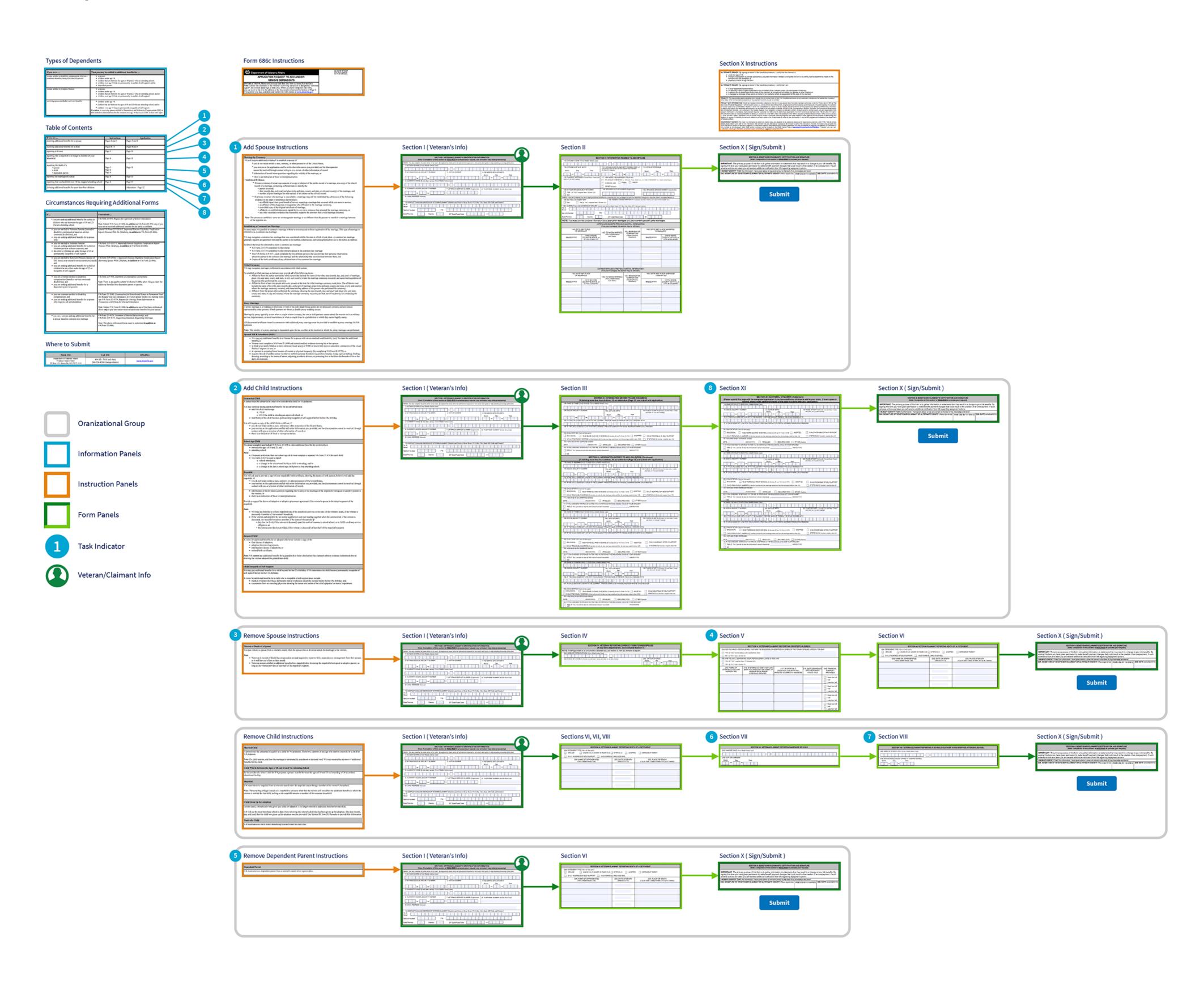
Dependents/21-686c Form Breakdown

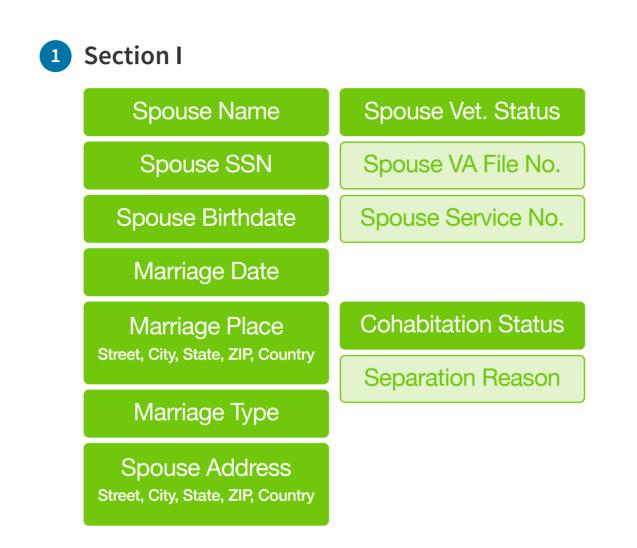


Dependents/21-686c Form Workflows

Workflow	Paper Form	eBenefits	VA.gov Staging
1 Claim Additional Benefits for a Spouse	Yes	Yes	Yes
2 Claim Additional Benefits for a Child	Yes	Yes	Yes
3 Report a Divorce	Yes	Yes	Maybe
Report a Stepchild is Not Part of Household	Yes	Maybe	Maybe
5 Report a Death of Spouse, Child or Parent	Yes	Maybe	Maybe
6 Report a Marriage of a Child	Yes	Yes	Maybe
7 Report an Adult Child Has Left School	Yes	Maybe	No
8 Claim Benefits for More Than Four Children	Yes	Maybe	Yes
9 Request for Approval of School Attendance (21-674)	No	Yes	No
View Dependents (On-award/Not On-award)	No	Yes	No

1 Claim Additional Benefits for a Spouse | 21-686c Paper Form

Veteran Name Claimant Name Veteran SSN Claimant SSN VA File Number Veteran Service No. Veteran Birthdate Email Address Mailing Address Street, City, State, ZIP, Country



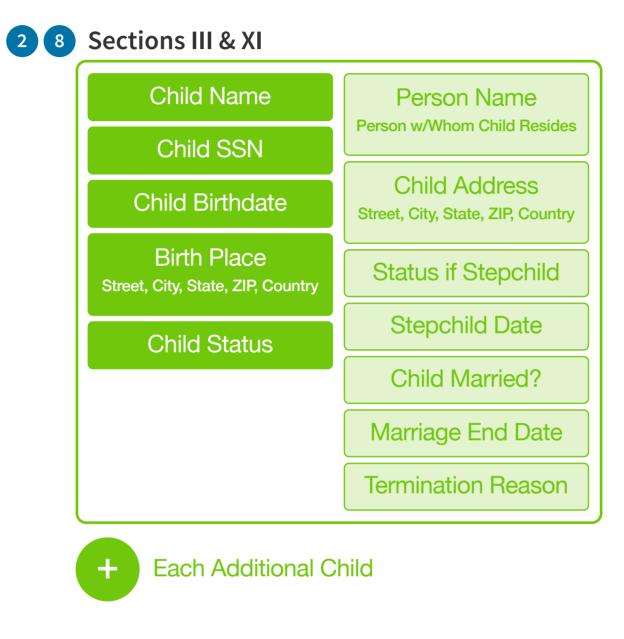






2 Claim Additional Benefits for a Child | 21-686c Paper Form

Veteran Name Claimant Name Veteran SSN Claimant SSN VA File Number Veteran Service No. Veteran Birthdate Email Address Mailing Address Street, City, State, ZIP, Country

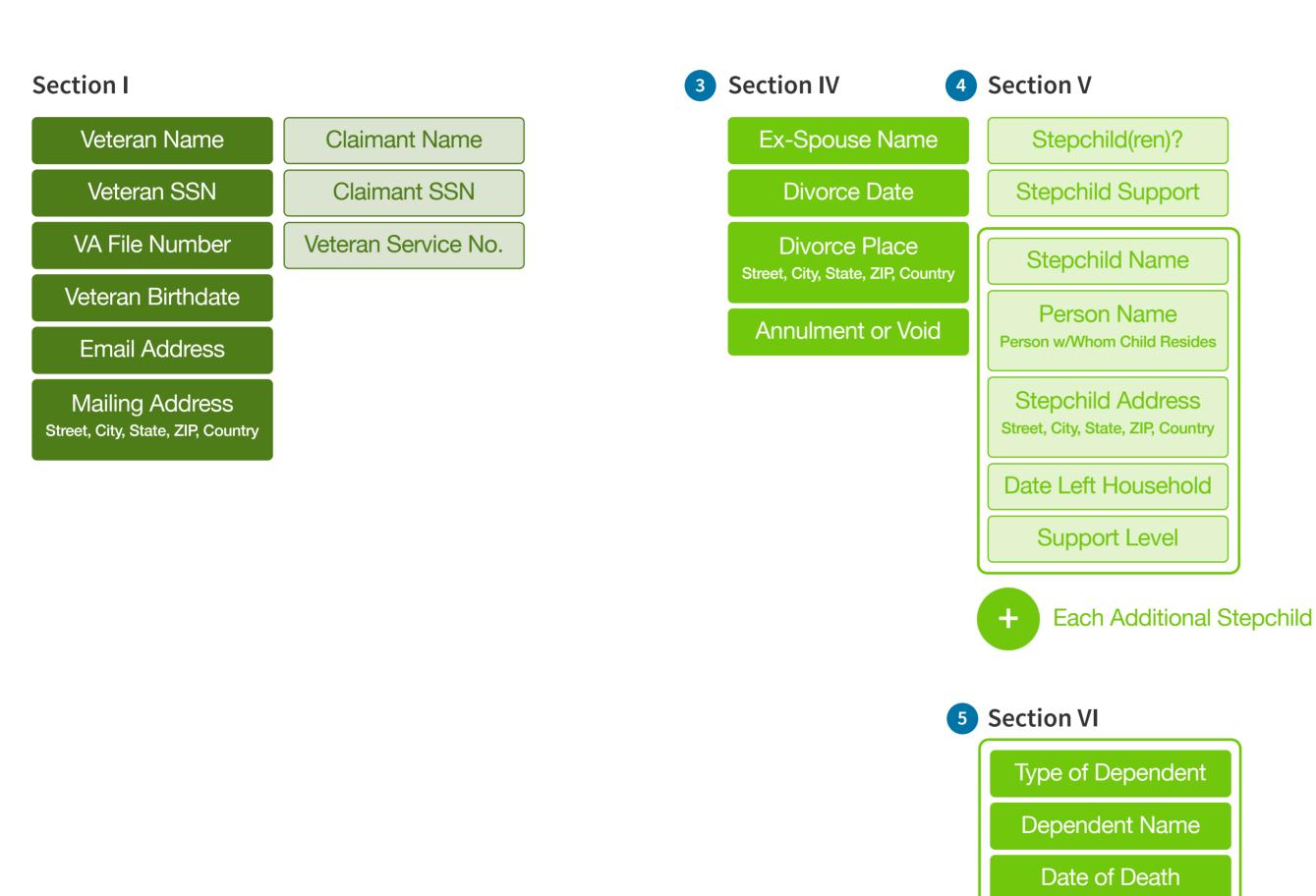


Section X

Signature

Date

3 4 5 Report Divorce or Death of Spouse | 21-686c Paper Form



Place of Death

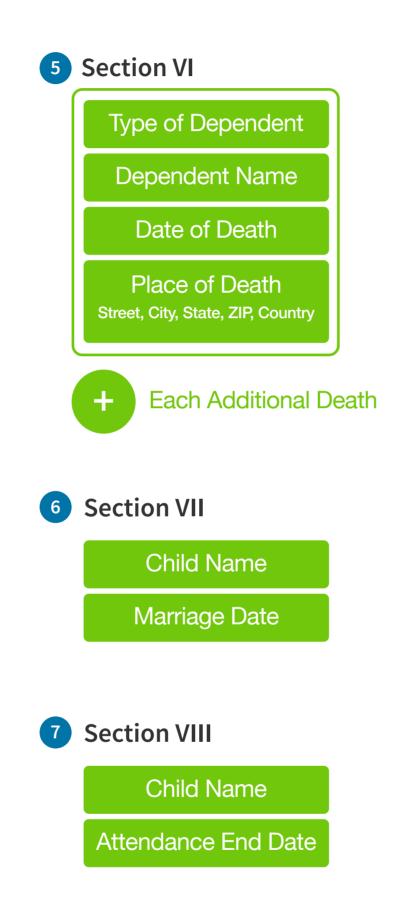
Street, City, State, ZIP, Country

Each Additional Death

Section X Signature Date



Veteran Name Claimant Name Veteran SSN Claimant SSN VA File Number Veteran Service No. Veteran Birthdate Email Address Mailing Address Street, City, State, ZIP, Country



Section X Signature Date

9 Request for Approval of School Attendance | 21-674 Paper Form

Part I			
Veteran Name	School Name		
Veteran Email	School Address Street, City, State, ZIP, Country		
VA File No.			
Student Name	Course of Training		
Student SSN	Term Start Date		
Student Birthdate	Expected Start Date		
Student Married?	Expected Grad Date		
Marriage Date	Enrollment Status		
Student Address	Subject Enrolled In		
Street, City, State, ZIP, Country	No. Sessions/Week		
VA Tuitition Asst.	No. Hours/Week		
Benefit Type	Attending Last Term		
Benefit Start Date	School Attended		
	School Address Street, City, State, ZIP, Country		
	No. Sessions/Week		
	No. Hours/Week		
	Start Date		
	End Date		

Part II		
Employment Income		
Received		
Expected		
Social Security		
Received		
Expected		
Annuities		
Received		
Expected		
Other Income		
Received		
Expected		
Savings		
Securities/Bonds		
Real Estate		
Other Assets		
Total Estate Value		
Remarks		

Part III Signature Relation to Student Date Signed Phone Number



9 Request for Approval of School Attendance | 21-674 Paper Form / School Attendance Report

Top Section

VA File No.

Return to VA Office Street, City, State, ZIP, Country

Veteran Name

Veteran Email

Student Name

Student SSN

Part I (Claimant)

Term Start Date

Did Student Start

Student Start Date

VA Tuitition Asst.

Benefit Type

Benefit Start Date

Signature

Relation to Student

Date Signed

Day Phone

Evening Phone

Part II (School)

Attendence End Date

Official End Date

Next Term Start Date

Official End Date

Attend. Term. Reason

Remarks

School Name

Offical Signature

Signer Title

Date Signed

10 View Dependents | eBenefits Website

Dependents Screen

Award Status

Dependent Name

Dependent SSN

Dependent Birthdate

Dependent Age