



- Rates & Dates
- Rates, Dates, & Reasons

**If there is no withholding & Rates & Dates (Paragraph 002T)**  
*[BDN or User Entries] [User Entry Only for Reason for Change]*

Monthly Entitlement Amount	Payment Start Date

**OR**

**If there is no withholding & Rates, Dates, and Reasons**

Monthly Entitlement Amount	Payment Start Date	Reason For Change

***If “Withholding”***

**(Paragraph 002TW)**

*BDN or User Entries [User Entry Only for Reason for Change]*

Total Award Amount	Amount Withheld	Monthly Entitlement Amount	Payment Start Date	Reason For Change

***Select One***

- Single
- With Spouse
- Spouse and Children
- Child/Children Only

***Option – Single***

**(Paragraph 009X)**

We are paying you as a single veteran with no dependents.

***Is vet in a Medicaid nursing home @ \$90?***

***If yes***

**(Paragraph 018)**

We must limit your pension amount to \$90 monthly because:

- You are in a Medicaid-approved nursing home, **AND**

- You are covered by Medicaid, **AND**
- You have no dependents.

The \$90.00 payment is for your personal use and shouldn't be used by Medicaid for your medical expenses.

---

***Option - Includes Spouse*** **(Paragraph 009B)**

We are paying you as a veteran with one dependent. Your payment includes an additional amount for your spouse. *Let us know right away if there is any change your marital status.*

---

***Option - Include Spouse and Children*** **(Paragraph 009C)**

We are paying you as a veteran with [User Entry-number of dependents] dependent(s). Your payment includes an additional amount for your spouse, and your child/children. *Let us know right away if there is any change in the status of your dependents.*

---

***Option - Child/Children Only*** **(Paragraph 009D)**

We are paying you as a veteran with [User Entry-number of dependents] dependent(s). Your payment includes an additional amount for your child/children. *Let us know right away if there is any change in the status of your dependents.*

---

***Are there dependents VA can't recognize?***

***If "yes"***

**(Paragraph 730)**

We are not paying for [User entry-Enter name of dependent] because [User entry-Reason(s)].

**When Can You Expect Payment**

**(H500)**

***Are payments monthly? Y/N***

***If "Yes"***

**(Paragraph 500)**

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

---

***If “No”***

**(Paragraph 704)**

Your payment begins the first day of the month following your effective date. We normally pay benefits monthly. However, benefits under this award pay less frequently because your total annual benefit is less than \$228.00. Your total annual benefit is [*User Entry-Enter the annual rate payable*].

***What is the annual rate?***

- At least \$144.00 but less than \$228.00**
- At least \$72.00 but less than \$144.00**
- Less than \$72.00**

***Option -At least \$144.0 but less than \$228.00***

**(Paragraph 376)**

You will receive [*User Entry-enter check amount*] on or about March 1, June 1, September 1, and December 1.

---

***Option - At least \$72.00 but less than \$144.00***

**(Paragraph 375)**

You will receive [*User Entry-enter check amount*] on or about June 1 and December 1.

---

***Option - Less than \$72.00***

**(Paragraph 374)**

You will receive [*User Entry-enter check amount*] on or about June 1.

---

**Why Have We Withheld Benefits? (H103)**

**User:** This heading will be generated only if you selected “Withholding”

**(Paragraph 009f)**

*User Entry-Free Text*

**What Did We Decide? (H101)**

***Is grant or denial of compensation also an issue? Y/N]***

**If “Yes,” options for compensation grant/denial paragraphs will be made available after pension selection..**

**Choose One!**

- Pension Grant
- Pension W/ A/A Grant
- Pension, Auth A/A-NH
- Pension w/ H/B-Denial A/A
- Pension w/ Denial A/A & H/B
- Amended Award

**Option - Pension Grant**

**(Paragraph 551)**

We granted disability pension benefits effective [*User Entry-- input effective date*].

---

**Option -Pension W/ A/A Grant by rating**

**(Paragraph 314)**

We granted disability pension benefits with aid and attendance effective [*User Entry— input effective date*].

---

**Option -Pension, Auth A/A-NH**

**(Paragraph 316)**

Based on the evidence reviewed, we granted disability pension benefits including aid and attendance benefits effective [*User Entry-- input effective date*].

---

**Option - Pension W/ H/B, Denial A/A**

**(Paragraph 315)**

We granted disability pension with housebound benefits effective [*User Entry-- input effective date*]. We denied the additional benefits for aid and attendance.

---

**Option - Pension W/ Denial A/A & H/B**

**(Paragraph 552)**

We granted disability pension benefits effective [*User Entry-- input effective date*]. We can't approve the additional allowance for [*User select-aid and attendance/housebound/aid and attendance or housebound*].

---

**Option -Amended Award**

**(Paragraph 657)**

We [*User Select-increased/reduced*] your disability pension benefits effective [*User Entry- input effective date*].

---

**User:** If you answered "Yes" to the question "*Is grant or denial of compensation also an issue,*" you will be provided the following compensation selection box.

**Select all the Comp Grant or Denial paragraphs Needed**

- Service Connection Granted**
- Compensation Granted under 1151**
- Not Service Connected**
- Increased Disability Evaluation**
- C&C Disability Evaluation NOT Changed**
- S/C 0%, only**

**Option - Service Connection Granted (Paragraph 101)**

We determined that the following condition(s) was/were related to your military service, so service connection has been granted:

<b>Medical Description</b>	<b>Percent (%) Assigned</b>	<b>Effective Date</b>

**Option - Compensation Granted under 1151 (Paragraph 663)**

We granted compensation under the provisions of 38 U.S.C. 1151 for the following disability/disabilities:

<b>Medical Description</b>	<b>Percent (%) Assigned</b>	<b>Effective Date</b>

**Option - NOT Service Connected (Paragraph 102)**

We determined that the following condition(s) was/were not related to your military service, so service connection couldn't be granted:

**Enter NSC Medical Description(s)**

<b>Medical Description</b>

**Option - Increased Disability Evaluation (Paragraph 506)**

We determined that the following service connected condition(s) has/have worsened, so we granted an increase in your assigned percentage:

Medical Description	Old Percent (%) Assigned	New Percent (%) Assigned	Effective Date

***Option - Disability Evaluation NOT Changed*** (Paragraph 507)

We determined that the following service connected condition(s) hasn't/haven't changed:

Medical Description	Percent (%) Assigned

***Option - S/C 0% combined*** (Paragraph 664)

We determined that the following condition(s) was/were related to your military service. We granted a 0% evaluation for each disability, however no monetary compensation can be awarded.

***List the 0% S/C Condition(s) and Effective Date***

Medical Description	Effective Date

***Was a 3.324 (10%) also denied? Y/N***

***If "No"*** (Paragraph 664a)

The law says that VA can't pay for disabilities that are less than 10% disabling.

***If "Yes"*** (Paragraph 664b)

We have denied a 10% combined evaluation based on your multiple 0% service connected disabilities.

***Is pension paid as the greater benefit? Y/N***

***If "Yes,"***

(Paragraph 597)

We determined that you are entitled to both disability pension and service connected compensation. Under VA law you can't receive both benefits at the same time. We have granted disability pension as the greater benefit.

However, you may choose (or elect) to receive either benefit program at any time.

---

**User:** If “All issues resolved by Rating,” paragraph 003 will be generated immediately.

**(Paragraph 003)**

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on your claim received on [automate input of date of claim]. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

**Select Compensation and Pension Enclosure(s)**

- 8768 Disability Pension Award Attachment**
- 8764 Disability Comp Award**
- 8764a Comp-1151 Award**

**Option -8768 Disability Pension Award Attachment (Paragraph 599)**

We enclosed a VA Form 21-8768, “Disability Pension Award Attachment-Important Information,” which explains important factors concerning your benefits.

---

**Option -8764 Disability Comp Award (Paragraph 668)**

We enclosed a VA Form 21-8764, “Disability Compensation Award Attachment-Important Information,” which explains certain factors concerning your benefits.

---

**Option -8764a Comp-1151 Award (Paragraph 669)**

We enclosed a VA Form 21-8764a, “Disability Compensation under U.S.C. 1151,” which explains certain factors concerning your benefits.]

---



## How Did We Make Our Decision? (H003)

### User:

- This optional heading and paragraph selection will not show if “All issues resolved by Rating” was selected.
- If “Rating & Authorization Issues” was selected, paragraph 003 will NOT print. Heading “How Did We Make Our Decision?” will print immediately followed by paragraph 003b.
- If “Authorization issues only” was selected, neither paragraph 003 or 003b will print. Heading “How Did We Make Our Decision?” will print with appropriate options.

### (Paragraph 003b)

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision on your claim for *[User select ‘Chose decision covered by rating’ compensation/pension or compensation and pension]* benefits. Your Rating Decision and this letter constitute our decision based on your claim received on *[automate input of date of claim]*. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

### *Select appropriate authorization decision paragraphs- multiple selections*

- Pension Grant (no rating)
- Pension, A/A Grant NH Rsn (No Rating)
- Increased Benefit
- Reduced Benefit, not due process
- Deny A/A (No rating)

### *Option – Pension Grant (no rating)*

### (Paragraph 734)

We granted pension benefits because you are:

- Age 65 or older, *or*
- A patient in a nursing home, *or*
- In receipt of disability Social Security benefits.

---

### *Option -Pension, A/A Grant no rating-NH RSN*

### (Paragraph 555)

We granted aid and attendance benefits because you are a patient in a nursing home. Be sure to tell us if you leave the nursing home.

---

**Option - Increased Benefit**

**(Paragraph 659)**

We increased your disability pension benefits because [User Entry-free text].

---

**Option - Reduced Benefit**

**(Paragraph 660)**

We reduced your disability pension benefits because [User Entry-free text].

---

**Option - Deny A/A (No rating)**

**(Paragraph 595a)**

Based on your residence in a nursing home or residential facility, we considered possible entitlement to the aid and attendance allowance, which is a higher rate of monthly payment. We are unable to grant aid and attendance because your nursing home or residential facility does not provide the necessary level of skilled care to warrant this benefit.

**What Evidence Did We Use To Decide Your Claim? (HBG2)**

**User:** This optional heading and paragraph selection is not applicable if “All issues resolved by Rating” was selected.

***Was all authorization evidence requested, received?***

- Yes
- No

**(Paragraph 519)**

***If “Yes” and NO Rating attached***

In making our decision we used the following evidence:

- [User Entry--summarize evidence].

***If “No” and NO Rating attached***

In making our decision we used the following evidence:

- [User Entry—summarize evidence].

We requested but didn’t receive:

- [User Entry--give evidence requested but not received].

***If “Yes” AND a rating is attached***

In making our decision, in addition to the evidence in the attached rating, we used the following evidence:

- [User Entry--summarize evidence].

***If “No” AND a rating is attached***

In making our decision, in addition to the evidence in the attached rating, we used the following evidence:

- [User Entry—summarize evidence].

We requested but didn't receive:

- [User Entry--give evidence requested but not received].

## What Income and Expenses Did We Use? (H502)

### Choose One

- No income  
 Vet w/income

#### If "No income"

(Paragraph 502a)

We [User Select-awarded/ adjusted] your benefit because [User Select-you have/your family has] no income from [User Entry-Enter the Effective Date].

#### If "Vet w/income"

(Paragraph 502b)

We used your total family income as shown below to [User Select-award/adjust] your pension benefit from [User Entry-effective date]

(Paragraph 502t1)

[BDN or User Entries] [User Entry Only for Annual Other Sources]

#### Income We Counted

	Annual Earnings	Annual Social Security	Annual Retirement	Annual Other Sources
<b>Yourself</b>				
[Spouse]				
[Child]				

Are medical expenses used for this effective date? Y/N.

#### If "Yes"

#### Which one applies?

- Non-continuing UMEs  
 Continuing UMEs (Current award line only)

**Option - Non-continuing UMEs**

**(Paragraph 503)**

We used family medical expenses you paid in the amount of [BDN or User Entry--input amount of UMEs used] which reduces your countable income to [User Entry-Enter IVAP].

---

**Option - Continuing UMEs (Current award line only)**

We used your medical expenses of [User Entry--input amount] which represents the amount you pay for [User Entry--input type of expenses], as a continuing deduction from [User Entry--input date]. This reduces your countable income to [User Entry-Enter IVAP]. If the amount you pay for these medical expenses changes or you are no longer paying these medical expenses, tell us immediately. If you don't tell us about changes in your medical expenses, we may pay you too much money. This money would have to be paid back.

---

**Are there other exp. i.e., edu., hardship, etc.? Y/N**

**If "Yes"**

**(Paragraph 653)**

We also used your [User Entry—enter the type of expense] of [User Entry—enter the amount of expense used] when adjusting your benefits from [User Entry--insert beginning date] through [User Entry--insert ending date].

**Do you want another income chart for entry?**

**If "yes," letter loops to Paragraph 502b**

**Were any income or expenses not used/allowed? Y/N**

**If "Yes," the following optional heading will generate with paragraph selection.**

**What Income And Expenses Were Not Used? (H507)**

**Select Needed Options!**

- Income Not Used**
- Medical Expenses < 5% Of MAPR**
- Other Expenses Not Allowed**
- Continuing UMEs Not Allowed**

**Option - Income Not used**

**(Paragraph 558)**

We did not use the [User Entry—Enter the source of income] you reported to calculate your pension benefit because [User Entry—free text, examples: money received before date of claim, not income for VA purposes, etc].

---

**Option - Medical Expenses < 5% Of MAPR (Paragraph 560)**

You submitted [*User Entry--input \$*] in family medical expenses. We aren't able to use these medical expenses to reduce your income. We can only consider medical expenses that are more than [*User Entry--input the amount of the 5% exclusion*] which represents 5% of your maximum annual pension rate, [*User Entry--input MAPR*].

---

**Option - Other Expenses Not Allowed (Paragraph 559)**

We did not use the [*User Entry--source of expenses*] you reported to calculate your pension benefit because [*User Entry-- free text , examples: expense paid prior to date of claim, not an allowable expense, not out of pocket expense, etc*].

---

**Option -Continuing UMEs Not Allowed (Paragraph M33)**

We did not deduct any medical expenses in determining your income for VA purposes because your expenses were not considered to be recurring. Recurring expenses are those which occur on a regular bases and can be accurately predicted.

---

***Do you want to explain med exp? Y/N***

***If “Yes” the following optional heading and paragraph will be generated***

**How Can You Claim Family Medical Expenses? (H508)**

**(Paragraph 561)**

To claim family medical expenses, complete the enclosed VA Form 21-8416 “Medical Expense Report,” and return it to this office no later than [*User Entry-Enter the return deadline date*]. We may consider family medical expenses you paid after [*User Entry-date*]. A few examples are listed below. More examples are shown on the enclosed Medical Expense Report form.

- Medicare/Health Insurance Premiums
- Prescriptions
- Medical/Dental expenses

**(Paragraph 497)**

*Don't include unpaid medical bills, any paid bill that will be reimbursed, or bills that aren't for health expenses.*

*Are we developing for dependents? Y/N*

*If 'Yes,' the following heading will be generated with paragraph selection.*

## **What Do We Need From You To Complete Your Claim For Dependents? (H015)**

***Check all required – must select 1***

- VAF 686c**
- Marriage Certificate**
- Divorce Certificate**
- Birth Certificate**
- Social Security Number**
- VAF 674**
- User Entry-Free Text Dependency w/bullet**

### **(Paragraph 015)**

The information you sent us about your dependents wasn't complete. Before we can pay additional benefits for your dependent(s), send us the following:

#### ***Option - VAF 686c***

### **(Paragraph 010a)**

- VA Form 21-686c, "Declaration of Status of Dependents." Please fill out every blank on the form *which applies to you*.

---

#### ***Option - Marriage Certificate***

### **(Paragraph 010b)**

- A copy of your marriage certificate with the date and place you married your present spouse.

---

#### ***Option - Divorce Certificate***

### **(Paragraph 010c)**

- Copy of divorce decrees or death certificates, showing that all past marriages involving you or your spouse were legally ended.

---

#### ***Option - Birth Certificate***

### **(Paragraph 010d)**

- Copy of the birth certificate(s) of [*User insert name*].

---

#### ***Option - Social Security Number***

### **(Paragraph 010e)**

- Social security number(s) of [*User Entry, dependent's names*]. Write the number(s) on the attached VA Form 21-4138, "Statement In Support Of Claim," or call us with the information.

[Option - VAF 674

(Paragraph 010f)

- VA Form 21-674, "Request For Approval Of School Attendance," showing that [User Entry dependent's name(s)] [User Select-is/are] in school.
- 

Option

(Paragraph 010g)

- [User Entry — Free Text ]
- 

*Is more evidence needed? Y/N*

*If “Yes,” the following optional heading will be generated.*

### **What Additional Information or Evidence Do We Still Need From You? (HCPR04)**

(Paragraph 530)

We still need the following information or evidence from you:

- [User Entry-Free Text]

### **When And Where Do You Send The Information Or Evidence? (H503)**

<b>User:</b> This heading will be generated only if you have requested dependency or other evidence.
--

*If evid not rcvd, will another formal decision be made? Y/N*

*If “Yes”*

(Paragraph 525)

Send the information or the evidence to the address at the top of this letter within 30 days from the date of this letter. Please put your full name and VA file number on the evidence. If we don't receive the information or evidence within that time, we will decide your claim based only on the evidence we have received.

We may be able to pay you from the date we received your claim, if we receive the information or evidence within one year from the date of this letter and we decide that you are entitled to VA benefits. If we do not receive the evidence within one year from the date of this letter, we may only be able to pay you from the date we receive the evidence.

*If “No”*

**(Paragraph 525a)**

Send the information or the evidence to the address at the top of this letter.  
Please put your full name and VA file number on the evidence.

We may be able to pay you from the date we received your claim, if we receive the information or evidence within one year from the date of this letter and we decide that you are entitled to VA benefits. If we do not receive the evidence within one year from the date of this letter, we can only pay you from the date we receive the evidence.

## **What Are Your Responsibilities? (H379)**

**(Paragraph 379)**

You are responsible to tell us right away if:

- your income or the income of your dependents changes (i.e., earnings, Social Security Benefits, lottery and gambling winnings)
- your net worth increases (i.e., bank accounts, investments, real estate)
- your continuing medical expenses are reduced
- you gain or lose a dependent
- your address or phone number changes

### ***Do You Want to Solicit Direct Deposit?***

- Yes**
- No**

*If “Yes” the following heading and paragraph is generated.*

## **How Do You Start Direct Deposit? (HEC5)**

**(Paragraph EC5)**

Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.

## **What You Should Do If You Disagree With Our Decision. (H03)**

*[Add User Selection Screen immediately after H03.]*

### ***Which appeal paragraph do you need?***

- Initial or C&C denial**
- Denial based upon new evidence recvd within the appeal period**
- Multiple issues denied, some based on evidence recvd within the appeal period**



**Option 1 – Initial or C&C denial (Paragraph EC1)**  
 If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision*. The enclosed VA Form 4107, “Your Rights To Appeal Our Decision,” explains your right to appeal.

[There is no change to the original paragraph EC1 already in PCGL.]

**Option 2 – Denial based upon new evidence recvd within the appeal period (Paragraph EC2)**  
 If you do not agree with our decision, you should write and tell us why. Our letter of \_\_\_\_\_ [fill in the date of the first or most recent denial letter for this condition, which was sent within the last year] contained VA Form 4107, *Your Rights to Appeal Our Decision*, which explained your right to appeal. You have until \_\_\_\_\_ [fill in the date of that prior denial letter PLUS one year] to appeal that decision.

**Option 3 – Multiple issues, some based on evidence recvd within the appeal period (Paragraph EC3)**  
 If you do not agree with our decision regarding any of the issues listed below you should write and tell us why. The enclosed VA Form 4107, *Your Rights to Appeal Our Decision*, explains your right to appeal.

Issue Denied	End of Appeal Period

[Automatically print the Jet Form version of the VA Form 4107 for H03 options 1 and 3 only! Do not send a VA Form 4107 with option 2.]

**VI. Do You Have Questions Or Need Assistance? (HBG6)**

[Select source of letter generation: RO or PMC]  
 [If an RO, then EC6; If PMC, EC7]

[If RO selected] **(Paragraph EC6)**

*Is address domestic or foreign?*

- Domestic-US/Puerto Rico/Alaska/Hawaii
- Claimants living in Canada and outside US

*If Domestic Address (Continental US, Puerto Rico, Alaska, and Hawaii)*

If you have any questions, you may contact us by telephone, e-mail, or letter.

<b>If you</b>	<b>Here is what to do.</b>
Telephone	<b>Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.</b>
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number [*User Entry--File Number*].

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

***If Foreign Address (mail code greater than 599): Claimants living in Canada & outside US***

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

<b>If you</b>	<b>Here is what to do.</b>
Telephone	<b>Call or visit the nearest American Embassy or Consulate for assistance. In Canada, call or visit the local office of Veterans Affairs Canada. From Guam, call us by dialing toll free, 475-8387. From American Samoa and Northern Marianas call us at 1-800-844-7928.</b>
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number [*User Entry--File Number*].

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov> or search the Frequently Asked

Questions (FAQs) at <https://iris.va.gov>.

**[Ask User – Is A Service Organization Involved In This case? Y/N]**

**If “Yes”**

We sent a copy of this letter to your representative, [*User Entry-Enter Service Org/Rep/Phone # as it should appear in letter*], whom you can also contact if you have questions or need assistance.

**If “No”**

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized veterans’ service organizations and/or representatives. Veterans’ service organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

**[If PMC selected] (Paragraph EC7)**

**Is address domestic or foreign?**

- Domestic-US/Puerto Rico/Alaska/Hawaii**
- Claimants living in Canada and outside US**

**If Domestic Address (Continental US, Puerto Rico, Alaska, and Hawaii)**

If you have any questions, you may contact us by telephone, e-mail, or letter.

<b>If you</b>	<b>Here is what to do.</b>
Telephone	<b>Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.</b>
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number [*User Entry--File Number*].

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

**If Foreign Address (mail code greater than 599): Claimants living in Canada & outside US**

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

<b>If you</b>	<b>Here is what to do.</b>
Telephone	<b>Call or visit the nearest American Embassy or Consulate for assistance. In Canada, call or visit the local office of Veterans Affairs Canada. From Guam, call us by dialing toll free, 475-8387. From American Samoa and Northern Marianas call us at 1-800-844-7928.</b>
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

In all cases, be sure to refer to your VA file number [*User Entry--File Number*].

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov> or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

***Is A Service Organization Involved In This Case? Y/N***

***If “Yes”***

We sent a copy of this letter to your representative, [*User Entry-Enter Service Org/Rep/Phone # as it should appear in letter*], whom you can also contact if you have questions or need assistance.

***If “No”***

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized veterans’ service organizations and/or representatives. Veterans’ service organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

*Closing*

*Enclosures*