



VA DATE STAMP  
(DO NOT WRITE IN THIS SPACE)

**VA/DOD JOINT DISABILITY EVALUATION BOARD CLAIM**

IMPORTANT - Please read the Privacy Act and Respondent Burden on the back before completing the form.

**Section I: To be completed by Military Treatment Facility referring Service member to Disability Evaluation System (DES)**

SERVICE MEMBER NAME (First, middle, last)		GRADE	
COMPONENT		UNIT ADDRESS	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM,DD,YYYY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME AND PHONE NUMBER OF ASSIGNED PHYSICAL EVALUATION BOARD LIAISON OFFICER (PEBLO) <i>(First, MI, Last)</i>		NAME OF REFERRING MILITARY TREATMENT FACILITY (MTF)	DATE OF REFERRAL TO MEDICAL EVALUATION BOARD (MEB) (MM,DD,YYYY)
Include Area Code			
MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATION <i>(List only conditions referred by physician):</i>			
PREPARED BY		DATE PREPARED	

**Section II: Tell us about yourself. Please provide a contact name and address. If you are on Temporary Duty, please indicate that on the VA Form 21-4138, Statement in Support of Claim available on the internet at [www.va.gov/vaforms](http://www.va.gov/vaforms)**

1. WHAT IS YOUR ADDRESS? Street address, rural route, or P.O. Box _____ Apt. number _____ City _____ State _____ ZIP Code _____ Country _____		2. WHAT ARE YOUR TELEPHONE NUMBERS? <i>(Include Area Code)</i> Daytime _____ Evening _____ Cell phone _____	
3. WHAT IS YOUR E-MAIL ADDRESS <i>(If applicable)</i>			
4. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," provide file number)</i> _____ <i>(VA File Number)</i>		5. POINT OF CONTACT NAME AND ADDRESS	
6a. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> Yes <i>(If "Yes," go to Item 6b)</i> <input type="checkbox"/> No <i>(If "No," go to Item 7)</i>		6b. PLEASE LIST OTHER NAME(S) YOU SERVED UNDER	
7. I ENTERED THIS CURRENT PERIOD OF ACTIVE SERVICE ON _____ / _____ / _____ mo    day    yr		8. PLACE OF ENTRY	

**Section III: Tell us about your military service. Enter complete information for your service. Tell us about your reserve duty or National Guard Duty**

9. ARE YOU CURRENTLY ASSIGNED TO AN ACTIVE RESERVE UNIT OR NATIONAL GUARD UNIT? <input type="checkbox"/> Yes <i>(If "Yes," provide date of activation below)</i> <input type="checkbox"/> No _____ / _____ / _____ mo    day    yr		10a. WHAT IS THE NAME AND MAILING ADDRESS OF YOUR CURRENT UNIT?	10b. WHAT IS THE TELEPHONE NUMBER OF YOUR CURRENT UNIT? <i>(Include Area Code)</i> (    )
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11. ADDITIONAL CONDITIONS - (Do you have any disabling conditions, other than those referred for the fitness for duty determination, that you feel were incurred in or aggravated by, your active military service? Please list those disabilities below.) (If you need additional space, please use VA Form 21-4138, Statement in Support of Claim available at [www.va.gov/vaforms](http://www.va.gov/vaforms))

12. DO YOU HAVE DEPENDENTS?

YES  NO (If "Yes," please complete VA Form 21-686c, Declaration of Status of Dependents, available at [www.va.gov/vaforms](http://www.va.gov/vaforms))

**Section IV: MILITARY RETIRED PAY**

IMPORTANT - Unless you check the box in Item 13 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by the amount of any compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. If you receive both military retired pay and VA compensation, some of the amount you get may be recouped by VA, or in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

13.  No I do not want VA compensation in lieu of military retired pay.

**Section V: DIRECT DEPOSIT INFORMATION**

Generally, all Federal payments are required to be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 14, 15 and 16 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 14. The Treasury Department is working to make bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

14. ACCOUNT NUMBER (Please check the appropriate box and provide the account number, if applicable)

Checking \_\_\_\_\_  Savings \_\_\_\_\_

I certify that I do not have an account with a financial institution or certified payment agent

15. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

16. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

**Section VI: CERTIFICATIONS AND SIGNATURE**

I certify and authorize the release of information.  
I certify that the statements in this document are true and complete to the best of my knowledge.

17. YOUR SIGNATURE (Do NOT print)

18. DATE SIGNED

**Section VII: WITNESSES TO SIGNATURE**

19a. SIGNATURE OF WITNESS (If claimant signed above using an "X")

19b. PRINTED NAME AND ADDRESS OF WITNESS

20a. SIGNATURE OF WITNESS (If claimant signed above using an "X")

20b. PRINTED NAME AND ADDRESS OF WITNESS

**PRIVACY ACT NOTICE:** The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses 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. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: 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:** 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 30 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.