Department of Veterans Affairs

# GENERAL INSTRUCTIONS

**FOR APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE)**

**VA FORM 21-534**

**Note: Read very carefully, detach, and keep these instructions for your reference.**

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

If you have any questions about this form, how to fill it out, or about VA 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 1-800-829-4833). You may also contact VA by Internet athttp://iris.va.gov.

## B. What is the purpose of VA Form 21-534?

Use VA Form 21-534 to apply for:

- VA benefits you may be entitled to receive as a surviving spouse or child of a deceased veteran, and
- any money VA owes the veteran but did not pay prior to his/her death (accrued benefits).

If you apply for any one of these benefits, the law requires that we also consider you for the others.

## C. What is the purpose of the attached SSA-24 form?

You can apply for Social Security (SS) benefits by using the SSA-24 form attached to this VA Form (see pages 9 and 10). You don't have to apply if you don't want to or have already done so. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration for you. They will then contact you.

## D. What are dependency and indemnity compensation (DIC) and death pension benefits, and how does VA decide what I will or will not receive?

1. Dependency and indemnity compensation may be payable when:

- a veteran's death occurred in service, or
- a veteran dies of a service-connected disability, or
- in certain circumstances if a veteran rated totally disabled from service-connected disability dies from non-service-connected conditions.

2. Death pension may be payable when:

- the death of a veteran with wartime service is not due to service, and
- income is within applicable limits.

VA pays pension based on the amount of family income and the number of dependent children. This is based on law. VA must include as income all sources that Federal law specifies. If there is no surviving spouse, pension may be payable on behalf of a child or children.

Unless a claim for dependency and indemnity compensation or death pension is filed within one year from the date of the veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

If it is determined that you are entitled to DIC and death pension, we will pay you whichever benefit entitles you to the most money. Benefit rates and income limits are frequently changed, so it is not possible to keep this information current in these instructions. You can find out what the current income limitations and rates of benefits are by contacting your nearest VA regional office.

## E. How do I apply for aid and attendance allowance and/or housebound benefits?

VA may pay a higher rate of DIC or pension to a surviving spouse who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. If you wish to apply for this benefit, check "Yes" for Item 31.

## F. 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 48, "Remarks, " or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application (Items 44 and 45).

**Note:** If the claim is being made on behalf of a minor or incompetent person, the application form should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.

**G. 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 mailing it.

**H. How can I assign someone to act as my representative?**

A representative can be an accredited member of an accredited organization orother service organization that the Secrertary of Veterans Affairs recognizes, an agent recognized by VA, or a licensed lawyer. Agents and attorneys can charge you for services that you get from them only after the Board of Veteran's Appeals (BVA) gives you their final decision about your application. That means you can use an attorney during any stage of your application for benefits. However, the agent or attorney cannot charge your for services unless you are trying to resolve a dispute with VA after BVA has made a decision about your claim.

If you want to use a representative to help you with your application, contact the nearest VA office. Depending on the type of representative you want to designate, we will send you one of the following forms:

VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 22A, Appointment of Individual as Claimant's Representative. You may also download these forms at http://www.va.gov/vaforms/. If you have already designated a representative, no further action is required on your part.

**I. What if I believe that VA has made an error in processing or deciding my benefits?**

You can ask for a personal hearing at any time during the processing of your claim. That means you can ask for the hearing while VA is processing your claim or after VA has made a decision. You should contact the nearest VA office and tell them that you want a personal hearing on your case. Someone in the local VA office will arrange a time and place for your hearing. At this hearing, you can bring witness. VA will record whatever you and your witness say during the hearing and include it in the official record. VA will furnish the hearing room and officials, and prepare a transcript of the hearing. VA cannot pay your expenses or the expenses of anyone you want to bring with you to the hearing.

**PRIVACY ACT INFORMATION:** The 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 o f 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 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA wil l 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine eligibility for death benefits and accrued benefits under 38 U.S.C. 1310 through 1314, 1532 through 1543, and 5121. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 75 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.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Department of Veterans Affairs

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)**
**VA Form 21-534**

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

## SECTION I

**Tell us what you are applying for and what you and the deceased veteran have applied for**

1. Did the veteran ever file a claim with VA?
☐ YES ☐ NO *(If "Yes," answer Item 2)*

2. What is the VA file number?

3. Has the surviving spouse or child ever filed a claim with VA?
☐ YES ☐ NO *(If "Yes," answer Items 4 through 6)*

4. What is the VA file number?

5. What is the name of the person on whose service the claim was filed?
First Middle Last

6. What is your relationship to that person?

7. Are you claiming service connection for cause of death?
☐ YES ☐ NO

## SECTION II

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

8. What is the veteran's name?
First Middle Last Suffix (If applicable)

9. What is the veteran's Social Security number?

10a. Did the veteran serve under another name?
☐ YES ☐ NO
*(If "Yes," answer Items 10b)*

10b. Please list the other name(s) the veteran served under:

11. What is the veteran's date of birth?
mo day yr

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

12. What is the veteran's date of death?
mo day yr

13. Was the veteran a former prisoner of war?
☐ YES ☐ NO

14. What is your name? (First, Middle, Last Name)

15. What is your relationship to the veteran? (check one)
☐ Surviving Spouse ☐ Child

16. What is your address?
Street address, Rural Route, or P.O. Box Apt. number
City State ZIP Code Country

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

18. What is your e-mail address?

19. What is your Social Security number?

20. What is your date of birth?
mo day yr

## SECTION III Tell us about the veteran's active duty service

1. Enter complete information for all periods of service. If more space is needed use Item 48 "Remarks."

2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

**Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.**

| 21a. Entered Active Service (first period) mo day yr | 21b. Place | 21c. Service Number | |
|---|---|---|---|
| 21d. Left This Active Service mo day yr | 21e. Place | 21f. Branch of Service | 21g. Grade, Rank, or Rating |
| 21h. Entered Active Service (second period) mo day yr | 21i. Place | 21j. Service Number | |
| 21k. Left This Active Service mo day yr | 21l. Place | 21m. Branch of Service | 21n. Grade, Rank, or Rating |

## SECTION IV Tell us about your and the veteran's marital history

Attach a copy of your marriage certificate showing your marriage to the veteran.

**Note: Skip to Section V if the veteran was receiving additional VA benefits for you as his/her spouse at the time of his/her death *unless* you remarried after the veteran's death.**

You must furnish complete information about **all** marriages of the surviving spouse and the veteran. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

**The veteran's marriages**

22a. How many times was the veteran married? _____

| 22b. Date of Marriage | 22c. Place *(city/state or country)* | 22d. To whom married *(first, middle initial, last name)* | 22e. Date marriage ended | 22f. Place *(city/state or country)* | 22g. How marriage ended *(death, divorce)* |
|---|---|---|---|---|---|
| mo day yr | | | mo day yr | | |
| mo day yr | | | mo day yr | | |

**The surviving spouse's marriages. Note: Items 23a through 27 should be completed by the veteran's surviving spouse. If the claimant is not the surviving spouse, skip to Section V.**

23a. How many times were you married? _____ 23b. Have you remarried since the death of the veteran? ☐ YES ☐ NO

| 23c. Date of Marriage | 23d. Place *(city/state or country)* | 23e. To whom married *(first, middle initial, last name)* | 23f. Date marriage ended | 23g. Place *(city/state or country)* | 23h. How marriage ended *(death, divorce)* |
|---|---|---|---|---|---|
| mo day yr | | | mo day yr | | |
| mo day yr | | | mo day yr | | |

## SECTION IV Tell us about your and the veteran's marital history (continued)

Answer Item 24 only if you were married to the veteran for less than one year.

24. Was a child born to you and the veteran during your marriage or prior to your marriage?

☐ YES ☐ NO

25. Are you expecting the birth of a child of the veteran?

☐ YES ☐ NO

26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?

☐ YES ☐ NO

*(If "No", answer Item 27)*

27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.

## SECTION V Tell us about the unmarried children of the veteran

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a *unless* the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

**Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.**

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- between 18 and 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

| 28a. Name of child (First, middle initial, Last) | 28b. Date and place of birth (City/State or Country) | 28c. Social Security Number | 29a. Biological | 29b. Adopted | 29c. Stepchild | 29d. 18 - 23 yrs old and in school | 29e. Seriously disabled | 29f. Child previously married |
|---|---|---|---|---|---|---|---|---|
| | mo day yr | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | mo day yr | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | mo day yr | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## SECTION V Tell us about the unmarried children of the veteran (continued)

**Tell us about the children listed above that don't live with you.**

| 30a. Name of child (first, middle initial, last) | 30b. Child's Complete Address | 30c. Name of person the child lives with (if applicable) | 30d. Monthly amount you contribute to child's support |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

## SECTION VI Tell us if you are housebound, in a nursing home or require aid and attendance

If you answered "yes" to Item 31 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.

31. Are you claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound?

☐ YES ☐ NO

*(If "No," skip to section VII)*

32a. Are you now in a nursing home?

☐ YES ☐ NO

*(If "Yes," answer Items 32b and 32c also)*

32b. What is the name and complete mailing address of the facility?

32c. Does Medicaid cover all or part of your nursing home costs?

☐ YES ☐ NO

*(If "No," answer Item 32d also)*

32d. Have you applied for Medicaid?

☐ YES ☐ NO

## SECTION VII Tell us the net worth of you and your dependents

**Note:** If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* |
| 33a. Cash, bank accounts, certificates of deposit (CDs) | | | | |
| 33b. IRAs, Keogh Plans, etc. | | | | |
| 33c. Stocks, bonds, mutual funds | | | | |
| 33d. Value of business assets | | | | |
| 33e. Real property (not your home) | | | | |
| 33f. All other property | | | | |

## SECTION VIII Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report **all** income, and VA will determine any amount that does not count.

**Note:** If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc.
Do not report the same information in both tables.
If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.
If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.
If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody?

☐ YES ☐ NO

*(If "Yes," answer item 34b)*

34b. Is Social Security based on your own employment?

☐ YES ☐ NO

35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?

☐ YES ☐ NO

36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?

☐ YES ☐ NO

37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran?

☐ YES ☐ NO

## SECTION VIII Tell us about the income of you and your dependents (continued)

**Monthly Income - Tell us the income you and your dependents receive every month**

| Source | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* |
| 38a. Social Security | | | | |
| 38b. U.S. Civil Service | | | | |
| 38c. U.S. Railroad Retirement | | | | |
| 38d. Military Retirement | | | | |
| 38e. Black Lung Benefits | | | | |
| 38f. Supplemental Security Income (SSI)/ Public Assistance | | | | |
| 38g. Other income received monthly (Please write source below:) | | | | |

**Expected income next 12 months - Tell us about other income for you and your dependents**

Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

| Sources of income for the next 12 months | Surviving spouse or Custodian of children | Child(ren) | | |
|---|---|---|---|---|
| | | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* | Name: *(first, middle initial, last)* |
| 39a. Gross wages and salary | | | | |
| 39b. Total dividends and interest | | | | |
| 39c. Other income expected (Please write source below:) | | | | |
| 39d. Other income expected (Please write source below:) | | | | |

## SECTION IX

**Tell us about medical, last illness, burial or other unreimbursed expenses**

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed attach a separate sheet.

| 40a. Amount paid by you | 40b. Date Paid | 40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.) | 40d. Paid to (Name of nursing home, hospital, funeral home, etc.) | 40e. Relationship of person for whom expenses paid |
|---|---|---|---|---|
| $ | mo day yr | | | |
| $ | mo day yr | | | |
| $ | mo day yr | | | |
| $ | mo day yr | | | |

## SECTION X

**Give us direct deposit information**

**If benefits are awarded** we will need more information in order to process any payments to you. Please read the paragraph starting with, ***"All Federal payments..."*** and then either:

1. Attach a voided check, or
2. Answer questions 41-43 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 41. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

41. Account number (Please check the appropriate box and provide that account number, if applicable)

☐ Checking

☐ Savings

☐ I certify that I **do not** have an account with a financial institution or certified payment agent

Account number _____

42. Name of financial institution

_____

43. Routing or transit number

_____

**SECTION XI** **Give us your signature**

I certify and authorize the release of information:
I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

| 44. Your signature | 45. Today's date |
|---|---|
| | |

| 46a. Signature of witness (If claimant signed above using an "X") | 46b. Printed name and address of witness |
|---|---|
| | |

| 47a. Signature of witness (If claimant signed above using an "X") | 47b. Printed name and address of witness |
|---|---|
| | |

**SECTION XII**

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

48. 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 part and item number)*

**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.

Form Approved
OMB Approved No. 0960-0062

SOCIAL SECURITY ADMINISTRATION

# APPLICATION FOR SURVIVORS BENEFITS

(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

IMPORTANT - Read instructions before completing form. Detach and retain ONLY the instruction sheet.

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

| 1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)* | 2. DATE OF DEATH |
|---|---|
| | |

NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6 and 7 about veteran.

| 3. SOCIAL SECURITY NO. OF VETERAN | 4. DATE OF BIRTH | 5. PLACE OF BIRTH |
|---|---|---|
| | | |

| 6. NAME OF FATHER | 7. MAIDEN NAME OF MOTHER | 8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936? ☐ YES ☐ NO |
|---|---|---|
| | | |

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

| 9A. DATE ENTERED ACTIVE SERVICE | 9B. SERVICE NO. | 9C. DATE SEPARATED FROM ACTIVE SERVICE | 9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| 10. RELATIONSHIP OF APPLICANT TO VETERAN ☐ SURVIVING SPOUSE ☐ CHILD ☐ PARENT | 11. DATE OF BIRTH OF APPLICANT | 12. VA FILE NO. |
|---|---|---|
| | | |

CHILDREN: Show names of surviving children (including natural children, adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).

| | |
|---|---|
| 13A. | 13B. |
| 13C. | 13D. |

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

| 14. DATE *(Month, day, year)* | 15. SIGNATURE OF APPLICANT *(First name, middle initial, last name) (Sign in ink)* |
|---|---|
| | |

| 16. MAILING ADDRESS OF APPLICANT *(No. and street or rural route, city or P.O., State and ZIP Code)* | 17. TELEPHONE NO. *(Include Area Code)* |
|---|---|
| | |

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE

| 18A. SIGNATURE OF WITNESS | 18B. ADDRESS OF WITNESS *(No. and street, city, State and ZIP Code)* |
|---|---|
| 19A. SIGNATURE OF WITNESS | 19B. ADDRESS OF WITNESS *(No. and street, city, State and ZIP Code)* |

**ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS Use reverse for "Remarks"**

| 20. PROOFS RECEIVED | | 21. PROOFS REQUESTED FROM CLAIMANT OR OTHER *(Specify)* | |
|---|---|---|---|
| ☐ DEATH | ☐ MARRIAGE | ☐ DEATH | ☐ MARRIAGE |
| ☐ AGE | _____ (NAME) | ☐ AGE | _____ (NAME) |
| ☐ OTHER *(Specify)* | _____ (NAME) | ☐ OTHER *(Specify)* | _____ (NAME) |
| | _____ (NAME) | | _____ (NAME) |

| 22. DATE | 23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE |
|---|---|
| | |

**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU COMPLETE THE SSA-24.**
**INSTRUCTIONS FOR COMPLETING FORM SSA-24, APPLICATION FOR SURVIVORS BENEFITS**
**(Payable Under Title II of the Social Security Act)**

This application form, SSA-24, is an Application for Survivors Benefits Payable under Title II of the Social Security Act, as amended. Under authority of section 202(o) of the Social Security Act, the application requests information in order to determine eligibility to social security benefits.

You do not have to complete this application; there are no penalties under the law if you do not complete part or all of the SSA-24. However, it is usually to your advantage to provide the information because not providing it could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

If you do wish to supply the information requested on the SSA-24, this information will be forwarded to the Social Security Administration and used by them to determine wheter social security benefits may be payable to surviving dependent(s) of the veteran. Social Security will then contact you regarding any social security benefits payable based on information given on this form.

Please understand that Social Security may, in certain instances, disclose the information on this form to another Federal, State or local agency or individual without your written consent. This would be done in order to:

- enable a third party or an agency to assist Social Security in establishing an individual's right to benefits or coverage;
- comply with Federal laws which require or authorize the release of information from social security records; and
- facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social security programs.

If you should have any question about entitlement to social security benefits or the information you have provided on this form, please contact your local social security office.

Complete each item of the attached application, Form SSA-24, (except Items 20 through 23). When signed and dated the form SHOULD BE LEFT ATTACHED to your completed

- VA Form21-534, Application for Dependency and Indemnity Compensation, Death Pension a nd Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable) or
- VA Form 21-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).

**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.