



INSTRUCTIONS FOR VA FORM 21P-601 APPLICATION FOR ACCRUED AMOUNTS DUE A DECEASED BENEFICIARY

NOTE: Do not complete this form if you have applied for Survivor Benefits by using VA Form 21P-534EZ or 21P-535. Read very carefully, detach, and keep these instructions for your reference.

A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the nearest regional office online at <https://www.benefits.va.gov/benefits/offices.asp> or call 1-800-827-1000 (Hearing Impaired TDD line 711). You may also contact VA by Internet at <https://www.va.gov/contact-us>.

B. When should VA Form 21P-601 be used?

Use VA Form 21P-601 to apply for accrued benefits due the beneficiary but not paid prior to death. Each person claiming a share of accrued benefits must complete a separate VA Form 21P-601.

Note: If you are a deceased veteran's surviving spouse or child, you may apply for benefits, including accrued benefits, using VA Form 21P-534EZ, Application for D.I.C., Survivors Pension and/or Accrued Benefits.

If you are a parent, you may apply for benefits, including accrued benefits, using VA Form 21P-535, Application for D.I.C. by Parent(s).

C. What are accrued benefits and how does VA decide what I will or will not receive?

Accrued benefits are benefits that were due the beneficiary at the time of death but not paid prior to death. Entitlement to accrued benefits is determined according to the line of succession established by law.

A person eligible for accrued benefits may request to substitute for a deceased claimant who had a pending claim or appeal at the time of his or her death. Substitution allows a person to submit evidence in support of the pending claim or appeal for potential accrued benefits.

The right to substitute may be waived by marking "Yes" in the designated box on this form. If the right to substitute is waived, VA may still consider the accrued claim; however, VA will do so based only on the evidence contained in the claims folder at the time of death.

Any available accrued benefits are payable to the first living person listed below. The fact that a preferred beneficiary fails to file or prosecute a claim does not permit payment of his/her share of accrued benefits to a person or persons having an equal or lower preference. A waiver of right also does not permit such payment. If there are no living persons who are entitled on the basis of relationship, accrued benefits may be payable as reimbursement for last illness and/or burial expenses (see Paragraph D).

When the deceased beneficiary is a veteran, accrued is payable	When the deceased beneficiary is a surviving spouse, accrued is payable	When the deceased beneficiary is a child, accrued is payable
<ul style="list-style-type: none"> in full to the surviving spouse, or in equal shares to the veteran's children (see definition of "child" below), or in equal shares to the veteran's parents, if they were dependent upon the veteran at the date of the veteran's death, or in full to the sole surviving parent, if he/she is dependent upon the veteran at the date of the veteran's death. 	<ul style="list-style-type: none"> in equal shares to the veteran's children (see definition of "child" below). 	<ul style="list-style-type: none"> in equal shares to the veteran's children who are entitled to death compensation, dependency and indemnity compensation, or death pension (see definition of "child" below).

Definitions:

Child means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education, or became incapable of self-support prior to reaching age 18. However, benefits may be payable to the veteran's children, regardless of age or marital status, if lump sum accrued benefits are payable.

Lump sum accrued benefits are amounts withheld from a competent veteran's Old Law Pension benefits (fixed rate since 1960) during hospital treatment, or institutional or domiciliary care.

D. Who may file a claim for reimbursement for last illness and burial expenses?

If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and/or burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses. If the expenses were paid from funds of the deceased beneficiary's estate, the claim should be filed by the executor or administrator of the estate. If the expenses have not been paid, the claim may be filed by the person who is responsible for the payment of these expenses. However, all unpaid creditors must sign Section IV, Waiver of Reimbursement From All Unpaid Creditors.

E. What are the time limits to apply for accrued benefits?

A claim for accrued benefits must be filed within one year from the date of death of the deceased beneficiary.

Exception: A claim for lump sum accrued benefits (benefits that were withheld from a competent veteran during hospital treatment, institutional, or domiciliary care) must be filed within five years from the veteran's date of death. However, if the person who is entitled to the lump sum accrued benefits has been declared incompetent by a court of law or Federal or State government agency at the time of the veteran's death, the five-year period begins from the date of termination or removal of the finding of incompetency.

F. What evidence should I submit?

1. Furnish a copy of the death certificate unless the beneficiary died in a VA medical facility.
2. If an executor or administrator of the beneficiary's estate has been assigned, submit a certified copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing court.
3. If you are claiming reimbursement for last illness and/or burial expenses of a beneficiary, submit all bills and statements of account covering the services and supplies that were provided in connection with these expenses. The bill or statement of account should be submitted on the regular billhead of the creditor and show:
 - the dates, nature, and costs of services or supplies provided,
 - the name of the deceased for whom the expenses were incurred, and
 - whether the expense has been paid, and, if so, by whom.

G. How do I complete my application?

Print all answers clearly. If an answer is "none" or "0," write that. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 26, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Write the veteran's name and VA file number on all attachments. Make sure you sign and date this application (Items 23a and 23b).

H. What do I do when I have completed my application?

When you have completed this application mail to: **Department of Veterans Affairs, Pension Intake Center, P.O. Box 5365, Janesville, WI 53547-5365** or take it to the nearest VA regional office. To locate that office go to <https://www.benefits.va.gov/benefits/offices.asp>. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and everything that you submit to VA before you mail it.

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/>.

PRIVACY ACT NOTICE: 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 5, 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. You are required to respond to obtain or retain benefits per 38 U.S.C § 501. 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. 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 2900-0216, and it expires 09/30/2028. Public reporting burden for this collection of information is estimated to average 30 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. 2900-0216 in any correspondence. Do not send your completed VA Form 21P-601 to this email address.



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR ACCRUED AMOUNTS DUE A DECEASED BENEFICIARY

NOTE: Please read the "Instructions" before completing this form.

SECTION I: CLAIMANT AND DECEASED BENEFICIARY INFORMATION

1. VETERAN'S NAME <i>(First, Middle Initial, Last)</i>		
2. VETERAN'S SOCIAL SECURITY NUMBER — —	3. VETERAN'S FILE NUMBER	
4. NAME OF DECEASED BENEFICIARY <i>(If other than veteran - First, Middle Initial, Last)</i>		
5. BENEFICIARY DATE OF DEATH <i>(MM/DD/YYYY)</i> Month Day Year — —		
6. CLAIMANT'S NAME <i>(First, Middle Initial, Last)</i>		
7. CLAIMANT'S SOCIAL SECURITY NUMBER — —	8. CLAIMANT'S DATE OF BIRTH <i>(MM/DD/YYYY)</i> Month Day Year — —	
9. CLAIMANT'S CURRENT MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i> No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code —		
10. CLAIMANT'S TELEPHONE NUMBER <i>(Include Area Code)</i>	11. PREFERRED E-MAIL ADDRESS <i>(If applicable)</i>	12. CLAIMANT'S RELATIONSHIP TO DECEASED BENEFICIARY

SECTION II: DECEASED BENEFICIARY'S SURVIVING RELATIVES

13. WHO ARE THE DECEASED BENEFICIARY'S SURVIVING RELATIVES? *(Check all that apply. List each person separately in Items 14A through 14D)*

☐ SPOUSE ☐ CHILD OR CHILDREN *(See instructions for definition of a child)* ☐ PARENT ☐ NONE *(If "NONE," Skip to Question 14E)*

14. RELATIVES SURVIVING BENEFICIARY AT TIME OF DEATH

14A. NAME <i>(First, Middle Initial, Last)</i>	14B. RELATIONSHIP TO BENEFICIARY	14C. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	14D. COMPLETE MAILING ADDRESS

14E. WOULD YOU LIKE TO WAIVE SUBSTITUTION?

☐ YES ☐ NO *(If "YES," see Paragraph C of the Instructions)*

SECTION III: INFORMATION ABOUT DEBTS, EXPENSES AND BURIAL OF DECEASED BENEFICIARY

NOTE: Read Paragraphs C and D of the Instructions before completing Section III. Complete this section only if you are claiming accrued benefits for reimbursement of expenses for last illness or burial. Skip to Section V if you are claiming accrued benefits based on your relationship to the deceased beneficiary.

15. LIST THE EXPENSES OF LAST SICKNESS AND BURIAL IN ITEMS 15A THROUGH 15E.

15A. NAME OF PERSON OR FIRM	15B. NATURE OF EXPENSE <i>(For example, physician, hospital, burial expenses, etc.)</i>	15C. AMOUNT	15D. CHECK ONE		15E. IF PAID, NAME OF PERSON OR ESTATE WHOSE FUNDS WERE USED
			PAID	UNPAID	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	

16. HAVE YOU BEEN REIMBURSED FROM ANY SOURCE FOR ANY OF THE EXPENSES PAID FROM YOUR PERSONAL FUNDS?

☐ YES ☐ NO *(If "YES," specify the amount and source)* \$

17. DID THE BENEFICIARY LEAVE ANY OTHER DEBTS?

☐ YES ☐ NO *(If "NO," skip to Item 19)*

18. LIST THE OTHER DEBTS IN ITEMS 18A AND 18B.

18A. NATURE OF DEBT	18B. AMOUNT
	\$
	\$
	\$
	\$

19. HAS OR WILL THE BENEFICIARY'S ESTATE BE LEGALLY ADMINISTERED?

☐ YES ☐ NO *(If "YES," attach a copy of the letters of administration or letters testamentary bearing the signature and seal of the appointing court)*

SECTION IV: WAIVER OF REIMBURSEMENT FROM ALL UNPAID CREDITORS

NOTE: If any of the expenses listed in Item 15D are unpaid, Section IV must be completed and signed by all unpaid creditors. If you are a creditor who is claiming accrued benefits as reimbursement, Section IV must be completed by all other creditors and persons who provided services to the deceased beneficiary related to last illness or burial and hold the creditor responsible for payment of their claims. If you need additional space, please attach a separate sheet of paper providing the certification and information requested below.

I CERTIFY THAT the expense listed in Section III, Item 15D which was incurred by the claimant named in Item 6 in connection with the last sickness and burial of the beneficiary, is due and unpaid. I further certify that I hold the claimant responsible for the payment of any portion of the accrued benefit to which I may be entitled in the case of the beneficiary named in Item 1 or 4 and waive my right to any such benefit. This statement is true and correct to the best of my belief.

20A. NAME OF UNPAID CREDITOR OR FIRM NUMBER 1**20B. ADDRESS OF CREDITOR OR FIRM****20C. SIGNATURE OF CREDITOR OR PERSON SIGNING FOR FIRM *(Sign in ink)*****20D. TITLE****20E. DATE SIGNED *(MM/DD/YYYY)***

SECTION IV: WAIVER OF REIMBURSEMENT FROM ALL UNPAID CREDITORS (Continued)

21A. NAME OF UNPAID CREDITOR OR FIRM NUMBER 2

21B. ADDRESS OF CREDITOR OR FIRM

21C. SIGNATURE OF CREDITOR OR PERSON SIGNING FOR FIRM (*Sign in ink*)

21D. TITLE

21E. DATE SIGNED (*MM/DD/YYYY*)

22A. NAME OF UNPAID CREDITOR OR FIRM NUMBER 3

22B. ADDRESS OF CREDITOR OR FIRM

22C. SIGNATURE OF CREDITOR OR PERSON SIGNING FOR FIRM (*Sign in ink*)

22D. TITLE

22E. DATE SIGNED (*MM/DD/YYYY*)**SECTION V: SIGNATURE**

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief. (*If you sign with an "X," then you must have two people witness you as you sign. They must sign the form and print their names and addresses.*)

23A. SIGNATURE OF CLAIMANT (*Sign in ink*)23B. TODAY'S DATE (*MM/DD/YYYY*)24A. SIGNATURE OF WITNESS (*If claimant signed above using an "X" - Sign in ink*)

24B. PRINTED NAME AND ADDRESS OF WITNESS

25A. SIGNATURE OF WITNESS (*If claimant signed above using an "X" - Sign in ink*)

25B. PRINTED NAME AND ADDRESS OF WITNESS

SECTION VI: REMARKS

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, or for the fraudulent acceptance of any payment which you are not entitled to (18 U.S.C. §§ 1001-1002).

26. REMARKS