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

**Veterans Benefits Administration July 21, 2015**

**Washington, DC 20420**

#### Transmittal Sheet

|  |  |
| --- | --- |
| 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 iii, “General Development and Dependency Issues.”  ***Notes***: Minor editorial changes have also been made to   * 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, and * clarify block labels and/or block text. |

|  |  |
| --- | --- |
| Reason(s) for the Change | Citation |
| * To incorporate a new requirement to undertake any development necessary to establish entitlement to additional disability compensation for dependents *concurrent with* initial development of * an original or reopened claim for disability compensation, or * a claim for increased disability compensation. * To provide instructions for handling a claim for additional disability compensation for a dependent when it is received while an end product (EP) 110 or 010 is pending. * To instruct readers to follow the instructions in III.iii.5.L.1.e if upfront development to establish entitlement to additional disability compensation for dependents is mistakenly overlooked during initial development of * an original or reopened claim for disability compensation, or * a claim for increased disability compensation. | M21-1, Part III, Subpart iii, Chapter 5, Section A, Topic 1, Block h (III.iii.5.A.1.h) |
| * To clarify that a claim to add a dependent to a claimant’s award that the Department of Veterans Affairs (VA) receives on VA Form 21-0538, *Status of Dependents Questionnaire*, is acceptable only if VA receives the form as part of the verification process described in III.iii.5.K. * To delete the following as prescribed forms for claiming additional disability compensation for dependents, because the forms contain no blocks for the entry of information about dependents that is required to determine entitlement. * VA Form 21-526b, *Veteran's Supplemental Claim for Compensation*, and * VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. * To refer readers to the instructions in III.iii.5.A.4.c upon receipt of a claim for benefits for a dependent that a claimant submits on anything other than a prescribed form. * To delete a note that referred readers to III.ii.2.D.1.n for handling unsigned forms, as instructions for handling such forms were added to the next block in Topic 4 (III.iii.5.A.4.b). | III.iii.5.A.4.a |
| * To update the instructions for handling incomplete forms, to include elimination of the policy that prohibited telephone contact with a claimant to obtain information the claimant failed to enter on a form. * To inform readers that * completion of blocks 6, 8, and 14J on VA Form 21-686c, *Declaration of Status of Dependents*, is optional, and * a Veteran is not required to provide to VA the last name of his/her current spouse. * To remind readers that when VA denies a claimant’s request for benefits for a dependent, the evidence VA considered when making its decision must be cited in the corresponding decision notice. | III.iii.5.A.4.b |
| To add to the sample letter a paragraph regarding unmarried children that are older than 18 but under the age of 23. | III.iii.5.A.4.c |
| To instruct readers to send a letter that asks a beneficiary or claimant to provide a missing Social Security number (SSN) within 30 days, when the beneficiary or claimant informs VA that he/she has requested an SSN but the Social Security Administration has not yet assigned one. | III.iii.5.A.5.d |
| To delete (old) III.iii.5.A.4.c, as the instructions contained therein (regarding the propriety of obtaining information from a claimant by telephone) are no longer accurate. | --- |

|  |  |
| --- | --- |
| Rescissions | None |

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

|  |  |
| --- | --- |
| Signature | Thomas J. Murphy, Director  Compensation Service |

|  |  |
| --- | --- |
| Distribution | LOCAL REPRODUCTION AUTHORIZED |