# Department of Veterans Affairs

# INSTRUCTIONS FOR COMPLETING APPLICATION FOR HEALTH BENEFITS

# Step 1: Before You Start . . .

# What is VA Form 10-10EZ used for?

• To apply for enrollment in the VA health care system, or for nursing home, domiciliary or dental benefits.

# Where can I get help filling out the form?

- Contact a National or State Veterans Service Organization.
- Ask VA to help you fill out the form by calling or visiting a VA health care facility. Before you call or go to the VA health care facility, gather the necessary materials identified in Step 2 of the instructions and complete as much of the form as you can.

# How can I contact VA if I have questions?

- Look in your telephone book blue pages under "United States Government, Veterans" to locate your local VA health care facility.
- Call VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387).
- Access our website at http://www.va.gov and select "Contact the VA."
- If you desire a health care appointment, contact the Enrollment Coordinator at your local VA health care facility for assistance in scheduling an appointment.

#### Definitions of terms used on this form

- SERVICE-CONNECTED (SC): A veteran with a VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- COMPENSABLE: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.
- NONCOMPENSABLE: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.
- NONSERVICE-CONNECTED (NSC): A veteran who does not have a VA determined service-related condition.

# Which sections of VA Form 10-10EZ should you complete?

Look at the table below to find out which sections of VA Form 10-10EZ you should complete. The shaded sections should be completed only if you answer "Yes" to Section VI agreeing to provide income and asset information to establish eligibility for care. You may agree to copayments without providing this detailed financial information.

If you are	Complete the sections marked with an X								
	I-IV	VI	VII	VIII	IX	Х	XII		
Service-connected 50% to 100%.	Х						Х		
Service-connected 30-40%. Answer YES in Section VI and complete Sections VII-IX to have your financial eligibility for cost-free medications for treatment of your nonservice-connected conditions assessed.	х	х	х	х	х		х		
Service-connected 0% (compensable) or service-connected 10-20%.  Answer YES in Section VI and complete Sections VII-IX to have your financial eligibility for cost-free medications and beneficiary travel for treatment of your nonservice-connected conditions assessed.	х	х	х	х	х		х		
A Former POW. Answer YES in Section VI and complete Sections VII-IX to have your financial eligibility for beneficiary travel assessed. Also, complete Section X if applying for long-term care.	х	Х	х	Х	Х		Х		
A veteran discharged from the military due to a disability incurred or aggravated in service or Purple Heart Medal recipient veteran.  Answer YES in Section VI and complete Sections VII-IX to have your financial eligibility for cost-free medications and beneficiary travel assessed. Also, complete Section X if applying for long-term care.	х	х	х	х	х		х		
Receiving nonservice-connected VA Pension, Aid and Attendance or Housebound benefits. Answer YES in Section VI and complete Sections VII-X to have your financial eligibility for long-term care assessed. Unmarried VA Pensioners are excluded from this requirement.	х	Х	х	х	х	х	х		
A recent combat veteran (e.g., OEF/OIF) with discharge from military within past 24 months. You are eligible for enrollment without providing your financial information. If you answer YES in Section VI and complete Sections VII-X you will have your priority for enrollment and financial eligibility for cost-free medical care, medications, long-term care and beneficiary travel for treatment of your nonservice-connected conditions assessed.	х	х	х	х	х	х	х		
Service-connected 0% (noncompensable) or nonservice-connected with no special eligibilities listed above. Answer YES in Section VI and complete Sections VII-X to have your priority for enrollment and financial eligibility for cost-free medical care, medications, long-term care and beneficiary travel for treatment of your nonservice-connected conditions assessed.	x	Х	х	х	х	х	Х		

Complete only the sections that apply to you and sign and date the form.

- **Step 2: Completing your application ...** Review the table in Step 1 to find out what sections you should complete. Answer all questions in those sections. If you need more space to answer a question, attach a sheet of paper to the form containing your name and Social Security Number. For each question that you need more room, write "Continuation of Item" and write the section and question number.
- **Section II Insurance Information.** Include information for all health insurance policies that cover you. If you have more than one health insurer, provide this information on a separate sheet of paper and attach to the application. If you have access to a copier, attach a copy of your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people). Bring these cards with you to each health care appointment.

# **Section IV - Military Service Information.**

If you are not currently receiving benefits from VA, you should attach a copy of your discharge or separation papers from the military (such as DD 214 or, for WWII veterans, a "WD" Form), with your signed application to expedite processing of your application.

If you indicate that you received a Purple Heart Medal, we will check our records for confirmation of your status. If we are unable to confirm your status as a Purple Heart Medal recipient, we will ask you to provide VA a copy of your DD-214 or other military service records or orders indicating you were awarded the medal. To reduce processing time, you may submit a copy of this documentation with your signed application.

# Section VI - Financial Disclosure.

The financial assessment is used to determine whether certain veterans qualify for cost-free health care services for their NSC conditions and to assign their priority for enrollment. You should review the table in Step 1 to see if your eligibility for health care benefits requires or may be based on a financial assessment. Veterans are not required to disclose their financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have a special eligibility factor. Recent combat veterans (e.g., OEF/OIF) who were discharged within the past 24 months are eligible for enrollment without disclosing their financial information but like other veterans may provide it to establish their eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to military experience. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information and agree to make copayments for treatment of your NSC conditions. If a financial assessment is used to determine your eligibility for travel assistance, and you do not disclose your financial information, you will not be eligible for this benefit for your NSC conditions. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copayments as required by law.

# **Section VII - Dependent Information.** Use a separate sheet of paper for additional dependent children.

- You may count your spouse as your dependent even if you did not live together, as long as you contributed \$600 or more in support last calendar year.
- You may count your biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and under the age of 18, or be at least 18 but under 23 and attending high school, college or vocational school on a full or part-time basis, or have become permanently unable to support themselves before reaching the age of 18.
- Count child support contributions even if not paid in regular set amounts. Contributions can include tuition payments or payments of medical bills.

# Section VIII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children. Use a separate sheet of paper for additional dependent children.

- Report: gross annual income from employment, except for income from your farm, ranch, property or business, including information about your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses
- Report: net income from your farm, ranch, property or business.
- Report: other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities
- Do Not Report: Welfare, Supplemental Security Income (SSI) and need-based payments from a government agency, profit from the occasional sale of property, income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs), scholarships and grants for school attendance, disaster relief payment or proceeds of casualty insurance, loans, Agent Orange and Alaska Native Claim Settlement Acts Income and payments to foster parents.
- **Section IX Previous Calendar Year Deductible Expenses.** Report nonreimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources.
- **Section X Previous Calendar Year Net Worth.** Use a separate sheet of paper for additional dependent children. Your net worth is the market value of all the interest and rights you have in any kind of property. However net worth does not include your single-family residence and a reasonable lot area surrounding it. It also does not include the personal things you use every day like your vehicle, clothing and furniture.

# **Step 3: Submitting your application ...** What do I do when I have finished my application?

- Read Section V, Paperwork Reduction and Privacy Act Information, Section XI Consent to Copayments and Section XII, Assignment
  of Benefits.
- Make sure you sign and date VA Form 10-10EZ in Section XII. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", then you must have 2 people you know witness you as you sign. They must then sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete. This will result in a delay in processing your application.
- Attach any continuation sheets and necessary material to your application.
- Where do I send my application? Mail the original application with a copy of your supporting materials to your local VA care facility. You can find the address in your local telephone book, by calling toll-free 1-877-222-VETS (8387), or on the Internet at http://www.va.gov.

Department of Vete	erans					FUR	HEALI	нЫ	ENEFITS
Federal law provides criminal pe or making a materially false state		including a	fine and/	or imprison		or up to	5 years, for	concea	aling a material fact
1. VETERAN'S NAME (Last, First, Middle Name)			2. OTHER N	IAMES USED	;	3. MOTHER	S MAIDEN NAME		4. GENDER  MALE FEMALE
5. ARE YOU SPANISH, HISPANIC, OR LATINO?  YES NO		TIS YOUR RACE? ()  AMERICAN INDIAN  ASIAN				BLACK OR A	for statistical pur FRICAN AMERICA AIIAN OR OTHER	۸N	
7. SOCIAL SECURITY NUMBER	9. DATE	OF BIRTH (mm/dd/y	уууу)					10. RI	ELIGION
8. CLAIM NUMBER	9A. PLAC	CE OF BIRTH (City o	and State)						
11. PERMANENT ADDRESS (Street)			11A. CITY				11B. STATE	11C. 2	ZIP CODE (9 digits)
11D. COUNTY		11E. HOME TELEF	PHONE NUMB	ER ( <i>Include area</i>	ı code)	11F. E	-MAIL ADDRESS		
11G. CELLULAR TELEPHONE NUMBER (Include are	ea code)			11H. PAGER NUI	MBER ( <i>Inclu</i>	ıde area coa	le)		
12. TYPE OF BENEFIT(S) APPLIED FOR (You may c	heck more i	than one)	☐ HEALTH	SERVICES	NURSING	HOME	☐ DOMICILIA	.RY	☐ DENTAL
13. IF APPLYING FOR HEALTH SERVICES OR ENRO	OLLMENT, \	WHICH VA MEDICA	L CENTER OR	OUTPATIENT C	CLINIC DO YC	OU PREFER	?		
14. DO YOU WANT AN APPOINTMENT WITH A VA DAVAILABLE?  NO I am only ent				BECOMES		YOU BEEN	SEEN AT A VA HE D <b>n</b> :	ALTH CA	RE FACILITY?
16. CURRENT MARITAL STATUS (Check one)	□ мл	ARRIED	NEVER MAR	RIED S	SEPARATED	☐ wi	DOWED	DIVOR	CED UNKNOWN
17. NAME, ADDRESS AND RELATIONSHIP OF NEXT	OF KIN				17A.	NEXT OF K	IN'S HOME TELEP	HONE NU	JMBER (Include area code)
					17B.	NEXT OF K	IN'S WORK TELEF	PHONE NU	JMBER (Include area code)
18. NAME, ADDRESS AND RELATIONSHIP OF EMEI	RGENCY C	ONTACT			18A.	EMERGENO (Include ar		OME TELE	PHONE NUMBER
						EMERGENO lude area co		ORK TEL	EPHONE NUMBER
19. INDIVIDUAL TO RECEIVE POSSESSION OF YO THIS DOES NOT CONSTITUTE A WILL OR TRANSFI			EFT ON PREM	ISES UNDER VA		FTER YOUF			TIME OF DEATH. NOTE:

VA FORM JUN 2007 10-10EZ PAGE 1

APPLICATION FOR HEALTH BENEFITS, Conti				tinued VETERAN'S NAME (Last, First, Middle) SOCIAL SEC						
SECTI	ON II - INSURA	NCE INFORM	IATION	(Use a	separate sheet for ad	ditional information)	•			
1. ARE YOU COVERED BY HEALTH INSU through a spouse or another person)	RANCE? (Including	coverage NO	2. HEALT	'H INSUR	ANCE COMPANY NAME, ADD	DRESS AND TELEPHONE NU	IMBER			
3. NAME OF POLICY HOLDER										
4. POLICY NUMBER	5. GROUP CODE									
			YES	NO						
6. ARE YOU ELIGIBLE FOR MEDICAID?										
7. ARE YOU ENROLLED IN MEDICARE HOS	SPITAL INSURANCE	PART A?			7A. EFFECTIVE DATE (mn	n/dd/yyyy)				
8. ARE YOU ENROLLED IN MEDICARE HOS	8. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B?				8A. EFFECTIVE DATE (mr	n/dd/yyyy)				
9. NAME EXACTLY AS IT APPEARS ON YO	OUR MEDICARE CA	RD			10. MEDICARE CLAIM NUM	1BER				
11. IS NEED FOR CARE DUE TO ON THE	JOB INJURY? (Chec	k one) NE	s 🗌	NO	12. IS NEED FOR CARE DU	JE TO ACCIDENT? (Check O.	ne) TES	□ N	Ю	
		SECTION	III - EMP	LOYME	NT INFORMATION					
1. VETERAN'S EMPLOYMENT STATUS (Check one)  If employed or retired, complete item 1A  PART TI	_	Date o	of retirem (dd/yyyy)	ent	1A. COMPANY NAME, ADD	RESS AND TELEPHONE NU	MBER			
2. SPOUSE'S EMPLOYMENT STATUS (Check one)  If employed or retired, complete item 2A  PART T	_	Date o	of retirem (dd/yyyy)	ent	2A. COMPANY NAME, ADD	RESS AND TELEPHONE NU	MBER			
					RVICE INFORMATION					
1. LAST BRANCH OF SERVICE		1A. LAST ENTRY	DATE	1B. LA	ST DISCHARGE DATE	1C. DISCHARGE TYPE	1D. MILITARY SE	RVICE NU	JMBER	
2. CHECK YES OR NO		•	YES	NO		I	•	YES	NO	
A. ARE YOU A PURPLE HEART AWARD RE	ECIPIENT?				E1. ARE YOU RECEIVING VA COMPENSATION?	DISABILITY RETIREMENT F	PAY INSTEAD OF			
B. ARE YOU A FORMER PRISONER OF WAR?					F. DO YOU NEED CARE OF CONDITIONS POTENTIALLY RELATED TO SERVICE IN SW ASIA DURING THE GULF WAR?					
C. DO YOU HAVE A VA SERVICE-CONNEC	TED RATING?				G. WERE YOU EXPOSED VIETNAM?	TO AGENT ORANGE WHILE	SERVING IN			
C1. IF YES, WHAT IS YOUR RATED PERCE	ENTAGE?	%				O RADIATION WHILE IN THE				
D. DID YOU SERVE IN COMBAT AFTER 11/	/11/1998?				I. DID YOU RECEIVE NOS WHILE IN THE MILITARY?	E AND THROAT RADIUM TF	REATMENTS			
E. WAS YOUR DISCHARGE FROM MILITAR OR AGGRAVATED IN THE LINE OF DUTY?		Y INCURRED			J. DO YOU HAVE A SPINAL	CORD INJURY?				
	SECTION V D	A DEDWORK F	EDUCT	ION AC	T AND DDIVACY AC	LINEODMATION				

#### SECTION V - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**Privacy Act Information:** VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

VA FORM JUN 2007 10-10EZ PAGE 2

APPLICATION FOR HEALTH BENEFITS, Continued				IAME (Last, Fi	SOCIAL SECURITY NUMBER				
	SECTION VI -	FINANC	ANCIAL DISCLOSURE						
Disclosure allows VA to accurately dete other services and enrollment priority. Vapplicants who decline to provide their fewho were discharged within the past 2 veterans may provide it to establish their military experience.  No, I do not wish to provide finance provide this information and who do receipt of VA pension or Medicaid border of VAs, I will provide my household finance form in Section XII.	rmine whether certain veterans are not required to difficultion and information unless the control of the contr	ns will be sclose the sclose the sclose the school have rollmen sement, of the school had been	e charge heir final a specia nt withou cost-free ugh X. .g., recei ay applic	d copayment control of copayment of color of col	nation; how factor. Re g their fina a and/or me d that VA i ged combat opayments.	ever, VA is not cent combat vet ancial informatidical care for sers s not enrolling new veteran, comper Sign and date the	currenterans on burvices  ew appeable	atly enrolling new s (e.g., OEF/OIF) at like other cunrelated to epiicants who do not e service connection, m in Section XII.	
	I - DEPENDENT INFORMATION			rate sheet f					
1. SPOUSE'S NAME (Last, First, Middle Name)		2	2. CHILD'S	NAME (Last, F	irsi, Miaaie Ni	ime)			
1A. SPOUSE'S MAIDEN NAME		2	2A. CHILD'S	S RELATIONSH	IP TO YOU (C	heck one)			
			□ Sc	on 🔲 Da	ughter	Stepson		Stepdaughter	
1B. SPOUSE'S SOCIAL SECURITY NUMBER		2	ZB. CHILD'S	S SOCIAL SEC	JRITY NUMBE	R 2C. DATE CHII (mm/dd/y)		CAME YOUR DEPENDENT	
1C. SPOUSE'S DATE OF BIRTH (mm/dd/yyyy)	1D. DATE OF MARRIAGE (mm/dd/yy	уу) 2	2D. CHILD'S	S DATE OF BIR	TH (mm/dd/yy	yy)			
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (Street, City, State, ZIP )				HILD PERMAN	ENTLY AND TO	OTALLY DISABLED BE	EFORE	THE AGE OF 18?	
		2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? YES NO							
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT THE AMOUNT YOU CONTRIBUTED TO THEIR SUPPOSE \$		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING (e.g., tuition, books, materials)							
SECTION VIII - PREVIOUS CA	CHILD \$  ALENDAR YEAR GROSS AN  (Use a separate sl					SE AND DEPEND	DENT	CHILDREN	
			addition	iai acpena	iiio)				
			VETER	•		POUSE		CHILD 1	
GROSS ANNUAL INCOME FROM EMPLOYMEN' EXCLUDING INCOME FROM YOUR FARM, RANCH				•		POUSE	\$	CHILD 1	
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VA FORM JUN 2007 10-10EZ PAGE 3

SIGNATURE OF APPLICANT