



DEPARTMENT OF VETERANS AFFAIRS

In reply, refer to:
322/DG
File Number: :

Dear

We made a decision regarding your entitlement to VA benefits.

Please Note: On VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, received on June 29, 2015, you checked the box in Item 17 indicating that you want to receive military retired pay instead of VA compensation. Therefore, we are unable to pay any VA compensation benefits to you and your claim must be denied until a VA Form 21-651, Election of Compensation in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation From Department of Veterans Affairs (38 U.S.C. 5304(a)-5305) is received at the Intake Center, because there is a statutory restriction on concurrent payments of compensation and the full amount of military retirement pay. If VA compensation is elected within one year from the date of the notification letter, your entitlement to VA benefits will be from the effective date shown as if the claim had not been denied (with payment subject to date retirement pay is waived by the military). If a VA Form 21-651, Election of Compensation in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation From Department of Veterans Affairs (38 U.S.C. 5304(a)-5305) is received at the Intake Center within one year from the date of the notification letter, your entitlement to VA benefits will be as follows:

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

Payment Summary

Your monthly entitlement amount is shown below:

Total VA Benefit	Amount Withheld	Amount Paid	Payment Start Date	Reason
\$2,170.71	\$950.64	\$1,220.07	Feb 1, 2015	Retired Pay Adjustment, Compensation Rating Adjustment
\$3,371.35	\$950.64	\$2,420.71	Aug 1, 2015	Compensation Rating Adjustment
\$3,371.35	\$691.68	\$2,679.67	Oct 1, 2015	Retired Pay Adjustment
\$0.00	\$0.00	\$0.00	Nov 1, 2015	Benefit Eligibility Adjustment, Retired Pay Adjustment

We are currently paying you as a Veteran with 3 dependents. *Let us know right away if there is any change in the status of your dependents.*

You Can Expect Payment

Generally, payments begin the first day of the month following the effective date. When applicable, a retroactive payment, minus any withholdings, will be issued. 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 your financial institution.

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

We Have Withheld Benefits

You are not allowed to receive full military retired pay and full VA compensation at the same time. The following will provide an explanation of how this works:

- If your VA compensation is less than your retired pay, you will receive compensation payments. The service department will pay you the difference between your compensation and your retired pay.
- If your VA compensation is greater than your retired pay, we will pay you compensation, and you will not receive retired pay.

For now, we must withhold all or part of your compensation until November 1, 2015. We must do this to prevent a double payment. By working together with the service department, we will make sure you get your full combined payment.

Important information: VA compensation isn't taxable. Please contact the Internal Revenue Service for tax information.

Concurrent Receipt of VA Compensation and Military Retired Pay

You may be eligible for full or partial concurrent receipt of VA compensation and military retired pay under the Combat-Related Special Compensation (CRSC) and/or Concurrent Retired and Disability Pay (CRDP) programs. Your retired pay center (RPC) has been notified of this award of VA compensation. If your RPC determines the withholdings from your VA compensation should be retroactively adjusted due to CRSC/CRDP eligibility; VA will be notified and will adjust your VA compensation accordingly.

More information on CRSC and CRDP can be found at the following web site: <http://www.dfas.mil/dfas/retiredmilitary/disability/payment.html>, or by calling your RPC as shown below:

- Defense Finance and Accounting Service (DFAS): 1-800-321-1080
- United States Coast Guard: 1-800-772-8724
- Public Health Service: 1-800-638-8744

What We Decided

We made the following decision(s):

Issue/Contention	Percent (%) Assigned	Effective Date
eczema and tinea versicolor associated with rashes	0%	Jan 26, 2015
Explanation		
<ul style="list-style-type: none">• We have assigned a noncompensable evaluation for your eczema and tinea versicolor associated with rashes based on: • Less than 5 percent of the entire body affected • Less than 5 percent of the exposed areas affected • No more than topical therapy required during the past 12-month period• Note: Corticosteroids are anti-inflammatory drugs that are synthetic derivatives of the natural steroid, cortisol, which is produced by the adrenal glands. They are called "systemic" steroids if taken by mouth or given by injection as opposed to topical corticosteroids, which are applied directly to the skin. Corticosteroids that are applied topically are not considered systemic for VA purposes.		

Explanation
<ul style="list-style-type: none"> • A higher evaluation of 10 percent is not warranted for dermatitis or eczema unless the evidence shows: <ul style="list-style-type: none"> • At least 5 percent, but less than 20 percent, of the entire body affected; or, • At least 5 percent, but less than 20 percent, of the exposed areas of the body affected; or, • Intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period. • Higher evaluations may also be warranted based on: <ul style="list-style-type: none"> • disfigurement of the head, face, or neck • scars considered disabling due to limitation of function of the affected part; or, • painful or unstable scar(s)

Issue/Contention	Percent (%) Assigned	Effective Date
asthma	10%	Jan 26, 2015

Explanation
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your asthma based on: <ul style="list-style-type: none"> • Intermittent inhalational therapy Additional symptom(s) include: <ul style="list-style-type: none"> • Forced Expiratory Volume in One Second (FEV-1): 100 (Not considered for compensable evaluation) • Ratio of Forced Expiratory Volume in One Second (FEV-1) to Forced Vital Capacity (FEV-1/FVC) greater than 80 percent of predicted value (84%). • When there is a disparity between the results of different Pulmonary Function Tests (PFTs), so that the level of evaluation would differ depending on which test result is used, the test result that the examiner states most accurately reflects the level of disability shall be used. In your case, the examiner has indicated that your FEV-1/FVC ratio most accurately reflects your level of disability • A higher evaluation of 30 percent is not warranted for bronchial asthma unless the evidence shows: <ul style="list-style-type: none"> • Daily inhalational or oral bronchodilator therapy; or, • FEV-1 to Forced Vital Capacity (FVC) (FEV-1/FVC) of 56 to 70 percent; or, • Forced Expiratory Volume in One Second (FEV-1) of 56 to 70 percent predicted; or, • Inhalational anti-inflammatory medication.

Issue/Contention	Percent (%) Assigned	Effective Date
left ankle strain (claimed as left ankle arthritis)	10%	Jan 26, 2015

Explanation
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your left ankle based on: <ul style="list-style-type: none"> • Painful motion of the ankle (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the ankle, the minimum compensable evaluation of 10 percent is assigned) . • The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59.

Explanation		
<ul style="list-style-type: none"> • A higher evaluation of 20 percent is not warranted for limitation of motion of the ankle unless the evidence shows: • Marked limitation of motion of the ankle based on dorsiflexion less than 5 degrees or plantar flexion less than 10 degrees. 		

Issue/Contention	Percent (%) Assigned	Effective Date
sinusitis	0%	Jan 26, 2015

Explanation		
<ul style="list-style-type: none"> • We have assigned a noncompensable evaluation for your sinusitis based on: • A diagnosed disability with no compensable symptoms • A higher evaluation of 10 percent is not warranted for frontal sinusitis unless the evidence shows: • One or two incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment; or, • Three to six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting.. • The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim. 		

Issue/Contention	Percent (%) Assigned	Effective Date
right ankle strain (claimed as right ankle arthritis)	10%	Jan 26, 2015

Explanation		
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your right ankle condition based on: • Painful motion of the ankle (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the ankle, the minimum compensable evaluation of 10 percent is assigned) . • The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59. • A higher evaluation of 20 percent is not warranted for limitation of motion of the ankle unless the evidence shows: • Marked limitation of motion of the ankle based on dorsiflexion less than 5 degrees or plantar flexion less than 10 degrees. 		

Issue/Contention	Percent (%) Assigned	Effective Date
irritable bowel syndrome (claimed as gastrointestinal signs and symptoms)	0%	Apr 11, 2015

Explanation		
<ul style="list-style-type: none"> • We have assigned a noncompensable evaluation for your gastrointestinal signs and symptoms based on: • Alternating diarrhea and constipation • Diarrhea 		

Explanation
<ul style="list-style-type: none"> • A higher evaluation of 10 percent is not warranted for irritable bowel syndrome unless the evidence shows moderate symptoms demonstrated by frequent episodes of bowel disturbance with abdominal distress.

Issue/Contention	Percent (%) Assigned	Effective Date
limitation of extension, left hip (claimed as left hip condition)	10%	Jan 26, 2015

Explanation
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your left hip condition based on: • Painful motion of the hip. (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the thigh at the hip, the minimum compensable evaluation of 10 percent is assigned.) Additional symptom(s) include: • Painful Extension • Painful Flexion. • The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59. • This is the highest schedular evaluation allowed under the law for limitation of extension of the thigh.

Issue/Contention	Percent (%) Assigned	Effective Date
limitation of flexion, left hip (claimed as left hip condition)	0%	Jan 26, 2015

Explanation
<ul style="list-style-type: none"> • We have assigned a noncompensable evaluation for your left hip condition based on: • Flexion of the thigh beyond 45 degrees Additional symptom(s) include: • Painful Extension • Painful Flexion • Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31 } • The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and are not warranted. • A higher evaluation of 10 percent is not warranted for limitation of flexion of the thigh unless the evidence shows: • Extension limited to 5 degrees; or, • Flexion limited to 45 degrees; or, • Limitation of adduction, cannot cross legs; or, • Limitation of rotation, cannot toe-out more than 15 degrees on the affected leg; or, • Malunion with slight hip or knee disability.

Issue/Contention	Percent (%) Assigned	Effective Date
peripheral neuropathy, right lower extremity	10%	Jan 26, 2015
Explanation		
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your peripheral neuropathy, right lower extremity based on: • Mild incomplete paralysis • A higher evaluation of 20 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows nerve damage is moderate. 		

Issue/Contention	Percent (%) Assigned	Effective Date
peripheral neuropathy, left lower extremity	10%	Jan 26, 2015
Explanation		
<ul style="list-style-type: none"> • Service connection for peripheral neuropathy, left lower extremity has been established as related to the service-connected disability of degenerative disc disease, lumbar spine. • We have assigned a 10 percent evaluation for your peripheral neuropathy, left lower extremity based on: • Mild incomplete paralysis • A higher evaluation of 20 percent is not warranted for paralysis of the sciatic nerve unless the evidence shows nerve damage is moderate. 		

Issue/Contention	Percent (%) Assigned	Effective Date
testicular hydrocele	0%	Jan 26, 2015
Explanation		
<ul style="list-style-type: none"> • We have assigned a noncompensable evaluation for your testicular hydrocele based on: • A diagnosed disability with no compensable symptoms • A higher evaluation of 20 percent is not warranted for complete atrophy of the testis unless the evidence shows: • Complete atrophy of both testicles. • A higher evaluation of 30 percent is not warranted for complete atrophy of the testis unless the evidence shows: • Removal of both testicles. 		

Issue/Contention	Effective Date
Dependents' Educational Assistance (Chapter 35)	Jul 7, 2015
Explanation	
<ul style="list-style-type: none"> • Eligibility to Dependents' Educational Assistance is derived from a veteran who was discharged under other than dishonorable conditions; and, has a permanent and total service-connected disability; or a permanent and total disability was in existence at the time of death; or the veteran died as a result of a service-connected disability. Also, eligibility exists for a serviceperson who died in service. Finally, eligibility can be derived from a service member who, as a member of the armed forces on active duty, has been listed for more than 	

- 90 days as: missing in action; captured in line of duty by a hostile force; or forcibly detained or interned in line of duty by a foreign government or power.
- Basic eligibility to Dependents' Education Assistance is granted as the evidence shows the veteran currently has a total service-connected disability, permanent in nature.

Issue/Contention	Old Percentage (%) Assigned	New Percentage (%) Assigned	Effective Date
bilateral pes planus with s/p fracture of the third and fourth metatarsals of the right foot and left foot calcaneal spur	0%	30%	Jan 26, 2015
Explanation:			
<ul style="list-style-type: none"> • We have assigned a 30 percent evaluation for your bilateral pes planus with s/p fracture of the third and fourth metatarsals of the right foot and left foot calcaneal spur based on: <ul style="list-style-type: none"> • Characteristic callosities • Indication of swelling on use • Objective evidence of marked deformity (pronation, abduction, etc.) • Pain on use, accentuated • Additional symptom(s) include: <ul style="list-style-type: none"> • Mild symptoms • Pain on manipulation of the feet • Pain on use of the feet • Weight-bearing line over medial to great toe. • A higher evaluation of 50 percent is not warranted for acquired flat foot unless the evidence shows bilateral involvement with pronounced symptoms. 			

Issue/Contention	Old Percentage (%) Assigned	New Percentage (%) Assigned	Effective Date
headaches of unspecified nature (claimed as headaches, migraine)	0%	30%	Jan 26, 2015
Explanation:			
<ul style="list-style-type: none"> • We have assigned a 30 percent evaluation for your headaches of unspecified nature based on: <ul style="list-style-type: none"> • Characteristic prostrating attacks occurring on an average once a month over last several months . • A higher evaluation of 50 percent is not warranted for migraine unless the evidence shows very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability. 			

Issue/Contention	Old Percentage (%) Assigned	New Percentage (%) Assigned	Effective Date
unspecified anxiety disorder with insomnia due to mental disorder (now claimed as PTSD)	30%	50%	Jul 7, 2015
Explanation			
<ul style="list-style-type: none"> • We have assigned a 50 percent evaluation for your unspecified anxiety disorder with insomnia due to mental disorder (now claimed as PTSD) based on: • Difficulty in adapting to stressful circumstances • Difficulty in adapting to work • Disturbances of motivation and mood • Flattened affect • Difficulty in adapting to a worklike setting • Mild memory loss • Anxiety • Difficulty in establishing and maintaining effective work and social relationships • Chronic sleep impairment • Panic attacks more than once a week • Occupational and social impairment with reduced reliability and productivity . • The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 50 percent disability evaluation. • A higher evaluation of 70 percent is not warranted for generalized anxiety disorder unless the evidence shows occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:• suicidal ideation• obsessional rituals which interfere with routine activities• speech intermittently illogical, obscure, or irrelevant• near-continuous panic or depression affecting the ability to function independently, appropriately and effectively• impaired impulse control (such as unprovoked irritability with periods of violence)• spatial disorientation• neglect of personal appearance and hygiene• difficulty in adapting to stressful circumstances (including work or a worklike setting)• inability to establish and maintain effective relationships. 			

Issue/Contention	Old Percentage (%) Assigned	New Percentage (%) Assigned	Effective Date
seasonal allergic rhinitis	0%	10%	Jan 26, 2015
Explanation			
<ul style="list-style-type: none"> • We have assigned a 10 percent evaluation for your seasonal allergic rhinitis based on: • Rhinitis without polyps, but with greater than 50 percent obstruction of both nasal passages . • A higher evaluation of 30 percent is not warranted for allergic rhinitis unless the evidence shows: • Rhinitis with polyps. 			

Issue/Contention	Percent (%) Continued
degenerative disc disease, lumbar spine	20%

Explanation
<ul style="list-style-type: none">• The evaluation of degenerative disc disease, lumbar spine is continued as 20 percent disabling.• We have assigned a 20 percent evaluation for your degenerative disc disease, lumbar spine based on: • Forward flexion of the thoracolumbar spine greater than 30 degrees but not greater than 60 degrees Additional symptom(s) include: • X-ray evidence of degenerative arthritis • Combined range of motion of the thoracolumbar spine greater than 120 degrees but not greater than 235 degrees • Painful motion upon examination.• The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59.• A higher evaluation of 40 percent is not warranted for intervertebral disc syndrome (IVDS) unless the evidence shows: • Favorable ankylosis of the entire thoracolumbar spine; or, • Forward flexion of the thoracolumbar spine 30 degrees or less.• A higher evaluation of 40 percent is not warranted for intervertebral disc syndrome (IVDS) unless the evidence shows: • Intervertebral disc syndrome (IVDS) with incapacitating episodes having a total duration of at least four weeks but less than six weeks during the past 12 months.• We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation.

Issue/Contention
prostatitis
Explanation
<ul style="list-style-type: none">• A claimant may reopen a finally adjudicated claim by submitting new and material evidence. New means that the evidence has not been considered before and material means it applies to the specific issue for which you were previously denied. New and material evidence must raise a reasonable possibility, that when considered with all the evidence or record (both new and old), that the outcome (conclusion) would change. The evidence can't simply be redundant (repetitive) or cumulative of that which we had when we previously decided your claim.• The evidence from {} is not new and material evidence because it does not establish a fact necessary to substantiate the claim and does not raise a reasonable possibility of substantiating the claim.• The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Issue/Contention
left knee arthritis with patellofemoral pain syndrome (previously evaluated as chondromalacia with degenerative changes in the patella of the bilateral knees)

Explanation
<ul style="list-style-type: none"> • The evaluation for left knee arthritis with patellofemoral pain syndrome (previously evaluated as chondromalacia with degenerative changes in the patella of the bilateral knees) is deferred for the following: VA exam. • An evaluation of 10 percent is granted whenever extension of the leg is limited to 10 degrees. A higher evaluation of 20 percent is not warranted unless extension of the leg is limited to 15 degrees.

Issue/Contention
right knee arthritis with patellofemoral pain syndrome (previously evaluated as chondromalacia with degenerative changes in the patella of the bilateral knees)
Explanation
<ul style="list-style-type: none"> • The evaluation for right knee arthritis with patellofemoral pain syndrome (previously evaluated as chondromalacia with degenerative changes in the patella of the bilateral knees) is deferred for the following: VA exam. • An evaluation of 10 percent is granted for leg flexion which is limited to 45 degrees. A higher evaluation of 20 percent is not warranted unless evidence demonstrates leg flexion which is limited to 30 degrees.

Issue/Contention
Sleep apnea syndromes
Explanation
<ul style="list-style-type: none"> • Service connection for Sleep apnea syndromes is denied since this condition neither occurred in nor was caused by service. • The evidence does not show a current diagnosed disability. The evidence does not show an event, disease or injury in service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show that your condition resulted from, or was aggravated by, a service-connected disability.

Issue/Contention
tinnitus
Explanation
<ul style="list-style-type: none"> • The issue of compensation for tinnitus is deferred for the following information: VA exam.

Issue/Contention
epididymitis
Explanation
<ul style="list-style-type: none"> • A claimant may reopen a finally adjudicated claim by submitting new and material evidence. New means that the evidence has not been considered before and material means it applies to the specific issue for which you were previously denied. New and material evidence must raise a reasonable possibility, that when considered with all the evidence or

record (both new and old), that the outcome (conclusion) would change. The evidence can't simply be redundant (repetitive) or cumulative of that which we had when we previously decided your claim.

- The evidence from {} is not new and material evidence because it does not establish a fact necessary to substantiate the claim and does not raise a reasonable possibility of substantiating the claim.
- The evidence does not support a change in our prior decision. Therefore, we are confirming the previous denial of this claim.

Issue/Contention
heart murmur
Explanation
<ul style="list-style-type: none"> • Service connection for heart murmur is denied since this condition neither occurred in nor was caused by service. • The evidence does not show an event, disease or injury in service. Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. The evidence does not show that your condition resulted from, or was aggravated by, a service-connected disability. We did not find a link between your medical condition and military service.

Your overall or combined rating is:

Combined Rating	Effective Date
30%	Oct 01, 2010
50%	Nov 07, 2012
60%	Aug 30, 2014
90%	Jan 26, 2015
100%	Jul 07, 2015

Note: The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. We do not add the individual percentages of each condition to determine your combined rating. Instead, we use a combined rating table that considers the effect from the most serious to the least serious conditions.

Are You Entitled to Additional Benefits?

Did you know you may be eligible for a VA guaranteed mortgage with no down payment (potentially exempt from a funding fee depending on your rating)? For more information about this benefit, or to determine and print your Loan Guaranty Certificate of Eligibility, please visit the eBenefits website at <http://www.ebenefits.va.gov>.

If you served overseas in support of a combat operation you may be eligible for mental health counseling at no cost to you at the Veteran's Resource Center. For more information on this benefit please visit <https://www.myhealth.va.gov/mhv-portal-web/>.

The VA provides Blind Rehabilitation services to eligible blind, low vision, or visually impaired Veterans to help them regain their independence and quality of life. The Veteran's blindness, low vision, or vision impairment does NOT have to be related or caused by military service. If you need help with your vision loss, please contact your nearest Visual Impairment Services Team Coordinator (VIST) at the eye clinic at your nearest VA Medical Center. For more information, go to www.va.gov/blindrehab/.

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.

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

You may be eligible for a clothing allowance or more than one clothing allowance because of your service-connected disability(ies). If you would like to apply for this benefit, please call us at 1-800-827-1000 or download VA Form 10-8678, *Application for Annual Clothing Allowance*, at <http://www.va.gov/vaforms>.

You should contact your state office of Veterans' 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 Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

Some Veterans may be entitled to VA dental treatment. For additional information, contact your nearest VA Medical Center or outpatient clinic.

A monthly educational assistance allowance is payable to certain Veterans. If you need help with your VA education benefits, you can call toll-free 1-888-442-4551 or visit the VA national education website at <http://www.gibill.va.gov>.

You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments due to your newly granted service-connected conditions. You must make a request

for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter.

You may be eligible for Service-Disabled Veterans Insurance (S-DVI) 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 disability rating.

You should receive a package with information about S-DVI and an application within two weeks. Call the VA Insurance toll free number 1-800-669-8477, or visit the Insurance website at <http://www.insurance.va.gov> for further information about S-DVI.

You may be able to receive vocational rehabilitation employment services. For more information on this benefit please visit <http://www.vba.va.gov/bln/vre/> or call us at 1-800-827-1000.

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information.

Your dependents may be eligible for Dependents' Educational Assistance (DEA). A dependent may not receive DEA benefits while the primary VA beneficiary is receiving payments with additional allowance for the same dependent. If you have a school child over 18 years of age on your award, note that the effective date of payment of the DEA award for the child may create an overpayment if it overlaps any previous payments you have received for that child. For more information on this program please visit the following website: http://www.gibill.va.gov/benefits/other_programs/dea.html or call 1-888-GIBILL-1 (1-888-442-4551).

You and 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. You should call 1-800-733-8387 if additional information is needed, or visit <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>.

If you have government life insurance, you may be eligible to have your premiums waived (this does not apply to Veterans' Group Life Insurance). Call the VA Insurance toll free

number 1-800-669-8477, or visit the Insurance website, <http://www.insurance.va.gov>, for more information if you answer “yes” to the following questions:

- Do you have an active government life insurance policy for which you pay premiums?
- Are you unable to work due to your disability?
- Were you under age 65 when you became unable to work?
- Have you been unable to work for 6 or more consecutive months?

The Social Security Administration (SSA) administers several benefit programs, including Social Security retirement and disability benefits and Medicare. For more information about Social Security benefits, call SSA at 1-800-772-1213 (Hearing Impaired TTY line 1-800-325-0778) or visit the following website <http://www.ssa.gov/>.

Some severely disabled Veterans may be entitled to a monetary grant for Automobile and Adaptive Equipment benefits. For more information about this allowance, please visit the following website: <http://www.benefits.va.gov/compensation/claims-special-auto-allowance.asp>, or call us at 1-800-827-1000.

Veterans with certain disabilities can receive grants to help purchase or construct an adapted home, or modify an existing home to accommodate a disability. For more information on these benefits, please visit the following website: <http://www.benefits.va.gov/homeloans/adaptedhousing.asp> or call us at 1-800-827-1000.

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 call toll-free 1-888-303-7818. Visit the website at <http://www.disabilitydischarge.com/home/>.

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. To obtain a certification for commissary store and exchange privileges, please visit eBenefits at www.eBenefits.va.gov, or you can request a copy by visiting your local Regional Benefit Office. To locate your Regional Benefit Office, please visit following website: <http://www.benefits.va.gov/benefits/offices.asp>.

Conditions That Affect Your Right to Payments

Your award of disability compensation is subject to future adjustment upon receipt of evidence showing any change in the degree of disability.

Your payments may also be affected by any of the following circumstances which you must promptly call to our attention.

- Reentrance into active service.
- Receipt of uniformed service retirement pay, unless your retirement pay has been reduced because of award of disability compensation.
- Receipt of benefits from the Office of Federal Employees Compensation.
- Receipt of active duty or drill pay as a reservist or member of the Federally recognized National Guard.

If you have a disability rating of 30% or more, you must promptly advise us of any change in the status of your dependents.

If your award includes special monthly compensation due to the need for aid and attendance, this additional allowance is generally subject to reduction from the first day of the second calendar month of admission to hospitalization, nursing home or domiciliary care at VA expense.

Benefits will be reduced upon incarceration in a Federal, State, or local penal institution in excess of 60 days for conviction of a felony. The amount not payable may be apportioned to a spouse, dependent children or parents.

Monthly payments of your award may be stopped if you fail to furnish evidence as requested, fail to cooperate or submit to a VA examination when requested, or if you furnish VA, or cause to be furnished, any false or fraudulent evidence. Information submitted is subject to verification through computer matching programs with other agencies.

The law provides severe penalties, which include fine, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled.

Note: Compensation payments are exempt from claims of creditors. With certain exceptions, the payments are not assignable and are not subject to attachment, levy, or seizure except as to claims of the United States.

IMPORTANT

Please notify VA *immediately* if there is a change in any condition affecting your right to continued payments. Failure to notify us of these changes immediately may result in a debt that you will have to repay.

Evidence Considered

In making our decision, we considered:

- VCAA Notice Response, received June 29, 2015
- VCAA Notice Response, received January 30, 2015
- Outpatient treatment records, Dr Oaklay, received April 16, 2015
- Private Treatment Records, Carolina Imaging, dated April 2, 2015
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, dated April 11, 2015
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, dated April 4, 2015
- VCAA Notice Response, received May 24, 2015
- Private Treatment Records, Carolina Primary Care, dated March 26, 2015
- Lay Evidence, dated January 30, 2015
- VA Form 21-4138, Statement in Support of Claim, received June 27, 2015
- Lay Evidence, dated April 11, 2015
- VCAA Notice Response, received April 11, 2015
- Lay Evidence, dated April 11, 2015
- Service Treatment Records, from November 15, 1988 through September 30, 2010
- VA Form 21-0820 Report of General Information, dated May 26, 2015
- VA Form 21-4138, Statement in Support of Claim, received January 26, 2015
- Outpatient treatment records, Womack AMC, received April 3, 2015
- Lay Evidence, dated January 30, 2015
- Veterans Claims Assistance Act (VCAA) Letter, dated January 30, 2015
- Private Treatment Records, Sandhills Physical Medical, dated March 26, 2015
- Veteran letter, received January 30, 2015
- VA Examination, Fayetteville VAMC, dated August 25, 2015
- VA Examination, Fayetteville VAMC, dated August 13, 2015
- Private Treatment Records, Nextcare, dated April 2, 2015
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, dated June 29, 2015
- VCAA Notice Response, received June 15, 2015
- VA Form 21-4138, Statement in Support of Claim, received July 11, 2015

What You Should Do If You Disagree With Our Decision

For Compensation Claims:

If you do not agree with our decision, you must complete and return to us the enclosed VA Form 21-0958, *Notice of Disagreement*, in order to initiate your appeal. 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 Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the eBenefits website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Request a Veterans Service Officer to represent you
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in eBenefits is easy. Just visit www.eBenefits.va.gov for more information. If you submit a claim in the future, consider filing through eBenefits. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, 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	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Written Correspondence</i> chart, below.

In all cases, be sure to refer to your VA file number 225136196.

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

We sent a copy of this letter to NATIONAL ASSOCIATION FOR BLACK VETERANS, INC, who you have appointed as your representative. If you have questions or need assistance, you can also contact your representative.

Thank you for your service,

Regional Office Director

Enclosure(s): VA Form 4107
 VA Form 21-0958
 Where to Send Your Written Correspondence

cc: NATIONAL ASSOCIATION FOR BLACK VETERANS, INC



After careful and compassionate consideration, a decision has been reached on your claim. If we were not able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you do not agree with our decision, you may:

- Start an appeal by submitting a Notice of Disagreement.
- Give us evidence we do not already have that may lead us to change our decision.

This form will tell you how to appeal and how to send us more evidence. You can do either one or both of these things.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, you **must** submit VA Form 21-0958, "Notice of Disagreement," if that form was provided to you in connection with our decision. If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in Part III of VA Form 21-0958 each of the claims you are appealing. A filed VA Form 21-0958 is considered your Notice of Disagreement. If you did not receive VA Form 21-0958 in connection with our decision, then write us a letter telling us you disagree with our decision or enter your disagreement on VA Form 21-0958 in questions 15 or 16A. If you did not receive VA Form 21-0958 in connection with our decision, then either your statement or VA Form 21-0958 is considered your Notice of Disagreement. **Send your Notice of Disagreement to the address included on our decision notice letter.**

How long do I have to start my appeal? You have one year to start an appeal of our decision. **Your** Notice of Disagreement must be postmarked (or received by us) within one year from the date of **our** letter denying you the benefit. In most cases, you cannot appeal a decision after this one-year period has ended.

What happens if I do not start my appeal on time? If you do not start your appeal on time, our decision will become final. Once our decision is final, you cannot get the VA benefit we denied unless you either:

- Show that we were clearly wrong to deny the benefit **or**
- Send us new evidence that relates to the reason we denied your claim.

What happens after VA receives my Notice of Disagreement? We will either grant your claim or send you a Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that we used to make our decision. We will also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," with the Statement of the Case. If you want to continue your appeal to the Board of Veterans' Appeals (the Board) after receiving a Statement of the Case, you must complete and return the VA Form 9 within one year from the date of our letter denying you the benefit **or** within 60 days from the date that we mailed the Statement of the Case to you, **whichever is later**. If you decide to complete an appeal by filing a VA Form 9, you have the option to request a Board hearing. Hearings often increase wait time for a Board decision. It is not necessary for you to have a hearing for the Board to decide your appeal. It is your choice.

Where can I find out more about the VA appeals process?

- You can find a "plain language" pamphlet called "How Do I Appeal," on the Internet at: http://www.bva.va.gov/How_Do_I_Appeal.asp.
- You can find the formal rules for the VA appeals process in title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: <http://www.gpoaccess.gov/cfr/index.html>. A printed copy of the Code of Federal Regulations may be available at your local law library.

YOUR RIGHT TO REPRESENTATION

Can I get someone to help me with my appeal? Yes. You can have a Veterans Service Organization representative, an attorney-at-law, or an "agent" help you with your appeal. You are not required to have someone represent you. It is your choice.

- Representatives who work for accredited Veterans Service Organizations know how to prepare and present claims and will represent you. You can find a listing of these organizations on the Internet at: <http://www.va.gov/vso>.

- A private attorney or an "agent" can also represent you. VA only recognizes attorneys who are licensed to practice in the United States or in one of its territories or possessions. Your local bar association may be able to refer you to an attorney with experience in veterans' law. An agent is a person who is not a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you would like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal? It depends on who helps you. The following explains the differences.

- Veterans Service Organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal is your responsibility. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is executed: Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, DC 20420. See 38 C.F.R. 14.636(g). If the fee agreement provides for the direct payment of fees out of past-due benefits, a copy of the agreement must also be filed with us at the address included on our decision notice letter. See 38 C.F.R. 14.636(h)(4).

GIVING VA ADDITIONAL EVIDENCE

You can send us more evidence to support a claim whether or not you choose to appeal.

NOTE: Please direct all new evidence to the address included on our decision notice letter. You should not send evidence directly to the Board at this time. You should only send evidence to the Board if you decide to complete an appeal and, then, you should only send evidence to the Board after you receive written notice from the Board that they received your appeal.

If you have more evidence to support a claim, it is in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we have not already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing with your local VA office.

In writing. To support your claim, you may send documents and written statements to us at the address included on our decision notice letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a hearing with an employee at your local VA office at any time, whether or not you choose to appeal. We do not require you to have a local hearing. It is your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a local hearing, send us a letter asking for a local hearing. Use the address included on our decision notice letter. We will then:

- Arrange a time and place for the hearing
- Provide a room for the hearing
- Assign someone to hear your evidence
- Make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review any new evidence, including the record of the local hearing, if you choose to have one, together with the evidence we already have. We will then decide if we can grant your claim. If we cannot grant your claim and you complete an appeal, we will send the new evidence and the record of any local hearing to the Board.



INFORMATION AND INSTRUCTIONS FOR COMPLETING NOTICE OF DISAGREEMENT (NOD)

IMPORTANT: PLEASE READ THE INFORMATION BELOW CAREFULLY TO HELP YOU COMPLETE THIS FORM QUICKLY AND ACCURATELY. SOME PARTS OF THE FORM ALSO CONTAIN NOTES OR SPECIFIC INSTRUCTIONS FOR COMPLETING THAT PART. **THE USE OF THIS FORM IS MANDATORY TO INITIATE AN APPEAL FROM A DECISION ON COMPENSATION CLAIMS.** THIS FORM HAS SEVERAL KEY COMPONENTS, WHICH WHEN FILLED OUT COMPLETELY AND ACCURATELY, WILL DECREASE THE AMOUNT OF TIME IT TAKES TO PROCESS YOUR NOD.

FREQUENTLY ASKED QUESTIONS

For what do I use this standard NOD?

You **must** use this form if you wish to indicate to your Regional Office (RO) that you disagree with a decision you received regarding your claim for disability compensation. Examples of these decisions may include entitlement to service connection, percentage of evaluation assigned, and effective date among other things. This form is the only way that you can initiate an appeal from a decision on your claim for disability compensation.

Should I fill out this form?

You **must** fill out this form if you disagree with a decision issued by your RO about your disability compensation claim. This includes an initial decision, a decision for an increased rating, or any other decision with which you disagree. Only those issues that you list on this NOD will be considered on appeal. For those issues you do not list on this NOD, you will still have one year from the date of the decision notification letter to file an appeal for those issues.

Where can I get help?

You can ask the Department of Veterans Affairs (VA) to help you fill out the form by contacting us at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials, and complete as much of the form as you can.

What should I do when I have finished my NOD?

You should provide your signature in the block provided at the bottom of the second page. Be sure to sign every form you fill out before you send it to us. If you don't sign the form, VA will return it for you to sign, and it will take longer to process.

Attach any materials that support and explain your NOD.

Mail or take your NOD to the RO that issued the decision or notification that you disagree with, which is the Agency of Original Jurisdiction (AOJ.)

Do I need to keep a copy of this NOD form?

It is important that you keep a copy of all completed forms and materials you give to VA.

What constitutes a complete NOD form?

Generally, VA will consider your NOD "complete" if the following information is provided on the form:

(1) Part I - Information to identify the claimant such as name, Social Security Number, or VA claim number

Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this NOD incomplete if other information in Part I such as the claimant's address and telephone number is excluded.

(2) Part III - Information to identify the specific nature of the disagreement.

Please enumerate the issues or conditions for which you seek appellate review in Item 10 of Part III. At a minimum, please indicate the specific issue of disagreement in Item 10A such as "right knee disability" or "PTSD" and indicate the area of disagreement in Item 10B by checking the appropriate box. If you disagree with an evaluation of a disability, you may tell us what percentage evaluation you seek in Item 10C. However, you are not required to indicate the percentage of evaluation sought in Item 10C in order to complete this form.

(3) Part IV - Claimant's signature.

Please be sure to sign the NOD, certifying that the statements on the form are true and correct to the best of the claimant's knowledge and belief.

IMPORTANT: If you do not provide the above information on this NOD, VA will consider your form incomplete and will request clarification from you; either 60 days from the date of VA's request for verification or one year from the date of mailing of the notice of decision of the AOJ, whichever is later. If you do not provide VA with a completed form within that time frame, the decision will become final, and you will have to file a new claim.

SPECIFIC INSTRUCTIONS FOR THE NOD

Part I - Personal Information

Please provide all personal contact information.

Part II - Telephone Contact

Why is VA asking to contact me by telephone?

The purpose of the optional telephone contact is to help process your NOD quicker by requesting clarification of any ambiguous information on the form. If you indicate you wish to be contacted by telephone, VA may make up to two attempts to call you at the telephone number provided during the time slot you select. It is important to make sure you select a time period you will be available to speak with a RO representative by telephone.

Part III - Specific Issues of Disagreement

What date do I enter in the Notification/Decision Letter Date?

You should enter the date stamped on the notification or decision letter you received that you disagree with in Item 14. Please do not enter today's date in this field. If you need help identifying the date of the notification or decision you disagree with, contact us.

How do I complete this section?

The purpose of this section is for you to individually identify each area of disagreement that you have with our decision notification letter. Please list **only** the issues or disabilities with which you disagree. Only those issues that you list on this NOD will be considered on appeal. For those issues you do not list on this NOD, you will still have one year from the date of the decision notification letter to file an appeal for those issues.

In the Specific Issue of Disagreement column in Item 10, please individually identify in separate boxes each of the issues with which you disagree. For example, left knee condition, hearing loss, etc.

In the "Area of Disagreement" column, Item 10B, please check the area with which you disagree. For example, if you disagree with the effective date that VA assigned for a particular benefit, check the "Effective Date of Award" option. If VA granted a benefit, but you disagree with the evaluation that we assigned, check the "Evaluation of Disability" option. If you were claiming service connection for an injury or disability that you believe to be the result of your military service, and VA denied that claim, please check the "Service Connection" option. If you are disagreeing with our decision for reasons other than listed in the "Area of Disagreement" column, please check "Other" and specify your reason.

If you disagree with a disability evaluation that we have assigned and believe that the evidence justifies a specific evaluation, please list the percentage that you believe the evidence to warrant in the "Percentage of Evaluation Sought If Known" column, Item 15C, within Part III of the form. To assist, please refer to our decision notification letter where we indicate what the evidence must show for the evaluation we assigned as well as the next higher evaluation.

There is extra space provided for you in Item 11A to explain why you feel VA incorrectly decided your claim, and to list any disagreements not covered by the form. Please utilize this space to briefly and clearly explain why you disagree with our decision.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

NOTICE OF DISAGREEMENT

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE AGENCY OF ORIGINAL JURISDICTION. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)

TO FILE A VALID NOD, THERE IS A TIME LIMIT OF ONE YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS 60 DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

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

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME (First, middle initial, last)

2. VA FILE NUMBER

C/CSS - _____

3. VETERAN'S SOCIAL SECURITY NUMBER

____ - ____ - _____

CLAIMANT'S PERSONAL INFORMATION

4. CLAIMANT'S NAME (First, middle initial, last)

5. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Number and Street or Rural Route, P.O. Box _____ Apt./Unit Number _____
 City, State, ZIP Code and Country _____

6. PREFERRED TELEPHONE NUMBER (Include Area Code)

7. PREFERRED E-MAIL ADDRESS

PART II - TELEPHONE CONTACT

8. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?

YES NO (If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)

8:00 a.m. - 10:00 a.m. 10:00 a.m. - 12:30 p.m. 12:30 p.m. - 2:00 p.m. 2:00 p.m. - 4:30 p.m.

Phone number I can be reached at the above checked time: _____

PART III - SPECIFIC ISSUES OF DISAGREEMENT

9. NOTIFICATION/DECISION LETTER DATE

10. PLEASE LIST EACH SPECIFIC ISSUE OF DISAGREEMENT AND NOTE THE AREA OF DISAGREEMENT. IF YOU DISAGREE ON THE EVALUATION OF A DISABILITY, SPECIFY PERCENTAGE EVALUATION SOUGHT, IF KNOWN. PLEASE LIST ONLY ONE DISABILITY IN EACH BOX. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

PART III - SPECIFIC ISSUES OF DISAGREEMENT (Continued)

A. Specific Issue of Disagreement	B. Area of Disagreement	C. Percentage (%) Evaluation Sought (If known)
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	
	<input type="checkbox"/> Service Connection <input type="checkbox"/> Effective Date of Award <input type="checkbox"/> Evaluation of Disability <input type="checkbox"/> Other (Please specify)	

11A. IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE EXPLAIN WHY YOU FEEL WE INCORRECTLY DECIDED YOUR CLAIM, AND LIST ANY DISAGREEMENT(S) NOT COVERED ABOVE:

11B. DID YOU ATTACH ADDITIONAL PAGES TO THIS NOD?

YES NO (If so, how many?)

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

12A. SIGNATURE

12B. DATE SIGNED

PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.

Where to Send Your Written Correspondence

Location of Residence	Address to Send all Written Correspondence
Alabama Connecticut Delaware District of Columbia Florida Georgia Indiana Kentucky Maine Maryland Massachusetts Michigan Mississippi New Hampshire New Jersey New York North Carolina Ohio Pennsylvania	Rhode Island South Carolina Tennessee Vermont Virginia West Virginia Puerto Rico Europe Asia Australia Africa Canada Palau Marshall Islands The U.S. Virgin Islands Federated States of Micronesia
Alaska Arizona Arkansas California Colorado Louisiana Hawaii Idaho Illinois Iowa Kansas Oklahoma Oregon Minnesota Missouri Montana Nebraska Nevada	New Mexico North Dakota South Dakota Texas Utah Washington Wisconsin Wyoming Mexico Central America South America The Caribbean The Philippines American Samoa Guam Northern Mariana Islands

Department Of Veterans Affairs
 Evidence Intake Center
 PO BOX 4444
 Newnan, GA 30271-0020

Or fax your information to:

Toll Free: 844-531-7818
 DID: 248-524-4260

Department Of Veterans Affairs
 Evidence Intake Center
 PO BOX 4444
 Janesville WI 53547-4444

Or fax your information to:

Toll Free: 844-822-5246
 DID: 608-373-6690

