

SURVIVING SPOUSE BENEFIT PACKAGE INSTRUCTIONS

DD-214 / DISCHARGE PAPERS

If you do not have the veteran's DD-214/Discharge Papers, you will need to request them ASAP. Click on the link below to request Military Records online:

<http://www.archives.gov/veterans/evetrecs/index.html>

Scroll to the bottom of the page and click on the Red Bar that reads REQUEST MILITARY RECORDS.

ATTACHMENTS:

Check List - a list of documents that you will need to complete or obtain, and submit to the VA.

21-534 Application - Page 9 must be signed by Surviving Spouse (please **DO NOT** sign as POA).

21-4142 Authorization and Consent to Release Information –

Requires signature of Surviving Spouse (please **DO NOT** sign as POA).

The VA may mail this form to the doctor listed in section 7A to request a copy of medical records. If the claimant does not have a primary doctor, claimant needs to complete and sign additional copies of this form for each doctor/hospital.

VDVA 10 Doctor Statement - Must be completed by a doctor. If you have a copy of a recent medical evaluation; you do not need to complete this form.

Medical Expense Report - Requires signature of Surviving Spouse (please **DO NOT** sign as POA).

Example:

<u>A. Purpose</u>	<u>B. Amt Pd</u>	<u>C. Date Pd</u>	<u>D. Name of Provider</u>	<u>E. For Whom</u>
Medicare	\$ 938.40	11/04 -11/05	Social Security	Self
Private Med Ins.	\$1,980.00	11/04 -11/05	e.g. Blue Cross / Aetna	Self
Prescription Drugs ¹	\$1,200.00	11/04 -11/05	Pharmacy	Self
Dr Visits ²	\$1,800.00	11/04 -11/05	Multiple	Self
Hospitalization	\$ 900.00	6/1/05	Name of Hospital	Self
Care Expense (agency/facility) ³	\$36,000.00	11/04 -11/05	Name of Care Provider	Self
Prospective Care Expense ⁴	\$36,000.00	12/05 -12/06	Name of Care Provider	Self

¹ Prescription Drugs. Do not list drugs separately; obtain an annual statement from the pharmacy or other drug provider and list the statement total in the Amount Paid column. Submit a copy of the statement with your application.

² Dr Visits. If the spouse has paid co-payments to multiple doctors, write "Multiple" in the Name of Provider column and include available copies of statements. Hospitalization expenses should be listed individually as should medical equipment expenses paid within the prior twelve months.

³ Skilled Care Expense. If the spouse is currently living in an assisted living community or receiving home health care, the Date Paid should start with the month that the care began (up to 12 months prior to the application date) and end with the month of the application. (e.g. 05/200_ – 11/200_).

⁴ Prospective Care Expense. You must also list care expenses for the next 12 months, starting with the month following the date of the application (e.g. 12/200_ - 12/200_). If the spouse has not been receiving care, but is expected to start soon after the application date, list the anticipated start date in the Date Paid column.

*VA determines the amount of benefit based on eligibility. This determination may take between 2 to 9 months or longer before benefits are awarded. If awarded, benefits are retroactive to the 1st of the month following the date the application was received at the VA. Therefore, the completed application (and supporting documents) should be mailed to the VA benefits office closest to you, several days prior to the end of the month. To locate the appropriate **VA Benefits Office** go to www.va.gov and click on Facility Locator.*