#### Department of Veterans Affairs M21-1, Part III, Subpart ii

**Veterans Benefits Administration July 31, 2015**

**Washington, DC 20420**

#### Transmittal Sheet

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| Changes Included in This Revision | The table below describes the changes included in this revision of Veterans Benefits Manual M21-1, Part III, “General Claims Process,” Subpart ii, “Initial Screening and Determining Veteran Status.” ***Notes***: * The term “regional office” (RO) also includes pension management center (PMC), where appropriate.
* Unless otherwise noted, the term “claims folder” refers to the official, numbered, Department of Veterans Affairs (VA) repository – whether paper or electronic – for all documentation relating to claims that a Veteran and/or his/her survivors file with VA.
* Minor editorial changes have also been made to
* update incorrect or obsolete references
* update obsolete terminology, where appropriate
* update termination of benefits to discontinuation of benefits
* reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
* update section and topic titles to more accurately reflect their content
* clarify block labels and/or block text, and
* bring the document into conformance with M21-1 standards.
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| Reason(s) for the Change | Citation |
| To add “X” in front of the word mark, to provide more clarity and context signature by “X” mark or thumbprint. | M21-1, Part III, Subpart ii, Chapter 1, Section C, Topic 2, Block a-b (III.ii.1.C.2.a-b) |
| To revise and update, as defined by Section 502 of *Public Law (PL) 112-154*, who an alternate signer can sign an application or form on behalf of. | III.ii.1.C.2.c |
| To create a new Block d to move and update information from III.ii.1.C.2.c about the requirements for an alternate signer, as defined by *PL 112-154*. | III.ii.1.C.2.d |
| * To create a new Block e to add the necessary actions to take upon receipt of a form or application with an alternate signature other than the claimant’s.
* To highlight that *VA Form 21-526EZ*, *Application for Disability Compensation and Related Compensation Benefits,* includes an alternate signer certification and acknowledgement paragraph.
* To add a note as a reminder of the actions to take if there is medical or lay evidence of record demonstrating the need for a referral to a fiduciary hub.
 | III.ii.1.C.2.e |
| To add new Block f to provide instructions for a *VA Form 21-526EZ* received with an alternate signature. | III.ii.1.C.2.f |
| To add new Block g with sample language to use when developing to the claimant and/or alternate signer when it is clear the signature on the form belongs to someone other than the claimant or beneficiary ***and*** there is no evidence of record outlining 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. | III.ii.1.C.2.g |

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| Rescissions | None |

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| Authority | By Direction of the Under Secretary for Benefits |

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| Signature | Thomas J. Murphy, DirectorCompensation ServiceDavid R. McLenachan, DirectorPension and Fiduciary Service |

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