

INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE REQUEST FOR SUBSTITUTION OF CLAIMANT UPON DEATH OF CLAIMANT

GENERAL INFORMATION

38 U.S.C. section 5121a, Substitution in case of death of claimant. It provides that if a claimant dies while a claim or appeal for any benefit under a law administered by the Secretary is pending, a living person who would be eligible to receive accrued benefits due to the claimant under section 5121(a) of this title may, not later than one year after the date of the death of the claimant, request to be substituted as the claimant for the purposes of processing the claim to completion.

The new statute allows a person who could be considered an accrued benefits claimant to substitute for a deceased claimant to continue adjudication of the deceased claimant's claim.

SPECIFIC INSTRUCTIONS

Section 1

In this section, give us the pertinent identifying information of the deceased veteran and/or deceased claimant including name, claim and/or social security numbers, and date of birth.

Section 2

Provide us with the substituting claimants' pertinent contact information to include name, address, contact numbers, email address and fax number (if applicable).

Where Do I Send My Completed Form?

Please mail the completed form to:

Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, WI 53547-5365

NOTE: You should make a copy of your signed authorization for your records before mailing it to VA.

WHAT IF I CHANGE MY MIND?

If you change your mind and **do not** want to be the substitute for the deceased claimant, write us a letter to revoke your request.

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| Department of Veterans Affairs | | VA DATE STAMP (DO NOT WRITE IN THIS SPACE) |
| REQUEST FOR SUBSTITUTION OF CLAIMANT UPON DEATH OF CLAIMANT | | |
| INSTRUCTIONS: Use this form if you want to request to substitute the claim of a deceased claimant. | | |
| SECTION I - IDENTIFYING INFORMATION | | |
| NOTE: You may <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form. | | |
| 1. FIRST, MIDDLE INITIAL, LAST NAME OF DECEASED CLAIMANT <i>(Print clearly if completing by hand)</i> | | |
| 2. VETERAN'S FILE NUMBER | 3. VETERAN'S SOCIAL SECURITY NUMBER <div style="text-align: center;">— —</div> | |
| 4. VETERAN'S DATE OF BIRTH <i>(MM/DD/YYYY)</i> <div style="display: flex; justify-content: space-between;"> Month — Day — Year — </div> | 5. DECEASED CLAIMANT'S DATE OF DEATH <i>(MM/DD/YYYY)</i> <div style="display: flex; justify-content: space-between;"> Month — Day — Year — </div> | |
| SECTION II - SUBSTITUTE CLAIMANT INFORMATION | | |
| I have interest in the claim of the deceased and request to be substituted as the claimant. I am eligible to receive accrued benefits due the deceased claimant and I am eligible to be a substitute claimant under section 5121(a) of title 38. | | |
| 6. FIRST, MIDDLE INITIAL, LAST NAME OF SUBSTITUTE CLAIMANT <i>(Print clearly if completing by hand)</i> | | |
| 7. RELATIONSHIP TO DECEASED | 8. CLAIMANT'S SOCIAL SECURITY NUMBER <div style="text-align: center;">— —</div> | |
| 9. ADDRESS OF CLAIMANT <i>(No. and Street or rural route, City or P.O., State and ZIP Code)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> No. & Street Apt./Unit Number </div> <div style="width: 30%;"> City </div> <div style="width: 30%;"> State/Province Country </div> <div style="width: 10%;"> ZIP Code/Postal Code — </div> </div> | | |
| 10. CLAIMANT'S TELEPHONE NUMBER(S) | | |
| A. DAYTIME PHONE NUMBER | B. EVENING PHONE NUMBER | C. CELL PHONE NUMBER |
| 11. E-MAIL ADDRESS <i>(Optional)</i> <i>(NOTE: By providing your E-mail address you provide consent for VA to contact you via E-mail and that those E-mails may contain personal identifiable information. However, VA will never include your SSN in E-mail correspondence.)</i> | | 12. FAX NUMBER <i>(If applicable)</i> |
| 13. REMARKS | | |
| 14A. SIGNATURE <i>(Do NOT print)</i> | | 14B. DATE SIGNED <i>(MM/DD/YYYY)</i> |
| <p>PRIVACY ACT INFORMATION: 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 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 Veteran Readiness and Employment Records - VA, 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. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.</p> <p>RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0740, and it expires 11/30/2027. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0740 in any correspondence. Do not send your completed VA Form 21P-0847 to this email address.</p> | | |