



VETERAN'S SOCIAL SECURITY NO.

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**SECTION IV - INFORMATION ON BENEFIT ENTITLEMENT AND/OR PAYMENTS** *(To be completed by employer)*

18. IS VETERAN RECEIVING OR ENTITLED TO RECEIVE, AS A RESULT OF HIS/HER EMPLOYMENT WITH YOU, SICK, RETIREMENT OR OTHER BENEFITS?

YES  NO *(If "Yes," complete Items 19 through 21C)*

19. TYPE OF BENEFIT

20. GROSS MONTHLY AMOUNT OF BENEFIT

\$

21A. DATE BENEFIT BEGAN *(MM/DD/YYYY)*

21B. DATE FIRST PAYMENT ISSUED *(MM/DD/YYYY)*

21C. DATE BENEFIT WILL STOP *(If known)*  
*(MM/DD/YYYY)*

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

22. REMARKS

**I CERTIFY THAT** the statements made in this form are true and complete to the best of my knowledge and belief.

23A. SIGNATURE OF EMPLOYER OR SUPERVISOR *(If claimant is serving in the Reserves or National Guard, then signature of unit commander or designee is **required.**) (Sign in ink)*

23B. DATE SIGNED *(MM/DD/YYYY)*

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for fraudulent acceptance of any payment to which you are not entitled.

**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 Federal 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 voluntary. The requested information is considered relevant and necessary to determine maximum benefits 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 eligibility for disability benefits based on unemployability (38 U.S.C. 1521). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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](http://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.