

# First Notice of Death - Death of a Veteran Job Aid

1. After completing ID Protocol, you will need to categorize your interaction with the correct Request Type and Request Sub Type.
2. Select **FNOD** and **Death of a Veteran** and **Create Request**.

Select Request Type

- Appeals
- Appeals Modernization
- BVA Appeal
- Claim
- Correspondence and Forms
- Dependent Maintenance
- eBenefits
- Fiduciary
- FNOD**
- FOIA/Privacy Act
- General Benefits Information for VBA
- Ghost Call/Disconnected Call
- Media Inquiries
- General Benefits Information for VHA
- General Benefit Information For NCA
- Non VA Calls
- Novel Coronavirus
- Payments / Debts
- Potential Incident
- RAMP
- Sensitive File
- SEP/VSO
- Special Issues

Select Request Sub Type

- Death of a Dependent
- Death of a Non-Veteran Beneficiary
- Death of a Veteran**
- Non-Veteran Award Stop

Create Request

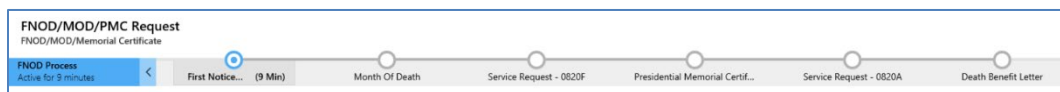
3. **Claims, Awards, and FNOD** tabs will automatically populate for easy review and actions.

INT. HISTORY   CLAIMS   AWARDS   **FNOD**

SAVE   CLOSE   FLOAT

Within the FNOD tab, we will:

- a. Terminate the Veteran's benefits in the system
- b. Process the MOD benefit (if applicable)
- c. Complete the 0820F service request (if applicable)
- d. Process the Presidential Memorial Certificate (PMC)
- e. Complete the 0820A service request
- f. Send the Death Benefit Letter



## First Notice of Death (FNOD)

4. In the "First Notice of Death" section, you'll begin with Caller Information. Name, Address Type, and Day Phone will auto populate. Fill in the Address section.
  - A. If the caller is the surviving spouse, review the fields in the next section, Surviving Spouse Information, to determine if you need to select **Copy Caller Info to Surviving Spouse**.

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Caller Information		Surviving Spouse Information	
First Name	Jane	First Name	JANE
Last Name	Doe	Last Name	DOE
Address Type	Domestic	Address Type	Domestic
Address 1	123 Oscar Rd	Address 1	TEST
Address 2	---	Address 2	---
Address 3	---	Address 3	---
City	Nashville	City	TestCity
State	TN	State	---
Zip Code	12345	Zip Code	55555
Email	---	Day Phone	---
Day Phone	(123) 456-4567	If the spouse info is not correct, select one of the following	---
Evening Phone	---		

Copy Caller Info to Surviving Spouse

5. If you selected copy, a warning message will Pop ensuring you are wanting to proceed. Select **Yes**.

**WARNING**

You are about to copy the current Caller information to the Surviving Spouse Information. This will overwrite any current Surviving Spouse Information. Do you want to proceed?

6. Move to the Surviving Spouse Information section. If there is a Surviving Spouse, review and/or edit the fields as necessary, by going to the last field, **IF the Spouse info is not correct, select of on the following**. Choose a drop-down option: "Modify Existing Spouse" or "Add New Spouse."

Caller Information		Surviving Spouse Information	
First Name	Jane	First Name	Jane
Last Name	Doe	Last Name	Doe
Address Type	Domestic	Address Type	Domestic
Address 1	123 Oscar Rd	Address 1	123 Oscar Rd
Address 2	---	Address 2	---
Address 3	---	Address 3	---
City	Nashville	City	Nashville
State	TN	State	TN
Zip Code	12345	Zip Code	12345
Email	---	Day Phone	(123) 456-4567
Day Phone	(123) 456-4567		--Select--
Evening Phone	---	If the spouse info is not correct, select one of the following	<input type="button" value="Modify Existing Spouse"/> <input type="button" value="Add New Spouse"/> <input type="button" value="Send Next of Kin Letter"/>

Copy Caller Info to Surviving Spouse

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7. Scroll down to Veteran's Identification Data.
  - a. Enter Veteran's First Name, Last Name, and Date of Death. The Cause of Death defaults to "Unknown." The name should match BIRLS.
  - b. Select **Submit FNOD (irreversible)**.

Veteran's Identification Data	
BIRLS First Name	FOURNINESEVEN
BIRLS Last Name	TESTVETERAN
First Name	Fournineseven
Last Name	Testveteran
Date of Death	6/29/2016
Cause of Death	Unknown
<b>Submit FNOD (irreversible)</b>	
Sync Corp and BIRLS	<input checked="" type="checkbox"/>

8. The Warning box will pop up, reminding you that processing a death cannot be undone. Select **Yes**.

**WARNING**

You are about to run the FNOD process for the selected veteran. This operation cannot be undone. Do you want to proceed?

**YES** **NO**

9. You will see a FNOD Processed Successfully pop-up box informing you the FNOD was Submitted Successfully OR a pop-up box explaining the FNOD was not processed successfully, and a reason why. (Generally, BIRLS and Corp. did not sync) Select **OK**.

**FNOD Processed Successfully**

FNOD has been processed successfully.

**OK**

10. Life Insurance information will be displayed at the top left of the screen under BIRLS.

BIRLS	
Multiple Periods of Service	Yes
BOS	M
Service Verified	Y
Character of Service	HON
Insurance Policies	This Veteran has 0 active Insurance Policies (accurate as of 5/26/2020 12:44 PM UTC).

11. First Notice of Death is completed. Select **Next** to move to Month of Death.

**Next >** **Skip MOD >**

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## Month of Death (MOD) & Next of Kin Letter (NOK)

\*If MOD is not eligible, skip steps 12- 16.

12. If CRM/UD-O recognizes the spouse as eligible for MOD benefit, review the Spouse information, and enter the SSN, DOB, and whether the Veteran Buried in National or State Cemetery.

Month of Death Eligibility							
Auto MOD Eligible?	Yes						
Spouse Information							
Veteran Has Surviving Spouse	Yes	If the spouse info is not correct, select one of the following	Modify Existing Spouse	Spouse Valid for MOD	* Yes		
First Name	Jane	Middle Name	---	Last Name	Doe	Suffix	---
SSN	* 333333333		DOB	* 6/18/1986		Veteran Buried in National or State Cemetery	Yes

13. Review and ensure the Surviving Spouse's address correctly populates. Take appropriate step to **Validate, Generate** and **Submit MOD/NOK/Letters**. You can also **Copy from Last Known Address** if appropriate.

Spouse/Last Known Address							
Address 1	* 123 Oscar Rd	Address 2	---	Address 3	---	City	Nashville
State	TN	Zip Code	12345				
Address Type	Domestic						
<b>Copy from Last Known Address</b> <b>Validate MOD Address</b> <b>Generate/Update Treasury Address</b> <b>Submit MOD/NOK/LETTERS</b>							
Treasury Mailing Address (6x20)							
Treasury Address 1	* Jane Doe	Treasury Address 2	* 123 Oscar Rd	Treasury Address 3	* Nashville TN		
Treasury Address 4	---	Treasury Address 5	---	Treasury Address 6	---		

14. Once you click submit, you will receive a Warning Pop-up. Select **OK**.

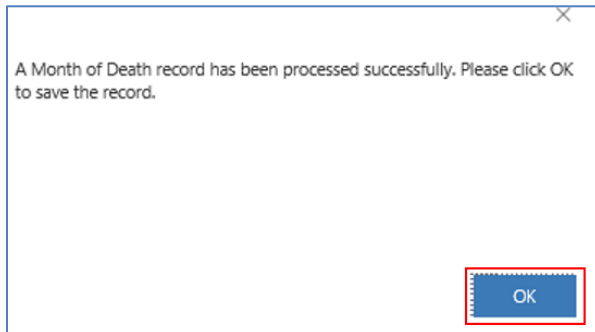
**WARNING**

The address entered will be used for the MOD payment (widow's address) or NOK Letter (Veteran's address of record). Click 'OK' to process or 'Cancel' to make any changes. After making any changes, Click the 'Update Treasury Address' and 'Submit MOD/NOK/Letters' buttons

**OK**   **Cancel**

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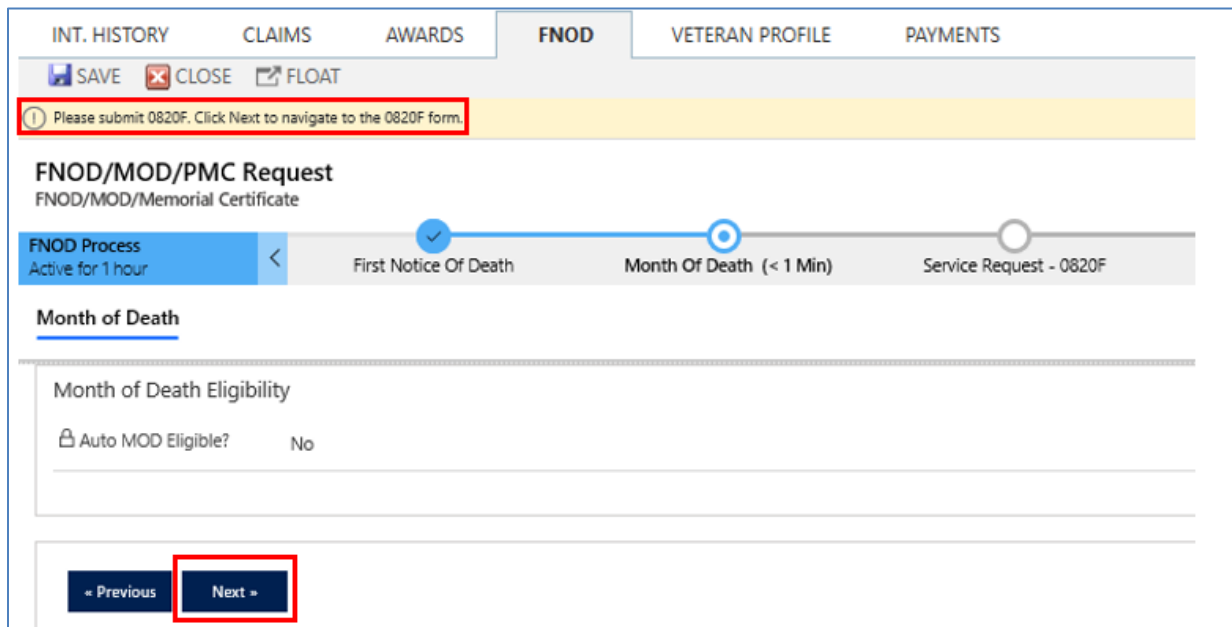
15. You will receive a following message, when the submission is complete. Select **OK**.



16. You have completed the Month of Death actions. Select **Next** to move to Step 23, PMC.



17. If CRM/UD-O does not recognize the spouse as eligible for a MOD benefit, see MOD guidance outlined in article, [Death Related Information Checklist](#). Select **Next** and move to 0820F.



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## Service Request- 0820F

18. Fill in Read Script and Surviving Spouse's DOB and SSN. The remaining fields pull the information previously entered on the FNOD screen. Review for accuracy.

0820F		View Caller and Surviving Spouse Information	
Name of Reporting Individual	Jane Doe	Read Script	<input type="radio"/> No
Caller Information		Spouse Information	
First Name	Jane	First Name	Jane
Last Name	Doe	Last Name	Doe
Address Type	Domestic	DOB	6/18/1963
Address 1	123 Oscar Rd	SSN	333333333
Address 2	---	Address Type	Domestic
Address 3	---	Address 1	123 Oscar Rd
City	Nashville	Address 2	---
State List	TN	Address 3	---
Zip Code	12345	City	Nashville
Email	---	State List	TN
Day Phone	(123) 456-4567	Zip Code	12345
Evening Phone	---	Foreign Postal Code	---
		Day Phone	(123) 456-4567

19. Select **Preview 0820F**.

Preview 0820F

20. Based on your local policies, select open or save pdf in banner.

Do you want to open or save 2020-26-5-15-20-48-27-0820F - Report of Month of Death .pdf (294 KB) from dvagov-udo-qa2.crm9.dynamics.com?

21. Review the 27-0820F PDF, and route in accordance with guidance in article, [0820 Routing Procedures](#).

<b>REPORT OF MONTH OF DEATH</b>	
NAME OF REPORTING INDIVIDUAL Jane Doe	SOCIAL SECURITY NUMBER 333333333
DATE OF DEATH 06/18/2020	DATE OF CONTACT (Month, day, year) 07/20/2020
ADDRESS OF REPORTING INDIVIDUAL 123 Oscar Rd Nashville, TN 37203	TELEPHONE NUMBER OF REPORTING INDIVIDUAL (123) 123-1234
NAME OF PERSON CONTACTED Cindy Davis	TYPE OF CONTACT <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE
ADDRESS OF PERSON CONTACTED 123 Oscar Rd Nashville, TN 37203	TELEPHONE NUMBER OF PERSON CONTACTED (123) 123-1234
IS ACTION TO BE COMPLETED BY POC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
THE SURVIVING SPOUSE IS CLAIMING MONTH OF DEATH BENEFIT BASED ON THE ABOVE CAUSED VETERAN. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
INFORMATION REGARDING THE SURVIVING SPOUSE NAME OF SURVIVING SPOUSE: _____ SOCIAL SECURITY NUMBER: _____ ADDRESS: _____ TELEPHONE NUMBER: _____	
IS ACTION TO BE TAKEN BY THE POCING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

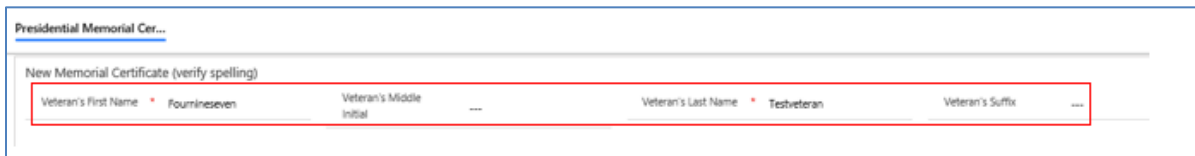
# First Notice of Death - Death of a Veteran Job Aid

22. After routing the 27-0820F, you have completed the Service Request-0820F tab. Select **Next**.

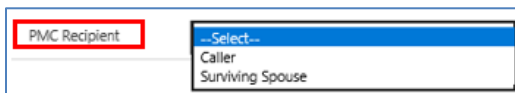


## Presidential Memorial Certificate

23. Make sure the Veteran's name is spelled correctly. (The PMC will print as it is typed.)



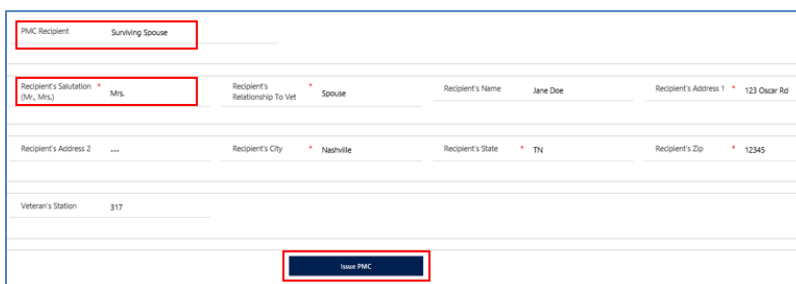
24. Select Caller or Surviving Spouse in the drop down for PMC Recipient.



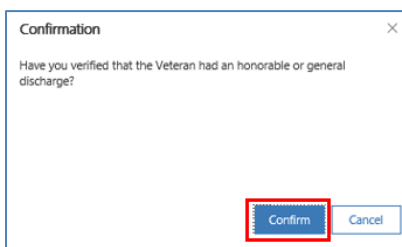
25. The recipient's name and relationship will populate as it was categorized in "PMC Recipient" in the previous step. The address should populate as it was previously entered during FNOD process.

26. Enter the recipient's salutation.

27. Select **Issue PMC**.

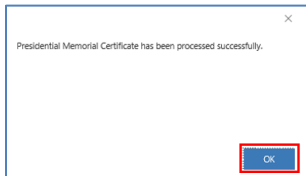


28. The Confirmation box will pop up. Select **Yes**.



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29. The Success box will pop up, informing you the PMC was processed successfully. Select **OK**.



30. You have now completed PMC. Select **Next** to move to Service Request-0820A.



## Service Request-0820A

31. Fill in the appropriate fields and required radio buttons.

### Service Request - 0820A

0820		View Caller and Surviving Spouse Information	
Type Of Contact	Telephone	Place of Death	Alvin C. York VAMC Murfreesb
Died at/en route to VA/Contract Medical Facility	<input checked="" type="checkbox"/> Yes	Location of Death	Tennessee
Death of a Veteran - FNOD Action		FNOD Actions - I Certify I Sent the Following	
Advised the caller the benefits will be stopped the first	<input checked="" type="checkbox"/> Yes	PMC	<input checked="" type="checkbox"/> Yes
Answered questions concerning possible benefits entitlements	<input checked="" type="checkbox"/> Yes	NOK Letter	<input checked="" type="checkbox"/> Yes
Looked up veteran's record in CRM/UD or Share	<input checked="" type="checkbox"/> Yes	21-530	<input checked="" type="checkbox"/> Yes
Processed the veteran's FNOD in CRM/UD or Share	<input checked="" type="checkbox"/> Yes	21-534	<input checked="" type="checkbox"/> Yes
		40-1330	<input checked="" type="checkbox"/> Yes
		Other (please specify)	<input type="checkbox"/> No



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32. The "View Caller and Surviving Spouse Information" section is collapsed, but if needed you can click on the radio button to expand this field. The Caller and Surviving Spouse information will pull from the previously imputed information.

Caller Information		Spouse Information	
First Name	Jane	First Name	Jane
Last Name	Doe	Last Name	Doe
Address Type	Domestic	Address Type	Domestic
Address 1	123 Oscar Rd	Address 1	123 Oscar Rd
Address 2	---	Address 2	---
Address 3	---	Address 3	---
City	Nashville	City	Nashville
State List	TN	State List	TN
Zip Code	12345	Zip Code	12345
Email	---	Foreign Postal Code	---
Day Phone	(123) 456-4567	Day Phone	(123) 456-4567
Evening Phone	---		

33. The Dependent Information-0820a will pull blank, and it is not necessary to edit.

Dependent Information - 0820a	
Dependent Names	---
Dependent Addresses	---

34. Select Preview 0820A.



35. Based on your local policies, select open or save pdf in banner.

Do you want to open or save 2020-26-5-20-02-31 27-0820a - Report of First Notice of.pdf (234 KB) from dvagov-udo-qa2.crm9.dynamics.com?		
Open	Save	Cancel

# First Notice of Death - Death of a Veteran Job Aid

36. Review the 27-0820F PDF, and route in accordance with guidance in article, [0820 Routing Procedures](#).

Department of Veterans Affairs  
**REPORT OF FIRST NOTICE OF DEATH**  
 NOTE: This form must be filed with us as soon as you become or suspect an eligible VA OFFICE  
 2025 497 87 8779  
 1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)  
 Tetvetera Formatters  
 2. DATE OF CONTACT (Month, day, year)  
 05/30/2020  
 3. ADDRESS OF VETERAN (Include apartment and street or care center, city or P.O. Box and ZIP Code)  
 407 GULF LAKE  
 SEMENOLE, FL 33776  
 4. TYPE OF CONTACT (Check one)  
 PERSONAL  TELEPHONE   
 5. ADDRESS OF PERSON CONTACTED  
 Jose Doe  
 123 Oscar Rd  
 Nashville, TN 12345  
 6. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)  
 (123) 456-4567  
 7. I certify that I signed my name using my ID Protocol  
 8. NAME OF DECEASED (Type name)  
 POLKENSEVEN TETVETERAN  
 9. DATE OF BIRTH OF DECEASED (MM/DD/YYYY)  
 11/10/1980  
 10. CALLER RELATIONSHIP TO DECEASED  
 SURVIVING SPOUSE  SURVIVING CHILD  OTHER (Specify)  
 11. DATE OF DEATH (Month, day, year)  
 05/20/2020  
 12. STATE WHERE DEATH OCCURRED (Two-letter state code)  
 TN  
 13. DID YOU CHECK THE VETERAN'S RECORD FOR THE DECEASED? (Check one)  
 YES  NO  (If "YES," provide name, city and state)  
 14. NAME OF VETERAN'S SURVIVING DEPENDENT (If any)  
 15. SURVIVING DEPENDENT'S ADDRESS & PHONE NUMBER (If available)  
 16. DEATH OF VETERAN - FNO SECTION  
 I CERTIFY THAT I ADVISED THE CALLER THE BENEFITS WILL BE STOPPED THE FIRST OF THE MONTH OF DEATH (If applicable)  
 I CERTIFY I LOOKED UP VETERAN'S RECORD (SVC, VET, MFL, or COOPERATIVE NUMBER)  
 I CERTIFY I ANSWERED QUESTIONS CONCERNING POSSIBLE BENEFIT ENTITLEMENTS REFERRING TO DEATH-RELATED INFORMATION CHECKLIST (MOD, AD, etc.)  
 I CERTIFY I RECORDED THE VETERAN'S RECORD IN THE SYSTEM OF RECORDS  
 YES  NO  (If "NO," explain)  
 I CERTIFY I IDENTIFIED THE FOLLOWING:  
 PMIC  MOD LETTER  21P-ESD  21P-ESA  21P-1300  OTHER (Specify agency)  
 17. DEATH OF A NON-VETERAN BENEFICIARY - FOR STOP PAYMENT ACTION (non-veteran Certification Boxes)  
 CLAIMER IS A NON-VETERAN BENEFICIARY  
 I CERTIFY THAT THE CALLER WILL BE STOPPED THE FIRST OF THE MONTH OF DEATH AND THAT ANY PAYMENT ISSUED FOLLOWING THAT DATE MUST BE RETURNED (If applicable)  
 I CERTIFY I ADVISED THE CALLER OF POSSIBLE BURIAL OR PROCESSIONS IN A NATIONAL CEMETERY  
 I CERTIFY THAT I WILL ROUTE THIS REPORT OF DEATH TO THE REGIONAL OFFICE OF JURISDICTION OR PMIC VIA APPROVED METHOD FOR STOP PAYMENT PROCESSING  
 18. FOR ALL CALLS  
 I certify that the following statement is true:  
 I am a VA employee who is authorized to receive or request necessary information or statements that may result in a change in your VA benefits. The person or persons providing this information or statement is to make an eligible determination. It is subject to verification through credible tracking programs and other agencies.  
 DIVISION OR SECTION: 330XCA1L EXECUTED BY: Allison Laster, Program Analyst  
 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. If you are a contractor, employee or vendor, the collection of your information is required by law. Information is collected for the administration of VA programs and delivery of VA benefits, verification of identity and status and processing of VA claims. Information is shared with VA for the purpose of processing claims, education and vocational rehabilitation and employment benefits. VA publishes the Federal Register. Your signature is required to request or obtain a claim benefit. The program you select are considered confidential (50 USC 5701). Information submitted in support of VA programs is not subject to public release. In support of your claim for benefits (50 USC 5701), you will not be able to release your VA information to the public. We reserve the right to use and an average of 10 years in support of the program on this form. VA cannot collect or process information unless a valid OMB control number is displayed. Valid OMB control numbers may be found on the OMB website (http://www.omb.gov). If you have any questions, please contact the OMB website (http://www.omb.gov) for information on when to send comments or suggestions about this form.  
 VA FORM 27-0820a SEP 2015 SUPERSEDES VA FORM 27-0820a, SEP 2015 NOTES WILL NOT BE USED

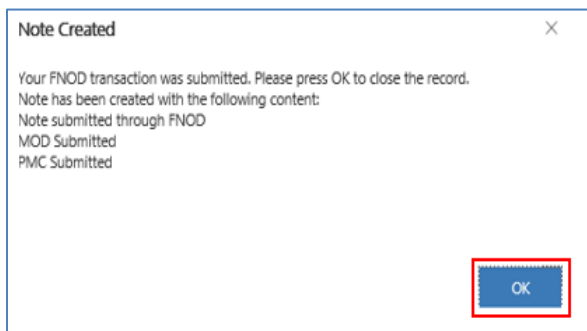
37. After routing the form, you have completed the 0820A.

A. Select **Next** to move to Death Benefit Letter. Skip step 37.

B. Select **Close & Review Summary** if finished with FNOD process in UDO. Skip steps 38-43.



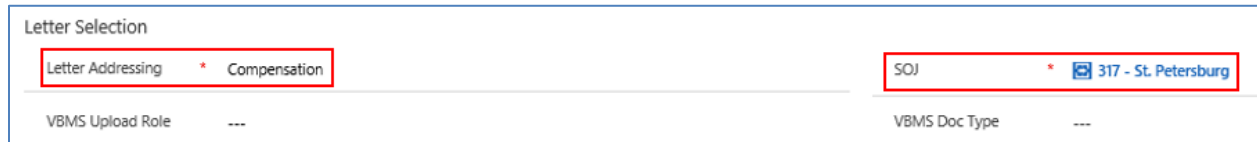
38. Selecting Close & Review Summary will display your actions, generate a note and close out the FNOD tab. This completes FNOD process here.



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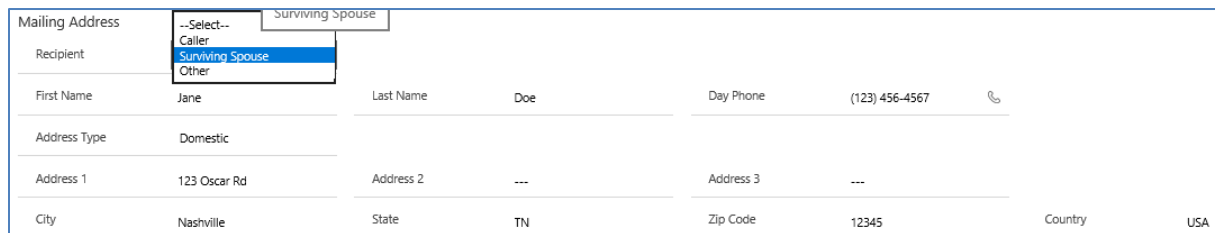
## Death Benefit Letter

39. Select the appropriate drop down for Letter Addressing and choose correct SOJ.



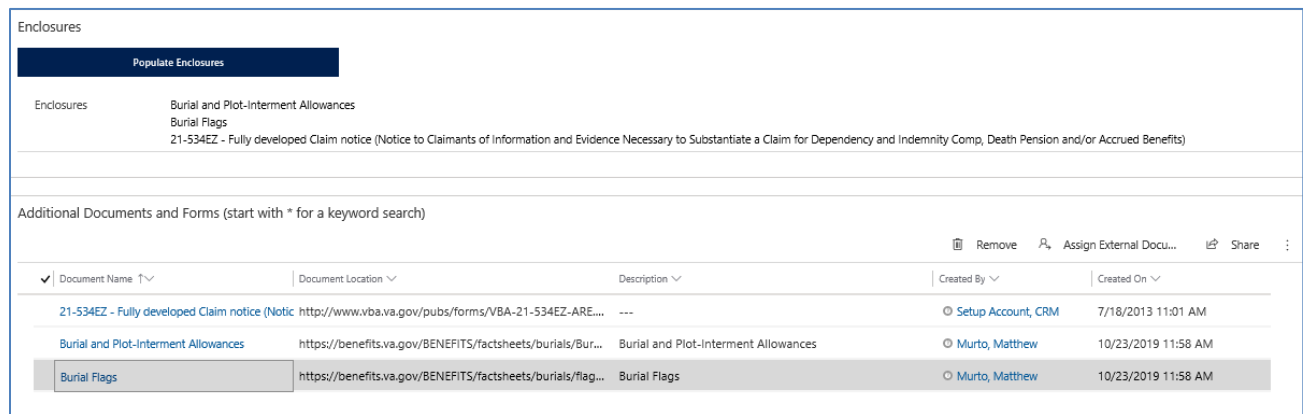
The screenshot shows a 'Letter Selection' form. It has two main sections. The first section contains a dropdown menu for 'Letter Addressing' with 'Compensation' selected, and a dropdown for 'SOJ' with '317 - St. Petersburg' selected. The second section contains 'VBMS Upload Role' and 'VBMS Doc Type', both with '---' selected.

40. Select a recipient from the drop down. It will auto fill for Caller or Surviving Spouse. Ensure address is correct.



The screenshot shows a 'Mailing Address' form. The 'Recipient' dropdown is open, showing options: '--Select--', 'Caller', 'Surviving Spouse', and 'Other'. 'Surviving Spouse' is selected. The form is populated with the following information: First Name: Jane, Last Name: Doe, Day Phone: (123) 456-4567, Address Type: Domestic, Address 1: 123 Oscar Rd, Address 2: ---, Address 3: ---, City: Nashville, State: TN, Zip Code: 12345, Country: USA.

41. Complete the letter by adding necessary documents and forms and populating enclosures.



The screenshot shows the 'Enclosures' section of the form. It has a 'Populate Enclosures' button. Below it, there is a list of enclosures: 'Burial and Plot-Interment Allowances', 'Burial Flags', and '21-534EZ - Fully developed Claim notice (Notice to Claimants of Information and Evidence Necessary to Substantiate a Claim for Dependency and Indemnity Comp, Death Pension and/or Accrued Benefits)'. Below this is the 'Additional Documents and Forms (start with \* for a keyword search)' section. It has a table with columns: Document Name, Document Location, Description, Created By, and Created On. The table contains three rows of data.


Document Name	Document Location	Description	Created By	Created On
21-534EZ - Fully developed Claim notice (Notic	https://www.vba.va.gov/pubs/forms/VBA-21-534EZ-ARE...	---	Setup Account, CRM	7/18/2013 11:01 AM
Burial and Plot-Interment Allowances	https://benefits.va.gov/BENEFITS/factsheets/burials/Bur...	Burial and Plot-Interment Allowances	Murto, Matthew	10/23/2019 11:58 AM
Burial Flags	https://benefits.va.gov/BENEFITS/factsheets/burials/flag...	Burial Flags	Murto, Matthew	10/23/2019 11:58 AM

42. Based on your local policies, select an option to view and send.



The screenshot shows the 'Letter Generation' section of the form. It has three buttons: 'View Letter', 'Download PDF', and 'VBMS Upload'.

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Department of Veterans Affairs  
116 5th Avenue South  
Nashville, TN 37203

May 30, 2020

In Reply Refer To: 320NCC/ATL  
XSS XXXXX28979  
Testveteran F

JANE DOE  
123 OSCAR RD  
NASHVILLE TN 12345

Dear Jane Doe,

We are sorry to learn of Fourmianseven Testveteran's death. We greatly appreciate the Veteran's service to this country. Please accept our sincere condolences on behalf of a grateful nation.

Based on our telephone conversation today, we have put together a packet of information that contains fact sheets and applications for death benefits and included it with this letter.

**Do 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 711.
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.curtisalp.va.gov">https://iris.curtisalp.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Claims Intake Center PO Box 5235 Janesville, WI 53547-5235 Toll Free Fax: 844-531-7818 DID Fax: 248-524-1260

Sincerely yours,  
RO Director  
VA Regional Office  
To email us visit <https://iris.curtisalp.va.gov>

Enclosures:  
Burial and Plot-Interment Allowances  
Burial Flags  
21-534EZ, Fully developed Claim notice (Notice to Claimants of Information and Evidence Necessary to Substantiate a Claim for Dependency and Indemnity Comp, Death Pension and/or Accrued Benefits)

43. You are now complete with the FNOD process in CRM-UD/O. Select **Close & Review Summary**.



44. A Note will be created with the actions you took for FNOD- Death of a Veteran. Select **OK**.

