



Department of Veterans Affairs

PO BOX 5365
JANESVILLE WI 53547-5365

<Date>

In Reply Refer To: <File #>
STUB NM

FIRST LAST
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

PO BOX 5365
JANESVILLE WI 53547-5365

Dear <surviving spouse name>,

You are receiving the Dependency and Indemnity Compensation (DIC) monthly benefit as the surviving spouse of a Veteran who passed away in service or from service-connected conditions.

By law, VA is required to send you this letter periodically to verify your current marital status as the basis to continue your benefit. Please note that you are also responsible for reporting any updates to your marital status at the time the change occurs. This includes changes to the status of your remarriage, such as the passing of the new spouse or divorce.

If you remarry, your entitlement can continue but only if:

- You remarried on or after January 1, 2004, and you were age 57 or older at the time of marriage, OR
- You remarried on or after January 5, 2021, and you were age 55 or older at the time of marriage.

Response Needed

To verify your marital status for DIC entitlement, please complete the enclosed questionnaire and use the enclosed envelope to return it. Be sure to place both the letter and the questionnaire in the envelope with the return address of the Regional Office showing through the envelope window. You may also report your marital status verbally by contacting VA by telephone at the number listed below. We must receive your written or verbal response **within 60 days** of the date provided on this letter.

Please note that if we do not receive your response within 60 days, we may propose to stop your DIC benefit payments until the verification is received.

Once we receive your verification, we will review it to see if your marital status has changed. If there are no updates to your status, your DIC benefit payments will continue unchanged. If there are updates to your status, we will determine if the change impacts your DIC entitlement and send you a letter. The letter will explain any changes we make to your benefits or it may propose to adjust or stop your payments and give you the opportunity to respond.

Submitting Additional Information

You have the right, at any time, to submit additional information or to contact us to explain or clarify the statements and the information you provide to VA.

If You Have Questions or Need Assistance

If you have any questions, 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 number is 711.
Use the Internet	Contact us at Ask VA: http://ask.va.gov/ .
Write	Put your full name and VA file number on the letter. After completing the form, mail to: Department of Veteran Affairs, Evidence Intake Center, P.O. Box 5365, Janesvill, WI 53547-4444.

Sincerely yours,

Regional Office Director

Enclosure

21P-0537

E131917



U.S. Department
of Veterans Affairs

MARITAL STATUS QUESTIONNAIRE

PRIVACY ACT INFORMATION: Payment of survivor's benefits cannot be made unless the information requested is furnished as required by existing law (38 U.S.C. 101(3)). The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22/28, VA Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the [Federal Register](#). The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0495, and it expires 12/31/2028. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at yapra@va.gov. Please refer to OMB Control No. 2900-0495 in any correspondence. Do not send your completed VA Form 21P-0537 to this email address.

IMPORTANT: If you are certifying that you are married 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 resided when you filed your claim (or a later date when you became 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/>.

1A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?

☐ YES ☐ NO (If "No," please skip to questions 3-5 only)

1B. DATE OF MARRIAGE (MM/DD/YYYY)

Month Day Year

/ /

1C. NAME OF SPOUSE

1D. SPOUSE DATE OF BIRTH (MM/DD/YYYY)

Month Day Year

/ /

1E. IS YOUR SPOUSE A
VETERAN?

☐ YES ☐ NO

1F. IF "YES," PROVIDE YOUR NEW SPOUSE'S VA FILE NUMBER **OR** SOCIAL
SECURITY NUMBER

VA CLAIM NO.

OR SSN — —

1G. WHAT WAS YOUR AGE AT THE
TIME OF YOUR MARRIAGE?

2A. HAS YOUR REMARRIAGE BEEN TERMINATED?

☐ YES ☐ NO

(If "No," please proceed to question 3)

2B. DATE OF TERMINATION (MM/DD/YYYY)

Month Day Year

/ /

2C. REASON FOR TERMINATION

3A. DAYTIME TELEPHONE NUMBER (Include Area Code)

— —

3B. EVENING TELEPHONE NUMBER (Include Area Code)

— —

4. E-MAIL ADDRESS

5A. SIGNATURE (Sign in ink)

5B. DATE SIGNED (MM/DD/YYYY)

Month Day Year

/ /