content aesthetics, provide additional resources, and deliver other improvements.

Language Change Control Board

VBA has instituted a governance process for review and updating of compensation and pension-related letters. Since 2013, VBA has utilized a Language Change Control Board (LCCB) to review and approve all disability compensation and pension-related language change requests for letters, glossary texts, fragments, or any other external-facing communications. The LCCB is responsible for ensuring that identified language changes are tracked, reviewed for accuracy, and sent to implementation in a timely manner. The LCCB is made up of members from various staffs across multiple VBA business lines. Requests are generated by statutes, regulation, policy, or procedure being implemented, or when deficiencies within our products are identified by internal or external stakeholders. All letter changes must be concurred upon by a majority of LCCB members. Most letter updates require a system enhancement and prioritization into upcoming Veterans Benefits Management System (VBMS) releases. Following letter concurrence, LCCB requests are submitted for prioritization and implementation in VBMS and will follow the change until it is implemented in VBMS. From Fiscal Year (FY) 2022 through February 2024, the LCCB has completed 57 disability compensation and pension-related language change requests.

As an example, a recent LCCB task involved a request to include a paragraph in all decision notification letters under the "What Should You Do If You Disagree With Our Decision" heading to explain the difference between submitting a claim for increase and a supplemental claim, which was implemented in VBMS on July 30, 2023.

Additional Letter Improvement Efforts

Following passage of the Dignity for MST Survivors Act in December 2022, VA formed a collaborative workgroup including members from various VBA offices and the Veterans Health Administration (VHA) to review MST-related letter language to ensure it is trauma-informed. Although the law only required VA to audit the MST denial letter language, VA took a more holistic approach and reviewed MST claim-related grant letters, development letters, and associated text used in rating decisions. In addition to carefully evaluating and re-phrasing the language to be trauma-informed, a thorough review was completed for clarity and flow to improve the Veteran's perception of the notices. Throughout this process, VA held several meetings with VSOs, seeking their input and providing an opportunity for them to provide feedback. On June 30, 2023, VBA claims processors were given temporary guidance on how to manually modify the decision notification letter when any condition claimed due to MST was denied. On February 11, 2024, VBMS was updated to include the required MST language into applicable automated decision letters.

Additionally, from October to December 2023, VBA also collaborated with VEO to conduct HCD co-design workshops to redesign Character of Discharge letters sent

to former Service members with an Other Than Honorable discharge. The objective was to enhance clarity, accessibility, and usefulness of these letters for Veterans seeking to understand their eligibility for benefits from VA. VA is currently working to implement the findings.

Technology

VBA claims processors operate in a paperless environment and utilize VBMS to process claims for compensation and pension. There are more than 300 different letter templates available for claims processors to use—the number of unique letters grows exponentially when factoring in all the various combinations of decision points and subject matter included in the templates. While some of the information in the letters is automatically generated by system inputs made during the decision-making process, claims processors are required to input specific data fields or select from standardized language to input into the letters and have the option to add free text to the letters.

In Fiscal Year 2022, VA implemented functionality to enable VBA business lines to edit existing letter templates without the need for information technology resources and inclusion in a VBMS release, allowing for quicker implementation.

Conclusion

Chairman Luttrell, Ranking Member Pappas, this concludes my testimony. My colleagues and I are happy to respond to any questions you or the Subcommittee may have.

Prepared Statement of Shane Liermann

Chairman Luttrell, Ranking Member Pappas and Members of the Subcommittee: Thank you for inviting DAV (Disabled American Veterans) to be a witness at your hearing titled, “Lost in Translation: How VA’s Disability Claims and Appeals Letters Should be Simplified.”

DAV is a congressionally chartered and Department of Veterans Affairs (VA) accredited veterans service organization. We provide meaningful claims support free of charge to more than 1 million veterans, family members, caregivers and survivors.

To fulfill our service mission, DAV directly employs a corps of benefits advisors, national service officers (NSOs), all of whom are themselves wartime service-connected disabled veterans, at every VA regional office (VARO) as well as other VA facilities throughout the Nation, including the Board of Veterans’ Appeals (Board). During 2023, DAV national and transition service officers interviewed over 300,000 veterans and their families, and filed more than 200,000 new claims for over 600,000 specific injuries and/or illnesses. Thanks to the great work of our service officers, those represented by DAV obtained more than \$28 billion in earned benefits in 2023.

Based on our decades of direct experience, we are pleased to provide our insight, concerns, and recommendations about VA letters and notices to veterans and their families. Our testimony will address how VA letters got to their current state by providing a brief history of the VA’s duty to assist, Standardize Forms and the Appeals Modernization Act, as well as addressing the VA’s letters to claimants with our recent survey and VA letters filled with errors compounding the confusion.

Brief History of VA’s Duty to Assist, Standardized Forms and the AMA

To truly understand the changes and impacts to VA’s duty to assist, duty to notify and required VA forms, appeals language and VA’s letters, we will briefly address the significant changes over the past two decades that have caused VA letters and notices to become more complicated and legalistic.

Veterans Claims Assistance Act of 2000

In 2000, the Veterans Claims Assistance Act of 2000 (VCAA) was enacted into law, creating a landmark change in the VA’s duties to notify and assist claimants for VA benefits. The enacted version of the VCAA adopted notice and assistance provisions from both the House and Senate bills reads as follows:

§ 5103. Notice to claimants of required information and evidence

(a) REQUIRED INFORMATION AND EVIDENCE.—Upon receipt of a complete or substantially complete application, the Secretary shall notify the claimant and the claimant’s representative, if any, of any information, and any medical or lay evidence, not previously provided to the Secretary that is necessary to

substantiate the claim. As part of that notice, the Secretary shall indicate which portion of that information and evidence, if any, is to be provided by the claimant and which portion, if any, the Secretary, in accordance with section 5103A of this title and any other applicable provisions of law, will attempt to obtain on behalf of the claimant.

(b) TIME LIMITATION.—(1) In the case of information or evidence that the claimant is notified under subsection (a) is to be provided by the claimant, if such information or evidence is not received by the Secretary within 1 year from the date of such notification, no benefit may be paid or furnished by reason of the claimant's application. (2) This subsection shall not apply to any application or claim for Government life insurance benefits.

§ 5103A. Duty to assist claimants

(a) DUTY TO ASSIST.—(1) The Secretary shall make reasonable efforts to assist a claimant in obtaining evidence necessary to substantiate the claimant's claim for a benefit under a law administered by the Secretary. (2) The Secretary is not required to provide assistance to a claimant under this section if no reasonable possibility exists that such assistance would aid in substantiating the claim. (3) The Secretary may defer providing assistance under this section pending the submission by the claimant of essential information missing from the claimant's application.

(b) ASSISTANCE IN OBTAINING RECORDS.—(1) As part of the assistance provided under subsection (a), the Secretary shall make reasonable efforts to obtain relevant records (including private records) that the claimant adequately identifies to the Secretary and authorizes the Secretary to obtain. (2) Whenever the Secretary, after making such reasonable efforts, is unable to obtain all of the relevant records sought, the Secretary shall notify the claimant that the Secretary is unable to obtain records with respect to the claim.

In turn, the United States Court of Appeals for Veterans Claims (CAVC) and United States Court of Appeals for the Federal Circuit (Federal Circuit) issued several significant decisions interpreting the VCAA's obligations upon VA and creating significant changes in VA's claims adjudication process.

Pursuant to statutory edict, the Secretary of VA was tasked with prescribing rules and regulations to carry out the requirements of the VCAA. A notice of proposed rulemaking was published on April 4, 2001 and a final rule was published on August 29, 2001. The final regulations were made effective retroactively from November 9, 2000. They were soon subject to legal challenge in *Paralyzed Veterans of America (PVA) v. Secretary of Veterans Affairs*. In *Disabled American Veterans (DAV) v. Secretary of Veterans Affairs*, the appellants challenged not only VA's regulations, but also their retroactive effect.

Along with addressing the scope of the VCAA and the validity of the regulations enacted to implement it, the courts were to be called upon to clarify such topics as the timing and content of appropriate VCAA notice. In *Pelegri v. Principi*, the CAVC addressed the issue of the timing of proper VCAA notice. The Federal Circuit more fully addressed the timing of the VCAA in *Mayfield v. Nicholson*, in which it made clear that proper notice must, if possible, be provided prior to initial consideration of the claim by VA, and the duty to notify was not satisfied by "various post-decisional communications from which a claimant might have been able to infer what evidence the VA found lacking in the claimant's presentation.

As in *Pelegri*, the CAVC in *Dingess* held that notice concerning all five elements of a service connection claim "must precede any initial adjudication on them." Thereafter, upon the award of service connection, with an accompanying initial disability rating and effective date, 38 U.S.C. § 5103(a) no longer applies, at it has served its purpose and the claim has already been substantiated. Thereafter, 38 U.S.C. §§ 5103A and 7105(d) were created to make certain the claimant was provided assistance throughout the claims process. Next, in *Kent v. Nicholson*, the CAVC considered VCAA notice requirements in the context of an application to reopen a claim pursuant to 38 U.S.C. § 5108.

In *Hupp v. Nicholson*, the CAVC addressed VA's 38 U.S.C. § 5103(a) notice obligation in the context of a claim for DIC benefits under § 1310. The CAVC next addressed, in *Vazquez-Flores v. Peake (Vazquez I)*, the question of 38 U.S.C. § 5103(a) notice in claims for increased ratings.

Veterans' Benefit Improvement Act of 2008

Congress acted to more explicitly clarify the notice requirements of 38 U.S.C. § 5103(a), amending it effective October 10, 2008 to require the Secretary to promul-

gate regulations, which differentiated notice to claimants depending on the type of claim, benefit, or service sought.

In the Committee Report associated with the Veterans' Notice Clarification Act of 2008, Congress took direct aim at both the CAVC and VA, citing the CAVC's decisions in *Dingess and Vazquez I* and VA's interpretation of *Vazquez I*, noting these as instances where the intent of Congress was thwarted and resulted in negative consequences for the claimant. Congress went to multiple ROs and examined the notice letters provided to various claimants. After this review, Congress noted:

Since the enactment of the VCAA, various actions, including decisions of the [CAVC] and VA's responses to some of those decisions, have led to notices that are not meeting the goal of providing claimants with sufficient, clear information on which they can then act. Instead of simple, straightforward notices that can be easily read and understood by claimants, VA is now routinely providing long, frequently convoluted, overly legalistic notices that do not meet the objective of the VCAA.

Standard Claims and Appeals Forms Regulation

Effective March 24, 2015, VA amended its adjudication regulations. The major provisions included:

- VA standardized the claims and appeals processes through the use of specific mandatory forms prescribed by the Secretary, regardless of the type of claim or posture in which the claim arises. These amendments applied to all benefits within the scope of 38 CFR part 3, namely pension, compensation, dependency and indemnity compensation, and monetary burial benefits.
- Additionally, it eliminated the provisions of 38 CFR 3.157, which allowed various documents other than claims forms to constitute claims; specifically, VA reports of hospitalization or examination and other medical records that could be regarded as informal claims for increase or to reopen a previously denied claim.
- This rule implemented a procedure to replace the non-standard informal claim process in 38 CFR 3.155 by employing a standard form on which a claimant or his or her representative can file an "intent to file" a claim for benefits.
- Finally, this rule provided that VA will accept an expression of dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction (AOJ) as a Notice of Disagreement (NOD) only if it is submitted on a standardized form provided by VA for the purpose of appealing the decision.

Veteran Appeals Improvement and Modernization Act of 2017

The Veteran Appeals Improvement and Modernization Act of 2017 became law on August 23, 2017 (Pub L. 115–55). It is also known as the Appeals Modernization Act (AMA). Starting in 2015, DAV collaborated with the Veterans Benefits Administration (VBA), the Board, and other stakeholders to improve and streamline the appeals process. The AMA, a veteran-centric appeals process, was the result of those combined efforts and was implemented in February 2019.

AMA created three options, referred to as lanes, for claimants dissatisfied with the initial decisions on their claim. Claimants may seek a higher-level review of the decision based on the same evidence presented to the initial claims processors; they may file a supplemental claim that includes the opportunity to submit additional evidence; or they may appeal directly to the Board.

Claimants appealing to the Board may elect one of three appeal options: 1) a direct review of the evidence that the AOJ considered; 2) an opportunity to submit additional evidence without a hearing; or 3) an opportunity to have a hearing before a veterans' law judge (VLJ), which includes the opportunity to submit additional evidence.

Additionally, the AMA included seven new notice items that must be implemented in VA rating decisions and notices to veterans. This includes:

- 1) Identification of the issues adjudicated.
- 2) A summary of the evidence considered by the Secretary.
- 3) A summary of the applicable laws and regulations.
- 4) Identification of findings favorable to the claimant.
- 5) In the case of a denial, identification of elements not satisfied leading to VA's denial.
- 6) An explanation of how to obtain or access evidence used in making the decision.

7) If applicable, identification of the criteria that must be satisfied to grant service connection or the next higher level of compensation.

The VCAA changed the VA claims and appeals process in drastic ways; however, it is extremely beneficial to veterans and their families as it enforces VA's duty to assist and duty to notify. As we demonstrated, between the CAVC, the Federal Circuit and the Veterans Benefits Improvement Act of 2008, the demands on the VA to explain these via letters with legal language adds complications and creates confusion with veterans. Couple this with the VA's changes to Standard Claims and Appeals forms in 2015 and the AMA in 2019, VA letters now have a complex legal style which mostly cause frustration with claimants trying to comply with VA to ensure they receive their earned benefits.

VBA Letters

Per the VCAA, VA is required to advise and notify veterans of receipt of their claim, also known as the duty to assist letter, it also provides additional information on VA's development of the benefits sought. Additionally, VBA sends letters to veterans to notify them on wrong forms or incomplete applications, and decision letters in reference to their claims.

Duty to Assist Letters

The duty to assist letter, as required by the VCAA, provides claimants with acknowledgement that the claim was received. VA is required to advise on the evidence they have received or requested and advise the veteran of any additional evidence needed. Additionally, VA advises on what is referred to as the "38 U.S.C. 5103 response." This requires claimants to respond with a form stating they have enclosed additional evidence or have no additional evidence. They can also select that they have additional evidence to submit and request VA to wait 30 days before deciding the claim.

Included with this testimony is Exhibit A, which is a redacted duty to assist letter from March 11, 2024. This letter with attachments is 17 pages, which includes the 38 U.S.C. 5103 Notice and Response, A Statement in Support of Claim and three different releases for information. However, you will notice the VA acknowledges a claim was received but does not list the conditions claimed. Additionally, it does not indicate VA requested any of the veteran's service records.

VBA Incorrect Form Letters

As required by the Standard Claims and Appeals Forms Regulation, all claims must be on the appropriate VA form. If the veteran uses the wrong form, VA sends a letter to acknowledge they received a claim but it was on the wrong form. However, VA is no longer required to provide the correct form to the veteran.

Included with this testimony is Exhibit B, which is a redacted VA incorrect form letter dated March 6, 2024. VA notes they received the claim for a mental health condition that they previously denied and that the veteran submitted the claim on the wrong form. The letter does not indicate the correct form, instead, they list four different forms the veteran could use and provide the link to VA.gov to find the form. The correct form in this case is VA Form 20-0995, a Supplemental Claim; however, the veteran would not know which form to complete and send to the VA. The letter notes that VA is not able to process the request and will establish the claim when they receive the correct form.

VBA Decision Letters

When the VA decides a claim, they are legally required to notify the veteran of the decision as well as comply with the provisions of the VCAA and the AMA in explaining the three ways to reply to a decision as well as the required additional seven items we noted above.

Included with this testimony is Exhibit C, which is a redacted VA decision letter dated March 14, 2024. The notification letter is ten pages with additional explanations. The actual VA decision is 9 pages with another page at the end advising the veteran on fraud protection. This 20-page notification letter is the product of the VCAA and the AMA, which can be difficult for a veteran to navigate and understand the decision.

DAV's Benefits Advocates Survey on VA Letters

Recently, DAV surveyed our national service officers, VA-accredited benefits advocates, who provide veterans and their families with free representation at 63 different locations across the country and Puerto Rico. The survey was focused on the

most common complaints and frustrations from claimants on the three VA letters noted above.

Approximately 41 percent of our offices stated they get the most veteran inquiries and complaints on VA incorrect form letters. 38 percent of offices stated the duty to assist letters received the most inquiries and complaints and 19 percent stated they get the most inquiries and complaints on decision letters.

The consistent complaint from veterans about the duty to assist letters is that they are too long, they don't understand much of the language used, and they are not clear what actions they need to take or why they are being sent so many additional forms. One veteran provided the following comments:

The letter is headed "Important—reply needed within 30 days," and it says "We need additional evidence from you." I'm not entirely clear from the letter's wording, but it sounds like they are encouraging me to submit "buddy letters" in support of my claim, and giving me a 30 day window to do so. From our last conversation, it didn't sound as if "buddy letters" were all that necessary. Can you please advise me as to what I should do in response to this letter?

In reference to wrong or incomplete forms letters, the common complaint is that veterans are being advised that they either submitted the wrong form or the form was not complete. Our service officers review the electronic claims folders and discover in most cases, the correct form was submitted and they did indeed sign the form. However, one of our offices noted:

The veteran was advised by VA that there was a missing page to the 21-526ez application for benefits. The veteran responded with the missing page from the application. Then VA canceled the claim, as they indicated the veteran only provided one page of the 21-526ez and submitted an incomplete claim.

The survey showed that a major complaint on VA decision letters is they are too long and contain information that may not apply directly to them or their recent decision. Another key point about veterans' confusion with VA decision letters is due to the favorable findings' requirement. Per the AMA, VA must provide favorable findings on facts or information provided; however, this does not result in a grant of the benefits sought, as other information is missing which results in the denial. One of our offices provided:

What frustrates veterans the most is reading the favorable findings and believing the favorable findings means they should have been granted the benefit sought. The reason for the denial is buried in the written narrative.

Additionally, we asked for specific comments and complaints about VA letters. Below are some of those comments directly from our benefits advocates:

An example of frustration is that veterans don't understand the letter because it's not clear or explained in layman terms.

Many veterans call frustrated because they feel that VA is requesting documents that they have already submitted.

Earlier today a veteran came in with his decision letter and asked why does VA send all this information as it is confusing to understand what was granted or denied.

VA letters and notifications not only comply with law, but inform claimants on specific information and fulfill VA's duty to assist and notify. However, it is evident that these letters speak a language that veterans cannot always translate. It becomes even more stressful when the VA letters are filled with errors.

Compounding the Confusion

As our survey notes, claimants are being confused and frustrated by VA letters and it is greatly compounded when these letters are filled with inaccurate information and errors. One of our supervisors noted they are finding errors in approximately 30 percent of all VA letters they review. Attached to this testimony are redacted VA letters that show a few of the errors found in VA letters that were sent to claimants.

Exhibit D

Included with this testimony is a redacted VA letter, noted as Exhibit D, dated March 7, 2024. VA indicates they received a claim *"for left lower extrem; right lower extremely; restless les syndom; res. of pratectomy—; increse : lumbar that we previously denied. VA regulations require you to file this request on the proper form."*

It is obvious that this letter is filled with spelling errors. Our service officer reviewed this claim and determined the veteran submitted the correct form, 21-526ez, for the left lower extremity and right lower extremity. We do note that the veteran did not ever file a claim for restless leg syndrome, residuals of a prosectomy or a lumbar spine condition. However, VA indicates the veteran did claim those conditions, notes two different forms he could use and that it is waiting for the correct form to be sent before they process the claims. Since the veteran never filed for these three conditions, he will not be submitting the "correct form."

Exhibit E

Included with this testimony is a redacted VA letter, noted as Exhibit E, dated January 23, 2024. The VA notifies the veteran they received his claim for a back condition and left Achilles tendon injury. Further, they indicate the veteran must specify what disability he is claiming, although they acknowledge he did claim two specific conditions.

This letter caused confusion with the veteran and our service officer spoke to the VA development clerk who wrote the letter. The VA employee agreed he did not need to include the left Achilles tendon issue but then questioned the service officer about the back condition. DAV reminded the VA employee that it is part of their duty to assist with development and the VA employee agreed and rescinded the letter.

Exhibit F

Included with this testimony is a redacted VA letter, noted as Exhibit F, dated March 6, 2024. VA notifies the veteran they have received his claim for increase for his back condition and his private medical examination.

VA wrote, "The examiner provided a new diagnosis. We need to clarify if the new disability is a progression of your service connected disability received, on January 9, 2024. We are returning this application to you because it was incomplete." The letter directs the veteran to contact his physician and ask her to provide a reply.

Any claim for increase for an existing condition automatically requires VA to provide a new medical examination and to develop the claim. This letter tells the veteran to contact his private examiner and VA returns this as an incomplete claim. Our service officer reviewed the claim and discovered the veteran is claiming an increase for the service-connected fractures of L2, L3, and L4 vertebrae. The veteran submitted a Disability Benefits Questionnaire (DBQ) completed by his private physician. VA failed to comply with their duty to assist, failed by advising the veteran to get his private doctor to explain, and they failed by rejecting this as a complete claim, which was on the proper form and provided all required information.

Exhibit G

Included with this testimony is a redacted VA letter, noted as Exhibit G, dated March 7, 2024. VA indicates they received a claim for "*hypokalemia; chondromalacia athritk; bilateral fearing loss; scarssternum bilaterm lees; conjunctivitis; sinusitis; hypertension that we previously denied. VA regulations require you to file this request on the proper form.*"

The letter is filled with spelling errors. Our service officer reviewed this claim and determined the veteran submitted the correct form, 21-526ez, for increased evaluations for the already service-connected sinusitis and hypertension. However, VA indicates the veteran did not submit the correct form.

Recommendations

The VCAA positively changed the VA claims process by ensuring that the VA's duty to assist and duty to notify are provided to all claimants. However, the many precedent CAVC decisions along with the Veterans Benefits Improvement Act of 2008, and the additional requirements imposed by the VA's changes to Standard Claims and Appeals forms in 2015 and the AMA in 2019, VA letters and notices to veterans and their families have become bogged down with legal language.

Our attached exhibits provide examples of the VA's duty to assist letter, VA's wrong or incomplete form letter and VA decision letters. After their review, it is clear that letters are too long, too complex and frustrate veterans attempting to access their earned benefits. This is displayed by the additional information provided by our survey of DAV benefits advocates and comments directly from them and the veterans we represent.

DAV recommends VBA take a new look at their letters by concentrating on the language for the reader and not the legal requirements. We suggest the use of focus groups populated with veterans and veterans service organizations to assist in de-

veloping language that is understood and clearly conveys information and the intent of the letter.

As our survey indicated, the major complaint from veterans was the incorrect VA form letters. We understand the reason for VA's regulation on standardized forms was to streamline the claims process for the use of information technology to include scanning and populating the electronic claims folder and establishing claims. However, we have clearly demonstrated that many of these letters for correct forms are confusing and can have a negative impact on effective dates.

DAV believes there should never be a wrong door at VA and we recommend that VA reconsider the standardized forms requirement or take an approach that will either accept the wrong form as an Intent to File or if all of the needed information is provided VA should process and decide the claim. We remind VA of Omar Bradley's quote while serving as the Administrator of the Veterans Administration, "We are dealing with [veterans], not procedures; with their problems, not ours."

In addressing the numerous errors in letters to veterans we provided, we noted many were errors made by VA employees and some appear to be auto-filled from other VA applications. We recommend VA to either create and/or improve the quality assurance of all letters before they are being released. These errors are compounding the inability to understand what is being relayed and what is being requested.

Mr. Chairman, in closing, VA letters should not be structured in a way that induces confusion, anxiety and frustration from veterans. VA should utilize resources in a way that actually aids veterans and their families in substantiating their VA claims, which may be done with clearly worded, concise notice letters that are relevant to the submitted claim. VA must do better. This concludes my testimony.

Prepared Statement of Diane Boyd Rauber
NATIONAL ORGANIZATION OF VETERANS' ADVOCATES, INC.



Statement of
Diane Boyd Rauber, Esq.
Executive Director

Before the

House Committee on Veterans' Affairs
Subcommittee on Disability Assistance and Memorial Affairs

Oversight Hearing

“Lost in Translation: How VA’s Disability Claims and Appeals Letters Should Be Simplified”

March 20, 2024

Chairman Luttrell, Ranking Member Pappas, and members of the Subcommittee, the National Organization of Veterans' Advocates (NOVA) thanks you for the opportunity to testify today as to whether VA's disability claims and appeals notice letters to veterans, survivors, family members, and caregivers are understandable and contain the information veterans need to effectively navigate the claims process in a timely manner.

NOVA is a not-for-profit 501(c)(6) educational membership organization incorporated in the District of Columbia in 1993. NOVA represents approximately 850 accredited attorneys, agents, and qualified members assisting tens of thousands of our nation's military veterans, families, survivors, and caregivers seeking to obtain their earned benefits from VA. NOVA works to develop and encourage high standards of service and representation for persons seeking VA benefits.

NOVA members represent veterans before all levels of VA's disability claims process, and handle appeals before the U.S. Court of Appeals for Veterans Claims (CAVC), U.S. Court of Appeals for the Federal Circuit, and the Supreme Court of the United States. As an organization, NOVA advances important cases and files amicus briefs in others. *See, e.g., Henderson v. Shinseki*, 562 U.S. 428 (2011) (amicus); *NOVA v. Secretary of Veterans Affairs*, 710 F.3d 1328 (Fed. Cir. 2013) (addressing VA's failure to honor its commitment to stop applying an invalid rule); *Procopio v. Wilkie*, 913 F.3d 1371 (Fed. Cir. 2019) (amicus); *NOVA v. Secretary of Veterans Affairs*, 981 F.3d 1360 (Fed. Cir. 2020) (M21-1 rule was interpretive rule of general applicability and agency action subject to judicial review); *Van Dermark v. McDonough*, No. 23-178 (September 25, 2023) (amicus in support of petition for writ of certiorari before U.S. Supreme Court). In 2000, the CAVC recognized NOVA's work on behalf of veterans with the Hart T. Mankin Distinguished Service Award.

NOVA also advocates for laws to improve the VA disability claims and appeals process. NOVA participated in the stakeholder meetings that resulted in the development and passage of the Veterans Appeals Improvement and Modernization Act of 2017, Pub. L. 115-55, 131 Stat. 1105 (August 23, 2017) (AMA). As VA has implemented the new system over the last several years, NOVA has provided extensive training to our members on the statute, regulations, and practice under the AMA. We also gather information from our members across the country on their experiences advocating in both the legacy and AMA systems, and many of them have shared their clients' experiences regarding VA letters.

Introduction

VA creates many types of letters to communicate with veterans, survivors, family members, and caregivers. As accredited attorneys and agents, NOVA members most frequently review letters communicating legally significant events that impact due process

rights. The focus of our testimony will be those type of letters; however, our general concerns and suggestions apply to other informational letters VA sends regarding disability claims and appeals as well.

Furthermore, letters that contain legally-required notice, e.g., under 38 U.S.C. § 5103,¹ can be distinguished from decisions and notices of decisions, which also have statutorily-required elements, see 38 U.S.C. 5104.² Here, we focus on examples of problematic and confusing notice letters,³ and not the underlying decisions. A letter informing a veteran of due process rights does not have to be complicated. It must, however, provide the necessary elements so that the claimant knows how to exercise those rights in a timely fashion. As an initial matter, given the importance of the notice letter accompanying a decision, VA should make sure it is clearly labelled as such.

VA Needs to Improve the Readability of the Letters Sent to Veterans, Survivors, Family Members, and Caregivers

Use of plain language to create simple, readable letters is important. The Department of Veterans Affairs, like many other federal agencies, is guided by the Plain Writing Act of 2010. See Plain Language, <https://department.va.gov/plain-language/>. We recognize that VA exerts significant effort in messaging on va.gov and other platforms about important

¹ This provision, “Notice to claimants of required information and evidence,” states in pertinent part: “[T]he Secretary shall provide to the claimant and the claimant’s representative, if any, by the most effective means available, including electronic communication or notification in writing, notice of any information, and any medical or lay evidence, not previously provided to the Secretary that is necessary to substantiate the claim. As part of that notice, the Secretary shall indicate which portion of that information and evidence, if any, is to be provided by the claimant and which portion, if any, the Secretary, in accordance with section 5103A of this title and any other applicable provisions of law, will attempt to obtain on behalf of the claimant.”

² This provision, “Decisions and notices of decision,” requires each notice to contain the following information: (1) Identification of the issues adjudicated; (2) A summary of the evidence considered by the Secretary; (3) A summary of the applicable laws and regulations; (4) Identification of findings favorable to the claimant; (5) In the case of a denial, identification of elements not satisfied leading to the denial; (6) An explanation of how to obtain or access evidence used in making the decision; and (7) If applicable, identification of the criteria that must be satisfied to grant service connection or the next higher level of compensation.

³ There has been extensive litigation in the U.S. Court of Appeals for Veterans Claims and U.S. Court of Appeals for the Federal Circuit over whether VA, in various situations, has fulfilled its duties under notice statutes and regulations. In this testimony, we do not address potential legal issues related to implementation of notice requirements, but rather focus on whether the letters provided by VA are understandable to veterans, survivors, family members, and caregivers so they can respond appropriately in pursuit of their claims and appeals.

issues such as the PACT Act, suicide prevention, and fraud, to name just a few. These efforts are reflected in VA's 2023 Plain Writing Act compliance report and we appreciate the important information VA is providing to veterans and their families. Department of Veterans Affairs, *2023 Plain Writing Act Compliance Report*, <https://department.va.gov/wp-content/uploads/2023/11/VA-Plain-Writing-Compliance-Report-2023.pdf>. A review of this document, however, indicates that the primary focus of these "plain language" efforts is public-facing messaging and not individual communications about benefits to the people VA serves.

In its most recent report, VA notes the importance of best practices, to include (1) using common words, short sentences, and short paragraphs; (2) evaluating copy using the Flesch-Kincaid readability scale⁴ and adjusting as needed; and (3) using plain language guidelines. Department of Veterans Affairs, *2023 Plain Writing Act Compliance Report* 19, <https://department.va.gov/wp-content/uploads/2023/11/VA-Plain-Writing-Compliance-Report-2023.pdf>. Generally, drafters should be aiming for a reading level of grade 8 to ensure readability by 80% of Americans. However, a review of several passages from recent letters shows that the readability of VA's individual letters communicating information about disability claims and appeals is too difficult.

Example 1: Decision Notice Letter. On page 1 of the March 1, 2024, letter (attached as Exhibit 1), a veteran is informed that their previous denial of service connection is confirmed and continued. The next paragraph, "What You Should Do If You Disagree With Our Decision," states:

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

According to the Flesch-Kincaid Grade Level tool, this paragraph is written on a grade level of 11.1. Under the Flesch Reading Ease tool, this paragraph scores 52.6, which is consistent with "fairly difficult" to read.

⁴ The Flesch-Kincaid readability tests include the Flesch Reading-Ease and Flesch-Kincaid Grade Level. These formulas were originally developed under a contract with the United States Navy. See Naval Technical Training Command, *Deviation of New Readability Formulas (Automated Readability Index, Fog Count and Flesch Reading Ease Formula for Navy Enlisted Personnel)*, Research Branch Report 8-75 (February 1975). Grade levels are indicated by grade year and month; reading ease scores are based on a scale of 0-100, with lower scores indicating more difficult text.

By contrast, we have rewritten this paragraph to reflect the same information:

If you disagree with our decision, you can file a request for review. You must request the review within one year of the date of this letter. It is important to do it within one year or you could lose your effective date. You must use the required application form for the review option you pick. The options and forms are described in the table below.

This paragraph is rewritten at a grade level of 5.8 and has a Flesch Reading Ease score of 76.8.

Example 2: Decision Notice Letter. On page 2 of Exhibit 1, VA describes a series of forms:

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director

According to the Flesch-Kincaid Grade Level tool, this content is written on a grade level of 12.1. Under the Flesch Reading Ease tool, this content scores 49.1, which is consistent with college level reading.

Here is a rewritten version of this information:

We enclosed VA Form 20-0998, Your Right To Seek Review Of Our Decision. This form describes options and provides instructions on how to ask for review. You can visit www.va.gov/decision-reviews to learn more about how you can disagree with our decision.

Important:

- Do you think your service-connected condition is worse? Please use VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, to ask for a higher rating.
- Do you disagree with a decision made within the last year? Please refer to the enclosed VA Form 20-0998, Your Right To Seek Review Of Our Decision.
- Do you disagree with a decision made more than a year ago? Please use VA Form 20-0995, Decision Review Request: Supplemental Claim. You will need to submit new and relevant evidence with this form.

Need a Form?

- You can download any required application form by visiting www.va.gov/vaforms/.
- You can call us at 1-800-827-1000 and we will mail you any form you need.

Want the evidence we used in making your decision?

- You can call us, email us, or send us a letter if you want to access the evidence we used to decide your claim. Tell us what information you want to receive. Some evidence is available by visiting www.va.gov.

Thank you for your service,

Regional Office Director

This version scores a 6.3 on the Flesch-Kincaid Grade Level tool and a 68.2 on the Flesch Reading Ease tool.

Example 3: Notice of Docketing Letter. This letter, attached as Exhibit 2, was sent from the Board of Veterans' Appeals (Board) to a veteran and informed him that his appeal request had been docketed. The following information, found on page 1, was included under the heading: "What happens next?"

Please keep in mind that by selecting the Direct Review option, the Board can only consider evidence of record at the time of the agency of original jurisdiction decision being appealed.

You submitted additional documents and/or statements on or with your February 21, 2024, VA Form 10182. Please note that because you selected the Direct Review option, any additional evidence you submitted on or with your VA Form 10182 cannot be legally considered by the Board. If you want the Board to consider any additional evidence for the issue(s) listed on your February 21, 2024, VA Form 10182, you must change your Board appeal request by switching AMA dockets (to Evidence Submission or Hearing), as explained below. If your request is approved, you will then have the opportunity to submit any additional evidence you want the Board to consider.

According to the Flesch-Kincaid Grade Level tool, this passage is written on a grade level of 14.9. Under the Flesch Reading Ease tool, this passage scores 36.3. These scores are consistent with college level reading.

By contrast, we have rewritten this passage to reflect the same information:

You selected the Direct Review option ("docket"). In that docket, the Board can only consider evidence already in your file when VA decided your claim(s).

You submitted additional evidence with your February 21, 2024, VA Form 10182. We can only consider that evidence if you change dockets. We can consider evidence in two dockets: Evidence Submission or Hearing. We explain how you can ask us to change your docket below. If we say yes to your request to change dockets, the Board will consider any additional evidence you give us.

This paragraph is rewritten at a grade level of 8.7 and has a Flesch Reading Ease score of 55.2.

To reach all veterans, survivors, family members, and caregivers, VA must improve the readability of its letters. VA should follow the guidance as provided in its 2023

Compliance Report and ensure it is using available readability tools to provide clearer information in individual letters to veterans.

VA should also consider whether the Internal Revenue Service's (IRS) Simple Notice Initiative has features worth replicating. Like VA, the IRS sends millions of letters annually. The IRS has started to review, redesign, and pilot various notices in a process that will continue through 2026. *See* IRS launches Simple Notice Initiative redesign effort, IR-2024-19, Jan. 23, 2024, <https://www.irs.gov/newsroom/irs-launches-simple-notice-initiative-redesign-effort>. The IRS notes it "will be actively engaging with taxpayers and the tax professional community to gather feedback on how these notices should be redesigned." *Id.* We would likewise encourage VA to solicit input from veterans, survivors, family members, and caregivers, as well as from the accredited advocate community, to ensure letters are clear and understandable.

Simpler, clearer notice not only benefits veterans, it benefits VA. One goal of the IRS initiative is to reduce calls to the agency. To attain this goal, the IRS is working on reducing the length of notice, improving readability, and adding visual enhancements to include "headers, icons, and step-by-step instructions." *Id.* According to the IRS, for one redesigned notice it piloted, it reduced by 16% the number of calls and increased the number of taxpayers who used an online option by 6%.

All efforts by VA to improve letters should also include a pilot phase to assess whether the improvements are effective.

VA Needs To Ensure Letters Are Accurate, Legally Sound, and Do Not Contain Conflicting Information

Improvements to readability alone are insufficient. A letter can be clearly written at an appropriate level but still be inaccurate and misleading. NOVA members report numerous instances of letters that sow confusion and result in veterans missing deadlines that can adversely impact their claims, appeals, and compensation.

Example 1: Notice of Recharacterization of Discharge; Reduction or Severance of Benefits; Overpayment. One instance of unclear information – that directly results in a loss of due process rights – is found in the notice VA provides for recharacterizations of discharge, reductions, severances, and overpayments. In these situations, a veteran has two deadlines to consider: a 30-day deadline to request a predetermination hearing and a general 60-day deadline to respond. The right to a predetermination hearing is found at 38 C.F.R. § 3.105(i) and, if the request is made within 30 days, the veteran's benefit "shall be continued at the previously established level pending a final determination concerning the proposed action." If a veteran misses this deadline, they will still be able to dispute the action, but VA can reduce their compensation while it considers the request.

Unfortunately, VA places the information regarding a predetermination hearing on page 4 of its notice, underneath a heading that states, “60 DAY DEADLINE TO RESPOND.” In the words of one NOVA member, “we have way too many clients miss their opportunity to a hearing and basic due process because the due process notice is positively buried.” Given the highly prejudicial nature of this notice, VA should immediately amend it.

Example 2: Notice of Form Submission. Another example of confusing and misleading letters is when VA responds to submission of a “wrong” form, e.g., the veteran submitted a *VA Form 526-EZ* instead of a *VA Form 20-0995*. As demonstrated in Exhibits 3 and 4, a veteran (here the veteran was represented) submitted a supplemental claim form and VA responded to instruct the use of a *VA Form 526-EZ*. See Exhibit 3. When the veteran submitted the *VA Form 526-EZ*, VA responded by telling the veteran to submit a supplemental claim form. See Exhibit 4. This practice is unacceptable.

In other instances, VA just sends a generic letter indicating its belief that the veteran was trying to file a claim – without specifying what they think the veteran was trying to file – and further, that all claims now need to be filed on the “correct form,” without specifying which form they mean.

Accredited VSOs, attorneys, and agents can deduce what VA means, e.g., by researching the end-product (EP) codes input into VBMS, but a veteran cannot derive that information from the notice itself. A veteran not only loses time while trying to figure out what VA wants; some veterans are bound to give up and abandon their claim or appeal. In addition to simplifying forms, VA must improve any notice informing a veteran that they must “fix” something with clear information about what needs to be fixed and clear instructions for doing so.

Example 3: Notice of Erroneous Docketing. In this letter, attached as Exhibit 5, the Board of Veterans’ Appeals informs the appellant, **four years after he submitted his VA Form 10182**, that he was not eligible to submit the appeal. The letter was, in fact, erroneous. In addition to the egregious length of time it took for the Board to provide this information to the veteran, it failed to provide notice of due process rights for how to dispute this decision. Through the advocacy of the accredited attorney, the Board reversed its action and docketed the appeal. However, an unrepresented veteran would have been unlikely to understand their options, one of which was to ask for “a good cause extension request” for delay **caused by the Board**. This option would have sent the veteran back to the Regional Office to pursue this relief. The Board issues far too many letters that are actual decisions. The veteran should have received due process notice in this instance so they could pursue options for relief at the Board.

The Board should also provide more than just the general VA call center line as a place for appellants to get information. As the appellate arm of the agency, and with the recent

institution of the Office of the Clerk of the Board, the Board should provide specific emails and a phone line to the Clerk's office so specific information can be provided.

VA Letters Need To Be Better Organized

The letter accompanying the veteran's decision in Exhibit 6 contains 11 pages of text. Some of the information is repetitious, e.g., discussion of life insurance on page 2 that is repeated at page 9. It is important that veterans be aware of other earned benefits that might be triggered by receipt of disability compensation. This information, however, could stay in the list of other benefits at page 9. VA should examine these letters to determine what is the legally required, necessary information to be upfront and then provide a table of contents to other information contained in the letter.

We appreciate VA's dilemma; not all veterans have access to, or agility with, the platforms through which some of this ancillary information is available. But providing a well-organized written document can help veterans and other claimants access the information they need to insure they receive all earned benefits without potentially obscuring the most important information.

Conclusion

NOVA remains committed to working with Congress, VA, and fellow stakeholders to improve the letters VA provides as part of the disability claims and appeals process. Thank you again for allowing us to present our views on this important topic. If you have questions or would like to request additional information, please feel contact:

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Prepared Statement of Michael Figlioli

Chairman Luttrell, Ranking member Pappas, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on this important issue.

The VFW thanks the Chairman and subcommittee for holding this hearing regarding notification letters from the Department of Veterans Affairs (VA). Since working in this field since 2008, I can confirm that the letters veterans receive from VA continue to require time and attention at nearly every step of the process. While VA has worked to address this issue and some improvements have been made, much remains to be done.

For veterans who have served their country with honor and sacrifice, the transition to civilian life can be challenging, especially when dealing with the intricacies of the VA disability system. The cornerstone of this system is the VA disability notification letter, which is a document intended to communicate crucial information about a veteran's disability rating and associated benefits. However, the complexity of these letters often makes it difficult for the veteran to comprehend the disability status details and implications.

Even before the implementation of Public Law 115-55, commonly referred to as the Appeals Modernization Act (AMA), the VFW and the Veterans Service Organizations (VSO) community advocated for the simplification of decision notices from VA. We supported the implementation of AMA and its directive to improve notification letters to veterans on seven specific pieces of information in each letter. Each must include the issues adjudicated; a summary of the evidence considered; applicable laws related to the claim; any review options; how to obtain the evidence used in making the decision; the criteria to grant service connection or the next higher level of service connection; and, if the claim was denied, the elements needed to grant the claim and a listing of favorable findings.

Even with our input, VA notification letters from the Veterans Benefits Administration (VBA) or the Board of Veterans' Appeals (BVA) continue to be notorious for their complexity and legalese. The average veteran still needs to consult an accredited representative, attorney, or other trained individual to help decipher them.

To its credit, VA does understand the complexity of these letters and the angst they can induce, and has consulted with the VSO community to help make them more understandable. We have been asked to participate in focus groups on letters related to military sexual trauma, Veteran Readiness and Employment, Reserve Drill Pay, and Blue Water Navy benefits, among others. When common and easily comprehensible language is used, the VFW found that this resulted in decreased time needed to manage expectations and a reduction in potential appeals.

Past administrations have also had concerns about the difficulty veterans encounter comprehending letters from VA. A previous VBA Under Secretary convened a small working group of stakeholders to review and mark up letters to veterans. This was well received and resulted in a handful of VA letters being revamped with positive results. The VFW encourages VA to consider re-establishing that office or developing a similar process for all correspondence in the future regardless of who is in leadership.

Veterans Benefits Administration

One of the primary challenges veterans encounter when reviewing their disability notification letters is the intricate language and terminology used. Legal jargon and medical terms can be overwhelming, especially for those without a background in law or medicine. This complexity often leads to confusion and frustration, hindering veterans from grasping the full scope of their benefits and entitlements.

Far too often, accredited representatives spend a great deal of time explaining letters that make sense to the trained eye, but not to anyone else. The VA disability system involves a multitude of regulations, policies, and procedures. Unfortunately, these guidelines can be subject to interpretation, resulting in inconsistencies in notification letters. Veterans often find it challenging to reconcile the information presented with their own experiences, leading to uncertainty about the accuracy of the provided details.

Understanding the full spectrum of benefits associated with a disability rating is another hurdle for veterans. The notification letter may mention various forms of compensation, health care coverage, and vocational rehabilitation, but veterans may struggle to connect these pieces of information and effectively access the services to which they are entitled. This lack of clarity can impede veterans' ability to make informed decisions about their health care and overall well-being.

Dealing with disabilities and the associated bureaucratic processes can take a toll on veterans' mental health. The stress of navigating complex paperwork and the fear of being misunderstood or overlooked can contribute to anxiety and depression. As a result, the emotional impact further complicates the already challenging task of comprehending the intricate details of a disability notification letter.

Many of the concerns that we have to address are common in nature. VA relies heavily on the use of letter-generating technology. This does make it easier for a reviewer to click a box or cut and paste from a previous decision to create boilerplate letters. While there are key components that decision letters must contain, certain circumstances allow a free text option. Under proper supervision, decision-makers should be allowed better opportunity to explain parts of these letters that are known sticking points.

A few years ago, the Debt Management Center (DMC) attended one of our national training sessions. They brought with them two poster mockups of letters they were developing to send to veterans. Aside from speaking to the class about DMC and its initiatives, they asked every student to review the posters and offer input as to ease of understanding, clarity, and content. The end result was a beneficial collaboration that made the mystery of VA debt collection much less stressful for recipients.

Recently, we represented a claimant from Texas who filed a claim for post-traumatic stress disorder, and other issues. Our representative submitted a complete claim package to VA. It contained every element required to obtain a grant. VA simply needed to establish the claim, review it, and send it for adjudication. After acknowledging receipt and generating a letter to the veteran stating it had the claim, VA included a blank application for benefits (that had actually already been completed in full). This led the veteran to believe there was something wrong with the submission, so the veteran completed another application. This claim was dormant for an extra 135 needless days for a substantially complete application that was already in VA's possession.

VSOs have expressed concern about the standardization of forms. We have seen hundreds of examples where VA will update a required form. For many VSOs that use claims management systems, these changes need to be updated in their platforms. The Office of Field Operations will inform all VA Regional Offices that there is an "end date" to using the former version. Countless veterans have received notification letters from VA that it received the claim but cannot take action because the wrong form was used. Veteran after veteran has had this happen because there is a lack of communication and training. This often leaves the organization that assisted with the submission to explain to the veteran that the error is not on the part of the accredited representative but is with the VA system, and to ignore the letter.

Our representatives also face the challenge of what is uploaded into the Veterans Benefits Management System by VA. Labeling conventions are completely inconsistent. What one claims assistant labels a piece of evidence as "general correspondence" is then in turn labeled as "medical evidence" by another. This has caused delays because VA will send the veteran another development letter asking for that same specific evidence which was already submitted. Our field staff spends a great deal of time trying to filter through claims files so they can try to find the submission or any related VA correspondence.

For denied claims, the VFW maintains that it would be more beneficial to the claimant if the items that are missing were better identified within the notification letter rather than having to search through paragraph after paragraph of Federal code. This would enable quicker filing of a potential supplemental claim or higher-level review and get benefits to the claimant sooner.

Board of Veterans' Appeals

The AMA was the most collaborative process I have ever seen between VSOs and VA. However, implementation often is where good intentions do not follow. Like VBA, the Board also has its challenges with decision notices and explanations that can be too long and unclear. Letters received by appellants are redundant in nature, generic in scope, and missing critical information specific to the appeal. Veterans prefer to be told the status of their appeals and what, if any, options they may have in clear, simple language. Open-ended communication creates confusion and speculation.

Sending repeated update letters can be frustrating and misleading for veterans. The appellant believes that the case is being reviewed when in actuality it is in a queue for its docket date. The VFW believes that these notifications should better inform the appellant as to the current status and progression of the appeal. If any additional evidence is needed, these letters should clearly address that so when the

appeal is before a Veterans Law Judge it has the best chance of being decided as quickly as possible.

BVA notification letters will repeatedly include references to correspondence already received. The VFW regularly hears from veterans we represent that the letter contains an additional 20 or more pages of information which are just explanations. There is even more if the letter contains a decision. Aside from the endless paragraphs of VA-related jargon and Federal code, the notification still might not explain exactly why it was sent and what is needed.

An additional challenge is effectively communicating due dates. The veteran that is receiving assistance with an appeal typically has any critical dates explained by the accredited representative. If a veteran feels overwhelmed and irritated when reading one of these letters, and does not read it completely, the appeal may be dropped due to BVA not receiving a response. This is a higher probability with an unrepresented veteran who is likely confused by the entire process. VA should consider putting the due date of any correspondence at the beginning of the letter so the risk of the appeal being closed out is less of a possibility.

Conclusion

Nearly every time I have sat before Congress or submitted testimony, I have mentioned training and quality assurance. There has been substantial loss of institutional knowledge as a large part of the VA workforce ages out of the system. The VFW is pleased to see the influx of younger talent, mostly comprised of veterans who have the same or similar experiences as that of the claimant, and who can apply logic and common sense to reviewing a case. With the implementation of the PACT Act, the VFW thanks the Under Secretary for allowing quality errors to be less punitive in an employee's development. These are good learning opportunities for some Veterans Service Representatives/Rating Veterans Service Representatives, but errors are still punitive to veterans who are waiting for benefits to improve their quality of life. Simplifying letters in terms that the average veteran can understand would have immediate and considerable impact on adjudicating claims.

The VFW urges VA to continue to reach out and seek stakeholder input in developing letters or any other correspondence that may be sent to a veteran that will impact benefits. It has been stated countless times that we are partners in this process. The VFW is always willing to lend our assistance in making the claims process more seamless and accessible for all veterans, family members, and survivors. We are committed to working with VA across all departments and business lines to continue to develop notifications with a commonsense approach. VA has shown a willingness to do so as well, but not consistently. Let us make this a continued effort at all levels that will lead to better outcomes for veterans.

We thank you for the opportunity to appear before this subcommittee today, and I am happy to answer any questions you may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2024, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.

STATEMENTS FOR THE RECORD

Exhibits Submitted by Disabled American Veterans (DAV)



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT A

March 11, 2024

In reply, refer to:

346/AL

File Number: [REDACTED]

IMPORTANT -- reply needed within 30 days

Dear [REDACTED]

We are working on your claim.

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, *38 U.S.C. §5103 Notice*. The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

What Do We Still Need From You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- Send us any treatment records related to your claimed condition(s). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, x-rays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses. If you want us to try to obtain any doctor, hospital or medical reports on your behalf, please complete and return the enclosed VA Form 21-4142, *Authorization to Disclose Information*, and VA Form 21-4142a, *General Release for Medical Provider Information*, so that we can request treatment records from your private medical sources.
- If you have received treatment at a Department of Veterans Affairs (VA) facility or treatment authorized by VA, please tell us the dates and places of treatment. We will then obtain the necessary records if you give us enough information to locate them.
- You may also send us your own statement, or statements from people who have witnessed how your claimed disabilities affect you. All statements submitted on your behalf should conclude with the following certification: "I hereby certify that the information I have given is true to the best of my knowledge and belief."



- We have enclosed a *38 U.S.C. §5103 Notice Response*. We encourage you to return this document, as it may expedite a decision on your claim.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. **If we do not hear from you, we may make a decision on your claim after 30 days.** However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What Have We Received?

- Your claim for benefits, which we received on March 7, 2024.
- No evidence to support this claim has been received to date.

Important Information

- A certificate of eligibility for assistance in acquiring specially adapted housing under 38 U.S.C. 2101(a), following the passage of the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019, may be extended when the Veteran's permanent disability is due to blindness in both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens. An eye with a limitation in the fields of vision such that the widest diameter of the visual fields subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance


If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .





If you	Here is what to do.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number 

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

We look forward to resolving your claim in a fair and timely manner.

Respectfully,

Regional Office Director





Enclosure(s): 38 U.S.C. 5103 Notice
38 U.S.C. 5103 Notice Response
Where to Send Correspondence
VA Form 21-4138
VA Form 21-4142
VA Form 21-4142a

cc: DISABLED AMERICAN VETERANS
POA National Organization



38 U.S.C. §5103 Notice

VA is Responsible for Getting the Following Evidence:

- Relevant records that you adequately identify and authorize VA to obtain from any Federal agency. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration.
- VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your compensation claim.

On Your Behalf, VA Will Make Reasonable Efforts to Get the Following Evidence:

Relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, private doctors and hospitals, or current or former employers.

How Can You Help: If you have any information or evidence that you have not previously told us about or given to us, please tell us or give us that evidence now. If the evidence is not in your possession, you must give us enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to us, asks for a fee to provide it, or VA otherwise cannot get the evidence, we will notify you. It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.

How VA Determines the Disability Rating: When we find disabilities to be service connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining the disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; and
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Recent Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work; or
- Statements discussing your disability symptoms from people who have witnessed how they affect you.

How VA Determines the Effective Date: If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim; or
- When the evidence shows a level of disability that supports a certain rating under the rating schedule or other applicable standards.

If VA received your claim within one year of your separation from the military, entitlement will be from the day following the date of your separation.

Examples of evidence that are relevant to determining the effective date of any benefits we award include the following:

- Information about continuous treatment or when treatment began;
- Service treatment records in your possession that you may not have sent us; or
- Reports of treatment for your condition while attending training in the Guard or Reserve.

38 U.S.C. §5103 NOTICE RESPONSE

We provided a notice to you about the evidence and information VA needs to support your claim for benefits. At this time, you may choose to indicate whether you intend to submit additional information or evidence that would help support your claim.

Your signed response will let us know whether to decide your claim without waiting 30 days, or whether we should give you the full 30 days from the date of the letter sent with this notice response before deciding your claim.

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

RESPONSE

I elect *one* of the following: (Whichever box you check, you have one year from the date of the notice to give VA any other information or evidence you think will support your claim.)

_____ I have enclosed all the remaining information or evidence that will support my claim, or I have no other information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

_____ I will send more information or evidence to VA to support my claim. VA will wait the full 30 days from the date of the letter sent with this notice response before deciding my claim.

Claimant/Representative Signature

Date

Generation Date: March 8, 2024 21:00 EST



Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
STATEMENT IN SUPPORT OF CLAIM		
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a statement to support a claim. For more information you can contact us through Ask VA: https://ask.va.gov/ , or call us toll-free at 800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms . After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.		
SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION		
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and insert one letter per box to help expedite processing of the form.		
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last) <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>		
2. VETERAN'S SOCIAL SECURITY NUMBER <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	3. VA FILE NUMBER (If applicable) <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY) <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> </div>
5. VETERAN'S SERVICE NUMBER (If applicable) <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>		
6. TELEPHONE NUMBER (Include Area Code) <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> Enter International Phone Number (If applicable)	7. E-MAIL ADDRESS (Optional) <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>	
8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> Apt./Unit Number <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> City <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> State/Province <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> Country <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> ZIP Code/Postal Code <div style="display: flex; border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div>		
SECTION II: REMARKS (The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)		

VETERAN'S SOCIAL SECURITY NO. - -

SECTION II: REMARKS (Continued) <i>(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)</i>	
SECTION III: DECLARATION OF INTENT	
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.	
9. SIGNATURE OF VETERAN/BENEFICIARY (Required) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	10. DATE SIGNED (MM/DD/YYYY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Month <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> Day <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>
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.	
PRIVACY ACT INFORMATION: The 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). 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.	

OMB Control No. 2900-0858
Respondent Burden: 5 minutes
Expiration Date: 07/31/2024

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)		
<p>INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide your written authorization to obtain your treatment records, so the VA can get the information required to process your claim. For more information, contact us at https://irs.custhelp.va.gov, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the relay number is 711. VA forms are available at www.va.gov/vaforms. For mailing information see page 3.</p>		
SECTION I - VETERAN IDENTIFICATION INFORMATION		
<p>NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.</p>		
<p>1. VETERAN'S NAME (First, Middle Initial, Last)</p> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH (MM/DD/YYYY)
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
5. VETERAN'S SERVICE NUMBER (If applicable)		
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
6. MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)		
No. & Street <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
Apt./Unit Number <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> City <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
State/Province <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> Country <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div> ZIP Code/Postal Code <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
7. TELEPHONE NUMBER (Include Area Code)		8. E-MAIL ADDRESS (Optional) <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim.
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
Enter International Phone Number (If applicable) <div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)		
9. PATIENT'S NAME (First, Middle Initial, Last)		
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		
10. SOCIAL SECURITY NUMBER	11. VA FILE NUMBER (If applicable)	
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	
SECTION III - INFORMATION REGARDING SOURCE OF RECORD(S)		
<p>SOURCE OF RECORD(S):</p> <ul style="list-style-type: none"> • ALL medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities, • Social workers/rehabilitation counselors, • Consulting examiners used by VA, • Employers, insurance companies, workers' compensation programs, and • Others who may know about my condition (family, neighbors, friends, public officials). 		
SECTION IV - RECORDS TO BE RELEASED TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)		
<p>I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) of: <i>All my medical records; including information related to my ability to perform tasks of daily living. This includes specific permission to release:</i></p>		
<p>1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) <i>including</i>, but <i>not limited to</i>:</p> <ul style="list-style-type: none"> a. Psychological, psychiatric, or other mental impairment(s) excluding "psychotherapy notes" as defined in 45 C.F.R. §164.501, b. Drug abuse, alcoholism, or other substance abuse, c. Sickle cell anemia, d. Records which may indicate the presence of a communicable or non-communicable disease; and tests for or records of HIV/AIDS, e. Gene-related impairments (including genetic test results) 		
<p>2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.</p>		
<p>3. Information created within 12 months <i>after</i> the date this authorization is signed in Item 13, as well as past information.</p>		
<p>YOU SHOULD NOT COMPLETE THIS FORM UNLESS YOU WANT THE VA TO OBTAIN PRIVATE TREATMENT RECORDS ON YOUR BEHALF. IF YOU HAVE ALREADY PROVIDED THESE RECORDS OR INTEND TO OBTAIN THEM YOURSELF, THERE IS NO NEED TO FILL OUT THIS FORM. DOING SO WILL LENGTHEN YOUR CLAIM PROCESSING TIME. THIS FORM IS NOT NEEDED TO REQUEST VA MEDICAL RECORDS.</p>		
<p>IMPORTANT - In accordance with 38 C.F.R. §3.159(c), "VA will not pay any fees charged by a custodian to provide records requested."</p>		

VETERAN'S SOCIAL SECURITY NO. - -

SECTION V - AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO VA AND SIGNATURE	
12. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE (If this space is left blank, there is no limitation to records):	
<p>TO WHOM: The Department of Veterans Affairs (VA).</p> <p>PURPOSE: Determining my eligibility for benefits, and whether I can manage such benefits.</p> <p>EXPIRES: This authorization is good for 12 months from the date shown in Item 14.</p> <ul style="list-style-type: none"> • I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above in Section I. • I understand that there are some circumstances in which this information may be re-disclosed to other parties (See page 2 for details). • I may write to VA and my source(s) to revoke this authorization at any time (See page 2 for details). • VA will give me a copy of this form, if I ask; I may also ask the source(s) to allow me to inspect or get a copy of material to be disclosed. • I have read both pages of this form and agree to the disclosures above from the types of sources listed. See Patient Acknowledgment below. 	
13. SIGNATURE OF PERSON AUTHORIZING DISCLOSURE (Required)	14. DATE SIGNED (MM/DD/YYYY) (Required)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
15. PRINTED NAME OF PERSON SIGNING (First, Middle Initial, Last)	
<input type="text"/>	
16. RELATIONSHIP TO VETERAN/CLAIMANT (If other than self, please provide full name, title, organization, city, State, and ZIP code. All court appointments must include docket number, county, and State)	
<p>NOTE: This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under P.L. 104-191 ("HIPAA"); 45 C.F.R. parts 160 and 164; 42 U.S.C. §290dd-2; 42 C.F.R. part 2, and State Law.</p> <p>PRIVACY ACT NOTICE: The 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the source to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.</p> <p>PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of material fact knowing it to be false.</p> <p>If you do not revoke this authorization, it will automatically expire in 12 months from the date you sign and date the form. Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by VA without your consent if authorized by Federal laws such as the Privacy Act.</p> <p>Under the Government Paperwork Elimination Act (GPEA) (Public Law 105-277), the Office of Management and Budget (OMB) ensures that agencies, when practicable, provide for the option of electronic maintenance, submission of disclosure of information and for the use and acceptance of electronic signatures. GPEA states that electronic records submitted or maintained in accordance with the procedures developed by OMB, or electronic signature or other forms of electronic authentication used in accordance with such procedures, "shall not be denied legal effect, validity, or enforceability merely because such records are in electronic form" (Public Law 105-277, section 1707).</p> <p>RESPONDENT BURDEN: We need this information and your written authorization to obtain your treatment records to help us get the information required to process your claim. Title 38, United States Code, allows us to ask for this information. You can provide this authorization by signing VA Form 21-4142. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations. We estimate that you will need an average of 5 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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form. If you use the Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.</p> <p>PATIENT ACKNOWLEDGMENT: I HEREBY AUTHORIZE the sources listed in Section IV, to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the source being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it provides me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my source sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization in writing, at any time except to the extent a source of information has already relied on it to take an action. To revoke, I must send a written statement to the VA Regional Office handling my claim or the Board of Veterans' Appeals (if my claim is related to an appeal) and also send a copy directly to any of my sources that I no longer wish to disclose information about me. I understand that VA may use information disclosed prior to revocation to decide my claim.</p> <p>NOTE: For additional information regarding VA Form 21-4142, refer to the following website: https://www.benefits.va.gov/privateproviders/.</p>	

WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claims status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below.

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365
FIDUCIARY	BOARD OF VETERANS' APPEALS
Department of Veterans Affairs Fiduciary Intake PO Box 95211 Lakeland, FL 33804-5211	Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038

These addresses serve all United States and foreign locations.

Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)		
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide the name of the provider or facility you have received treatment from to the VA. For more information, contact us at https://iris.custhelp.va.gov , or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms . After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.		
SECTION I - VETERAN'S IDENTIFICATION INFORMATION		
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.		
1. VETERAN'S NAME (First, Middle Initial, Last) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		
2. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	3. VA FILE NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	4. DATE OF BIRTH (MM/DD/YYYY) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
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VETERAN'S SOCIAL SECURITY NO. - -

11A. PROVIDER OR FACILITY NAME	11B. CONDITIONS YOU ARE BEING TREATED FOR	11C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 11A) From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>
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<p>PRIVACY ACT NOTICE: The 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.</p> <p>RESPONDENT BURDEN: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/dn/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>		
<p>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.</p>		

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
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<p>PRIVACY ACT NOTICE: The 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.</p> <p>RESPONDENT BURDEN: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p> <p>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.</p>		



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT B

March 6, 2024

In reply, refer to:
283/DV

IMPORTANT

Dear [REDACTED],

We received mail indicating that you would like us to review a claim for mental health condition that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit for VA to consider.	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
VA last made a decision on the claimed issue	VA Form 10182, <i>Decision Review Request:</i>



less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals.	<i>Board Appeal (Notice of Disagreement)</i>
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We will take no further action until we receive your completed form. To locate these forms, go to the website www.va.gov/vaforms, or call us at 1-800-827-1000.

If VA last made a decision on the claimed issue less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals, please complete a VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement).

Veterans Signals (VSignals), a VA Customer Experience Survey

VA is conducting short surveys to gather feedback regarding the new decision review process. VA will randomly select survey participants from individuals who filed a request for a decision review. The survey will be sent via email and should take less than three minutes to complete. If selected, you will receive a survey within 10 days of the date on your notification letter. To be considered for VA surveys, please review your va.gov profile and ensure we have your current email address. The survey may not route to your inbox, so please check your junk folder.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number 315804990.

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

Respectfully,



Regional Office Director

Enclosure(s): Where To Send Your Correspondence

cc: DISABLED AMERICAN VETERANS
POA National Organization

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

EXHIBIT C

March 14, 2024

We made a decision on your VA benefits.

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

- Service connection for surgical scar, left lower extremity is granted with an evaluation of 0 percent effective October 13, 2023.
- Evaluation of Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms (previously as posttraumatic stress disorder), which is currently 50 percent disabling, is continued.
- Evaluation of left knee meniscal tear with degenerative arthritis, which is currently 20 percent disabling, is continued.
- Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
- Evaluation of right knee meniscal tear with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
- Entitlement to individual unemployability is denied.
- Service connection for migraines is denied.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
50%	May 5, 2023
70%	May 8, 2023
70%	Oct 13, 2023



We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Your Correspondence
4. VA Form 20-0998
5. Rating Decision
6. Fraud Prevention Attachment

Contact Information:

Web: www.vets.gov
 Phone: 1-800-827-1000
 TDD: 711
 To send questions online: visit <https://iris.custhelp.com/>

Social Media:

Twitter: @VAVetBenefits
 Facebook: www.facebook.com/VeteransBenefits

Your representative:

You appointed DISABLED AMERICAN VETERANS as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1.



How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: <http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

See **Rating Decision** to find out why we made this decision.

As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VALife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. Visit the VALife Insurance website, <https://www.va.gov/life-insurance/options-eligibility/valife/>, for further information.

You may be eligible for cost free hospital care and medical services under a new law passed by Congress. To be eligible, you must have served at Camp Lejeune for at least 30 days between August 1, 1953-December 31, 1987 and be diagnosed with any of the illnesses or conditions listed below. For additional information, contact your local VA health care facility.

Esophageal Cancer, Breast Cancer, Kidney Cancer, Multiple Myeloma, Renal Toxicity, Female Infertility, Scleroderma, Non-Hodgkin's Lymphoma, Lung Cancer, Bladder Cancer, Leukemia, Myelodysplastic Syndromes, Hepatic Steatosis, Miscarriage, And Neurobehavioral Effects. (38 CFR 17.400 Hospital Care and Medical Services for Camp Lejeune Veterans.)

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$1,804.06	Jun 1, 2023	Original Award
\$1,861.28	Dec 1, 2023	Cost of Living Adjustment

We are currently paying you as a Veteran with one dependent. *Let us know right away if there is any change in the status of your dependents.*

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See **Explanation of Payment** for more details about your payment.



Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,

please notify us immediately.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you





would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director

cc: DISABLED AMERICAN VETERANS



Explanation of Payment

Your monthly entitlement amount includes payment for the following dependent(s):

Payment Start Date	Award Dependent(s)
Jun 1, 2023	RAMONA
Dec 1, 2023	RAMONA

Let us know right away if there is any change in the status of your dependent(s).

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information. If you would prefer to submit your request to add your dependents to your award in paper, please complete, sign, and return VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. You can locate the appropriate form(s), please visit the following website: www.va.gov/vaforms.

Please Take Action: What Things Affect Your Right to Payment?

Please notify VA *immediately* if there is a change in any condition affecting your right to continued payments. If you don't notify us of these changes immediately, you may have to return any overpayments. Those changes include:

Evidence received shows a change is warranted.
Military Pay or Worker's Compensation: Your payments may be affected by the following, which you must bring to our attention: <ul style="list-style-type: none"> • Reentrance into active military or naval service. • Receipt of armed forces service retirement pay, unless your retirement pay has already been reduced because of award of disability compensation. • Receipt of benefits from the Office of Federal Employees Compensation. • Receipt of active duty or drill pay as a reservist or member of the National Guard.
Dependents: If you have a disability rating of 30 percent or more, you must advise VA of any change with your spouse or children.
Hospitalization: If your award includes Aid and Attendance benefits, we may reduce this additional allowance if you are admitted to a hospital, nursing home, or domiciliary care at VA expense.





Evidence received shows a change is warranted.
Incarceration: Benefits will be reduced if you are incarcerated in a federal, state, or local penal institution for more than 60 days for conviction of a felony.
Lack of Cooperation: We may stop monthly payments if you: <ul style="list-style-type: none"> • fail to submit evidence we requested, • fail to attend a VA examination when requested, or • Submit false or fraudulent evidence to VA, or cause false or fraudulent evidence to be submitted to VA.
Fraud/Lying to Government: The law provides severe penalties, which include fines, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled. We may verify information you submit through computer-matching programs with other agencies.

Additional Benefits

Education, Training, and Employment: <ul style="list-style-type: none"> • Education loans: For more information, please call 1-888-GIBILL-1 (1-888-442-4551) or visit www.vets.gov/education. • Veterans with student loans: For more information, please call 1-888-303-7818 or visit www.disabilitydischarge.com/.
Medical Care and Treatment: <ul style="list-style-type: none"> • Mental Health Counseling: For more information, please visit www.myhealth.va.gov/mhv-portal-web/. • Blind Rehabilitation: For more information, please visit www.va.gov/blindrehab/. • Change in Compensation Benefits: For more information, please call 1-877-222-VETS or visit www.va.gov/healtheligibility. • Clothing Allowance: For more information, please call 1-800-827-1000 or visit www.vets.gov/disability-benefits/conditions/special-claims/clothing/. • VA Medical Care: Present a copy of this notification letter to the Patient Registration/Eligibility Section at your nearest VA Medical Center www.vets.gov/facility-locator/. • Dental Benefits: For more information, please contact your nearest VA Medical Center or outpatient clinic www.vets.gov/facility-locator/.



**Home Adaptations/Loans, Automobile Benefits, and Life Insurance:**

- **Loans:** For more information, please visit www.benefits.va.gov/homeloans/.
- **Funding Fee Refund:** If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin the refund process.
- **Government life insurance:** As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VALife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. For more information on VALife, please visit <https://www.va.gov/life-insurance/options-eligibility/valife/>.

Armed Forces Commissary and Exchange:

- You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged Veterans with a service-connected disability; Former Prisoners of War; Purple Heart or Medal of Honor recipients; military retirees; members of the reserves; and their dependents may qualify for entitlement to this additional benefit. For more information, please visit va.gov/resources/commissary-and-exchange-privileges-for-veterans.

Payment for Travel:

- **Payment for Travel:** You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments because of your newly granted service-connected conditions. You must make a request for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter.

State Benefits:

- **State Benefits:** For more information, please visit www.va.gov/statedva.htm.



Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**






You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net



YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	You are adding or identifying new and relevant evidence to support your claim that we did not previously consider. VA will assist you in gathering new and relevant evidence that you identify to support your claim.	You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision. You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.	You must choose a docket: Direct Review - You do not want to submit evidence or have a hearing. Evidence Submission - You choose to submit additional evidence without a hearing. Hearing - You choose to have a hearing with a Veterans Law Judge.
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Scan QR Code to Access Form			
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.



For most VA benefits, you have **1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date.** Consult your decision notice for specific limitations.

* All forms listed are available at www.va.gov/find-forms/ or use your mobile device camera to scan the QR code to take you directly to the form you select.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You can find a searchable database of VA-recognized representatives at www.va.gov/ogc/apps/accreditation.

Scan the QR Code to Open the Appropriate Decision Review Website Page



**Supplemental
Claim**



**Higher-Level
Review**



**Board
Appeal**

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INTRODUCTION

DECISION

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4. Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
5. Evaluation of right knee meniscal tear with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
6. Entitlement to individual unemployability is denied.
7. Service connection for migraines is denied.

EVIDENCE

- Rating Decision, dated January 21, 2024
- Service Treatment Records, received April 4, 2017, for the period February 13, 1991 to June 28, 1991
- Service Personnel Records, received January 10, 2023, for the period February 13, 1991 to June 28, 1991
- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received October 13, 2023
- VA Forms 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, received October 13, 2023, and November 6 and 8, 2023
- VA Form 21-8940, Veteran's Application For Increased Compensation Based On Unemployability, received October 13, 2023
- VA Form 21-4138, Statement in Support of Claim, received October 13, 2023
- Subsequent Development Letters, dated October 23, 2023 and November 8, 2023
- VA Form 21-4192, Request For Employment Information in Connection With Claim For Disability Benefits, received November 8, 2023
- Private Treatment Records from Emory Healthcare, received November 16, 2023, for the period July 15, 2022 to November 13, 2023
- VA Form 21-4142, Authorization and Consent to Release Information to Department of Veterans Affairs, received November 16, 2023
- [REDACTED] treatment records, for the period July 22, 2013 to December 14, 2023
- VA contract examinations and medical opinions, Logistics Health Inc. (LHI), conducted December 23 and 28, 2023, and January 12, 2024
- Private Treatment Records from Northside Hospital, received December 30, 2023, for the period November 10, 2018 to November 16, 2023
- Compensation exam dated January 26, 2024
- Compensation exam dated February 1, 2024
- Compensation exam dated February 7, 2024
- [REDACTED] records received February 23, 2024 and March 6, 2024 for July 16, 2013 to March 4, 2024

REASONS FOR DECISION



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1. Service connection for surgical scar, left lower extremity.

Service connection for surgical scar, left lower extremity has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is October 13, 2023. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

A noncompensable evaluation is assigned from October 13, 2023.

We have assigned a 0 percent evaluation for your surgical scar, left lower extremity based on:

- Left lower extremity: area or areas less than 144 square inches (929 sq. cm.) (Not associated with underlying soft tissue damage)

Additional symptom(s) include:

- Scar 1 Location: Left lower extremity
- Scar 1 type: scar

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

Your first scar/area has a length of 21 cm and a width of 1 cm for a total area of 21 sq. cm.

An additional, separate compensable evaluation under Diagnostic Code 7804 is not warranted unless there is at least one scar that is painful or unstable. (38 CFR 4.118)

A higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (left lower extremity) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.). (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)



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2. Evaluation of Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms (previously as posttraumatic stress disorder) currently evaluated as 50 percent disabling.

Although recent evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344} We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation.

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 50 percent evaluation for your Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms based on:

- Anxiety
- Chronic sleep impairment
- Difficulty in adapting to a worklike setting
- Difficulty in adapting to stressful circumstances
- Difficulty in adapting to work
- Difficulty in establishing and maintaining effective work and social relationships
- Disturbances of motivation and mood
- Flattened affect
- Forgetting directions
- Forgetting names
- Forgetting recent events
- Mild memory loss
- Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal)
- Suspiciousness

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 50 percent disability evaluation. (38 CFR 4.7, 38 CFR 4.126)

A higher evaluation of 70 percent is not warranted for a mental disorder unless the evidence shows occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:

- Suicidal ideation
- Obsessional rituals which interfere with routine activities
- Speech intermittently illogical, obscure, or irrelevant
- Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- Impaired impulse control (such as unprovoked irritability with periods of violence)



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- Spatial disorientation
- Neglect of personal appearance and hygiene
- Difficulty in adapting to stressful circumstances (including work or a worklike setting)
- Inability to establish and maintain effective relationships. (38 CFR 4.125, 38 CFR 4.126, 38 CFR 4.130)

3. Evaluation of left knee meniscal tear with degenerative arthritis currently evaluated as 20 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 20 percent evaluation for your left knee condition based on:

- Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation

Additional symptom(s) include:

- X-ray evidence of degenerative arthritis

This is the highest schedular evaluation allowed under the law for degenerative arthritis, other than post-traumatic. (38 CFR 4.71a)

Additionally, a higher evaluation of 30 percent is not warranted for impairment of the knee unless the evidence shows:

- A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription for a brace and either a cane or a walker; or,
- Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes both an assistive device (e.g., cane(s), crutch(es), or a walker) and bracing for ambulation. (38 CFR 4.71a)

4. Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic, currently evaluated as 10 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent



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evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 10 percent evaluation for your left knee condition based on:

- Painful motion of the knee (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the knee, the minimum compensable evaluation of 10 percent is assigned)

Additional symptom(s) include:

- Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation
- X-ray evidence of degenerative arthritis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown and Mitchell v. Shinseki*, have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for degenerative arthritis, other than post-traumatic unless the evidence shows:

- X-ray evidence of involvement of two or more major joints or two or more minor joint groups, with occasional incapacitating exacerbations. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of flexion of the knee unless the evidence shows:

- Limitation of flexion of 16 to 30 degrees. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of extension of the knee unless the evidence shows:

- Limitation of extension of 15 to 19 degrees. (38 CFR 4.71a)

5. Evaluation of right knee knee meniscal tear with degenerative arthritis, other than post-traumatic currently evaluated as 10 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent evidence shows some improvement in the condition, sustained improvement has not been



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definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 10 percent evaluation for your right knee condition based on:

- Painful motion of the knee (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the knee, the minimum compensable evaluation of 10 percent is assigned)

Additional symptom(s) include:

- X-ray evidence of degenerative arthritis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in *DeLuca v. Brown and Mitchell v. Shinseki*, have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for degenerative arthritis, other than post-traumatic unless the evidence shows:

- X-ray evidence of involvement of two or more major joints or two or more minor joint groups, with occasional incapacitating exacerbations. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of flexion of the knee unless the evidence shows:

- Limitation of flexion of 16 to 30 degrees. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of extension of the knee unless the evidence shows:

- Limitation of extension of 15 to 19 degrees. (38 CFR 4.71a)

6. Entitlement to individual unemployability.

Entitlement to individual unemployability is denied because you have not been found unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities. You are considered unemployable due to nonservice-connected factors. The service-connected disabilities, when considered apart from the nonservice-connected conditions, are not the cause of unemployability. (38 CFR 4.16, 38 CFR 4.18)

Favorable Findings identified in this decision:

You are not working. Mental health exam shows your are not working due to non service



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connected congestive heart failure.

Your service-connected disabilities meet the schedular criteria for entitlement to individual unemployability. You are service connected for PTSD at 50 percent with a combined evaluation of 70 percent.

7. Service connection for migraines.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) We did not find a link between your medical condition and military service. (38 CFR 3.303) Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that your claimed disability is related to a service-connected disability, nor is there any evidence that your claimed disability was incurred during military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a condition diagnosed after military discharge provided evidence establishes that the condition was caused by service. Service connection may be granted on this basis for a disability related to toxic exposure risk activity (TERA) during military service if evidence demonstrates that the Veteran was actually exposed in service and that a disease associated with such exposure resulted. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4)) The evidence of record shows participation in a TERA.

We requested an examination with medical opinion based on toxic exposure risk activity (TERA). Although the evidence of record shows participation in a TERA, the medical opinion provided by the examiner does not show an association between your claimed disability and in-service TERA. (38 U.S.C. 1168, 38 CFR 3.303)

Favorable Findings identified in this decision:

You have been diagnosed with a disability. Compensation exam from January 2024 shows migraines.

Participation in a toxic exposure risk activity is conceded. TERA memo shows exposure to burn pits and environmental hazards with SWA service.

The claimed primary disability is service-connected. You are service connected for PTSD now diagnosed as other specified stressor related disorder.

REFERENCES:




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Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.



Fraud Prevention: Protect Your Benefits

Please contact the VA ***immediately*** at 1-800-827-1000 if you suspect your information is compromised.

- You receive correspondence from VA concerning a claim, and you don't remember filing a claim contact the VA at 1-800-827-1000.
- You receive correspondence requesting a processing fee prior to releasing benefit payments contact the VA at 1-800-827-1000.
- VA may check in with you by phone, email, or text message. The VA will **never ask for personal information via email**. This includes verification of your SSN, address, and/or bank information. If you are unsure about any call, email, or text, confirm details directly with the VA.
- VA **does not threaten** claimants with jail or lawsuits.
- Be cautious of telephone numbers on caller ID. Scammers may change the telephone number (spoofing) to make a call appear to come from a different person or place.
- When in doubt, hang up and call VA directly at 1-800-827-1000, or call your Power of Attorney representative (DAV, VFW, etc.).
- **Do not ignore emails or letters** from the VA notifying you of an update to direct deposit or eBenefits account information. If you don't remember making changes, it could be the first sign your information was compromised.
- Use secure, unique passwords, and two factor identification where available. To establish a more secure logon for Vets.gov and eBenefits.va.gov with two factor identification create an account via ID.me at <https://api.id.me/en/registration/new>
- Monitor your accounts regularly, respond to fraud alerts and report unauthorized transactions promptly.
- To learn more about protecting yourself from fraud, and how to report it visit <https://www.va.gov/oig/hotline/default.asp>, or go to VA.gov and search "Office of Inspector General".
- For more details on how to avoid scams go to <https://www.fcc.gov/veterans-targeted-benefits-scams>
- Download free financial scam awareness resources at <https://www.consumerfinance.gov/about-us/blog/helping-prevent-scams-targeted-veterans/>
- Get up-to-date information on fraud and scams from the Federal Trade Commission <https://public.tableau.com/profile/federal.trade.commission>



March 7, 2024

DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT D

In reply, refer to:
283/DVFile Number:
[REDACTED]

IMPORTANT

Dear Mr. [REDACTED]

We received mail indicating that you would like us to review a claim for left lower extrem;right lower extremely;restless les syndom;res. of pratectomy -;incresse : lumbar that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit for VA to consider.	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>

ERRORS found

- misspelling
- Veteran submitted 21-526ez - has never filed for 1) restless legs syndrome 2) prostectomy 3) service connected for lumbar condition - these 3 issues should not be listed on this form and VA is now requesting proper form



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT E

January 23, 2024

In reply, refer to:
322/SD**IMPORTANT -- reply needed within 30 days**

Dear Mr. [REDACTED]

We are working on your claim.

Important Information

- You claimed Back Condition and Left Achilles Tendon, please specify what disability you are claiming.

What Do We Still Need From You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- You did not claim a specific disability. Please tell us the name of your claimed disability. You may provide this information on the enclosed VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. Please note that we cannot take further action on your claim until we receive this information.
- You recently claimed VA benefits and did not elect an electronic payment method. The U.S. Department of Treasury (Treasury) mandated that new recurring benefit payments must be made via EFT or prepaid debit card. You must contact the Treasury at 1-888-224-2950 to discuss options available for receiving your future payments that are in compliance with Treasury regulations.

Before you call the Treasury, we can help! If compensation or pension is awarded, you can receive your payments through electronic funds transfer (EFT).

To have your federal benefits electronically transferred to your designated financial institution (e.g. bank) you can update your direct deposit information through VA.gov, or you can call us at 1-800-827-1000. To find out more about changing your VA direct deposit



information please visit <https://www.va.gov/change-direct-deposit/>.

If you do not have a financial institution, you can go online to the Veterans Benefits Banking Program website at www.veteransbenefitsbanking.org to locate a low-cost or no-cost option.

If you do not have access to the internet or a phone, you can update your direct deposit information by completing the attached *Standard Form 1199a*.

How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the VA.gov website. Just visit www.VA.gov to register. Please also refer to the 'What is VA.gov?' section of this letter for more information.

You can also mail what we need to the appropriate address listed on the attached *Where to Send Your Correspondence* chart.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. **If we do not hear from you, we may make a decision on your claim after 30 days.**

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached *Where to Send Your Correspondence* chart.


If You Have Questions or Need Assistance





If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Correspondence</i> .

In all cases, be sure to refer to VA file number 

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov> or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

We look forward to resolving your claim in a fair and timely manner.

Respectfully,

Regional Office Director

Enclosure(s): VA Form 21-526EZ
Where to Send Correspondence
VA Form 21-4138
Standard Form 1199a - Direct Deposit Sign Up Form

cc: DISABLED AMERICAN VETERANS
POA National Organization





NOTICE TO VETERAN/SERVICE MEMBER OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR VETERANS DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

This notice provides information regarding the evidence necessary to substantiate a claim for:

Disability Service Connection	Special Monthly Compensation
Compensation Claims Submitted Prior to Discharge	Benefits Based on a Veteran's Seriously Disabled Child
Compensation under 38 U.S.C. 1151	Increased Disability Compensation
Automobile Allowance/Adaptive Equipment	Individual Unemployability
Secondary Service Compensation	Specially Adapted Housing/Special Home Adaptation
Temporary Total Disability Rating	Presumptive Service Connection

When to Use this Form

Use this notice and the attached application to submit a claim for veterans' disability compensation and related compensation benefits. This notice informs you of the evidence necessary to decide your claim. After you submit your claim on the attached application you **will not** receive an initial letter regarding your claim. You **do not** need to submit another application.

If you are filing a new claim or a claim for increased disability compensation for an evaluation decided more than one year ago ...	please complete and submit VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i> .
If you disagree with an evaluation decided within the past year and have new and relevant evidence OR If you are filing a supplemental claim (a claim after an initial claim for the same or similar benefit was previously decided) and have new and relevant evidence ...	please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i> **

** You may also file a request for higher-level review (VA Form 20-0996, *Decision Review Request: Higher-Level Review*) or appeal to the Board of Veterans' Appeals (VA Form 10182, *Decision Review Request: Board Appeals (Notice of Disagreement)*). For additional information on all of these different options, please visit <https://www.va.gov/decision-reviews/>.

Want to apply electronically? You can apply online at www.va.gov. If you sign in or create an account, we can prefill parts of your application and save your work in progress. You can also upload all your supporting documents with your claim, and submit it through the Fully Developed Claims (FDC) program, then track claim status online. Get Started at <https://www.va.gov/disability/how-to-file-claim/>.

NOTE: You may wish to contact an accredited veterans service officer (VSO) to assist you with your application. For a list of accredited veterans service organizations go to <https://www.va.gov/ogc/recognizedvso.asp>. You may also contact your state office of veterans affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process.

Want your claim processed faster? The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate in making a claim for veterans disability compensation or related compensation benefits, submit your claim in accordance with the "FDC Program" shown on the following information pages 2 through 8. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21P-527EZ, *Application for Pension*. If you are making a claim for survivor benefits, use VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*. VA forms are available at www.va.gov/vaforms. A separate expedited claims processing program available for current active duty Servicemembers is explained on page 5 under *Compensation Claims Submitted Prior to Discharge*.

NOTE: Participation in the FDC Program is optional and will not affect the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program and process it in the Standard Claim Process. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process) on page 2. If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process on page 2.

SUBMITTING A CLAIM

When submitting a claim(s) for **Veterans Disability Compensation and Related Compensation Benefits** the following information tells you what you need to do and what VA will do during the FDC Program (Optional Expedited Process) or the Standard Claim Process.

1. HOW TO SUBMIT A CLAIM

Submit your claim on a VA Form 21-526EZ (Attached). Make sure you complete and sign your application. The information on pages 2 through 8 describes the evidence you need to submit, how VA will help you obtain evidence and what the evidence must show to support your claim.

2. WHAT YOU NEED TO DO

The table on page 2 describes the information and evidence you need to submit based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process. You will need to indicate how you want your claim to be processed by checking the appropriate box in Item 1, on page 9 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit all relevant private treatment records, if they exist • Identify any relevant treatment records available at a Federal Facility, such as a VA medical center • Identify the location and sufficient information to obtain your National Guard and Reserve personnel and service treatment records (if applicable) <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p> <p>NOTE: If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.</p>	<p>If you know of evidence not in your possession and want VA to try to get it for you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Complete and sign VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, identifying any private medical records you wish VA to request for you • Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p> <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p>
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence <i>along</i> with your claim <p>If you submit additional information or evidence <i>after</i> you submit your "fully developed" claim, then VA will remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If within 30 days, you do not provide any evidence or do not provide us with the information needed to assist you with obtaining evidence, we may decide your claim prior to the expiration of the one year period. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>
<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim 	<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim. If you do not submit the needed information or evidence with your claim but it is needed to make a decision, VA will request it from you.

SPECIAL CIRCUMSTANCES
<p>Under the special circumstances shown below, you <i>must</i> also submit along with your claim the following:</p> <ul style="list-style-type: none"> • If you were treated at a Veterans Center, submit a completed VA Form 21-4142 • If claiming dependents, submit a completed VA Form 21-686c, <i>Application Request to Add and/or Remove Dependents</i>. If claiming a child in school between the ages of 18 and 23; also submit a completed VA Form 21-674, <i>Request for Approval of School Attendance</i>. If claiming benefits for a seriously disabled (helpless) child, also submit all, relevant, private medical treatment records pertaining to the child's pertinent disabilities • If claiming Individual Unemployability, submit a completed VA Form 21-8940, <i>Veteran's Application for Increased Compensation Based on Unemployability</i> • If claiming Post-Traumatic Stress Disorder (PTSD), submit a completed VA Form 21-0781, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder</i>, or if claiming PTSD based on personal assault, submit a completed VA Form 21-0781a, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Secondary to Personal Assault</i>

SPECIAL CIRCUMSTANCES (Continued)
<p>Under the special circumstances shown below, you must also submit along with your claim the following:</p> <ul style="list-style-type: none"> • If claiming Specially Adapted Housing or Special Home Adaptation, submit a completed VA Form 26-4555, <i>Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant</i> • If claiming Auto Allowance, submit a completed VA Form 21-4502, <i>Application for Automobile or Other Conveyance and Adaptive Equipment</i> • If claiming additional benefits because you or your spouse require Aid and Attendance, submit a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>; or if claiming Aid and Attendance based on nursing home attendance, a VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i> <p>NOTE: VA forms are available online at www.va.gov/vaforms.</p>

3. HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

The table below describes the information and evidence VA will assist you in obtaining based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as a private doctor or hospital records from current or former employers

4. WHERE TO SEND INFORMATION AND EVIDENCE

You may send your application and any evidence in support of your claim by using the following methods shown in the table below.

MAIL TO	SUBMIT ONLINE
<p>Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444</p>	<p>VA gov: www.va.gov Direct Upload: AccessVA</p>

5. WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

The table below provides a guide to the evidence tables showing what evidence you must provide to support your claim.

If you are claiming...	See the evidence table titled...
You have a disability that was caused or aggravated by your service	Disability Service Connection
You have a qualifying disability that arose as a result of a presumption of exposure	Presumptive Service Connection
Your service-connected disability caused or aggravated an additional disability	Secondary Service Connection
Your service-connected disability has worsened	Increased Disability Compensation
Compensation and you are a service person who is about to be discharged	Compensation Claims Submitted Prior to Discharge
Your service-connected disability caused you to be hospitalized or to undergo surgery or other treatment	Temporary Total Disability Rating
Your service-connected disability(ies) prevents you from getting or keeping substantial employment	Individual Unemployability
You have a disability caused or aggravated by VA medical treatment, vocational rehabilitation, or compensated work therapy	Compensation Under 38 U.S.C. 1151
Your service-connected disability(ies) causes you to be in need of aid and attendance or the be confined to your residence	Special Monthly Compensation
Adapting and/or purchasing a residence	Special Adapted Housing or Special Home Adaptation
Adapting and/or purchasing a vehicle	Auto Allowance
A Severely Disabled Spouse	Special Monthly Compensation
A Severely Disabled Child	Helpless Child

EVIDENCE TABLES

Disability Service Connection
<p>To support a claim for service connection, the evidence must show:</p> <ul style="list-style-type: none"> You had an injury in service, or a disease that began in or was made permanently worse during service, or there was an event in service that caused an injury or disease; AND You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND A relationship exists between your current disability and an injury, disease, symptoms, or event in service. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. <p>To support a claim for service connection based upon a period of active duty for training, the evidence must show:</p> <ul style="list-style-type: none"> You were disabled during active duty for training due to disease or injury incurred or aggravated in the line of duty; AND You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND There is a relationship between your current disability and the disease or injury incurred or aggravated during active duty for training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. <p>To support a claim for service connection based upon a period of inactive duty training, the evidence must show:</p> <ul style="list-style-type: none"> You were disabled during inactive duty training due to an injury incurred or aggravated in the line of duty or an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during inactive duty training; AND You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; AND There is a relationship between your current disability and your inactive duty training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. <p>In order to file a supplemental claim, you must submit or identify new and relevant evidence.</p> <ul style="list-style-type: none"> To qualify as new, the evidence must not have been part of the evidentiary record at the time of the prior decision. In order to be considered relevant, the additional evidence must tend to prove or disprove a matter at issue in the claim.
Presumptive Service Connection
<p>To support a claim for presumptive service connection the evidence must show:</p> <ul style="list-style-type: none"> You served in a recognized location that qualifies you for the presumption of exposure; AND/OR You have a current disability that qualifies you for the presumption of service connection. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable. <p>Under certain circumstances, VA may presume that certain current diseases were caused by service, even if there is no specific evidence proving this in your particular claim. Service connection is presumed for certain diseases for the following veterans:</p> <ul style="list-style-type: none"> Former prisoners of war; Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service; Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service; Veterans who were exposed to certain herbicides, such as by service in/on: <ul style="list-style-type: none"> Vietnam or qualifying offshore waters, from January 9, 1962, through May 7, 1975; a unit determined by VA or the Department of Defense to have operated in the Korean DMZ, from September 1, 1967, through August 31, 1971; individuals who performed service in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have used to spray an herbicide agent during the Vietnam era; Thailand at any United States or Royal Thai base, from January 9, 1962, through June 30, 1976; Laos, from December 1, 1965, through September 30, 1969; Cambodia at Mimot or Krek, Kampong Cham Province, from April 16, 1969, through April 30, 1969; Guam or American Samoa, or in the territorial waters thereof, from January 9, 1962, through July 31, 1980; Johnston Atoll or on a ship that called at Johnston Atoll, from January 1, 1972, through September 30, 1977. Veterans who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953 and December 31, 1987; or Veterans who served in the Gulf War: <ul style="list-style-type: none"> On or after August 2, 1990, and served in: <ul style="list-style-type: none"> Bahrain; Iraq; the neutral zone between Iraq and Saudi Arabia; Kuwait; Oman; Qatar; Saudi Arabia; Somalia; United Arab Emirates; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; the Red Sea; Afghanistan; Israel; Egypt; Turkey; Syria; or Jordan; OR On or after September 11, 2001, and served in: <ul style="list-style-type: none"> Afghanistan; Djibouti; Egypt; Jordan; Lebanon; Syria; Yemen; or Uzbekistan.

EVIDENCE TABLES (Continued)

<p>Secondary Service Connection</p> <p>To support a claim for compensation based upon an additional disability that was caused or aggravated by a service-connected disability, the evidence must show:</p> <ul style="list-style-type: none"> You currently have a physical or mental disability shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable, in addition to your service-connected disability; AND Your service-connected disability either caused or aggravated your additional disability. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. However, VA may presume service-connection for cardiovascular disease developing in a claimant with certain service-connected amputation(s) of one or both lower extremities.
<p>Increased Disability Compensation</p> <p>If VA previously granted service connection for your disability and you are seeking an increased evaluation of your service-connected disability, we need medical or lay evidence to show a worsening or increase in severity and the effect that worsening or increase has on your ability to work.</p>
<p>Compensation Claims Submitted Prior to Discharge</p> <p>Under the Benefits Delivery at Discharge (BDD) program you can submit a disability claim 90 to 180 days prior to your anticipated separation date from active duty. Claims are accepted from active duty Servicemembers, including reservists serving on active duty in an Active Guard Reserve (AGR) role under 10 U.S.C. and full-time National Guard members serving in an AGR role under 32 U.S.C.</p> <p>BDD program participants can have their VA medical examinations conducted while they are still on active duty. You are encouraged to file your claim as close to the 180 day mark as possible to ensure your examinations can be scheduled and completed prior to your discharge from active duty. The BDD program requires that Servicemembers be available to report for examinations for 45 days following submission of a disability claim. Claims and additional contentions received with less than 90 days remaining on active duty, claim types that are excluded from the BDD program, or where the Servicemember is unable to report for an examination within the BDD required time frame will be processed under the standard VA claims process, the Fully Developed Claim (FDC) program or any other qualifying program.</p> <p>BDD Program Criteria for Claim(s) for Disability Compensation and Related Compensation Benefits Submitted Prior to Separation from Active Duty:</p> <ul style="list-style-type: none"> be within 90 to 180 days of discharge; be available to report for examinations for 45 days following the submission of a disability claim; provide a completed <i>Separation Health Assessment - Part A Self Assessment</i> (obtain from: www.benefits.va.gov/compensation/dba_publicdbqs.asp); submit copies of service treatment records for the current period of service with the BDD claim; provide an anticipated release from active duty date; <i>and</i> complete a VA Form 21-526EZ.
<p>Temporary Total Disability Rating</p> <p>In order to support a claim for a temporary total disability rating due to hospitalization, the evidence must show:</p> <ul style="list-style-type: none"> You were treated for more than 21 days for a service-connected disability at a VA or other approved hospital; OR You underwent hospital observation at VA expense for a service-connected disability for more than 21 days. <p>In order to support a claim for a temporary total disability rating due to surgical or other treatment performed by a VA or other approved hospital or outpatient facility, the evidence must show:</p> <ul style="list-style-type: none"> The surgery or treatment was for a service-connected disability; AND The surgery required convalescence of at least one month; OR The surgery resulted in severe postoperative residuals, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilizations, house confinement, or the required use of a wheelchair or crutches; OR One major joint or more was immobilized by a cast without surgery.
<p>Individual Unemployability</p> <p>In order to support a claim for a total disability rating based on individual unemployability, the evidence must show:</p> <ul style="list-style-type: none"> That your service-connected disability or disabilities are sufficient, without regard to other factors, to prevent you from performing the mental and/or physical tasks required to get or keep substantially gainful employment; AND Generally, you meet certain disability percentage requirements as specified in 38 Code of Federal Regulations 4.16 (i.e. one disability ratable at 60 percent or more, OR more than one disability with one disability ratable at 40 percent or more and a combined rating of 70 percent or more). <p>In order to support a claim for an extra-schedular evaluation based on exceptional circumstances, the evidence must show:</p> <ul style="list-style-type: none"> That your service-connected disability or disabilities present such an exceptional or unusual disability picture, due to such factors as marked interference with employment or frequent periods of hospitalization, that application of the regular schedular standards is impractical.

EVIDENCE TABLES (Continued)**Compensation Under 38 U.S.C. 1151**

In order to support a claim for **compensation under 38 U.S.C. 1151**, the evidence must show that, as a result of VA hospitalization, medical or surgical treatment, examination, or training, you have:

- An additional disability or disabilities; **OR**
- An aggravation of an existing injury or disease; **AND**
- The disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment; **OR**
- The direct result of participation in a VA Veterans Readiness and Employment or compensated work therapy program.

Special Monthly Compensation

In order to support a claim for **increased benefits based on the need for aid and attendance**, the evidence must show that, due to your service-connected disability or disabilities:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- You are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)).

In order to support a claim for **increased benefits based on an additional disability or being housebound**, the evidence must show:

- You have a single service-connected disability evaluated as 100 percent disabling **AND** an additional service-connected disability, or disabilities, evaluated as 60 percent or more disabling; **OR**
- You have a single service-connected disability evaluated as 100 percent disabling **AND**, due solely to your service-connected disability or disabilities, you are permanently and substantially confined to your immediate premises.

In order to support a claim for **increased benefits based on your spouse's need for aid and attendance**, per the provisions of 38 C.F.R. § 3.351(c), the evidence must show:

- Your spouse is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; **OR**
- Your spouse is a patient in a nursing home because of mental or physical incapacity; **OR**
- Your spouse requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment (See 38 C.F.R. § 3.352(a) for complete explanation).

IMPORTANT: For additional benefits to be payable for a spouse, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

Specially Adapted Housing or Special Home Adaptation

To support your claim for **specially adapted housing (SAH)**, the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a permanent and totally disabling qualifying condition; **OR**
- Servicemember on active duty who has a permanent and totally disabling qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SAH** the evidence must show:

- Amyotrophic lateral sclerosis (ALS); **OR**
- Loss (amputation) or loss of use of:
 - *both* lower extremities; **OR**
 - *one* lower extremity **and** *one* upper extremity affecting balance or propulsion; **OR**
 - *one* lower extremity **plus** residuals of organic disease or injury affecting balance or propulsion creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible); **OR**
- Loss or loss of use of *both* upper extremities precluding use of the arms at or above the elbow; **OR**
- Permanent but not total disability due to blindness in *both* eyes, (having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens); **OR**
- A severe burn injury, meaning full thickness or sub-dermal burns that have resulted in contractures with limitation of motion of:
 - *two or more* extremities; **OR**
 - *at least one* extremity **and** the trunk.

EVIDENCE TABLES (Continued)

<p>Specially Adapted Housing or Special Home Adaptation (Continued)</p> <p>To support your claim for SAH the evidence may alternatively show you are a:</p> <ul style="list-style-type: none"> • Veteran who served and became permanently disabled from a qualifying condition on or after September 11, 2001; OR • Servicemember on active duty who was permanently disabled in the line of duty from a qualifying condition on or after the same date. <p>To support that you have a qualifying condition under the alternative service criteria the evidence must show:</p> <ul style="list-style-type: none"> • Loss (amputation) or loss of use of: <ul style="list-style-type: none"> ◦ <i>one or more</i> lower extremities, severely affecting the functions of balance or propulsion and creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible). <p>To support your claim for a special home adaptation (SHA) grant the evidence must show you are a:</p> <ul style="list-style-type: none"> • Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a qualifying condition; OR • Servicemember on active duty who has a qualifying condition incurred or aggravated in the line of duty. <p>To support that you have a qualifying condition for SHA the evidence must show:</p> <ul style="list-style-type: none"> • the loss, or permanent loss of use, of at least a foot or a hand; OR • Permanent and total disability from loss, or loss of use, of <i>both</i> hands; OR • Permanent and total disability from a severe burn injury meaning <ul style="list-style-type: none"> ◦ deep partial thickness burns that have resulted in contractures with limitation of motion of <i>two or more</i> extremities or of <i>at least one</i> extremity and the trunk; OR ◦ full thickness or sub-dermal burns that have resulted in contracture(s) with limitation of motion of <i>one or more</i> extremities or the trunk; OR ◦ residuals of inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease).
<p>Auto Allowance</p> <p>To support a claim for automobile allowance or adaptive equipment, the evidence must show that you have a service-connected disability resulting in:</p> <ul style="list-style-type: none"> • the loss, or permanent loss of use, of at least a foot or a hand; OR • permanent impairment of vision of both eyes, resulting in: <ul style="list-style-type: none"> ◦ vision of 20/200 or less in the better eye with corrective glasses; OR ◦ vision of 20/200 or better, if there is a severe defect in your peripheral vision; OR • deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities of the trunk and preclude effective operation of an automobile; OR • amyotrophic lateral sclerosis (ALS). <p>NOTE - You may be entitled to only adaptive equipment if you have ankylosis ("freezing") of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.</p>
<p>Helpless Child</p> <p>To support a claim for benefits based on a veteran's child being helpless, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.</p> <p>IMPORTANT: For additional benefits to be payable for a child, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.</p>
<p>6. ADDITIONAL INFORMATION</p> <p>How VA Determines the Effective Date</p> <p>If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:</p> <ul style="list-style-type: none"> • When we received your claim; OR • When the evidence shows a level of disability that supports a certain rating under the rating schedule. <p>If VA received your claim prior to or within one year of your separation from the military, entitlement will be from the day following the date of your separation as long as the disability was present at that time.</p>

How VA Determines the Disability Rating

When we find disabilities to be service-connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; **AND**
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
 - Social Security determinations;
 - Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work;
- OR**
- Statements discussing your disability symptoms from people who have witnessed how the symptoms affect you.

For more information on VA benefits, visit our web site at www.va.gov.

You are entitled to a hearing at any time in the claims process. If you wish to have a hearing or have other questions, contact VA online through Ask VA: <https://ask.va.gov> or call us toll-free at 1-800-827-1000 (TTY:711).

VA forms are available at www.va.gov/vaforms.

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SECTION III: HOMELESS INFORMATION			
IMPORTANT: The following questions (Items 14A through 14F) should only be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.			
14A. ARE YOU CURRENTLY HOMELESS? <input type="checkbox"/> YES (If "Yes," complete Item 14B regarding your living situation) <input type="checkbox"/> NO		14B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION: <input type="checkbox"/> LIVING IN A HOMELESS SHELTER <input type="checkbox"/> NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent) <input type="checkbox"/> STAYING WITH ANOTHER PERSON <input type="checkbox"/> FLEEING CURRENT RESIDENCE <input type="checkbox"/> OTHER (Specify) _____	
14C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS? <input type="checkbox"/> YES (If "Yes," complete Item 14D regarding your living situation) <input type="checkbox"/> NO		14D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION: <input type="checkbox"/> HOUSING WILL BE LOST IN 30 DAYS <input type="checkbox"/> LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter) <input type="checkbox"/> OTHER (Specify) _____	
14E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you) <input style="width: 100%;" type="text"/>		14F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code) <div style="display: flex; align-items: center;"> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 20%; text-align: center;" type="text"/> </div> Enter International Phone Number (If applicable)	
SECTION IV: EXPOSURE INFORMATION			
15A. ARE YOU CLAIMING ANY CONDITIONS RELATED TO TOXIC EXPOSURES? NOTE: See Page 4 of the Instructions for further information on the evidence needed to support your claim for presumptive service connection. (You can also refer to the following websites for more information: PACT ACT (https://www.va.gov/PACT) and PUBLIC HEALTH MILITARY EXPOSURES (https://www.publichealth.va.gov/exposures/index.asp)) <input type="checkbox"/> YES (If "Yes," complete Items 15B, 15C, 15D and 15E) <input type="checkbox"/> NO (If "No," skip to Item 16, Section V: Claim Information)			
15B. DID YOU SERVE IN ANY OF THE FOLLOWING GULF WAR HAZARD LOCATIONS? Iraq; Kuwait; Saudi Arabia; the neutral zone between Iraq and Saudi Arabia; Bahrain; Qatar; the United Arab Emirates; Oman; Yemen; Lebanon; Somalia; Afghanistan; Israel; Egypt; Turkey; Syria; Jordan; Djibouti; Uzbekistan; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; and the Red Sea. <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY) Note: Please provide an approximate time frame (month and year). <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/>			
15C. DID YOU SERVE IN ANY OF THE FOLLOWING HERBICIDE (e.g., Agent Orange) LOCATIONS? Republic of Vietnam to include the 12 nautical mile territorial waters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a C-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves). Please list other location(s) where you served, if not listed above: <input type="checkbox"/> YES <input type="checkbox"/> NO <input style="width: 100%; height: 20px;" type="text"/>			
WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY) Note: Please provide an approximate time frame (month and year). <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/>			
15D. HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING? (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> ASBESTOS</div> <div style="width: 50%;"><input type="checkbox"/> MUSTARD GAS</div> <div style="width: 50%;"><input type="checkbox"/> RADIATION</div> <div style="width: 50%;"><input type="checkbox"/> SHAD (Shipboard Hazard and Defense)</div> <div style="width: 50%;"><input type="checkbox"/> MILITARY OCCUPATIONAL SPECIALTY (MOS)-related toxin</div> <div style="width: 50%;"><input type="checkbox"/> CONTAMINATED WATER AT CAMP LEJEUNE</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify) _____</div> </div>			
WHEN WERE YOU EXPOSED? (MM-YYYY) Note: Please provide an approximate time-frame (month and year). <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/>			
15E. IF YOU WERE EXPOSED MULTIPLE TIMES, PLEASE PROVIDE ALL ADDITIONAL DATES AND LOCATIONS OF POTENTIAL EXPOSURE <input style="width: 100%; height: 40px;" type="text"/>			
SECTION V: CLAIM INFORMATION			
(For additional space, use Section XIII: Claim Information (Addendum))			
16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151) NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section V.			
EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

VETERAN'S SOCIAL SECURITY NO. -

SECTION V: CLAIM INFORMATION (Continued) (For additional space, use Section XII: Claim Information (Addendum))			
CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) LISTED IN ITEM 16 AND PROVIDE APPROXIMATE BEGINNING DATE (Month and Year) OF TREATMENT. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET AND INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER AND ITEM NUMBER.

NOTE: If treatment began from 2005 to present, you do not need to provide dates in Item 17B.

A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMENT FACILITY	B. DATE OF TREATMENT (MM-YYYY)	C. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW. (VA forms are available at www.va.gov/vaforms)

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Post-Traumatic Stress Disorder	VA Form 21-0781 or 21-0781a
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

VETERAN'S SOCIAL SECURITY NO. - -

SECTION VI: SERVICE INFORMATION			
18A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 18B) <input type="checkbox"/> NO (If "No," skip to Item 19A)		18B. LIST THE OTHER NAME(S) YOU SERVED UNDER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
19A. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS		19B. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NATIONAL GUARD	
20A. MOST RECENT ACTIVE SERVICE DATES ENTRY DATE: <input type="text"/> / <input type="text"/> / <input type="text"/> EXIT DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>		20B. PLACE OF LAST OR ANTICIPATED SEPARATION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO		20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge date(s), if applicable) FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/>	
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If "Yes," complete Items 21B through 21F) <input type="checkbox"/> NO (If "No," skip to Item 22A)		21B. COMPONENT <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	
21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code) FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/>	
21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES (If "Yes," complete Items 22B & 22C) <input type="checkbox"/> NO	
22B. DATE OF ACTIVATION: <input type="text"/> / <input type="text"/> / <input type="text"/>		22C. ANTICIPATED SEPARATION DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>	
23A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES (If "Yes," complete Item 23B) <input type="checkbox"/> NO		23B. DATES OF CONFINEMENT FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/> FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/> FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/>	
SECTION VII: SERVICE PAY (Retired Pay, Separation Pay, and Disability Severance Pay)			
24A. ARE YOU RECEIVING MILITARY RETIRED PAY? <input type="checkbox"/> YES (If "Yes," complete Items 24C and 24D) <input type="checkbox"/> NO		24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? <input type="checkbox"/> YES (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D)) <input type="checkbox"/> NO	
24C. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS		24D. MONTHLY AMOUNT \$ <input type="text"/> , <input type="text"/> .00	
25. RETIRED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> PERMANENT DISABILITY RETIRED LIST <input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST		IMPORTANT INFORMATION ON MILITARY RETIRED PAY (Includes all Uniformed Services Retired Pay): Submission of this application constitutes a waiver of military retired pay in an amount equal to VA compensation awarded, if you are entitled to both benefits. Your retired pay may be reduced by the amount of VA compensation awarded. Receipt of the full amount of military retired pay and VA compensation at the same time may result in an overpayment, which may be subject to collection. If you qualify for concurrent receipt of VA compensation and military retired pay, the waiver of retired pay will not apply. If you do not want to waive any retired pay to receive VA compensation, you should check the box in Item 26.	
Note that if you check the box in Item 26, you will not receive VA compensation, if granted. If you are currently in receipt of VA compensation and you check the box in Item 26, your VA compensation will be terminated, if you are also eligible for military retired pay.			
IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE, VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.			
<input type="checkbox"/> 26. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of retired pay.			

VETERAN'S SOCIAL SECURITY NO. - - **IMPORTANT INFORMATION ON SEPARATION/SEVERANCE PAY:**

VA compensation, if granted, may be withheld to recoup any disability severance or separation pay such as involuntary separation pay, voluntary separation pay, or special separation benefit, you receive from your branch of service. In addition, if you receive a Voluntary Separation Incentive (VSI), your VSI payments may be reduced if you are awarded VA compensation. Receipt of VA compensation and VSI at the same time may result in an overpayment of VSI, which **may** be subject to collection.

27A. HAVE YOU EVER RECEIVED SEPARATION PAY, DISABILITY SEVERANCE PAY, OR ANY OTHER LUMP SUM PAYMENT FROM YOUR BRANCH OF SERVICE?

- ☐ YES (If "Yes," complete Items 27B through 27D)
☐ NO

27B. DATE PAYMENT RECEIVED (MM-DD-YYYY)

 - -

27C. BRANCH OF SERVICE

- ☐ ARMY ☐ NAVY ☐ MARINE CORPS
☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE
☐ NOAA ☐ USPHS

27D. AMOUNT RECEIVED

(Provide pre-tax amount)

\$, .00**IMPORTANT INFORMATION ON INACTIVE DUTY TRAINING PAY:**

You may elect to keep the active or inactive duty training pay you received from the military service department. However, to be legally entitled to keep your training pay, you must waive VA benefits for the number of days equal to the number of days for which you received training pay. In most instances, it will be to your advantage to waive your VA benefits and keep your training pay.

If you waive VA benefits to receive training pay by checking the box in **Item 28**, VA will retroactively adjust your VA award to withhold benefits equal to the total number of training days waived and at the monthly rate in effect for the fiscal year period for which you received training pay. This action may result in an overpayment of compensation, which **may** be subject to collection.

IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.☐ **28. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of training pay.****SECTION VIII: DIRECT DEPOSIT INFORMATION**

(Note: If you have already signed up for direct deposit, skip to Section IX)

The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below, and attach either a voided personal check or a deposit slip. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits/banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

☐ 29. I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT (If you check this box skip to Section IX)

30. ACCOUNT NUMBER (Check only one box below and provide the account number)

Account No.: ☐ CHECKING ☐ SAVINGS

31. NAME OF FINANCIAL INSTITUTION (Provide the name of the bank where you want your direct deposit)

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

SECTION IX: CLAIM CERTIFICATION AND SIGNATURE**VETERAN/SERVICEMEMBER CERTIFICATION 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. For the limited purpose of providing VA with this information as it may relate to my claim, I waive any privilege that may apply and would otherwise make the information confidential and not disclosable.

I certify I have received the notice attached to this application titled, *Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits*.

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; OR, I have no information or evidence to give VA to support my claim; OR, I have checked the box in Item 1, on page 9, indicating I want my claim processed under the standard claim process because I plan to submit additional evidence in support of my claim.

33A. VETERAN/SERVICE MEMBER SIGNATURE (REQUIRED)

33B. DATE SIGNED (MM-DD-YYYY)

 - - **SECTION X: WITNESSES TO SIGNATURE**

34A. SIGNATURE OF WITNESS (Note: Only sign if veteran signed in Item 33A using an "X")

34B. PRINTED NAME AND ADDRESS OF WITNESS

35A. SIGNATURE OF WITNESS (Note: Only sign if veteran signed in Item 33A using an "X")

35B. PRINTED NAME AND ADDRESS OF WITNESS

VETERAN'S SOCIAL SECURITY NO. - -

SECTION XI: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (NOTE: REQUIRED ONLY IF ITEM 33A IS BLANK)	
<p>NOTE: An alternate signer signature will not be accepted unless a valid VA Form 21-0972, <i>Alternate Signer Certification</i>, is of record or attached to this request.</p> <p>I certify that by signing on behalf of the claimant, that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form.</p> <p>I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.</p>	
36A. ALTERNATE SIGNER SIGNATURE (REQUIRED)	36B. DATE SIGNED (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>
SECTION XII: POWER OF ATTORNEY (POA) SIGNATURE (NOTE: POA'S CANNOT SIGN FOR AN ORIGINAL CLAIM ONLY)	
<p>I certify that the claimant has authorized the undersigned representative to file this claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.</p> <p>NOTE: A POA's signature will not be accepted unless at the time of submission of this claim a valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i>, or VA Form 21-22a, <i>Appointment of Individual As Claimant's Representative</i>, indicating the appropriate POA is of record with VA.</p>	
37A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE	37B. DATE SIGNED (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>
<p>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.</p> <p>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 Veteran Readiness 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 response 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.</p> <p>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 25 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.</p>	

VETERAN'S SOCIAL SECURITY NO. - -

SECTION XIII: CLAIM INFORMATION (ADDENDUM)			
(Please submit this page with the completed application if you have additional disabilities to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)			
LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability, confinement as a prisoner of war, exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)			
NOTE: List your claimed conditions below. See the following three examples on guidance on how to complete Section XIII			
EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008
CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENEO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
STATEMENT IN SUPPORT OF CLAIM		
<p>INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to submit a statement to support a claim. For more information you can contact us through Ask VA: https://ask.va.gov/, or call us toll-free at 800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.</p>		
SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION		
<p>NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and insert one letter per box to help expedite processing of the form.</p>		
<p>1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="text"/> </div> <div style="width: 30%;"> <input type="text"/> </div> <div style="width: 30%;"> <input type="text"/> </div> </div> </div>		
<p>2. VETERAN'S SOCIAL SECURITY NUMBER</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> - <input type="text"/> - <input type="text"/> </div>	<p>3. VA FILE NUMBER (If applicable)</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>	<p>4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="display: flex; justify-content: space-between;"> <input type="text"/> - <input type="text"/> - <input type="text"/> </div> </div>
<p>5. VETERAN'S SERVICE NUMBER (If applicable)</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>		
<p>6. TELEPHONE NUMBER (Include Area Code)</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> - <input type="text"/> - <input type="text"/> </div> <p>Enter International Phone Number (If applicable)</p>	<p>7. E-MAIL ADDRESS (Optional)</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> </div>	
<p>8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</p> <p>No. & Street <input style="width: 100%;" type="text"/></p> <p>Apt./Unit Number <input type="text"/> City <input type="text"/></p> <p>State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/></p>		
SECTION II: REMARKS (The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)		

VETERAN'S SOCIAL SECURITY NO. - -

SECTION II: REMARKS (Continued) <i>(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)</i>	
SECTION III: DECLARATION OF INTENT	
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.	
9. SIGNATURE OF VETERAN/BENEFICIARY (Required) <div style="border-bottom: 1px solid black; height: 40px;"></div>	10. DATE SIGNED (MM/DD/YYYY) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Month <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> Day <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>
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.	
PRIVACY ACT INFORMATION: The 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). 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.	

Standard Form 1199A
(Rev. April 2021)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1530-0006

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	F TYPE OF PAYMENT (<i>Check only one</i>)	
TELEPHONE NUMBER AREA CODE		Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT			
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

1199-207

Standard Form 1199A
(Rev. April 2021)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1530-0006

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	F TYPE OF PAYMENT (<i>Check only one</i>)	
TELEPHONE NUMBER AREA CODE		Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER <div style="display: flex; justify-content: space-between;"> Prefix Suffix </div>		TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

FINANCIAL INSTITUTION COPY

1199-207

Standard Form 1199A
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OMB No. 1530-0006

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	F TYPE OF PAYMENT (<i>Check only one</i>)	
TELEPHONE NUMBER AREA CODE		Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other <div style="text-align: right; font-size: small;">(<i>specify</i>)</div>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
C CLAIM OR PAYROLL ID NUMBER		TYPE	AMOUNT
Prefix Suffix		JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		SIGNATURE DATE	
SIGNATURE DATE		SIGNATURE DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PAYEE COPY

1199-207

SF 1199A (Back)

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 208 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

The diagram shows a government check with the following details:

- Month, Day, Year:** 08 | 31 | 84
- Pay to the order of:** A large empty box labeled (A).
- Amount:** 15:51 000
- City/State:** PHILADELPHIA, PA
- Check No.:** 0000 415785
- Amount in Words:** 28 28 DOLLARS CTS
- Signature:** A large empty box labeled (F).
- Claim Number:** 00 labeled (C).
- Bottom:** NOT NEGOTIABLE and MICR line :00000518: 0415771926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial account information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT F

March 6, 2024

In reply, refer to:
318/LG**IMPORTANT**

Dear [REDACTED]

We received your private exam for your service connected back condition. The examiner provided a new diagnosis. We need to clarify if the new disability is a progression of your service connected disability received, on January 9, 2024. We are returning this application to you because it was incomplete. We cannot process your request until the below steps are taken.

Please take the following actions:

- Please contact your physician and ask her to provide a reply.

If we receive your completed application within one year from the date we received your incomplete application, we will consider your claim filed as of the date of receipt of your incomplete application. If we receive your completed application more than one year from the date we received your incomplete application, we will consider your claim filed as of the date of receipt of the completed application.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

FACTS:
Vet submitted VA form 21-526ez - increase to Fracture, Transverse process, L2, L3, L4 and private DBQ for back condition
ERRORS:
- Veteran is asking to follow up with his doctor for clarification -
- no DTA
- returning claim due to incomplete application



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT G

March 7, 2024

In reply, refer to:
283/DV**IMPORTANT**

Dear [REDACTED]

We received mail indicating that you would like us to review a claim for hypokalemia; chondromalacia athritik; bilateral hearing loss; scars/sternum bilateral hernias; conjunctivitis; sinusitis; hypertension that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit	VA Form 20-0995, <i>Decision Review Request:</i>

ERRORS -

- misspelling (bilateral hearing loss, athritik)
- Vet is SC for sinusitis, hypertension and correctly submitted VA form 21-526ez and was asked to complete in on a correct form

**Exhibits Submitted by National Organization of Veterans' Advocates, Inc.
(NOVA)**

EXHIBIT 1

March 1, 2024

We made a decision on your VA benefits.

Dear [REDACTED]

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

- The previous denial of service connection for tinnitus is confirmed and continued.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.



We have included with this letter:

1. Additional Benefits
2. Where to Send Your Correspondence
3. VA Form 20-0998
4. Rating Decision
5. Fraud Prevention Attachment

Contact information:

Web: www.vets.gov
 Phone: 1-800-827-1000
 TDD: 711
 To send questions online: visit <https://iris.custhelp.com/>


Social Media:

Twitter: @VAVetBenefits
 Facebook: www.facebook.com/VeteransBenefits

How to obtain representation:

We have no record of you appointing an accredited representative. Accredited representatives are trained to help you understand and apply for VA benefits. For more information about how an accredited representative can help you, please visit: <https://www.vets.gov/disability-benefits/apply-for-benefits/help/>

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.

File Number:


The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director

Additional Benefits**Medical Care and Treatment:**

- **Mental Health Counseling:** For more information, please visit www.myhealth.va.gov/mhv-portal-web/.
- **Blind Rehabilitation:** For more information, please visit www.va.gov/blindrehab/.

Home Adaptations/Loans, Automobile Benefits, and Life Insurance:

- **Loans:** For more information, please visit www.benefits.va.gov/homeloans/.
- **Funding Fee Refund:** If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin the refund process.

Armed Forces Commissary and Exchange:

- You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged Veterans with a service-connected disability; Former Prisoners of War; Purple Heart or Medal of Honor recipients; military retirees; members of the reserves; and their dependents may qualify for entitlement to this additional benefit. For more information, please visit va.gov/resources/commissary-and-exchange-privileges-for-veterans.

Veterans Signals (VSignals), a VA Customer Experience Survey

VA is conducting short surveys to gather feedback regarding the new decision review process. VA will randomly select survey participants from individuals who filed a request for a decision review. The survey will be sent via email and should take less than three minutes to complete. If selected, you will receive a survey within 10 days of the date on your notification letter. To be considered for VA surveys, please review your va.gov profile and ensure we have your current email address. The survey may not route to your inbox, so please check your junk folder.

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations**.






You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net



YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	You are adding or identifying new and relevant evidence to support your claim that we did not previously consider. VA will assist you in gathering new and relevant evidence that you identify to support your claim.	You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision. You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.	You must choose a docket: Direct Review - You do not want to submit evidence or have a hearing. Evidence Submission - You choose to submit additional evidence without a hearing. Hearing - You choose to have a hearing with a Veterans Law Judge.
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Scan QR Code to Access Form			
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.



For most VA benefits, you have **1 year** from the date on your decision notice to request a decision review to ensure the earliest possible effective date. Consult your decision notice for specific limitations.

* All forms listed are available at www.va.gov/find-forms/ or use your mobile device camera to scan the QR code to take you directly to the form you select.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You can find a searchable database of VA-recognized representatives at www.va.gov/ogc/apps/accreditation.

Scan the QR Code to Open the Appropriate Decision Review Website Page



**Supplemental
Claim**



**Higher-Level
Review**



**Board
Appeal**

EXHIBIT 2



**DEPARTMENT OF VETERANS AFFAIRS
Board of Veterans' Appeals
Washington, DC**

March 5, 2024

In Reply Refer To [REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]:

The Board of Veterans' Appeals (Board) received your Board Appeal request (VA Form 10182) on February 21, 2024. Based on the Board appeal option you selected on the form, your appeal has been placed on the Direct Review docket.

What happens next?

Please keep in mind that by selecting the Direct Review option, the Board can only consider evidence of record at the time of the agency of original jurisdiction decision being appealed.

You submitted additional documents and/or statements on or with your February 21, 2024, VA Form 10182. Please note that because you selected the Direct Review option, any additional evidence you submitted on or with your VA Form 10182 cannot legally be considered by the Board. If you want the Board to consider any additional evidence for the issue(s) listed on your February 21, 2024, VA Form 10182, you must change your Board appeal request by switching AMA dockets (to Evidence Submission or Hearing), as explained below. If your request is approved, you will then have the opportunity to submit any additional evidence you want the Board to consider.

What if I want to change my Board appeal request by switching AMA dockets?

You may request to change from the Direct Review docket to another Board AMA docket by submitting a new VA Form 10182 with the new docket choice (Evidence Submission or Hearing) and a list of issues you want considered under the new docket. This form is available at <https://www.va.gov/decision-reviews/board-appeal>.

[REDACTED]

2.

Typically, requests to change AMA dockets must be filed at the Board within 60 days of the date the Board received the VA Form 10182 that you have already submitted, or within one year of the VA decision being appealed, whichever date is later. However, **you may submit an extension request if you have good cause.** To request an extension of time to submit a docket switch request, please note the reasons why you believe there is good cause for a late submission on or with your VA Form 10182 docket switch request.

What if I would like my case advanced on the Board's docket?

If you are suffering from a serious illness, are under severe financial hardship, or have other sufficient cause, you can request to have your appeal "Advanced on the Docket," or moved to the front of the line. If you are age 75 or older, your appeal will automatically be prioritized and you do not have to submit anything further.

To request advancement on the docket, you must submit a brief explanation of the reasons why the Board should prioritize your case. You should also include documentation that supports your explanation. For example, if you have:

- **Severe financial hardship:** Examples of evidence you may submit to demonstrate severe financial hardship include, but are not limited to, evidence you are experiencing homelessness, a home foreclosure or eviction notice, or a financial status report (VA Form 5655).
- **Serious illness:** An example of evidence you may submit to demonstrate serious illness includes, but is not limited to, a physician's statement documenting terminal or serious illness, preferably with clinical findings.

What if I want to change my representation?

You have 90 days from the date the Board receives your VA Form 10182 or until the Board issues a decision (whichever comes first) to change your representative. To change your representative, please submit a VA Form 21-22 if you would like to appoint a Veterans Service Organization (VSO), or a VA Form 21-22a if you would like to appoint an individual (including an accredited claims agent or attorney) as your representative. For a comprehensive list of attorneys and VSOs please visit <http://www.va.gov/ogc/apps/accreditation/index.asp>.

3.

[REDACTED]

How do I send documents to the Board?

All correspondence, requests, and evidence you send to the Board should include your name, the Veteran's name (if you are not the Veteran), and the Veteran's VA file number. Mail or fax documents to:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038
Fax: 1-844-678-8979

What if I have questions?

If you have any questions about your appeal, contact your representative (if you have one) or visit <http://www.va.gov/decision-reviews>. You may also contact VA at **1-800-827-1000** from 8:00 a.m. to 9:00 p.m. (ET), Monday through Friday. To check the status of your appeal, visit <http://www.va.gov/claim-or-appeal-status/>.

Sincerely,

Inbound Operations Branch
Office of the Clerk of the Board
Board of Veterans' Appeals

cc: [REDACTED]

[REDACTED]

EXHIBIT 3



DEPARTMENT OF VETERANS AFFAIRS

January 11, 2024

In reply, refer to:

IMPORTANT

Dear [REDACTED]

We received your correspondence indicating that you would like to file a claim for benefits. Specifically, you indicated that you would like to file a claim for posttraumatic stress disorder (PTSD) (also claimed as acquired psychiatric disorder). VA regulations now require all claims to be submitted on a standardized form.

What Should You Do?

In order for us to begin processing your claim for compensation, you must complete, sign, and return a VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits. You may also submit your claim through eBenefits. For more information regarding eBenefits, please see below.

If you would like to submit a new intent to file, you may do so using one of the following methods:

- Visit www.va.gov and initiate an application for benefits (compensation only). This will protect your date of claim similar to VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension Benefits.
- Call us at 1-800-827-1000 to submit an intent to file over the telephone. If you use a

Telecommunications Device for the Deaf (TDD), the Federal number is 711.

- Complete, sign, and return a VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension Benefits.

We will take no further action until we receive your completed application for benefits or complete intent to file. To locate the appropriate form(s), please visit the following website: www.va.gov/vaforms.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number [REDACTED]

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to [REDACTED] who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

Respectfully,

Regional Office Director

Enclosure(s): Where To Send Your Correspondence

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve all United States and foreign locations.



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

EXHIBIT 4



DEPARTMENT OF VETERANS AFFAIRS

March 1, 2024

In reply, refer to:

IMPORTANT

Dear [REDACTED]

We received mail indicating that you would like us to review a claim for acquired psychiatric disorder, to include posttraumatic stress disorder (ptsd) an depression that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit for VA to consider.	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>

VA last made a decision on the claimed issue less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals.	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
--	--

We will take no further action until we receive your completed form. To locate these forms, go to the website www.va.gov/vaforms, or call us at 1-800-827-1000.

If VA last made a decision on the claimed issue less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals, please complete a VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement).

Veterans Signals (VSignals), a VA Customer Experience Survey

VA is conducting short surveys to gather feedback regarding the new decision review process. VA will randomly select survey participants from individuals who filed a request for a decision review. The survey will be sent via email and should take less than three minutes to complete. If selected, you will receive a survey within 10 days of the date on your notification letter. To be considered for VA surveys, please review your va.gov profile and ensure we have your current email address. The survey may not route to your inbox, so please check your junk folder.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number [REDACTED]

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to [REDACTED] who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

Respectfully,

[REDACTED]

[REDACTED]

Regional Office Director

Enclosure(s): Where To Send Your Correspondence

cc:

[REDACTED]

[REDACTED]

[REDACTED]

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve all United States and foreign locations.



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

EXHIBIT 5



DEPARTMENT OF VETERANS AFFAIRS
Board of Veterans' Appeals
Washington, DC

February 12, 2024

In Reply Refer To [REDACTED]
[REDACTED]
[REDACTED]



Dear [REDACTED]:

The Board of Veterans' Appeals received your August 15, 2020 notice of disagreement, which you submitted using a VA Form 10182. However, a VA Form 10182 can only be submitted to initiate an appeal for VA decisions adjudicated in the modernized review system created by the Appeals Modernization Act (AMA).

The VA decision you disagree with was issued before February 19, 2019, and a Statement of the Case or Supplemental Statement of the Case dated on or after February 19, 2019 has not yet been issued. Accordingly, the VA decision you disagree with is still in the legacy (non-modernized) system.

If you would like to initiate an appeal of the legacy VA decision, you must file a VA Form 21-0958 Notice of Disagreement with the VA office that issued the legacy decision. **The VA Form 21-0958 must be filed within one year of the date on your VA decision notification letter.** However, if more than one year has passed since the date of your VA decision notification letter, you may submit a good cause extension request with your VA Form 21-0958 to the VA office that issued your decision letter. If you did not receive a copy of the VA Form 21-0958 with your VA decision notification letter, or you need a new one, a copy of this form is attached.

If you have already filed a VA Form 21-0958 Notice of Disagreement within 1 year of the date on your VA decision notification letter, you will be able to opt into the modernized review system if you receive a Statement of the Case or Supplemental Statement of the Case issued **on or after February 19, 2019**. To learn more, go to <https://www.va.gov/decision-reviews/>.



Page 2.

[REDACTED]

If you have any questions or concerns about this correspondence, please notify VA as soon as possible at **1-800-827-1000 from 8:00 a.m. to 9:00 p.m. (ET), Monday through Friday**. To learn more about the legacy appeals process, contact your representative (if you have one) or visit <https://www.va.gov/decision-reviews/legacy-appeals/>.

Sincerely,

Inbound Operations Branch
Office of the Clerk of the Board
Board of Veterans' Appeals

cc: [REDACTED]

[REDACTED]

EXHIBIT 6

February 13, 2024

We made a decision on your VA benefits.

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

- Service connection for left hip trochanteric pain syndrome with limitation of flexion (claimed as hip problems) as secondary to the service-connected disability of levoscoliosis with degenerative disc disease, lumbar spondylosis, s/p fusion is granted with an evaluation of 10 percent effective July 6, 2021.
- Service connection for left hip trochanteric pain syndrome with limitation of extension (claimed as hip problems) as secondary to the service-connected disability of levoscoliosis with degenerative disc disease, lumbar spondylosis, s/p fusion is granted with an evaluation of 0 percent effective July 6, 2021.
- Service connection for left hip trochanteric pain syndrome with thigh impairment (claimed as hip problems) as secondary to the service-connected disability of levoscoliosis with degenerative disc disease, lumbar spondylosis, s/p fusion is granted with an evaluation of 0 percent effective July 6, 2021.
- Evaluation of right hip, trochanteric pain syndrome, which is currently 10 percent disabling, is continued.
- Service connection for skin cancer as a result of exposure to herbicides is denied.
- A decision on entitlement to compensation for coronary artery disease (claimed as heart problems) is deferred.
- The claim for an increased evaluation for diabetes mellitus type II is deferred.

Your combined rating evaluation is:



We have included with this letter:

1. Additional Benefits
2. Where to Send Your Correspondence
3. VA Form 20-0998
4. Rating Decision
5. Fraud Prevention Attachment

Contact information:

Web: www.vets.gov
 Phone: 1-800-827-1000
 TDD: 711
 To send questions online: visit <https://iris.custhelp.com/>

Social Media:

Twitter: @VAVetBenefits
 Facebook: www.facebook.com/VeteransBenefits

Your representative:

You appointed SARAJANE STENTON as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.

File Number: [REDACTED]

Combined Rating Evaluation	Effective Date
10%	Jul 2, 1968
30%	Apr 27, 2012
30%	Jun 23, 2015
90%	Jul 6, 2021
90%	Aug 10, 2022


How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: <http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VAlife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. Visit the VAlife Insurance website, <https://www.va.gov/life-insurance/options-eligibility/valife/>, for further information.

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$96.00	Dec 1, 1998	Cost of Living Adjustment, Rating Effective Date for Conversion
\$98.00	Dec 1, 1999	Cost of Living Adjustment
\$101.00	Dec 1, 2000	Cost of Living Adjustment
\$103.00	Dec 1, 2001	Cost of Living Adjustment
\$104.00	Dec 1, 2002	Cost of Living Adjustment
\$106.00	Dec 1, 2003	Cost of Living Adjustment
\$108.00	Dec 1, 2004	Cost of Living Adjustment
\$112.00	Dec 1, 2005	Cost of Living Adjustment
\$115.00	Dec 1, 2006	Cost of Living Adjustment

File Number: 


Monthly Entitlement Amount	Payment Start Date	Reason
\$117.00	Dec 1, 2007	Cost of Living Adjustment
\$123.00	Dec 1, 2008	Cost of Living Adjustment
\$127.00	Dec 1, 2011	Cost of Living Adjustment
\$389.00	May 1, 2012	Compensation Rating Adjustment
\$395.00	Dec 1, 2012	Cost of Living Adjustment
\$400.93	Dec 1, 2013	Cost of Living Adjustment
\$400.93	Jan 1, 2014	Cost of Living Adjustment
\$407.75	Dec 1, 2014	Cost of Living Adjustment
\$408.97	Dec 1, 2016	Cost of Living Adjustment
\$417.15	Dec 1, 2017	Cost of Living Adjustment
\$428.83	Dec 1, 2018	Cost of Living Adjustment
\$435.69	Dec 1, 2019	Cost of Living Adjustment
\$441.35	Dec 1, 2020	Cost of Living Adjustment
\$2,044.18	Aug 1, 2021	Change in Spouse Status, Compensation Rating Adjustment
\$2,165.52	Dec 1, 2021	Cost of Living Adjustment
\$2,353.39	Dec 1, 2022	Cost of Living Adjustment
\$2,428.91	Dec 1, 2023	Cost of Living Adjustment

We are currently paying you as a Veteran with one dependent. *Let us know right away if there is any change in the status of your dependents.*

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.



Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

cc:



BARBARA STENTON
Barbara Stenton


File Number: [REDACTED]

[REDACTED]

File Number: [REDACTED]

Your monthly entitlement amount includes payment for the following dependent(s):

Payment Start Date	Award Dependent(s)
Dec 1, 1998	None
Dec 1, 1999	None
Dec 1, 2000	None
Dec 1, 2001	None
Dec 1, 2002	None
Dec 1, 2003	None
Dec 1, 2004	None
Dec 1, 2005	None
Dec 1, 2006	None
Dec 1, 2007	None
Dec 1, 2008	None
Dec 1, 2011	None
May 1, 2012	None
Dec 1, 2012	None
Dec 1, 2013	None
Jan 1, 2014	None
Dec 1, 2014	None
Dec 1, 2016	None
Dec 1, 2017	None
Dec 1, 2018	None
Dec 1, 2019	None
Dec 1, 2020	None
Aug 1, 2021	ROBBIN
Dec 1, 2021	ROBBIN
Dec 1, 2022	ROBBIN
Dec 1, 2023	ROBBIN

File Number:


Let us know right away if there is any change in the status of your dependent(s).

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information. If you would prefer to submit your request to add your dependents to your award in paper, please complete, sign, and return VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. You can locate the appropriate form(s), please the visit the following website: www.va.gov/vaforms.

Additional Benefits

Education, Training, and Employment:


- Education, training, and employment: For more information, please call 1-800-827-1000 or visit www.va.gov/vre.

Medical Care and Treatment:

- Mental Health Counseling: For more information, please visit www.myhealth.va.gov/mhv-portal-web/.
- Blind Rehabilitation: For more information, please visit www.va.gov/blindrehab/.
- Change in Compensation Benefits: For more information, please call 1-877-222-VETS or visit www.va.gov/healtheligibility.
- Clothing Allowance: For more information, please call 1-800-827-1000 or visit www.vets.gov/disability-benefits/conditions/special-claims/clothing/.
- VA Medical Care: Present a copy of this notification letter to the Patient Registration/Eligibility Section at your nearest VA Medical Center www.vets.gov/facility-locator/.
- Dental Benefits: For more information, please contact your nearest VA Medical Center or outpatient clinic www.vets.gov/facility-locator/.

Home Adaptations/Loans, Automobile Benefits, and Life Insurance:

- Loans: For more information, please visit www.benefits.va.gov/homeloans/.
- Funding Fee Refund: If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin

File Number: 

the refund process.

- Government life insurance: As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VAlife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. For more information on VAlife, please visit <https://www.va.gov/life-insurance/options-eligibility/valife/>.

Armed Forces Commissary and Exchange:

- You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged Veterans with a service-connected disability; Former Prisoners of War; Purple Heart or Medal of Honor recipients; military retirees; members of the reserves; and their dependents may qualify for entitlement to this additional benefit. For more information, please visit va.gov/resources/commissary-and-exchange-privileges-for-veterans.

Payment for Travel:

- Payment for Travel: You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments because of your newly granted service-connected conditions. You must make a request for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter.

State Benefits:

- State Benefits: For more information, please visit www.va.gov/statedva.htm.

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**






You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net



YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	You are adding or identifying new and relevant evidence to support your claim that we did not previously consider. VA will assist you in gathering new and relevant evidence that you identify to support your claim.	You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision. You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.	You must choose a docket: Direct Review - You do not want to submit evidence or have a hearing. Evidence Submission - You choose to submit additional evidence without a hearing. Hearing - You choose to have a hearing with a Veterans Law Judge.
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Scan QR Code to Access Form			
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.



For most VA benefits, you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date. Consult your decision notice for specific limitations.

* All forms listed are available at www.va.gov/find-forms/ or use your mobile device camera to scan the QR code to take you directly to the form you select.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You can find a searchable database of VA-recognized representatives at www.va.gov/ogc/apps/accreditation.

Scan the QR Code to Open the Appropriate Decision Review Website Page



**Supplemental
Claim**



**Higher-Level
Review**



**Board
Appeal**

