Department of Veterans Affairs

# INSTRUCTIONS FOR VA FORM 21P-601
# APPLICATION FOR ACCRUED AMOUNTS DUE A DECEASED BENEFICIARY

***Note:*** **Do not complete this form if you have applied for death benefits by using VA Form 21P-534 or 21P-535. Read very carefully, detach, and keep these instructions for your reference.**

## A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 711.) You may also contact VA by Internet at http://iris.va.gov.

## B. What do I use VA Form 21P-601 for?

Use VA Form 21P-601 to apply for accrued benefits due the beneficiary but not paid prior to death. Each person claiming a share of accrued benefits must complete a separate VA Form 21P-601.

***Note:*** If you are a deceased veteran's surviving spouse, child, or dependent parent, you should apply for death benefits, including accrued benefits, using VA Form 21P-534, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable) **or** VA Form 21P-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation, When Applicable).

## C. What are accrued benefits and how does VA decide what I will or will not receive?

Accrued benefits are benefits that were due the beneficiary at the time of death but not paid prior to death. Entitlement to accrued benefits is determined according to the line of succession established by law.

Benefits are payable to the first living person listed below. The fact that a preferred beneficiary fails to file or prosecute a claim does not permit payment of his/her share of accrued benefits to a person or persons having an equal or lower preference. A waiver of right also does not permit such payment. If there are no living persons who are entitled on the basis of relationship, accrued benefits may be payable as reimbursement for last illness and burial expenses (see Paragraph D).

| When the deceased beneficiary is a veteran, accrued is payable | When the deceased beneficiary is a surviving spouse, accrued is payable | When the deceased beneficiary is a child, accrued is payable |
|---|---|---|
| • in full to the surviving spouse, **or**<br>• in equal shares to the veteran's children (see definition of "child" below), **or**<br>• in equal shares to the veteran's parents, if they are dependent upon the veteran at the date of the veteran's death, **or**<br>• in full to the sole surviving parent, if he/she is dependent upon the veteran at the date of the veteran's death. | • in equal shares to the veteran's children (see definition of "child" below). | • in equal shares to the veteran's children who are entitled to death compensation, dependency and indemnity compensation, or death pension (see definition of "child" below). |

**Definitions:**
**Child** means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education, or became incapable of self support prior to reaching age 18. However, benefits may be payable to the veteran's children, regardless of age or marital status, if lump sum accrued benefits are payable.

**Lump sum accrued benefits** are amounts withheld from a competent veteran's Old Law Pension benefits (fixed rate since 1960) during hospital treatment, or institutional or domiciliary care.

**D. Who may file a claim for reimbursement for last illness and burial expenses?**

If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses. If the expenses were paid from funds of the deceased beneficiary's estate, the claim should be filed by the executor or administrator of the estate. If the expenses have not been paid, the claim may be filed by the person who is responsible for the payment of these expenses. However, all unpaid creditors must sign Part IV, Reimbursement Waiver.

**E. What are the time limits to apply for accrued benefits?**

A claim for accrued benefits must be filed within one year from the date of death of the deceased beneficiary.

***Exception:*** A claim for lump sum accrued benefits (benefits that were withheld from a competent veteran during hospital treatment, institutional, or domiciliary care) must be filed within five years from the veteran's date of death. However, if the person who is entitled to the lump sum accrued benefits has been declared incompetent by a court of law or Federal or State government agency at the time of the veteran's death, the five year period begins from the date of termination or removal of the finding of incompetency.

**F. What evidence should I submit?**

1. Furnish a copy of the death certificate unless the beneficiary died in a VA medical facility.

2. If an executor or administrator of the beneficiary's estate has been assigned, submit a certified copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing court.

3. If you are claiming reimbursement for last illness and burial expenses of a beneficiary, submit all bills and statements of account covering the services and supplies that were provided in connection with these expenses. The bill or statement of account should be submitted on the regular billhead of the creditor and show:

- the dates, nature, and costs of services or supplies provided,
- the name of the deceased for whom the expenses were incurred, and
- whether the expense has been paid, and, if so, by whom.

**G. How do I complete my application?**

Print all answers clearly. If an answer is "none" or "0," write that. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 23, "Remarks, " or attach a separate sheet, indicating the item number to which the answers apply. Write the veteran's name and VA file number on all attachments. Make sure you sign and date this application (Items 20a and 20b).

**H. What do I do when I have completed my application?**

When you have completed this application mail it or take it to a VA regional office. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and everything that you submit to VA before you mail it.

**IMPORTANT:** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits.) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/.

**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 5, 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 VA 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, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility for payment of accrued benefits under 38 U.S.C. 5121. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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 http: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.

OMB Approved No. 2900-0216
Respondent Burden: 30 minutes
Expiration Date: 11/30/2016

# Department of Veterans Affairs

VA DATE STAMP
(Do not write in this space)

**Application for Accrued Amounts Due a Deceased Beneficiary**

Please read the attached "Instructions" before you fill out this form.

## SECTION I

**Tell us about you and the deceased beneficiary**

1. What is the veteran's name?

First Middle Last

2. What is the veteran's Social Security Number?

3. What is the VA file number?

4. What is the name of the deceased beneficiary? *(If other than veteran)*

First Middle Last

5. What is the date of death of the beneficiary?

mo day yr

6. What is your name?

First Middle Last

7. What is your Social Security Number?

8. What is your date of birth?

mo day yr

9. What is your address?

Street address, Rural Route, or P.O. Box Apt. number

City State ZIP Code Country

10. What are your telephone numbers? *(Include Area Code)*

*Daytime* _____ *Evening* _____

11. What is your relationship to the deceased beneficiary?

## SECTION II

**Tell us about the deceased beneficiary's surviving relatives**

12. Who are the deceased beneficiary's surviving relatives? *(Check all that apply)*

☐ Spouse ☐ Child or Children ☐ Parent ☐ None *(If "NONE," Skip to Section II)*

If any boxes are checked in Item 10, list each person separately in Item 11a through 11d.

11. Relatives Surviving Beneficiary at time of death

| 11a. Name *(First, Middle Initial, Last)* | 11b. Relationship to Beneficiary | 11c. Date of Birth *(mm/dd/yyyy)* | 11d. Complete Mailing Address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## SECTION III

**Tell us about the debts and expenses of the last sickness and burial of the deceased beneficiary**

***Note:*** Read Paragraphs C and D of the "Instructions" before completing Section III. Skip to Section V if you are claiming accrued benefits based on your relationship to the deceased beneficiary.

12. List the expenses of last sickness and burial in Items 12a through 12e.

| 12a. Name of Person or Firm | 12b. Nature of Expense *(For example, physician, hospital, burial expenses, etc.)* | 12c. Amount | 12d. Check One | | 12e. If Paid, Name of Person or Estate Whose Funds Were Used |
|---|---|---|---|---|---|
| | | | Paid | Unpaid | |
| | | $ | ☐ | ☐ | |
| | | $ | ☐ | ☐ | |
| | | $ | ☐ | ☐ | |
| | | $ | ☐ | ☐ | |

13. Have you been reimbursed from any source for any of the expenses paid from your personal funds?

☐ Yes ☐ No *(If "YES," specify the amount and source)*

14. Did the beneficiary leave any other debts?

☐ Yes ☐ No *(If "YES," go to Item 15. If "NO," skip to Item 16.)*

15. List the other debts in Items 15a and 15b.

| 15a. Nature of Debt | 15b. Amount |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |

16. Has or will the beneficiary's estate be legally administered?

☐ Yes ☐ No *(If "YES," attach a copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing court)*

## SECTION IV

**Give us a waiver of reimbursement from all unpaid creditors**

***Note:*** If any of the expenses listed in Item 12a are unpaid, Section IV must be completed and signed by all unpaid creditors. If you are a creditor who is claiming accrued benefits as reimbursement, Section IV must be completed by all other creditors and persons who provided services to the deceased beneficiary related to last illness or burial and hold the creditor responsible for payment of their claims. If you need additional space, please attach a separate sheet of paper providing the certification and information requested below.

I CERTIFY THAT the expense listed in Section III, Item 12a which was incurred by the claimant named in Item 6 in connection with the last sickness and burial of the beneficiary, is due and unpaid. I further certify that I hold the claimant responsible for the payment of any portion of the accrued benefit to which I may be entitled in the case of the beneficiary named in Item 1 or 4 and waive my right to any such benefit. This statement is true and correct to the best of my belief.

| | | |
|---|---|---|
| 17a. Name of Unpaid Creditor or Firm No. 1 | | |
| 17b. Address of Creditor or Firm | | |
| 17c. Signature of Creditor or Person Signing for Firm | 17d. Title | 17e. Date Signed<br>mo day yr |
| 18a. Name of Unpaid Creditor or Firm No. 2 | | |
| 18b. Address of Creditor or Firm | | |
| 18c. Signature of Creditor or Person Signing for Firm | 18d. Title | 18e. Date Signed<br>mo day yr |
| 19a. Name of Unpaid Creditor or Firm No. 3 | | |
| 19b. Address of Creditor or Firm | | |
| 19c. Signature of Creditor or Person Signing for Firm | 19d. Title | 19e. Date Signed<br>mo day yr |

## SECTION V

**Give us your Signature**

If you sign with an "X," then you must have two people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

| | |
|---|---|
| 20a. Signature of claimant | 20b. Today's date<br>mo day yr |
| 21a. Signature of witness (If claimant signed above using an "X") | 21b. Printed name and address of witness |
| 22a. Signature of witness (If claimant signed above using an "X") | 22b. Printed name and address of witness |

## SECTION VI

**Remarks - Use this space for any additional statements that you would like to make concerning your application.**

**IMPORTANT**
**Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.**

23. Remarks *(If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the Section and item number)*