### Section C. Initial Screening Policies

#### Overview

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| In This Section | This section contains the following topics: |

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| Topic | Topic Name |
| 1 | Recording the Date of Receipt of Incoming Documents |
| 2 | Claimant Signatures |
| 3 | Routing Mail for Claims From Foreign Residents |
| 4 | Handling Claims for Ancillary Benefits |
| 5 | Screening and Handling Restricted-Access Mail From Employees and Their Relatives |
| 6 | Handling Mail That Could Result in a Reduction or Discontinuance of Benefits |
| 7 | Handling Outdated Forms |

**1.** **Recording the Date of Receipt of Incoming Documents**

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| Introduction | This topic contains policies for recording the date of receipt on documents the Department of Veterans Affairs (VA) receives, including   * requirement to stamp the date of receipt on all incoming documents * handling documents processed without a date stamp * placement of the date stamp on incoming documents * date of receipt for mail processed in the centralized mail (CM) portal, and * original documents. |

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| Change Date | July 10, 2015 |

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| a. Requirement to Stamp the Date of Receipt on All Incoming Documents | Each document submitted to the Department of Veterans Affairs (VA) ***must*** receive a stamp with the date of receipt.  The table below outlines requirements regarding the type of date stamps used by facilities and locations where VA has a presence. |

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| **At a(n) ...** | **Use a(n) ...** |
| regional office (RO) | electronic date stamp containing black ink. |
| out-based facility with five or more employees | electronic or manual date stamp containing red ink. |
| out-based facility with fewer than five employees and sites conducting   * Transition Assistance and Disabled Transition Assistance briefings * pre-discharge activities * Integrated Disability Evaluation System (IDES) activities, and * field examiner activities | manual date stamp containing red ink. |
| site conducting outreach activities | manual date stamp containing red ink.  ***Important***: The employee receiving documents at outreach events must also sign their name below the red date stamp. |
| centralized mail (CM) scanning vendor | electronic date stamp containing black ink. |

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| ***Notes***: Use of red ink for mail received at out-based locations assists the RO employees performing claims-establishment functions to   * identify the proper date of claim (DOC), and * avoid potential confusion when this mail is subsequently received at the RO.   ***References***: For more information on   * RO and intake site responsibilities for pre-discharge claims, see M21-1, Part III, Subpart i, 2.B.1, and * CM vendor date stamping and receipt dates, see M21-1, Part III, Subpart ii, 1.E.1.c. |

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| **b. Handling Documents Processed Without a Date Stamp** | Use the guidance in the table below when attempting to determine the date the VA received a document processed without a date stamp. |

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| **If receipt of the document by VA is determined to be ...** | **Then ...** |
| the current date | stamp the document with an official date stamp. |
| prior to the current date | hand-write the date of receipt on the document. |
| unknown | * hand-write the best estimate for the date of receipt, and * identify it as an estimate on the document. |

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| ***Important***:   * All hand-written annotations ***must*** include the * RO number * RO name * employees signature, and * current date. * The “received date” on a fax is an acceptable date stamp for documents faxed and directly indexed into Virtual VA. It is ***not*** necessary to print out such documents, stamp with the date of receipt, and upload back into Virtual VA.   ***Note***: If the RO experiences unusual delays in the delivery of incoming documents (from the mailroom, intake site, other ROs, etc.), the Veterans Service Center Manger (VSCM) or Pension Management Center Manager (PMCM) may instruct employees to annotate the date the RO received the documents. |

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| c. Placement of the Date Stamp on Incoming Documents | Place the date stamp on the front of incoming documents in the *bottom, right corner* whenever possible, but do not obscure data (e.g. images, hand-written or typed text, etc.).  Date stamp on the ***first*** page of all   * VA forms * claimant correspondence, and * cover sheets (from designated representatives (powers of attorney (POAs), attorneys, etc.)   Date stamp the ***first*** and ***last*** page of all medical evidence.  ***Note***: Do ***not*** separate batches of incoming mail. Keep batches together with a staple, rubber band, or binder clip and separately date stamp the evidence items as described above. |

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| **d. Date of Receipt for Mail Processed in the CM Portal** | Date of receipt for mail routed through the CM portal is determined by the *earliest* official date   * stamped by the RO upon receipt and prior to forwarding to the scanning vendor * stamped by the scanning vendor, or * found on documents such as *VA Form 27-0820,* *Report of General Information*, or facsimiles.   ***Notes***:   * The date of receipt used by the scanning contractor and displayed in the portal, generally reflects the earliest date of receipt. * If an earlier date of receipt is discovered, edit the document properties in the Veterans Benefits Management System (VBMS) claims folder.   ***Reference***: For more information on editing document properties in VBMS, see the [*VBMS Job Aid – Editing Document Properties*](http://vbaw.vba.va.gov/VBMS/Resources_Job_Aids.asp). |

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| e. Original Documents | Claimants occasionally submit *original* versions of the following documents in support of their claims   * court records and papers, and * marriage, birth, death, and discharge certificates.   The Veterans Benefits Administration (VBA) *no longer* requires return of these documents to the claimant.  ***Note***: There is ***no*** mechanism in place to retrieve original documents once shipped to the scanning vendor. |

**2.** **Claimant Signatures**

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| Introduction | This topic contains policies regarding claimant signatures, including   * signature by *X* mark or thumbprint * signature by pencil * low quality scanned signatures * individuals authorized to sign on behalf of a claimant * requirements for an alternate signer * handling a form or application with an alternate signature * handling *VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits*, with an alternate signature * sample development language for alternate signer, and * substantially complete and incomplete applications. |

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| a. Signature by X Mark or Thumbprint | Accept signatures by *X* mark or thumbprint ***only*** if any one of the following individuals (or group of individuals) witness the mark or thumbprint   * two persons who give their addresses * a VA employee * a Veterans Service Organization (VSO) representative * an attorney * an accredited agent * a notary public, or * a person having the authority to administer oaths for general purposes.   ***References***: For more information on   * signatures by *X* mark or thumbprint, see [38 CFR 3.2130](http://www.ecfr.gov/cgi-bin/text-idx?SID=8cd543c60aef7bc10d43c5a7cf38f44a&mc=true&node=se38.1.3_12130&rgn=div8), and * appointing a POA, see M21-1, Part I, 3.A.2. |

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| b. Signature by Pencil | Accept signatures (or an *X* mark as a signature) that a claimant makes by pencil. |

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| **c. Low Quality Scanned Signatures** | In the event a low quality scanned document is received, claims processors will interpret poor quality signatures as belonging to the proper claimant.  ***Note***: Development for a duplicate signature is not appropriate when based solely upon the scanning quality of the signature received on a document. |

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| d. Individuals Authorized to Sign on Behalf of a Claimant | *Public Law (PL) 112-154*, Section 502, amended [38 U.S.C. 5101](https://www.law.cornell.edu/uscode/text/38/5101) to authorize VA to accept an alternate signature on behalf of claimants or beneficiaries who   * are under age 18 * lack the mental capacity to provide substantially accurate information needed to complete a form or to certify that the statements made on a form are true and complete, or * are physically unable to sign a form.   ***References***: For more information on   * requirements for alternate signers, see M21-1, Part III, Subpart ii, 1.C.2.e, and * actions to take upon receipt of a form or application with an alternate signature, see M21-1, Part III, Subpart ii, 1.C.2.f. |

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| **e. Requirements for an Alternate Signer** | [38 U.S.C. 5101](https://www.law.cornell.edu/uscode/text/38/5101) requires an *alternate signer* be at least one of the following   * a court-appointed representative * an individual responsible for the care of the claimant or beneficiary, including a spouse or other relative * an attorney-in-fact or agent authorized to act on behalf of the claimant or beneficiary under a durable POA, or * agent including the manager or principal officer acting on behalf of an institution caring for the claimant. |

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| **f. Handling a Form or Application With an Alternate Signature** | When an alternate signer certifies or represents that he or she is an appropriate signer under the criteria set forth in [38 U.S.C. 5101](https://www.law.cornell.edu/uscode/text/38/5101), VA will generally accept the alternate signature in the absence of discrepant information.  Upon discovery of any discrepant information, send a development letter to the claimant and/or alternate signer for clarification, to include the sample language provided in M21-1, Part III, Subpart ii, 1.C.2.h.    ***Reference***: For more information on the requirements for an alternate signer, see M21-1, Part III, Subpart ii, 1.C.2.e. |

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| **g. Handling VA Form 21-526EZ With an Alternate Signature** | *VA Form 21-526EZ,* *Application for Disability Compensation and Related Compensation Benefits*,includes an alternate signer certification and acknowledgement paragraph.  Send a development letter to the claimant and/or alternate signer for clarification, to include the sample language in M21-1, Part III, Subpart ii, 1.C.2.h, when   * a completed *VA Form 21-526EZ* is received that does ***not*** contain the required certification, and * the evidence or information before VA is unclear as to whether an alternate signer is appropriate under *PL 112-154* and [38 U.S.C. 5101](https://www.law.cornell.edu/uscode/text/38/5101). |

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| **h. Sample Development Language for Alternate Signer** | Develop to the alternate signer, claimant and/or beneficiary using the sample language below if the signature on the form clearly belongs to someone other than the claimant or beneficiary, *and* there is not a completed VA Form 21-526EZ that includes the required alternate signer certification, ***and*** there is   * *no* evidence or information of record that would allow VA to ascertain the basis for the alternate signer designation, ***or*** * there is discrepant information that is questionable or conflicting in establishing the authority of the alternate signer of the form. |

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| *Please contact us and tell us the basis for signing the form on behalf of the claimant or beneficiary.*  *VA allows for alternate signers to sign a form or application on behalf of claimants and beneficiaries who:*   * *have not attained the age of 18 years,* * *lack the mental capacity to provide substantially accurate information needed to complete a form, or to certify that the statements made on a form are true and complete, or* * *are physically unable to sign forms.*   *The public law defines an alternate signer as falling into at least one of the following categories:*   * *individual responsible for the care of the claimant or beneficiary, including a spouse or other relative, or* * *court-appointed representative, or* * *attorney-in-fact or agent authorized to act on behalf of the claimant under a durable power of attorney, or* * *agent including a manager or principal officer acting on behalf of an institution which is responsible for the care of the claimant.*   *Please submit further documentation or evidence to verify or confirm authorization to sign the form on behalf of the claimant or beneficiary. Examples of further documentation or evidence include:*   * *Social Security Number (SSN) or Taxpayer Identification Number (TIN)* * *certificate or order from a court with complete jurisdiction showing authority to act for the claimant or beneficiary with a judge’s signature and date/time stamp* * *copy of documentation showing appointment of fiduciary* * *durable power of attorney showing the name and signature of the claimant or beneficiary 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 or beneficiary indicating the capacity or responsibility of care provided, or* * *any other documentation showing such authorization.* |

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| ***Note***: An application with an alternate signature requiring additional development is considered an incomplete application. |

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| i. Substantially Complete and Incomplete Applications | Effective March 24, 2015, an unsigned application form is considered an incomplete application.  ***Important***: An unsigned application form received ***prior*** to March 24, 2015, shall be considered an informal claim.  ***Exception***: A claim filed electronically through an online application does not require a signature.  ***Definitions***:   * A **s*ubstantially complete application***means an application containing * the claimant's name * his or her relationship to the Veteran, if applicable * sufficient service information for VA to verify the claimed service, if applicable * the benefit claimed and any medical condition(s) on which it is based * the claimant's signature (if submitted in paper form), and * a statement of income in claims for Veterans or Survivors Pension and Parents' Dependency and Indemnity Compensation (DIC). * An ***incomplete application*** is any submission on a prescribed form; however, information is missing from the above listed requirements for a substantially complete application.   ***References***: For more information about   * unsigned applications, see M21-1, Part III, Subpart ii, 2.C.1.q * electronic signatures for online applications, see M21-1, Part III, Subpart ii 1.A.2.d, and * substantially complete application, see [38 CFR 3.159(a)(3)](http://www.ecfr.gov/cgi-bin/text-idx?SID=5786aa0d039461cb6c1c73227ea54eb0&mc=true&node=se38.1.3_1159&rgn=div8). |

**3.** **Routing Mail for Claims From Foreign Residents**

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| Introduction | This topic contains policies regarding routing mail for claims from foreign residents, including   * determining which RO or Pension Management Center (PMC) has jurisdiction over mail from residents of a foreign country, and * claims from dependents residing in a foreign country. |

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| Change Date | July 10, 2015 |

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| a. Determining Which RO or PMC Has Jurisdiction Over Mail From Residents of a Foreign Country | See the table below when determining jurisdiction for mail received from residents of a foreign country. |

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| **If the mail received is for …** | **And the claimant resides in …** | **Then refer mail to the …** |
| disability compensation, pension, survivor benefits, or related appeals | the Philippines | Manila RO. |
| disability compensation or related appeal(s), work items, or non-rating issues | a foreign country other than the Philippines | Pittsburgh RO. |
| pension or survivor claims or related appeal(s) | * Mexico * Central and South America, or * the Caribbean | St. Paul Pension Management Center (PMC). |
| pension or survivor claims or related appeal(s) | a foreign country other than   * the Philippines * Mexico * Central and South America, or * the Caribbean | Philadelphia PMC. |

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| ***Exception***: For mail related to claims received from dependents residing in a foreign country, see M21-1, Part III, Subpart ii, 1.C.3.b.  ***Reference***: For more information on foreign claim jurisdiction, see M21-1, Part III, Subpart ii, 5.A.1.b. |

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| b. Claims From Dependents Residing in a Foreign Country | Jurisdiction over claims from dependents residing in a foreign country is based on the primary beneficiary’s place of residence and entitlement and not on the dependent’s place of residence.  ***Example***: A Veteran living in Salt Lake City, Utah, files a claim for disability compensation. After the Salt Lake City RO awards entitlement based on a 50-percent disability evaluation, the Veteran’s dependent, who lives in Seoul, Korea, files a claim for an apportioned share of the Veteran’s benefits.  ***Result***: Because the Veteran resides within the jurisdiction of the Salt Lake City RO, this RO – *not the Pittsburgh RO* – is responsible for processing the dependent’s claim. |

#### 4. Handling Claims for Ancillary Benefits

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| a. Handling Claims for Ancillary Benefits | Upon receipt of an application form for the ancillary benefits listed below, follow normal procedures in M21-1 Part III, Subpart ii, 1.A for reviewing mail.  Ancillary benefit application forms include   * *VA Form 21-4502*, *Application for Automobile or Other Conveyance and Adaptive Equipment (Under 38 U.S.C. 3901-3904)* * *VA Form 26-4555*, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*, and * *VA Form 10-8678*, *Application for Annual Clothing Allowance (Under 38 U.S.C. 1162)*.   ***Note***: An end product (EP) 290 is normally established for ancillary benefits *unless* received as part of an original claim for other benefits, in which case an EP 110 or 010 series would be used.  ***References***: For more information on   * EPs, see M21-4, Appendix B * automobile or other conveyance and adaptive equipment, see M21-1, Part IX, Subpart i, 2 * annual clothing allowance (under [38 U.S.C. 1162](https://www.law.cornell.edu/uscode/text/38/1162)), see M21-1, Part IX, Subpart i, 7, and * awarding specially adapted housing or special housing adaptation, see M21-1, Part IX, Subpart i, 3. |

#### 5. Screening and Handling Restricted-Access Mail From Employees and Their Relatives

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| Introduction | This topic contains information on screening and handling restricted-access mail from employees and their relatives, including   * identifying restricted-access mail * who has jurisdiction over restricted-access mail * use of the Restricted Access Claims Center (RACC) cover sheet for proper mail routing, and * RACC mail handling responsibilities. |

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| Change Date | July 10, 2015 |

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| a. Identifying Restricted- Access Mail | Mail from the following claimants requires restricted-access handling   * VA employees and contractors * family members of VA employees and contractors * VSO employees * VA interns * participants in VA work-study programs, and * high-ranking government officials.   ***Reference***: For more information about identifying individuals requiring restricted-access handling, see M21-1, Part III, Subpart ii, 4.A.3. |

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| b. Who Has Jurisdiction Over Restricted-Access Mail | With few exceptions, mail related to claims filed by employees and their relatives require restricted-access handling by the St. Paul Restricted Access Claims Center (RACC) for compensation claims, and by the Philadelphia RACC for pension claims.  ***Reference***: For additional information on claims handled by RACCs, see M21-1, Part III, Subpart ii, 4.A.4. |

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| **c. Use of the RACC Cover Sheet for Proper Mail Routing** | Mail routing within the CM portals is normally based upon the zip code from which correspondence originated.  RACC employees attach cover sheets to all outgoing correspondence. Additionally, Public Contact teams at all RO’s provide these cover sheets to employee/family member claimants upon request. The cover sheets override zip codes and automatically route the incoming mail to the appropriate RACC CM queue.  In cases where non-RACC ROs receive RACC mail, they will reassign the mail within their CM queues to the appropriate RACC CM queue per instructions found in M21-1 Part III, Subpart ii, 1.E.5.c, Step 2.  ***References***: For additional information on   * claims handled by RACCs, see M21-1, Part III, Subpart ii, 4.A.4 * initial screening of mail, see M21-1, Part III, Subpart ii, 1.A, and * reassigning mail to other RO’s CM work queues, see M21-1, Part III, Subpart ii, 1.E.5. |

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| d. RACC Mail Handling Responsibilities | When a RACC receives mail from an employee or an employee’s relative listed in M21-1 Part III, Subpart ii, 4.A.4.a from another RO, it ***must***   * review the claims folder to determine whether a claim is pending, and (if necessary) * continue any claims processing activities initiated by the other RO. |

#### 6. Handling Mail That Could Result in a Reduction or Discontinuation of Benefits

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| **Introduction** | This topic contains instructions for handling mail that could result in a reduction or discontinuation of benefits, including   * examples of mail that could result in a reduction or discontinuation of benefits, and * establishing controls to minimize underpayments and overpayments. |

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| **a.** **Examples of Mail That Could Result in a Reduction or Discontinuation of Benefits** | Examples of mail that could result in a reduction or discontinuation of benefits include   * mail related to one of the matching programs discussed in M21-1, Part X, or * a notice of * death * incarceration * a change in the status of a beneficiary’s dependent(s), or * hospitalization that requires adjustment of a beneficiary’s award under * [38 CFR 3.551](http://www.ecfr.gov/cgi-bin/text-idx?SID=b3f82a61af97c26556d78826760730e9&mc=true&node=se38.1.3_1551&rgn=div8), or * [38 CFR 3.552](http://www.ecfr.gov/cgi-bin/text-idx?SID=b3f82a61af97c26556d78826760730e9&mc=true&node=se38.1.3_1552&rgn=div8). |

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| **b.** **Establishing Controls to Minimize Underpayments and Overpayments** | In order to minimize underpayments and overpayments, ROs ***must*** expeditiously process any information they receive that suggests a reduction or discontinuation of benefits may be in order. If a delay in processing the information is likely, they must   * establish appropriate system controls to ensure action is initiated within 30 days, and * ensure follow-up actions are taken in a timely manner.   To monitor timeliness in completing action on these potential under/overpayments, ROs must establish an EP 690/693 to run concurrently with the controlling EP until all actions are completed. The table below contains instructions for determining the correct EP and DOC. |

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| **If the source of the information is ...** | **Then the proper EP and DOC are ...** |
| the beneficiary or a third party | an EP 690 with the DOC the date the RO received the information. |
| messages generated as a result of the matching programs discussed in M21-1, Part X | an EP 690 with the DOC that matches the date shown on the message or, if no date is shown, the date the RO reviews the message. |
| an 800 series work item | an EP 693 with the DOC that matches the date shown on the 800 series work item. |

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| ***Reference***: For more information about 800 series work items, see the [*VETSNET 800 Series Work Items Desk Reference*](http://vbaw.vba.va.gov/bl/21/systems/docs/WIDR.DOC). |

**7. Handling Outdated Forms**

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| **Introduction** | This topic contains information about outdated versions of forms, including   * accepting outdated versions of a VA form * acceptable outdated versions of common compensation forms * acceptable outdated versions of common pension forms, and * rejecting an outdated version of a VA form. |

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| **Change Date** | February 9, 2016 |

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| **a.** **Accepting Outdated Versions of a VA Form** | VA accepts outdated versions of forms *until* the existing stock is depleted and the claims processing systems are updated to reflect the newest version of the form. When accepting an outdated version of a form, be sure to develop for any information required to process the claim that is requested on the current version of the form, but not requested on the outdated version. Compensation Service and Pension and Fiduciary Service define what outdated versions are acceptable as described below.  ***References***:   * For a list of acceptable outdated versions of common * compensation forms, see M21-1, Part III, Subpart ii, 1.C.7.b, and * pension forms, see M21-1, Part III, Subpart ii, 1.C.7.c. * For questions about the acceptability of outdated versions of less common forms, contact * Compensation Service via the Authorization Quality Review Specialist (AQRS) or Rating Quality Review Specialist (RQRS) groups in [VA Pulse](https://www.vapulse.net), or * Pension and Fiduciary Service via [VAVBAWAS/CO/Business Management](mailto:BusManagement.VBAVACO@va.gov). |

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| **b. Acceptable Outdated Versions of Common Compensation Forms** | See the table below for a listing of outdated versions of some commonly used compensation forms that VA *will* accept. |

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| **VA Form Number** | **Form Name** | **Current Version Available** | **Older Version Dates Accepted by VA** |
| *21-526EZ* | *Application for Disability Compensation and Related Compensation Benefits* | May 2015 | January 2014 |
| *21-686c* | *Declaration of Status of Dependents* | June 2014 | April 2014 |
| *21-674* | *Request for Approval of School Attendance* | April 2015 | February 2012 |
| *21-674b* | *School Attendance Report* | April 2015 | September 2013 |
| *21-8940* | *Veteran’s Application for Increased Compensation Based on Unemployability* | July 2015 | June 2011 |
| *21-4192* | *Request for Employment Information in Connection with Claim for Disability Benefits* | July 2015 | December 2010 |
| *21-0781* | *Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)* | August 2014 | January 2014 & October 2007 |
| *21-0781a* | *Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault* | August 2014 | January 2014 & June 2012 |
| *21-4502* | *Application for Automobile or Other Conveyance and Adaptive Equipment* | February 2015 | July 2008 |
| *21-2680* | *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance* | May 2015 | June 2008 |
| *21-22* | *Appointment of Veterans Service Organization as Claimant’s Representative and Appointment of Individual as Claimant’s Representative* | August 2015 | October 2014, June 2014, & February 2012 |
| *21-22a* | *Appointment of Individual as Claimant's Representative* | August 2015 | June 2009 |
| *21-0966* | *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC* | July 2015 | November 2014 |
| *21-0958* | *Notice of Disagreement* | September 2015 | January 2015 |
| *21-0845* | *Authorization to Disclose Personal Beneficiary/Claimant Information to a Third Party* | June 2015 | May 2010 |
| *21-4142* | *Authorization to Disclose Information to the Department of Veterans Affairs (VA)* | June 2014 | February 2012 |
| *21-4142a* | *General Release for Medical Provider Information to the Department of Veterans Affairs (VA)* | June 2014 | N/A |

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| **c. Acceptable Outdated Versions of Common Pension Forms** | See the table below for a listing of outdated versions of some commonly used pension forms that VA *will* accept. |

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| **VA Form Number** | **Form Name** | **Current Version Available** | **Older Version Dates Accepted by VA** |
| *21P-0516-1 (ALL EVRS ending in -01)* | *All Eligibility Verification Reports (EVRs)* | February 2012 | June 2004 |
| *21P-527EZ* | *Fully Developed Claim (Express Pension Claim)* | June 2014 | August 2011 |
| *21P-527* | *Income net worth and employment statement* | July 2014 | July 2012 |
| *21P-530* | *Application for burial benefits* | June 2014 | May 2012 |
| *21P-534* | *Application for DIC, death pension and accrued benefits by a surviving spouse or child* | June 2014 | March 2009 |
| *21P-534EZ* | *Fully Developed Claim (Express Survivors Benefits)* | June 2014 | December 2012 |
| *21P-534a* | *Application for Dependency and Indemnity Compensation By a Surviving Spouse or Child-In Service Death Only* | June 2014 | October 2011 |
| *21P-535* | *Application for DIC by parents (including accrued benefits and death compensation)* | June 2014 | February 2012 |
| *21P-601* | *Application for reimbursement from accrued amounts due a deceased beneficiary* | June 2014 | December 2010 |
| *21P-8416* | *Medical Expense Report* | February 2012 | December 2011 |
| *21P-0847* | *Request of Substitution of Claimant Upon Death of Claimant* | June 2009 | N/A |

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| **d. Rejecting an Outdated Version of a VA Form** | If a VA form needs to be rejected   * return the form to the Veteran and POA, if necessary, * provide the Veteran and POA, if necessary, a copy of the current form, and * provide notice in the correspondence that we could not accept the form as it is an outdated version. |