



#### CALL OR COMPLETE FORM TO PREVENT POTENTIAL OVERPAYMENT







The Department of Veterans Affairs (VA) pays you additional disability compensation for your dependent(s).

Please review the enclosed list of dependents for whom VA is currently paying you additional benefits. You must either confirm that the status of your dependents has not changed or notify us of any changes (for example: divorce, death, or other life event).

You have 60 days from the date of this letter to respond. After that period, we may propose action to reduce your benefits.

### How do I confirm or update the status of my dependents?

To confirm you are entitled to additional benefits for your dependent(s)	To notify us of changes in the status of your dependent(s)
<ul> <li>Call 1-800-827-1000*, or</li> <li>Complete Sections I and V of the enclosed form and mark the first box in Section II</li> </ul>	<ul> <li>Call 1-800-827-1000*, or</li> <li>Complete Sections I, III and/or IV, and Section V of the enclosed form</li> </ul>

Please send your completed form to Department of Veterans Affairs Evidence Intake Center P.O. Box 4444 Janesville, WI 53547-4444

## Will my benefits change?

Debt from overpayment starts as soon as a dependent's status changes and goes unreported. If the status of your dependent(s) has not changed since you last reported it to VA, your benefits will not change. If the status of your dependent(s) has changed, we will adjust your benefits accordingly.

#### **Veterans Service Center Manager**

Enclosures: Dependent List

VA Form 21-0538

<sup>\*</sup> The Telecommunications Device for the Deaf (TDD) federal number is 711.

#### DEPENDENT LIST

If the information displayed below is accurate and no change in status has occurred, please certify in Section II of the enclosed form.

We are paying you for the following dependents:

First Name	Middle Name	Last Name	Date of Birth	Relation
	1			

**Note:** If VA is paying you additional benefits for more than 10 children, please list them on a blank piece of paper and attach it to the enclosed VA Form 21-0538 when you return the form to VA.

OMB Approved No. 2900-0500 Respondent Burden: 10 Minutes Expiration Date: 01/31/2027

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# **Department of Veterans Affairs**

# MANDATORY VERIFICATION OF DEPENDENTS

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: <a href="https://ask.va.gov">https://ask.va.gov</a>, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at <a href="www.va.gov/vaforms">www.va.gov/vaforms</a>. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444,

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

SECTION I: VETERAN'S IDENTIFICATION INFORMATION  NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.  1. VETERAN'S NAME (First, Middle Initial, Last)  2. SOCIAL SECURITY NUMBER  3. VA FILE NUMBER (If applicable)  4. DATE OF BIRTH (MMDD/YYYY)  5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)  No. & Street  Apt_Unit Number  City  ZIP Code/Postal Code  6. TELEPHONE NUMBER (Include Area Code)  T. E-MAIL ADDRESS I agree to receive electronic correspondence from VA in regards to my claim enternational Phone Number (If applicable)  SECTION II: STATUS CERTIFICATION  8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? YES NO  o If "Yes," complete the section below that refers to the dependent(s) whose status has changed. o If "No," sign this form (Section V) and disregard the remaining sections of this form.  NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, Application Request to Add and/or Remove Dependents, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, Request for Approval of School Attendance. VA forms are available at www.vs.a.gov/vsforms.						
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SECTION III: CHANGE IN SPOUSE STATUS						
9. HOW DID STATUS CHANGE?						
DATE ENDED (MM/DD/YYYY): REASON MARRIAGE ENDED						
MARRIAGE ENDED — — ANNULMENT DIVORCE DECLARED VOID						
DEATH DATE OF DEATH (MM/DD/YYYY):						
SECTION IV: CHANGE IN CHILD(REN)'S STATUS						
NOTE: If your child has been adopted out of your family, input the date the adoption was finalized. If you have more than four children whose status has changed, use a separate VA Form 21-0538.						
10A. CHILD'S NAME						
10B. HOW STATUS CHANGED						
DEATH OF CHILD DATE OF DEATH (MM/DD/YYYY):						
MARRIAGE OF CHILD  DATE OF MARRIAGE (MM/DD/YYYY):						
ADOPTION OUT OF FAMILY DATE OF ADOPTION (MM/DD/YYYY):						
NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.						
LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):						

VETERAN'S SOCIAL SECURITY NUM	IBER — — —					
SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)						
11A. CHILD'S NAME						
	11B. HOW STATUS CHANGED					
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):					
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):					
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):					
	ox if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild use you or the child are incarcerated, attending school, or fulfilling a military service obligation.					
STEPCHILD IS NO LONGER	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):					
A MEMBER OF HOUSEHOLD						
12A. CHILD'S NAME						
	12B. HOW STATUS CHANGED					
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):					
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):					
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):					
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	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):					
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD						
13A. CHILD'S NAME						
13B. HOW STATUS CHANGED						
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):					
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):					
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):					
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STEPCHILD IS NO LONGER						
A MEMBER OF HOUSEHOLD						
	SECTION V: CERTIFICATION AND SIGNATURE					
I HEREBY CERTIFY THAT the infor	mation I have given on this form is true and correct to the best of my knowledge and belief.					
14A. SIGNATURE OF VETERAN (REQUIRED)  14B. DATE SIGNED (MM/DD/YYYY)						
	penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, ulent acceptance of any payment to which you are not entitled.					
<ol> <li>Code of Federal Regulations 1.5 collection of money owed to the Un benefits, verification of identity and</li> </ol>	not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 26 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the ted States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us					

your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). 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. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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. Valid OMB control numbers can be located on the OMB Internet page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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