

DEPARTMENT OF VETERANS AFFAIRS

[If address populates, delete, and add 4 blank lines (to put address block right below "In Reply..." line)]

JOE/JANE VETERAN
31 HOPKINS PLAZA
BALTIMORE MD 21201

In Reply Refer To: 372/PNP/Challenge
CSS XXXXXXXXXX
Joe Veteran

[Special letter requirements for Veterans with a visual impairment of 70% or more: M21-1 III.v.2.B.2]

Dear Mr. [or] Ms. Veteran:

[Original Claim for service connection (EP 110 or 010) or EP 020 by itself]

We made a decision on your claim for service connected compensation received on December 15, 2019.

[or - Dependency decision (EP 130)]

We made a decision on your claim for additional benefits for dependents received on December 15, 2019.

[or - Combination EP 020 and 130]

We made a decision on your claim for service connected compensation received on December 15, 2019 and your claim for additional benefits for dependents received on January 15, 2020.

[or - Decision based on EP 310 (VA exam)]

We made a decision about your service connected compensation based on your VA exam on December 15, 2019.

[Second standard paragraph]

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

[or – Dependency grant (no rating decision, no notification of additional benefits)]

This letter tells you about your entitlement amount and payment start date and what we decided. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

[or - No change in pay, with rating decision, and not entitled to additional benefits (C&C and/or denial)]

This letter tells you what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

[or - No change in pay, without rating decision]

This letter tells you what we decided, the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Start Date [M21-1 III.v.2.B.1.b – only include the payment table if the payment has changed!]

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Effective Date	Reason For Change
\$492.97	\$492.97	\$0.00	Jan 1, 2020 [Start with the date when payment changes because of the current decision/s. Do not include earlier dates.]	Original Award, [or] Compensation Rating Adjustment, Change in Spouse Status, Minor Child Adjustment [and/or] Schoolchild Adjustment, Retired Pay Adjustment [or] Separation Pay Adjustment [or] Severance Pay Adjustment, [etc...]
\$503.15	\$503.15	\$0.00	Dec 1, 2019	Cost of Living Adjustment
\$516.83	\$516.83	\$0.00	Dec 1, 2019	Cost of Living Adjustment
\$516.83	\$0.00	\$516.83	Aug 1, 2020	Retired Pay Adjustment
\$479.83	\$0.00	\$479.83	May 12, 2022 [Include all known future pay change dates (using rates indicated on award).]	Minor Child Adjustment

[“Dependency Summary” paragraph – do NOT include if Veteran has a combined evaluation of less than 30%]

We are paying you as a single veteran with no dependents.

[or]

We are paying you as a veteran with **X** dependents. Your payment includes an additional amount for your spouse, **Mary**; and your children, **Sonny and Maria**. *Let us know right away if there is any change in the status of your dependents.*

[Include the names of dependents]

[Include this paragraph if we can't pay for a dependent already identified by the Veteran – for claims received from March 24, 2015 we need a prescribed form per M21-1 III.iii.5.A.4]

We couldn't pay for Diane because we need XXXXXXXXXXXX. [or] We can't pay for Diane because you provided two different birth dates for her. [or]...

You Can Expect Payment

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings. Thereafter, payment will be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

[Veteran has direct deposit]

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact that financial institution.

*If this account is no longer open,
please notify us immediately.*

[or - Veteran does NOT have direct deposit]

We noticed that you did not provide us with your banking information to allow your federal benefits to be sent directly to your bank. The Department of Treasury has mandated that all recurring federal benefits be administered through either Electronic Funds Transfer (EFT) or Direct Express® Debit MasterCard®. If you do not provide your banking information to have your benefits electronically transferred to your bank, the Treasury Department will contact you directly to determine your preferred payment method.

- To have your federal benefits electronically transferred to your designated financial institution (e.g. bank) call VA at 1-800-827-1000 with your banking information or go online to www.ebenefits.va.gov.
- To have your federal benefits issued through Direct Express® Debit MasterCard® issued by Comerica Bank call 1-888-213-1625 to enroll in the program.

[or - Veteran receiving no payment because all compensation is being withheld to recoup separation pay, special separation benefit, or disability severance pay – M21-1 III.v.4.B.5.c. Add manually.]

VA is withholding all your compensation to recoup separation benefits you received from the service department; however, you must still notify VA of any changes in your address. Failure to do so could result in:

- A reduction or discontinuance of benefits, and/or
- Delayed or undeliverable future payments of compensation

[CHOOSE NO FOR THIS PARAGRAPH: “Do you want to solicit Direct Deposit?”]

How Do You Start Direct Deposit?

Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

[Withholding for Military Retired Pay (MRP)]

We Have Withheld Benefits

You are not allowed to receive full military retired pay and full VA compensation at the same time. The following will provide an explanation of how this works:

- ***If your VA compensation is less than your retired pay***, you will receive compensation payments. The military service department will pay you the difference between your compensation and your retired pay.
- ***If your VA compensation is greater than your retired pay***, we will pay you compensation, and you will not receive retired pay.

For now, we must withhold **all [or] part** of your compensation until **August 1, 2020**. We must do this to prevent a double payment. By working together with the military service department, we will make sure you get your full combined payment.

Important Information: VA compensation isn't taxable. Please contact the Internal Revenue Service for tax information.

[Always include this paragraph when Veteran is receiving MRP – per Compensation Bulletin Addendum April 2011. **Add manually.**]

Concurrent Receipt of VA Compensation and Military Retired Pay

You may be eligible for full or partial concurrent receipt of VA compensation and military retired pay under the Combat-Related Special Compensation (CRSC) and/or Concurrent Retired and Disability Pay (CRDP) programs. Your retired pay center (RPC) has been notified of this award of VA compensation. If your RPC determines the withholdings from your VA compensation should be retroactively adjusted due to CRSC/CRDP eligibility; VA will be notified and will adjust your VA compensation accordingly.

More information on CRSC and CRDP can be found at the following web site: <http://www.dfas.mil/dfas/retiredmilitary/disability/payment.html>, or by calling your RPC as shown below:

- Defense Finance and Accounting Service (DFAS): 1-800-321-1080
- United States Coast Guard: 1-800-772-8724
- Public Health Service: 1-800-638-8744

[Agent Orange CRSC Notification: Include the following paragraph in a decision notice when VA grants SC for a disability related to a Veteran's exposure to AO, and the Veteran is eligible for MRP (per M21-1 III.v.5.A.7.d). **Add manually.**]

You may be entitled to Combat-Related Special Compensation (CRSC) for your service-connected **[new Agent Orange disability(ies)]**. CRSC provides monthly payments to eligible retired Veterans with combat-related disability(ies), and is a benefit administered by the Department of Defense. Entitlement to CRSC is not automatic. Accordingly, to receive CRSC for your service-connected **[new Agent Orange disability(ies)]**, you must specifically apply for CRSC for that disability, even if you have already been awarded CRSC for disabilities previously service-connected by VA.

[Always include this paragraph too when Veteran is receiving MRP – per M21-1, III.v.5.B.1.i, **Notifying a Veteran of His/Her Eligibility for a Tax Exemption**]

Tax Exemption Eligibility

Because VA compensation is not taxable, you may be entitled to a tax exemption during the period VA withheld your compensation; the amount of the exemption would be the amount of compensation VA withheld based on your receipt of military retired pay.

Subsequent changes in the amount of compensation VA withholds based on your receipt of military retired pay may affect the tax exemption. Please contact the Internal Revenue Service with questions about your tax liability.

[Withholding for Separation Pay]

We Have Withheld Benefits

The military paid you separation pay in the amount of \$XX,XXX.XX **[total/gross/pre-tax amount per M21-1 III.v.4.B.5.c]**. For separation pay received *after September 30, 1996*, VA will withhold the amount the military paid you minus the amount of Federal income tax withheld. If you are in receipt of separation pay received *before October 1, 1996*, VA will withhold all the amount the military paid you. For *special separation benefits (SSB)* paid, VA will withhold the amount the military paid you minus the amount of Federal income tax withheld. After this amount is paid back, you'll start receiving your full VA compensation.

[Withholding for Disability Severance Pay (DSP)]

We Have Withheld Benefits

You received a severance pay allowance of \$XX,XXX.XX **[total/gross/pre-tax amount per M21-1 III.v.4.B.5.c]** from the military for your XXXXXXXXX condition. We must hold back **all [or] part** of your VA compensation until this severance amount is paid back. *VA shall withhold (after federal income tax) the severance amount received after September 30, 1996. Severance amount received prior to October 1, 1996, will include the amount before taxes are taken out.* After an amount equal to your severance pay allowance is paid back, you'll start receiving your full VA compensation.

What We Decided

We determined that the following condition is related to your military service, so service connection has been granted:

Medical Description	Percent (%) Assigned	Effective Date
XXXXXXXXXX	30%	Dec 15, 2019
XXXXXXXX [multiple effective dates for same condition]	40% 50%	Dec 15, 2019 Jan 15, 2020
XXXXXXXXXXXXXX	0%	Dec 15, 2019

We determined that the following condition is not related to your military service, so service connection couldn't be granted:

Medical Description
XXXXXXXXXXXXXX

We determined that the following service connected condition has worsened, so we granted an increase in your assigned percentage:

Medical Description	Old Percent (%) Assigned	New Percent (%) Assigned	Effective Date
XXXXXXXXXX	0%	10%	Dec 15, 2019

We determined that the following service connected condition hasn't changed:

Medical Description	Percent (%) Assigned
XXXXXXXXXXXXXX	0%

We determined that the following condition is not related to your military service, so service connection remains denied:

Medical Description
XXXXXXXXXX

["P&T Disabled – S/C" decision. Replace template language with this language manually, to match decision in Rating Narrative.]

Basic eligibility to Dependents' Educational Assistance is granted effective December 15, 2018.

["Grant Individual Unemployability" – Individual Unemployability (IU) grant]

We granted entitlement to the 100% rate effective August 8, 2019, because you are unable to work due to your service connected disability/disabilities.

We assigned a temporary 100% disability evaluation for your service connected XXXXXXXXXXXXX effective August 8, 2019. We will schedule an examination to review your medical Condition, after the temporary 100% evaluation ends.

We granted entitlement to special monthly compensation effective August 8, 2019 because you need the regular aid and attendance of another person.

[When only 0% have been granted]

We determined that the following condition is related to your military service. We granted a 0% evaluation for each disability, however no monetary compensation can be awarded.

Medical Description	Effective Date
XXXXXXXXXX	Dec 15, 2019

The law says that VA can't pay for disabilities that are less than 10% disabling.

[Also add this, when the rating denies 10% for multiple 0% disabilities (38 CFR 3.324)]

We have denied a 10% combined evaluation based on your multiple 0% service connected disabilities.

["Claims Solicitation" – will be indicated on Rating Codesheet]

We have reviewed your records and they suggest you may be entitled to an additional benefit. Please submit a claim for XXXXXXXXXXXXX through eBenefits at www.eBenefits.va.gov or submit a completed VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*, to the appropriate address listed on the attached *Where to Send Your Written Correspondence* enclosure. You can download the form at <http://www.va.gov/vaforms> or you can call us at 1-800-827-1000. We recommend you submit the claim as soon as you can, in order to ensure the earliest possible payment date, if an award is authorized.

[If there is a future exam]

An examination will be scheduled at a future date to evaluate the severity of your service connected XXXXXXXXXXXX.

["Deferred Issues" - Manually delete additional language after list of conditions (except for mention of medical examination, if applicable.)

We have deferred a decision on the following issue because we need additional information or evidence:

- XXXXXXXXXXXX

We have requested a medical examination. You will be notified of the date, time, and place to report.

[always delete this box and the sentence below it]

You should have already received a letter about our request. If not, please contact our office.

If you have a copy of any of the stated records, you may submit them to the address at the top of this letter.

[Dependency Decision – Grant. Include under “What We Decided” – See [Approved Language for Favorable Findings – Dependency](#) document, p. 14-15 (hyperlinked).]

[Insert Dependent’s Name] has been added to your award effective [Insert Event Date], because you submitted all the required information and meet the eligibility requirements for the dependency allowance. [Add CFRs for the applicable type of dependent. For example: (38 CFR 3.4, 38 CFR 3.50, 38 CFR 3.57, 38 CFR 3.204, 38 CFR 3.205, 38 CFR 3.216)]

***CFRs will be different for each type of dependent. Do not copy/past this list. See the document referenced above.*

[Dependency Decision – Denial. Include under “What We Decided” – See [Approved Language for Favorable Findings – Dependency](#) document (hyperlinked).] Use the following language separately for each dependent being addressed

We couldn’t pay for [Insert Dependent’s Name] as a dependent, because not all required elements were met. The following list contains an explanation of the elements required to establish entitlement to additional compensation for your dependent:

- [Insert Elements not Met Language from hyperlinked document, including CFRs] (*List all applicable)

Even though we aren’t able to pay additional compensation for your dependent, the following findings were favorable to your claim:

- [Insert Elements Met Language from hyperlinked document] (*List all applicable)

[Dependency Decision – Removal (other than failure to verify). Include under “What We Decided.” *These are only a couple examples of removal situations.*]

We removed [Insert Dependent’s Name] effective [Insert Award Effective Date/Payment Start Date] for the following reason:

- Our records indicate that [Insert Dependent’s Name] passed away on [Insert Date of Death]. We are sorry for your loss. (38 CFR 3.213)

[or]

- Our records indicate that you divorced [Insert Dependent’s Name] on [Insert Date of Divorce] (38 CFR 3.50, 38 CFR 3.209, 38 CFR 3.213)

[“Failure to Verify Dependents – First Action” Add this paragraph manually to PCGL and RADL letters, Free Text, What We Decided, when taking first action for failure to verify dependents and the Veteran has not responded to the due process letter. M21-1 III.ii.5.K.4.b]

We removed [Insert Dependent’s Name] from your award effective [Insert Date Last Paid] because you did not confirm continued dependency. (38 CFR 3.500, 38 CFR 3.652)

We have removed the above dependent from the date we last paid you for them. This action will not create a debt. We have taken this action because you did not verify the status of your dependents. If you do not provide VA with the completed questionnaire within 90 days, VA will

- Retroactively discontinue benefits, effective the date specified in the notice of proposed adverse action, and
- Create an overpayment in your account

[“Failure to Verify Dependents – Final Action” Add this paragraph manually to PCGL and RADL letters, Free Text, What We Decided, when taking final action for failure to verify dependents and the Veteran has not responded following 90 days from removing the dependents. M21-1 III.ii.5.K.4.b]

We removed [Insert Dependent’s Name] effective [Insert Date Last Paid] for the following reason:

- We are unable to confirm your dependent(s) (38 CFR 3.500, 38 CFR 3.652)

We have removed the above dependent from the date specified in the notice of proposed adverse action. We have taken this action because you did not verify the status of your dependents. If you send us the questionnaire, we can restore your dependents to your award.

[If payment amount does *not* change]

Your compensation payment will continue unchanged.

[If payment amount changes]

The overall or combined evaluation is 30% effective January 1, 2020, 40% effective May 1, 2020 and 50% effective July 1, 2020. We do not add the individual percentages of each condition to determine your combined rating. Instead, we use a combined rating table that considers the effect from the most serious to the least serious conditions.

[or]

We have granted a 10% combined evaluation for your multiple 0% S/C disabilities.

[Include in all letters that involve a rating decision – *should* auto-populate.]

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on your claim received on December 15, 2018. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

[If Veteran is P&T – 100% or has IU without a future exam (P&T), include 21-8760 as well as 21-8764.]

We enclosed a VA Form 21-8760, "Additional Information for Veterans with Service-Connected Permanent and Total Disability," which explains certain factors concerning your benefits.

We enclosed a VA Form 21-8764, "Disability Compensation Award Attachment-Important Information," which explains certain factors concerning your benefits.

["Overpayment paragraph" – include if a retroactive reduction is done and an overpayment is created (e.g. a dependent is removed from a past date). M21-1 III.v.2.B.1.b (Decision Notice Requirements), M21-1 I.2.D.3.b (contemporaneous notice)]

What You Owe

We've reviewed evidence in your case and found that we've overpaid your benefits. A separate letter will tell you more about the overpayment. VA's Debt Management Center will also send you a letter explaining how much you've been overpaid, as well as how to repay this debt. We know managing a new debt can be difficult, but we'd like to work with you on some options that can help. We encourage you to visit www.mymoney.gov and www.consumer.gov for helpful financial information.

[Use this paragraph only if we can't pay for a dependent that has already been identified by the Veteran – for claims received from March 24, 2015 we need a prescribed form per M21-1 III.iii.5.A.4. **Try phone development first (if applicable)!** If we do not know of a specific dependent, use the general "Dependents Solicitation" in the Additional Benefits selection box.]

Evidence We Need From You to Complete Your Claim For Dependents

The information you sent us about your dependents wasn't complete. Before we can pay additional benefits for XXXXXXXXXXXX we need the following:

[Many possibilities – only request exactly what we need!]

- VA Form 21-686c, Application Request to Add and/or Remove Dependents. Please fill out every blank on the form.
- A copy of your marriage certificate with the date and place you married your present spouse
- Copy of divorce decrees or death certificates, showing that all past marriages involving you or your spouse were legally ended
- Copy of the birth certificate for Diane, because you provided two different birth dates for her

- Social Security number(s) for Diane. Write the number(s) on the attached VA Form 21-4138, Statement in Support of Claim, or call us with the information
- VA Form 21-674, Request for Approval Of School Attendance, showing that Diane is in school.

When and Where to Send the Information or Evidence

Send the information or the evidence to the address on **the appropriate address listed on the attached *Where to Send Your Written Correspondence* [replace template language with this language manually]** within 30 days from the date of this letter. Please put your full name and VA file number on the evidence. If we don't receive the information or evidence within that time, we will decide your claim based only on the evidence we have received.

We may be able to pay you from the date we received your claim, if we receive the information or evidence within one year from the date of this letter and we decide that you are entitled to VA benefits. If we do not receive the evidence within one year from the date of this letter, we may only be able to pay you from the date we receive the evidence.

[Evidence list needed in all decisions. M21-1 III.v.2.B.1.f-g]

Evidence Used to Decide Your Claim

In making our decision, in addition to the evidence in the attached rating, we used the following evidence:

- VA Form 21-686c, Application Request to Add and/or Remove Dependents, received January 15, 2019
- VA Form 21-4138, Statement in Support of Claim, received January 15, 2019
- VA Form 27-0820, Report of General Information, documenting telephone contact with you on July 8, 2019

Are You Entitled to Additional Benefits? **[M21-1 III.v.2.B.1.k]**

[If Veteran is 100% or has IU]

The Department of Education provides a program for Veterans to discharge their student loans. To be eligible, the Veteran must have a service-connected disability(ies) that is 100% disabling, or be totally disabled based on an Individual Unemployability determination. For more information concerning this benefit, please contact the U.S. Department of Education, Disability Discharge Loan Servicing Center P.O. Box 5200 Greenville, TX 75403-5200 or toll free at 1-800-433-7327. Visit their website at <http://ifap.ed.gov/disabilitydischarge/va.html>.

[Standard Additional Benefits section]

You may be eligible for government life insurance if you

- were released from active duty after April 25, 1951,
- are in good health (except for any service connected conditions), and
- apply within two years of this notification of your disability rating.

If you are totally disabled, you may be eligible to have your government life insurance premiums waived. The Insurance is called Service-Disabled Veterans Insurance (S-DVI), and you should receive a package within two weeks. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information. Call the Insurance toll free number, 1-800-669-8477, or visit the Insurance web site, <http://www.benefits.va.gov/insurance/>, for further information about Service-Disabled Veterans Insurance.

If you served overseas in support of a combat operation you may be eligible for mental health counseling at no cost to you at the Veteran's Resource Center. For more information on this benefit please visit <http://www.myhealth.va.gov/mhv-portal-web/>.

You may be eligible for medical care by the VA health care system for any service connected disability. You may apply for medical care or treatment at the nearest medical facility. If you apply in person, present a copy of this letter to the Patient Registration/Eligibility Section. If you apply by writing a letter, include your VA file number and a copy of this letter.

**REDUCE OR ELIMINATE
YOUR MEDICAL CO-PAYMENTS**

If you receive care at a VA medical facility, **please call our Health Benefits Call Center at 1-877-222-VETS (8387) or notify your local VA medical center** of this change in your compensation benefits. This rating decision may reduce or eliminate your co-payments for your VA-provided medical care. You may also be eligible for a refund based on this rating decision. Information regarding VA health care eligibility and co-payments is available at our website <http://www.va.gov/healthbenefits/cost/>.

You should contact your State office of Veteran's affairs for information on any tax, license, or fee-related benefits for which you may be eligible as a Veteran (or surviving dependent of a Veteran). State offices of Veteran's affairs are available at <http://www.va.gov/statedva.htm>.

The VA provides Blind Rehabilitation services to eligible blind, low vision, or visually impaired Veterans to help them regain their independence and quality of life. The Veteran's blindness, low vision, or vision impairment does NOT have to be related or caused by military service. If you need help with your vision loss, please contact your nearest Visual Impairment Services Team Coordinator (VIST) at the eye clinic at your nearest VA Medical Center. For more information, go to <http://www.rehab.va.gov/blindrehab/>.

["Vocational Rehabilitation" – If the Veteran has a combined disability rating of at least 10%, unless the Veteran is already in receipt of Chapter 31/Voc Rehab benefits (check Payment History Inquiry screen in Share) – M21-1 IX.i.1.A.3.a-c]. **Replace the generated text with this language.**

You may be able to receive **Veteran Readiness & Employment Service benefits**. The enclosed VA Form 28-8890, "Important Information About Vocational Rehabilitation Benefits," explains this benefit completely. To apply for this benefit, complete and return the enclosed VA Form 28-1900, "Disabled Veterans Application for Vocational Rehabilitation."

["Individual Unemployability (IU)" – if indicated in Special Notation box on rating codesheet or it's a deferred issue.]

You may be eligible for service connected disability benefits at the 100% rate if you are too disabled to work because of your service connected disabilities. If you believe that you qualify, please complete and return the enclosed VA Form 21-8940, "Veteran Application For Increased Compensation Based On Unemployability."

["Clothing Allowance" – If rating grants SC for anatomical loss or loss of use of a hand or foot. M21-1 IX.i.7.1.c]

You may be eligible for a clothing allowance because of your service connected disability. Complete and sign the enclosed VA Form 10-8678, "Application for Annual Clothing Allowance." Send your completed form to the VA Medical Center you would use.

["Insurance Waiver of Premium" – If Veteran is 100% or has IU without a future exam (P&T).]

Because of the rating action described in this letter, you may be eligible to have your government life insurance premiums waived. (This doesn't apply if you have Veterans Group Life Insurance [VGLI]). *If your answer is "yes" to all of the following questions, you should contact the VA Insurance Center at the following toll free telephone number in order to request a "waiver of premiums" on your government life insurance policy. Call 1-800-669-8477.*

- Do you have an active government life insurance policy?
- Do you currently pay premiums for your government life insurance policy?
- Are you considered to be unemployable, or are you rated 100% disabled by VA?
- Were you under age 65 when you became unable to work or 100% disabled?

["Dependents Educational Assistance" – only use for a CURRENT grant of "Basic Eligibility to Dependents' Educational Assistance (DEA)" – M21-1 III.iii.6.C.1.b. **Replace template language with this language manually.**]

Your dependents may be eligible for Dependents' Educational Assistance (Chapter 35). For more information on this program, please visit the following website: <https://www.vets.gov/education/gi-bill/survivors-dependent-assistance/> or call 1-888-GIBILL-1 (1-888-442-4551).

["CHAMPVA" – If Veteran is 100% or has IU without a future exam (P&T) – M21-1 IX.i.4]

Your dependents may be eligible for benefits under CHAMPVA. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare and supplies with eligible beneficiaries. To be eligible for the CHAMPVA program a dependent must be the spouse or child of a veteran who is permanently and totally disabled from a service-connected disability. The Health Administration Center in Denver, Colorado administers the CHAMPVA program. You should call 1-800-733-8387 if additional information is needed.

["Commissary" – if Veteran is 100% or has IU]

You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged veterans evaluated as 100 percent disabled due to service-connected disability; or, Medal of Honor recipients; or, military retirees and their dependents may qualify for entitlement to this additional benefit.

["Dependency Solicitation" – include when there's a grant or increase when combined disability rating is at least 30%, except when a dependency decision or dependency development is at issue as part of the decision notice - M21-1 III.iii.5.L.2.b]

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. If you wish to submit a claim for dependents, please complete and return the attached VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. Please fill out every blank on the form. We may be able to pay you retroactive benefits for your dependents if you submit the VA Form 21-686c, *Application Request to Add and/or Remove Dependents* or report dependents within a year from the date of this letter.

[Decision Notice paragraph AMA Approved Text for PCGLs (TMS 4492510 & Attachment C of the trainee handout), as shown below. This text is different than what is populated via PCGL.]

Replace template language with this language manually./

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, Decision Review Request: Supplemental Claim
Higher-Level Review	VA Form 20-0996, Decision Review Request: Higher-Level Review
Appeal to the Board of Veterans' Appeals	VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement)

Please note: You may not request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, Your Rights to Seek Further Review of Our Decision, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit va.gov/decision-reviews to learn more about how the decision review process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting VA.gov.

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 contract 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 your military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit 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 faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.custhelp.va.gov . [always replace the web address w/ this]
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Written Correspondence</i> . [Replace template language with this language manually]

In all cases, be sure to refer to your VA file number XXXXXXXXXX.

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.va.gov>. [always replace the web address w/ this]

[Veteran has a POA]

We sent a copy of this letter to your representative, [POA], whom you can also contact if you have questions or need assistance.

[Veteran does not have a POA]

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized veterans' service organizations and/or representatives. Veterans' service organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

Sincerely yours,

RO Director
VA Regional Office

Enclosure(s): [as needed]

Rating Decision [Delete if only making an authorization decision]

Where to Send Your Written Correspondence [Always needed. Add manually.]

VA Form 21-8764

VA Form 21-8760

VA Form 28-1900

VA Form 28-8890

VA Form 21-8940

VA Form 10-8678

VA Form 22-5490 [Always Delete]

VA pamphlet 22-73-3 [Always Delete]

VA Form 21-686c

VA Form 20-0998 [Always needed. Should populate automatically. If not, add manually.]

cc: [POA]