Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING HEALTH BENEFITS RENEWAL FORM

Step 1: Before You Start...

What is VA Form 10-10EZR used for?

To update your personal, insurance, or financial information after you are enrolled.

Where can I get help filling out the form?

- Contact a National or State Veterans Service Organization.
- Ask VA to help you fill out the form by calling or visiting a VA health care facility. Before you call or go to the VA health care facility, gather the necessary materials identified in Step 2 of the instructions and complete as much of the form as you can.

How can I contact VA if I have questions?

- Look in your telephone book blue pages under "United States Government, Veterans" to locate your local VA health care facility.
- Call VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387).
- Access our website at http://www.va.gov and select "Contact the VA."

Definitions of terms used on this form

- SERVICE-CONNECTED (SC): A veteran with a VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- COMPENSABLE: A determination by VA that a service-connected disability is severe enough to warrant monetary compensation.
- NONCOMPENSABLE: A determination by VA that a service-connected disability is not severe enough to warrant monetary compensation.
- NONSERVICE-CONNECTED (NSC): A veteran who does not have a VA determined service-related condition.

Which sections of VA Form 10-10EZR should you complete?

Look at the table below to find out which sections of VA Form 10-10EZR you should complete. The shaded sections should be completed only if you answer "Yes" to Section V agreeing to provide income and asset information to establish eligibility for care. You may agree to copayments without providing this detailed financial information.

If you are	Complete the sections marked with an X								
	I-III	V	VI	VII	VIII	IX	XI		
Service-connected 50% to 100%. Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for waiver of travel deductibles assessed.	x	X	x	x	х		x		
Service-connected 30-40%. Answer YES in Section V and complete Sections VI- VIII to have your financial eligibility for cost-free medications for treatment of your nonservice-connected conditions and waiver of travel deductibles assessed.	х	x	x	x	х		x		
Service-connected 0% (compensable) or service-connected 10-20%. Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for cost-free medications and beneficiary travel for treatment of your nonservice-connected conditions assessed.	x	x	x	x	x		x		
A Former POW. Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for beneficiary travel assessed. Also, complete Section IX if applying for long-term care.	x	X	x	x	x		x		
A veteran discharged from the military due to a disability incurred or aggravated in service or Purple Heart Medal recipient veteran. Answer YES in Section V and complete Sections VI-VIII to have your financial eligibility for beneficiary travel assessed. Also, complete Section IX if applying for long-term care.	x	X	x	x	x		x		
Receiving nonservice-connected VA Pension, Aid and Attendance or Housebound benefits. Answer YES in Section V and complete Sections VI-IX to have your financial eligibility for long-term care assessed. Unmarried VA Pensioners are excluded from this requirement.	x	x	x	x	x	x	x		
A recent combat veteran (e.g., OEF/OIF). You are not required to provide your financial information for 5 years post discharge or if you applied for enrollment after January 27, 2008 and were discharged before January 28, 2003 until January 27, 2011. However, if you answer YES in Section V and complete Sections VI-IX you will have your priority for enrollment and financial eligibility for cost-free medical care, medications, long-term care and beneficiary travel for treatment of your nonservice-connected conditions assessed.	x	x	x	x	x	x	x		
Service-connected 0% (noncompensable) or nonservice-connected with no special eligibilities listed above. Answer YES in Section V and complete Sections VI-IX to have your priority for enrollment and financial eligibility for cost-free medical care, medications, long-term care and beneficiary travel for treatment of your nonservice-connected conditions assessed.	x	X	x	x	x	x	x		

Complete only the sections that apply to you and sign and date the form.

Step 2: Completing your application ...

Review the table in Step 1 to find out what sections you should complete. Answer all questions in those sections. If you need more space to answer a question, attach a sheet of paper to the form containing your name and Social Security Number. For each question that you need more room, write "Continuation of Item" and write the section and question number.

Section II - Insurance Information.

Include information for all health insurance policies that cover you. If you have more than one health insurer, provide this information on a separate sheet of paper and attach to the application. If you have access to a copier, attach a copy of your insurance cards, Medicare card and/or Medicaid card (Medicaid is a federal/state health insurance program for certain low-income people). Bring these cards with you to each health care appointment.

Section V - Financial Disclosure.

The financial assessment is used to determine whether certain veterans qualify for cost-free health care services for their NSC conditions and to assign their priority for enrollment. You should review the table in Step 1 to see if your eligibility for health care benefits requires or may be based on a financial assessment. Recent combat veterans (e.g., OEF/OIF) are not required to provide their financial information for 5 years post discharge or if they applied for enrollment after January 27, 2008 and were discharged before January 28, 2003 until January 27, 2011, but like other veterans may provide it to establish their eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to military experience and consideration for waiver of travel deductibles.

You are not required to disclose your financial information. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information and agree to make copayments for treatment of your NSC conditions. If a financial assessment is used to determine your eligibility for travel assistance or waiver, and you do not disclose your financial information, you will not be eligible for these benefits. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copayments as required by law.

Section VI - Dependent Information. Use a separate sheet of paper for additional dependent children.

- You may count your spouse as your dependent even if you did not live together, as long as you contributed \$600 or more in support last calendar year.
- You may count your biological children, adopted children, and stepchildren as dependents. But these children must be unmarried and under the age of 18, or be at least 18 but under 23 and attending high school, college or vocational school on a full or part-time basis, or have become permanently unable to support themselves before reaching the age of 18.
- Count child support contributions even if not paid in regular set amounts. Contributions can include tuition payments or payments of medical bills.

Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children.

Use a separate sheet of paper for additional dependent children.

- Report: gross annual income from employment, except for income from your farm, ranch, property or business, including information about your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Report: net income from your farm, ranch, property or business.
- Report: other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.
- Do Not Report: Welfare, Supplemental Security Income (SSI) and need-based payments from a government agency, profit from the occasional sale of property, income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs), scholarships and grants for school attendance, disaster relief payment or proceeds of casualty insurance, loans, Agent Orange and Alaska Native Claim Settlement Acts Income and payments to foster parents.

Section VIII - Previous Calendar Year Deductible Expenses.

Report nonreimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources.

Section IX - Previous Calendar Year Net Worth. Use a separate sheet of paper for additional dependent children.

Your net worth is the market value of all the interest and rights you have in any kind of property. However net worth does not include your single-family residence and a reasonable lot area surrounding it. It also does not include the personal things you use every day like your vehicle, clothing and furniture.

Step 3: Submitting your application ...

What do I do when I have finished my application?

- Read Section IV (Paperwork Reduction and Privacy Act Information), Section X (Consent to Copayments), and Section XI (Assignment of Benefits).
- Make sure you sign and date VA Form 10-10EZR in Section XI. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", then you must have 2 people you know witness you as you sign. They must then sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete. This will result in a delay in processing your application.
- Attach any continuation sheets and necessary material to your application.

Where do I send my application?

Mail the original application with a copy of your supporting materials to your local VA health care facility. You can find the address in your local telephone book, by calling toll-free 1-877-222-VETS (8387), or on the Internet at http://www.va.gov.

Department of Veterar	ns Affairs	HEA	LTH BENE	EFITS RE	NEW	AL FORM
			NERAL INFORM			
Federal law provides criminal pena or making a materially false statem			nprisonment fo	r up to 5 year	rs, for co	oncealing a material fact
1. VETERAN'S NAME (Last, First, Middle Name)					2. OTHER	R NAMES USED
	4. SOCIAL SECURITY NUMB	ER			5. DATE	OF BIRTH (<i>mm/dd/yyyy</i>)
6. PERMANENT ADDRESS (<i>Street</i>)		6A. CITY		6B. ST	ATE	6C. ZIP
6D. COUNTY	6E. HOME TELEPH	HONE NUMBER (I	include area code)	6F. E-MAIL A	DDRESS	
6G. CELLULAR TELEPHONE NUMBER (Include are	ea code)		6H. PAGER NUMBER	(Include area cod	le)	
7. CURRENT MARITAL STATUS (Check one)		TED 🔽 V		DIVORCED	UN	KNOWN
8. NAME, ADDRESS AND RELATIONSHIP OF NEXT (OF KIN		8A. NEXT	OF KIN'S HOME TEI	LEPHONE N	NUMBER (Include area code)
			8B. NEXT	OF KIN'S WORK TE	LEPHONE	NUMBER (Include area code)
9. NAME, ADDRESS AND RELATIONSHIP OF EMER	GENCY CONTACT		9A. EMER	GENCY CONTACT'S	S HOME TEI	LEPHONE NUMBER (Include area code)
			9B. EMER	GENCY CONTACT'S	S WORK TE	LEPHONE NUMBER (Include area code)
10. INDIVIDUAL TO RECEIVE POSSESSION OF YOU Note: This does not constitute a will or transfer of ti	itle. (Check one)			EMERGENC	Y CONT	ACT 🗌 NEXT OF KIN
	ISURANCE INFORM					
ARE YOU COVERED BY HEALTH INSURANCE, INC THROUGH A SPOUSE OR ANOTHER PERSON? A SPOUSE OR ANOTHER PERSON? A SPOUSE OF ANOTHER PERSON?		2. HEALTH INSUR	ANCE COMPANY NAM	E, ADDRESS AND TI	ELEPHONE	NUMBER
4. POLICY NUMBER 5. GR	ROUP CODE	6. ARE YOU	ELIGIBLE FOR MEDIC	AID?		
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL IN		 ES	7A. EFFECTIVE DAT	E (<i>mm/dd/yyyy</i>)	YES	NO
8. ARE YOU ENROLLED IN MEDICARE HOSPITAL IN	ISURANCE PART B?		8A. EFFECTIVE DAT	E (<i>mm/dd/yyyy</i>)		
9. NAME EXACTLY AS IT APPEARS ON YOUR MEDIC			10. MEDICARE CLAII	M NUMBER		
	SECTION				_	
1. VETERAN'S EMPLOYMENT	SECTION		1A. COMPANY NAME		LEPHONE	NUMBER
STATUS (check one) FULL TIME	NOT EMPLOYED	retirement				
2. SPOUSE'S EMPLOYMENT	RETIRED (mm/dd/		2A. COMPANY NAME	, ADDRESS AND TE	ELEPHONE	NUMBER
STATUS (check one) FULL TIME If employed or retired, PART TIME complete item 2A	NOT EMPLOYED RETIRED Date of (mm/dd/	(retirement				
1	IV - PAPERWORK R		ACT AND PRIV		ORMAT	TION
The Paperwork Reduction Act of 1995 require Paperwork Reduction Act of 1995. We may n number. We anticipate that the time expended gather the necessary facts and fill out the form	es us to notify you that this not conduct or sponsor, and by all individuals who mu	s information co d you are not rec	llection is in accorda	nce with the clear a collection of int	rance requ	irements of Section 3507 of the unless it displays a valid OMB
Privacy Act Information: VA is asking you eligibility for medical benefits. Information y as permitted by law. VA may make a "routine Notice of Privacy Practices. Providing the requ of your request for health care benefits. Failur your Social Security Number, VA will use it to benefits and their records, and for other purpos	to provide the information ou supply may be verified use" disclosure of the infor- uested information is volue e to furnish the information o administer your VA benc	through a comportation as outling ntary, but if any n will not have a efits. VA may a	outer-matching progr ined in the Privacy A or all of the request any effect on any oth	am. VA may disc act systems of rece ed information is her benefits to whi	close the in ords notic not provid ich you m	nformation that you put on the form es and in accordance with the VHA led, it may delay or result in denial ay be entitled If you provide VA

Department of Veterans Affairs				SOCIA	SOCIAL SECURITY NUMBER			
	- FINAN	ICIAL DISCLOSU	RE					
Disclosure allows VA to accurately determine whether certai eligibility for other services and enrollment priority. Veterans veterans (e.g., OEF/OIF) like other veterans may answer YI enrollment and financial eligibility for cost-free medical care nonservice-connected conditions assessed.	s are not ES in Se , medica	c required to disclo ection V and comp ations, long-term c	se their fin lete Section are and be	nancial informati ons VI-IX to have eneficiary travel f	on. Re e their p for treat	cent combat riority for ment of		
Yes, I will provide my household financial information Sign and date the form in Section XI.	on for la	st calendar year.	Complete	e applicable Sect	ions VI	through IX.		
SECTION VI - DEPENDENT INFORMA	TION (L	lse a separate sh	eet for ad	ditional depend	ents)			
1. SPOUSE'S NAME (Last, First, Middle Name)	2. CHILD'S NAME (Last, First, Middle Name)							
1A. SPOUSE'S MAIDEN NAME	2A. CHILD'S RELATIONSHIP TO YOU (<i>Check one</i>)							
1B. SPOUSE'S SOCIAL SECURITY NUMBER	2B. CHILD'S SOCIAL SECURITY NUMBER 2C. DATE CHILD BECAME YOUR DEPENDENT (mm/dd/yyyy)							
1C. SPOUSE'S DATE OF BIRTH (<i>mm/dd/yyyy</i>) 1D. DATE OF MARRIAGE (<i>mm/d</i>	2D. CHILD'S DATE OF BIRTH (<i>mm/dd/yyyy</i>)							
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (Street, City, State, ZIP)		2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18?						
		2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? YES YES NO 2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL						
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, EN THE AMOUNT YOU CONTRIBUTED TO THEIR SUPPORT	NTER	REHABILITATION C		NDENT CHILD FOR COI e.g., tuition, books, n	,			
	SPOUSE \$ CHILD \$ \$							
SECTION VII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN (Use a seperate sheet for additional dependents)								
		VETERAN	:	SPOUSE		CHILD 1		
1. GROSS ANNUAL INCOME FROM EMPLOYMENT (eg., wages, bonuses, tips, etc.) EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS.	\$		\$		\$			
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS.	\$		\$		\$			
3. LIST OTHER INCOME AMOUNTS (e.g., Social Security, compensation, pension, interest, dividends). EXCLUDING WELFARE.	\$		\$		\$			
SECTION VIII - PREVIOUS 1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE								
medications, Medicare, health insurance, hospital and nursing home) VA w may claim.	vill calcula	ate a deductible and the	e net medical	expenses you	\$			
 AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSE enter spouse or child's information in Section VI.) 	JR DECEASED SPOUSE (NT CHILD (Also	\$				
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES (<i>e.g., tuition, books, fees, materials</i>) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.					\$			
SECTION IX - PREVIOUS CALENDAR YEAR N	ET WOF	RTH (Use a separa	ate sheet	for additional de	epende	nts)		
		VETE	RAN	SPOUSE		CHILD 1		
1. CASH, AMOUNT IN BANK ACCOUNTS (e.g., checking and savings accounts, certificates deposit, individual retirement accounts, stocks and bonds.)		of \$		\$		\$		
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. (e.g., second homes and non-income producing property.) DO NOT INCLUDE YOUR PRIMARY HOME.		\$		\$		\$		
3. VALUE OF OTHER PROPERTY OR ASSETS (e.g., art, rare coins, collectables) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. Exclude household effects and family vehicles.		\$	\$			\$		
		ENT TO COPAYM			4 37.4	· > 1		
If you are a 0% SC veteran and do not receive VA monetary benefits or a N household income (or combined income and net worth) exceeds the establis copays for treatment of your NSC conditions. If you are such a veteran by law.	hed thresh	old, this application w	ill be conside	ered for enrollment, b	out only if	you agree to pay VA		
SECTION XI		GNMENT OF BEN						
I understand that pursuant to 38 U.S.C. Section 1729, VA is authorized to re VA medical care or services furnished or provided to me. I hereby authorize under my spouse's HP) that is responsible for payment of the charges for my	payment	directly to VA from an	y HP under v	which I am covered (including			
ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS ON WHO CAN SIGN ON BEHALF OF THE VETERAN.								
SIGNATURE OF APPLICANT					DATE (n	nm/dd/yyyy)		
						DAGE 0		