



Step By Step Guide To VA Improved Pension Form 21-534

For Surviving Spouses Only

*(If you are a Veteran, please download **Form 21-526**)*

NOTE: This is NOT a VA form. These guidelines were prepared for the American Veterans Institute by individuals familiar with the Improved Pension program and the appropriate methods for completing and submitting VA Improved Pension applications. VetAssist and AVI cannot guarantee a VA approval, even if every Question is properly answered. We urge applicants to carefully review all VA correspondence received after the submitting the forms. Mistakes are made by the VA and vigilance is required...even after the forms are submitted.

Section I

Question 1. Did the deceased veteran file a previous claim with the VA? If so, there should be a VA file number. That number goes in the next block, block #2.

Question 2. Enter the VA file number from the veteran's previous claim.

Question 3. Have you (the surviving spouse or child) filed a previous claim with the VA? If so, there should be a VA file number. That number goes in the next block, block #4.

Question 4. Enter the VA file number from your previous claim, if there is one.

Question 5. Fill in the veterans name only if the veteran or you have filed a previous claim (only if you checked "yes" in question 1 or 3).

Question 6. Fill in your relationship to the veterans name only if the veteran or you have filed a previous claim (only if you checked "yes" in question 1 or 3).

Question 7. Is the claim you are currently filling out the application for a result of something that happened to the veteran as a result of the veteran's military service?

Section II

Question 8. List your full name

Question 9. List your social security number

Question 10a. If the veteran's name is William Robert Smith but he served under Bobbie William Smith (and your papers reflect that name) then you will check "yes" Otherwise, check 'no.'

Question 10b. If you answered "yes" to 6a, list the name you served under here, otherwise leave blank.

Question 11. List the veteran's birth date. (month, day, year)

Question 12. When did the veteran die? (month, day, year)

Question 13. If the veteran was a prisoner of war, please indicate so with 'yes.' If the veteran was not a prisoner of war, mark the answer 'no.' Do not leave this blank.

Question 14. List your full name

Question 15. Check your relationship to the veteran: surviving spouse or child

Question 16. List the address where you are receiving mail etc. *For surviving spouses* -- If you still own your home but live in an Assisted Living facility, list the address of the facility. If you are the child of a veteran and you are assisting in filling out this form, you are better off listing the surviving spouse's address versus your own. It could confuse matters. If you are planning to move to an Assisted Living facility, you may list your current mailing address – but make a note in block 48, Remarks, that indicates you will be moving. List the address of the facility you will be moving to, and the date when your residency there will begin.

Question 17. List the phone number of the person who can be contacted in the event you cannot be reached.

Question 18. There is no need to list your e-mail address; and, in fact, you are probably better off to keep correspondence via the postal service where mail can be tracked and verified.

Question 19. List your social security number

Question 20. List your birth date. (month, day, year)

Section III

Question 21a. List the effective date of the veteran's active service (it will be listed on the veteran's DD-214, report of separation, or discharge papers as "date of entry into active service")

Note: If the veteran served multiples times, you only need to record one period of service. So long as you establish that the veteran served more than 90 days on active duty, one of which was during a VA-designated combat era, you should be eligible.

Question 21b. List the city and state or the military facility that is listed under “date (and/or) place of entry into active service”

Question 21c. Service number is usually listed at the top of the discharge papers. Typically it is one group of two digits, followed by a group of three digits, followed by a group of three digits (i.e. XX XXX XXX). This may not always be the case, as the service number format changed in later years and between branches of the military.

Question 21d. List the “date of separation” from the period of service indicated in *Question 21a*. (For example, if the veteran had multiple periods of service, you might not list the final date of separation here. Only list the separation date that corresponds to the entry date listed on *21a*.)

Question 21e. List the “place of separation” as indicated on the separation/discharge papers, which is usually either a city and state or a military facility.

Question 21f. Branch of service will be US Navy, US Air Force, US Coast Guard etc...

Question 21g. ‘Grade, rank or rating’ is typically listed toward the top of the separation/discharge papers. It may be either a rank (PFC, Sgt, etc) or a grade (E-4, O-3, etc).

Question 21h through 21n. Even if the veteran served more than one period in the military, it may not be necessary to answer these questions, if the claimant met the VA criteria for service (minimum 90 days, one of which is during a wartime era) with the information provided under Questions 21a through 21g.) You may leave these blank.

Section IV

Questions 22a through 22g – information on the veteran’s marriage(s)

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

Question 22b. Indicate the date you and the veteran were married.

Question 22c. List the place where you and the veteran were married.

Question 22d. List your full name.

Question 22e. For your marriage to the veteran, this is the date the veteran died.

Question 22f. The place the veteran died

Question 22g. How the marriage to the veteran ended (usually death since you are filling for this benefit).

NOTE: If the veteran had more than one marriage, list the same details about the veteran's other marriages under the first entry. If the veteran had more than two marriages, please attach a sheet that lists the additional information. The VA may also require a divorce decree or death certificate on previous spouses.

Questions 23a through 23h – information on the surviving spouse's marriage(s)

Question 23a. How many times have you been married?

Question 23b. Did you remarry after the death of the veteran?

Question 23c. Indicate the date you and the veteran were married.

Question 23d. List the place where you and the veteran were married.

Question 23e. List the veteran's full name.

Question 22f. For your marriage to the veteran, this is the date the veteran died.

Question 22g. The place the veteran died

Question 22h. How the marriage to the veteran ended (usually death since you are filling for this benefit).

NOTE: If you have had more than one marriage, list the same details about your other marriages under the first entry. If you have had more than two marriages, please attach a sheet that lists the additional information. The VA may also require a divorce decree or death certificate on previous spouses.

Question 24. Was a child born to you and the veteran during your marriage or prior to your marriage? (Note: Only answer this question if you were married to the veteran for less than one year)

Question 25. Only answer this if you are currently pregnant with the child of the veteran.

Question 26. Did you live continuously with the veteran from the date of marriage to the date of his/her death? If so, select 'yes' (If the answer is "no", also answer question 27.)

Question 27. Only answer this question if the answer to question 26 was "no".

Section V

If you have children who are unmarried and under age 18 (or 18-23 and still in school) or became permanently unable to support themselves prior to turning 18, you will fill out questions 28a through 30d. If this situation does not apply to you, please skip to Section VI.

If this situation does apply to you, be sure to carefully read the notes and instructions at the start of Section V, particularly pay close attention to the documents the VA will required for the children.

Section VI

Question 31. If you are applying for Aid & Attendance or Housebound benefits, you will answer this question "yes". If your answer is "no", skip to Section VII.

NOTE: Pay particular attention to the notes and instructions on the side of the application form in Section VI. The instructions tell you the types of documentation the VA requires for Aid & Attendance.

Question 32a. This question refers only to official nursing homes, NOT to assisted living facilities. Answer 'yes' ONLY if you currently reside in a nursing home. If your facility is identified as "assisted living" you will answer this 'no.'

Question 32b. List the name and address of the facility only if you answered 'yes' to Question 6a. If you answered 'no' to Question 32a, leave this blank.

Question 32c. Answer this question only if you selected 'yes' on Question 32a. If you answer "no" on this question, you must also answer question 32d.

NOTE: If you are currently receiving Medicaid, the most you can get from an Aid & Attendance pension is \$90 per month. However, that is an additional \$1,080 per year so it may be worth pursuing, regardless. *(Another reason to apply is because the VA will not pay burial benefits unless the veteran was in receipt of pension or compensation at time of death or died in a VA hospital. This is a potential \$600 benefit.)*

Question 32d. If you indicate 'yes' on this question, please add "see Remarks section" and use the Remarks block in Section A to explain what the response was to your application for Medicaid. Otherwise, select 'no.'

Section VII

NOTES: If you previously indicated that you do not have any dependent children, please leave blank the parts of this form that reference children.

You **MUST** enter either a number or a “0” (zero) for each line. If you leave a line blank the VA will assume that you forget to enter something and you will create delays as they attempt to get the information from you.

List only the assets in your possession the day you file this claim. The VA does not have a ‘look back’ period.

The VA does not include the value of your personal automobile or the house you live in or a reasonable area of land it sits on as a part of your net worth.

Question 33a. This refers to your cash, checking account, savings accounts, interest-bearing checking accounts, certificates of deposit, or other “liquid” assets.

Question 33b. This would include IRAs, Keogh Plans, other retirement plans, etc.

Question 33c. Please list the current liquidatable value of these assets. If you do not have any of these assets, list a “0” (zero) in the appropriate column(s).

Caution: The VA will verify your financial information.

Question 33d. This will apply only if you own you own business or have a financial interest in a business.

Question 33e. If you own any real estate other than your personal residence, you must report it. The value of that property will be factored into your net worth. If the property is co-owned and cannot be easily liquidated to cover your expenses, please refer to the *Remarks* block in Section A and explain the situation (or attach a sheet that explains it. If you attach a separate sheet, please label it “*Continuation of Answers*” and list your Social Security Number at the top.)

Question 33f. This refers only to valuable assets such as gem stones, gold bars, etc. It does not refer to household items, clothing, appliances etc. The VA does not consider the value of the personal property you use every day when estimating net worth.

Section VIII

Question 34a. Check 'yes' if you receive a monthly check from the Social Security Administration. Otherwise, select 'no.'

Question 34b. If you checked 'yes' on 34a, please indicate whether the social security income is based on your employment or your spouse's.

Question 35. Check 'yes' if you or your child have ever filed a worker's compensation claim based on the death of your spouse. Otherwise, check 'no.'

Question 36. Check 'yes' if you have been awarded damages or have a claim pending in the death of your spouse. Otherwise, check 'no.'

Question 37. If you are receiving a portion of your spouse's military retirement through the Survivor Benefit Plan, please select 'yes,' otherwise select 'no.'

Question 38a. Please list the gross amount that you receive MONTHLY in social security. Do not subtract your Medicare premium (that will be done later on the form.) Do not list any information under the columns marked 'children' unless you have dependent children. If you are not receiving social security, please mark this "0" (zero).

Question 38b. If you are retired Civil Service, please indicate the amount of your monthly pension under the appropriate column(s). If you are not retired Civil Service, please mark this line "0" (zero) in the appropriate column(s). Do not list any information under the columns marked 'children' unless you have dependent children.

Question 38c. Please mark this "0" (zero) in the appropriate column(s) unless you are retired from the U.S. Railroad system. Do not list any information under the columns marked 'children' unless you have dependent children.

Question 38d. If you are receiving a portion of your spouse's military retirement through the Survivor Benefit Plan, please indicate the amount here. Otherwise, please enter a "0" (zero). Do not list any information under the columns marked 'children' unless you have dependent children.

Question 38e. If you are receiving Black Lung Benefits, please indicate the monthly amount in the appropriate column. Otherwise please enter a "0" (zero). Do not list any information under the columns marked 'children' unless you have dependent children.

Question 38f. If you are receiving SSI benefits (NOT social security), please enter the monthly amount in the appropriate column. Otherwise please enter a

“0” (zero). Do not list any information under the columns marked ‘children’ unless you have dependent children.

Question 38g. If you are receiving any other type of payment (such as a pension from private industry, etc.) please indicate the monthly amount in the appropriate column. Otherwise please enter a “0” (zero). Do not list any information under the columns marked ‘children’ unless you have dependent children.

NOTE: Questions 39a through 39d refer to YEARLY amounts. Do not enter monthly amounts in this section. Enter the annual income from each category, or enter a “0” (zero).

Question 39a. You will answer this question ONLY if you are employed and receiving some type of salary. Otherwise, you must mark a “0” (zero) in the appropriate column(s). Do not list any information under the columns marked ‘children’ unless you have dependent children. Do not enter any of the income listed in Questions 38a through 38g. It is NOT considered salary or wages.

Question 39b. If you listed any interest-bearing accounts, IRAs, Keoghs, etc. in Questions 33a through 33f, you MUST account for the interest, dividends etc. on this line. If you do not list such income, it will delay the processing of your claim, as the VA attempts to determine what you are earning from your listed assets. If you have no interest-bearing assets, you should mark a “0” (zero) in the appropriate column(s). Do not list any information under the columns marked ‘children’ unless you have dependent children.

Question 39c and 39d. If you any income in the coming year, please indicate the amount and the source of the payment. If you anticipate no such payments, you should mark a “0” (zero) in the appropriate column(s). Do not list any information under the columns marked ‘children’ unless you have dependent children.

Section IX

NOTE: This section is VERY important as it establishes the expenses that the VA will deduct from your income in order to come up with your “countable income.” The countable income will help determine your eligibility for pension.

If you have more deductions than the four lines available, please attach an additional sheet listing all the requested information.

Please remember that these expenses must be unreimbursed, recurring expenses (i.e. a one-time hospital visit in the previous year does NOT count. Your monthly assisted living charges DO count. Monthly recurring, unreimbursed prescription costs can also be counted (as can over-the-counter medications that are taken on a regular basis). If you pay a monthly health insurance premium,

that can be counted, as can your monthly Medicare premium. You may deduct all these same expenses on behalf of your spouse.

(NOTE: *Non-recurring medical expenses can be reported at the end of the 12 month period and the VA will make any necessary adjustments. This could result in an additional lump sum payment.*)

Question 40a. In this column, please indicate the monthly amount of the expense you are claiming. The Medicare Deduction should be listed first. Example: **\$93.50/mo.** After that, you can list the other expense amounts. Example: **\$2,750/mo.** (which you will record in 40c as “Assisted Living.”)

Question 40b. Since these are all recurring monthly payments, list the first day of the upcoming month for all of them – i.e. if you are filing the package in March, list the payment date as April 1, 2007.

Question 40c. List the purpose for the payment... The first line should always be “Medicare Deduction.” After that, you can list the other expenses, such as ‘Assisted Living Costs,’ ‘Home Health Care Costs,’ ‘Insurance Premium,’ ‘Prescription Costs,’ etc.

Question 40d. List the recipient of the recurring expense (i.e. Medicare, Happy Valley Assisted Living, Gold Medal Insurance Co., ABC Pharmacy, etc.)

Question 40e. If the expense is being claimed for you, write ‘surviving spouse.’

Section X

Question 41. The VA prefers to provide pension checks via Direct Deposit. Please check either ‘savings’ or ‘checking’ in order to set up the Direct Deposit process. (You may waive Direct Deposit by writing to the Department of Veterans Affairs, 125 S. Main Street, Ste. B, Muskogee, OK 74401-7004 and explaining to them why you do not want Direct Deposit. If you check ‘savings’ or ‘checking’ make sure you include the account number.

Note: You should attach a voided check if you have selected ‘checking’ but you should also write in the financial information, in case the check gets separated from the form.

Question 42. Write in the name of the bank.

Question 43. Write in the routing number (even if you have attached a voided check)

Section XI

Question 44. The surviving spouse who is filing the claim should sign here. Even if his/her signature is shaky, that is preferable to signing with an “X.”

Question 45. Please write in the date that you are finishing the claim.

Question 46a, 46b, 47a, 47b. No witnesses are necessary, unless the claimant signs with an “X.”

Section XII

Question 48. If you are clarifying some piece of information provided anywhere in the application, you may do so here. However, if the information you have provided is reasonably clear, do not put in lengthy explanations. If the VA requires more information on a specific topic, they will request it.

Note: Topics to cover in the *Remarks* section might include a confusing marital history (i.e. if you were married to the same person several different times). Also, if your expenses are MORE than his income, please explain how you are able to pay your bills (i.e. if your children are helping you financially, this is something the VA would need to know, so they do not think that you are somehow hiding assets, etc.) Such explanations (briefly and clearly worded) can help avoid lengthy delays as the VA tries to acquire clarification.

Once you have completed this Form, you are ready to assemble your VA package. Select the “*checklist*” button to see what documents you need to clip to the **21-534 Form**. Make sure the package is assembled as indicated under the checklist section.