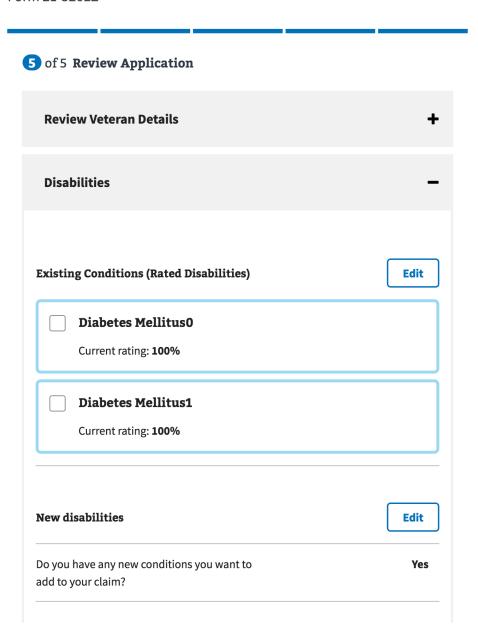
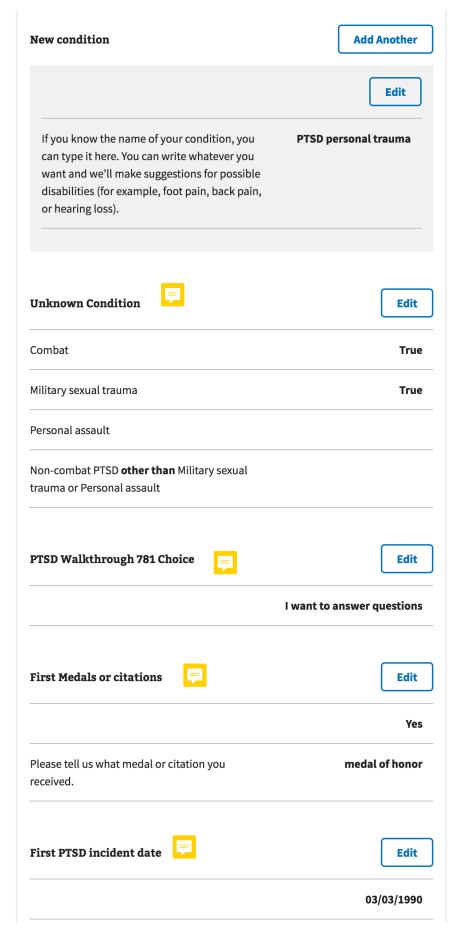


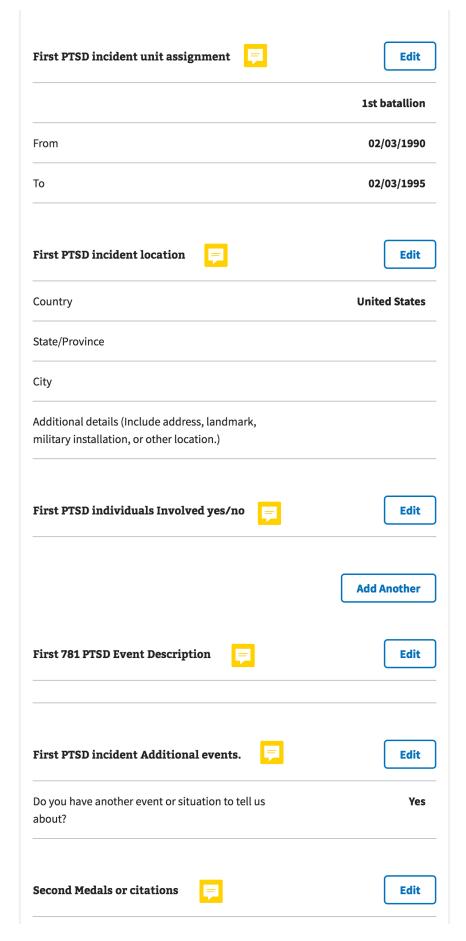
Home > Disability Benefits > Apply for Disability Benefits

## Apply for disability compensation

Form 21-526EZ







	Yes
Please tell us what medal or citation you received.	lkj
Second PTSD incident date	Edit
Second PTSD incident unit assignment	Edit
From	
То	
Second PTSD incident location	Edit
Country	United States
State/Province	
City	
Additional details (Include address, landmark, military installation, or other location.)	
Second PTSD individuals Involved yes/no	Edit
	Add Another
Second 781 PTSD Event Description	Edit

Second PTSD incident Additional events.	Edit
Do you have another event or situation to tell us about?	
Additional Remarks - 781	Edit
PTSD Walkthrough 781a Choice	Edit
l want t	o answer questions
First PTSD assault incident date	Edit
First 781a PTSD Event Description	Edit
First PTSD assualt incident unit assignment	Edit
From	
То	
First PTSD assault incident location	Edit
Country	United States
State/Province	
City	
Additional details (Include address, landmark,	

military installation, or other location.)		
First PTSD assault authorities	Add Another	
First PTSD assault additional events.	Edit	
Do you have another event or situation to tell us about?	No	
Additional Remarks - Physical Health Changes	Edit	
ncreased visits to a medical or counseling clinic or dispensary, even without a specific diagnosis or specific ailment		
Pregnancy tests around the time of the incident		
Tests for HIV or sexually transmitted diseases		
Extreme weight loss or gain		
Lethargy		
Other		
None of these apply to me		
Additional Remarks - Physical Health Changes	Edit	
Episodes of depression, panic attacks, or anxiety without an identifiable cause		
Obsessive behaviors		
ncreased or decreased use of prescription medications or over-the-counter medications		
Substance abuse such as alcohol or drugs		

Hypervigilance, heightened fight or flight response	
Staying at home, not wanting to go out, agoraphobia	
Increased fear of surroundings, inability to go to certain areas	
Other	
None of these apply to me	
Additional Remarks - Additional Behavior Changes	Edit
Unemployability Status	Edit
Are you currently unemployed or at risk of unemployment due to any of your service-connected disabilities?	No