

VA Form 27-0820 Guide



Fiduciary Contact Center

P&F Service Training Team

February 2024

References: KM Articles

- Fiduciary Contact Center (FCC) Frequently Asked Questions (FAQ)
 - d. Reporting Action to Take for All Calls
 - 13.a. I Would Like to Report the Death of a Non-Veteran
 - 14.a. I Would Like to Report the Death of a Veteran
 - 20.a. Report of a Beneficiary Incarceration Notice
- Fiduciary Contact Center (FCC) Phone Procedures
- Fiduciary Contact Center (FCC) Prompts

Introduction

Legal Administrative Specialists (LAS) play a vital role in Fiduciary Program processes. Beneficiaries, fiduciaries, and other third parties routinely contact VA to provide information necessary to support Fiduciary Program activities. The information gathered from these interactions is critical.

Your main role is to support the caller, especially in situations where they may not have the necessary knowledge or information required to complete the process on their own. In this capacity, you act as an advocate for Veterans and other beneficiaries by officially documenting necessary evidence or information received on VA Form 27-0820, *Report of General Information*.

VA Form 27-0820, Report of General Information

Document all calls on a VA Form 27-0820, that details the name of the caller, the reason for the call, and the steps taken to resolve the call, and upload into the e-Folder.

Types of VA Form 27-0820s

Typically, LASs utilize one of the following forms in the VA Form 27-0820 series to document evidence or information for an inquirer:

- VA Form 27-0820, *Report of General Information*
- VA Form 27-0820a, *Report of Death*
- VA Form 27-0820e, *Report of Incarceration*

The majority of calls received will be documented on VA Form 27-0820, *Report of General Information*. All other forms in the VA Form 27-0820 series are designated for a specific function.

VA Form 27-0820s with Specific Requirements

When completing the VA Form 27-0820, LASs can refer to the Knowledge Management system for guidance on specific topics. Quick searches within the KM can help find relevant and detailed guidance on what should be documented on the form.

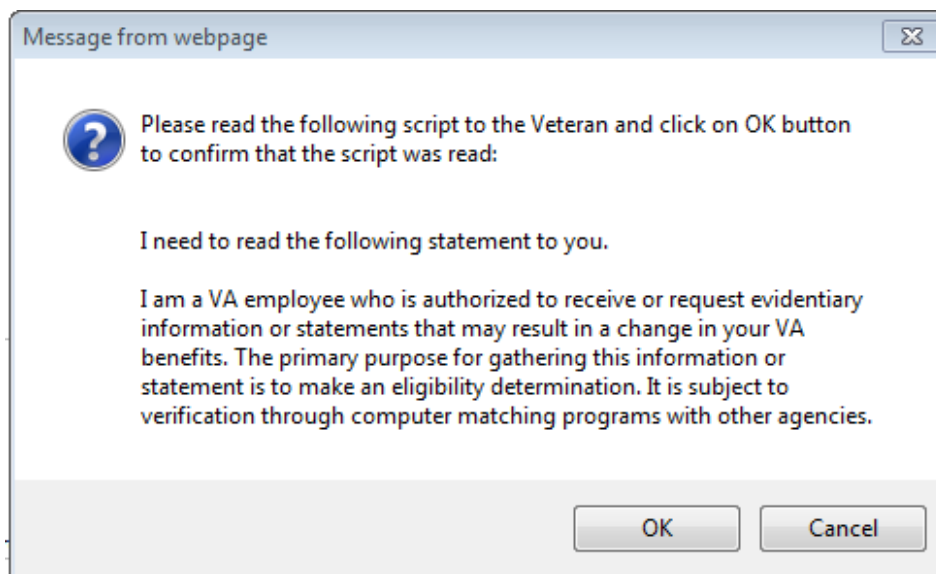
Proper Documentation of VA Form 27-0820

LASs provide a critical contribution to the Fiduciary Program processes by documenting evidence and information provided by claimants.

VA Form 27-0820 is an official document, and when submitted, becomes a part of the Veteran's official record, so it is important that the message included on the form is professional and clearly communicated. Ensuring the quality of this correspondence item will help to protect the integrity of the VA and enable LASs to act as advocates for the Veteran community.

Notice of Action (NOA) Statement

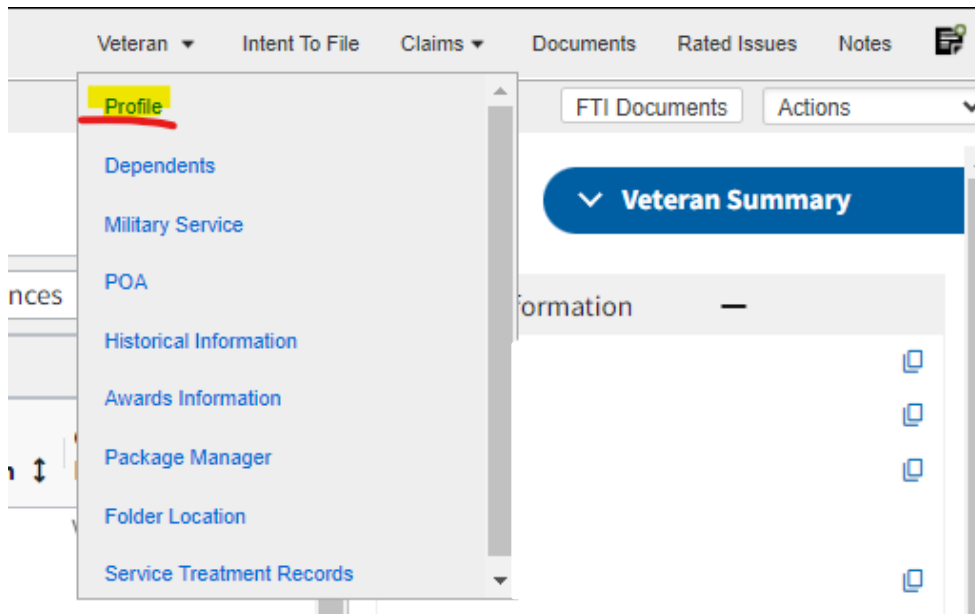
The Notice of Action (NOA) statement is required when completing most VA Form 27-0820 series:



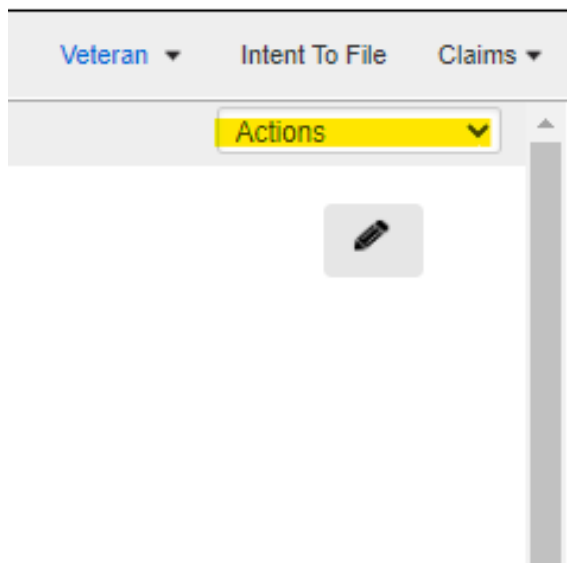
VA Form 27-0820 Report of General Information

The VA Form 27-0820 *Report of General Information* can be populated in VBMS following the steps below:

1. Click drop-down under Veteran tab on right side of screen.
2. Select Profile.



3. On Profile screen, select drop-down under Action and select VA Form 27-0820.



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- 4. Document Info and Veteran Info sections will automatically pre-populate based on information in VBMS. The LAS must manually populate remainder of form.

VA Form 27-0820

Report of General Information

Please review and/or input the required data from the form below.
Once data is entered and submitted, a preview of the PDF will be provided for approval and upload.

Document Info

VA Office

* Identification Numbers

C, XC, SS, XSS, V, K, etc.

VA Office #
FCC = 339

Veteran's claim
or file number

Veteran Info

* Name

* Contact Date

Veteran Address

Day Phone

Include Area Code

Evening Phone

Include Area Code

Email address

Veteran's pre-
populated
contact
information.
Verify
accuracy.

Person Contacted

Name of Person Contacted

Type of Contact

Personal Telephone

Address of Person Contacted

Telephone Number of Person Contacted

Include Area Code

Contact
information of
individual with
whom
telephone
contact
occurred.
Verify
accuracy.

I certify that I properly identified my caller using the ID Protocol

Checkbox to confirm and
document that LAS successfully
completed all required ID protocol.

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- Once complete, select Preview button. VA Form 27-0820 will generate for review.
- Proofread and ensure accuracy of the form. Select Submit.

The image shows a screenshot of the VA Form 27-0820 interface with several red-bordered callout boxes providing instructions:

- Statements:** A large text area for the "Brief Statement of Information Requested and Given" with a "2418 characters remaining" indicator.
- Checkbox:** A checkbox labeled "I read the following statement to the caller:" with a detailed disclaimer text below it.
- POA:** A text field for "POA (if applicable)".
- Division Or Section:** A text field for the office location.
- Executed By:** A text field for the signature, with a note: "Signature will be auto populated when previewing the document."
- Buttons:** "Preview" and "Submit" buttons.
- Annotations:** Red boxes and lines connect the form fields to callout boxes on the right and bottom.

Callout Box 1 (top right): Complete and accurate description of conversation, call activities, and required information for fiduciary actions.

Callout Box 2 (middle right): Checkbox to confirm and document LAS successfully completed NOA Statement.

Callout Box 3 (bottom right): Power of Attorney listed in VBMS. Verify accuracy.

Callout Box 4 (bottom left): VA Office #
FCC = 339

Callout Box 5 (bottom center): Digital signature of LAS who created 27-0820.

VA Form 27-0820a Report of Death

The VA Form 27-0820a *Report of Death* must be populated outside of VBMS:

Department of Veterans Affairs		REPORT OF FIRST NOTICE OF DEATH	
NOTE - This form must be filled out in ink or on a typewriter or computer as it becomes a permanent record in the veteran's folder.		1. VA OFFICE	2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)		4. DATE OF CONTACT (Month, day, year)	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)		6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)	
		DAY	EVENING
		6B. E-MAIL ADDRESS (If applicable)	
7. NAME OF PERSON CONTACTED		8. TYPE OF CONTACT (If applicable)	
9. ADDRESS OF PERSON CONTACTED		<input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
		10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)	
<input type="checkbox"/> I certify that I properly identified my caller using the ID Protocol			
11. FNOD INFORMATION			
A. NAME OF DECEASED (First, middle, last)		B. DATE OF BIRTH OF DECEASED (MM/DD/YYYY)	
C. CALLER'S RELATIONSHIP TO DECEASED			
<input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> SURVIVING CHILD <input type="checkbox"/> OTHER (Explain)			
D. DATE OF DEATH (Month, Day, Year)		E. STATE WHERE DEATH OCCURRED	
F. IF THE DECEASED IS THE VETERAN, DID HE/SHE DIE AT OR EN ROUTE TO A VA OR CONTRACTED MEDICAL FACILITY/NURSING HOME?			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide the name, city and state):			
G. NAME OF VETERAN'S SURVIVING DEPENDENT(S) (If any)		H. SURVIVING DEPENDENT(S) ADDRESS & PHONE NUMBER (If needed)	
12. DEATH OF VETERAN - FNOD ACTION			
<input type="checkbox"/> I CERTIFY THAT I ADVISED THE CALLER THE BENEFITS WILL BE STOPPED THE FIRST OF THE MONTH OF DEATH (If applicable)			
<input type="checkbox"/> I CERTIFY I LOOKED UP VETERAN'S RECORD (BNO, VID, MII, or corporate equivalents)			
<input type="checkbox"/> I CERTIFY I ANSWERED QUESTIONS CONCERNING POSSIBLE BENEFIT ENTITLEMENTS REFERRING TO "DEATH RELATED INFORMATION CHECKLIST" WORK AID			
<input type="checkbox"/> I CERTIFY I PROCESSED THE VETERAN'S FNOD IN THE SYSTEM OF RECORDS			
<input type="checkbox"/> YES <input type="checkbox"/> "No," explain:			
<input type="checkbox"/> I CERTIFY I SENT THE FOLLOWING:			
<input type="checkbox"/> PMC <input type="checkbox"/> NOK LETTER <input type="checkbox"/> 21P-530 <input type="checkbox"/> 21P-534 <input type="checkbox"/> 40-1330 and/or <input type="checkbox"/> OTHER (Please specify)			
13. DEATH OF A NON-VETERAN BENEFICIARY - FOR STOP PAYMENT ACTION			
Claims file location in BIRLS:			
<input type="checkbox"/> I CERTIFY I ADVISED THE CALLER THE BENEFITS WILL BE STOPPED THE FIRST OF THE MONTH OF DEATH AND THAT ANY PAYMENT ISSUED FOLLOWING THAT DATE MUST BE RETURNED			
<input type="checkbox"/> I CERTIFY I ADVISED THE CALLER OF POSSIBLE BURIAL OF SPOUSE/CHILD IN A NATIONAL CEMETERY			
<input type="checkbox"/> I CERTIFY THAT I WILL ROUTE THIS REPORT OF DEATH TO THE REGIONAL OFFICE OF JURISDICTION OR PMC VIA APPROVED METHOD FOR STOP PAYMENT PROCESSING			
14. FOR ALL CALLS			
I certify that I read the following statement to the caller:			
<input type="checkbox"/> "I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."			
cc: POA (If applicable)			
DIVISION OR SECTION		EXECUTED BY (Signature and title)	
PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.			
RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.			
VA FORM 27-0820a DEC 2021		SUPERSEDES VA FORM, 27-0820a, JUL 2018, WHICH WILL NOT BE USED.	

Populate with all available information regarding deceased.

Document completion of applicable required Veteran NOD actions.

Document completion of applicable required non-Veteran NOD actions.

Sign digitally

VA Form 27-0820e Report of Incarceration

The VA Form 27-0820e *Report of Incarceration* must be populated outside of VBMS:

Department of Veterans Affairs		REPORT OF INCARCERATION			
NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.		1. VA OFFICE		2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)	
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (<i>Type or print</i>)		4. DATE OF CONTACT (<i>Month, day, year</i>)			
5. NAME AND TITLE OF PERSON CONTACTED		6. TYPE OF CONTACT <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE			
7. NAME AND ADDRESS OF INSTITUTION OR FACILITY CONTACTED (<i>Check appropriate box</i>) <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE		8. TELEPHONE NUMBER OF PERSON CONTACTED (<i>Include Area Code</i>)			
9. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN (<i>If needed, continue on a separate sheet</i>)					
I contacted the above-named penal institution to confirm and document the following information. (<i>Complete two or more</i>) VETERAN'S SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ DEPARTMENT OF CORRECTIONS INMATE NUMBER _____					
DATE OF CONVICTION <i>(Month, day, year)</i>	FELONY	MISDEMEANOR	DATE OF CONFINEMENT AFTER CONVICTION <i>(Month, day, year)</i>	DATE OF RELEASE <i>(Month, day, year)</i>	TYPE OF RELEASE
<input type="checkbox"/> NO ACTION NECESSARY <input type="checkbox"/> FURTHER ACTION NEEDED					
10. ADDITIONAL REMARKS					
A copy of this form was sent to Power of Attorney of record (<i>if applicable</i>)					
cc:					
DIVISION OR SECTION		EXECUTED BY (<i>Signature and title</i>)			
PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.					
RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/publicdo/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.					

Contact information for penal institution.

Populate with all available information regarding incarcerated

Sign digitally