Department of Veterans Affairs

VA Form 21-526, Part B: Compensation

Use this form to apply for compensation. Remember that you must also fill out a VA Form 21-526, Part A: General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 2.

SECTION I Tell us about your disability

In the table below, tell us more about your disability or disabilities. Be sure to:

- List all disabilities you believe are related to military service.
- List all the treatments you received for your disabilities, including
  - treatments you received in a military facility before and after discharge.
  - treatments you received from civilian and VA sources before, during, and after your service.

1. What disability are you claiming?	**2.** When did your disability begin?	**3.** When were you treated?	**4a.** What medical facility or doctor treated you?	**4b.** What is the address of that medical facility or doctor?
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		
	___/___/___ *mo day yr*	*from* ___/___/___ *mo day yr* *to* ___/___/___ *mo day yr*		

SECTION II **Tell us if any of the disabilities you listed on Page 1 were because of exposures**

5a. Were you exposed to Agent Orange or other herbicides? Yes No *(If "Yes," answer Items **5b and 5c** also)*	**5b.** What is your disability?	**5c.** In what country were you exposed?
6a. Were you exposed to asbestos? Yes No *(If "Yes," answer Item **6b and 6c** also)*	**6b.** What is your disability? **6c.** When and how were you exposed?	
7a. Were you exposed to mustard gas? Yes No *(If "Yes," answer Item **7b and 7c** also)*	**7b.** What is your disability? **7c.** When and how were you exposed?	
8a. Were you exposed to ionizing radiation? Yes No *(If "Yes," answer Items **8b**, **8c**, and **8d** also)*	**8b.** What is your disability?	**8c.** When was your last exposure? ___/___/___ *mo day yr*
8d. How were you exposed to radiation?	Atmospheric testing Nagasaki/Hiroshima Other, describe _____	
9a. Were you exposed to an environmental hazard in the Gulf War? Yes No *(If "Yes," answer Items **9b** and **9c** also)*	**9b.** What is your disability?	**9c.** What was the hazard?
10a. Did you have a separation or retirement physical examination? Yes No *(If "Yes," answer Items **10b** and **10c** also)*	**10b.** When was the exam? ___/___/___ *mo day yr*	**10c.** Where did the exam occur?

SECTION III **Tell us how your disabilities listed on Page 1 are related to your military service**

11. Explanation

Your Name	**Your Social Security Number**