OMB Control No. 2900-0826 Respondent Burden: 15 minutes Expiration Date: 08/31/2021

**VA DATE STAMP** 

(DO NOT WRITE IN THIS SPACE)

## Department of Veterans Affairs

## TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION

INTENT TO FILE	OR SUR	VIVORS P	ENSION AND/OR DIC		•			
(This Form Is Used to	Notify VA	of Your Intent	t to File for the General Benefit	s) Checked Be	low)			
NOTE: Please read the Privacy A	Act and Res	_						
			ON I: CLAIMANT/VETER					
<b>NOTE:</b> You can <i>either</i> complete the form.	the form or	nline or by han	d. If completed by hand, print the	information re	quested in ink,	neatly and legibly	y to exp	edite processing of
1. CLAIMANT'S NAME (First, Midd	dle Initial, I	Last)						
2. CLAIMANT'S SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If applicable)		4. VETERAN'S DATE OF BIRTH (MM-DD-YYYY)				
					Month	Day		Year
	_				,		•	
5. VETERAN'S NAME (First, Midd	dle Initial. L	ast) ( <b>If differe</b>	nt from claimant)					
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9. CURRENT MAILING ADDRESS No. &	(Number a	nd street or rur	ral route, P.O. Box, City, State, Z	IP Code and C	ountry)			
Street								
Apt./Unit Number		City						
State/Province C	Country	Z	ZIP Code/Postal Code		_			
10. HAS THE VETERAN EVER FIL	I FD A	11 TELEPHO	NE NUMBER (Include Area Code	) 12 FMA	L ADDRESS (If	`applicable)		
CLAIM WITH VA?				,	27.32.1200 (1)	appricacie)		
YES NO		05						
IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.								
IMPORTANT: VA may not be	able to use					nore of the gener	al honof	its listed helow
IMPORTANT: VA may not be a  13. I intend to file for the gene		this form to est	tablish an effective date for benej	ìts if you <u>do no</u>		nore of the gener	al benefi	its listed below.
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Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.