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

**Veterans Benefits Administration October 22, 2015**

**Washington, DC 20420**

#### Key Changes

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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 Veterans 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 * 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 provide clarification that applications submitted before March 24, 2015, via the Veterans On Line Application (VONAPP) or VONAPP Direct Connect (VDC) * are not informal claims, and * have an application initiation date stamp that can be used to determine effective dates, similar to an informal claim. * To include references for application initiation dates and determining effective dates for VDC claims. * To provide clarification that in the *Ellington v. Nicholson* decision, the Court of Appeals for Veteran Claims (CAVC) ruled that complaints noted by a Veteran during a VA examination (and included in the corresponding examination report) do not constitute an informal claim unless "the veteran sufficiently manifested an intent to apply for benefits for a particular disease or injury." | [M21-1, Part III, Subpart ii, Chapter 2, Section C, Topic 1, Block a](#_a.__Characteristics)  [(III.ii.2.C.1.a)](#_a.__Characteristics) |
| To replace “improperly entered” with “incorrect.” | [III.ii.2.C.1.l](#_l.__Requesting) |
| To add a new Topic 7 with instructions for taking corrective action when the regional office (RO) has improperly established and processed a request for benefits that was not submitted on a prescribed form (referred to as an incorrectly established claim). | [III.ii.2.C.7](#Topic7) |

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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, Director  Compensation Service |

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| Distribution | LOCAL REPRODUCTION AUTHORIZED |

### Section C. Informal Claims Received Prior to March 24, 2015, Intent to File (ITF) and Requests for Application

#### Overview

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

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| Topic | Topic Name |
| 1 | Identification of an Informal Original Claim Received Prior to March 24, 2015, ITF, and a Request for Application |
| 2 | Original Claims Not Filed on the Prescribed Form and Claims Made by Telephone |
| 3 | Processing Informal Original Claims in the Veterans Benefits Management System (VBMS) Prior to March 24, 2015 |
| 4 | Incomplete Applications and Lost Claims |
| 5 | Allegations of Lost Claims Associated With the Centralized Mail (CM) Program Received From Veterans or Their Representatives |
| 6 | Claims Based on Reports of Examination or Hospitalization |
| 7 | Incorrectly Established Claims |

#### 1. Identification of an Informal Original Claim Received Prior to March 24, 2015, an ITF, and a Request for Application

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| Introduction | This topic contains information regarding the identification of informal claims, including   * characteristics of an informal claim – received prior to March 24, 2015 * why informal claims were important * required elements of an informal claim – received prior to March 24, 2015 * submitting an ITF – on or after March 24, 2015 * characteristics of a complete ITF * handling a complete ITF * exhibit: ITF Received Letter * handling an incomplete ITF * exhibit: Incomplete ITF Letter * why an ITF is important for assigning effective dates * how to enter ITF data * requesting correction of improperly entered ITF data * ITF status * handling an unsigned application for benefits * when to place a claim under end product (EP) control, and * acceptability of obsolete forms and applications. |

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| Change Date | October 22, 2015 |

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| a. Characteristics of an Informal Claim – Received Prior to March 24, 2015 | Identify an informal claim received prior to March 24, 2015, by any of the following characteristics:   * any communication or action that shows an intent to apply for benefits under laws administered by the Department of Veterans Affairs (VA) * an original claim ***not*** filed on the prescribed form * an unsigned application (***except*** for those received via the Veterans On-Line Application (VONAPP) or VONAPP Direct Connect (VDC)) * evidence of examination or hospitalization in a VA or uniformed services health care facility for a service-connected (SC) disability under historical [38 CFR 3.157 (b)(1)](http://www.warms.vba.va.gov/regs/38CFR/BOOKB/PART3/S3_157.DOC), or * any communication regarding the death of the appellant in an appeal * submitted to the United States Court of Appeals for Veterans Claims (CAVC), and * furnished to VA by CAVC.   ***Important***: VA only recognizes informal claims received prior to March 24, 2015.  ***Notes***:   * Claims received prior to March 24, 2015, via VONAPP or VDC that are initiated but not completed are not informal claims. However, the date the application was initiated may be considered when determining the effective date in certain circumstances. * CAVC ruled that complaints noted by a Veteran during a VA examination (and included in the corresponding examination report) do not constitute an informal claim unless "the veteran sufficiently manifested an intent to apply for benefits for a particular disease or injury."   ***References***: For more information on   * complaints noted by a Veteran during a VA examination, see *[Ellington v. Nicholson](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2007dec/Ellington.doc)*, 22 Vet. App. 141 (2007) * communication regarding the death of an appellant, see [*De Landicho v. Brown*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVC/1994dec/Landicho.doc), 7 Vet. App. 42 (1994) * claims from unauthorized or unapproved representatives, see [38 CFR 3.155(b)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9582432f4994a087c1b78dbf536633b9&mc=true&node=se38.1.3_1155&rgn=div8) * claims that are not filed on the prescribed form, see M21-1, Part III, Subpart ii, 2.C.2.a * processing informal claims in the Veterans Benefits Management System (VBMS), see M21-1, Part III, Subpart ii, 2.C.3 * application initiation date for VDC claims, see M21-1, Part III, Subpart i, 4.C.2.c, and * determining the effective date for VDC claims, see M21-1, Part III, Subpart i, 4.C.2.d. |

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| b. Why Informal Claims were Important | Informal claims were important prior to March 24, 2015, because VA could award entitlement to benefits as early as the date of receipt of an informal claim as long as the claimant submits a formal claim within one year of the date VA sent the claimant the application form.  ***Reference***: For more information about the time limit for submitting a formal claim, see [38 U.S.C. 5102 (c)(1)](http://www.law.cornell.edu/uscode/text/38/5102). |

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| c. Required Elements of an Informal Claim – Received Prior to March 24, 2015 | In order for a communication or action received by VA prior to March 24, 2015, to be accepted as an informal claim, the historical version of [38 CFR 3.155](http://www.ecfr.gov/cgi-bin/text-idx?SID=4f80c23dba13440d36d9e502e88a557a&mc=true&node=se38.1.3_1155&rgn=div8) requires claimants to identify the benefit(s) they are seeking, such as compensation and/or pension.  If a claimant is attempting to reopen a previously denied claim or is seeking an increased disability rating, he/she must ***also*** describe the nature of the disability for which he/she is seeking benefits. A claimant may accomplish this by identifying the body part or system that is disabled or by describing symptoms of the disability.  ***References***:   * See historical version of [38 CFR 3.157(b)](http://www.warms.vba.va.gov/regs/38CFR/BOOKB/PART3/S3_157.DOC) for information about accepting a report of hospitalization or medical treatment * as an informal claim for an increased disability rating, or * to reopen a claim for pension that VA previously denied for lack of evidence of permanent and total disability. * See [*Brokowski v. Shinseki*](http://vbaw.vba.va.gov/bl/21/advisory/CAVC/2009dec/Brokowski.pdf), 23 Vet. App. 79 (2009), for more information on informal claims * for an increased disability rating, or * to reopen a previously denied claim. |

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| d. Submitting an ITF – On or After March 24, 2015 | A claimant may submit an Intent to File (ITF) any of the following ways:   * by submitting a completed *VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC* * by calling the National Call Center (NCC) at 1-800-827-1000 or the National Pension Call Center (NPCC) at 1-877-294-6380 and notifying a Public Contact Representative (PCR) of his or her ITF a claim for compensation, pension, or survivors benefits, and * by initiating an application for benefits via eBenefits/VDC or Stakeholder Enterprise Portal (SEP).   ***Important***: VA will only recognize ITFs submitted on or after March 24, 2015. An ITF received before March 24, 2015, will be reviewed to determine whether it can be accepted as an informal claim. For more information regarding informal claims, see M21-1, Part III, Subpart i, 2.C.1.c.  ITFs submitted through eBenefits/VDC and the NCC or NPCC will be processed automatically. The data will be directly transferred to the corporate database where ITF information is stored. This will trigger the batch letter process described in M21-1, Part III, Subpart ii, 2.C.1.g.  ***Exception***: If the claimant submits an ITF through the NCC or NPCC but does not have an existing corporate record, the ITF will be manually processed by the Intake Processing Center. |

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| e. Characteristics of a Complete ITF | An ITF is complete if ***all***the following requirements have been met:   * the claimant has identified the general benefit sought (compensation and/or pension, or Survivors Pension and/or Dependency and Indemnity Compensation (DIC)) * the claimant can be identified, and * the *VA Form 21-0966* is signed by the claimant or authorized representative (Veterans Service Organization (VSO), VA public contact representative, attorney, or agent if a valid power of attorney (POA) has been completed).   ***Note***: Assume the claimant is the Veteran if the Veteran identification section is not filled out.  ***Important***: If the ITF is established based on the initiation of an application via eBenefits/VDC, no signature or *VA Form 21-0966* is needed. |

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| f. Why an ITF is Important for Assigning Effective Dates | An ITF is important because VA may award entitlement to benefits as early as the date of receipt of an ITF as long as the claimant submits a complete claim within one year of the date VA received the ITF.  ***Example 1***: A Veteran submits *VA Form 21-0966* for compensation on June 1, 2015 and submits a paper *VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits,* on January 1, 2016. The Veteran’s   * ITF date is June 1, 2015 * date of claim (DOC) is January 1, 2016, and * potential effective date is June 1, 2015.   ***Example 2***: A Veteran submits *VA Form 21-0966* for compensation on June 1, 2015, begins an online application in eBenefits on November 1, 2015, and submits an online application through eBenefits on January 1, 2016. The Veteran’s   * ITF date is June 1, 2015 * November 1st online application is saved as a duplicate ITF * DOC is January 1, 2016, and * potential effective date is June 1, 2015.   ***Example 3***: A Veteran submits an ITF for compensation through NCC on June 1, 2015, begins an online application in eBenefits on November 1, 2015, submits a paper *VA Form 21-526EZ* on January 1, 2016, for a knee disability, and submits an online application through eBenefits on February 1, 2016, for a back disability. The Veteran’s   * ITF date is June 1, 2015 * online application initiation is a duplicate ITF * DOC for knee disability is January 1, 2016 * potential effective date for knee is June 1, 2015 * DOC for back disability is February 1, 2016, and * potential effective date for back is February 1, 2016. |

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| g. Handling a Complete ITF | Upon receipt of a complete ITF via mail, the user must input the ITF data from the form into VBMS.  Once this data is entered, a batch process will generate a letter from Hines Information Technology Center (ITC) informing the claimant of the   * date of receipt of ITF * benefit(s) sought * required form(s), and * timeframe for submitting the complete claim(s).     ***Important***: Claims processors are responsible for validating that the data displayed in the corporate database is correct. |

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| h. Exhibit: ITF Received Letter | See the example *ITF Received* letterbelow: |

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| Dear **[Insert claimant’s first and last name.]**:  We received your intent to fileon **[Insert date of receipt of intent to file.]**. You indicated you would like to file a claim for **[Insert benefit(s) sought.]**.  If your completed application is received within one year from the date that your intent to filewas received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your intent to file.  If your completed application is not received within one year from the date that your intent to file was received and we decide that you are entitled to VA benefits, we can only compensate you from the date we received your completed application.  **What Should You Do?**   |  |  | | --- | --- | | **If the ITF includes…** | **Then insert the text below into the “What Should You Do” portion of the letter…** | | compensation | 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. | | pension | In order for us to begin processing your claim for pension, you must complete, sign, and return a *VA Form* *21-527EZ*, *Application for Pension.* | | survivor benefits | In order for us to start processing your claim, you must complete, sign, and return a *VA Form 21-534EZ*, *Application for DIC, Death Pension, and/or Accrued Benefits,* if you are the spouse or child of the Veteran*.*  If you are the parent of the Veteran, you must complete, sign, and return a *VA Form 21-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).* |   We will take no further action until we receive your completed application. To locate the appropriate form(s), please visit the following website: [www.va.gov/vaforms](http://www.va.gov/vaforms).  Our records indicate that you have appointed **[Insert VSO name.]** as your authorized representative to assist you with your claim. We encourage you to consult with them prior to submission of your claim as they can assist with any questions you may have and help ensure that all necessary evidence has been submitted with your claim.  **What is eBenefits?**  eBenefits provides electronic resources in a self-service environment to service members,  Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits 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  ● Request a Veterans Service Officer to represent you  ● Track the status of your claim or appeal  ● Obtain verification of military service, civil service preference, or VA benefits  ● And much more!  Enrolling in eBenefits is easy. Just visit [www.eBenefits.va.gov](http://www.eBenefits.va.gov) for more information. If you submit a claim in the future, consider filing through eBenefits. 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.  **If You Have Questions or Need Assistance**  **[Select appropriate foreign or domestic address table.]**  **[Select appropriate VSO paragraph.]**  Thank you,  Regional Office Director  Enclosure(s): Where to Send Your Written Correspondence    cc: **[Insert POA if applicable.]** |

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| i. Handling an Incomplete ITF | Upon receipt of an incomplete ITF via mail, use the following table to determine the next action. |

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| If the claimant ... | Then ... |
| cannot be identified | follow unidentifiable mail procedures. |
| can be identified but does not identify the benefit sought | attempt to contact the claimant via telephone development. If the claimant cannot be reached,   * document the call on *VA Form 27-0820, Report of General Information* * place in the claims folder, and * input the available ITF data into Share. |
| can be identified but the form was not signed | input the available ITF data in Share. |

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| ***Notes***:   * The incomplete ITF data entered into the corporate database through Share will trigger a batch letter process from ITC informing the Veteran of the following: * an incomplete ITF was received * which required information was missing * VA cannot accept the incomplete ITF, and * requirements for submitting a complete ITF and/or claim. * An incomplete ITF has no bearing on assignment of an effective date. See [38 CFR 3.155(b)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4f80c23dba13440d36d9e502e88a557a&mc=true&node=se38.1.3_1155&rgn=div8).   ***Important***: The Share ITF functionality was deployed in April 2015. Prior to this deployment, there was no method for entering ITF data into the system of record. The *historical* procedures for processing and tracking incomplete ITFs received *prior* to April 11, 2015, are provided in the table below. |

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| Step | Action |
| 1 | Establish an end product (EP) 400-Correspondence, with a DOC as the date the incomplete ITF was received by VA. |
| 2 | In Modern Award Processing-Development (MAP-D), create a generic, subsequent contact letter, and replace the system generated text with the text in the Incomplete ITF Letter shown in M21-1 III.ii.2.C.1.j. |
| 3 | Create a Custom Tracked Item with a description of *Incomplete ITF* and a 30-day suspense date. |
| 4 | Associate the letter with the Veteran’s claim folder. |
| 5 | When the 30-day suspense has expired, enter the incomplete ITF data into Share. |
| 6 | Clear the EP 400 used to track receipt of the incomplete ITF. |

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| j. Exhibit: Incomplete ITF Letter | See the example *Incomplete ITF* letter language below: |

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| Dear **[Insert claimant’s first and last name.]**:  We received your *VA Form 21-0966*, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC,* however, it was incomplete. Your intent to file notice was incomplete because:   * **[You did not identify the benefit sought (i.e., compensation, pension, or survivors pension/dependency and indemnity compensation (DIC).)]** * **[You did not sign the intent to file notice.]**   Without this information we are unable to accept your intent to file.  **What Should You Do?**  In order for us to begin processing your claim, you must submit an application for benefits. If you do not feel ready to submit your claim, you may also submit a new 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 fileis 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.   |  |  | | --- | --- | | If you intend to file for compensation | 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 intend to file for pension | In order for us to begin processing your claim for pension, you must complete, sign, and return a VA Form *21-527EZ*, *Application for Pension.* | | If you intend to file for survivors pension and/or dependency and indemnity compensation (DIC) | In order for us to start processing your claim, you must complete, sign, and return a *VA Form 21-534EZ*, *Application for DIC, Death Pension, and/or Accrued Benefits,* if you are the spouse or child of the Veteran*.*  If you are the parent of the Veteran, you must complete, sign, and return a *VA Form* 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).* |   If you would like to submit a new intent to file, you may do so using one of the following methods:   * Visit [eBenefits.va.gov](http://www.ebenefits.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, or Survivors Pension and/or DIC.* * 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, or Survivors Pension and/or DIC*.   We will take no further action until we receive your completed application for benefits or a complete intent to file. To locate the appropriate form(s), please visit the following website: [www.va.gov/vaforms](http://www.va.gov/vaforms).  Our records indicate that you have appointed **[Insert VSO name.]** as your authorized representative to assist you with your claim. We encourage you to consult with them prior to submission of your claim as they can assist with any questions you may have and help ensure that all necessary evidence has been submitted with your claim.  **What is eBenefits?**  eBenefits provides electronic resources in a self-service environment to service members,  Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits 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  ● Request a Veterans Service Officer to represent you  ● Track the status of your claim or appeal  ● Obtain verification of military service, civil service preference, or VA benefits  ● And much more!  Enrolling in eBenefits is easy. Just visit [www.eBenefits.va.gov](http://www.eBenefits.va.gov) for more information. If you submit a claim in the future, consider filing through eBenefits. 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.  **If You Have Questions or Need Assistance**  **[Select appropriate foreign or domestic address table.]**  **[Select appropriate VSO paragraph.]**  Thank you,  Regional Office Director  Enclosure(s): Where to Send Your Written Correspondence    cc: **[Insert POA if applicable.]** |

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| k. How to Enter ITF Data | Follow the instructions in the table below to create a new ITF entry. |

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| Step | Action |
| 1 | Open *VA Form 21-0966* in the Centralized Mail (CM) portal. |
| 2 | Identify the claimant on the form. |
| 3 | Type the claimant’s file number in the search bar and open the VBMS profile.  ***Note***: If no VBMS profile exists for the claimant, see M21-1, Part III, Subpart ii, 3.D for instructions on claims establishment. |
| 4 | Click the VETERAN drop-down menu and select INTENT TO FILE.  ***Illustration***: |
| 5 | Click the CREATE NEW INTENT TO FILEbutton located in the left upper corner.  ***Illustration***:    ***Note***: The information above represents a ***fictional*** individual. |
| 6 | Only one ITF per benefit can be entered in VBMS at a time. Complete the fields marked by a red asterisk.  ***Illustration***:    ***Explanation***: See the following for more information on the fields marked by a red asterisk, including   * BENEFITS SOUGHT: single selection, as identified on the form * RECEIVED DATE: indicated by VA date stamp, and * SOURCE: intake method. |
| 7 | Enter ITF data for another benefit if necessary.  ***Example***: The claimant selected both Compensation and Pension on *VA Form 21-0966*. |
| 8 | Review ITF data for accuracy.  ***Illustration***: |
| 9 | Upload the document from the CM portal to the claims folder. |

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| ***Note***: Correct improperly entered ITF data by following the procedures outlined in M21-1, Part III, Subpart ii, 2.C.1.l. |

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| l. Requesting Correction of Incorrect ITF Data | Submit a trouble ticket to the National Service Desk (NSD) to request correction of incorrect ITF data by following the steps below. |

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| Step | Action |
| 1 | Open *Outlook* and create a new e-mail. |
| 2 | Address the e-mail to NSD Solution Center ([itsc@va.gov](mailto:itsc@va.gov)). |
| 3 | Enter *Correction of ITF data* as the subject of the e-mail. |
| 4 | In the body of the e-mail, describe the data that needs to be corrected and the claimant’s identifying information. |
| 5 | Sign/encrypt the e-mail and send. |
| 6 | Enter a note in MAP-D or VBMS. |

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| ***Example***: The following *Outlook* image is an example of requesting correction of incorrect ITF data.  ITF correction  ***Note***: The information used in this example is of a ***fictional*** individual. |

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| m. Intent to File Status | The ITF status will be displayed in Share and VBMS. Use the table below for reference. |

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| Status | Description |
| Active | A complete ITF is received from the claimant. The active period extends for a full year from the date the ITF was received or until a complete claim has been received. |
| Duplicate | An ITF is received while an active ITF for the same benefit is pending. |
| Incomplete | An ITF is received that did not identify one or more of the following elements:   * claimant identification * benefit sought, and * signature from authorized individual. |
| Expired | Claimant did not submit a complete claim for the benefit sought within one year of submitting the ITF. |
| Claim Received | Claimant submits complete claim for the same benefit sought on the ITF, within the one year active period. |

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| ***Important***:   * The claimant is only allowed to have one ‘active’ ITF per general benefit at any given time. * Upon submitting a complete claim for the same general benefit, the Veteran may submit a new ITF to start the ITF process for additional claims of the same general benefit.   **Example**: The Veteran submits a *VA Form 21-0996* for compensation benefits on May 10, 2015, and later submits a complete compensation claim on *VA Form 21-526EZ* on August 10, 2015.  Receipt of the complete claim for compensation resulted in the May 10, 2015, ‘active’ ITF status being updated to *claim received*, allowing a new ITF for compensation to be submitted on or after August 10, 2015, as an effective date placeholder. |

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| n. Handling an Unsigned, Application for Benefits | Follow the steps in the table below upon receipt of an unsigned application for benefits for   * *original* claims received prior to March 24, 2015, and * ***all*** claims received on or after March 24, 2015. |

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| Step | Action |
| 1 | Make a copy of the application and add the copy to the claims folder ***unless*** a copy already exists in the claimant’s electronic claims folder (eFolder). |
| 2 | Return   * the application to the claimant, and * inform the claimant that in order to establish potential entitlement to benefits from the date VA initially received the unsigned application, he/she ***must*** sign and return the application within one year of the date it was submitted to VA .   ***Exceptions***:   * VA accepts an electronic signature in lieu of a handwritten signature when a claimant submits an application through VONAPP or VDC. * When a POA submits an original application for benefits through VDC on a claimant’s behalf, the POA must * complete the “checkmark solution” described in M21-1, Part III, Subpart i, 4.B.2, or * download a copy of the signature page associated with the application * obtain the claimant’s handwritten signature on the signature page, and * upload the signature page into VDC.   ***Reference***: Follow the procedures in M21-1, Part III, Subpart ii, 1.A.3.c for processing claims received through VONAPP or VDC. |

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| o. When to Place an Original Claim Under EP Control | Do ***not*** establish EP control for an original claim until receipt of a signed application.  ***Note***: See the exceptions under Step 2 of the procedure described in M21-1, Part III, Subpart ii, 2.C.1.n. |

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| p. Acceptability of Obsolete Forms and Applications | Accept an obsolete form as a complete claim, if it is a properly completed and signed form or application appropriate to the requested benefit, even if the form or application is now obsolete.  If the obsolete form or application does not contain information required on the current version of the form or application, undertake development to obtain the information from the claimant.  ***Reference***: For more information about obsolete forms, see M21-1, Part III, Subpart ii, 2.B.3.b. |

#### 2. Original Claims Not Filed on the Prescribed Form and Claims Made by Telephone

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| Introduction | This topic contains information about   * [original claims not filed on the prescribed form before March 24, 2015](#_a.__Claims) * requests for benefits not filed on the prescribed form on or after March 24, 2015 * exhibit: *Request for Application* letter language * [claims made by telephone before March 24, 2015](#_b.__Claims), and * claims made by telephone on or after March 24, 2015. |

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| Change Date | July 15, 2015 |

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| a. Original Claims Not Filed on the Prescribed Form Before March 24, 2015 | Consider an original claim ***not*** filed on the prescribed form before March 24, 2015, an *informal claim*.  Upon receipt of an original claim not filed on the prescribed form   * add the form to the claims folder * send the claimant the correct form * create and send a letter to the claimant to inform him/her that in order to establish potential entitlement to benefits from the date of receipt of the informal claim, he/she must complete and return the correct form within one year of the date VA sent it * include the correct form as an enclosure in the letter, and * do ***not***place the issue under a rating controlled EP.   ***Important***: The letter to the claimant will be completed under an EP 400. Once the letter is completed and sent to the claimant, the EP 400 will be cleared.  ***References***: For a list of forms claimants must use to file an original claim for   * disability compensation or pension, see M21-1, Part III, Subpart ii, 2.B.1.a, or * survivors benefits, see M21-1, Part III, Subpart ii, 2.A.2. |

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| b. Requests for Benefits Not Filed on the Prescribed Form On or After March 24, 2015 | Consider a request for benefits which was ***not*** filed on an appropriate prescribed form on or after March 24, 2015, a *request for application*.  Upon receipt of a request for application   * ensure the request for application is associated with the Veteran’s claims folder * establish an EP 400 with the date of claim as the date the request for application was received, and with the appropriate claim label * Request for Application (compensation) * PMC Request for Application (pension/DIC) * send the claimant the *Request for Application* letter which instructs the claimant which forms they will need to submit to formalize their claim, and * ensure that the EP 400 is cleared once the *Request for Application* letter is sent to the claimant. |

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| c. Exhibit: Request for Application Letter | See the example *Request for Application* letter language shown below |

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| Dear **[Insert claimant’s first and last name.]**:  We received your correspondence indicating that you would like to file a claim for benefits. 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, you must submit an application for benefits. 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 fileis 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.  **What Should You Do?**   |  |  | | --- | --- | | If you intend to file for compensation | 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 intend to file for pension, | In order for us to begin processing your claim for pension, you must complete, sign, and return a VA Form *21-527EZ*, *Application for Pension.* | | If you intend to file for survivors pension and/or dependency and indemnity compensation (DIC), | In order for us to start processing your claim, you must complete, sign, and return a *VA Form 21-534EZ*, *Application for DIC, Death Pension, and/or Accrued Benefits.* |   If you would like to submit an intent to file, you may do so using one of the following methods:   * Visit [eBenefits.va.gov](http://www.ebenefits.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, or Survivor’s Pension and/or DIC.* * 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 *VA Form 21-0966*, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC,* and identify the general type of benefit for which you intend to file a claim.   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](http://www.va.gov/vaforms).  **What is eBenefits?**  eBenefits provides electronic resources in a self-service environment to service members,  Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits 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  ● Request a Veterans Service Officer to represent you  ● Track the status of your claim or appeal  ● Obtain verification of military service, civil service preference, or VA benefits  ● And much more!  Enrolling in eBenefits is easy. Just visit [www.eBenefits.va.gov](http://www.eBenefits.va.gov) for more information. If you submit a claim in the future, consider filing through eBenefits. 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.  **If You Have Questions or Need Assistance**  **[Select appropriate foreign or domestic address table.]**  **[Select appropriate VSO paragraph.]**  Thank you,  Regional Office Director  Enclosure(s): Where to Send Your Written Correspondence  cc: **[Insert POA if applicable.]** |

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| d. Claims Made by Telephone Before March 24, 2015 | Consider an *original* claim made by telephone before March 24, 2015, an *informal claim*.  ***Example***: A telephone call from a claimant indicating intent to apply for benefits, documented on *VA Form 27-0820,* is acceptable as an informal claim for the purpose of establishing a potential date of entitlement to benefits if received prior to March 24, 2015.  Follow the steps in the table below to handle a claim made by telephone. |

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| Step | Action |
| 1 | Verify the identity of the person providing the information by telephone by asking for the claimant’s   * Social Security number (SSN) * date of birth (DOB), or * any other information that might help to establish identity.   ***Notes***:   * If the caller is unable to furnish this information, or if the person’s identity remains questionable, complete development by letter. * A parent or guardian may file a claim by telephone on behalf of a claimant who is a minor. * Per [38 CFR 3.155](http://www.ecfr.gov/cgi-bin/text-idx?SID=9582432f4994a087c1b78dbf536633b9&mc=true&node=se38.1.3_1155&rgn=div8), the following persons may also file a claim by telephone on behalf of a claimant * any appointed representative, such as an attorney, agent, or Veterans service organization, or * a member of Congress. |
| 2 | Send   * the appropriate application to the claimant or fiduciary, and * inform the claimant or fiduciary that in order to establish potential entitlement to benefits from the date VA received the telephone call (informal claim), he/she must return the signed and completed application within one year of the date VA sent it. |

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| e. Claims Made by Telephone On or After March 24, 2015 | Effective March 24, 2015, VA will only recognize compensation, pension, survivors, and related claims if they are submitted on prescribed forms.  Follow the instructions in the table below if a claimant attempts to file a claim during a telephone conversation. |

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| Step | Action |
| 1 | Verify the identity of the person providing the information by telephone by asking for the claimant’s   * SSN * DOB, or * any other information that might help to establish identity.   ***Note***: Completed development to the claimant by letter if the   * caller is unable to furnish this information, or * person’s identity remains questionable. |
| 2 | Notify the claimant that VA regulations require all claims to be submitted on a prescribed form. |
| 3 | Review the claimant’s record to determine whether the claimant has an active ITF for the same general benefit for which they are trying to file a claim. |
| 4 | Use the following table to determine if the claimant has an active ITF for the same general benefit.   |  |  | | --- | --- | | **If an active ITF …** | **Then …** | | exists | * notify the claimant that they currently have an active ITF associated with the same general benefit they are currently attempting to claim * inform the claimant of the * date the ITF was received * appropriate form(s) needed to submit a complete application * timeframe necessary to submit the complete application to retain the ITF effective date placeholder, and * ways to submit the complete application, and * no further action is required. | | does ***not*** exist | * notify the claimant that you can enter an ITF on their behalf which can be used as an effective date placeholder if they submit a complete application within one year of receipt of the ITF, and * go to Step 5. | |
| 5 | Use the following table to determine the actions to take based on whether or not a claimant has provided authorization to enter an ITF on their behalf during a telephone conversation.   |  |  | | --- | --- | | **If the claimant ...** | **Then ...** | | provided authorization | enter the ITF in the claimant’s claims folder and inform the claimant of   * the appropriate form(s) needed to submit a complete application * the timeframe necessary to submit their complete application to retain the ITF effective date placeholder, and * ways to submit their complete application. | | did ***not*** provide authorization | consider the communication a request for application and inform the claimant of   * the appropriate form(s) needed to submit a complete application * ways to submit their complete application, and * the potential effective date if benefits are awarded, which will be the date VA receives their complete application. | |

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| ***References***: For more information on   * requirements for a complete claim received on or after March 24, 2015, see M21-1, Part III, Subpart ii, 2.B.1.b * entering an ITF, see M21-1, Part III, Subpart ii, 2.C.1.k, and * requests for applications, see M21-1, Part III, Subpart ii, 2.C.2.b. |

#### 3. Processing Informal Original Claims in VBMS Received Prior to March 24, 2015

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| **Introduction** | This topic contains information about processing informal claims received ***prior to March 24, 2015***, including   * identification and establishment of informal claims in VBMS * pre-claim control in VBMS * informal claim EP assignment in VBMS, and * processing informal original claims for claims excluded from VBMS establishment. |

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| **a. Identification and Establishment of Informal Claims in VBMS** | The illustration below provides an overview of identification and establishment of informal claims received ***prior to March 24, 2015***,in VBMS. |

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| Image of flow chart of Identification & Establishment of Informal Claims in VBMS |

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| **b. Pre-Claim Control in VBMS** | The steps in the table below contain the instructions on pre-claim control in VBMS. |

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| **Step** | **Action** |
| 1 | Obtain the claimant’s informal claim documents. |
| 2 | Determine if the informal claim is eligible for establishment in VBMS.   |  |  | | --- | --- | | **If the claim is …** | **Then …** | | eligible | proceed to Step 3. | | ***not*** eligible | establish the informal claim in Share. |   ***Reference***: For more information on claims eligible for VBMS establishment, see M21-1, Part III, Subpart ii, 3.D.1. |
| 3 | Log into Share and validate the record in the beneficiary inquiry records locator system (BIRLS) by   * confirming the file number * SSN, and * DOB. |
| 4 | Determine if a record already exists.   |  |  | | --- | --- | | **If the record …** | **Then …** | | exists | update the claimant’s information using BIRLS. | | does ***not*** exist | * perform the * BIRLS ADD operation in Share, and * populate the CLAIMS FOLDER indication field, and * create a folder *location* in the Control of Veterans Records System (COVERS).   ***Important***: Do ***not*** create an actual paper claims folder in COVERS.  ***Note***: If a folder was previously established for an education or medical claim, do ***not*** add the *No Paper Claim Folder* flash. | |
| 5 | Collect all the required information needed to establish the claim in VBMS. Information for the following fields in VBMS are required and ***must*** be collected to prepare for the establishment of the claim:   * PAYEE * EP & CLAIM LABEL * MODIFIER (third digit EP modifier, if applicable) * DATE OF CLAIM * SEGMENTED LANE * STATION * POA, and * POA CODE.   Information for the following fields in VBMS are optional, but should be collected as applicable in preparation for the establishment of the claim:   * CLAIM TYPE * INTAKE SITE (for Pre-Discharge claims) * SUSPENSE DATE (for Pre-Discharge claims) * SUSPENSE REASON * ALLOW POA ACCESS TO DOCUMENTS, and * GULF WAR REGISTRY PERMIT |

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| ***References***: For more information on   * establishing claims in VBMS, see the [*VBMS Users Guide*](http://vbaw.vba.va.gov/VBMS/Resources_Technical_Information.asp), and * VBMS in general, see the [*VBMS Resources*](http://vbaw.vba.va.gov/VBMS/resources.asp) webpage. |

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| **c. Informal Claim EP Assignment in VBMS** | The steps in the table below provide the instructions for assigning EPs on informal claims in VBMS. |

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| **Step** | **Action** |
| 1 | Open the claimant’s claims folder in VBMS. |
| 2 | Select NEW CLAIM under the ACTIONS drop-down menu. |
| 3 | Scroll down to the *Claim Information* section. |
| 4 | Select EP & CLAIM LABEL *400CORRC – Correspondence*.  ***Illustration***:  ep400  ***Note***: The information above represents a ***fictional*** individual. |
| 5 | Complete the remaining mandatory fields and select SUBMIT. |
| 6 | Select the newly created EP *400 - Correspondence* under the CLAIMS drop-down menu. |
| 7 | Select the LETTERS chevron on the CLAIM DETAILS screen as shown in the illustration below.  ***Illustration***:  Informal Claim Letter select |
| 8 | Select ADD NEW LETTER. |
| 9 | Select the *Informal Claim Letter* check box. |
| 10 | Select ADD LETTERS. |
| 11 | Update the SALUTATION field. |
| 12 | Select SAVE. |
| 13 | Select the LETTERS chevron again. |
| 14 | Select FINALIZE LETTERS. |
| 15 | Verify that the newly created development letter is visible in VBMS *Documents*. |
| 16 | Open the letter and print a copy to send to the claimant. |
| 17 | Clear the EP *400 - Correspondence* once the letter has been sent to the claimant. |

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| ***References***: For more information on   * establishing claims in VBMS, see the [*VBMS Users Guide*](http://vbaw.vba.va.gov/VBMS/Resources_Technical_Information.asp), and * VBMS in general, see the [*VBMS Resources*](http://vbaw.vba.va.gov/VBMS/resources.asp) webpage. |

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| **d. Processing Informal Original Claims for Claims Excluded from VBMS Establishment** | If an informal claim is received ***prior to March 24, 2015***, for a claim type excluded from VBMS establishment, establish an EP 400 in Share using the date of receipt of the informal claim as the DOC.  Send the claimant a locally generated letter   * including the applicable application in order to apply for benefits, and * informing him or her that if a completed application is received by VA within one year from the date of the letter *and* he or she is found entitled to VA benefits that benefits could be awarded as early as the date of receipt of the informal claim.   ***Note***: Clear the EP 400 after sending the claimant the locally generated letter.  ***References***: For more information on   * claims excluded from VBMS establishment, see M21-1, Part III, Subpart ii, 3.D.1, and * establishing claims in Share, see M21-1, Part III, Subpart ii, 3.D.2.e. |

#### 4. Incomplete Applications and Lost Claims

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| Introduction | This topic contains information on incomplete applications and lost claims, including   * [identifying an incomplete application](#_a.__Identifying) * [handling an incomplete application](#_b.__Handling) * [identifying lost claims](#_c.__Identifying), and * [handling a lost claim](#_d.__Handling_1). |

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| a. Identifying an Incomplete Application | Consider an application ***incomplete*** if it is signed but the claimant has not provided all the information described in M21-1, Part I, 1.B.1.a.  ***Reference***: For more information about the criteria for a substantially complete application, see [38 CFR 3.159(a)(3)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4f80c23dba13440d36d9e502e88a557a&mc=true&node=se38.1.3_1159&rgn=div8). |

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| b. Handling an Incomplete Application | Follow the instructions in M21-1, Part I, 1.B.1.b upon receipt of an incomplete application.  ***Note***: If review of an incomplete application reveals that additional evidence exists that could be relevant to the corresponding claim, simultaneously ask the claimant to provide both the additional evidence *and* the information that is missing from the application.  ***Example***: If a claimant submits an incomplete application that references medical treatment for a disability   * provide the claimant with *VA Form 21-4142, Authorization for Release of Information* and *VA Form 21-4242a, Authorization for Medical Provider Information* for completion, and * ask the claimant to * submit the treatment records, and * provide the information that is missing from his/her application. |

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| c. Identifying Lost Claims | Identify lost claims through review of diaries in the   * pending issues in the VETSNET Operations Reports (VOR), and * MAP-D system.   Consider a claim lost if there is an electronic record (in Share, MAP-D, Virtual VA, or VBMS) of a pending claim but the claims folder contains no documents related to the claim. |

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| d. Handling a Lost Claim | Follow the steps in the table below upon identification of a lost claim. |

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| Step | Action |
| 1 | Ask any employee having knowledge of the facts surrounding the claim, including the date VA received it, to prepare a *signed* statement containing this and any other relevant information for retention in the claims folder or eFolder.  ***Note***: The “employee” referenced in the above paragraph would include the employee responsible for creating the electronic record referenced in M21-1, Part III, Subpart ii, 2.C.2.c. It might also include any employee who has taken action on the claim and remembers relevant details about it. |
| 2 | Ask the employee’s supervisor to sign the statement. |
| 3 | Establish EP 400. |
| 4 | Send a letter to the claimant   * informing the claimant that his/her claim was lost * requesting that the claimant submit another application as evidence of * his/her ITF to file a claim, and * the scope of the claim, and * notifying the claimant that if the requested evidence is not furnished within one year after the date of the letter, the claim may be considered abandoned under the provisions of [38 CFR 3.158](http://www.ecfr.gov/cgi-bin/text-idx?SID=4f80c23dba13440d36d9e502e88a557a&mc=true&node=se38.1.3_1158&rgn=div8). |
| 5 | Clear the EP 400 after sending the letter. |
| 6 | If the EP that was controlling the lost claim is still pending, cancel it. |

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| ***Note***: If, within one year of the date of the letter referenced in Step 4, a claimant resubmits a claim that VA lost, use the date of receipt of the *initial* (lost) claim as the date of claim when reestablishing EP control. Otherwise, use the date of receipt of the *resubmitted* claim. |

#### 5. Allegations of Lost Claims Associated With the CM Program Received From Veterans or Their Representatives

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| **Introduction** | This topic contains information on allegations of lost claims associated with the CM program from Veterans or their representatives, including information on the   * confirmation page provided by CM vendors to a claimant * resubmittal of a lost claim with copy of the CM confirmation page, and * submittal of alleged lost claims absent the VA date stamped CM confirmation page. |

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| **a. Confirmation Page Provided by CM Vendors to a Claimant** | CM scanning vendors provide a single confirmation page to a claimant for documents they receive via the designated intake fax number.  The confirmation page is   * faxed to the claimant by responding to the claimant’s fax number, and * a VA date-stamped copy of the *first* page of the claimant’s fax transmission.   ***Note***: The first page of a claimant’s fax transmission is *generally*, but *not* necessarily, a cover sheet.  ***Reference***: For information on the intake fax numbers for CM scanning vendors, see the VA [*Mailing Addresses for Disability Compensation*](http://www.benefits.va.gov/compensation/mailingaddresses.asp) web page. |

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| **b. Resubmittal of a Lost Claim With Copy of CM Confirmation Page** | Lost claims may be resubmitted by the claimant, but ***must*** be accompanied with a copy of the CM confirmation page containing the VA date stamp provided by the CM vendor.  To support the original DOC, the following ***must*** be provided:   * copy of the original fax confirmation page showing the VA date stamp * statement from the Veteran or his/her representative attesting to timely filing of the original documents, and * copies of ***all*** the originally faxed documents that ***match*** the page count from the original fax confirmation page.   ***Example***: If the confirmation page shows 10 pages received, including the cover sheet, more than 9 pages of resubmitted documents will ***not*** be accepted as eligible to receive the original VA date stamp provided by the CM vendor.  ***Reference***: For more information on the confirmation page provided to claimants by CM vendors, see M21-1, Part III, Subpart ii, 2.C.5.a. |

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| **c. Submittal of Alleged Lost Claims Absent VA Date Stamped CM Confirmation Page** | If a CM vendor confirmation page with a VA date stamp is ***not*** provided by the claimant alleging a lost claim, then the original DOC associated with the alleged lost claim ***cannot*** be accepted.  ***References***: For more information on the   * confirmation page provided by the CM vendor, see M21-1, Part III, Subpart ii, 2.C.5.a, and * resubmittal of a lost claim with a copy of the confirmation page, see M21-1, Part III, Subpart ii, 2.C.5.b. |

#### 6. Claims Based on Reports of Examination or Hospitalization

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| Introduction | This topic contains information on claims based on reports of examination or hospitalization, including   * notification of a Veteran’s admission to a Military Treatment Facility (MTF) * accepting a report of examination or hospitalization as a claim if the examination or hospitalization occurred prior to March 24, 2015 * notice of a report of examination or hospitalization occurring on or after March 24, 2015 * diary establishment based on hospitalization report not resulting in paragraph 29 or 30 benefits * action to take upon receipt of medical evidence from an MTF * establishing a claim based on VA medical treatment prior to March 24, 2015 * accepting evidence of examination or hospitalization occurring prior to March 24, 2015, and * accepting evidence of examination or hospitalization occurring on or after March 24, 2015. |

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| a. Notification of a Veteran’s Admission to an MTF | Veterans who are admitted to a Military Treatment Facility (MTF) are asked if they have ever filed a claim for compensation or pension with VA.  If the Veteran has ever filed a claim for compensation or pension, the MTF notifies VA of the Veteran’s admission.  ***Note***: MTFs will *not* send notification of outpatient treatment and admissions that are solely for the purpose of examination.  ***References***: For more information on actions to take   * when the VA is notified of a Veteran’s admission to an MTF, see M21-1 Part III, Subpart iii, 1.C.8, and * upon receipt of medical evidence from an MTF, see M21-1, Part III, Subpart iii, 1.C.9. |

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| b. Accepting a Report of Examination or Hospitalization as a Claim if the Examination or Hospitalization occurred prior to March 24, 2015 | Evidence of examination or hospitalization in a VA or uniformed services health care facility occurring before March 24, 2015, is an informal claim for   * an increased disability rating for a service-connected (SC) disability, or * pension, when entitlement to pension was previously denied based on the absence of evidence of permanent and total disability.   ***Note***: A notice of hospitalization may *not* suffice as an informal claim if a Veteran with (a) SC disability(ies) is hospitalized for a disability for which service connection (SC) has not been established. |

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| c. Notice of a Report of Examination or Hospitalization Occurring On or After March 24, 2015 | Notice of examination in a VA or uniformed services health care facility occurring on or after March 24, 2015, is ***not*** a claim. The date of examination will be considered for effective date purposes if a complete claim or ITF is received within one year from the date of examination or hospitalization for the following:   * a claim for an increased disability evaluation received for one or more conditions treated as part of the examination or hospitalization, or * pension, when entitlement to pension was previously denied based on the absence of evidence of permanent and total disability.   ***Important***: Notice of hospitalization in a VA or uniformed services health care facility occurring on or after March 24, 2015, *will* be accepted as a prescribed form for benefits claimed under [38 CFR 4.29](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_129&rgn=div8) or [38 CFR 4.30](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_130&rgn=div8). When entitlement to benefits under [38 CFR 4.29](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_129&rgn=div8) or [38 CFR 4.30](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_130&rgn=div8) cannot be established, but an increase in the severity of the disability is shown that meets the criteria of a higher evaluation, a tracking diary must be established.  ***Reference***: For information on establishing a tracking diary, see M21-1, Part III, Subpart ii, 2.C.4.d. |

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| d. Diary Establishment Based on Hospitalization Report not Resulting in Paragraph 29 or 30 Benefits | Follow the instruction in the table below to establish a tracking diary. |

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| Step | Action |
| 1 | Select the DIARY process in Share.  ***Illustration***:  DiarySHARE |
| 2 | Enter the following information and click SUBMIT   * FILE NUMBER: [Veteran’s file number] * BENEFIT TYPE: Live CPL - Compensation-Pension Live, and * PAYEE NUMBER: 00 - Veteran. |
| 3 | Under DIARY REASON FOR ADD, select 31 – HOSPITALIZATION REPORT, and set the date five years into the future.  In the COMMENT section of the diary, enter “*AO81,”* followed by the disability(ies) that meet the criteria for an increased evaluation.  ***Illustration***:  Diary 31 with COMMENT - mik  ***Note***: The information above represents a fictional individual. |

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| ***Important***: A tracking diary ***must*** be established when entitlement to benefits under [38 CFR 4.29](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_129&rgn=div8) or [38 CFR 4.30](http://www.ecfr.gov/cgi-bin/text-idx?SID=a0930b647c72eebf00d9e309059afa68&mc=true&node=se38.1.4_130&rgn=div8) cannot be established, but an increase in the severity of the disability is shown that meets the criteria of a higher evaluation. |

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| e. Action to Take Upon Receipt of Medical Evidence From an MTF | Follow the instructions in M21-1, Part III, Subpart iii, 1.C.9 upon receipt of medical evidence from an MTF. |

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| f. Establishing a Claim Based on VA Medical Treatment Prior to March 24, 2015 | Per [38 CFR 3.400(o)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4f80c23dba13440d36d9e502e88a557a&mc=true&node=se38.1.3_1400&rgn=div8), the effective date of an increase in compensation can be the earliest date on which the evidence shows that an increase in disability has occurred, if a claim is received within one year of this date.  Follow the steps in the table below if the VA medical evidence shows treatment prior to March 24, 2015, for   * an SC disability, or * manifestations of an SC disability.   ***Important***: If VA medical evidence shows treatment on or after March 24, 2015, do not establish an EP to control receipt of this evidence. Ensure the evidence is associated with the beneficiary’s claim folder, as this evidence may be utilized for effective date purposes, if a formal claim is received within one year of the date of treatment. |

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| Step | Action |
| 1 | Accept the date of admission for treatment for an SC disability as the date of claim for increased evaluation. |
| 2 | Establish and maintain control of the claim. |

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| g. Accepting Evidence of Examination or Hospitalization Occurring Prior to March 24, 2015 | Follow the steps in the table below to accept evidence for a claim that   * specifies the benefit sought, and * is received within one year of treatment. |

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| Step | Action |
| 1 | Accept evidence of examination or hospitalization at a VA or uniformed services health care facility as an informal claim. |
| 2 | Liberally interpret reasonable probability of a valid claim. |
| 3 | If there is the probability of a valid claim, refer the claim for development. |
| 4 | Establish and maintain control of the claim. |

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| h. Accepting Evidence of Examination or Hospitalization Occurring On or After March 24, 2015 | If VA medical evidence shows treatment, but not hospitalization over 21 days on or after March 24, 2015, do not establish an EP to control receipt of this evidence. Ensure the evidence is associated with the beneficiary’s claim folder, as this evidence may be utilized for effective date purposes, if a formal claim or ITF is received within one year of the date of treatment.  ***Example 1***: Veteran is SC for diabetes mellitus type 2 at 10% due to a restricted diet. VA Medical Center (VAMC) treatment report dated June 10, 2015, shows physician prescribed oral medication as part of the diabetic treatment plan. On May 1, 2016, the Veteran submits a claim for an increase in diabetes mellitus type 2. The Veteran’s   * DOC is May 1, 2016, and * effectivedate of increase is June 10, 2015.   ***Example 2***: Veteran is SC for diabetes mellitus type 2 at 10% due to a restricted diet. VAMC treatment report dated June 10, 2015, shows physician prescribed oral medication as part of the diabetic treatment plan. On March 1, 2016, the Veteran submits an ITF for compensation benefits. On September 20, 2016, the Veteran submits a claim for an increase in diabetes mellitus type 2. The Veteran’s   * DOC is September 20, 2016 * active ITF date is March 1, 2016, and * effectivedate of increase is June 10, 2015.   ***Reason***: An ITF for compensation benefits was received within one year of the treatment warranting an increased evaluation. The Veteran submitted a complete compensation claim within a year of the VA receiving the active ITF. |

#### 7. Incorrectly Established Claims

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| Introduction | This topic contains information about incorrectly established claims, including   * how to identify an incorrectly established claim * information to provide the claimant or authorized representative * determining what steps to take to take to address the incorrectly established claim * instructions for addressing issues or conditions incorrectly established as an EP and a decision * *has not* been made, and * has been made * instructions for addressing issues or contentions incorrectly added to a valid EP and a decision * *has not* been made, and * has been made * exhibit 1: notification letter to claimant informing of an incorrectly established claim * exhibit 2: notification letter to claimant informing of an incorrectly adjudicated claim, and * receipt of a prescribed form in response to incorrect claims guidance after the EP 930 has been cleared. |

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| Change Date | October 22, 2015 |

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| a. How to Identify an Incorrectly Established Claim | As stated in M21-1 Part III, Subpart ii, 2.B.1.b. effective March 24, 2015, VA will only recognize compensation, pension, survivors, and related claims if they are submitted on the required standard forms.  The term “incorrectly established claim” refers to a request for benefits not submitted on a prescribed form that was received and   * established and processed under a new EP, or * added to an existing EP and processed.   In situations where a claim was incorrectly established based on receipt of a request for benefits not submitted on a prescribed form, corrective action is needed as described in this topic.  ***Notes***: These instructions do not apply to   * requests for reconsideration, as indicated in M21-1, Part III, Subpart ii, 2.F.1.a, or * a request for application that was misidentified as a claim, but has not had development initiated. Follow the guidance in M21-1, Part III, Subpart ii, 2.C.2.b. |

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| b. Information to Provide the Claimant or Authorized Representative | To resolve the issue quickly, the claims processor must inform the claimant and/or authorized representative   * that the request for benefits was incorrectly accepted as a claim, and VA regulations require that all claims must be submitted on a prescribed form effective March 24, 2015, * which issues or conditions cannot be considered a valid claim * that VA will not continue to process a pending request for benefits until a complete claim is received on a prescribed form * of the timeframe the claimant has to submit a prescribed form, if an active ITF is pending, and * of expedited claims submission options such as * filing the claim using eBenefits, * faxing the form directly to the CM scanning vendor, or * submitting a claim through their VSO. |

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| c. Determining What Steps to Take to Address the Incorrectly Established Claim | Refer to the table below to determine the steps for addressing an incorrectly established claim. |

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| --- | --- |
| If the request for benefits was … | Then… |
| established as a new EP and a decision *has not* been made | refer to M21-1, Part III, Subpart ii, 2.C.7.d. |
| established as a new EP and a decision has been made | refer to M21-1, Part III, Subpart ii, 2.C.7.e. |
| added to a valid, pending EP and a decision *has not* been made | refer to M21-1, Part III, Subpart ii, 2.C.7.f. |
| added to a valid, pending EP and a decision has been made | refer to M21-1, Part III, Subpart ii, 2.C.7.g. |

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| d. Instructions for Addressing Issues or Conditions Incorrectly Established as an EP and a Decision Has Not Been Made | Follow the steps in the table below to address requests for benefits that were incorrectly established as an EP and a decision *has not* been made. |

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| --- | --- |
| Step | Action |
| 1 | Review the claimant’s record to determine whether an active ITF (for the same general benefit as the incorrectly established claim) was pending prior to the incorrect establishment of the EP.   |  |  | | --- | --- | | If an active ITF … | Then … | | *was not* pending | proceed to Step 2. | | was pending | * ensure that the ITF status is correctly reflected in the claimant corporate record * submit requests to correct an ITF status to the NSD, and * proceed to Step 3. |     ***References***: For more information about   * an ITF status, see M21-1, Part III, Subpart ii, 2.C.1.m, and * requesting correction of incorrect ITF data, see M21-1, Part III, Subpart ii, 2.C.1.l. |
| 2 | Determine how VA received the request for benefits.   |  |  | | --- | --- | | If the request for benefits was received through … | Then … | | CM | proceed to Step 3. | | telephone or in-person contact with a VA representative | * establish an ITF effective the date of the contact, and * proceed to Step 3. | |
| 3 | Make two attempts in a 24-hour period to contact the claimant and/or authorized representative and provide him/her the information in M21-1, Part III, Subpart ii, 2.C.7.b. Use the table below as a guide for methods of contact.   |  |  | | --- | --- | | If the claimant … | Then … | | has an authorized representative | call, e-mail, or, if co-located at the RO, meet the authorized representative in person. | | *does not* have an authorized representative | call the claimant. |   If attempts to contact are   * successful, wait two business days for receipt of the complete claim on a prescribed form, then proceed to the next step, or * unsuccessful, proceed to the next step.   ***Important***: All successful telephone or in-person contact must be documented on VA Form 27-0820 and uploaded to the eFolder. All e-mail correspondence must be uploaded to the eFolder. |
| 4 | Review the claimant’s record to determine if a complete claim has been received while the invalid EP is pending.   |  |  | | --- | --- | | If a complete claim ... | Then ... | | has been received since the establishment of the invalid EP | * change the invalid EP to EP 400 Request for Application * clear the EP 400 * establish a new EP (ex. EP 020) with a DOC based on receipt of the complete claim, and * finish development of the complete claim under the new EP. | | *has not* been received | * change the invalid EP to EP 400 Request for Application, * send the notification letter in M21-1, Part III, Subpart ii, 2.C.7.h, and * clear the EP 400. | |

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| e. Instructions for Addressing Issues or Conditions Incorrectly Established as an EP and a Decision Has Been Made | Follow the steps in the table below to address requests for benefits that were incorrectly established as an EP, when a decision has been made. |

|  |  |
| --- | --- |
| Step | Action |
| 1 | Review the claimant’s record to determine whether an active ITF (for the same general benefit as the incorrectly established claim) was pending prior to the incorrect establishment of the EP.   |  |  | | --- | --- | | If an active ITF … | Then … | | *was not* pending | proceed to Step 2. | | was pending | * ensure that the ITF status is correctly reflected in the claimant corporate record * submit requests to correct an ITF status to the NSD, and * proceed to Step 3. |     ***References***: For more information about   * an ITF status, see M21-1, Part III, Subpart ii, 2.C.1.m, and * requesting correction of incorrect ITF data, see M21-1, Part III, Subpart ii, 2.C.1.l. |
| 2 | Determine how VA received the request for benefits.   |  |  | | --- | --- | | If the request for benefits was received through … | Then … | | CM | proceed to Step 3. | | telephone or in-person contact with a VA representative | * establish an ITF effective the date of the contact, and * proceed to Step 3. | |
| 3 | Review the claimant’s record and determine if the award was authorized.   |  |  | | --- | --- | | If the award … | Then … | | has been authorized | proceed to Step 4. | | *has not* been authorized | return the case to the Rating Veterans Service Representative (RVSR) with instructions to   * pull the rating back into VBMS-Rating (VBMS-R) for corrections, * delete the issues that were invalid to ensure the conditions are removed from the master record * return the rating *with* update * follow the instructions in M21-1, Part III, Subpart ii, 4.G.2.g to request deletion of the rating decision narrative and codesheet, and * route the case to the Veterans Service Representative (VSR) to complete the actions in M21-1, Part III, Subpart ii. 2.C.7.d beginning with Step 3. | |
| 4 | Review the claimant’s record to determine if a complete claim has been received and a valid EP is pending.   |  |  |  | | --- | --- | --- | | If a complete claim ... | and the invalid EP … | Then ... | | has been received since the establishment of the invalid EP | is still pending | * change the invalid EP to EP 930 – Correction of a National Quality Error * establish a new EP with a DOC based on receipt of the complete claim, and * finish development of the complete claim under the new EP. | | has been cleared and the current EP is controlling a valid claim | * establish an EP 930 – Correction of a National Quality Error, and * leave a permanent VBMS note explaining why the EP 930 is being established and associate the note with the EP 930. | | *has not* been received | is still pending | change the invalid EP to EP 930 – Correction of a National Quality Error. | | has been cleared | * establish an EP 930 – Correction of a National Quality Error, and * leave a permanent VBMS note explaining why the EP 930 is being established and associate the note with the EP 930. |     ***Note:*** For corrections identified at the RO level, use EP 930 - Correction of Local Quality Error.  ***Reference***: For more information on associating a permanent note to an EP, see M21-1, Part III, Subpart ii, 4.G.2.p. |
| 5 | Make two attempts in a 24-hour period to contact the claimant and/or authorized representative and provide him/her the information in M21-1, Part III, Subpart ii, 2.C.7.b. Use the table below as a guide for methods of contact.   |  |  | | --- | --- | | If the claimant … | Then … | | *has* an authorized representative | call, email, or, if co-located at the RO, meet in the authorized representative person. | | *does not* have an authorized representative | call the claimant. |   If attempts to contact are   * successful, wait two business days for receipt of the complete claim on a prescribed form, then proceed to the next step, or * unsuccessful, proceed to Step 7.   ***Important***: All successful telephone or in-person contact must be documented on VA Form 27-0820 and uploaded to the eFolder. All e-mail correspondence must be uploaded to the eFolder. |
| 6 | Review the claimant’s record to determine if a complete claim has been received in response to the actions taken in Step 5.   |  |  | | --- | --- | | If a complete claim ... | Then ... | | has been received for the issues or conditions previously submitted on correspondence other than a prescribed form | * update the EP 930 contention list with the issues/conditions * edit the DOCUMENT PROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment,” and * clear the EP 930. No further action is required for addressing the incorrect claims. | | has been received for the issues or conditions previously submitted on correspondence other than a prescribed form and includes  new issues or contentions | * update the EP 930 contention list with the issues/conditions * edit the DOCUMENT PROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment with new issues” * process the new issues or conditions under the appropriate EP, establishing one if necessary, and * clear the EP 930. No further action is required for addressing the incorrect claims. | | *has not* been received | Proceed to Step 7. | |
| 7 | Identify the prescribed form(s) required to validate the request for benefits and print.  On the printed form(s)   * fill out the Veteran’s (and claimant, if different) identifying information * fill out the issues or conditions that were not considered valid claims, and * write in the top left corner of each page, “***RO Request – Signature Needed***.” |
| 8 | Create the notification letter in M21-1, Part III, Subpart ii, 2.C.7.i, and   * attach the form(s) prepared in Step 7 * send the letter to the claimant, and * clear the EP 930. |

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| f. Instructions for Addressing Issues or Conditions Incorrectly Added to a Valid EP and a Decision Has Not Been Made | Follow the steps in the table below to address requests for benefits that were incorrectly added to a valid EP and a decision *has not* been made. |

|  |  |
| --- | --- |
| Step | Action |
| 1 | Review the claimant’s record to determine whether an active ITF (for the same general benefit as the incorrectly established claim) was pending prior to the incorrect establishment of the EP.   |  |  | | --- | --- | | If an active ITF … | Then … | | *was not* pending | proceed to step 2. | | was pending | * ensure that the ITF status is correctly reflected in the claimant corporate record, * submit requests to correct an ITF status to the NSD, and * proceed to Step 3. |     ***References***: For more information about   * an ITF status, see M21-1, Part III, Subpart ii, 2.C.1.m, and * requesting correction of incorrect ITF data, see M21-1, Part III, Subpart ii, 2.C.1.l. |
| 2 | Determine how VA received the request for benefits.   |  |  | | --- | --- | | If the request for benefits was received through … | Then … | | CM | proceed to step 3. | | telephone or in-person contact with a VA representative | * establish an ITF effective the date of the contact, and * proceed to Step 3. | |
| 3 | Remove the issues or conditions from the pending EP and establish EP 400-Request for Application to track the actions taken in Steps 4 and 5. |
| 4 | Make two attempts in a 24-hour period to contact the claimant and/or authorized representative and provide him/her the information in M21-1, Part III, Subpart ii, 2.C.7.b. Use the table below as a guide for methods of contact.   |  |  | | --- | --- | | If the claimant … | Then … | | has an authorized representative | call, email, or if co-located at the RO, meet the authorized representative in person. | | *does not* have an authorized representative | call the claimant. |   If attempts to contact are   * successful, wait two business days for receipt of the complete claim, then proceed to the next step, or * unsuccessful, proceed to the next step.   ***Important***: All successful telephone or in-person contact must be documented on VA Form 27-0820 and uploaded to the eFolder. All e-mail correspondence must be uploaded to the eFolder. |
| 5 | Review the claimant’s record to determine if the complete claim for the previously identified issues or conditions has been received.   |  |  | | --- | --- | | If a complete claim ... | Then ... | | has been received | * add the issues or conditions to the pending rating EP, and * continue processing the claim. | | *has not* been received | * send the notification letter in M21-1, Part III, Subpart ii, 2.C.7.h , and * clear the EP 400. | |

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| g. Instructions for Addressing Issues or Conditions Incorrectly Added to a Valid EP and a Decision Was Made | Follow the steps in the table below to address requests for benefits that were incorrectly added to a valid EP and a decision *was* made. |

|  |  |
| --- | --- |
| Step | Action |
| 1 | Review the claimant’s record to determine whether an active ITF (for the same general benefit as the incorrectly established claim) was pending prior to the incorrect establishment of the EP.   |  |  | | --- | --- | | If an active ITF … | Then … | | *was not* pending | proceed to Step 2. | | was pending | * ensure that the ITF status is correctly reflected in the claimant corporate record * submit requests to correct an ITF status to the NSD, and * proceed to Step 3. |     ***References***: For more information about   * an ITF status, see M21-1, Part III, Subpart ii, 2.C.1.m, and * requesting correction of incorrect ITF data, see M21-1, Part III, Subpart ii, 2.C.1.l. |
| 2 | Determine how VA received the request for benefits.   |  |  | | --- | --- | | If the request for benefits was received through … | Then … | | CM | proceed to Step 3. | | telephone or in-person contact with a VA representative | * establish an ITF effective the date of the contact, and * proceed to Step 3. | |
| 3 | Review the claimant’s record and determine if the award was authorized.   |  |  | | --- | --- | | If the award … | Then … | | has been authorized | proceed to Step 4. | | *has not* been authorized | return the case to the RVSR with instructions to   * pull the rating back into VBMS-R for corrections * delete the issues that were invalid to ensure the conditions are removed from the master record * return the rating *with* update * follow the instructions in M21-1, Part III, Subpart ii, 4.G.2.g to request deletion of the rating decision narrative and codesheet, and * route the case to the VSR to complete the actions in M21-1, Part III, Subpart ii, 2.C.7.d beginning with Step 3. | |
| 4 | Make two attempts in a 24-hour period to contact the claimant and/or authorized representative and provide him/her the information in M21-1, Part III, Subpart ii, 2.C.7.b. Use the table below as a guide for methods of contact.   |  |  | | --- | --- | | If the claimant … | Then … | | has an authorized representative | call, email, or if co-located at the RO, meet the authorized representative in person. | | *does not* have an authorized representative | call the claimant. |   If attempts to contact are   * successful, wait two business days for receipt of the complete claim on a prescribed form, then proceed to the next step, or * unsuccessful, proceed to Step 7.   ***Important:*** All successful telephone or in-person contact must be documented on VA Form 27-0820 and uploaded to the eFolder. All e-mail correspondence must be uploaded to the eFolder. |
| 5 | Review the claimant’s record to determine if a complete claim on a prescribed form has been received and the valid EP the issues or conditions were erroneously adjudicated under is still pending.   |  |  |  | | --- | --- | --- | | If a complete claim ... | and the valid EP … | Then ... | | has been received | is still pending | * add the issues or conditions back onto the EP, * finish development of the complete claim as needed, and * proceed to Step 6. | | has been cleared and the current EP has been established to control the receipt of the complete claim resulting from the actions in Step 4 | * PCHANGE the EP to EP 930 – Correction of a National Quality Error, and * leave a permanent VBMS note explaining why the EP is being changed to EP 930 and associate the note with the EP 930. | | *has not* been received | is still pending | proceed to Step 6. | | has been cleared | * establish an EP 930 – Correction of a National Quality Error, and * leave a permanent VBMS note explaining why the EP 930 is being established and associate the note with the EP 930. |     ***Note***: For corrections identified at the RO level, use EP 930 - Correction of Local Quality Error.  ***Reference***: For more information on associating a permanent note to an EP, see M21-1, Part III, Subpart ii, 4.G.2.p. |
| 6 | Review the claimant’s record to determine if a complete claim has been received in response to the actions taken in Step 4.   |  |  | | --- | --- | | If a complete claim ... | Then ... | | has been received for the issues or conditions previously submitted on correspondence other than a prescribed form | * update the EP 930 contention list with the issues/conditions, * edit the DOCUMENT PROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment,” and * clear the EP 930. No further action is required for addressing the incorrect claims. | | has been received for the issues or conditions previously submitted on correspondence other than a prescribed form and includes  new issues or contentions | * update the EP 930 contention list with the issues/conditions, * edit the DOCUMENT PROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment with new issues” * process the new issues or conditions under the appropriate EP, establishing one if necessary, and * clear the EP 930. No further action is required for addressing the incorrect claims. | | *has not* been received | proceed to Step 7. | |
| 7 | Identify the prescribed form(s) required to validate the request for benefits and print.  On the printed form(s)   * fill out the Veteran’s (and claimant, if different) identifying information * fill out the issues or conditions that were not considered valid claims, and * write in the top left corner of each page, “***RO Request – Signature Needed***.” |
| 8 | Create the notification letter in M21-1, Part III, Subpart ii, 2.C.7.i, and   * attach the form(s) prepared in Step 7 * send the letter to the claimant, and * clear the EP 930. |

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| h. Exhibit 1: Notification Letter to Claimant Informing of an Incorrectly Established Claim | See the example *notification of an incorrectly established claim* letter language shown below. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dear **[Insert claimant’s first and last name.]**:  We received your correspondence on **[Insert date of receipt.]** indicating that you would like to file a claim for benefits for the following condition(s)/issue(s):   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  |   VA regulations now require all claims to be submitted on a standardized form. Please disregard our prior correspondence regarding these issues. In order for us to adjudicate your request for benefits, you must submit an application. We apologize for any confusion this may have caused.  **What Should You Do?**   |  |  | | --- | --- | | If you intend to file for compensation | 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 intend to file for pension | In order for us to begin processing your claim for pension, you must complete, sign, and return a VA Form 21-527EZ, *Application for Pension.* | | If you intend to file for survivors pension and/or dependency and indemnity compensation (DIC) | In order for us to start processing your claim, you must complete, sign, and return a VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits,* if you are the spouse or child of the Veteran*.*  If you are the parent of the Veteran, you must complete, sign, and return a VA Form 21-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).* |   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 fileis 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. If you would like to submit an intent to file, you may do so using one of the following methods:   * Visit [eBenefits.va.gov](http://www.ebenefits.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 VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension Benefits,* and identify the general type of benefit for which you intend to file a claim.   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](http://www.va.gov/vaforms).  Our records indicate that you have appointed **[Insert VSO name.]** as your authorized representative to assist you with your claim. We encourage you to consult with them prior to submission of your claim as they can assist with any questions you may have and help ensure that all necessary evidence has been submitted with your claim.  **What is eBenefits?**  eBenefits 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 eBenefits 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  ● Request a Veterans Service Officer to represent you  ● Track the status of your claim or appeal  ● Obtain verification of military service, civil service preference, or VA benefits  ● And much more!  Enrolling in eBenefits is easy. Just visit [www.eBenefits.va.gov](http://www.eBenefits.va.gov) for more information. If you submit a claim in the future, consider filing through eBenefits. 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.  **If You Have Questions or Need Assistance**  **[Select appropriate foreign or domestic address table.]**  **[Select appropriate VSO paragraph.]**  Thank you,  Regional Office Director  Enclosure(s): Where to Send Your Written Correspondence    cc: **[Insert POA if applicable.]** |

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| i. Exhibit 2: Notification Letter to Claimant Informing of an Incorrectly Adjudicated Claim | See the example *notification of an incorrectly adjudicated claim* letter language shown below. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dear **[Insert claimant’s first and last name.]**:  We received your correspondence on **[Insert date of receipt.]** indicating that you would like to file a claim for benefits for the following condition(s)/issue(s):   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  |   VA regulations now require all claims to be submitted on a standardized form. Sign and return the attached form(s) to validate the decision notice dated **[Insert date of decision notice.]** regarding these issues. We have enclosed the appropriate form(s) with this letter to assist you.    Please ensure that “*RO Request – Signature Needed”* is written at the top of each page of the form(s) prior to submission.  Our records indicate that you have appointed **[Insert VSO name.]** as your authorized representative to assist you with your claim. We encourage you to consult with them prior to submission of your claim as they can assist with any questions you may have and help ensure that all necessary evidence has been submitted with your claim.  **What is eBenefits?**  eBenefits 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 eBenefits 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  ● Request a Veterans Service Officer to represent you  ● Track the status of your claim or appeal  ● Obtain verification of military service, civil service preference, or VA benefits  ● And much more!  Enrolling in eBenefits is easy. Just visit [www.eBenefits.va.gov](http://www.eBenefits.va.gov) for more information. If you submit a claim in the future, consider filing through eBenefits. 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.  **If You Have Questions or Need Assistance**  **[Select appropriate foreign or domestic address table.]**  **[Select appropriate VSO paragraph.]**  Thank you,  Regional Office Director  Enclosure(s): Where to Send Your Written Correspondence  **[Insert name(s) of form(s).]**  cc: **[Insert POA if applicable.]** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| j. Receipt of a Prescribed Form in Response to Incorrect Claims Guidance After the EP 930 Has Been Cleared | When an RO receives a prescribed form in response to the incorrect claims guidance provided by M21-1, Part III, Subpart ii, 2.C.7 and the corrective EP 930 has already been cleared, the claims processor must determine if the EP established upon receipt of the form is still required.   |  |  | | --- | --- | | If the prescribed form lists … | Then ... | | only the issues or conditions previously submitted on correspondence other than a prescribed form | * edit the DOCUMENTPROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment” * leave a permanent note in VBMS indicating that the “form was received in response to incorrect claim establishment guidance and no adjudication action is required,” and * cancel the tracking EP. | | new issues or contentions | * edit the DOCUMENT PROPERTIES and change the SUBJECT of the claim document to “response to Incorrect Claim Establishment with new issues” * leave a permanent note in VBMS indicating that the “form was received in response to incorrect claim establishment guidance but contains new issues or conditions for adjudication,” and * process the new issues or conditions under the appropriate EP. |     ***Important***: Claims processors may be able to identify these forms by the phrase “***RO Request – Signature Needed****”* written at the top of each page, however, not every form will state this. |