#### Department of Veterans Affairs M29-1, Part 3, Chapter 9

**Veterans Benefits Administration September 19, 2019**

**Washington, DC 20420**

#### Key Changes

|  |  |
| --- | --- |
| 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 9.***Notes***: * **M29-1, Part 3, Chapter 9** 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 9** 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.
 |

|  |  |
| --- | --- |
| Reason(s) for Notable Change | Citation |
| Clarifies that the Insurance Claims Division makes determinations as to fraud issues in cases of total disability; clarifies that the Insurance Deputy Director renders the final decision in complex cases of alleged fraud | Subchapter 9.01 |
| Explains that in cases of potential fraud being identified, the insurance electronic record will be updated to reflect the status of the inquiry; explains when processing fraud cases that pertain to incompetent veterans, refer to M29-1, Part 1, Chapter 31, Paragraph 31.41; eliminates language no longer applicable to the insurance programs  | Subchapter 9.02 |
| Explains the procedures that should be followed by Insurance staff when evaluating medical evidence that may have been relevant to the issue of acceptance of the application but was withheld by the insured | Prior Subchapter 9.06/New Subchapter 9.03 |
| Explains the procedures that should be followed by Insurance staff when a determination has been made that fraud was likely committed by a living insured in their application for disability insurance benefits from VA | Prior Subchapter 9.07/New Subchapter 9.04 |
| Moved and combined with M29-1, Part 1, Chapter 31. | Prior Subchapters 9.04/9.05 |
| Explains that evidence from VA systems and other medical records that an insured was being treated for a condition should be considered when evaluating potential intent to commit fraud  | New Subchapter 9.05 |
| Eliminated language pertaining to potential fraud on TDIP benefits committed by a deceased insured as no longer applicable to the insurance programs  | Prior Subchapter 9.06 |
| Clarifies how a fraud decision should be prepared in VA Insurance systems  | Prior Subchapter 9.10/New Subchapter 9.07 |
| Explains that in cases of fraud found in previous applications for disability insurance benefits, a reinstatement may be denied; however, in cases of an insured on extended insurance or with multiple policies, no additional action may be taken against such policies  | Prior Subchapter 9.11/New Subchapter 9.08 |
| Updates the procedures for referral of cases of potential fraud in applications not pertaining to disability benefits | Prior Subchapter 9.12/New Subchapter 9.09 |
| Clarifies that all documents relevant to fraud determinations will be retained in the Insurance electronic systems record | Prior Subchapter 9.13/New Subchapter 9.10 |
| Explains that when fraud has been found and the insurance cancelled, the case should then be handled under current Insurance internal procedures  | Prior Subchapter 9.17/New Subchapter 9.14 |

|  |  |
| --- | --- |
| **Reason(s) for Change** | **Citation** |
| Updates personnel titles who handle fraud cases and have final or delegated authority on fraud decisions | Prior Subchapter 9.11/New Subchapter 9.08 |
| Eliminates language regarding the routing of the insurance paper folder in cases in which no fraud was determined to have occurred as no longer applicable to the insurance programs  | Prior Subchapter 9.14/New Subchapter 9.11 |
| Explains which senior management staff is authorized to reverse a decision of fraud, and under what circumstances that reversal may be reconsidered  | Prior Subchapter 9.15/New Subchapter 9.12 |

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

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

|  |  |
| --- | --- |
| Signature | Vincent E. Markey, DirectorInsurance Service |

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