#### Department of Veterans Affairs M29-1, Part 3, Chapter 2

**Veterans Benefits Administration August 28, 2019**

**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 Insurance Manual M29-1, Part 3, Chapter 2.***Notes***: * **M29-1, Part 3, Chapter 2** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
* Minor editorial changes have also been made to
* improve clarity and readability
* add references
* update incorrect or obsolete references
* update obsolete terminology, where appropriate
* reorganize/relocate content within **M29-1, Part 3, Chapter 2** so that it flows more logically
* reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
* update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
* bring the document into conformance with M29-1 standards.
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| Reason(s) for Notable Change | Citation |
| Clarifies who may file a claim, it what format it may be submitted, whether the intent to file the claim is express or implied; explains that an employee should refer to M-29-1, Part 3, Chapter 4 to determine if a claim should be recognized in ambiguous circumstances; eliminates language regarding the claim process that is no longer applicable to the insurance programs | Subchapter 2.01  |
| Explains that the law requires the filing of a claim for Insurance to grant disability benefits; explains that a claim received by Insurance after the death of the insured is a claim for waiver of premiums | Subchapter 2.02 |
| Explains that an unsigned claim may still be valid; explains that staff should develop an unsigned claim to determine if the insured prepared it; eliminates language regarding outdated forms, positions, and paper processes. | Subchapter 2.03 |
| Explains that once a claim has been received by Insurance, it should not be closed, absent positive evidence that the applicant has requested the claim should be closed  | Subchapter 2.04 |
| Explains the initial steps that the Insurance staff should take to establish a pending claim when they have received evidence of potential total disability; explains that the staff may still request additional evidence of total disability either using VA Form 29-357 or other means; explains how denials of total disability should be handled, if Insurance overlooks evidence of record; eliminates language regarding outdated positions and paper processes | Subchapter 2.05 |
| Explains the steps that should be taken on a claim where less than six months of alleged total disability has elapsed and there is insufficient medical evidence to develop a total disability start date | Subchapter 2.06 |
| Entire subchapter removed as information on the beginning date of total disability for policies with the prefix letter “J” is no longer applicable to the Insurance programs | Subchapter 2.09 |
| Entire subchapter is removed as reference to the St. Paul Regional Office and Insurance Center are no longer applicable to the insurance programs | Subchapter 2.18 |
| Clarifies that an insured may be eligible for total disability benefits if they have a statutory condition; adds reference to another related chapter. | Prior Subchapter 2.19/ New Subchapter 2.16 |
| Eliminates reference to military reports for obtaining medical evidence as military reports are now available in VA systems; clarifies that requests for evidence should be made in writing | Prior Subchapter 2.23/ New Subchapter 2.20 |
| Explains that if medical evidence cannot be obtained from VA systems then it may be requested from private doctors or hospitals  | Prior Subchapter 2.24/ New Subchapter 2.21 |
| Eliminates language referencing outdated position of Medical Consultant and outdated forms for medical opinions | Prior Subchapter 2.25/ New Subchapter 2.22 |
| Removes subchapters in their entirety as they reference outdated paper processes that are no longer applicable to the insurance programs  | Subchapters 2.30 and 2.31 |
| Clarifies that the electronic form 1565 will be used to set up, approve, or disapprove a premature claim for waiver of premiums; eliminates outdated language related to paper processing  | Prior Subchapter 2.33 /New Subchapter 2.28 |

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| **Reason(s) for Change** | **Citation** |
| Eliminates and updates outdated references to M29-1, Part 1 | Prior Subchapter 2.10/New Subchapter 2.09 |
| Eliminates outdated language referencing paper folders and forms | Prior Subchapter 2.11/New Subchapter 2.10 |
| Eliminates language referencing outdated position of Senior Authorizer | Prior Subchapter 2.14/New Subchapter 2.13 |
| Updates language to current position titles | Prior Subchapter 2.17/New Subchapter 2.15 |
| Clarifies that Insurance staff should use VA insurance systems and Reader-Focused Writing (RWF) format when sending written correspondence to insureds  | Prior Subchapter 2.21/New Subchapter 2.18  |

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| Rescissions | None |

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

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| Signature | Vincent E. Markey, DirectorInsurance Service |

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