

# Apply for VA health care

Enrollment Application for Health Benefits (VA Form 10-10EZ)

**VA health care covers care for your physical and mental health. This includes a range of services from checkups to surgeries to home health care. It also includes prescriptions and medical equipment. Apply online now.**

Have you applied for VA health care before?

[Sign in to check your application status](#)

## Follow these steps to get started

### 1 Check your eligibility

Make sure you meet our eligibility requirements for enrollment before you apply.

**Note:** We can help connect you with mental health care—no matter your discharge status, service history, or eligibility for VA health care. [Find out how to get mental health care](#)

[What are the eligibility requirements to enroll in VA health care?](#) ▼

### 2 Gather your information

Here's what you'll need to apply:

- **Social Security numbers** for you, your spouse, and your qualified dependents.
- **Your military discharge information** If you sign in to apply, we may be able to fill in this information for you. If you don't sign in to apply, we'll ask you to upload a copy of your DD214 or other separation documents.
- **Insurance cards** for all health insurance companies that cover you. This includes any coverage that you get through a spouse or significant other. This also includes Medicare, private insurance, or insurance from your employer.

We'll also ask you for this optional information:

- **Last year's gross household income** for you, your spouse, and your dependents. This includes income from a job and any other sources. Gross household income is your income before taxes and any other deductions.
- **Your deductible expenses for last year** These include certain health care and education costs. These expenses will lower the amount of money we count as your income.

[Why does VA need this information?](#) ▼

### 3 Start your application

We'll take you through each step of the process. It should take about 30 minutes.

[What happens after I apply?](#) ▼

### **i** Save time and save your work in progress

Here's how signing in now helps you:

- We can fill in some of your information for you to save you time.
- You can save your work in progress. You'll have 60 days from when you start or make updates to your application to come back and finish it.

**Note:** You can sign in after you start your application. But you'll lose any information you already filled in.

[Sign in to start your application](#)

[Start your application without signing in](#)

# Apply for health care Form 10-10EZ

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## Step 1 of 6: Veteran information

You don't have to fill in all these fields. But we can review your application faster if you provide more information.

Your first name (\*Required)

Your middle name

Your last name (\*Required)

Suffix

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## Step 1 of 6: Veteran information

Social Security number (\*Required)

444556666

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# Apply for health care

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## Step 1 of 6: Veteran information

Date of birth (\*Required)

Month

Day

Year

January



1



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## Step 1 of 6: Veteran information

### Your place of birth

Enter your place of birth, including city and state, province or region.

[Why we ask for this information](#) ▼

City

State/Province/Region

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## Step 1 of 6: Veteran information

Mother's maiden name

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## Step 1 of 6: Veteran information

What sex were you assigned at birth? (\*Required)

☐ Female

☐ Male

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## Step 1 of 6: Veteran information

What is your race, ethnicity, or origin? (Please check all that apply.)

Information is gathered for statistical purposes only.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

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## Step 1 of 6: Veteran information

If you're recognized as an American Indian or Alaska Native, you may not need to pay a copay for care or services.

[What it means to be recognized as an American Indian or Alaska Native](#) ▼

Are you recognized as an American Indian or Alaska Native by any tribal, state, or federal law or regulation? (\*Required)

☐ Yes

☐ No

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## Step 1 of 6: Veteran information

### Mailing address

We'll send any important information about your application to this address.

Any updates you make here to your address will apply only to this application.

Country (\*Required)

Street address (\*Required)

Street address line 2

Street address line 3

City (\*Required)

State (\*Required)

Postal code (\*Required)

Is your home address the same as your mailing address?

(\*Required)

☐ Yes

☐ No

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# Apply for health care

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## Step 1 of 6: Veteran information

### Home address

Any updates you make here to your address will apply only to this application.

Country (\*Required)

United States



Street address (\*Required)

Street address line 2

Street address line 3

City (\*Required)

State (\*Required)



Postal code (\*Required)

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## Step 1 of 6: Veteran information

Adding your email and phone number is optional. But this information helps us contact you faster if we need to follow up with you about your application. If you don't add this information, we'll use your address to contact you by mail.

**Note:** We'll always mail you a copy of our decision on your application for your records.

Email address

Re-enter email address

Home telephone number

Mobile telephone number

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## Step 2 of 6: VA benefits

### Current compensation from VA

VA disability compensation (pay) provides monthly payments to Veterans with service-connected disabilities. You may get this benefit if you got sick or injured, or had a condition that got worse, because of your active-duty service. We assign a disability rating based on the severity of your disability.

Do you receive VA disability compensation? (\*Required)

Why we ask for this information ▼

- ☐ Yes, for a service-connected disability rating of up to 40%
- ☐ Yes, for a service-connected disability rating of 50% or higher
- ☐ No

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## Step 3 of 6: Military service

Last branch of service (\*Required)

Service start date (\*Required)

Month

Day

Year

Service end date (\*Required)

Month

Day

Year

Character of service (\*Required)

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## Step 3 of 6: Military service

### Service history

Check all that apply to you.

- ☐ Purple Heart award recipient
- ☐ Former Prisoner of War
- ☐ Served in combat theater of operations after November 11, 1998
- ☐ Discharged or retired from the military for a disability incurred in the line of duty
- ☐ Served in Southwest Asia during the Gulf War between August 2, 1990, and Nov 11, 1998
- ☐ Served in Vietnam between January 9, 1962, and May 7, 1975
- ☐ Exposed to radiation while in the military
- ☐ Received nose/throat radium treatments while in the military
- ☐ Served on active duty at least 30 days at Camp Lejeune from January 1, 1953, through December 31, 1987

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## Step 3 of 6: Military service

### Upload your discharge papers

Please upload a copy of your military discharge papers (like your DD214, DD256, DD257, NGB22, or other separation documents). If you have more than one discharge document, please upload the one with the highest character of discharge. If you don't have your discharge papers, you can upload a copy of other official military documents (like proof of military awards or your disability rating letter).

You don't have to upload these documents. But it can help us verify your military service and may speed up your application process.

#### Tips for uploading:

- Upload documents as one of these file types: .jpg, .png, .pdf, .doc, .rtf
- Upload one or more files that add up to no more than 10 MB total.
- If you don't have a digital copy of a document, you can scan or take a photo of it and then upload the image from your computer or phone.

[Upload a document](#)

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## Step 4 of 6: Household information

### Financial disclosure

Next, we'll ask you to provide your financial information from the most recent tax year, which we'll verify with the IRS. We use this information to figure out if you:

1. Are eligible for health care even if you don't have one of the qualifying factors
2. Are eligible for added benefits, like reimbursement for travel costs or cost-free medications
3. Should be charged for copays or medication

**i Note:** You don't have to provide your financial information. But if you don't have a qualifying eligibility factor, this information is the only other way for us to see if you can get VA health care benefits--including added benefits like waived copays.

Qualifying factors:

- Former Prisoner of War
- Received a Purple Heart
- Recently discharged combat Veteran
- Discharged for a disability that resulted from your service or got worse in the line of duty
- Getting VA service-connected disability compensation
- Getting a VA pension
- Receiving Medicaid benefits
- Served in Vietnam between January 9, 1962, and May 7, 1975
- Served in Southwest Asia during the Gulf War between August 2, 1990, and November 11, 1998
- Served at least 30 days at Camp Lejeune between August 1, 1953, and December 31, 1987

[Learn more](#) about our income thresholds (also called income limits) and copayments.

Do you want to provide your financial information? (\*Required)

- ☐ Yes
- ☐ No

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## Step 4 of 6: Household information

Marital status (\*Required)

[Why we ask for this information](#) ▼

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## Step 4 of 6: Household information

### Spouse's information

Please fill this out to the best of your knowledge. The more accurate your responses, the faster we can process your application.

Spouse's first name **(\*Required)**

Spouse's middle name

Spouse's last name **(\*Required)**

Spouse's suffix

Spouse's Social Security number **(\*Required)**

Spouse's date of birth **(\*Required)**

Month

Day

Year

Date of marriage **(\*Required)**

Month

Day

Year

Did your spouse live with you last year?

☐ Yes

☐ No

Do you have the same address as your spouse? **(\*Required)**

☐ Yes

☐ No

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## Step 4 of 6: Household information

Do you have any dependents to report? (\*Required)

☐ Yes

☐ No

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## Step 4 of 6: Household information

Do you have any dependents to report? (\*Required)

☒ Yes

☐ No

Dependent's first name (\*Required)

Dependent's middle name

Dependent's last name (\*Required)

Dependent's suffix

What's your dependent's relationship to you? (\*Required)

Dependent's Social Security number (\*Required)

Dependent's date of birth (\*Required)

Month

Day

Year

When did they become your dependent? (\*Required)

Month

Day

Year

Was your dependent permanently and totally disabled before the age of 18? (\*Required)

☐ Yes

☐ No

If your dependent is between 18 and 23 years of age, did they attend school during the last calendar year?

☐ Yes

☐ No

Expenses your dependent paid for college, vocational rehabilitation, or training (e.g., tuition, books, materials) (\*Required)

Did your dependent live with you last year? (\*Required)

☐ Yes

☐ No

[Add another Dependent](#)

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## Step 4 of 6: Household information

### Annual income

Please fill this section out to the best of your knowledge. Provide the previous calendar year's gross annual income for you, your spouse, and your dependents.

**Gross annual income:** This income is from employment only, and doesn't include income from your farm, ranch, property, or business. When you calculate your gross annual income, include your wages, bonuses, tips, severance pay, and other accrued benefits. Include your dependent's income information if it could have been used to pay your household expenses.

**Net income:** This is the income from your farm, ranch, property, or business.

**Other income:** This includes retirement and pension income; Social Security Retirement and Social Security Disability income; compensation benefits such as VA disability, unemployment, Workers, and black lung; cash gifts; interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Veteran's gross annual income from employment (\*Required)

\$

Veteran's net income from your farm, ranch, property or business (\*Required)

\$

Veteran's other income amount (\*Required)

\$

### Spouse's income

Spouse's gross annual income from employment (\*Required)

\$

Spouse's net income from your farm, ranch, property or business (\*Required)

\$

Spouse's other income amount (\*Required)

\$

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## Step 4 of 6: Household information

### Previous calendar year's deductible expenses

Tell us a bit about your expenses this past calendar year. Enter information for any expenses that apply to you.

What if my expenses are higher than my annual income? ▼

Amount you or your spouse paid in non-reimbursable medical expenses this past year. (\*Required)

Amount you paid in funeral or burial expenses for a deceased spouse or child this past year. (\*Required)

Amount you paid for anything related to your own education (college or vocational) this past year. Do not list your dependents' educational expenses. (\*Required)

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## Step 5 of 6: Insurance information

Medicaid is a federal health insurance program for adults and families with low income levels and people with disabilities.

**Note:** Some states use different names for their Medicaid programs.

Are you eligible for Medicaid? (\*Required)

☐ Yes

☐ No

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## Step 5 of 6: Insurance information

Medicare is a federal health insurance program providing coverage for people who are 65 years or older or who meet who meet special criteria. Part A insurance covers hospital care, skilled nursing and nursing home care, hospice, and home health services.

Are you enrolled in Medicare Part A (hospital insurance)?

(\*Required)

☐ Yes

☐ No

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## Step 5 of 6: Insurance information

Your application will be saved on every change.

What is your Medicare Part A effective date? **(\*Required)**

You'll find this date under "coverage starts" on the front of your Medicare card.

Month

Day

Year

What is your Medicare claim number? **(\*Required)**

You'll find this number on the front of your Medicare card. Enter all 11 numbers and letters.

[Why we ask for this information](#) ▼

[Finish this application later](#)

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## Step 5 of 6: Insurance information

Health insurance includes any coverage that you get through a spouse or significant other. Health insurance also includes Medicare, private insurance, or insurance from your employer.

Do you have health insurance coverage? (\*Required)

Why we ask this information ▼

☐ Yes

☐ No

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## Step 5 of 6: Insurance information

Health insurance includes any coverage that you get through a spouse or significant other. Health insurance also includes Medicare, private insurance, or insurance from your employer.

Do you have health insurance coverage? (\*Required)

Why we ask this information ▼

☒ Yes

☐ No

Name of insurance provider (\*Required)

Name of policyholder (the person whose name the policy is in)  
(\*Required)

**Provide either your insurance policy number or group code.**  
(\*Required)

I have TRICARE. What's my policy number? ▼

Policy Number

Either this or the group code is required

**or**

Group Code

Either this or the policy number is required

[Add another insurance policy](#)

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## Step 5 of 6: Insurance information

### VA facility

- ☐ I'm enrolling to get minimum essential coverage under the Affordable Care Act.

[Learn more about minimum essential coverage.](#) ▼

### Select your preferred VA medical facility

State (\*Required)

Center or clinic (\*Required)

OR [Find locations with the VA Facility Locator](#)

If you're looking for medical care outside the continental U.S. or Guam, you'll need to sign up for our Foreign Medical Program. [Learn more about the Foreign Medical Program.](#)

You can also visit [Veterans Living Abroad.](#)

Do you want VA to contact you to schedule your first appointment?

- ☐ Yes
- ☐ No

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## Step 6 of 6: Review Application

**Veteran information**



**VA benefits**



**Military service**



**Household information**



**Insurance information**



**Note:** According to federal law, there are criminal penalties, including a fine and/or imprisonment for up to 5 years, for withholding information or for providing incorrect information. (See 18 U.S.C. 1001)

☐ I have read and accept the [privacy policy](#). (\*Required)

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**Submit application**