



Indiana Department of Veterans Affairs

302 West Washington Street Room E120

Indianapolis, IN 46204

Office (317)-232-3910- Fax (317)-232-7721)

<http://www.in.gov/dva/>

Survivor (Widow) Pension

- 1) Please see back cover for basic eligibility
- 2) Provide the veteran's Form DD 214 (Discharge Papers)
- 3) Complete ALL the information requested in this booklet.
- 4) Complete booklet-gather supporting documents & contact:

Hamilton County Veteran Services

Lynn Epperson

County Veteran Service Officer

1 Hamilton Sq, Suite 179

Noblesville, IN 46060

Office: 317-776-9600

FAX: 317-776-8525

Email:

lynn.epperson@hamiltoncounty.in.gov



SECTION 1 - Veteran's Information

Veteran's Name: _____

Veteran's SSN: _____

Veteran's Date of Birth: _____
Month / Day / Year

Veteran's Place of Birth: _____
(City and State)

Has the veteran ever filed a claim with the VA?

Y / N (Circle One)

If YES, what is the VA File #? _____

**** Please provide a copy of the veteran's Death Certificate ****

SECTION 2 - Widow's Information

Widow's Name: _____

Widow's Date of Birth: _____
Month / Day / Year

Widow's Place of Birth: _____ (City/State)

Widow's Social Security# : _____

Widow's Current Address: _____

() _____
Daytime Phone

() _____
Evening Phone

SECTION 3 - Marriage Information

Please provide a copy of the Marriage Certificate
for your marriage to the veteran

How many times was the veteran married?: _____
If more than one, Please go to Previous Marriage(s) (below)

How many times were you married?: _____
If more than one, Please go to Previous Marriage(s) (below)

Previous Marriage(s)

For **ALL** of the veteran's **previous** marriages, **AND**
the veteran's widow's **previous** marriages, PLEASE PROVIDE:

- 1) Previous Spouse's Name
- 2) Date & Place Marriage was Terminated
- 3) Date & Place of Marriage
- 4) Reason the Marriage Ended (ex. Death or Divorce)

****Please list all the above information on a separate sheet of paper****

Did you re-marry since the veterans death? Y / N (Circle One)

SECTION 4 - Dependent Children

Do you have any children:

- Under the age of 18 Y / N {Circle One}
- 18 to 23 yrs. old and in school Y / N {Circle One}
- Permanently Disabled (before age 18) Y / N {Circle One}

**If YES to ANY of the above, please provide the child's:
NAME, BIRTH CERTIFICATE, ADDRESS & SOCIAL SECURITY NUMBER**

****Provide this information on a separate sheet of paper****

SECTION 5 - Employment

Are you currently employed? **Y** / **N** (Circle One)

Employer Name: _____

Street Address: _____

City, State, Zip _____

Phone Number: _____

SECTION 6 - Service Connected Death

A Service Connected Death for Dependency Indemnity Compensation is determined if the veteran's death meets either A, B or C below
(please circle one if it applies)

- A) The veteran's cause of death was the result of a VA rated Service Connected Disability, or from a condition that *could/should* have been a Service Connected Disability
- B) The veteran was receiving (or was entitled to receive) a VA Service Connected Disability rated at 100%:
- For at least 10 years immediately before death, **OR**
 - Since the Veteran's release from active duty and for at least five years immediately preceding death, OR
 - For at least one year before death if the Veteran was a former prisoner of war who died after September 30, 1999
- C) The veteran died while on active duty, active duty for training, or inactive duty training

If Not Claiming Service Connection with cause of death, skip to next section

SECTION 7 - Medical

Are you housebound? Y / N (Circle One)
(need regular assistance from others around your home)

Do you reside in a nursing home/assisted living facility: Y / N (Circle One)

Name and address of Nursing Home or Assisted Living Facility:

Name: _____

Street Address: _____

City, State, Zip _____

Phone Number: _____

Have you applied for, or are currently enrolled in, Medicaid? Y / N (Circle One)

SECTION 8 - Direct Deposit

If awarded a VA benefit, the VA will Direct Deposit your monthly award into the bank account of your choosing.

If you DO NOT have a bank account, please check the box below:
I certify that I do not have an account at a financial institution.

Please provide the following bank account information:

Bank Name: _____

Type of Account: (Circle One) Checking or Savings

Account Number: _____

Routing Number: _____

SECTION 9 - Income

Monthly <i>GROSS</i> Income:	Amount:
Social Security	
Supplemental Soc. Security (\$51)	
Social Security Disability	
U.S. Civil Service	
U.S. Railroad Retirement	
Military Retirement	
Black Lung Benefits	
Other:	
Other:	

Household Net Worth:	Amount:
Cash/Non-Interest-Bearing Accounts:	\$
Interest-Bearing Accounts:	\$
IRAs, Keogh Plans, etc.:	\$
Stocks, bonds, mutual funds:	\$
Business assets:	\$
Real property (not your home):	\$
All other property:	\$

SECTION 10 - Unreimbursed Medical Expenses

Medical Expense Paid To:	Monthly Payment
Medicare Part B	
Medicare Part D	
Health Insurance (<u>Name Com1;1any Below</u>):	
Supplemental Ins. (<u>Name Com1;1any Below</u>):	
Prescription Plan (<u>Name Com1;1any Below</u>):	
Nursing Home (<u>Name Facility Below</u>):	
Nursing Home Ins. (<u>Name Payee Below</u>):	
Medical Equipment (<u>Name Payee Below</u>):	
Other: (<u>Name Payee Below</u>):	
Other: (<u>Name Payee Below</u>):	
Other: (<u>Name Payee Below</u>):	

SURVIVOR'S PENSION ELIGIBILITY

Veteran's discharge of any kind is acceptable, EXCEPT dishonorable.

Veteran must have had **90 days or more of consecutive active military service** with at least one day during a period of war.

Veterans who entered active duty on or after Sept. 8, 1980, or Officers who entered active duty on or after Oct, 16, 1981, **need 24 months of consecutive active duty** with at least one day during a period of war.

Survivor's Pension is Payable To:

- The un-remarried surviving spouse of the veteran
- Unmarried children:
 - Under the age of 18
 - Under the age of 23 if attending VA approved school.
 - Permanently disabled before age 18

Yearly household income must be less than the amount set by Congress to qualify for the Survivors Pension benefit

Yearly household income is based on all household income minus the out of pocket medical expenses of the claimant.

Benefit not payable to those with estates large enough to provide maintenance (Net Worth \$123,600 or more Effective Oct 18, 2018).

Eligible Wartime Periods of Service

WW II - December 7, 1941- December 31, 1946

Korean Conflict - June 27, 1950 - January 31, 1955

Vietnam (In Country) - February 28, 1961- May 7, 1975

(Veteran MUST HAVE SERVED in the Republic of Vietnam)

Vietnam Era - August 5, 1964 - May 7, 1975

(Service in the Republic of Vietnam NOT REQUIRED)

Gulf War- August 2, 1990-To Be Determined