



DEPARTMENT OF VETERANS AFFAIRS
 VA PENSION INTAKE CENTER
 PO BOX 5365
 JANESVILLE, WI 53547-5365

<Date>

<RECIPIENT NAME>
 <RECIPIENT ADDRESS>
 <RECIPIENT CITY, STATE, POSTAL CODE>

In Reply Refer To: <RO> /<user initials>
 <Insert File Number>
 <Veteran Last Name First Name, MI>

Dear <Claimant First Name><Claimant Spouse Last Name>,

We are sorry to learn of the Veteran's death. <Veteran First Name><Veteran Last Name> served this country honorably, and we greatly appreciate the Veteran's service.

We made a decision on your eligibility for Medal of Honor special pension. This notification tells you what we decided, how we made our decision, and what evidence was used to make our decision. We have also included information on what to do if you disagree with our decision and who to contact if you have questions or need assistance.

What We Decided

We <granted/denied> Medal of Honor special pension effective <insert date>.

< IF SURVIVING SPOUSE IS GRANTED MOHP, include>

Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Your Reason For Change
\$X,XXX.XX	<Insert Date>	Original Award

We are paying you as a surviving spouse.

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, in approximately 15 days. Payment will then be made at the beginning of

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each month for the prior month. For example, benefits due for May are paid on or about June 1.

How Did We Make Our Decision

<IF THE VETERAN WAS NOT AWARDED A MEDAL OF HONOR, only include the following sentence for the entirety of this section:

We have no record that <Veteran First Name> <Veteran Last Name> was awarded a Medal of Honor. The receipt of a Medal of Honor special pension benefit requires, at a minimum, that the Veteran was awarded a Medal of Honor.

We received notification that <Veteran First Name> <Veteran Last Name> was awarded the Medal of Honor on <Insert Date>.

You were found to be <eligible/not eligible> for Medal of Honor special pension benefits as a surviving spouse. Our records indicate that you were married to the Veteran on <Insert Date>, and that the date of the Veteran's death was <Insert Date>. You were/were not married to the Veteran for one year or more immediately prior to the Veteran's death based on these dates. <IF THE MARRIAGE WAS NOT FOR ONE YEAR PRIOR TO VETERAN'S DEATH, include: A child was/was not born at any period of time either before or during your marriage to the Veteran.>

<IF SURVIVING SPOUSE IS CURRENTLY IN RECEIPT OR BEING GRANTED DIC, include:

A surviving spouse eligible to receive Dependency and Indemnity Compensation (DIC) may not receive a Medal of Honor special pension benefit at the same time as DIC. An election is required to receive the lesser benefit between DIC and Medal of Honor special pension benefits. This election may be made via a statement signed by you or an authorized representative. You are not prohibited from changing an election at a later date; however, only one benefit will be paid for any single payment period following an initial election.

<IF SURVIVING SPOUSE IS CURRENTLY IN RECEIPT OF OR ENTITLED TO RECEIVE DIC, include:

Our records indicate that you are <currently in receipt of / entitled to receive> Dependency and Indemnity Compensation (DIC) at the rate of \$X,XXX.XX. This rate is <higher / lower> than the current statutorily mandated rate of \$X,XXX.XX for the Medal of Honor special pension benefit.

< IF SURVIVING SPOUSE IS CURRENTLY IN RECEIPT OF DIC and DIC IS HIGHER RATE, include:

We will continue paying your current Dependency and Indemnity Compensation (DIC) award benefit, unless you provide an election indicating that you prefer to receive the Medal of Honor special pension benefit. If an election is received, we will utilize the date that the election is

<Veteran's File Number>

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received to adjust the award benefit type. If you desire to retain your current DIC award benefit, then no action in response to this letter is required.

<IF SURVIVING SPOUSE IS CURRENTLY IN RECEIPT OF DIC and DIC IS LOWER RATE, include:

We have automatically converted your award benefit to the Medal of Honor special pension benefit for the earliest entitlement date which your case warrants. You may elect to receive a Dependency and Indemnity Compensation (DIC) benefit in lieu of the Medal of Honor special pension. If an election is received, we will utilize the date that the election is received to adjust the award benefit type. If you desire to retain your current Medal of Honor special pension award benefit, then no action in response to this letter is required.>

<IF SURVIVING SPOUSE IS CURRENTLY IN RECEIPT OF SURVIVORS PENSION, include:

The Medal of Honor special pension benefit is a unique benefit type connected to a Veteran or service member's name being entered on a military branch's Medal of Honor Roll. The Medal of Honor special pension benefit shall not be considered as countable income in the determination of Survivors Pension benefits.>

<IF MEDAL OF HONOR AWARDED POSTHUMOUSLY RESULTS IN RETROACTIVE LUMP SUM, include>

Accrued Benefit Amount and Payment Dates

Posthumous entitlement for Veteran Medal of Honor Pension shown below:

Monthly Entitlement Amount	Payment Start Date	Payment Start Date	Your Reason For Change
\$X,XXX.XX	<Insert Date>	<Insert Date>	Entitlement to Medal of Honor special pension for surviving spouse

Evidence Used to Decide Your Claim

- List evidence here
- And here
- And here

<Veteran's File Number>

<Veteran's Last Name, First Name, MI>

How Long Do You Have to Submit A Request For A Supplemental Claim, A Higher-Level Review, Or An Appeal

There is no time limit for you to file a Supplemental Claim. However, to preserve the earliest effective date, VA must receive the request for a Supplemental Claim within one year from the date of this letter.

You have one year from the date of this letter to submit a request for a Higher-Level Review or an Appeal to the Board. Your selection form for either option must be received by VA within one year from the date of this letter.

What You Should Do If You Disagree With Our Decision

If you do not agree with this decision, you have one year from the date of this letter to select a review option to preserve your earliest effective benefit date. The review options and their proper applications are as follows, for a(n):

- **Supplemental Claim**, complete **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*.
- **Higher-Level Review**, complete **VA Form 20-0996**, *Decision Review Request: Higher-Level Review*.
- **Appeal to the Board**, complete **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*.

Please see the enclosed VA Form 20-0998, *Your Rights To Seek Further Review Of Our Decision*. It explains your options for an additional review. You may obtain any of the required application by downloading them from www.va.gov/vaforms/ or by contacting us. You can also learn more about the disagreement process at www.va.gov/decision-reviews. If you would like to obtain or access evidence used in making this decision, please contact us as noted below. Some evidence may be obtained by signing in at www.va.gov.

What is VA.gov?

VA.gov 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 VA.gov website 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
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

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Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a 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://ask.va.gov/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number in the letter. Please mail all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Correspondence</i> .

In all cases, be sure to refer to VA file number <Insert file number>.

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://www.va.gov/contact-us/>.

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.

Our sincere condolences,

Regional Office Director

Enclosure(s): **Rating Decision**

VA Form 20-0998, *Your Rights to Seek Further Review of Our Decision*
Where to Send Your Correspondence

cc: <POA>