Introduction to Personal Computer Generated Letter (PCGL)

Trainee Handout

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Objectives

* Utilize the Live Manual to identify notification letter requirements
* Identify the general requirements for notification letters and special requirements for visually impaired Veterans
* Identify special requirements for notification letters about Rating Decisions
* Identify special requirements for notification letters about Authorization Decisions
* Identify Reader-Focused Writing (RFW) principles
* Identify steps for accessing PCGL and configuring defaults
* Identify steps for generating letters using PCGL

References

* [38 CFR 3.103](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58#se38.1.3_1103), Procedural due process and appellate rights
* [M21-1, Part III, Subpart v, 2.B,](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000014231%2FM21-1-Part-III-Subpart-v-Chapter-2-Section-B-Decision-Notices) Decision Notices
* M21-1.III.v.5.B, Preparing and Adjusting Awards in Military Retired Pay (MRP) Cases
* [PCGL User Guide](http://vbaw.vba.va.gov/bl/21/publicat/Users/Index2.htm)
* [*National Work Queue (NWQ) Phase 1 & 2 Playbook*](https://vaww.vashare.vba.va.gov/sites/OFOPlaybooks/Shared%20Documents/Forms/AllItems.aspx) – Non-ADL Letters

All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/)

Topic 1: Overview of Notification Requirements

The Personal Computer Generated Letters (PCGL) system is designed to generate letters using Reader Focused Writing (RFW) principles and techniques. These principles and techniques ensure the reader’s needs are the main focus, and provide technically accurate and legally sufficient information.

Notification requirements provided in M21-1, Part III, Subpart v, 2.B must be adhered to when preparing decision notices. VSRs must use PCGL to generate letters when it is not possible to generate a Redesigned Automated Decision Letter (RADL) within VBMS-A. When necessary, customize letters generated via PCGL to address the recipient’s particular situation.

**Decision Notice Requirements**

VA is required to provide claimants and their representatives (Power of Attorney and/or fiduciary) with timely notice of any decision made by VA that affects benefit eligibility or entitlement.

According to [M21-1, Part III, Subpart v, 2.B](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=%23!agent%2Fportal%2F554400000001034%2Farticle%2F554400000014231%2FM21-1-Part-III-Subpart-v-Chapter-2-Section-B-Decision-Notices) , award and denial decision notices must include:

* The decision VA made,
* The reason(s) for the decision,
* A summary of the evidence VA considered, and
* The claimant’s
  + Appellate rights, and
  + Right to
    - procedural due process (if applicable)
    - a hearing, and
    - representation

If the enactment of a decision resulted in the creation of an overpayment in a beneficiary’s account notify the beneficiary of the overpayment and his/her right to request a waiver of the overpayment, and/or a repayment plan.

The table below shows additional information VA ***must*** include in its decision notice.

|  |  |
| --- | --- |
| **If VA ...** | **Then VA must ...** |
| grants entitlement to a benefit | notify the claimant of   * the monthly rate of payment * the effective dates of entitlement and payment * the amount of any benefits VA is withholding and the reason for the withholding, and * information about any additional benefits to which the claimant may be entitled. |

**Providing Appellate Rights**

When notifying a beneficiary or claimant of a decision on a claim for disability compensation VSRs must ensure the following language appears under the heading “What You Should do If You Disagree with Our Decision”:

If you do not agree with our decision, you must complete and return to us the enclosed VA Form 21-0958, “Notice of Disagreement,” in order to initiate your appeal. You have one year from the date of this letter to appeal the decision. The enclosed VA Form 4107, “Your Rights to Appeal Our Decision,” explains your right to appeal.

Note:

* The VSR is responsible for ensuring the current appeal rights paragraph with language regarding VA Form 21-0958 is included in the PCGL letter and for adding the form to the list of enclosures.
* VA Form 4107, Your Rights to Appeal Our Decision, will automatically be included in the PCGL letter.

**Providing Centralized Mail Information in PCGL letters**

* Below the heading “If You Have Questions or Need Assistance”, instructions for what to do if you *write* should indicate the following:

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 *Where to Send Your Written Correspondence*.

* “Where to Send Your Written Corresdpondence” must be added to the list of enclosures

**Maintaining Jurisdiction of Claims Associated with a PCGL Decision Notice**

When a PCGL letter is created the draft copy of the letter will not be available to users in another RO, therefore, the Non-ADL Notification Letter special issue flash must be applied to the claim to maintain jurisdiction of the claim associated with the PCGL letter. VSRs must follow locally established procedures to notify the authorizing employee of the PCGL letter and pending award.

**Preparing Decision Notices for Visually Impaired Veterans**

When corresponding with or processing a decision made on the claim of a Veteran with service connected (SC) or non-service connected (NSC) visual impairment that is at least 70% or more disabling or a Veteran that has requested accommodation for visual impairment, ensure the following actions are taken:

* add the *Blind Veteran* flash to the Veteran’s corporate record in SHARE, and
* prepare the correspondence/decision notice using an 18~~-~~point font.

At the time the notice is finalized and mailed, VA must make a minimum of three attempts to contact the Veteran by telephone to explain the substance of the decision.

The VSR or authorizer responsible for disposing of the associated EP must

* provide a general summary of the decision(s) made
* inform the Veteran that
* the decision notice is forthcoming,
* any additional questions concerning the notice’s content may be directed to the National Call Center, and
* document
  + successful telephone contact on [*VA Form 27-0820, Report of General Information*](http://vbaw.vba.va.gov/bl/20/cio/20s5/forms/VBA-27-0820-ARE.pdf), or
  + unsuccessful attempts to contact the Veteran as a contact note in VBMS or Modern Awards Processing – Development (MAP-D) (if claim being processed does not have an electronic claims folder).
* VA Form 21-0178, Visually Impaired Veteran, is back-filed in the center flap of the paper claims folder

Topic 2: Notification of Rating and Authorization Decisions

**Notification of Rating Decision**

When a decision is the result of a rating, the body of the PCGL notification letter does ***not*** need to:

* summarize the evidence considered, or
* state the reason for the decision

Instead:

* **Attach** the rating decision **Narrative** to the notification letter

The notification letter advises the claimant that the attachedrating decision contains:

* + - * A summary of the evidence considered
      * The reason for the decision

**DO NOT** attach a copy of the rating Codesheet to notification letter addressed to the claimant.

**Additional Benefits and Entitlements**

If we grant service-connection (SC) for a new medical condition or increase the percentage for a previously granted condition, we must notify the Veteran of any additional benefits to which they may be entitled.

We do not need to notify Veterans of additional benefits if we only make Denial or Confirmed and Continued (C&C) decisions.

The table below lists

* additional benefits to which a claimant may be entitled, and
* the form required for applying for each benefit.

**Additional Benefits Selections**

|  |  |  |
| --- | --- | --- |
| **Combined Evaluation** | **Additional Benefits** | **Corresponding Enclosures** |
| **0%** | * None (all appropriate Additional Benefits information included automatically) |  |
| **10%-20%** | * Vocational Rehab & Employment Services | * VA Form 28-1900 * VA Form 28-8890 |
| **30%-90%; No IU** | * Vocational Rehab & Employment Services * Dependency Solicitation | * VA Form 28-1900 * VA Form 28-8890 * VA Form 21-686c |
| **100% or IU; NOT P&T (Basic Eligibility to DEA)** | * Vocational Rehab & Employment Services * Dependency Solicitation * Insurance Waiver of Premium * Commissary Privilege (do NOT select if it’s a temporary 100% that ends in the past) | * VA Form 28-1900 * VA Form 28-8890 * VA Form 21-686c |
| **100% or IU P&T (Basic Eligibility to DEA)** | * Vocational Rehab & Employment Services * Dependency Solicitation * Insurance Waiver of Premium * CHAMPVA * Commissary Privilege * Dependents’ Educational Assistance | * VA Form 28-1900 * VA Form 28-8890 * VA Form 21-686c * VA Form 22-5490\* * VA pamphlet 22-73-3 |

**Note:**

* For additional information about these benefits, see the list of references provided in M21-1.III.v.2.B.1.k.
* Information about entitlement to healthcare is automatically generated in the PCGL letter when service connection is granted or an increased evaluation is assigned.
* Dependency Solicitation language is not required in decision notices when
* one of the issues decided was entitlement to additional benefits for (a) dependent(s) or
* the decision notice includes development for additional information/evidence to establish entitlement to additional benefits for (a) dependent(s).

**Notification of Authorization Decision**

In addition to the decision notice elements discussed in Topic 1 the PCGL Notification Letter for an Authorization Decision (such as dependency) must always include:

* sufficient detail regarding the rational used in reaching the decision, and
* a summary of the evidence considered.
* The additional benefits information provided on page 7 and 8 of this lesson are not applicable to authorization decision notices.

Note:

* Dependency Solicitation language is not required in decision notices when
* one of the issues decided was entitlement to additional benefits for (a) dependent(s) or
* the decision notice includes development for additional information/evidence to establish entitlement to additional benefits for (a) dependent(s).

Topic 3: Reader-Focused Writing (RFW)

Reader-Focused Writing

Reader-Focused Writing (RFW) is a method for ensuring that communication between VA and claimants is effective and efficient.

Since PCGL letters were first developed using RFW, any edits, changes, or additions need to follow the same principles and techniques for consistency.

General principles of RFW include:

* Customize letter to situation
* Use a friendly tone
* Tell the reader the main message up front
* Use headings and group similar information in short sections to help the reader find specific information
* Use clear and concise sentences that avoid jargon
* Use lists
* Vertical lists highlight important topics and make it easy for the reader to identify all elements in a series of requirements or procedures.
* Use correct spelling, grammar, and punctuation
* Spell out dates
* Provide the full title of forms
* Do not use VA in-house terminology; or acronyms without spelling out the phrase first

For additional information on RFW principles see the PCGL Job Aid.

Topic 4: Accessing and Configuring PCGL

|  |  |
| --- | --- |
| starting PCGL | |
| **Start PCGL from the initial Windows screen** | 1. Click Start Button 2. Click on All Programs 3. Click VBAPPS 4. Select PCGL from the list of shortcuts |

**See the PCGL Job Aid for additional instructions on accessing PCGL and configuring defaults.**

Review Exercise

1. You are informed that the claimant/beneficiary has been evaluated as 70% visually impaired.

a. What changes do you need to make to the standard PCGL letter to meet special notification requirements?

b. What action should be taken at the time the decision notice is finalized and mailed to the claimant or beneficiary?

1. What additional information and attachments must always be added to PCGL decision notice for compensation claims?
2. When notifying a claimant of the result of a rating decision, the body of the PCGL notification letter does not need to:
3. The rating decision grants 30% with no individual unemployability. What additional benefits information and attachments must you include in the PCGL letter?
4. While preparing to generate notification of a rating decision, you determined the Veteran is in receipt of military retired pay. What paragraphs must be included in the PCGL letter?

**Attachment A - Rating Decision PCGL Letter Example**

**DEPARTMENT OF VETERANS AFFAIRS**

In Reply Refer To:

386/CHALLENGE/JE

CSS 111 11 1111

VETERAN, John A

JOHN A VETERAN

155 VAN GORDON ST

LAKEWOOD, CO 80228

Dear Mr. Veteran:   
  
We made a decision on your claim for service connected compensation received on January 20, 2018.  
  
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.  
  
**Your Award Amount and Payment Start Date**

Your monthly entitlement amount is shown below:

|  |  |  |
| --- | --- | --- |
| **Monthly Entitlement Amount** | **Payment Start Date** | **Reason For Change** |
| $998.41 | Feb 1, 2018 | Compensation Rating Adjustment |

We are paying you as a Veteran with 2 dependents. Your payment includes an additional amount for your spouse Mary, and your child Martha. *Let us know right away if there is any change in the status of your dependents.*

**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.

**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.

**What We Decided**

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

|  |  |  |
| --- | --- | --- |
| **Medical Description** | **Percent (%) Assigned** | **Effective Date** |
| Left shoulder strain | 10% | Jan 20, 2018 |

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** |
| Lumbosacral strain, claimed as chronic low back pain | 10% | 20% | Jan 20, 2018 |

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

|  |
| --- |
| **Medical Description** |
| Left Ankle Sprain |

Your overall or combined rating is 50% effective January 20, 2018. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.  
  
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 January 20, 2018. It represents all claims we understood to be specifically made, implied, or inferred in that claim.   
  
We enclosed a VA Form 21-8764, "Disability Compensation Award Attachment-Important Information," which explains certain factors concerning your benefits.

**Are You Entitled to Additional Benefits?**

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 web site **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**.   
  
You may be able to receive vocational rehabilitation employment services. 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."

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/**.

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, *Declaration of Status of 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, *Declaration of Status of Dependents* or report dependents within a year from the date of this letter.

**What You Should Do If You Disagree With Our Decision**

If you do not agree with our decision, you must complete and return to us the enclosed VA Form 21-0958, *Notice of Disagreement*, in order to initiate your appeal. You have *one year from the date of this letter to appeal the decision*. The enclosed VA Form 4107, *Your Rights to Appeal Our Decision,* explains your right to appeal.

**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 web site, 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 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>. |
| 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 *Where to Send Your Written Correspondence*. |

In all cases, be sure to refer to your VA file number XXX XX XXXX.  
If you are looking for general information about benefits and eligibility, you should visit our web site at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.va.gov>.   
  
We sent a copy of this letter to your representative, Veterans of Foreign Wars, whom you can also contact if you have questions or need assistance.

Sincerely yours,

**Regional Office Director**

**VA Regional Office**

Enclosure(s): Rating Decision

VA Form 21-8764

VA Form 28-8890

VA Form 28-1900

VA Form 21-686c

VA Form 4107

VA Form 21-0958

Where to Send Your Written Correspondence

cc: Veterans of Foreign Wars

**Attachment B - Authorization Decision Letter Example**

**DEPARTMENT OF VETERANS AFFAIRS**

In Reply Refer To:

386/CHALLENGE/JE

CSS 111 11 1111

VETERAN, John A

JOHN A VETERAN

155 VAN GORDON ST

LAKEWOOD, CO 89117

Dear Mr. Veteran:

We have made a decision on your dependency claim received on June 30, 2017.

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.

**Your Monthly Compensation**

Your revised monthly compensation is shown below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total VA Benefit** | **Amount Withheld** | **Amount Paid** | **Effective Date** | **Reason For Change** |
| $407.75 | $0.00 | $407.75 | Mar 1, 2016 | Former spouse Betty removed due to divorce |
| 408.97 | 0.00 | 408.97 | Dec 1, 2016 | Cost of Living Adjustment |
| 456.97 | 48.00 | 408.97 | Jul 1, 2017 | Spouse Kathy added to award, Retired pay withholding |
| 456.97 | 0.00 | 456.97 | Aug 1, 2017 | Retired pay withholding ends |

We are paying you as a veteran with 1 dependent. Your payment includes an additional amount for your spouse Kathy. *Let us know right away if there is any change in the status of your dependents.*

**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 part of your compensation until August 1, 2017. 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.*

**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

**Tax Exemption Eligibility**

You are entitled to a tax exemption from July 1, 2017 through July 30, 2017 in an amount equal to the total amount of compensation VA withheld because you were in receipt of military retired pay.   
  
If your benefit is increased and there is an additional amount withheld, the amount of VA compensation withheld is the total tax exemption to which you are entitled. Also, if you previously claimed a tax exemption for this period, you can now claim only the difference between the previous amount withheld and the current amount withheld.

**What We Decided**

We have added Kathy to your award effective June 10, 2017, the date of your marriage, because we received your claim within one year of the date of your marriage.

We removed your former spouse Betty from your award effective March 1, 2016, based on evidence showing your divorce from Betty became final on February 6, 2016.   
  
This letter constitutes our decision based on your claim received on June 30, 2017. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

**Evidence Used to Decide Your Claim**

In making our decision, we used the following evidence:

* VA Form 21-686c, Declaration of Status of Dependents, received on June 30, 2017
* Copy of Divorce Decree, received on June 30, 2017
* Copy of Marriage Certificate, received on June 30, 2017

**What You Should Do If You Disagree With Our Decision**

If you do not agree with our decision, you must complete and return to us the enclosed VA Form 21-0958, *Notice of Disagreement*, in order to initiate your appeal. You have *one year from the date of this letter to appeal the decision*. The enclosed VA Form 4107, *Your Rights to Appeal Our Decision,* explains your right to appeal.

**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 number is 1‑800‑829‑4833. |
| Use the Internet | Send electronic inquiries through the Internet at <https://iris.custhelp.va.gov>. |
| 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 *Where to Send Your Written Correspondence*. |

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

If you are looking for general information about benefits and eligibility, you should visit our web site at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at <https://iris.custhelp.va.gov/>.   
  
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): Where to Send Your Written Correspondence

VA Form 4107

VA Form 21-0958

Attachtment c: Available PCGL Letter text   
This attachment contains PCGL letter text that may be included in different types of notification letters. As PCGL letters are a word document, you can tailor the letter based on the type of notification you are providing. Highlighted information in this section provides instructions and/or a brief explanation on the appropriate use of text. Highlighted information in paragraphs below instructions must be edited based on the facts of the decision being processed.

**DEPARTMENT OF VETERANS AFFAIRS**

[Delete address and add 4 blank lines (to put address block right below “In Reply...” line)]

JOE/JANE VETERAN In Reply Refer to: 372/XXX/Challenge

31 HOPKINS PLAZA CSS XXXXXXX

BALTIMORE, MD 21201 Joe Veteran

For special notification procedures for Veterans with a visual impairment of at least 70%, or Veterans who request special accommodation due to visual impairment see 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, 2012.

[or - Dependency decision (EP 130)]

We made a decision on your claim for additional benefits for dependents received on

December 15, 2012.

[or - Combination EP 020 and 130]

We made a decision on your claim for service connected compensation received on

December 15, 2012 and your claim for additional benefits for dependents received on

January 15, 2013.

[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, 2012.

[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** |
| $476.00 | $476.00 | $0.00 | Feb 1, 2013 [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…] |
| 483.75 | 483.75 | 0.00 | Dec 1, 2013 | Cost of Living Adjustment |
| 482.93 | 482.93 | 0.00 | Jan 1, 2014 | Cost of Living Adjustment |
| 491.75 | 491.75 | 0.00 | Dec 1, 2014 | Cost of Living Adjustment |
| 491.75 | 0.00 | 491.75 | Aug 1, 2015 | Retired Pay Adjustment |
| 455.75 | 0.00 | 455.75 | 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, Name, and your children, Name and Name. *Let us know right away if there is any change in the status of your dependents.*

[Include the names of dependents per M21-1 III.iii.5.F.6.a]

[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 you an additional amount for Name because we need XXXXXXXXXXX. [or] We can’t pay you an additional amount for Name 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 Separation/Disability Severance Pay being recouped – M21-1 III.v.4.B.5.c Add manually.]

**When You Can Expect Payment**

Normally, your payment would begin the first day of the month following your effective date; however, no payments will be released to you until the Separation/Disability Severance Pay amount has been recouped. You must provide VA with a current address at all times. Failure to report for a scheduled examination or furnish required evidence may result in a discontinuation of your compensation and future monetary benefits provided by VA could be delayed or not delivered.

[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, 2015. 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 section when we are withholding for MRP, per M21-1 III.v.5.B.1.i. Add manually.]

**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.

[Always include this paragraph when we are withholding for MRP 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.

[Withholding for Special Separation Benefits (SSB)]

**We Have Withheld Benefits**

The military paid you separation pay in the amount of $XX,XXX.XX [enter 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 [enter total/gross/pre-tax amount per M21-1 III.v.4.B.5.c] from the military for your XXXXXXXX [enter disability ] 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** |
| XXXXXXXXX | 30% | Dec 15, 2012 |
| XXXXXXX [multiple effective dates for same condition] | 40%  Then 50% | Dec 15, 2012  Jan 15, 2013 |
| XXXXXXXXXXXX | 0% | Dec 15, 2012 |

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

|  |
| --- |
| **Medical Description** |
| XXXXXXXXXXX |

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** |
| XXXXXXXXX | 0% | 10% | Dec 15, 2012 |

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

|  |  |
| --- | --- |
| **Medical Description** | **Percent (%) Assigned** |
| XXXXXXXXXX | 0% |

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

|  |
| --- |
| **Medical Description** |
| XXXXXXXX |

[“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, 2017.

[“Grant Individ Unemploy” – Individual Unemployability (IU) grant]

We granted entitlement to the 100% rate effective August 8, 2017, 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, 1988. 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, 1988 because you need the regular aid and attendance of another person.

[When only 0%s 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** |
| XXXXXXXXX | August 8, 1988 |

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

[or]

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 XXXXXXXXXXXX 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 XXXXXXXXX.

[“Deferred Issues” - Manually delete additional language highlighted in red below (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:

* XXXXXXXXXX

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” paragraph included with rating decisions under “What We Decided.” – M21-1, III.v.2.B.1.g]

We added Sonny to your award effective December 15, 2012, the date you became eligible for additional benefits for dependents. [or] his birth date. [or] the date we received your claim.

[Dependency Denial based on lack of eligibility (Note: If a claim that might result in the assignment of a combined disability evaluation of at least 30 percent is concurrently pending, postpone a decision on the claim for additional compensation for a dependent until *after* the rating activity decides the disability claim) – M21-1 III.iii.5.L.1.e.

We have denied your claim to add your dependent(s) to your compensation award. In order to receive additional compensation benefits due to dependency, a Veteran must have a service-connected evaluation of at least 30%. Because you are currently evaluated less than 30% service-connected, we cannot grant your claim at this time.

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

We have removed the dependents listed below 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 Have 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.iii.5.K.4.b]

We have removed the dependents listed below 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 include the following sentence in the decision notice]

Your compensation payment will continue unchanged.

[If Rating addresses multiple effective dates and combined evaluation]

The overall or combined evaluation is 30% effective January 1, 2015, 40% effective May 1, 2016 and then it becomes 50% effective July 1, 2016. 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.

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, 2017. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

[If Veteran has been granted “Basic eligibility to Dependents’ Educational Assistance” 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 I.2.C.4.b (after due process) or M21-1 I.2.D.3.b (contemporaneous notice)]

**What You Owe**

We reviewed evidence in your case and found that we have overpaid your benefits. A   
 separate initial proposal 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 would   
 like to work with you on some options that can help. We encourage you to visit   
 [www.mymoney.gov](http://www.mymoney.gov) and [www.consumer.gov](http://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.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 XXXXXXXXXX we need the following:

[Many possibilities – only request exactly what we need! **Try phone development first (if applicable)!**]

* VA Form 21-686c, Declaration of Status of 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(s) for XXXX.
* Social Security number(s) for XXXX. 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 XXXX is/are in school.
* Because you provided two different birth dates for XXXX we need a copy of her birth certificate.

**When and Where to Send the Information or Evidence**

Send the information or the evidence to the appropriate address listed on the enclosed *Where to Send Your Written Correspondence* Chart 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 for Authorization decisions. M21-1 III.v.2.B.1.e-f]

**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, Declaration of Status of Dependents, received January 15, 2017.
* VA Form 21-4138, Statement in Support of Claim, received May 23, 2017.
* VA For 27-0820, Report of General Information, which documents telephone   
   contact with you on July 8, 2017.
* Your claims file and electronic records.
* Pertinent laws and VA regulations.

[This section about additional benefits is only included if we grant or increase benefits. – M21-1 III.v.2.B.1.b]

**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 web site 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 web site **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” – New grant with a combined disability rating of at least 10%; or any increase, unless Veteran 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]

You may be able to receive vocational rehabilitation employment services. 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]

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 (DEA). A dependent may not receive DEA benefits while the primary VA beneficiary is receiving payments with additional allowance for the same dependent. If you have a school child over 18 years of age on your award, note that the effective date of payment of the DEA award for the child may create an overpayment if it overlaps any previous payments you have received for that child. For more information on this program please visit the following web site: http://www.gibill.va.gov/benefits/other\_programs/dea.html 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.4.1.c]

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 and combined disability rating is at least 30%. Note: Dependency solicitation is not required when a dependency decision or dependency development is at issue as part of the decision notice - M21-1 III.iii.5.A.1.c and 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, *Declaration of Status of 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, *Declaration of Status of Dependents* or report dependents within a year from the date of this letter.

[Appeals paragraph per M21-1, III.v.2.B.1.j~~h~~ Always Replace generated 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 must complete and return to us the enclosed VA Form 21-0958, “*Notice of Disagreement,”* in order to initiate your appeal. You have *one year from the date of this letter to appeal the decision.* The enclosed *VA Form 4107, “Your Rights to Appeal Our Decision,”* explains your right to appeal.

**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 web site 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>. [Manually replace old website address with this one.] |
| 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 *Where to Send Your Written Correspondence*. [Manually replace generated template language with this language] |

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

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

[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 21-0958 [Always needed if ANY decision is made. Add manually.]

Vocational Rehabilitation and Employment Information [IU is grant selected]

VA Form 21-8764[Auto-generated when SC or Increase is granted]

VA Form 21-8760 [Auto-generated when P&T is selected]

VA Form 28-1900 [Auto-generated when Vocational Rehab benefit is selected]

VA Form 28-8890 [Auto-generated when Vocational Rehab benefit is selected]

VA Form 21-8940 [Generated when Individual Unemployability benefit selected]

VA Form 10-8678 [Auto-generated when Clothing Allowance benefit is selected]

VA Form 22-5490 [Auto-generated when DEA benefit is selected]

VA Pamphlet 22-73-3 [Auto-generated when DEA benefit is selected]

VA Form 21-686c [Auto-generated when dependency solicitation is selected]

VA Form 4107 [Always needed if ANY decision is made.]

cc: [POA]

|  |  |  |  |
| --- | --- | --- | --- |
| **Where to Send Your Written Correspondence** | | | |
| In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the corresponding address based on your location of residence. | | | |
|  | | | |
| For correspondence relating to all **Compensation** claims: | | | |
| **Location of Residence** | | | **Address** |
| **All United States and Foreign Locations**  \***Note**: For foreign Veterans Pension and Survivor Benefits please refer to the below addresses. | | | Department Of Veterans Affairs  Evidence Intake Center  **P.O. Box 4444**  Janesville, WI, 53547-4444  Or fax your information to:  Toll Free: 844-531-7818  Local: 248-524-4260 |
| For correspondence relating to all **Veterans Pension** and **Survivor Benefit** claims**:** | | | |
| **Location of Residence** | | | **Address** |
| Alabama  Arkansas  Illinois  Indiana | Kentucky  Louisiana  Michigan  Mississippi | Missouri  Ohio  Tennessee  Wisconsin | Department Of Veterans Affairs  Claims Intake Center  Attention: Milwaukee Pension Center  **P.O. Box 5192**  Janesville, WI 53547-5192 |
| Alaska  Arizona  California  Colorado  Hawaii  Idaho  Iowa  Kansas  Minnesota | Montana  Nebraska  Nevada  New Mexico  North Dakota  Oklahoma  Oregon  South Dakota | Texas  Utah  Washington  Wyoming  Mexico  Central America  South America  Caribbean | Department Of Veterans Affairs  Claims Intake Center  Attention: St. Paul Pension Center  **P.O. Box 5365**  Janesville, WI 53547-5365 |
| Connecticut  Delaware  Florida  Georgia  Maine  Maryland  Massachusetts | New Hampshire  New Jersey  New York  North Carolina  Pennsylvania  Rhode Island | South Carolina  Vermont  Virginia  West Virginia  District of Columbia  Puerto Rico  Canada | Department Of Veterans Affairs  Claims Intake Center  Attention: Philadelphia Pension Center  **P.O. Box 5206**  Janesville, WI 53547-5206 |
| Countries outside of North, Central or South America | | |