



Lesson 6

Completing VA Forms

The American Legion DSO School

March 2022

Lesson 6 Learning Objectives

Learn how to complete key VA forms used when filing a compensation claim for a Veteran:

- Learn the mechanics of completing VA forms.
- Learn tips for completing specific VA forms.
- Learn how to complete a “Statement in Support of Claim,” VA Form 21-4138, **with the Veteran.**

How to Complete VA Forms

- You can click to type in any blue box on a VA form from VA's webpage.
 - Once form is complete, remember to save it.
 - Then upload the finished form directly to VA's webpage.
 - Or, print and mail/fax the printed copy to VA.
- Or, print the form and complete using ink.
 - Then mail/fax the completed form to VA.

SECTION I: IDENTIFICATION AND CLAIM INFORMATION (If claim is not an original claim, only Section I, IV, and a signature are required)		
NOTE: You may <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.		
2. VETERAN/SERVICE MEMBER NAME (First, Middle Initial, Last) <input type="text"/>		
3. VETERAN'S SOCIAL SECURITY NUMBER (SSN) <input type="text"/> - <input type="text"/> - <input type="text"/>	4. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="radio"/> YES <input type="radio"/> NO (If "Yes," provide your file number in Item 5)	5. VA FILE NUMBER <input type="text"/>
6. DATE OF BIRTH (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	7. VETERAN'S SERVICE NUMBER (If applicable) <input type="text"/>	8. GENDER YOU CURRENTLY IDENTIFY WITH <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER
9. BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY (MM-DD-YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/>	10. TELEPHONE NUMBER (Optional) (Include Area Code) <input type="text"/> - <input type="text"/> - <input type="text"/> Enter International Phone Number (If applicable) <input type="text"/>	
11. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/>		
12. EMAIL ADDRESS (Optional) <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim. <input type="text"/>		
<input type="checkbox"/> 13. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHECK THE BOX (Includes Work Study/Internship)? (If you are not a VA employee skip to Section II, if applicable)		

Advocacy tip: Keep an extra copy for you and/or the Veteran. Include date you submitted the form to VA.

Tips for All VA Forms

PART I - CLAIMANT'S IDENTIFYING INFORMATION			
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.			
1. VETERAN'S NAME (First, Middle Initial, Last)			
<input type="text"/>			
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	Month	Day Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. VETERAN'S SERVICE NUMBER (If applicable)	6. INSURANCE POLICY NUMBER (If applicable)		
<input type="text"/>	<input type="text"/>		
7. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)			
<input type="text"/>			
8. CLAIMANT TYPE:			
<input type="checkbox"/> VETERAN	<input type="checkbox"/> VETERAN'S SPOUSE	<input type="checkbox"/> VETERAN'S CHILD	<input type="checkbox"/> VETERAN'S PARENT <input type="checkbox"/> OTHER (Specify)

- Read the text above each box to see what information VA is requesting.
- Complete all boxes on the form to the best of your ability to avoid delay.
- Pay attention: See if VA asks about "Veteran" or "Claimant."

Sign and Date All VA Forms

- Sign and date all VA forms.
 - Valid POA can sign most VA forms, except for list on right →
 - See The Legion's "Code of Procedures" handout in Lesson 2 for details.
- *VA Form 21-526 / 21-526EZ: an original application for compensation*
 - *VA Form 21P-527EZ: an original application for pension*
 - *VA Form 21P-0510: a pension Eligibility Verification Report,*
 - *VA Form 21-4140: Employment Questionnaire*
 - *VA Form 21-8940: Veteran's Application for Increased Compensation Based on Unemployability*
 - *VA Form 21-4142: Authorization to Disclose Information to the Department of Veterans Affairs*
 - *VA Form 21-4192: Request for Employment Information in Connection with Claim for Disability Benefits*
 - *VA Form 21-0538: Mandatory Status of Dependents*
 - *VA Form 21-8951-2: Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances*
 - *VA Form 21-651: Election of Compensation in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation from Department of Veterans Affairs.*

How to Complete 21-526EZ

- In box 1, default to Standard Claim Process.
- Box 4 asks if the Veteran has filed **ANY** claim with VA before.

1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS (Check the appropriate box) (See instruction pages 1-3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process. (See instruction page 5 for the definition of a Benefits Delivery at Discharge (BDD) Program Claim)

FULLY DEVELOPED CLAIM (FDC) PROGRAM STANDARD CLAIM PROCESS

IDES (Select this option **only** if you have been referred to the IDES Program by your Military Service Department)

BDD Program Claim (Select this option **only** if you meet the criteria for the BDD Program specified on Instruction Page 5)

4. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide your file number in Item 5)</i>	5. VA FILE NUMBER <input type="text"/>
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How to Complete 21-526EZ Cont.

SECTION IV: CLAIM INFORMATION			
16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)			
NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section IV.			
EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATE TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008
CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1. Back	See Attached 21-4138		
2. Hearing Loss	See Attached 21-4138		

- Section IV asks for Claim Information.
 - VA is requesting a lot of information in these small boxes.
 - Type "See Attached 21-4138."

How to Complete 20-0995

- Box 12 asks for benefit type. Check only one box.

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

<input type="checkbox"/> COMPENSATION	<input type="checkbox"/> PENSION/SURVIVORS BENEFITS	<input type="checkbox"/> FIDUCIARY	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> VETERANS HEALTH ADMINISTRATION
<input type="checkbox"/> VETERAN READINESS AND EMPLOYMENT	<input type="checkbox"/> LOAN GUARANTY	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION	

- Part II- List issues as they were phrased on the rating decision.
 - Include the date of the VA decision notice
 - “See attached 21-4138.”

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM	
13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEMENTAL CLAIM. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.)	
Check this box if any issue listed below is being withdrawn from the legacy appeals process. <input type="checkbox"/> OPT-IN from SOC/SSOC	
13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
Service Connection for an acquired psychiatric disorder	1/15/2020
See attached 21-4138	

Quiz

Click the **Quiz** button to edit this object

Veteran Adam filed his initial claim for VA benefits when he got out of the Army in 1990. In a May 1990 rating decision, VA denied his claim for education benefits and his claim for service connection for headaches. In in June 2000 rating decision, VA denied his later claim for service connection for hearing loss.

Veteran Adam now wants to file a new claim for service connection for headaches, service connection for hearing loss, and education benefits. How many VA Forms 20-0995 should Adam submit to establish claims for these three issues? (Click photo to enlarge Box 12 of VA Form 20-0995)

- Two VA Forms 20-0995, one for the compensation claims and one for the education benefits claim.
- Three VA Forms 20-0995, one for each claim.
- Only one VA Form 20-0995 because all claims were denied before.

12. BENEFIT TYPE. PLEASE CHECK ONLY ONE. If you are unable to check an appropriate benefit type, please contact a specialist representative for each benefit type.

<input type="checkbox"/> COMPENSATION	<input type="checkbox"/> PENSION/ANNUITY/BENEFITS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> VETERANS HEALTH ADMINISTRATION
<input type="checkbox"/> VETERANS RECOVERY AND EMPLOYMENT	<input type="checkbox"/> SUPPLEMENTARY	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NATIONAL EMPLOYMENT ADMINISTRATION	

Quiz Answer

Two VA Forms 20-0995, one for the compensation claims and one for the education benefits.

- Adam's claims for service connection for headaches and service connection for hearing loss are both compensation claims, so they can go on the same 20-0995.
 - It does not matter that they were previously denied in separate rating decisions.
- Adam's claim for education benefits is a different type of benefit, so he should claim this issue on a separate 20-0995.

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** *(If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)*

<input type="checkbox"/> COMPENSATION	<input type="checkbox"/> PENSION/SURVIVORS BENEFITS	<input type="checkbox"/> FIDUCIARY	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> VETERANS HEALTH ADMINISTRATION
<input type="checkbox"/> VETERAN READINESS AND EMPLOYMENT	<input type="checkbox"/> LOAN GUARANTY	<input checked="" type="checkbox"/> EDUCATION	<input type="checkbox"/> NATIONAL CEMETERY ADMINISTRATION	

How to Complete 21-4138

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION			
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and insert one letter per box to help expedite processing of the form.			
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)			
<input type="text"/>			
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH	
<input type="text"/>	<input type="text"/>	Month	Day
		<input type="text"/>	<input type="text"/>
		Year	<input type="text"/>
5. VETERAN'S SERVICE NUMBER (If applicable)			
<input type="text"/>			
6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)		
<input type="text"/>	<input type="text"/>		
Enter International Phone Number (If applicable)	<input type="text"/>		
8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street	<input type="text"/>		
Apt./Unit Number	City	<input type="text"/>	
State/Province	Country	ZIP Code/Postal Code	<input type="text"/>

- Complete Section I with information of the Veteran or Claimant.
- Most important parts are the Name and VA File Number.
- Use the open text box to explain why the Veteran is entitled to benefits.
- Discuss every issue claimed.
- If more than one issue, then number each issue.
- Sign and date the form.



Quiz

Click the **Quiz** button to edit this object

What information should be included on a VA Form 21-4138, Statement in Support of Claim, included to support a claim for service connection?

- A complete list of the disabilities that the Veteran is claiming.
- All of these.
- An estimate of when each of the claimed disabilities started.
- An explanation of how the claimed disabilities are related to the Veteran's service.

Quiz Answer (2)

All of these.

A VA Form 21-4138 supporting claims for service connection should include:

1. A complete list of all the disabilities the Veteran is claiming.
2. An estimate of when the claimed disabilities started.
3. An explanation of how the claimed disabilities are related to service.

21-4138 for Service Connection Claims

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)

1. Service Connection for Hearing Loss

The Veteran started to notice that he had a hard time hearing other people in 1975, while he was on active duty in the Air Force. His hearing loss was caused by his exposure to loud jet engine noise while working close to the flight line.

2. Service Connection for Diabetes

The Veteran was diagnosed with diabetes in 2020. The diabetes was caused by his exposure to Agent Orange while maintaining C-123 aircraft that had been used to spray Agent Orange in Vietnam.

Quiz

Click the **Quiz** button to edit this object

What do you think should be included on a VA Form 21-4138, Statement in Support of Claim, supporting a complete claim for increased ratings for service-connected disabilities?

- All of these.
- A description of the frequency, duration, and severity of the Veteran's symptoms.
- A complete list of the Veteran's service-connected disabilities that have gotten worse.
- An estimate of the date the Veteran's symptoms got worse.

Quiz Answer (3)

All of these.

A VA Form 21-4138 supporting claims for increased ratings should include:

1. A complete list of all of the increased ratings the Veteran is seeking.
2. An estimate of when the Veteran's symptoms got worse.
3. An explanation of the frequency, duration, and severity of the Veteran's symptoms.

Example 21-4138 for IR Claims

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)

1. Increased Rating for Headaches

The Veteran's service-connected headaches have gotten worse in the last six months. He now has headaches once a week that are so severe he has to go lay down in a dark place. Each time they occur the headaches last for two to four hours.

2. Increased Rating for Back

The Veteran's back disability has gotten worse since the winter of 2021. Every morning when he wakes up his back is stiff and he cannot bend forward for at least two hours. His back pain radiates into his upper thighs on a daily basis.

- This presentation is complete.
- A PDF version of these slides will be provided to you at the conclusion of the course for future reference.