Department of Veterans Affairs

VETERAN'S APPLICATION FOR INCREASED COMPENSATION BASED ON UNEMPLOYABILITY

NOTE: This is a claim for compensation benefits based on unemployability. When you complete this form you are claiming total disability because of a serviceconnected disability(ies) which has/have prevented you from securing or following any substantially gainful occupation. Answer all questions fully and accurately.

Social Security Benefits: Individuals who have a disability and meet medical criteria may qualify for Social Security of Supplemental Security Income disability benefits.

SSA office in ye	our telephone book bl 3.). You may also con	ue pages under "Uı	nited State	és Gove	ernment, Social Se	2	,	· /			aired TDD line	
1. NAME OF VI	ETERAN (FIRST, MII	DDLE INITIAL, LA	ST)									
2. VETERAN'S	SOCIAL SECURITY	NUMBER		3. VA	A FILE NUMBER			4.	DATE Month	OF BIRTH Day	Year —	
5. ADDRESS C	OF VETERAN (No. ar	nd street or rural i	oute, cit	y or P.	O., State and ZII	P Code)						-
No. & Street			City									
Apt./Unit Number State/Province		Country	Oity	ZIF	P Code/Postal Co	ode			_			
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YES	NO "Remarks		20,		YES N	10			Y	ES NO		

	SECHIDITY NO

21. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SINCE Y	OU BECAME T	OO DISABLED	TO WORK?		
YES NO (If "Yes," complete Items 21A, 21.	B, and 21C)				
A. NAME AND ADDRESS OF EMPLO	YER		B. TYPE OF WO	RK	C. DATE APPLIED
SEC	TION III - SCI	HOOLING AN	D OTHER TRAINING	l	
22. EDUCATION (Check highest year completed) GRADE SCHOOL	7 8	HIGH SCHOO	DL	COLLEGE 1	2 3 4
23A. DID YOU HAVE ANY OTHER EDUCATION AND TRAIN YES NO (If "Yes," complete Items 23B, and a		OU WERE TO	O DISABLED TO WORK?		
23B. TYPE OF EDUCA	ATION OR TRA	INING			OF TRAINING
				BEGINNING	COMPLETION
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24B. TYPE OF EDUCA	ATION OR TRA	INING			S OF TRAINING
				BEGINNING	COMPLETION
25. REMARKS					
SECTION IV	· AUTHORIZA	TION. CERT	IFICATION, AND SIGNATU	JRE	
AUTHORIZATION FOR RELEASE OF INFORMATION	I: I authorize t	he person or en	tity, including but not limited t	o any organization, serv	
Government agency, to give the Department of Veterans Affinformation confidential.	,		* *		
CERTIFICATION OF STATEMENTS: I CERTIFY TH occupation and that the statements in this application are true					
determining my eligibility for VA benefits based on unemploya	bility because of	f service-connec	ted disability.		
I UNDERSTAND THAT IF I AM GRANTED SERVICE-CONNI VA IF I RETURN TO WORK. I ALSO UNDERSTAND T OVERPAYMENT REQUIRING REPAYMENT TO VA.					
26. SIGNATURE OF CLAIMANT	27. DATE SIG	SNED	28. PREFERRED TELEPHOI	NE NUMBER (Include A	(rea Code)
			_	_	
WITNESS TO SIGNATURE OF CLAIMANT IF MADE "X' statement is personally know and the signature and address of su	MARK. NOT uch witnesses m	E: Signature nust be shown be	nade by mark must be witnesse low.	d by two persons to who	om the person making the
29A. SIGNATURE OF WITNESS		29B. ADDRE	SS OF WITNESS		
30A. SIGNATURE OF WITNESS		30B. ADDRES	SS OF WITNESS		
PENALTY : The law provides severe penalties which include fi be false or for the fraudulent acceptance of any payment to which			he willful submission of any sta	tement or evidence of a n	naterial fact, knowing it to

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 38, Code of 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided 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.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 21-8940, FEB 2016 Page 2

OMB Approved No. 2900-0404 Respondent Burden: 45 minutes Expiration Date: 9/30/2017

Department of Veterans Affairs

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NOTE: This is a claim for compensation benefits based on unemployability. When you complete this form you are claiming total disability because of a service-connected disability(ies) which has/have prevented you from securing or following any substantially gainful occupation. Answer all questions fully and accurately.

Social Security Benefits: Individuals who have a disability and meet medical criteria may qualify for Social Security of Supplemental Security Income disability benefits. If you would like more information about Social Security benefits, contact your nearest Social Security Administration (SSA) office. You can locate the address of the nearest SSA office in your telephone book blue pages under "United States Government, Social Security Administration" or call 1-800-772-1213 (Hearing Impaired TDD line 1-800-325-0778.) You may also contact SSA by Internet at http://www.ssa.gov/

SSA office in your telephone book blue pages under "Un 1-800-325-0778.). You may also contact SSA by Intern			curity Administration	" or call 1-80	00-772-1213 (Hearing In	paired TDD line
1. NAME OF VETERAN (FIRST, MIDDLE INITIAL, LA						
JOE J. SCHMOE						
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA	FILE NUMBER		4.	. DATE OF BIRTH	/
	11.30	(You should	have one fro	m	Month Day	Year
999 – 99 – 9999			ginal claim.)		05 – 21	– 1982
5. ADDRESS OF VETERAN (No. and street or rural i	oute, city or P.	O., State and ZIP	Code)			
No. & 1313 MOCKINGBIRD LAN	E					
	City NY					
State/Province NY Country USA	ZIF	Code/Postal Cod	e 10021		/ =	
6. EMAIL ADDRESS (If applicable)						
jollyjoe82@giggle.com	SECTION I.	NSABILITY AN	D MEDICAL TRE	ATMENT		
7. WHAT SERVICE-CONNECTED DISABILITY PREV			NDER A DOCTOR'S		9 DATE(S) OF TRE	EATMENT BY DOCTOR(S)
YOU FROM SECURING OR FOLLOWING ANY SUBSTANTIALLY GAINFUL OCCUPATION?	AN		IZED WITHIN THE		FROM	то
(list ALL that make you	-					
unemployable)	X	YES NO				_
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321	1 111				FROM	то
Dr. James Mulligan			morial		11/13/16	1/5/17
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N1, N1 10022						
AS DATE VOLID BIOADILITY ASSESSED.	5.75		MENT STATEME			
13. DATE YOUR DISABILITY AFFECTED FULL-TIME EMPLOYMENT	14 DATE YO	DU LAST WORKE	D FULL-TIME	15. D	DATE YOU BECAME TO	O DISABLED TO WORK
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16A. WHAT IS THE MOST YOU EVER EARNED IN O	NE YEAR?	16B. WHAT YE	AR?	16C.	OCCUPATION DURING	THAT YEAR
\$ 79,000		Year 2014		Mi	iddle School Tea	acher
17. LIST ALL YOUR EMPL	DYMENT INCLU			E LAST FIV	E YEARS YOU WORKE	ED .
			ing inactive duty for			
A. NAME AND ADDRESS OF EMPLOYER (OR UNIT)	B. TYPE OF WORK	C. HOURS PER WEEK	D. DATES OF E	TO	E. TIME LOST FROM ILLNESS	F. HIGHEST GROSS EARNINGS PER MONTH
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18. DID YOU LEAVE YOUR LAST JOB/SELF-EMPLO BECAUSE OF YOUR DISABILITY?	YMENT 19.		/E/EXPECT TO REGISTER TO REGIS	1000		EXPECT TO RECEIVE ENSATION BENEFITS?
(If "Yes," give the facts in It	tem 25,	YES NO)		YES X NO	
X YES NO "Remarks")					120 21 100	

	I SINGE TOO BECAME TOO DIGA	BLED TO WORK?		
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(If you've applied to more than This shows that your dis	3 employers, try to sno	w variety of employmen	nt nere.	
This shows that your dis	sability Reeps you from	various types or jobs.j		
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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 38, Code of 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided 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.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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