



Standard Claims and Appeals Forms

New Regulations Effective March 24, 2015

On September 25, 2014, the VA published in the *Federal Register* amendments to its adjudication regulations, and the appeals regulations and rules of practice of the Board of Veterans' Appeals, to require that all claims governed by VA's adjudication regulations be filed on standard forms prescribed by the Secretary, regardless of the type of claim or posture in which the claim arises. The purpose of these amendments is to improve the quality and timeliness of the processing of veterans' claims for benefits by standardizing the claims and appeals processes through the use of forms.

This rulemaking eliminates the constructive receipt of VA reports of hospitalization or examination and other medical records as informal claims for increase or to reopen while retaining the retroactive effective date assignment for awards for claims for increase which are filed on a standard form within 1 year of such hospitalization, examination, or treatment.

This final rule also implements the concept of intent to file a claim for benefits, which operates similarly to the current informal claim process, but requires that the submission establishing a claimant's effective date of benefits must be received in one of three specified formats.

Finally, these amendments provide that VA will accept an expression of dissatisfaction or disagreement with an adjudicative determination by the agency of original jurisdiction as a Notice of Disagreement (NOD) only if it is submitted on a standardized form provided by VA for the purpose of appealing the decision, in cases where such a form is provided. Although a standardized NOD form will only initially be provided in connection with decisions on compensation claims, VA may require a standard NOD form for any type of claim for VA benefits if, in the future, it develops and provides a standardized NOD form for a particular benefit.

Three Major Components:

1. It standardizes the traditional informal claims process by employing a new standard form, **VA Form 21-0966**, *Intent to File a Claim for Compensation and/or pension, survivors pension, or other benefits*, which an individual or his or her representative can submit in order to establish a potential effective date for benefits while they take up to a year to gather the evidence necessary to support the claim.

The *Intent to File* form may be submitted in one of three ways:

- electronically via eBenefits or the Stakeholder Enterprise Portal,
- on the paper form mailed to the DAV National Service Office, or
- over the phone with a VA call center, or other public contact representative such as the DAV National Service Office.



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The new regulations allow VA to award increased benefits retroactive to the date of medical treatment as long as the *intent to file* form is filed within 1 year of the treatment and the required claim form is filed within the year after that.

2. It mandates use of specified forms designed to capture information necessary to identify and support compensation, pension, and other benefit claims.

- Compensation claims may be filed online through eBenefits, or submit **VA Form 21-526EZ**, *Application for Disability Compensation and Related Compensation Benefits*, on paper.
- Pension claims must be filed on **VA Form 21-527EZ**, *Application for Pension*.
- Survivors claims for dependency and indemnity compensation (DIC), survivors pension, and accrued benefits must be filed on **VA Form 21-534EZ**, *Application for DIC, Death Pension, and/or Accrued Benefits*.

3. It mandates use of a standardized notice of disagreement form in most cases when a claimant wishes to initiate an appeal of a VA decision. Claimants initiate appeal of a decision with which they disagree by explaining their disagreement on **VA Form 21-0958**, *Notice of Disagreement*.

Mandated Forms:

The EZ forms were previously available on an optional basis. Under the new regulations, VA will mandate their use. Veterans and survivors do not have to file fully developed claims (FDCs) when using these mandatory forms, but VA strongly encourages FDC participation because VA can expedite delivery of benefits through the FDC program.


Because submitting an intent to file a claim protects an effective date of benefits for up to one year, individuals seeking compensation or pension benefits will have a full year to gather and submit evidence necessary to support a claim by filing VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, Survivors Pension, or Other Benefits*. The new rule does not require that evidence necessary to support a claim be filed in order for the claim to be recognized as complete and for VA to take action. However, given that the submission of an intent to file a claim will protect the effective date of benefits for up to one year, veterans will have an opportunity to gather and submit all evidence along with the complete claim, enabling a faster decision.

Any claimant receiving a VA Form 21-0958, *Notice of Disagreement*, with their decision on a claim, who wishes to appeal that decision, must do so by completing and submitting that form. Claimants who did not receive the notice of disagreement form are not required to use it, but may elect to do so. VA encourages use of that form as it allows VA to more quickly identify appeals.



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OMB Control No. 2900-0000
Respondent Burden: 15 minutes
Expiration Date: XXXXXXXX

 Department of Veterans Affairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)		
INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, SURVIVORS PENSION, OR OTHER BENEFITS (This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)					
IMPORTANT: Please read the Privacy Act and Respondent Burden below before completing the form.					
I intend to file for the general benefit(s) checked below: (Choose all that apply)					
<input type="checkbox"/> COMPENSATION		<input type="checkbox"/> SURVIVORS PENSION OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)			
<input type="checkbox"/> PENSION		<input type="checkbox"/> OTHER _____			
IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit.					
SECTION I: CLAIMANT'S IDENTIFICATION					
1. CLAIMANT'S NAME (Last, first, middle)			2. CLAIMANT'S SOCIAL SECURITY NUMBER		
3. VETERAN/SERVICE MEMBER'S NAME (Last, first, middle) (If different from claimant)			4. VETERAN/SERVICE MEMBER'S SOCIAL SECURITY NUMBER		
5. DATE OF BIRTH (MM/DD/YYYY)	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in Item 8)		8. VA FILE NUMBER	
9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)					
10. TELEPHONE NUMBER(S) (Include Area Code)			11. PREFERRED E-MAIL ADDRESS (If applicable)		
Daytime			Evening		
Cell phone					
SECTION II: DECLARATION OF INTENT					
By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits ; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.					
12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE			12B. DATE SIGNED (MM/DD/YYYY)		
13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print) (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)					
PRIVACY ACT NOTICE: 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 38, 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 benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.					
RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not 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
XXX 2014 **21-0966**



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OMB Approved No. 2900-0791
Respondent Burden: 30 minutes

Department of Veterans Affairs		NOTICE OF DISAGREEMENT	
<p>A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)</p> <p>TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.</p>		<p>(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)</p>	
PART I - PERSONAL INFORMATION			
1A. VETERAN'S FIRST NAME		1B. MIDDLE NAME	1C. LAST NAME
2. VA FILE NUMBER C/CSS -		3. VETERAN'S SOCIAL SECURITY NUMBER	
CLAIMANT'S PERSONAL INFORMATION			
4A. CLAIMANT'S FIRST NAME		4B. MIDDLE NAME	4C. LAST NAME
5. STREET ADDRESS		6. APT. NO.	7. CITY
			8. STATE
		9. ZIP CODE	
10. DAYTIME TELEPHONE NUMBER		11. EVENING TELEPHONE NUMBER	12. EMAIL ADDRESS
PART II - TELEPHONE CONTACT			
13. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR EMAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)			
<input type="checkbox"/> 8:00 a.m. - 10:00 a.m. <input type="checkbox"/> 10:00 a.m. - 12:30 p.m. <input type="checkbox"/> 12:30 p.m. - 2:00 p.m. <input type="checkbox"/> 2:00 p.m. - 4:30 p.m.			
Phone number I can be reached at the above checked time: _____			
PART III - SPECIFIC ISSUES OF DISAGREEMENT			
14. NOTIFICATION/DECISION LETTER DATE			
15. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.			
A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)		
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)		
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)		



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PART III - SPECIFIC ISSUES OF DISAGREEMENT <i>(Continued)</i>		
A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought <i>(If known)</i>
	Service Connection Effective Date of Award Evaluation of Disability Other <i>(Please specify)</i>	
	Service Connection Effective Date of Award Evaluation of Disability Other <i>(Please specify)</i>	
16A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:		
<div></div>		
16B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If so, how many?)</i>		
PART IV - CERTIFICATION AND SIGNATURE		
I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
17A. SIGNATURE	17B. DATE SIGNED	
PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.		

VA FORM 21-0958, FEB 2013