

Module 5 – Understanding DIC and How to Apply

Topics Covered in This Module

- Entitlement to Dependency and Indemnity Compensation – (DIC)
- DIC Rate Table
- DIC Granted Automatically
- When DIC Is Not Automatic
- Aid and Attendance or Housebound Allowances
- Sample Case



Dependency and Indemnity Compensation Rate Table

Dependency and Indemnity Compensation (DIC) for 2019
Basic Monthly Rate = \$1,319.04, with 1 Child \$1,645.81, with 2 Children \$1,972.58, etc.
Allowances: with A&A \$1,645.81, with Housebound \$1,472.12, with 8 Yrs Continuous Disabled \$1,599.13
1. Add \$280.09 for veteran's death, if veteran was in receipt of or entitled to receive Compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years. (38 U.S.C. 1311(a)(2))
2. Add the following allowance for each dependent child under age 18: Effective 12/1/14 \$326.77 per child (38 U.S.C. 1311(b))
3. If the surviving spouse is entitled to Aid and Attendance, add \$326.77. (38 U.S.C. 1311(c))
4. If the surviving spouse is entitled to Housebound, add \$153.08 (38 U.S.C. 1311(d))
5. If the surviving spouse has one or more children under the age 18 on the award, add the 2-year transitional benefit of \$282 effective, December 1, 2014 (38 U.S.C. 1311(f))

Claims Questions?

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Understanding the Different Types of DIC Claims

1. Automatic Benefit

The veteran was on claim for Disability Compensation and was married to a surviving spouse when the veteran died. The veteran did meet one of the three non-service-connected death requirements at 100% disability or TDIU above and as such the benefit should be automatically awarded based on filing VA Form 21P-534EZ for DIC.

2. The Veteran Was on Claim for Compensation and the Death Was Service Connected

The veteran was on claim for Disability Compensation and was married to a surviving spouse when the veteran died. The veteran did not meet any of the requirements for non-service-connected death for the automatic benefit of total disability, but the death certificate shows that the service-connected disability was the primary or contributory cause to the death.

3. The Veteran Was Receiving Compensation but the Death Certificate Was Deficient

The veteran was on claim for Disability Compensation and was married to a surviving spouse when the veteran died. The veteran did not meet any of the requirements for non-service-connected death for the automatic benefit of total disability. The service-connected disability was the primary or contributory cause to the death. However the death certificate fails to identify the service-connected disability as a cause of death.

4. The Veteran was not on Claim for Compensation but Death Was Service-Connected

The veteran was not on claim for Disability Compensation and was married to a surviving spouse when the veteran died. A claim for Disability Compensation was never made while the veteran was alive, but the surviving spouse believes that the death was caused by an injury, exposure or illness incurred during service that is presumed to be service-connected. This type of claim could be very feasible if the veteran was in Vietnam and exposed to Agent Orange and died as a result of one of the presumptive conditions for Agent Orange such as type II diabetes or arteriosclerotic heart disease. However, the veteran never made claim while the veteran was alive.

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DIC Awarded Automatically



- Veteran 100% disabled or paid at 100% for at least 10 years prior to death, or 5 years from discharge or 1 year if prisoner of war or the veteran's death was due to or proximately due to a service connection for which the veteran was receiving benefits or should have received benefits
- Submit death certificate to VA
- VA will send Form 21-534 EZ to be filled out and sent back with evidence that the spouse was married to the deceased veteran at death

Situations Where the Surviving Spouse Has No Clue He or She Is Entitled



- The Veteran was on claim but death was caused by a secondary disability for which no claim was made prior to death
- The veteran was not on claim at death, but the death certificate lists a presumptive service connected condition or secondary condition due to presumptive service connection as the primary or contributory cause of death
- The veteran was on claim and the death was service-connected, but the death certificate fails to list the service-connected cause of death
- Surviving spouse claimant submits VA Form 21-534 EZ along with veterans DD 214 and evidence of marriage
- Claimant submits evidence that the veteran was assigned or stationed at the location or dates to have been presumed entitled to service connection
- Claimant must submit doctors opinion if the death was due to secondary disability
- Claimant submits a lay statement detailing conditions leading up to the death and the belief that the death was presumptive or secondary service connected
- Claimant submits all of the available medical records detailing the presumed or secondary service connected condition which led to the veteran's death

Submitting a Claim Where the Death Certificate Is Deficient

- This is a standard form from the US Government Centers for Disease Control, but most states design their own forms based on following these guidelines
- Both immediate and contributory causes of death are to be listed on the death certificate. This form allows for 4 entries for cause of death
- Sometimes, the physician filling out the death certificate fails to list contributory causes which were a result of presumed service connection conditions or the physician is unaware of those other causes

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. _____ STATE FILE NO. _____

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) 2. SEX _____ 3. SOCIAL SECURITY NUMBER _____

4a. AGE-Last Birthday (Years) 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) 6. BIRTHPLACE (City and State or Foreign Country)

7a. RESIDENCE-STATE 7b. COUNTY 7c. CITY OR TOWN

7d. STREET AND NUMBER 7e. APT. NO. 7f. ZIP CODE 7g. INSIDE CITY LIMITS? Yes No

8. EVER IN US ARMED FORCES? Yes No 9. MARITAL STATUS AT TIME OF DEATH Married Married, but separated Widowed Divorced Never Married Unknown 10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

11. FATHER'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

13a. INFORMANT'S NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing home/ long term care facility Decedent's home Other (Specify): _____

15. FACILITY NAME (If not institution, give street & number) 16. CITY OR TOWN, STATE, AND ZIP CODE 17. COUNTY OF DEATH

18. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Removal from State Other (Specify): _____ 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

20. LOCATION-CITY, TOWN, AND STATE 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER (Of Licensee)

24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD _____

26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER _____ 28. DATE SIGNED (Mo/Day/Yr)

29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell out month) 30. ACTUAL OR PRESUMED TIME OF DEATH _____ 31. WAS MEDICAL EXAMINER OR OTHER HEALTH CARE PROVIDER CONTACTED? Yes No

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of) _____

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease, injury, or condition that initiated the chain of events resulting in death) **LAST** b. _____ Due to (or as a consequence of) _____

c. _____ Due to (or as a consequence of) _____

d. _____

33. WAS AN AUTOPSY PERFORMED? Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NAME OF DECEDENT
To Be Completed/verified By:
FUNERAL DIRECTOR

Claims Questions?

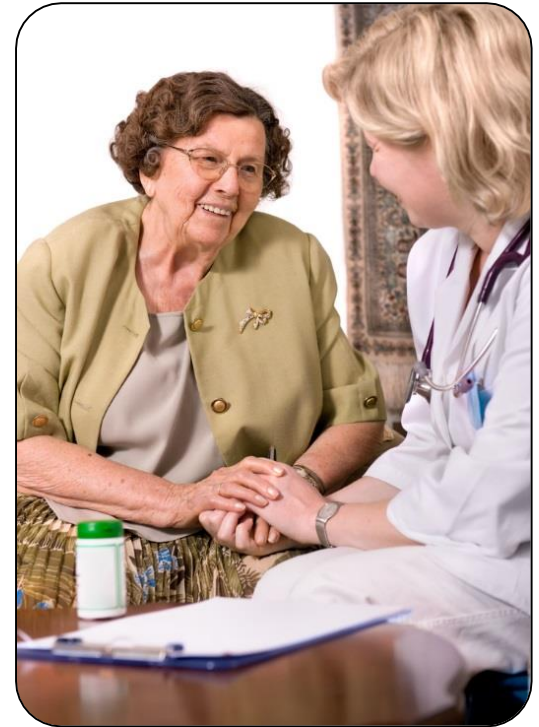
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SERVICE ALLIANCE

Aid and Attendance or Housebound Allowances with DIC

- Very few DIC recipients know about these additional allowances
- Basic DIC monthly rate for 2019 is \$1,319.04
- If the recipient is housebound, VA will pay an additional \$153.08 a month for a total of \$1,472.12
- If the recipient is in need of aid and attendance, VA will pay an additional \$326.77 a month for a total of \$1,645.81
- Use VA Form 21-2680 for evidence of either aid and attendance or housebound
- For additional aid and attendance evidence it helps to use a Care Provider Statement



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