

***ATTN: Lincoln Fid Hub (334)***  
***Case Cover Sheet***

***VA Claim File Number:*** \_\_\_\_\_

***VA Fiduciary Zip Code:*** \_\_\_\_\_

***Beneficiary Full Name (Print):*** \_\_\_\_\_

***Today's Date:*** \_\_\_\_\_

Please attach this fully completed cover sheet to the front of your submitted documentation and return to the address below. Failure to do so may delay review of the material you submit.

Fiduciary Intake Center  
P.O. Box 5211  
Janesville, WI 53547-5211  
Fax: 248-524-4264  
Toll Free Fax: 888-581-6826