

**FULLY DEVELOPED CLAIM
(EXPRESS CLAIM NOTICE)**

(Notice to Claimants of Information and Evidence Necessary to Substantiate a
Claim for VA Disability Live Compensation)

Thank you for participating in the Department of Veterans Affairs (VA) Express Claim Program. VA established the Express Claim Program to expeditiously process claims certified by the claimant or his/her representative as meeting the Express Claim criteria.

Express Claim Criteria:

1. For the purposes of this notice, your claim must be a rating-related claim for live compensation (original, secondary, and increased disability service connection claims only) submitted on VA Form 21-526EZ, Express Compensation Claim.
2. You must submit, with your claim, the Express Claim Certification signed and dated by you or your authorized representative.
3. You must submit with the Express Claim Certification:
 - All, if any, relevant, private medical treatment records for the disabilities you are claiming and an identification of any treatment records from a Federal treatment facility such as a VA medical center.
 - For Guard and Reserve members, any and all Service Treatment and Personnel Records in the custody of your Unit.
 - If claiming dependents, a completed VA Form 21-686c, Declaration of Status of Dependents.
4. You must report for any VA medical examination VA determines are necessary to decide your claim.

Note: VA forms are available at www.va.gov/vaforms

This notice is applicable to any and all conditions claimed for service connection with your Express Claim. Upon receipt of the Express Claim Certification, we will expedite your claim under the Express Claim Program. If it is determined that your claim does not meet the Express Claim criteria we will process your claim through our standard claim process.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

Generally, veterans are eligible to receive compensation for disabilities related to military service.

To support a claim for **service connection**, the evidence must show:

1. You had an injury in military service, or a disease that began in or was made permanently worse during military service, or there was an event in service that caused an injury or disease; **AND**
2. You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
3. A relationship exists between your current disability and an injury, disease, symptoms, or event in military service. Medical records or medical opinions are generally required to establish this relationship. However, under certain circumstances, VA may presume that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The cause of a disability is presumed for the following veterans who have certain diseases:

Former prisoners of war;

- Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service;
- Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service;
- Veterans who were exposed to certain herbicides, such as by serving in Vietnam; or
- Veterans who served in the Southwest Asia theater of operations during the Gulf War.

To support a claim for compensation based upon **an additional disability** that was caused or aggravated by a service-connected disability, the evidence must show:

- You currently have a physical or mental disability shown by medical evidence, in addition to your service-connected disability; **AND**
- Your service-connected disability either caused or aggravated your additional disability. Medical records or medical opinions are required to establish this relationship. However, VA may presume service-connection for cardiovascular disease developing in a claimant with a certain service-connected amputation(s) of one or both lower extremities.

If VA previously granted service connection for your disability and you are seeking an increased evaluation of your service-connected disability, we need medical or lay evidence to show a worsening or increase in severity and the effect that worsening or increase has on your employment and daily life.

To support a claim for service connection based upon a period of **active duty for training**, the evidence must show:

- You were disabled during active duty for training due to disease or injury incurred or aggravated in the line of duty; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and the disease or injury incurred or aggravated during active duty for training. Medical records or medical opinions are generally required to establish this relationship.

To support a claim for service connection based upon a period of **inactive duty training**, the evidence must show:

- You were disabled due to an injury incurred or aggravated during inactive duty training or suffered an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during inactive duty training; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and your inactive duty training. Medical records or medical opinions are generally required to establish this relationship.

HOW VA DETERMINES THE DISABILITY RATING

When we find disabilities to be service connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; and
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work; or
- Statements discussing your disability symptoms from people who have witnessed how the symptoms affect you.

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

Express Claim Process

In order for you to participate in the Express Claim Program, you must obtain records and provide them to VA. VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim. For this program, VA will only obtain service treatment records and treatment records from VA medical centers. If you serve or previously served in the Guard or Reserves, you must contact your unit to find out if they still maintain custody of your service records (including your medical records). If your unit currently has custody of your service records (including your medical records), you must get a complete copy of these records and provide them to VA.

If it is determined that other records exist, and VA needs the records to decide your claim, or if you do not provide us with your National Guard or Reserve records as described above, then your claim will not be processed as an Express Claim. Your claim will be processed in our standard claim process.

Standard Claim Process

VA is responsible for getting relevant records from any Federal agency that you adequately identify and authorize VA to obtain. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration. VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim.

VA will make every reasonable effort to obtain relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, and privately held evidence and information you tell us about (such as private doctor or hospital records), or current or former employers.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable VA to obtain all relevant evidence not in your possession.

Express Claim Process

If you provide VA information sufficient to enable VA to obtain relevant service treatment records and VA treatment records, if any, and you give VA all other records relevant to your claim, the claim may be decided under the Express Claim Process. This means that, if you are aware of relevant records that are not in your possession, you should obtain them and provide them to VA in order to participate in the Express Claim Process.

Standard Claim Process

If you know of evidence not in your possession and want VA to try to get it for you, you must give VA enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. ***It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.***

If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.

WHEN YOU SHOULD SEND WHAT WE NEED

Express Claim Process

Send the information and evidence with the Express Claim Certification. For this program, you must obtain and submit any and all Service Treatment and Personnel Records in the custody of your Guard or Reserve Unit. If we decide your claim before one year from the date we receive this claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

Standard Claim Process

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date we receive this claim to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date we receive this claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.



**VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)**

**FULLY DEVELOPED CLAIM
(EXPRESS COMPENSATION CLAIM)**

IMPORTANT: Please read the Privacy Act and Respondent Burden on the back before completing the form. This claim must be submitted along with the attached, "Express Claim Certification."

SECTION I: TO BE COMPLETED BY VETERAN

1. VETERAN'S NAME <i>(Last, first, middle)</i>	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH
--	---------------------------	------------------

4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide your file number in Item 6)</i>	6. VA FILE NUMBER
---	---	-------------------

7A. CURRENT ADDRESS Street address, rural route, or P.O. Box City State ZIP Code Country	Apt. number	7B. TELEPHONE NUMBERS <i>(Include Area Code)</i> Daytime _____ Evening _____ Cell phone _____
--	-------------	--

8A. PREFERRED E-MAIL ADDRESS <i>(If applicable)</i>	8B. ALTERNATE E-MAIL ADDRESS <i>(If applicable)</i>
---	---

9. WHAT DISABILITIES ARE YOU CLAIMING?

10. LIST VA MEDICAL CENTERS WHERE YOU RECEIVED TREATMENT FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES	
A. NAME AND LOCATION OF VA MEDICAL CENTER	B. DATE(S) OF TREATMENT

SECTION II: SERVICE INFORMATION

11A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <i>(If "Yes," go to Item 11B)</i> <input type="checkbox"/> NO <i>(If "No," go to Item 12A)</i>	11B. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER
--	---

12A. I ENTERED MY MOST RECENT PERIOD OF ACTIVE SERVICE ON mo / day / yr	12B. BRANCH OF SERVICE	12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY
--	------------------------	---

12D. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO	12E. PLACE OF SEPARATION
--	--------------------------

13A. ARE YOU CURRENTLY ACTIVATED TO FEDERAL ACTIVE DUTY UNDER THE AUTHORITY OF TITLE 10, U.S.C. <i>(National Guard)?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide date of activation in Item 13B)</i>	13B. DATE OF ACTIVATION mo / day / yr
--	--

14A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?	14B. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? <i>(Include Area Code)</i>
--	--

15A. DO YOU HAVE ADDITIONAL PERIODS OF ACTIVE SERVICE? <input type="checkbox"/> YES <i>(If "Yes," go to Item 15B)</i> <input type="checkbox"/> NO <i>(If "No," go to Item 16A)</i>	15B. I PREVIOUSLY ENTERED ACTIVE SERVICE ON mo / day / yr
--	--

SECTION III: MILITARY PAY

16A. DO YOU RECEIVE RETIRED PAY?

 YES NO (If "Yes," complete Item 16B)

16B. TYPE OF RETIRED PAY?

 LONGEVITY DISABILITY
 TDRL

17A. DID YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE PAY?

 YES NO (If "Yes," complete Items 17B and 17C)

17B. LIST AMOUNT (If known)

17C. LIST TYPE (If known)

IMPORTANT: Unless you check the box in Item 18 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by that amount. VA will notify the Military Retired Pay Center of all benefit changes.

If you receive both military retired pay and VA compensation, some of the amount you get may be recouped by VA, or, in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

18. No, I do not want VA compensation in lieu of military retired pay.**SECTION IV: DIRECT DEPOSIT INFORMATION**

Generally, all Federal payments are required to 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 19, 20 and 21 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 19. The Treasury Department is working to make bank accounts available in such situations. 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 a hardship if you 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.

19. ACCOUNT NUMBER (Please check the appropriate box and provide the account number, if applicable)

 CHECKING _____ SAVINGS _____ I CERTIFY THAT I **DO NOT** HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

20. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

21. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

SECTION V: CERTIFICATIONS AND 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.

22A. YOUR SIGNATURE (Do NOT print)

22B. DATE SIGNED

SECTION VI: WITNESSES TO SIGNATURE

23A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

23B. PRINTED NAME AND ADDRESS OF WITNESS

24A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

24B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. 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. Social Security information: 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.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 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/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

EXPRESS CLAIM CERTIFICATION

Name _____

Date _____

Claim Number _____

Social Security Number _____

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

I have enclosed all the information or evidence that will support my claim to include identifying records from Federal treating facilities, or I have no information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

Claimant/Representative's Signature

Date