

EXHIBIT– Sample VA Notification Letter

To assist you, this Exhibit includes arrows marking the location of information confirming a disability compensation rating of 100% P&T.

DEPARTMENT OF VETERANS AFFAIRS

ADDRESS

Dear Mr. _____:

We made a decision on your claim for an increase in your service connected compensation received on January XX, XXXX.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason For Change
----------------------------------	-----------------------	-------------------

3,143.00	January XX, XXXX	Compensation Rating Adjustment, Special Monthly Compensation Adjustment
----------	------------------	---

3,255.00	Dec 1, XXXX	Cost of Living Adjustment
----------	-------------	---------------------------

3,309.00	Dec 1, XXXX	Cost of Living Adjustment
----------	-------------	---------------------------

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 in your marital status (for example, death, divorce, annulment).

In Reply Refer To: XXX/XXX/XX

You Can Expect Payment

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. Thereafter, payment will 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.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact that financial institution.

If this account is no longer open, please notify us immediately.

What We Decided

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

Service connection for XXX, YYY, ZZZ incorporated into your evaluation for AAAA which is now separately evaluated) is granted with an Evaluation of 0% effective ____ XX, XXXX.

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

Medical Description Old Percent

(%)

Assigned

New Percent

(%)

Assigned

Effective Date

← CCCC 70% **100% January, XX, XXXX**



We determined that the following service connected condition hasn't changed:

Medical Description Percent (%)

Assigned

QQQ 60%

The Claimant is considered Competent

Basic Eligibility to Dependents' Educational Assistance is established from January XX, XXXX.



Entitlement to Special Monthly Compensation based on Housebound criteria being met is granted from January XX, XXXX.

How Did We Make Our Decision?

This letter constitutes our decision based on your claim received on January XX, XXXX. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

Evidence Used to Decide Your Claim

In making our decision, we used the following evidence:

☐ VA Form 21-0820 Report Of general Information, received on January XX, XXXX

Your overall or combined rating is 100%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.



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 January XX, XXXX. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

We enclosed a VA Form 21-8760, "Additional Information for Veterans with Service-Connected Permanent and Total Disability," which explains certain factors concerning your benefits.

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

Are You Entitled to Additional Benefits?

The Department of Education provides a program for Veterans to discharge their student loans. To be eligible, the Veteran must have a service-connected disability(ies) that is 100% disabling, or be totally disabled based on an Individual Unemployability determination. For more information concerning this benefit, please contact the U.S. Department of Education, Disability Discharge Loan Servicing Center P.O. Box 5200 Greenville, TX 75403-5200 or toll free at 1-800-433-7327. Visit their website at <http://ifap.ed.gov/disabilitydischarge/va.html>.

You may be eligible for government life insurance if you

- ☐ were released from active duty after April 25, 1951,
- ☐ are in good health (except for any service connected conditions), and
- ☐ apply within two years of this notification of your disability rating.

If you are totally disabled, you may be eligible to have your government life insurance premiums waived. The Insurance is called Service-Disabled Veterans Insurance (S-DVI), and you should receive a package within two weeks. This package will contain information about the insurance and an application. If you do not receive an S-DVI package, please contact the Insurance Center to request additional information. Call the Insurance toll free number, 1-800-669-8477, or visit the Insurance web site, <http://www.insurance.va.gov>, for further information about Service-Disabled Veterans Insurance.

You may be eligible for medical care by the VA health care system for any service connected disability. You may apply for medical care or treatment at the nearest medical facility. If you apply in person, present a copy of this letter to the Patient Registration/Eligibility Section. If you apply by writing a letter, include your VA file number and a copy of this letter.

REDUCE OR ELIMINATE YOUR MEDICAL CO-PAYMENTS

If you receive care at a VA medical facility, please call our Health Benefits Call Center at 1-877-222-VETS (8387) or notify your local VA medical center of this change in your compensation

benefits. This rating decision may reduce or eliminate your copayments for your VA-provided medical care. You may also be eligible for a refund based on this rating decision. Information regarding VA health care eligibility and co-payments is available at our website www.va.gov/healtheligibility.

You should contact your State office of veteran's affairs for information on any tax, license, or fee-related benefits for which you may be eligible as a veteran (or surviving dependent of a veteran). State offices of veteran's affairs are available at <http://www.va.gov/statedva.htm>. You may be able to receive vocational rehabilitation employment services. The enclosed VA Form 28-8890, "Important Information About Vocational Rehabilitation Benefits," explains this benefit completely. To apply for this benefit, complete and return the enclosed VA Form 28-1900, "Disabled Veterans Application for Vocational Rehabilitation."

Your dependents may be eligible for **Dependents' Educational Assistance**. We are enclosing a VA pamphlet 22-73-3, "Summary of Education Benefits," which explains the program. To make a claim, complete and return the enclosed VA Form 22-5490.



Your dependents may be eligible for benefits under CHAMPVA. CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain healthcare and supplies with eligible beneficiaries. To be eligible for the CHAMPVA program a dependent must be the spouse or child of a veteran who is permanently and totally disabled from a service-connected disability. The Health Administration Center in Denver, Colorado administers the CHAMPVA program. You should call 1-800-733-8387 if additional information is needed.

You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged veterans evaluated as 100 percent disabled due to service-connected disability; or, Medal of Honor recipients; or, military retirees and their dependents may qualify for entitlement to this additional benefit.

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. If you wish to submit a claim for dependents, please complete and return the attached VA Form 21-686c, *Declaration of Status of Dependents*.

Please fill out every blank on the form. We may be able to pay you retroactive benefits for your dependents if you submit the VA Form 21-686c, *Declaration of Status of Dependents* or report dependents within a year from the date of this letter.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, please complete the enclosed Notice of Disagreement (VA Form 21-0958). 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.

What Is eBenefits?

eBenefits provides electronic resources in a self-service environment to service members, Veterans, and their families. Through the eBenefits website you can:

- ☐ Track the status of your claim or appeal

- ☐ View your payment history
- ☐ Obtain verification of your military service, civil service preference, or VA benefits
- ☐ Receive a copy of your military discharge documents, and
- ☐ Manage your VA life insurance policy

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information on this joint Department of Defense and VA service.

If You Have Questions or Need Assistance

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

If you Here is what to do.

Telephone Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711. Use the Internet Send electronic inquiries through the Internet at <https://iris.va.gov>. 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 25 436 016. If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

We sent a copy of this letter to your representative, Veterans of Foreign Wars of the US, whom you can also contact if you have questions or need assistance.

Sincerely yours,

XXXX XXXX

Veterans Service Center Manager

Contact us online at [HTTPS://IRIS.VA.GOV](https://iris.va.gov)

Apply for benefits and check on your claim status online at

[HTTPS://WWW.EBENEFITS.VA.GOV](https://www.eBenefits.va.gov)

Enclosure(s): Rating Decision

VA Form 21-8760

VA Form 21-8764

VA Form 28-1900

VA Form 28-8890

VA Form 22-5490

VA pamphlet 22-73-3

VA Form 21-686c

VA Form 4107

(VA Form 21-0958

cc: Veterans of Foreign Wars