OMB Control No. 2900-0219 Respondent Burden: 10 Minutes Expiration Date: 10/31/2024

Department of Veterans Affairs

APPLICATION FOR CHAMPVA BENEFITS

Champ VA Program Office, Office of Integrated Veteran Care, CHAMPVA Eligibility, PO Box 469028, Denver CO 80246-9028 Customer Service Center: 1-800-733-8387 | FAX: 303-331-7809

ATTENTION: Please refer to the information on the following pages for assistance completing this form in its entirety (print or type only). Return the form and any additional, requested information to the address shown above. If applicants indicate in Section II that they have Medicare or other health insurance, each applicant must submit VA Form 10-7959c, CHAMPVA Other Health Insurance (OHI) Certification. If additional space is needed, complete another VA Form 10-10d in its entirety, sign and submit.

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