

August 4, 2004

**IMPLEMENTATION OF THE VA FORM 10-10EZ, REVISED APPLICATION
FOR HEALTH BENEFITS, AND VA FORM 10-10EZR,
HEALTH BENEFITS RENEWAL FORM**

1. PURPOSE: This Veterans Health Administration (VHA) Directive announces the release of the revised Department of Veterans Affairs (VA) Form 10-10EZ, Application for Health Benefits, (see Att. A) and a new form, VA Form 10-10EZR, Health Benefits Renewal Form (see Att. B) and the instructions for collecting information from these forms in the Veterans Health Information and Technology Architecture (VistA) System.

2. BACKGROUND

a. VA Form 10-10EZ and VA Form 10-10EZR are used to collect information necessary for determining eligibility for health care benefits, enrollment priority, and the effective delivery of health care. VHA has revised the VA Form 10-10EZ to include new information collection and is establishing a new form, VA Form 10-10EZR, to be used by veterans in updating their demographic and financial information.

b. Revised VA Form 10-10EZ is used to collect initial information from new applicants applying for VA health care, nursing home, domiciliary, and dental benefits. It has been revised to collect new information from the applicant to include: race, ethnicity, mother's maiden name, place of birth, e-mail address, previous locations of VA health care, combat service, nose and throat radium exposure, Purple Heart medal status, and health care appointment request information. It was modified to specifically collect net income information from farm, ranch, property, or business and to collect child's net worth information, which is needed to determine certain veterans' copayment status.

c. VA implemented an Internet-based electronic VA Form 10-10EZ on November 1, 2000, so that veterans can apply for VA health care benefits using web-based technology. This electronic application process helps VA respond to veterans' desire for electronic service delivery consistent with the purpose of the Government Paperwork Elimination Act. The revised VA Form 10-10EZ is available for veterans to complete online. Veterans completing VA Form 10-10EZ online are able to submit their information electronically to their local VA health care facility. However, as electronic signature capabilities do not yet exist, veterans must continue to be given the option to print out the completed VA Form 10-10EZ, sign it and mail it to their local facility for processing, or to have their local VA health care facility send them a hard copy of VA Form 10-10EZ for the veteran's signature.

d. VA Form 10-10EZR is used to collect data from enrolled veterans who wish to update their application data; this collected data is limited to demographics, employment, health insurance and financial information essential for the effective delivery of care or updating the veteran's eligibility for care.

THIS VHA DIRECTIVE EXPIRES APRIL 30, 2008

VHA DIRECTIVE 2004-041

August 4, 2004

e. This new, shorter form decreases the information collection burden on veterans and saves them time when updating their information. VA Form 10-10EZ can be completed by the veteran online at: <http://vaww.va.gov/vaforms/>. However, at the present time, the veteran's information may not be submitted electronically to their local facility; the veteran must print VA Form 10-10EZ, sign it, mail it to their local VA health care facility for processing.

f. With implementation of the revised VA Form 10-10EZ, for new applicants sites need to discontinue collecting race and ethnicity information using the Supplement to VA Form 10-10EZ, Questions on Race and Ethnicity. Sites need to continue to use Supplement to VA Form 10-10EZ, to collect race and ethnicity information for existing patients who have not yet provided this information.

g. In order to assist facilities with the collection of Race and Ethnicity, Purple Heart, Combat Veteran Status information as well as a veteran's desire for an appointment, the revised VA Form 10-10EZ online may be deployed before the software will be in place to automatically load the new data collected by the form into VistA. **NOTE:** *Since the new software may not be available when the online form is released, the mailman message received by the site has been enhanced to reflect text field descriptions for the new data elements that will be collected on the VA Form 10-10EZ. This is to distinctly identify to the intake clerk which data elements are new and will require manual data entry. This manual process allows facilities to take advantage of the enhanced data collection until the software is installed.*

h. Attachment C contains an example of a VA Form 10-10 EZ email message.

i. Attachment D contains a screen print of the email message as it is displayed through MailMan (not the Enrollment Application System (EAS)) in VistA. The screen print of the Section IIC-Gross Annual Income has been provided to show how the instructions appear.

3. POLICY: It is VHA policy that all facilities must immediately implement use of the revised VA Form 10-10EZ and new VA Form 10-10EZ to collect veterans' application for health benefits information and updates of that information.

4. ACTION

a. **Medical Facility Director.** The medical facility Director is responsible for ensuring that:

(1) Software patches EAS*1*51, 10-10EZ v2.5 Modifications, and EAS*1*49, Update EAS Means Test 0/30/60 Day Letters are installed into Vista by the mandated installation dates.

NOTE: *Sites must install patch EAS*1*49 to change the text of means test renewal request letters to reflect enclosure of a VA Form 10-10EZ.*

(2) Sites may continue using their existing stock of VA Form 10-10EZ until the initial distribution of the revised VA Form 10-10EZ and new VA Form 10-10EZ is received. Once sites have received their initial distribution of these forms, they need to destroy any existing

stock of the old VA Form 10-10EZ and start using the revised VA Form 10-10EZ for new applicants and the new VA Form 10-10EZR for individuals wishing to update their current information. *NOTE: Replenishment stocks may be ordered from the Service Distribution Center; stock number F07175 is for VA Form 10-10EZ, and stock number F07750 is for VA Form 10-10EZR.*

b. **Users.** Users, as a workaround until the software (EAS*1*51, 1010EZ v2.5 Modifications) is installed in their local VistA system, need to:

(1) Print the incoming 10-10EZ mailman message and keep the printed version as it reflects all of the data provided by the veteran, including new elements that are not yet available for upload into VistA, but for which a field already exists in VistA. This is necessary because when the message is processed into EAS the veteran's responses to the new data elements are not viewable.

(2) Upload the holding file information into VistA and manually add the responses to the new fields that have available storage locations in VistA, once a signed VA Form 10-10EZ is received. *NOTE: Some new data elements do not have storage locations available.* Users need to complete registration and enrollment activities as per the existing processes. Users must attach the printed email message to the signed VA Form 10-10EZ and file them in the administrative portion of the patient's consolidated health record.

(3) Enter veteran's net worth manually. Currently, VistA software does not support separate line items for the child's or children's net worth, but this information is collected separately on the new online VA Form 10-10EZ. If medical facility staffs are manually entering this information, the reported amount is to be added to the veteran's net worth and the combined total entered into VistA as the veteran's net worth. In addition, VistA does not currently support separate line items for "Net Income from Your Farm, Ranch, Property, or Business for Veteran, Spouse, or Dependent." If manual entry is occurring at sites, staff must add this amount to the veterans's "What Was Your Gross Annual Income From Employment" total.

(4) Amend the statement on the cover letter that accompanies a VA Form 10-10EZ mailed to a veteran for verification and signature. Until patch EAS*1*51 is installed, if facilities print and send a VA Form 10-10EZ to the veteran for verification and signature, the following sentence on the cover letter, "Although this document is in a text based format, it contains the same information provided during the online application process" needs to be amended to read "Your application information is printed in this document. We recently implemented a new VA Form 10-10EZ, and are currently upgrading our software to print the new information collected online in this document. Until that software is installed, some of the information you provided will not be displayed. Please be assured, all of the information you submitted online has been processed by your local VA health care facility."

5. REFERENCES

- a. VHA Directive 2003-061, Combat Veteran Intake Processing and Software

VHA DIRECTIVE 2004-041
August 4, 2004

Implementation, dated October 23, 2003.

b. VHA Directive 2003-038, Health Services for Veterans Treated With Nasopharyngeal (NP) Radium During Active Military, Naval, or Air Service, dated July 18, 2003.

c. VHA Directive 2003-027, Capture of Race and Ethnicity Categories, dated May 29, 2003.

d. VHA Directive 2003-026, Disabling the Means Test and/or Appointment Blocking Functionality, dated May 28, 2003.

6. FOLLOW-UP RESPONSIBILITY: The VHA Chief Business Office (16), is responsible for the content of this Directive. Questions should be addressed to 202-254-0329.

7. RESCISSION: None. This VHA Directive expires April 30, 2008.

S/ Arthur S. Hamerschlag for
Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 8/5/04
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 8/5/04

Step 1: Before You Start...

What is VA Form 10-10EZ used for?

- To apply for enrollment in the VA health care system, or for nursing home, domiciliary or dental benefits.
- To update your personal, insurance, or financial information.

Where can I get help filling out the form?

- Contact a National or State Veterans Service Organization.
- Ask VA to help you fill out the form by calling or visiting a VA health care facility. Before you call or go to the VA health care facility, gather the necessary materials identified in Step 2 of the instructions and complete as much of the form as you can.

How can I contact VA if I have questions?

- Look in your telephone book blue pages under "United States Government, Veterans" to locate your local VA health care facility.
- Call VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387).
- Access our website at <http://www.va.gov> and select "Contact the VA."
- If you desire a health care appointment, contact the Enrollment Coordinator at your local VA health care facility for assistance in scheduling an appointment.

Definitions of terms used on this form

- **SERVICE-CONNECTED (SC):** A veteran with a VA determination that an illness or injury was incurred or aggravated while on active duty.
- **COMPENSABLE:** A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.
- **NONCOMPENSABLE:** A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.
- **NONSERVICE-CONNECTED (NSC):** A veteran who does not have a VA determined service-related condition.

Which sections of VA Form 10-10EZ should you complete?

If you are applying for enrollment in the VA health care system, or for nursing home, domiciliary or dental benefits, look at the table below to find out which sections of VA Form 10-10EZ you should complete. The shaded sections should be completed only if you answer "Yes" to Section V agreeing to provide income and asset information to establish eligibility for care. You may agree to copayments without providing this detailed financial information.

If you are...	Complete the sections marked with an X ...						
	I-IV	V	VI	VII	VIII	IX	XII
Service-connected 50% to 100%.	X						X
Service-connected 30-40%. <i>Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for cost-free medications for treatment of your nonservice-connected conditions assessed.</i>	X	X	X	X	X		X
Service-connected 0% (compensable) or service-connected 10-20%. <i>Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for cost-free medications and beneficiary travel for treatment of your nonservice-connected conditions assessed.</i>	X	X	X	X	X		X
A Former POW. <i>Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for beneficiary travel assessed. Also, complete Section IX if applying for long-term care.</i>	X	X	X	X	X		X
A veteran discharged from the military due to a disability incurred or aggravated in service, Purple Heart Medal recipient or WWI veteran. <i>Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for cost-free medications and beneficiary travel assessed. Also, complete Section IX if applying for long-term care.</i>	X	X	X	X	X		X
Receiving nonservice-connected VA Pension, Aid and Attendance or Housebound benefits. <i>Answer YES in Section V and complete Sections VI-IX to have your financial eligibility for long-term care assessed. Unmarried VA Pensioners are excluded from this requirement.</i>	X	X	X	X	X	X	X
Service-connected 0% (noncompensable) or nonservice-connected with no special eligibilities listed above. <i>Answer YES in Section V and complete Sections VI-IX to have your priority for enrollment and financial eligibility for cost-free medical care, medications, long-term care and beneficiary travel for treatment of your nonservice-connected conditions assessed.</i>	X	X	X	X	X	X	X

Complete only the sections that apply to you and sign and date the form.

Step 2: Completing your application ... Review the table in Step 1 to find out what sections you should complete.

Answer all questions in those sections. If you need more space to answer a question, attach a sheet of paper to the form containing your name and Social Security Number. For each question that you need more room, write "Continuation of Item" and write the section and question number.

Section II - Insurance Information. Include information for all health insurance policies that cover you. If you have more than one health insurer, provide this information on a separate sheet of paper and attach to the application. If you have access to a copier, attach a copy of your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people). Bring these cards with you to each health care appointment.

Section IV - Military Service Information. If you are not currently receiving benefits from VA, you should attach a copy of your discharge or separation papers from the military (such as DD 214 or, for WWII veterans, a "WD" Form), with your signed application to expedite processing of your application.

If you indicate that you received a Purple Heart Medal, we will check our records for confirmation of your status. If we are unable to confirm your status as a Purple Heart Medal recipient, we will ask you to provide VA a copy of your DD-214 or other military service records or orders indicating you were awarded the medal. To reduce processing time, you may submit a copy of this documentation with your signed application.

Section V - Financial Disclosure. The financial assessment is used to determine whether certain veterans qualify for cost-free health care services for their nonservice-connected conditions and to assign their priority for enrollment. You should review the table in Step 1 to see if your eligibility for health care benefits requires or may be based on a financial assessment.

If your financial information is used to determine your priority for enrollment and you choose not to disclose this information, you must agree to make copayments. However, please be aware that even if you agree to pay copayments, you may not be eligible for enrollment and other health care benefits for your nonservice-connected conditions, if you are placed in a priority group that is not eligible for enrollment.

If a financial assessment is not used to determine your priority for enrollment, you may choose not to disclose your information and agree to make copayments for treatment of your nonservice-connected conditions. If a financial assessment is used to determine your eligibility for travel assistance, and you do not disclose your financial information, you will not be eligible for this benefit for your nonservice-connected conditions.

Section VI - Dependent Information. Use a separate sheet of paper for additional dependent children.

- You may count your spouse as your dependent even if you did not live together, as long as you contributed \$600 or more in support last calendar year.
- You may count your biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and under the age of 18, or be at least 18 but under 23 and attending high school, college or vocational school on a full or part-time basis, or have become permanently unable to support themselves before reaching the age of 18.
- Count child support contributions even if not paid in regular set amounts. Contributions can include tuition payments or payments of medical bills.

Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children.

Use a separate sheet of paper for additional dependent children.

- Report: gross annual income from employment, except for income from your farm, ranch, property or business, including information about your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses
- Report: net income from your farm, ranch, property or business.
- Report: other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities
- Do Not Report: Welfare, Supplemental Security Income (SSI) and need-based payments from a government agency, profit from the occasional sale of property, income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs), scholarships and grants for school attendance, disaster relief payment or proceeds of casualty insurance, loans, Agent Orange and Alaska Native Claim Settlement Acts Income and payments to foster parents.

Section VIII - Previous Calendar Year Deductible Expenses. Report nonreimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources.

Section IX - Previous Calendar Year Net Worth. Use a separate sheet of paper for additional dependent children.

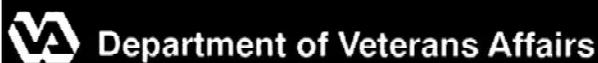
Your net worth is the market value of all the interest and rights you have in any kind of property. However net worth does not include your single-family residence and a reasonable lot area surrounding it. It also does not include the personal things you use every day like your vehicle, clothing and furniture.

Step 3: Submitting your application ...

What do I do when I have finished my application?

- Read Section X, Consent to Copayments, Section XI, Paperwork and Privacy Act Information and Section XII, Assignment of Benefits.
- Make sure you sign and date VA Form 10-10EZ in Section XII. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", then you must have 2 people you know witness you as you sign. They must then sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete. This will result in a delay in processing your application.
- Attach any continuation sheets and necessary material to your application.

Where do I send my application? Mail the original application with a copy of your supporting materials to your local VA care facility. You can find the address in your local telephone book, by calling toll-free 1-877-222-VETS (8387), or on the Internet at <http://www.va.gov>.



APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME (Last, First, Middle Name)		2. OTHER NAMES USED		3. MOTHER'S MAIDEN NAME		4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. WHAT IS YOUR RACE? (You may check more than one.) (Information is required for statistical purposes only.) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. SOCIAL SECURITY NUMBER		9. DATE OF BIRTH (mm/dd/yyyy)			10. RELIGION		
8. CLAIM NUMBER		9A. PLACE OF BIRTH (City and State)					
11. PERMANENT ADDRESS (Street)			11A. CITY		11B. STATE	11C. ZIP CODE	
11D. COUNTY		11E. HOME TELEPHONE NUMBER (Include area code)			11F. E-MAIL ADDRESS		
12. TYPE OF BENEFIT(S) APPLIED FOR (You may check more than one) <input type="checkbox"/> HEALTH SERVICES <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> DENTAL							
13. IF APPLYING FOR HEALTH SERVICES OR ENROLLMENT, WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER?							
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO I am only enrolling in case I need care in the future.				15. HAVE YOU BEEN SEEN AT A VA HEALTH CARE FACILITY? <input type="checkbox"/> YES. LOCATION: <input type="checkbox"/> NO			
16. CURRENT MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN							
17. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN				17A. NEXT OF KIN'S HOME TELEPHONE NUMBER (Include area code)			
				17B. NEXT OF KIN'S WORK TELEPHONE NUMBER (Include area code)			
18. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT				18A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER (Include area code)			
				18B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER (Include area code)			
19. INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH. NOTE: THIS DOES NOT CONSTITUTE A WILL OR TRANSFER OF TITLE (Check One) <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> NEXT OF KIN							

SECTION II - INSURANCE INFORMATION (Use a separate sheet for additional information)

1. ARE YOU COVERED BY HEALTH INSURANCE? (Including coverage through a spouse or another person) <input type="checkbox"/> YES <input type="checkbox"/> NO		2. HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER					
3. NAME OF POLICY HOLDER							
4. POLICY NUMBER							
6. ARE YOU ELIGIBLE FOR MEDICAID?		<input type="checkbox"/>	<input type="checkbox"/>				
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A?		<input type="checkbox"/>	<input type="checkbox"/>				
8. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B?		<input type="checkbox"/>	<input type="checkbox"/>	8A. EFFECTIVE DATE (mm/dd/yyyy)			
9. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD				10. MEDICARE CLAIM NUMBER			
11. IS NEED FOR CARE DUE TO ON THE JOB INJURY? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO				12. IS NEED FOR CARE DUE TO ACCIDENT? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO			

APPLICATION FOR HEALTH BENEFITS, Continued	VETERAN'S NAME <i>(Last, First, Middle)</i>	SOCIAL SECURITY NUMBER	
SECTION VIII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES			
1. NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE <i>(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home).</i>	\$		
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD <i>(Also enter spouse or child's information in Section VI.)</i>	\$		
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES <i>(e.g., tuition, books, fees, materials)</i> <i>DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.</i>	\$		
SECTION IX - PREVIOUS CALENDAR YEAR NET WORTH <i>(Use a separate sheet for additional dependent.)</i>			
	VETERAN	SPOUSE	CHILD 1
1. CASH, AMOUNT IN BANK ACCOUNTS <i>(e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)</i>	\$	\$	\$
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. <i>(e.g., second homes and non-income producing property. Do not count your primary home.)</i>	\$	\$	\$
3. VALUE OF OTHER PROPERTY OR ASSETS <i>(e.g., art, rare coins, collectables)</i> MINUS THE AMOUNT YOU OWE ON THESE ITEMS. <i>Exclude household effects and family vehicles.</i>	\$	\$	\$
SECTION X - CONSENT TO COPAYMENTS			
<p>If you are a 0% service-connected veteran and do not receive VA monetary benefits or a nonservice-connected veteran (and you are not an Ex-POW, Purple Heart Recipient, WWI veteran or VA pensioner) and your household income (or combined income and net worth) exceeds the established threshold, this application will be considered for enrollment, but only if you agree to pay VA copayments for treatment of your nonservice-connected conditions. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copayment as required by law.</p>			
SECTION XI - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION			
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
<p>Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>			
SECTION XII - ASSIGNMENT OF BENEFITS			
<p>I understand that pursuant to 38 U.S.C. Section 1729, VA is authorized to recover or collect from my health plan (HP) for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse.</p>			
ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION FOR HEALTH BENEFITS. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.			
SIGNATURE OF APPLICANT			DATE



Step 1: Before You Start...

What is VA Form 10-10EZR used for?

To update your personal, insurance, or financial information.

Where can I get help filling out the form?

- Contact a National or State Veterans Service Organization.
Ask VA to help you fill out the form by calling or visiting a VA health care facility.

How can I contact VA if I have questions?

- Look in your telephone book blue pages under "United States Government, Veterans" to locate your local VA health care facility.
Call VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387).
Access our website at http://www.va.gov and select "Contact the VA."

Definitions of terms used on this form

- SERVICE-CONNECTED (SC): A veteran with a VA determination that an illness or injury was incurred or aggravated while on active duty.
COMPENSABLE: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.
NONCOMPENSABLE: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.
NONSERVICE-CONNECTED (NSC): A veteran who does not have a VA determined service-related condition.

Which sections of VA Form 10-10EZR should you complete?

If you are updating your information, look at the table below to find out which sections of VA Form 10-10EZR you should complete. The shaded sections should be completed only if you answer "Yes" to Section IV agreeing to provide income and asset information to establish eligibility for care. You may agree to copayments without providing this detailed financial information.

Table with 8 columns: 'If you are...' and 'Complete the sections marked with an X ...' (I-III, IV, V, VI, VII, VIII, XI). Rows include categories like 'Service-connected 50% to 100%', 'Service-connected 30-40%', 'Service-connected 0% (compensable) or service-connected 10-20%', 'A Former POW', 'A veteran discharged from the military due to a disability incurred or aggravated in service, Purple Heart Medal recipient or WWI veteran', 'Receiving nonservice-connected VA Pension, Aid and Attendance or Housebound benefits', and 'Service-connected 0% (noncompensable) or nonservice-connected with no special eligibilities listed above'.

Complete only the sections that apply to you and sign and date the form.

Step 2: Completing your application ...

Review the table in Step 1 to find out what sections you should complete. Answer all questions in those sections. If you need more space to answer a question, attach a sheet of paper to the form containing your name and Social Security Number. For each question that you need more room, write "Continuation of Item" and write the section and question number.

Section II - Insurance Information.

Include information for all health insurance policies that cover you. If you have more than one health insurer, provide this information on a separate sheet of paper and attach to the application. If you have access to a copier, attach a copy of your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people). Bring these cards with you to each health care appointment.

Section IV - Financial Disclosure. Use a separate sheet of paper for additional dependent children.

The financial assessment is used to determine whether certain veterans qualify for cost-free health care services for their nonservice-connected conditions and to assign their priority for enrollment. You should review the table in Step 1 to see if your eligibility for health care benefits requires or may be based on a financial assessment.

If your financial information is used to determine your priority for enrollment and you choose not to disclose this information, you must agree to make copayments. However, please be aware that even if you agree to pay copayments, you may not be eligible for enrollment and other health care benefits for your nonservice-connected conditions, if you are placed in a priority group that is not eligible for enrollment.

If a financial assessment is not used to determine your priority for enrollment, you may choose not to disclose your information and agree to make copayments for treatment of your nonservice-connected conditions. If a financial assessment is used to determine your eligibility for travel assistance, and you do not disclose your financial information, you will not be eligible for this benefit for your nonservice-connected conditions.

Section V - Dependent Information. Use a separate sheet of paper for additional dependent children.

- You may count your spouse as your dependent even if you did not live together, as long as you contributed \$600 or more in support last calendar year.
- You may count your biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and under the age of 18, or be at least 18 but under 23 and attending high school, college or vocational school on a full or part-time basis, or have become permanently unable to support themselves before reaching the age of 18.
- Count child support contributions even if not paid in regular set amounts. Contributions can include tuition payments or payments of medical bills.

Section VI - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children.

Use a separate sheet of paper for additional dependent children.

- Report: gross annual income from employment, except for income from your farm, ranch, property or business, including information about your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Report: net income from your farm, ranch, property or business.
- Report: other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.
- Do Not Report: Welfare, Supplemental Security Income (SSI) and need-based payments from a government agency, profit from the occasional sale of property, income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs), scholarships and grants for school attendance, disaster relief payment or proceeds of casualty insurance, loans, Agent Orange and Alaska Native Claim Settlement Acts Income and payments to foster parents.

Section VII - Previous Calendar Year Deductible Expenses.

Report nonreimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources.

Section VIII - Previous Calendar Year Net Worth. Use a separate sheet of paper for additional dependent children.

Your net worth is the market value of all the interest and rights you have in any kind of property. However net worth does not include your single-family residence and a reasonable lot area surrounding it. It also does not include the personal things you use every day like your vehicle, clothing and furniture.

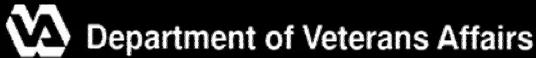
Step 3: Submitting your application ...

What do I do when I have finished my application?

- Read Section IX, Consent to Copayments, Section X, Paperwork and Privacy Act Information and Section XI, Assignment of Benefits.
- Make sure you sign and date VA Form 10-10EZR in Section XI. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", then you must have 2 people you know witness you as you sign. They must then sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete. This will result in a delay in processing your application.
- Attach any continuation sheets and necessary material to your application.

Where do I send my application?

Mail the original application with a copy of your supporting materials to your local VA health care facility. You can find the address in your local telephone book, by calling toll-free 1-877-222-VETS (8387), or on the Internet at <http://www.va.gov>.



HEALTH BENEFITS RENEWAL FORM

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME (Last, First, Middle Name)		2. OTHER NAMES USED	
3. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. SOCIAL SECURITY NUMBER		5. DATE OF BIRTH (mm/dd/yyyy)
6. PERMANENT ADDRESS (Street)		6A. CITY	6B. STATE
6D. COUNTY		6E. HOME TELEPHONE NUMBER (Include area code)	
6F. E-MAIL ADDRESS			
7. CURRENT MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN			
8. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN		8A. NEXT OF KIN'S HOME TELEPHONE NUMBER (Include area code)	
		8B. NEXT OF KIN'S WORK TELEPHONE NUMBER (Include area code)	
9. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT		9A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER (Include area code)	
		9B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER (Include area code)	
10. INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH. Note: This does not constitute a will or transfer of title. (Check one) <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> NEXT OF KIN			

SECTION II - INSURANCE INFORMATION (Use a separate sheet for additional information)

1. ARE YOU COVERED BY HEALTH INSURANCE, INCLUDING COVERAGE THROUGH A SPOUSE OR ANOTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
3. NAME OF POLICY HOLDER			
4. POLICY NUMBER	5. GROUP CODE	6. ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? <input type="checkbox"/> YES <input type="checkbox"/> NO		7A. EFFECTIVE DATE (mm/dd/yyyy)	
8. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B? <input type="checkbox"/> YES <input type="checkbox"/> NO		8A. EFFECTIVE DATE (mm/dd/yyyy)	
9. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD		10. MEDICARE CLAIM NUMBER	

SECTION III - EMPLOYMENT INFORMATION

1. VETERAN'S EMPLOYMENT STATUS (check one) <input type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED If employed or retired, complete item 1A <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)		1A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	
2. SPOUSE'S EMPLOYMENT STATUS (check one) <input type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED If employed or retired, complete item 2A <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)		2A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER	

SECTION IV - FINANCIAL DISCLOSURE

You are not required to provide the financial eligibility information in Sections V through VIII. However, current law may require VA to consider your household financial situation to determine your eligibility for enrollment, and/or requirement to pay copayments for medical care, medications, long-term care and/or receive beneficiary travel benefits for care of your nonservice-connected conditions. Review the table in Step 1 of the instructions to see what benefits are based on your financial status and what sections you should complete. If you are a 0% service-connected noncompensable or nonservice-connected veteran (and are not an Ex-POW, WWI veteran, Purple Heart recipient or VA pensioner) and your annual household income (or combined income and net worth) exceeds the established threshold, you must agree to pay VA copayments for care of your nonservice-connected conditions to be eligible for enrollment. See Section IX - Consent To Copayments.

- NO, I DO NOT WISH TO PROVIDE INFORMATION IN SECTIONS V THROUGH VIII. I understand that my financial information will not be used to determine my eligibility for VA health care benefits that apply to me. I am agreeing to pay the applicable VA copayments. Sign and date the application in Section XI.
- YES, I WILL PROVIDE SPECIFIC INCOME AND/OR ASSET INFORMATION TO ESTABLISH MY ELIGIBILITY FOR CARE. Complete all sections below that apply to you with last calendar year's information. Sign and date the application Section XI.

SECTION V - DEPENDENT INFORMATION (Use a separate sheet for additional dependents)

1. SPOUSE'S NAME (<i>Last, First, Middle Name</i>)		2. CHILD'S NAME (<i>Last, First, Middle Name</i>)	
1A. SPOUSE'S MAIDEN NAME		2A. CHILD'S RELATIONSHIP TO YOU (<i>Check one</i>) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter	
1B. SPOUSE'S SOCIAL SECURITY NUMBER		2B. CHILD'S SOCIAL SECURITY NUMBER	2C. DATE CHILD BECAME YOUR DEPENDENT (<i>mm/dd/yyyy</i>)
1C. SPOUSE'S DATE OF BIRTH (<i>mm/dd/yyyy</i>)	1D. DATE OF MARRIAGE (<i>mm/dd/yyyy</i>)	2D. CHILD'S DATE OF BIRTH (<i>mm/dd/yyyy</i>)	
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (<i>Street, City, State, ZIP</i>)		2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, ENTER THE AMOUNT YOU CONTRIBUTED TO THEIR SUPPORT		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING (<i>e.g., tuition, books, materials</i>)	
SPOUSE \$		CHILD \$	
		\$	

SECTION VI - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN (Use a separate sheet for additional dependents)

	VETERAN	SPOUSE	CHILD 1
1. GROSS ANNUAL INCOME FROM EMPLOYMENT (<i>e.g., wages, bonuses, tips, etc.</i>) EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS.	\$	\$	\$
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS.	\$	\$	\$
3. LIST OTHER INCOME AMOUNTS (<i>e.g., Social Security, compensation, pension, interest, dividends</i>). EXCLUDING WELFARE.	\$	\$	\$

SECTION VII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES

1. NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE (<i>e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home</i>).	\$
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD (<i>Also enter spouse or child's information in Section V.</i>)	\$
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES (<i>e.g., tuition, books, fees, materials</i>) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.	\$

SECTION VIII - PREVIOUS CALENDAR YEAR NET WORTH (Use a separate sheet for additional dependent.)

	VETERAN	SPOUSE	CHILD 1
1. CASH, AMOUNT IN BANK ACCOUNTS (<i>e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds</i>)	\$	\$	\$
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. (<i>e.g., second homes and non-income producing property.</i>) DO NOT INCLUDE YOUR PRIMARY HOME.	\$	\$	\$
3. VALUE OF OTHER PROPERTY OR ASSETS (<i>e.g., art, rare coins, collectables</i>) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. <i>Exclude household effects and family vehicles.</i>	\$	\$	\$

SECTION IX - CONSENT TO COPAYMENTS

If you are a 0% service-connected veteran and do not receive VA monetary benefits or a nonservice-connected veteran (and you are not an Ex-POW, Purple Heart Recipient, WWI veteran or VA pensioner) and your household income (or combined income and net worth) exceeds the established threshold, this application will be considered for enrollment, but only if you agree to pay VA copayments for treatment of your nonservice-connected conditions. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copayment as required by law.

SECTION X - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 24 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

SECTION XI - ASSIGNMENT OF BENEFITS

I understand that pursuant to 38 U.S.C. Section 1729, VA is authorized to recover or collect from my health plan (HP) for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse.

ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS ON WHO CAN SIGN ON BEHALF OF THE VETERAN.

SIGNATURE OF APPLICANT	DATE (<i>mm/dd/yyyy</i>)
------------------------	----------------------------

ATTACHMENT C

**AN EXAMPLE OF A DEPARTMENT OF VETERANS AFFAIRS (VA) FORM 10-10 EZ
EMAIL MESSAGE**

SECTION I - VISTA AUTOMATION

2.1^Smith^
2.2^John^
2.3^Quincy^
2.4^JR^ (SUFFIX)
1B.^Bay Pines Test Lab OIFO^
1A.1^Y^
1A.2^Y^
1A.3^^
1A.4^^
3.^Jones^
3A.^Johns^ (MOM'S MAIDEN)
4.^M^
4A.^N^ (ETHNICITY-'HISPANIC OR LATINO')
4B.^ (RACE-- 'AMERICAN INDIAN OR ALASKA NATIVE')
4C.^ (RACE--'BLACK OR AFRICAN AMERICAN')
4D.^ (RACE--'NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER')
4E.^ (RACE--'ASIAN')
4F.^Y^ (RACE--'WHITE')
4G.^ (RACE--UNKNOWN BY PATIENT)
5.^012-12-1234^
6.^ABC1234^
7.^01/01/1950^
8.^UNKNOWN/NO PREFERENCE^
8A.^Houston^ (POB-CITY)
8B.^TX^ (POB-STATE)
9A.^100 Main St^
9B.^Dallas^
9C.^TX^
9D.^91211^
9E.^
10.1^912^
10.2^123-1234^
11.1^800^
11.2^123-1234^
11.3^^
11A.^JohnSmith@hotmail.com^
11B.^Y^

VHA DIRECTIVE 2004-041

August 4, 2004

11C.^N^ (RECEIVED VA CARE PREVIOUSLY?)
11D.^ (MOST RECENT LOCATION OF CARE)
12.^MARRIED^
13A.^AIR FORCE^
13B.^12/10/1984^
13C.^10/07/1988^
13D.^HONORABLE^
13E.^abc-123^
14A1.^N^
14A2.^Y^
14B.^N^
14B1.^
14B2.^N^
14D1.^N^
14D3.^N^ (RECEIVING MILITARY RETIREMENT IN LIEU OF VA COMPENSATION?)
14E.^N^
14F.^N^
14G.^N^
14G1.^N^ (DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?)
14I.^N^
14J.^Y^
14K.^Y^
14L.^N^
14K1.^02/02/1992^
14L1.^//^
14M.^1234-234-abc^
14N.^John Q Smith^
15A.1^EMPLOYED^
15A.2^//^
15B.1^Trump Enterprises^
15B.2^99 Center St^
15B.3^Dallas^
15B.4^TX^
15B.5 ^13243^
15B.6^800^
15B.7^123-1234^
15B.8^^
16A.1^RETIRED^
16A.2^01/09/1999^
16B.1^Bank One^
16B.2^^
16B.3^Dallas^
16B.4^TX^
16B.5^12344^

16B.6^^
16B.7^^
16B.8^^
17.^Y^
17A.^Aenta^
17B.^John Smith^
17C.^123G-12345^
17D.^^
17E.^^ (INSURANCE 1-STREET ADDRESS LINE1, LINE2, LINE3)
17F.^^ (INSURANCE 1-CITY)
17G.^SD^ (INSURANCE 1-STATE)
17H.^12344^ (INSURANCE 1-ZIP)
17I.^945^ (INSURANCE 1-PHONE NUMBER-AREA CODE)
17J.^456-4666^ (INSURANCE 1-PHONE NUMBER)
19A.1^Smith^
19A.2^Ma^
19A.3^^
19A.4^^
19A.5^FL^
19A.6^01234^
19A.7^MOTHER^
19B.1^^
19B.2^^
19C.1^^
19C.2^^
19C.3^^
20A.1^Smith^
20A.2^Ma^
20A.3^^
20A.4^^
20A.5^FL^
20A.6^01234^
20A.7^MOTHER^
20B.1^^
20B.2^^
20C.1^^
20C.2^^
20C.3^^
21.^NEXT OF KIN^
22A.^N^
22B.^N^
0^POW^
EOF Section I

Section IA - OTHER INSURANCE INFORMATION^

VHA DIRECTIVE 2004-041

August 4, 2004

Section IA - ADDITIONAL INSURANCE 2^

17A.^HealthCare^ (INSURANCE 2-COMPANY)
17B.^Mary Smith^ (INSURANCE 2-WHOSE INSURANCE)
17C.^ (INSURANCE 2-SUBSCRIBER ID)
17D.^G-123-135434^ (INSURANCE 2-GROUP NUMBER)
17E.^ (INSURANCE 2-STREET ADDRESS-LINE1,LINE2,LINE3)
17F.^ (INSURANCE 2-CITY)
17G.^VA^ (INSURANCE 2-STATE)
17H.^12344^ (INSURANCE 2-ZIP)
17I.^945^ (INSURANCE 2-PHONE NUMBER-AREA CODE)
17J.^456-4666^ (INSURANCE 2-PHONE NUMBER)
EOF Section IA

Section IIA - DEPENDENT INFORMATION ^

1.1^Smith^
1.2^Mary^
1.3^Margaret^
1.4.^ (SPOUSE NAME-SUFFIX)
1.5^Johnson^
2.1^Smith^
2.2^Child^
2.3^One^
2.4^SR^ (DEPENDENT NAME-SUFFIX)
3.^123-45-7890^
4.^05/05/1957^
5.^09/08/1980^
6.1^100 Main St^
6.2^Dallas^
6.3^TX^
6.4^91211^
7.^123-11-0001^
8.1^912^
8.2^123-1234^
9.^SON^
10.^06/09/1979^
11.^10/08/1980^
12.1^^
12.2^^
13.^
14.^N^
15.^N^
EOF Section IIA^

Section IIB - ADDITIONAL DEPENDENT INFORMATION ^

SECTION IIB - ADDITIONAL CHILD 2^

1.1^Smith^
1.2^Child^
1.3^Two^
1.4^II^ (DEPENDENT NAME-SUFFIX)
2.^123-22-0002^
3.^02/02/1982^
4.^SON^
5.^02/02/1982^
6.^.
7.^.
8.^N^
9.^N^
EOF Section IIB^

Section IIC - GROSS ANNUAL INCOME OF VET,SPOUSE,DEPENDENTS^

Data in this section will be automatically filed through EAS. If site chooses to enter data manually, enter values for 1.4 thru 3.3 into Previous Calendar Year Gross Annual Income fields. During the 1010EZ interim solution period, values for 2.1 - 2.3 will be automatically filed into ALL OTHER INCOME through EAS. If site chooses to enter data manually, enter values for 2.1-2.3

into SOCIAL SECURITY (NOT SSI) and enter values for 3.1-3.3 into ALL OTHER INCOME.

1.1^1100.00^ (TOTAL EMPLOYMENT INCOME FOR VETERAN-VETERAN EMPLOY+FARM/BUSINESS)
1.2^2200.00^ (TOTAL EMPLOYMENT INCOME FOR SPOUSE-SPOUSE EMPLOY+FARM/BUSINESS)
1.3^140.00^ (TOTAL EMPLOYMENT INCOME FOR CHILDREN-ALL CHILDREN EMPLOY+FARM/BUSINESS)
1.4^1000.00^ (TOTAL EMPLOYMENT INCOME FOR VETERAN-VETERAN EMPLOY. ONLY)
1.5^2000.00^ (TOTAL EMPLOYMENT INCOME FOR SPOUSE-SPOUSE EMPLOY. ONLY)
1.6^110.00^ (TOTAL EMPLOYMENT INCOME FOR CHILDREN-ALL CHILDREN EMPLOY. ONLY)
2.1^10.00^ (SOCIAL SECURITY(NOT SSI) FOR VETERAN-VETERAN SOC. SECURITY ONLY)
2.2^10.00^ (SOCIAL SECURITY(NOT SSI) FOR SPOUSE-SPOUSE SOC. SECURITY ONLY)
2.3^35.00^ (SOCIAL SECURITY(NOT SSI) FOR CHILDREN-SOC. SECURITY FOR ALL CHILDREN)

VHA DIRECTIVE 2004-041

August 4, 2004

3.1^100.00^ (ALL OTHER INCOME FOR VETERAN-VETERAN FARM/BUSINESS ONLY)

3.2^200.00^ (ALL OTHER INCOME FOR SPOUSE-SPOUSE FARM/BUSINESS ONLY)

3.3^30.00^ (ALL OTHER INCOME FOR CHILDREN-ALL CHILDREN FARM/BUSINESS ONLY)

EOF Section IIC^

Section IID - DEDUCTIBLE EXPENSES^

1.^500.00^

2.^0.00^

3.^1000.00^

EOF Section IID^

Section IIE - NET WORTH^

Data in this section will be automatically filed through EAS. If site chooses to enter data manually, enter values for 1.1, 1.2, 2.1, 2.2, 3.1 and 3.2 into Previous Calendar Year Net Worth fields.

1.^10000.00^

1.1^10050.00^ (CASH, AMTS IN BANK ACCTS FOR VETERAN-VETERAN+ALL CHILDREN)

1.2^500.00^ (CASH, AMTS IN BANK ACCTS FOR SPOUSE-SPOUSE ONLY)

1.3^50.00^ (CASH, AMTS IN BANK ACCTS FOR CHILDREN-ALL CHILDREN)

2.^100000.00^

2.1^100070.00^ (REAL PROPERTY FOR VETERAN-VETERAN+ALL CHILDREN)

2.2^0.00^ (REAL PROPERTY FOR SPOUSE-SPOUSE ONLY)

2.3^70.00^ (REAL PROPERTY FOR CHILDREN-ALL CHILDREN)

3.^5000.00^

3.1^5090.00^ (OTHER PROPERTY OR ASSETS FOR VETERAN-VETERAN+ALL CHILDREN)

3.2^600.00^ (OTHER PROPERTY OR ASSETS FOR SPOUSE-SPOUSE ONLY)

3.3^90.00^ (OTHER PROPERTY OR ASSETS FOR CHILDREN-ALL CHILDREN)

EOF Section IIE^

Section IIF - ADDITIONAL FINANCIAL INFORMATION-GROSS ANNUAL INCOME^

SECTION IIF - ADDITIONAL INCOME CHILD 1^

7.^Child 1

7.1^100.00^ (TOTAL EMPLOYMENT INCOME-CHILD1 ONLY)

7.2^10.00^ (ALL OTHER INCOME-CHILD1 ONLY FARM/BUSINESS ONLY)

7.3^5.00^ (SOCIAL SECURITY(NOT SSI)-CHILD1 ONLY)

SECTION IIF - ADDITIONAL INCOME CHILD 2^

7.^Child 2

7.1^10.00^ (TOTAL EMPLOYMENT INCOME-CHILD2 ONLY)
7.2^20.00^ (ALL OTHER INCOME-CHILD2 ONLY FARM/BUSINESS ONLY)
7.3^30.00^ (SOCIAL SECURITY(NOT SSI)-CHILD2 ONLY)
EOF SECTION IIF^

Section IIG - ADDITIONAL FINANCIAL INFORMATION-NET WORTH^

SECTION IIG - ADDITIONAL ASSET CHILD 1^

9.^Child 1
9.1^10.00^ (CASH,AMTS IN BANK ACCTS-CHILD1 ONLY)
9.2^20.00^ (REAL PROPERTY-CHILD1 ONLY)
9.3^30.00^ (OTHER PROPERTY OR ASSETS-CHILD1 ONLY)
SECTION IIG - ADDITIONAL ASSET CHILD 2^

9.^Child 2
9.1^40.00^ (CASH,AMTS IN BANK ACCTS-CHILD2 ONLY)
9.2^50.00^ (REAL PROPERTY-CHILD2 ONLY)
9.3^60.00^ (OTHER PROPERTY OR ASSETS-CHILD2 ONLY)
EOF SECTION IIG^

SECTION III

Destination Email^G.VA1010EZ@CHY5A.fo-baypines.med.va
ProvideDetails;^YES
Email Address: ^JohnSmith@hotmail.com
Comments: ^
Services Requested: ^
Appointment Requested: ^Y
Submit ID: ^355-11284-2004
Version #: ^6
Veteran To Mail:^VAToPrint
EOF Section III

ATTACHMENT D

**A SCREEN PRINT OF THE EMAIL MESSAGE AS IT IS DISPLAYED THROUGH
MAILMAN IN VISTA.**

The screen print of the Section IIC-Gross Annual Income has been provided to show how the text instructions appear.

