U.S. Department of Veterans Affairs
West (C.P.A.C.) Consolidated Patient Account Center
1085 Palms Airport Drive
Las Vegas, Nevada 89119

Dear Veteran:

Subject: 1. Waiver Request; Hardship Request; Repayment Plan; CoPay Test Exemption

We have received your request of your current debt of Prescriptions (Rx), medical services for Inpatient and Outpatient visits and or a Hardship Request for future medical services on Inpatient and Outpatient visits to the San Francisco VA Medical Center. **VA Forms can be found and print on internet at: www.va.gov/vaforms/va/**

1. You need to fill out a **VA Form 5655** (Financial Status Report)
2. You need to fill out a **VA Form 21-4138** (Statement In Support Of Claim)
3. You need to fill out a **VA Form 1100** (Agreement to Pay Indebtedness – Repayment Plan)
4. You need to fill out a **VA Form 10-10HS** (Request for Hardship Determination)
5. You need to fill out a **VA Form 10-10EZR** (Financial Update after Enrollment – Copay Test Exemption)

Mail all completed VA Forms listed above to exact address below:

DEPARTMENT OF VETERANS AFFAIRS
WEST C.P.A.C. Consolidated Patient Account Center
ATTENTION: VETERANS SERVICES (MAIL CODE: 10N)
PO BOX 93745
LAS VEGAS, NEVADA 89193 - 3745

A **WAIVER** is for permanent termination of existing co-payment debt of your **Inpatient visits**, **Outpatient visits**, **Prescriptions (Rx)** that is no more than (6 months) 180 Days aging days old from the date is received in our WCPAC office (not from the date you signed the VA Form) and **does not include future pharmacy and medical visits co-payment charges**. You will need to fill-out **VA Form 5655** and **VA Form 21-4138.** **(www.va.gov/vaforms/va/)**

A **REPAYMENT PLAN** is **only for the current charges** on your co-pay balance billing account as of the date of the signed Repayment Plan Agreement. **IMPORTANT: New Co-pay charges incurred** after the Repayment plan has been signed your new co-pay charges are not automatically included in the repayment plan, be aware that it is your responsibility that you review and revise your Repayment Plans every 3 to 6 months to possibly add the new co-pay charges to your existing Payment Plan. You will need to fill-out another **VA Form 1100** (Agreement to Pay Indebtedness); **VA Form 5655** and **VA Form 21-4138** for your new co-pay charges to establish a new Repayment Plan. **(www.va.gov/vaforms/va/)**

A **HARDSHIP** if granted, will temporarily exempts you from future medical visit (**Inpatient** or **Outpatient**) co-pay **only**. **Hardship determinations do not exempt you from medication (Rx) copayments or beneficiary travel.** The expiration date of a Hardship usually is the date that your annual income Means Test expires. You must update your income Means Test at **Member Services Department** in VA Medical Center San Francisco before the date of your income Means Test expires. You will need to fill-out **VA Form 10-10HS, VA Form5655** and **VA Form 21-4138.** (www.va.gov/vaforms/va/)

A **MEANS TEST and RX COPAY TEST EXEMPTION** is to determine whether certain Veterans will be charged copays for care and medications. You must update both yearly before expiration. **You must contact: Member Services, in Building 2, Room 49 (Ground Floor) at VA San Francisco**. You will need to fill-out **VA Form 10-10EZR.** **(www.va.gov/vaforms/va/)**

To determine your eligibility listed above, please complete all required VA Forms in regards to your request. In addition, provide proof of income and rent/mortgage and copies of a typical month's recurring bills including all utilities, car insurance, loans and credit cards. Please answer each boxes / questions; incomplete or missing documents may result a denial or delay in processing your request. VA Forms must contain an original signature and date, because copy, e-mail or fax cannot be accepted.

Co-Pay debt over 120 Days Delinquent. Call 1(888) 826-3127 – Options mentioned above do not apply.
VA Medical Center San Francisco do not handle your Co-Pay Billing debt charges (120 Days delinquent or more) you received for non-service connected condition (medical care & medication).
For further assistance, you must call the U.S. Dept. of Treasury Collection at 1(888) 826-3127.

Should you have any further questions, please call (HRC) Health Resource Center Customer Service Department
Toll Free number at 1(866) 347-2353 – Business hours from 6:00am to 5:00pm (Pacific Standard Time).

Sincerely,

West Consolidated Patient Account Center
C.P.A.C. – VA San Francisco (Station 662)

TO: WEST CPAC LAS VEGAS
ATTENTION: VETERANS SERVICES DEPT.

OMB Approved No. 2900-0165
Respondent Burden: 1 hour

Department of Veterans Affairs

FINANCIAL STATUS REPORT

1. SOCIAL SECURITY NO.	2. FILE NO.	3. SPECIFY WHY YOU ARE COMPLETING THIS FORM *(Waiver, Compromise, Payment Plan or Other)*
		WAIVER and HARDSHIP

(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)

PRIVACY ACT INFORMATION: The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the Federal Register. Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.

SECTION I - PERSONAL DATA

4. FIRST-MIDDLE-LAST NAME OF PERSON		5. ADDRESS *(Number and street or rural route, City or P.O. Box, State, and ZIP Code)*
6. TELEPHONE NO. *(Include Area Code)*	7. DATE OF BIRTH (MM-DD-YYYY)	8. MARITAL STATUS ☐ MARRIED ☐ NOT MARRIED
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS

COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

KIND OF JOB	DATES *(MM-YYYY)* FROM	TO	NAME AND ADDRESS OF EMPLOYER
11. YOUR EMPLOYMENT EXPERIENCE			
		PRESENT TIME	
12. YOUR SPOUSE'S EMPLOYMENT			
		PRESENT TIME	

SECTION II - INCOME

AVERAGE MONTHLY INCOME	SELF	SPOUSE
13. MONTHLY GROSS SALARY *(Before payroll deductions)*	$	$
14. PAYROLL DEDUCTIONS		
A. FEDERAL, STATE AND LOCAL INCOME TAXES		
B. RETIREMENT		
C. SOCIAL SECURITY		
D. OTHER *(Specify)*		
E. TOTAL DEDUCTIONS *(Items 14A through 14D)*		
15. NET TAKE HOME PAY *(Subtract Item 14E from Item 13)*		
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME *(Specify source)*		
17. TOTAL MONTHLY NET INCOME *(Item 15 plus Item 16)*	$	$

SECTION III - EXPENSES

AVERAGE MONTHLY EXPENSES	AMOUNT
18. RENT OR MORTGAGE PAYMENT	$
19. FOOD	
20. UTILITIES AND HEAT	
21. OTHER LIVING EXPENSES	
22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS *(Include amount from Section VI, Line 34I - Column E.)*	
23. TOTAL MONTHLY EXPENSES	$

SECTION IV - DISCRETIONARY INCOME

24A. NET MONTHLY INCOME LESS EXPENSES *(Item 17 less Item 23)*	24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT
$	$

TO: WEST CPAC LAS VEGAS.
ATTENTION: VETERANS SERVICES DEPT.

SECTION V - ASSETS

25. CASH IN BANK *(Checking and savings accounts, building and loan accounts, etc.)*			$	29. U.S. SAVINGS BONDS *(Current Value)*	$
26. CASH ON HAND				30. STOCKS AND OTHER BONDS *(Current Value)*	
27. AUTOMOBILES *(Resale value)*				31. REAL ESTATE OWNED *(Resale value)*	
MAKE	YEAR	MODEL		32. OTHER ASSETS *(Specify below)*	
28. TRAILERS, BOATS, CAMPERS *(Resale value)*			$	33. TOTAL ASSETS ▶	$

SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

NOTE: Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

	NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE *(If any)* (F)
34A.			$	$	$	$
34B.						
34C.						
34D.						
34E.						
34F.						
34G.						
34H.						
	34I. TOTAL ▶		$	$	$	$

NOTE: If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

SECTION VII - ADDITIONAL DATA

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION

☐ YES ☐ NO *(If "Yes," complete Items 35B through 35D)*

35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)	35C. LOCATION OF COURT	35D. DOCKET NO. *(If known)*

36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY

SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED

37A. YOUR SIGNATURE *(Required)*	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE *(Required)*	38B. DATE SIGNED

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

TO: WEST CPAC LAS VEGAS
ATTENTION: VETERANS SERVICES DEPT.

OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 01/31/2018

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The 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, 58VA21/22/28, 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. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at 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.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	SOCIAL SECURITY NO.	VA FILE NO. C/CSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS	TELEPHONE NUMBERS *(Include Area Code)*	
	DAYTIME	EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

TO: WEST CPAC LAS VEGAS (REPAYMENT PLAN)
ATTENTION: VETERANS SERVICES DEPT.

Department of Veterans Affairs

AGREEMENT TO PAY INDEBTEDNESS

VA FILE NO. *(Include letter prefix if any)* SOCIAL SECURITY#	PAYEE NO. *(If known)*	PERSON ENTITLED	RECEIVABLE CODE VA STATION 662/SFR

1. I, _____ *(Name of Debtor)*, hereby acknowledge my CO-PAYS / MEDICAL *(Type of Debt)* indebtedness to the Department of Veterans Affairs in the amount of $ _____, which consists of principal, interest and other costs accrued as of this date, as a result of my participation in a benefits program administered by the Department of Veterans Affairs.

A. Complete only if repayment will be made by monthly payments to VA Agent Cashier.

I promise to repay the Department of Veterans Affairs by paying minimum monthly payments of not less than $ _____, on or before the _____ day of each month beginning _____.

I agree to mail monthly payment to the Agent Cashier Department of Veterans Affairs
DEPARTMENT OF VETERANS AFFAIRS
P.O. BOX 93745, LAS VEGAS, NEVADA 89193
(Name and address of Department of Veterans Affairs station)
to arrive no later than the due date specified above.

B. Complete only if repayment will be through a payroll deduction plan.

I authorize a payroll deduction of $ _____ per pay period, beginning with the salary check to be received on _____. This deduction shall remain in effect until the debt is liquidated.

2. I understand that, at the option of the Department of Veterans Affairs, any future benefit payments due to me may be withheld in lieu of this repayment agreement until the indebtedness is liquidated.

ADDRESS OF INDIVIDUAL COMPLETING THIS FORM *(No. and Street or Rural Route, City, State, ZIP Code)*	
SIGNATURE	DATE

TO: MEMBER SERVICES DEPT. (VASAN FRANCISCO)
FOR: MEANS TEST AND RX COPAY EXEMPTION

OMB Approved No. 2900-0091
Estimated Burden Avg. 15 min
Expiration Date: 01/17/2017

Department of Veterans Affairs

HEALTH BENEFITS UPDATE FORM

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment, for any materially false, fictitious, or fraudulent statement or representation. (See 18 U.S.C. 287 and 1001).

1. VETERAN'S NAME *(Last, First, Middle Name)*			2. SOCIAL SECURITY NUMBER
3. GENDER ☐ MALE ☐ FEMALE	4. DATE OF BIRTH *(mm/dd/yyyy)*	5. HOME TELEPHONE NUMBER *(Include area code)*	6. MOBILE TELEPHONE NUMBER *(Include area code)*
7. PERMANENT ADDRESS *(Street)*	8. CITY	9. STATE	10. ZIP CODE
11. COUNTY	12. E-MAIL ADDRESS		

13. CURRENT MARITAL STATUS ☐ MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED

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

1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER *(include coverage through spouse or other person)*

2. NAME OF POLICY HOLDER	3. POLICY NUMBER	4. GROUP CODE	5. ARE YOU ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO

6. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? ☐ YES ☐ NO

7. EFFECTIVE DATE *(mm/dd/yyyy)*

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

1. SPOUSE'S NAME *(Last, First, Middle Name)*

2. SPOUSE'S SOCIAL SECURITY NUMBER

3. SPOUSE'S DATE OF BIRTH *(mm/dd/yyyy)*

4. DATE OF MARRIAGE *(mm/dd/yyyy)*

5. SPOUSE'S ADDRESS AND TELEPHONE NUMBER *(Street, City, State, ZIP - if different from Veteran's)*

6. CHILD'S NAME *(Last, First, Middle Name)*

7. CHILD'S DATE OF BIRTH *(mm/dd/yyyy)*

8. CHILD'S SOCIAL SECURITY NUMBER

9. DATE CHILD BECAME YOUR DEPENDENT *(mm/dd/yyyy)*

10. CHILD'S RELATIONSHIP TO YOU *(Check one)*
☐ SON ☐ DAUGHTER ☐ STEPSON ☐ STEPDAUGHTER

11. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18?
☐ YES ☐ NO

12. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR?
☐ YES ☐ NO

13. EXPENSES PAID BY YOU FOR YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING *(e.g., tuition, books, materials)*

14. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, DID YOU PROVIDE SUPPORT? ☐ YES ☐ NO

REMEMBER TO SIGN AND DATE THE FORM ON THE REVERSE PAGE

TO: MEMBER SERVICES DEPT. (VA SAN FRANCISCO)
FOR: MEANS TEST AND RX COPAY EXEMPTION

HEALTH BENEFITS UPDATE FORM	VETERAN'S NAME *(Last, First, Middle)*	SOCIAL SECURITY NUMBER

SECTION IV - 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 *(wages, bonuses, tips, etc.)* EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	$	$	$
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	$	$	$
3. LIST OTHER INCOME AMOUNTS *(e.g., Social Security, compensation, pension interest, dividends)* EXCLUDING WELFARE.	$	$	$

SECTION V - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES

1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE *(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home) VA will calculate a deductible and the net medical expenses you may claim.*	$
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD *(Also enter spouse or child's information in Section III.)*	$
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES *(e.g., tuition, books, fees, materials) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.*	$

SECTION VI - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS

By submitting this application you are agreeing to pay the applicable VA copays for treatment or services of your NSC conditions as required by law. You also agree to receive communications from VA to your supplied email or mobile number.

ASSIGNMENT OF BENEFITS

I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party 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. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans' Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.

SECTION VII - SUBMITTING YOUR UPDATE

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

Federal law provides criminal penalties, including a fine and/or imprisonment, for any materially false, fictitious, or fraudulent statement or representation. (See 18 U.S.C. 287 and 1001).

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge. I understand that any materially false, fictitious, or fraudulent statement or representation, made knowingly, is punishable by a fine and/or imprisonment pursuant to title 18, United States Code, Sections 287 and 1001.

SIGNATURE OF APPLICANT _____ DATE _____

TO: MEMBER SERVICES DEPT. (HARDSHIP)
ATTENTION: SPECIALTY REVENUE UNIT (MARE ISLAND)

Department of Veterans Affairs

Request for Hardship Determination

The Request for Hardship Determination form is used to determine whether the veteran's projected income for the current year will be substantially below the VA means test threshold due to a loss of income or increase in allowable deductible expenses. Veterans determined to have a financial hardship will be exempt from payment of hospital and medical care copays and qualify for enrollment in Priority Group 5, unless otherwise eligible for enrollment in a higher priority, from the date of request through the last day of the same calendar year.

GENERAL INFORMATION

1. VETERAN'S NAME *(Last, First, Middle Name)*			2. SOCIAL SECURITY NUMBER
3. PERMANENT ADDRESS *(Street)*	3A. CITY	3B. STATE	3C. ZIP CODE *(9 digits)*
3D. COUNTY	3E. HOME TELEPHONE NUMBER *(Include area code)*	3F. CELLULAR TELEPHONE NUMBER *(Include area code)*	

REASON/CIRCUMSTANCE FOR HARDSHIP REQUEST (Check all that apply and add explanation as needed below)

- ☐ Reduction of household income
- ☐ Paid out of pocket medical expenses
- ☐ Increase in number of dependents
- ☐ Moved to a higher cost of living area
- ☐ Other - explain below

Provide explanation, as needed, and attach documentation supporting your request.

PROJECTED HOUSEHOLD INCOME AND DEDUCTIBLE EXPENSES FOR THE CURRENT CALENDAR YEAR

	Veteran	Spouse	Children
1. HOUSEHOLD INCOME (Includes gross income from employment, net income from farm or ranch, and other income amounts.)	$	$	$
2. DEDUCTIBLE EXPENSES (Includes non-reimbursed medical expenses paid by you or your spouse, funeral and burial expenses and expenses for the veteran's education.)	$		

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 15 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 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. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. 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.

SIGNATURE AND DATE

VETERAN'S SIGNATURE	DATE

PENALTY: The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING HEALTH BENEFITS UPDATE FORM

Please Read Before You Start . . . What is VA Form 10-10EZR used for?

VA Form 10-10EZR is used by VA to update your personal, insurance, or financial information after you are enrolled.

Where can I get help filling out the form and if I have questions? This update form is available for completion online at www.va.gov/healthbenefits.

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

Definitions of terms used on this form:

SERVICE-CONNECTED (SC): A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.

COMPENSABLE: A VA determination that a service-connected disability is severe enough to warrant monetary compensation.

NONCOMPENSABLE: A VA determination 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.

SPOUSE: If you are certifying that a person is your spouse for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse reside when you file your claim (or at a later date when you become eligible for benefits) (38 U.S.C. 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/.

ALL VETERANS MUST COMPLETE SECTIONS I, II, VI, and VII

Directions for Sections I - II:

Section I - General Information: Answer all questions.

Section II - Insurance Information: Include information for all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. 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.

COMPLETE SECTION III only if you complete Sections IV:

Section III - Dependent Information: Your spouse and dependent social security numbers(s) are required so we can verify their financial information through a computer-matching program. You may count your spouse as your dependent even if you did not live together, as long as you contributed support last calendar year. You may count your biological children, adopted children, and stepchildren as dependents. 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.

Directions for Sections IV - V:

Veterans **may** provide a financial assessment to update their eligibility for cost-free medical services for their NSC conditions, beneficiary travel eligibility, and/or waiver of the beneficiary travel deductible requirement.

Veterans rated 50-100% disabled due to SC conditions and Veterans receiving VA pension are **not required** to provide a financial assessment.

Continued ...

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

Report:

- Gross annual income from employment, except for income from your farm, ranch, property or business. Include 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.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers Compensation and Black Lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Do Not Report:

Donations from public or private relief, welfare or charitable organizations; 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 payments; reimbursement for casualty loss; loans; Radiation Compensation Exposure Act payments; Agent Orange settlement payments; Alaska Native Claims Settlement Acts Income, payments to foster parent; amounts in joint accounts in banks and similar institutions acquired by reason of death of the other joint owner; Japanese ancestry restitution under Public Law 100-383; cash surrender value of life insurance; lump-sum proceeds of life insurance policy on a Veteran; and payments received under the Medicare transitional assistance program.

Section V - Previous Calendar Year Deductible Expenses.

Report non-reimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, medications, 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. Report last illness and burial expenses, e.g., prepaid burial, paid by the Veteran for spouse or dependent(s).

Section VI and Section VII - Submitting your update.

1. Read Paperwork Reduction and Privacy Act Information, Section VII Consent to Copays and Assignment of Benefits.
2. Sign and Date the form. 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", 2 people you know must witness you as you sign. They must sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete.
3. Attach any continuation sheets, a copy of supporting materials or your Power of Attorney documents to your application.

Where do I mail my update?

Mail the completed VA Form 10-10EZR and any supporting materials to the Health Eligibility Center, 2957 Clairmont Road, Suite 200, Atlanta, GA 30329.

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 15 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 from initial submission forward 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 Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. 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.

Inclusions and Exclusions for Income Calculations

Title 38 Code of Federal Regulations – 38 CFR § 17.47 (d)(4): Determinations with respect to countable income shall be made in the same manner, including the same sources of income and exclusions from income, as determinations with respect to income are made for determining eligibility for pension under **§§ 3.271 and 3.272** of this title.

The general rule set forth in **38 CFR § 3.271** is that all income is countable unless specifically excluded by **38 CFR § 3.272**.

The following paragraphs furnish guidance on the treatment of specific types of income; however, not all situations can be covered. More comprehensive guidance can be found in the above references.

Inclusions:

Income from employment, retirement or survivors' programs, interest, dividends, life insurance death benefits, unemployment compensation and operation of a business are countable income. The following are additional sources of income which have been determined to be countable:

1. **Allowances** – Reasonable value of allowances to a person in service in addition to base pay such as Housing Allowance, Reserve Housing Allowance, Food Allowance, Supplemental Subsistence Allowance, Combat Pay, Hostile Fire Zone Pay, and Imminent Danger Pay.
2. **Benefits Subject to Garnishment** – If a Veteran's benefits (such as Social Security) are subject to involuntary withholding due to legal action initiated by a third party, count the entire amount as income even though the Veteran does not receive it all. Note that if benefits are withheld to recoup an overpayment of the benefit, only the actual amount received is countable.
3. **Complaint Settlement** – Payments from EEO settlement, personal injury, tort, medical malpractice, and other claims.
4. **Cooperative (Co-op) Dividends** – Cash dividends from rural cooperatives and similar entities are countable income. Co-op dividends in the form of discounts on the purchase of merchandise or services are not countable income.
5. **Department of Labor Employment Programs** – Income received by participants in programs operated by the Department of Labor, such as the Green Thumb and the Older Americans Community Service Employment program, is countable.
6. **Dependency and Indemnity Compensation** – This benefit program pays a monthly payment to a surviving spouse, child, or parents of a deceased military service member or Veteran.

7. **Farm Income/Conservation Resource Program (CRP) Payments** – Payments to a land owner under the U.S. Department of Agriculture's Conservation Resource Program (CRP) and similar programs, for the purpose of keeping land out of production, are countable income. If the operator of a business receives CRP payments, they are treated as any other business income. Individuals who receive CRP payments who do not operate the farm as a business can still deduct taxes and other expenses of maintaining the land from the CRP income. This income should be treated like rental income since the beneficiary receives payment for relinquishing partial rights to land.

8. **Foreign Currency Conversion** – If a Veteran reports income or expenses in a foreign currency, convert the foreign currency into U.S. dollars using the quarterly exchange rates established by the Department of the Treasury. **(See 38 CFR § 3.32)**

9. **Gas Reserves** – Income from a lease is countable as income for Department of Veterans Affairs (VA) purposes. This is true whether it's from a lease on the land or just the mineral rights or both. It's basically rent.

10. **GI Bill** – Veterans' educational assistance in excess of amounts expended for training. **(Title 38 United States Code Service (38 USCS), Chap. 34)** The difference is countable income.

11. **Gifts and Inheritance of Property or Cash** – Gifts and inheritances are countable in the year received. The value of the gift or inheritance of property is the fair market value of the property at the time it is received.

12. **Individual Retirement Account (IRA) Distributions** – When an individual retirement account (IRA) or similar instrument starts paying benefits, count the entire amount even though it represents a partial return of principal.

13. **Settlements:**
    a. **Alaska Native Claims Settlement Act** – Any receipt by an individual of cash (including cash dividends on stock received from a Native Corporation) ***exceeding*** $2,000 per individual per annum.
    b. **American Indian Beneficiaries** – Income ***exceeding*** $2,000 per calendar year to an individual Indian from trust lands or restricted lands.

14. **VA Disability Compensation** – For the purposes of completing a financial assessment, the gross household income for a Service-connected Veteran who is receiving VA disability compensation and is married to a Nonservice-connected Veteran who is completing the financial assessment, the VA disability compensation benefits would be countable income for the household.

15. **Value of Room and Board** – The fair value of room and board furnished a Veteran is countable income if room and board are furnished in return for services of the Veteran. The value of room and board is not countable if it is furnished gratuitously. (See M21-1, Part IV, Chapter 16.41(c), Income Inclusions, Section 7)

Exclusions:

1. **Caregiver Payments** – Amounts paid to a wife or husband, mother or father, sister or brother, daughter or son, or loving family member or friend – who cares for a Veteran are not counted as income.

2. **Cash Surrender Value of Life Insurance** – That portion of the proceeds that represents a return of insurance premiums. **(See 38 CFR § 3.272(q))**

3. **Chore Service Payments** – Amounts paid by the government entity to an individual to care for a disabled Veteran in the Veteran's home are not countable provided eligibility for the payments is based on the disabled Veteran's financial need. Payments are not counted if they are paid to a dependent of the disabled Veteran where counting the payments would reduce the disabled VA beneficiary's rate of pension and eligibility for the payments is based on the VA beneficiary's financial need.

Example: A spouse of a Veteran beneficiary is paid by the state to take care of the Veteran in their home under a Chore Service program. Whether the state pays the spouse directly or pays the Veteran, the payments are not countable.

4. **Crime Victims Compensation Act Payments** – Amounts paid by governmental entities to compensate crime victims are not countable provided eligibility for the payments is based on financial need.

5. **Deferred Sale** – The purchase of property where payments can be set up to begin at a future date.
   a. Interest received is included as income in the year received.
   b. Any amount received in excess of the sales price is income in the year received.

6. **Disaster Relief Payments** – Voluntary payments in the nature of relief after widespread national disasters such as floods and hurricanes are considered to be welfare under 38 CFR § 3.272(a) are not counted. This exclusion does not apply to disaster relief payments made in a commercial context (e.g., drought relief to farmers). If the operator of a business receives disaster relief; it must be treated as any other business income.

7. **Discharge of Indebtedness** – Income from discharge of indebtedness is not counted as income (Examples: insolvency, qualified principal residence, bankruptcy).

8. **Federal Emergency Management Agency (FEMA) Disaster Insurance Payments** – Not counted as income. Interest on deposits of these payments is not counted for the first 12 months of receipt.

9. **Federal Government Sponsored Economic Stimulus Refunds** – According to the public law, these payments are NOT to be considered as countable income for our pension program or any other Federal benefit program.

10. **Income from Domestic Volunteer Service Act Program** – In general, income received from participation in an Action Agency program is not countable unless amounts received by the volunteer equal or exceed the Federal minimum wage or the minimum wage of the state where the volunteer served, whichever is greater. **(See 38 CFR § 3.272 (k))**

11. **Income from Foreclosures** – The balance of a loan from a borrower who has stopped making payments to the lender. Not countable as income or assets.

12. **Income Tax Refunds** – Income Tax Refunds (including the Federal Earned Income Credit) are not counted.

13. **Inherited Property** – The sale of inherited property is considered income if inherited and sold in the same year. If sold in another year, proceeds from the sale are considered an asset.

14. **Installment Sale** – The purchase of property using monthly installments in order to pay back sales price.
    a. Payments received until the sales price is recovered are not counted as income, but as assets.
    b. After the sales price has been exceeded, any amount received will be counted as income.

15. **Loans and Reverse Mortgages** – Amounts loaned to a Veteran are not countable income as long as the Veteran incurs a legally binding obligation to repay the loan. Loans must be distinguished from gifts. Reverse Mortgages are considered a conversion of assets.

16. **Maintenance** – The value of maintenance furnished by a relative, friend, or organization.

17. **Mineral Royalties** – Not countable as income and should be counted as an asset.
    (Note: Royalties from books, films, etc., are countable income.)

18. **Payments to Foster Parents** – Payments made by a state or subdivision of a state to foster parents for care of foster children are not countable income.

19. **Payments for Participation in a Program of Rehabilitative Services** – Payments made as a result of a Veteran's participation in a therapeutic or rehabilitative activity under 38 USCS § 1718 are not countable. (See 38 CFR § 3.272(1)) This exclusion applies to therapeutic and rehabilitative activities under the auspices of VA medical facility Compensated Work Therapy (CWT), Incentive Therapy (IT) and approved rehabilitative service programs furnished in state homes. (Public Law 102-585)

20. **Proceeds of Casualty Insurance** – If a Veteran loses property due to fire, flood, theft, etc., and the Veteran collects on an insurance policy; the amount received is not countable as long as it does not exceed the value of the lost property. (See 38 CFR § 3.272(d))

21. **Provisional Income** – If a Veteran is awarded some benefit, (e.g., black lung benefits) and it is later determined that the Veteran is not eligible for the amount awarded, and the Veteran makes a complete repayment, the income is not countable. However, satisfactory evidence of repayment must be received by VA within the time limit specified in 38 CFR § 3.660(b) for amending an income report. If the Veteran repays less than the total amount awarded, count the difference between the amount awarded and the amount repaid.

22. **Relocation Expenses** – Relocation expenses paid under the Uniform Relocation Assistance Act (See 42 U.S.C. § 4601) to assist persons displaced by Federal and Federally-assisted projects are not countable.

23. **Sale of Property** – Sales price (market value), less administrative deductions, is included under assets. Business property is calculated in the same manner, but must be considered in addition to other business assets/liabilities. Veteran's primary residence is excluded as income or asset.

24. Settlement Payments:

a. **Agent Orange** – Payments received in settlement of the case in reference to Agent Orange Product Liability Litigation - in the U.S. District Court for the Eastern district of New York are not countable.

b. **Alaska Native Claims Settlement Act** – Any receipt by an individual of cash (including cash dividends on stock received from a Native Corporation) of up to $2,000 per individual per annum.

c. **American Indian Beneficiaries** – Income of up to $2,000 per calendar year to an individual Indian from trust lands or restricted lands.

25. VA Pension Payments – Available to Veterans, surviving spouses, and children, if the Veteran has qualifying service and there is financial need. Veterans must also have a qualifying disability which need not be Service-connected. (See Chapter 15 of Title 38)

26. Welfare – Donations from public or private relief, welfare, or charitable organizations.

27. Withheld Social Security – Social Security or similar benefits withheld to recoup a prior government payment is not countable. Count the check amount received, if any, plus any Medicare deduction. However, if the withholding is due to legal action by a third party (such as a garnishment order), count the gross benefit.

For More Information: If you have additional questions, please contact the Health Eligibility Center (HEC), Income Verification Division (IVD) at 1-800-929-VETS (8387).