

Stakeholder Enterprise Portal Training

ND CVSO Fall Training Conference

You are here

We are here
to help you
achieve
your goals



VETERANS BENEFITS ADMINISTRATION

October 08, 2014



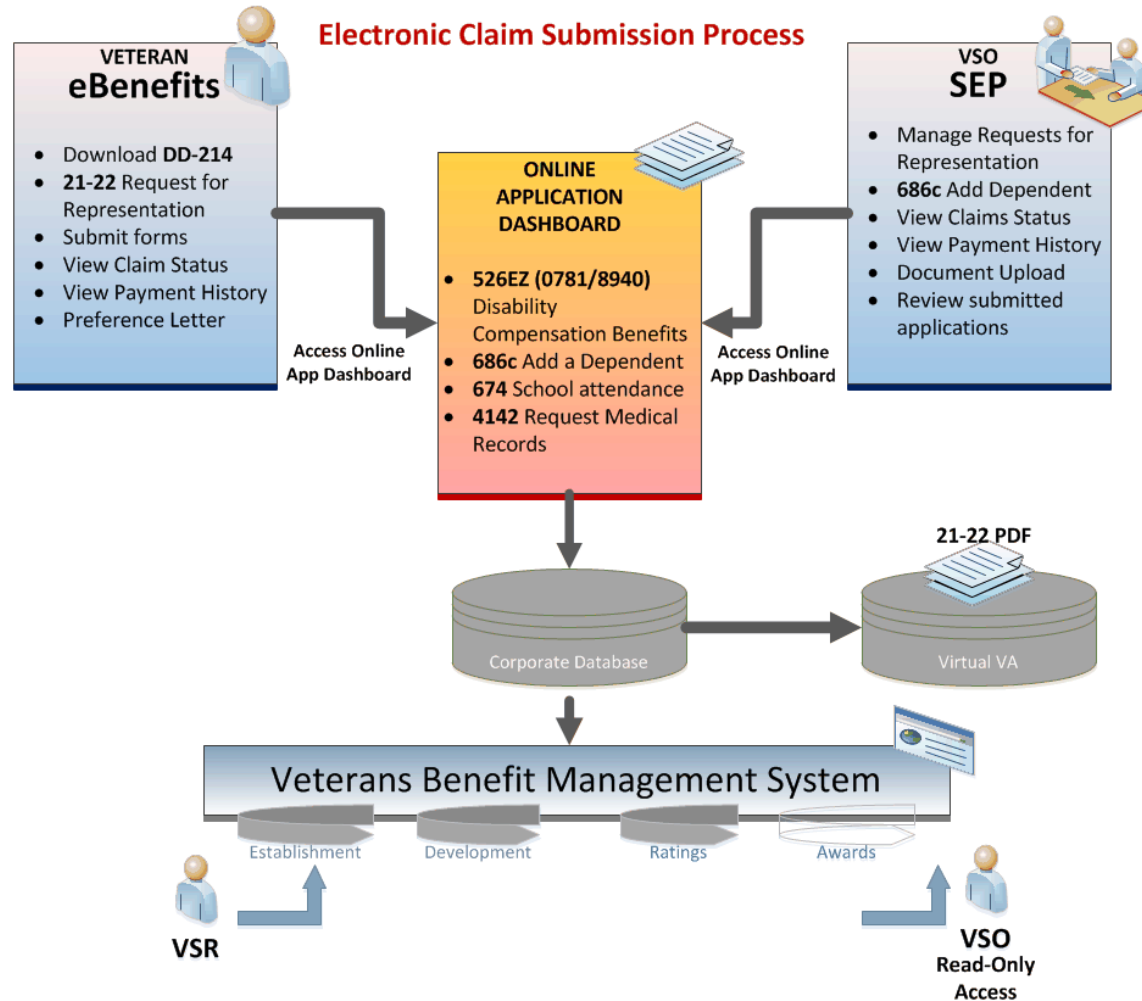
U.S. Department
of Veterans Affairs

Stakeholder Enterprise Portal Training Agenda

- ***Introduction & Overview***
- ***Unauthenticated Chat with a Representative***
- ***Registration***
- ***526EZ: Disability Benefit Application***
- ***Points of Contact***



Stakeholder Enterprise Portal Training



Stakeholder Enterprise Portal Overview



- Secure web-based (Internet) portal
- URL: www.sep.va.gov
- Electronic way of doing business with the VA
- Users are external business partners who support Veterans
 - Veterans Service Organizations





Current Features Available:

- *Prepare and SUBMIT the integrated VA form 21-526EZ via SEP*
- *Unauthenticated Chat with a Representative*
- *Notify Veteran of 21-22 Accept and Decline decision*
- *Master Veteran Index (MVI) integration*
- Manage VA form 21-22, Request for Representation (Power of Attorney)
- **Submit** the VA forms 686c and 674
- SEP Representative Work Queue
- View claim status and payment history
- Upload supporting evidence



Features Coming Fall/Winter 2014:

- Enhance the SEP Registration Process
- Notification of Rules Based Processing System Manually Processing a VA Form 686c Application
- Notification of Disability Application Expiration
- ***Authenticated Chat with a Representative***
- Increase in size of documents that can be uploaded

Stakeholder Enterprise Portal Overview

User Guides and Knowledge Management Tool

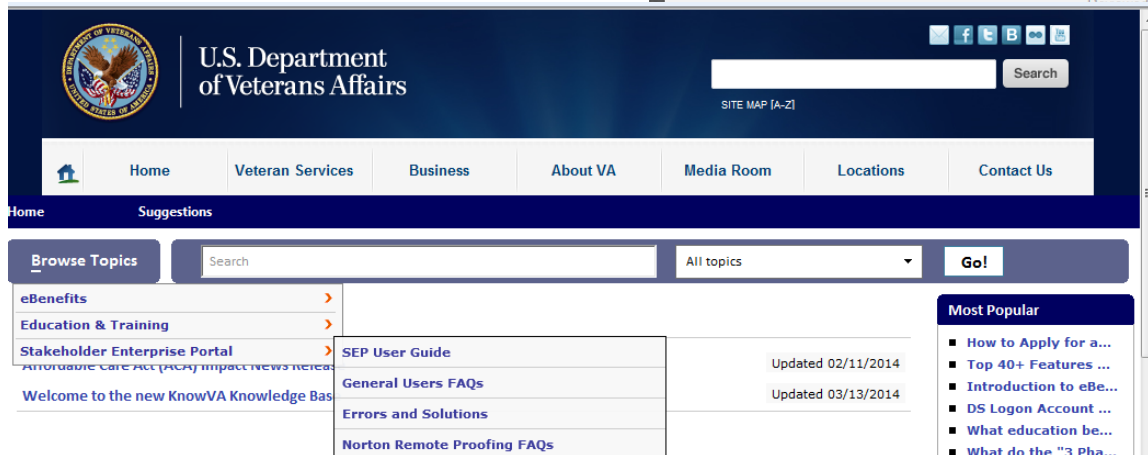


User Guides

- Easy take with you guides in .pdf format

Knowledge Management Tool (KnowVA)

- Updated in real time with new features



These tools offer self service assistance with SEP 24/7.

Easy access from the SEP home page without having to register or log in.

Help the VA meet the 125 days/ 98% Goal!!

- Become knowledgeable in how the VA is transforming
- Transition from paper to electronic ***Faster Faster Faster!***
- Continue submitting more Fully Develop Claims (FDC).... ***ONLINE***
- Embrace the culture change the VA is rapidly going through

Let's give the Veterans the Benefits they Deserve!!

SEP

Unauthenticated Chat with an Agent

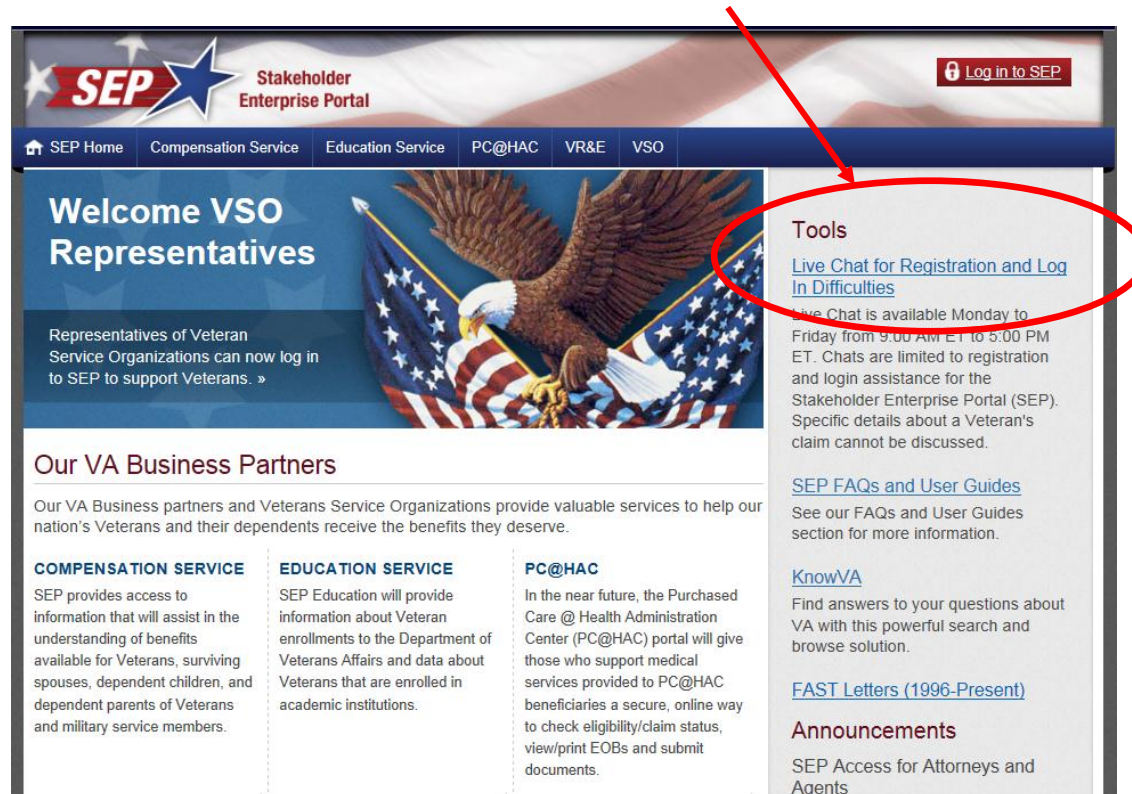
How to Chat With a National Call Center Agent On SEP



SEP

Unauthenticated Chat with an Agent

1. When an SEP user is on the SEP home page, the user will be able to initiate a chat session with a National Call Center agent to receive assistance.
2. To access Chat, click on “Live Chat for Registration and Log In Difficulties.”



SEP

Unauthenticated Chat with an Agent

3. A separate chat box will appear.
4. Enter your name and question in the fields. Then, click 'Start Chat'.
5. A Chat Agent will receive the message and initiate contact.

eGain Chat - Windows Internet Explorer

U.S. Department of Veterans Affairs

Name
Betty Jackson

Your Question
I am having trouble logging in. Please help.

Disclaimer: Thank you for contacting VA. VA takes your privacy and account security very seriously yet we can't guarantee the security of information sent over the Internet. DO NOT provide any personal information, such as a Social Security number over a live chat session.

Powered By eGain

Start Chat

NOTE: Personal Identifying Information (PII) such as a social security number or date of birth cannot be entered into the chat window by the user or by the SEP chat agent.

eGain Chat - Windows Internet Explorer

U.S. Department of Veterans Affairs

Size Save Print

I am having trouble logging in. Please help.

Betty Jackson • 11:58 AM

You are now chatting with Test 0001

Test 0001 is typing a message...

1000 characters left

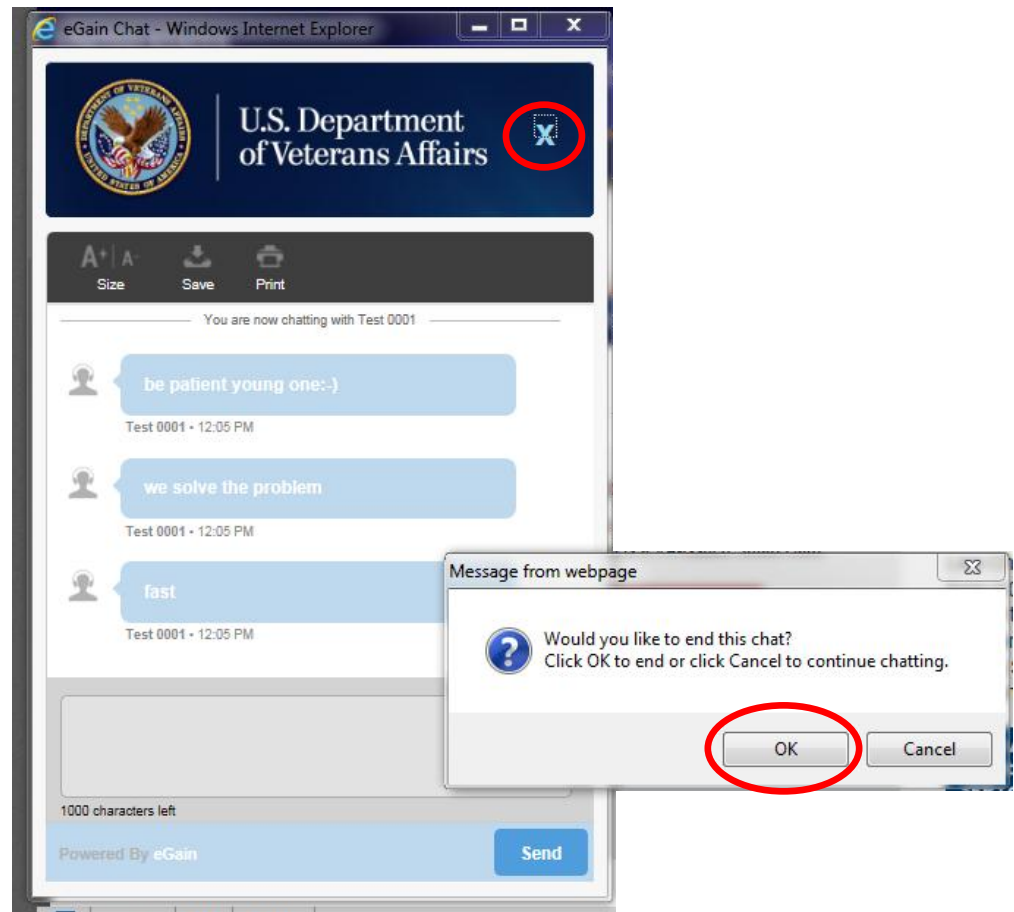
Powered By eGain

Send

SEP

Unauthenticated Chat with an Agent

6. When finished with the chat session, click the large 'X' at the top of the chat window.
7. Click OK to end the session.



SEP

Unauthenticated Chat with an Agent

8. As a final step, the user will then be asked to complete a survey and click Send.

Before exiting the chat window, a transcript of the chat can also be saved or printed.

eGain Chat - Windows Internet Explorer

U.S. Department of Veterans Affairs

Save Transcript | Print Transcript

Thank you for chatting with a VA representative. Please help us improve our services and your experience by providing us feedback on the following survey.

How useful was the information provided by your chat agent?
★★★★☆

How knowledgeable was your chat agent concerning your inquiry?
★★★★☆

How well did the chat agent address your concern?
★★★★☆

Thanks so much!

Powered By eGain

Send

SEP

Registering with a PIV card

How to Register for SEP Using your Personal Identity Verification (PIV) Card



SEP

Registering with a PIV card

Before registering for SEP with your PIV:

Please review your name in the Office of General Counsel's (OGC)

Accreditation Database

<http://www.va.gov/ogc/apps/accreditation/>.

A screenshot of the United States Department of Veterans Affairs (VA) Office of General Counsel (OGC) Accreditation Search page. The page features a dark blue header with the VA seal and navigation links: Home, Veteran Services, Business, About VA, Media Room, Locations, Contact Us, and Related Links. A search bar in the top right corner allows users to search all VA web pages. The main content area is titled "Accreditation Search" and includes a section for "Search Accredited Attorneys, Claims Agents, or Veterans Service Organizations (VSO) Representatives". Below this, a prompt asks users to choose the type of person they want to search for, with three radio button options: Attorney, Claims Agent, and VSO Representative. The form includes input fields for Last Name, First Name, City, State (a dropdown menu), and Postal Code. At the bottom of the form are "Search" and "Reset" buttons.

Your name in the database must match your PIV badge exactly (includes middle initial or name).

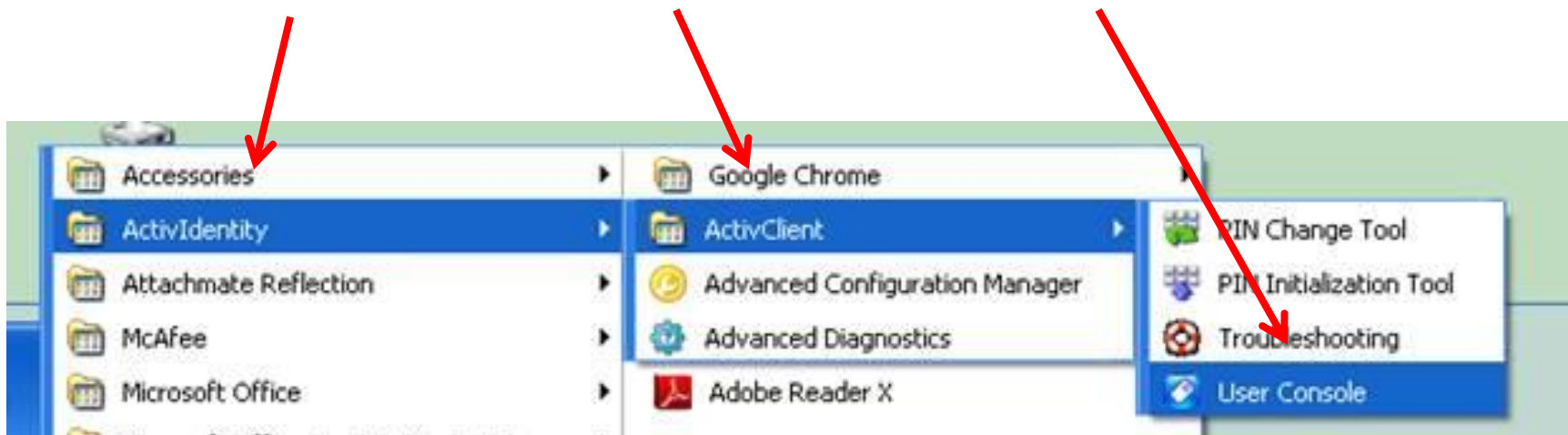
If your name is different on your PIV badge than in the OGC Accreditation Database, please send an email with the corrected information to OGCDATA.VBAVACO@va.gov. Updates take 24 hours to be reflected in the database.

SEP

Registering with a PIV card

Ensure that your PIV card works prior to starting these steps.

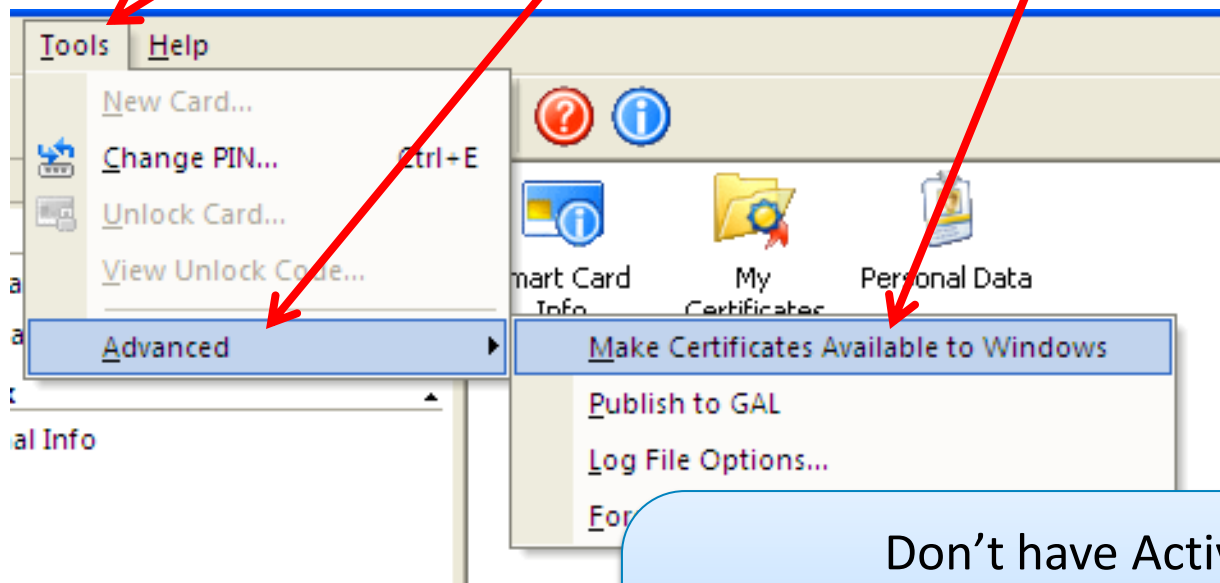
1. Insert your PIV card into card reader
2. Launch ActivClient console by selecting Start Menu → ActivIdentity → ActivClient → User Console



SEP

Registering with a PIV card

3. Select “Tools” → “Advanced” → “Make Certificates Available To Windows”



4. Close ActivClient

Don't have ActivClient?

The VA provides a Software Download at:

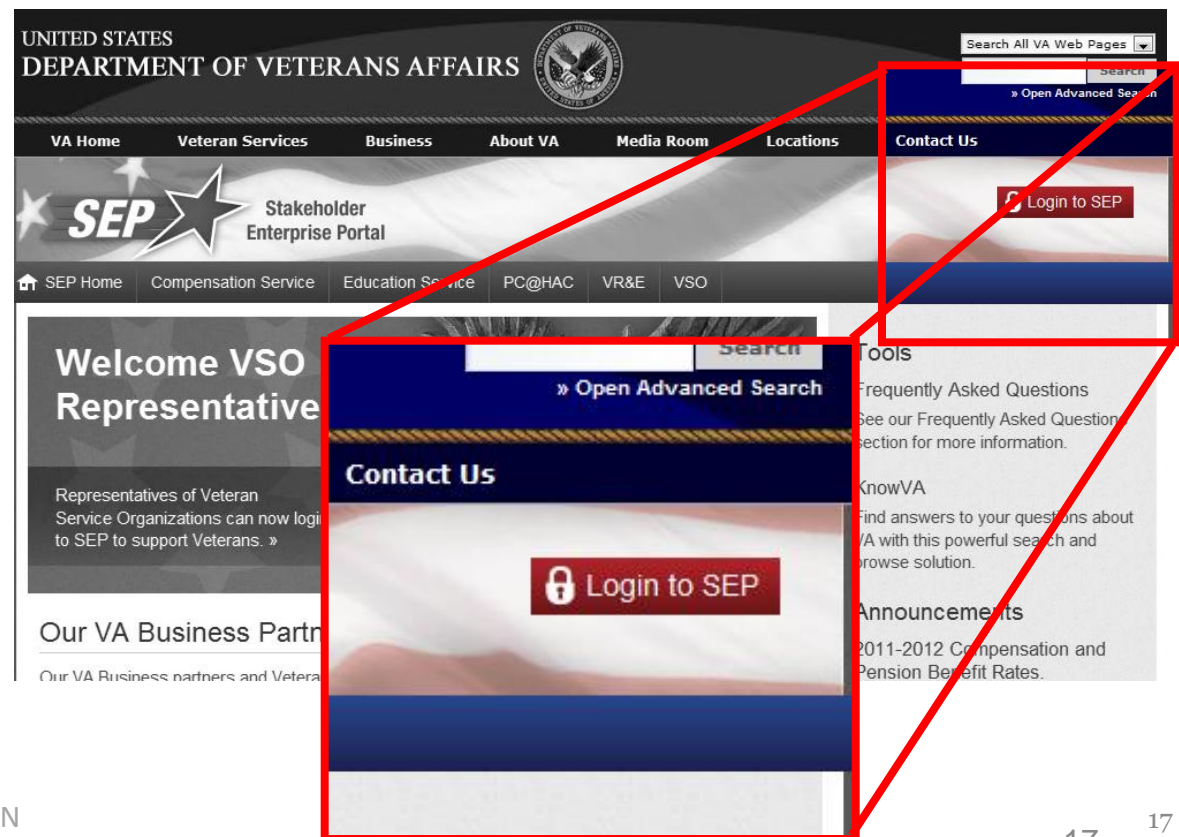
<https://rescue.vpn.va.gov>.

Scroll down to the section labeled “SMC PIV Users” and follow the instructions.

SEP

Registering with a PIV card

5. Launch your Internet browser and navigate to:
<https://www.sep.va.gov>
6. Select the
Login to SEP
button

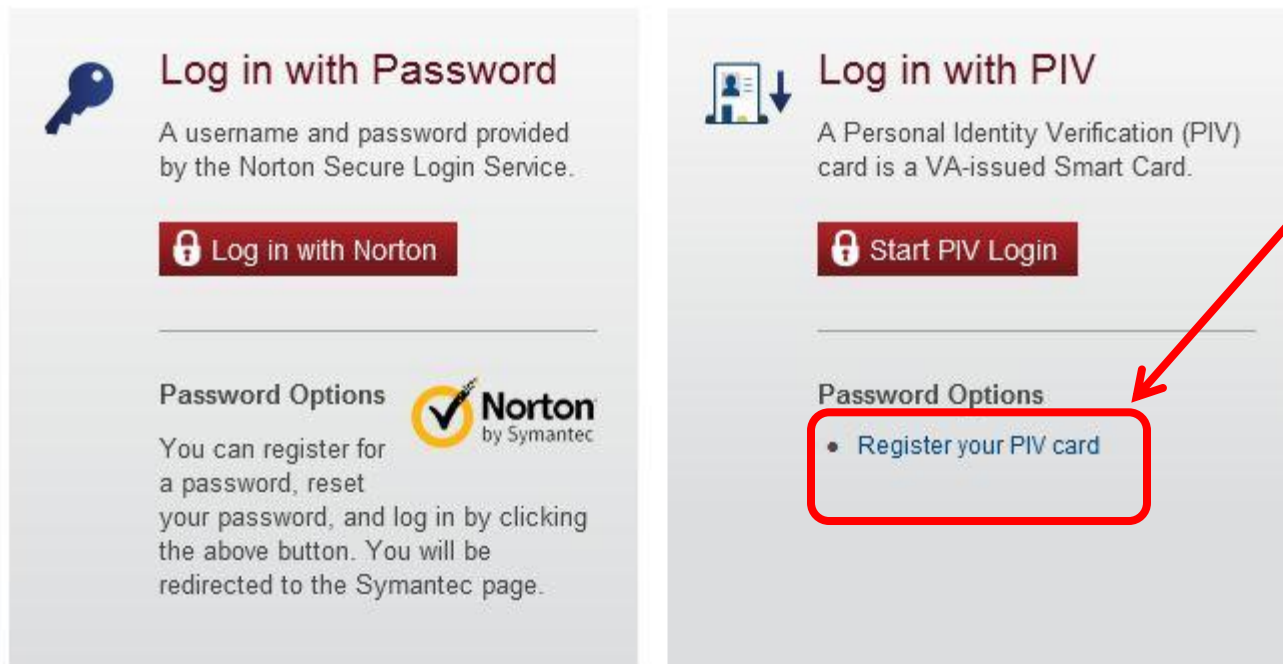


SEP

Registering with a PIV card

7. Select “Register your PIV card”

Log in to Stakeholder Enterprise Portal



The screenshot displays the login interface for the Stakeholder Enterprise Portal. It is divided into two main sections: 'Log in with Password' and 'Log in with PIV'.

Log in with Password: This section features a key icon and a description: 'A username and password provided by the Norton Secure Login Service.' Below this is a red button labeled 'Log in with Norton'. Underneath, there is a 'Password Options' section with the Norton by Symantec logo and text explaining that users can register for a password, reset it, and log in by clicking the button, which will redirect them to the Symantec page.

Log in with PIV: This section features a PIV card icon and a description: 'A Personal Identity Verification (PIV) card is a VA-issued Smart Card.' Below this is a red button labeled 'Start PIV Login'. Underneath, there is a 'Password Options' section. A red box highlights the link 'Register your PIV card', and a red arrow points to this link from the right side of the page.

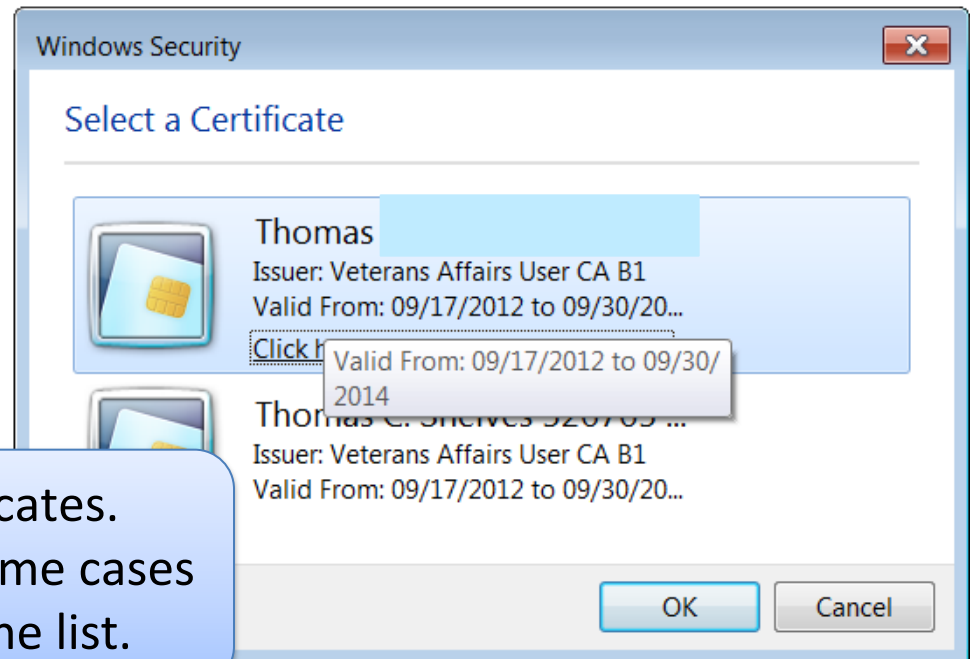
SEP

Registering with a PIV card

8. Select a certificate with:

- Valid certificate date
- PIV Authentication Key tip when hovering over your name

You might have multiple certificates. Select the current certificate; in some cases this will be the second one on the list.

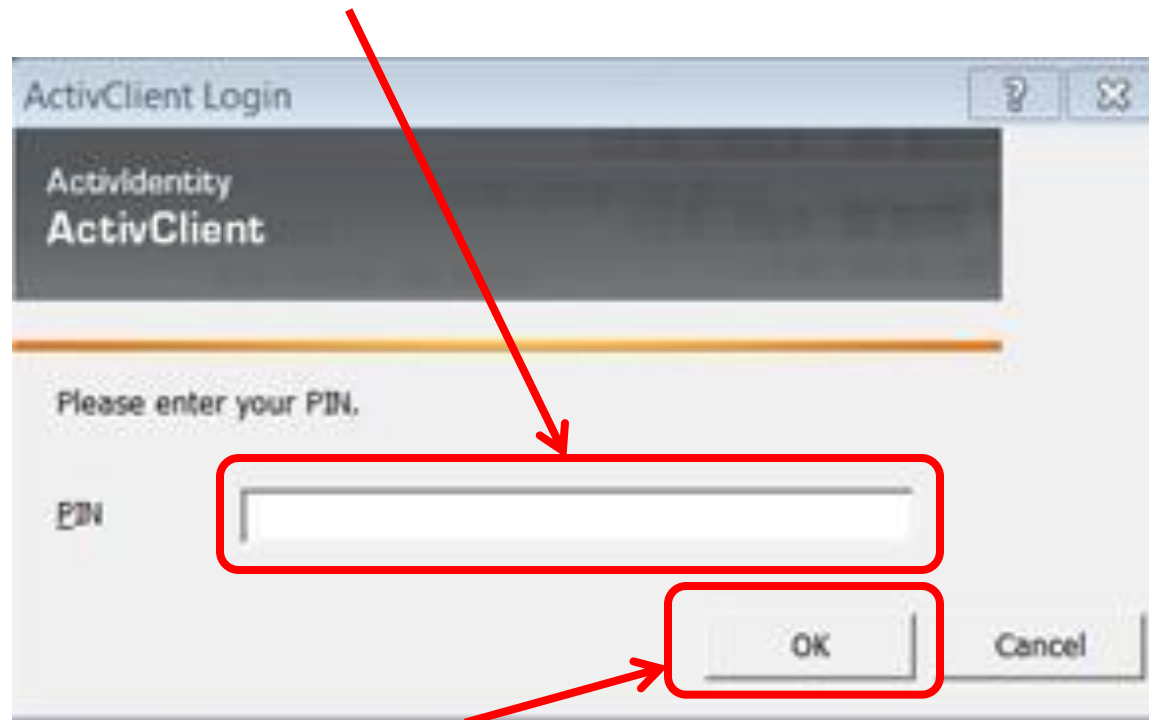


9. Select the OK button

SEP

Registering with a PIV card

10. Enter your PIV PIN



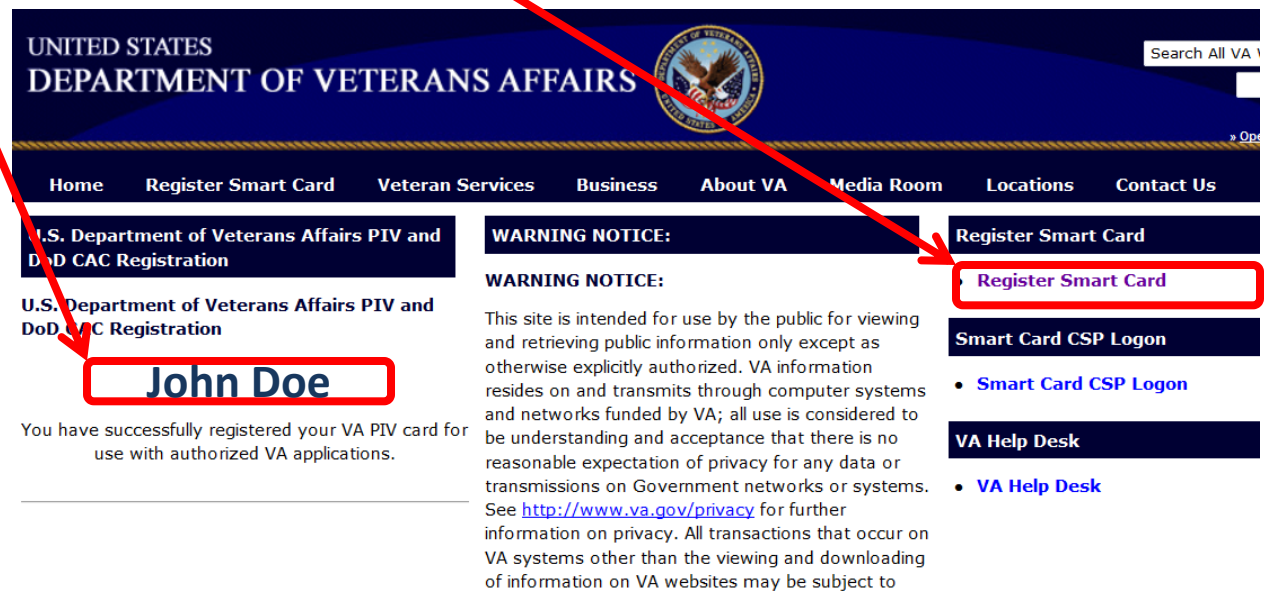
The screenshot shows the 'ActivClient Login' window. At the top, it says 'Actividentity' and 'ActivClient'. Below that, a message reads 'Please enter your PIN.' followed by a text input field labeled 'PIN'. A red arrow points from the instruction '10. Enter your PIV PIN' to the input field. Another red arrow points from the instruction '11. Select the OK button' to the 'OK' button at the bottom right of the dialog. The 'OK' button is highlighted with a red rectangle, and the 'Cancel' button is also visible next to it.

11. Select the OK button

SEP

Registering with a PIV card

12. Select “Register Smart Card” on the right-hand side of the screen.
13. Your name will appear on the left-hand side of the page with a successful message
14. Close the browser



SEP

Registering with Norton Symantec Credentials

How to Register for SEP Using Norton Symantec Level 3 Credentials

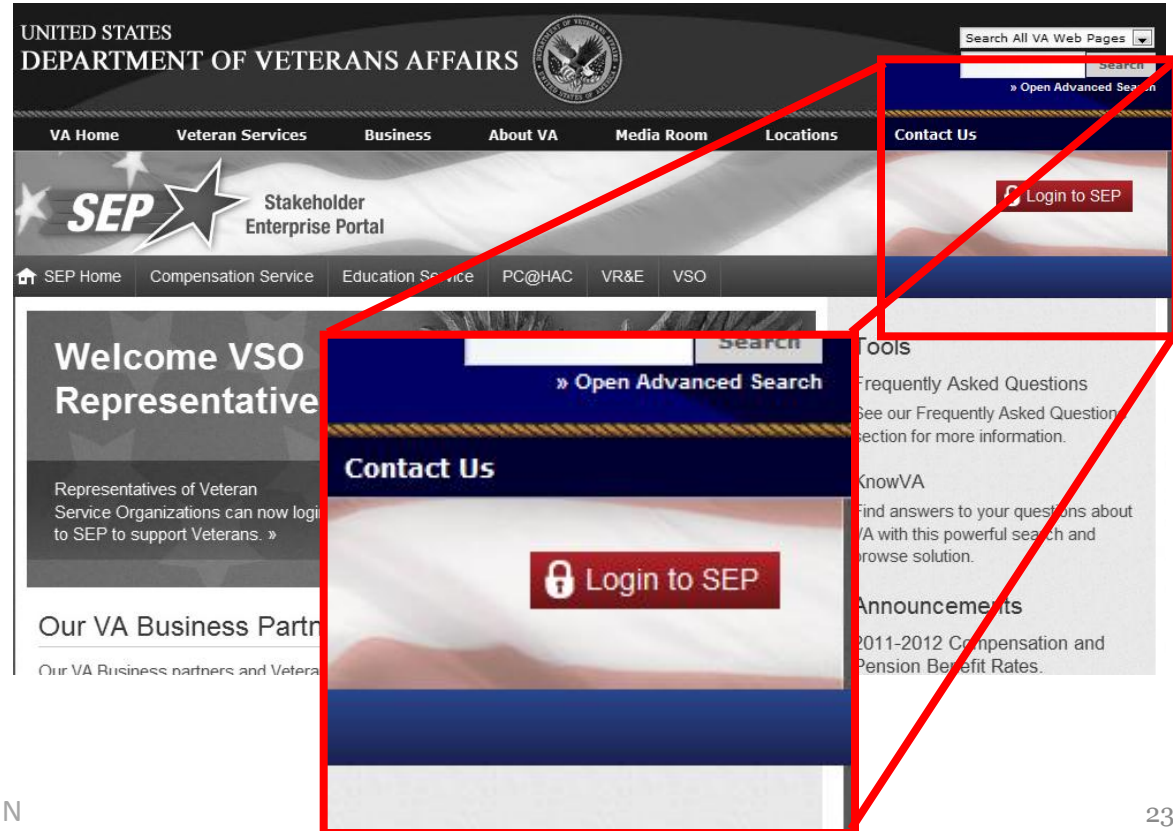


SEP

Registering with Norton Symantec Credentials

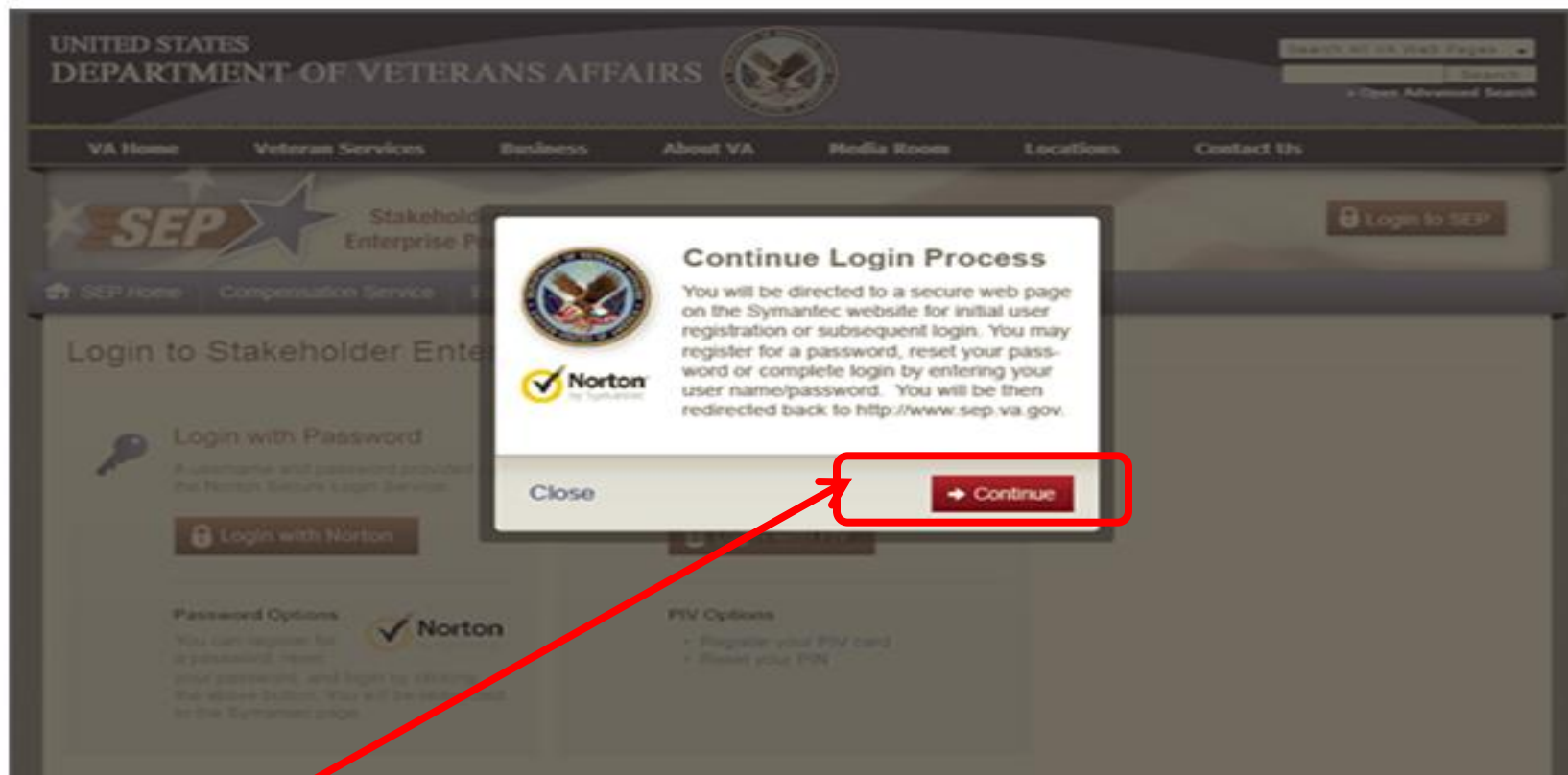
1. Launch your Internet browser and navigate to:
<https://www.sep.va.gov>
2. Select the
Login to SEP
button

You may use Internet Explorer, Google Chrome, Firefox, or Safari.



SEP

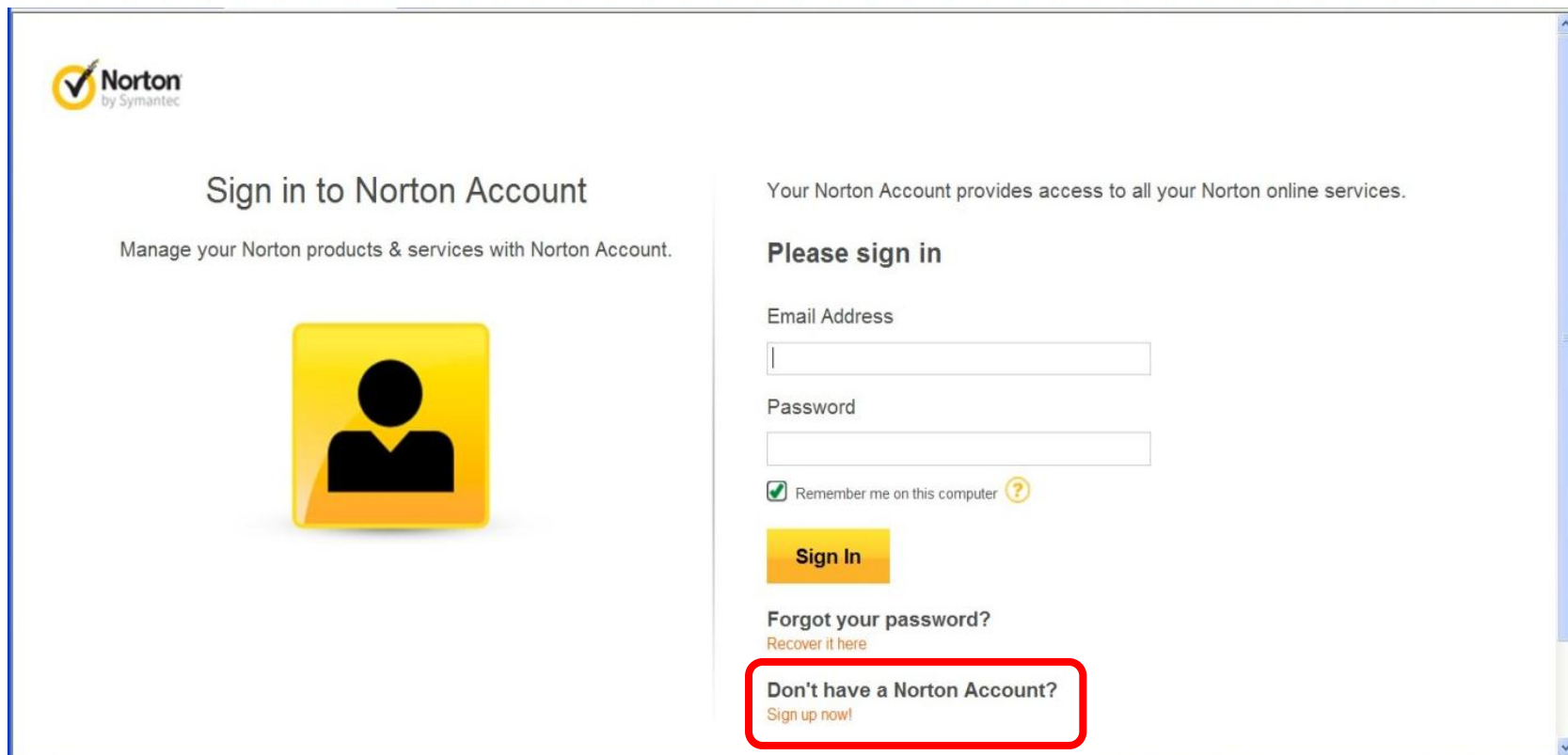
Registering with Norton Symantec Credentials



Click  to leave SEP and display the Sign in to Norton Account page.

SEP

Registering with Norton Symantec Credentials



Norton
by Symantec

Sign in to Norton Account

Manage your Norton products & services with Norton Account.

Your Norton Account provides access to all your Norton online services.

Please sign in

Email Address

Password

☒ Remember me on this computer ?

Sign In

Forgot your password?
[Recover it here](#)

Don't have a Norton Account?
[Sign up now!](#)

Click [Don't have a Norton Account?](#) to display the Norton Signup Account page.
[Sign up now!](#)
Continue with the Norton Symantec Registration Process.

SEP

Registering with Norton Symantec Credentials

Sign in to Norton Account

Manage your Norton products & services with Norton Account.



Norton Account Sign Up

Your Norton Account provides access to all your Norton online services.

* Country/Region	United States
First Name	Allan
Last Name	Veras
* Email Address	nick5@ipreputation.com
* Re-type Email Address	nick5@ipreputation.com
* Password	•••••
	Minimum 6 characters
* Re-type Password	•••••
<input checked="" type="checkbox"/> I have read and agree to the Subscriber Agreement	
<input type="checkbox"/> Email me product updates, offers, and security newsletters	

[Back](#)

Sign Up

Enter your First and Last Name, as well as a valid email address and a password that you will remember. You will use this email and password to login to SEP in the future.

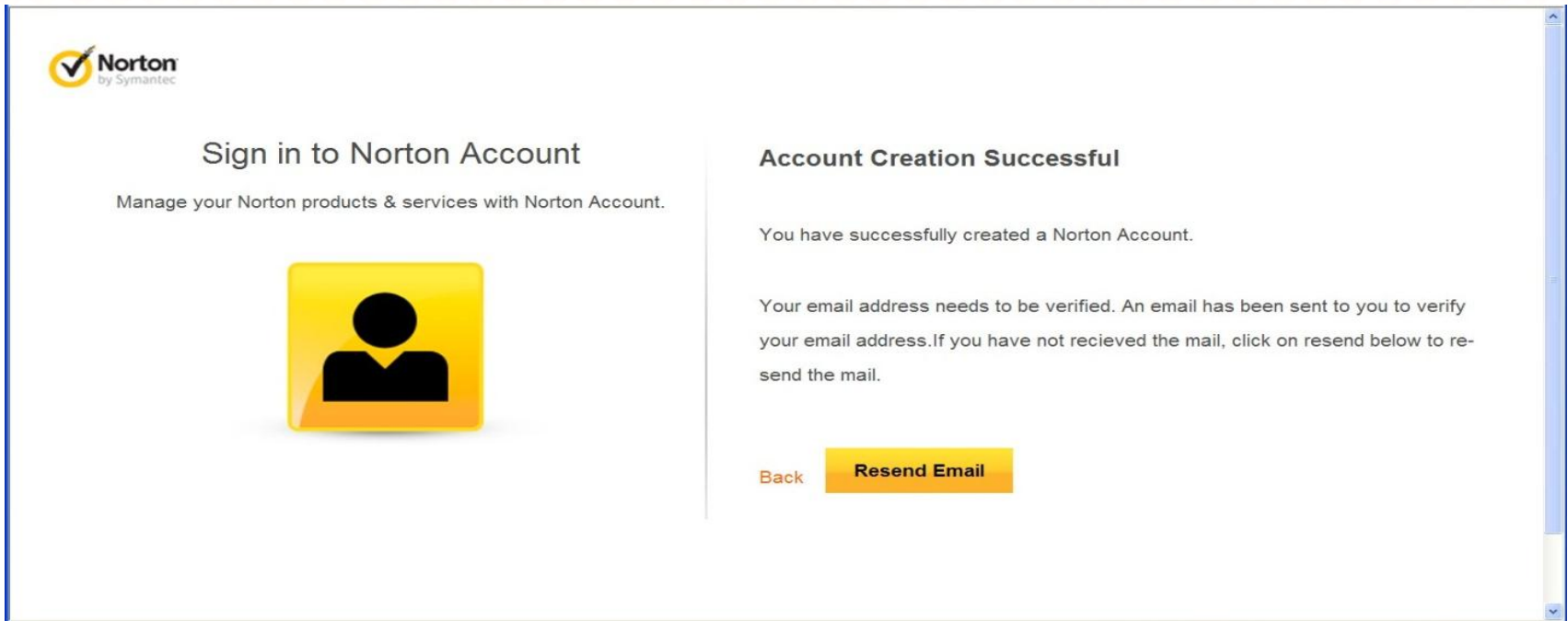
SEP


Registering with Norton Symantec Credentials

- Click **Subscriber Agreement** to display the Subscriber Agreement.
- Check ☒ I have read and agree to the **Subscriber Agreement** after you have read and agreed to the Subscriber Agreement.
- Click **Sign Up** to submit your information and to go to the ***Account Creation Successful*** page.
 - Note: Norton sends a confirmation email message to the email address entered above.
 - Note: Do Not Close the browser window. Open another browser window or tab when checking for the confirmation email.

SEP

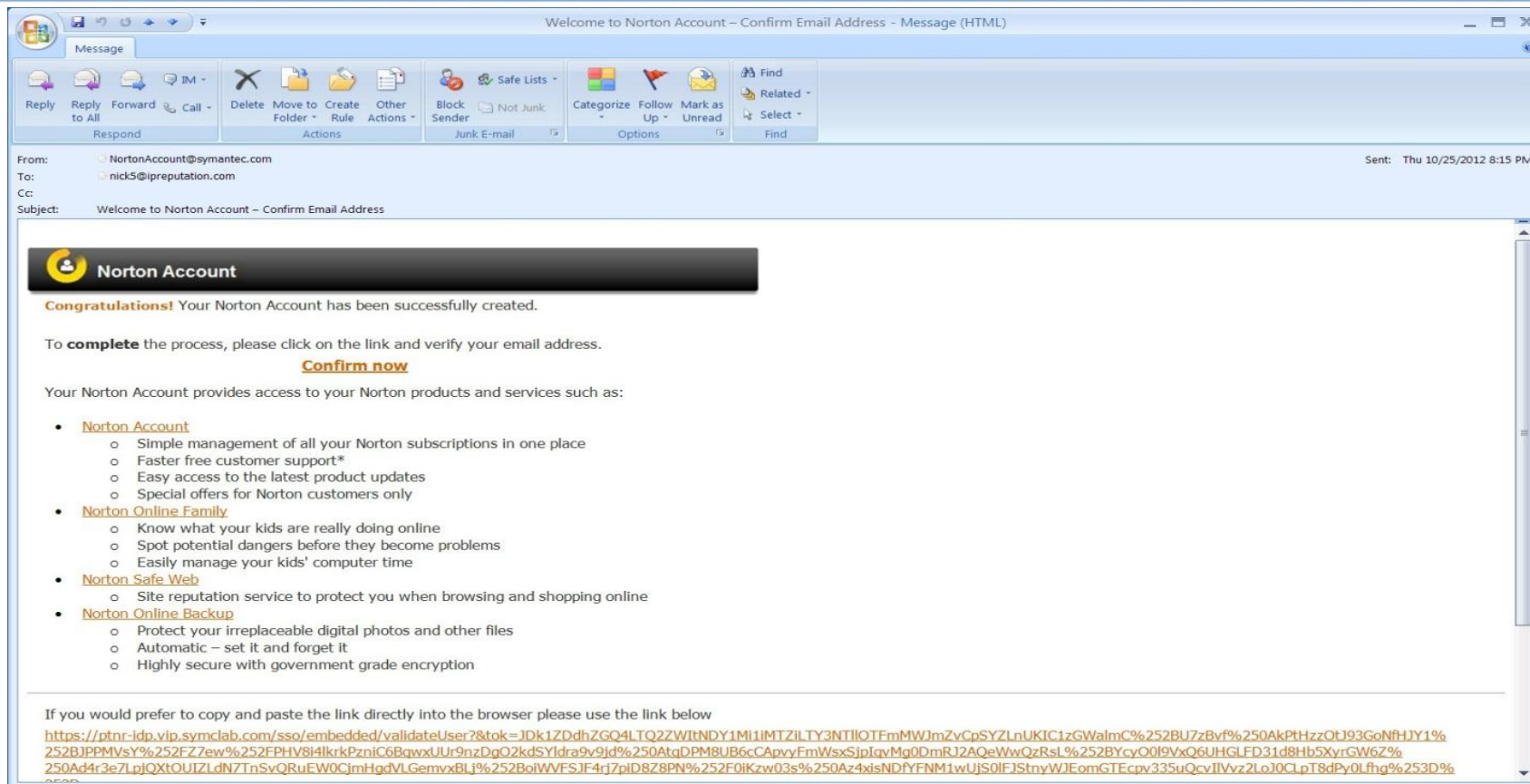
Registering with Norton Symantec Credentials



- Open another browser session and go to your email account to open the confirmation email from NortonAccount@Symantec.
 - Note: If you did not receive a confirmation email, switch browser sessions and click  to resend the confirmation email.
- Open the confirmation email once it is received.

SEP

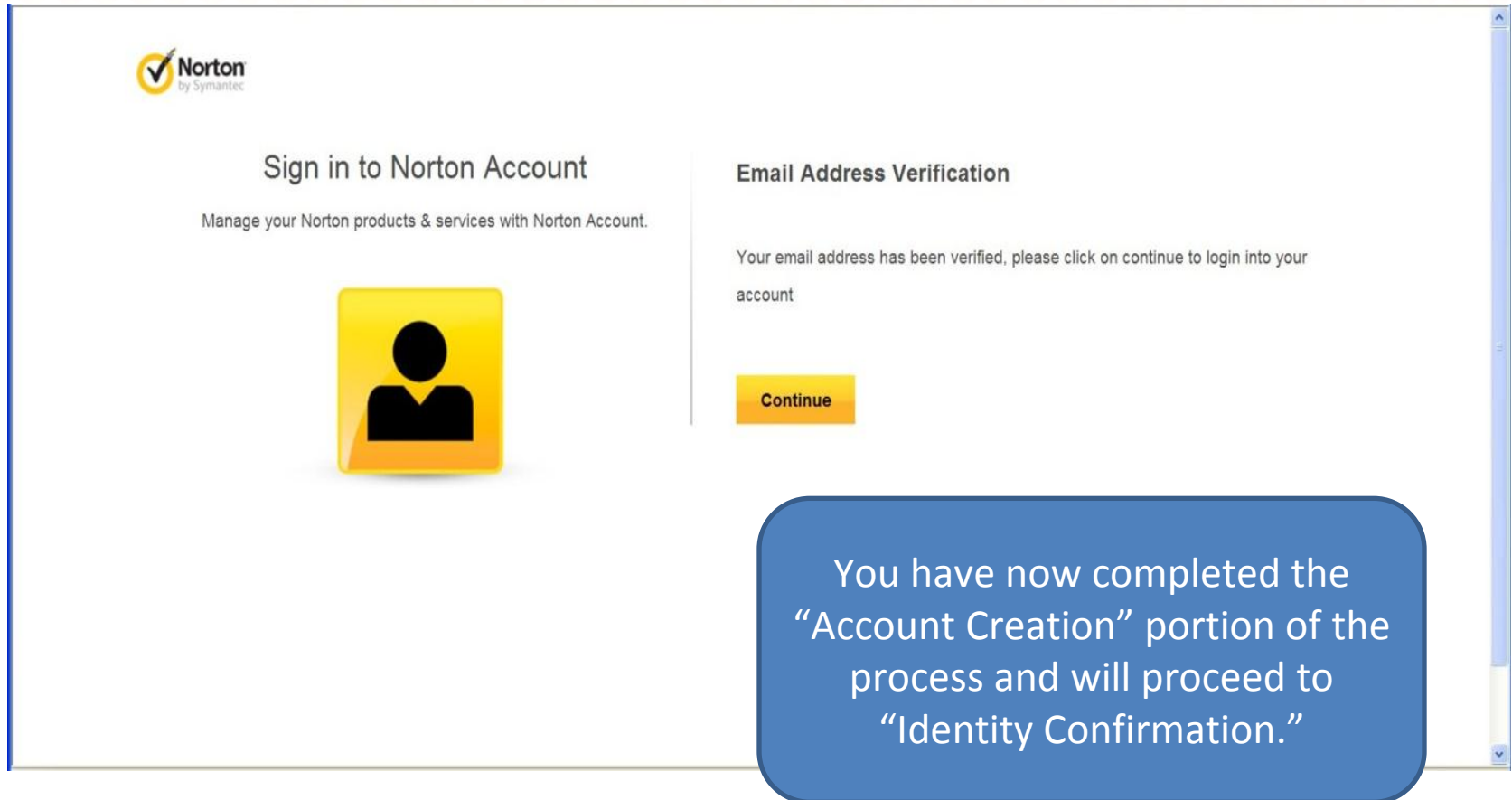
Registering with Norton Symantec Credentials



- Click **Confirm now** to confirm receipt of the Norton email.
- Switch browser sessions and return to the **Email Address Verification** page.

SEP

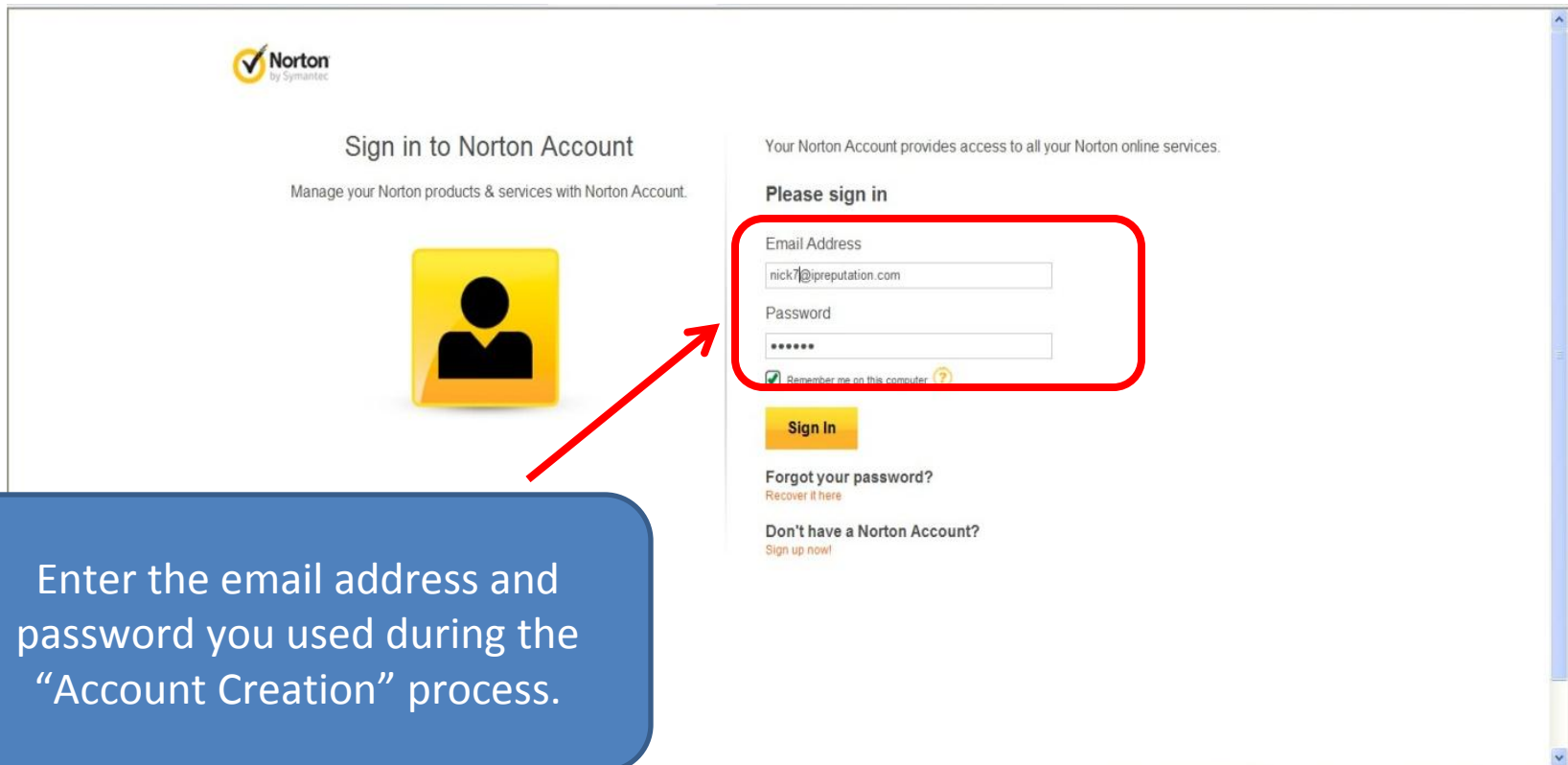
Registering with Norton Symantec Credentials



Click  to go to the ***Please sign in*** page.

SEP

Registering with Norton Symantec Credentials



The screenshot shows the Norton Account sign-in interface. On the left, the Norton logo is at the top, followed by the text "Sign in to Norton Account" and "Manage your Norton products & services with Norton Account." Below this is a yellow square icon with a black person silhouette. On the right, the text "Your Norton Account provides access to all your Norton online services." is followed by "Please sign in". Below this are two input fields: "Email Address" with the value "nick7@preputation.com" and "Password" with masked characters "*****". A checkbox labeled "Remember me on this computer" is below the password field. A red rounded rectangle highlights both the email and password input fields. A red arrow points from a blue instruction box on the left towards these fields. Below the inputs is a yellow "Sign In" button. At the bottom, there are links for "Forgot your password? Recover it here" and "Don't have a Norton Account? Sign up now!".

Enter the email address and password you used during the "Account Creation" process.

Click  to go to the ***Identity Confirmation*** page.

SEP

Registering with Norton Symantec Credentials

Sign In - Norton Aut... Identity Confirma... X

Norton by Symantec

Signed in as nick4@jpreputation.com

Identity Confirmation

Next steps on the following pages:

- Provide some personal information. Only your name and contact information will be saved after confirmation.
- Answer some questions to which only you would know the correct answers.
- You will receive a unique mail code in a postal letter sent to the home address you've provided.

Important:

- Enter a personal credit card, and *not* a debit or corporate card number.
- Be sure this credit card is a frequently-used card with a billing address that matches your home address.
- Your credit card number will *not* be charged and will *not* be saved. It will only be used to confirm your name and address.

This will help us confirm your identity to protect your account.

Cancel Continue

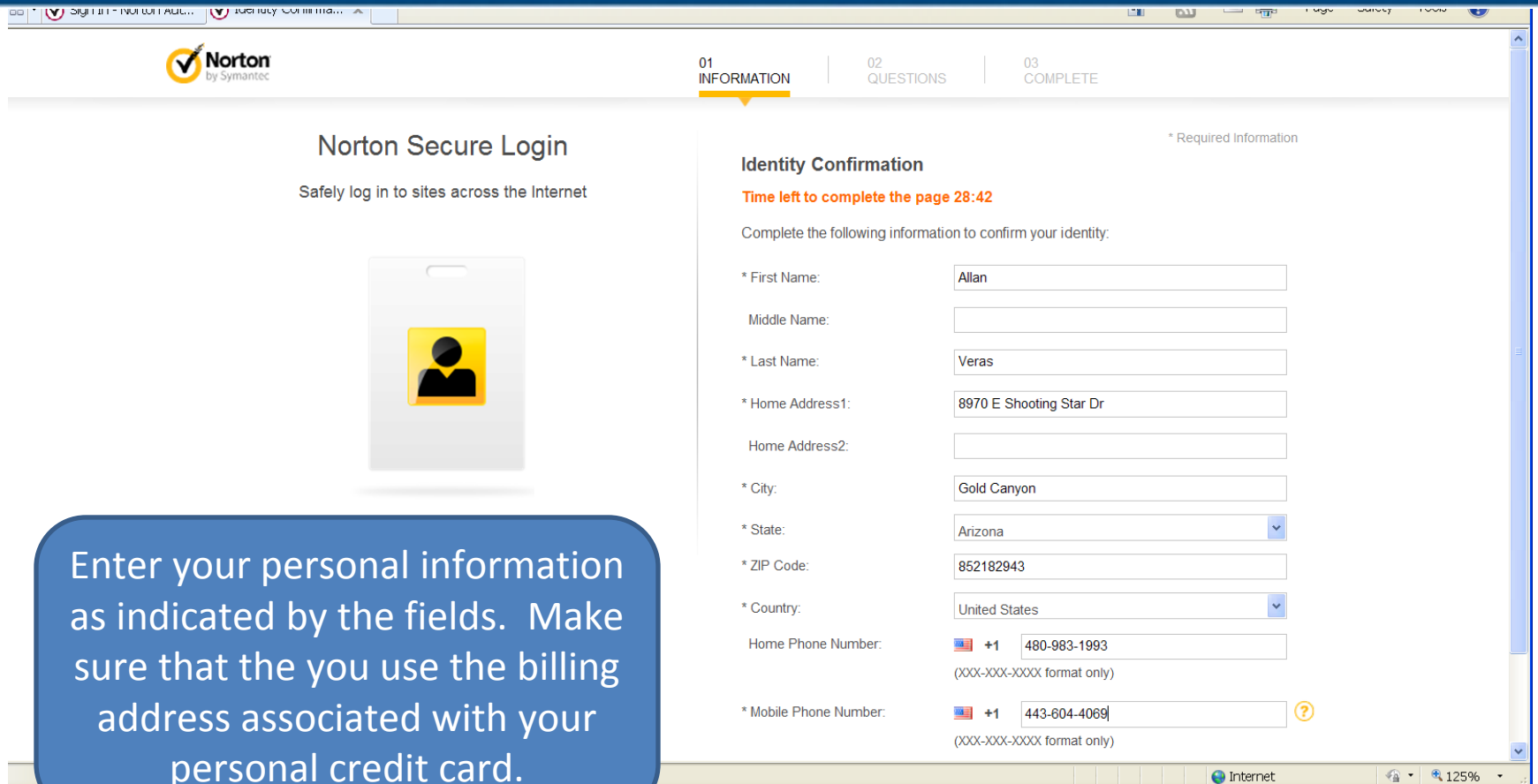
Symantec. © 1995-2013 | Privacy Policy

You MUST enter a personal credit card, not a corporate or debit card, and the billing address must match the address you will enter in the next previous screen.

Click  to go to the next ***Identity Confirmation*** page.

SEP

Registering with Norton Symantec Credentials



The screenshot shows the Norton Secure Login page. The Norton logo is in the top left. The page has a progress bar with three steps: 01 INFORMATION (highlighted), 02 QUESTIONS, and 03 COMPLETE. The main heading is "Norton Secure Login" with the subtext "Safely log in to sites across the Internet". Below this is a placeholder for a profile picture. To the right, the "Identity Confirmation" section is active, with a timer indicating "Time left to complete the page 28:42". It lists required information fields: First Name (Allan), Middle Name, Last Name (Veras), Home Address1 (8970 E Shooting Star Dr), Home Address2, City (Gold Canyon), State (Arizona), ZIP Code (852182943), Country (United States), Home Phone Number (480-983-1993), and Mobile Phone Number (443-604-4069). A blue callout box on the left contains instructions to enter personal information as indicated by the fields, ensuring the billing address matches the personal credit card.

Norton Secure Login

Safely log in to sites across the Internet

01 INFORMATION | 02 QUESTIONS | 03 COMPLETE

* Required Information

Identity Confirmation

Time left to complete the page 28:42

Complete the following information to confirm your identity:

* First Name: Allan

Middle Name:

* Last Name: Veras

* Home Address1: 8970 E Shooting Star Dr

Home Address2:

* City: Gold Canyon

* State: Arizona

* ZIP Code: 852182943

* Country: United States

Home Phone Number: +1 480-983-1993
(XXX-XXX-XXXX format only)

* Mobile Phone Number: +1 443-604-4069
(XXX-XXX-XXXX format only)

Enter your personal information as indicated by the fields. Make sure that the you use the billing address associated with your personal credit card.

Click **Continue** to go to the next **Identity Confirmation** page.

SEP

Registering with Norton Symantec Credentials

The screenshot shows the Norton Secure Login interface. At the top, the Norton logo is on the left, and a progress bar indicates three steps: 01 INFORMATION (active), 02 QUESTIONS, and 03 COMPLETE. The main heading is "Norton Secure Login" with the subtext "Safely log in to sites across the Internet". Below this is a placeholder for a user profile picture. To the right, the "Identity Confirmation" section is active, marked with an asterisk for required information. It includes a timer "Time left to complete the page 29:39" and a note about providing credit card information for identity verification. The form contains three fields: "Date Of Birth" (04/14/1970), "Social Security Number" (masked with dots), and "Credit Card Number" (4266901026193359). A calendar widget is open on the right, showing April 1970. At the bottom right of the form are "Cancel" and "Continue" buttons. A blue callout box on the left contains instructions about entering personal credit card information.

Norton Secure Login

Safely log in to sites across the Internet

01 INFORMATION | 02 QUESTIONS | 03 COMPLETE

* Required Information

Identity Confirmation

Time left to complete the page 29:39

Note: By providing the following information, you'll help us confirm your identity so your account remains secure. Enter an active credit card number that we can verify with your personal credit records. (This verification process will not affect your credit.)

Your date of birth should be in the format:
MM/DD/YYYY

* Date Of Birth: 04/14/1970
(MM/DD/YYYY format only)

* Social Security Number:
(XXX-XX-XXXX format only)

* Credit Card Number: 4266901026193359
(Must be a personal credit card, not a debit card or corporate card. 15 or 16 digits only)

Cancel Continue


Enter your DOB, SSN and credit card number as indicated by the fields. Make sure that the you use a PERSONAL credit card, not corporate or debit card.

Click **Continue** to go to the next **Identity Confirmation** page.

SEP

Registering with Norton Symantec Credentials

Norton Secure Login
Safely log in to sites across the Internet



Identity Confirmation: Security Questions
Time left to complete the page 29:15

Based on the information you provided, we have generated the following questions. Please answer the questions to confirm your identity.

1. According to your credit profile, you may have opened an auto loan in or around September 2010. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

2. You may have opened a mortgage loan in or around September 2011. Please select the dollar amount range in which your monthly mortgage payment falls. Refer only to the regular monthly payment which includes principal, interest, and escrow (escrow could include taxes and insurance if collected by lender). If you have not had a mortgage payment now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

3. Which of the following is the highest level of education you have completed? If there is not a matched educational level, please select 'NONE OF THE ABOVE'.

[Cancel](#) [Continue](#)

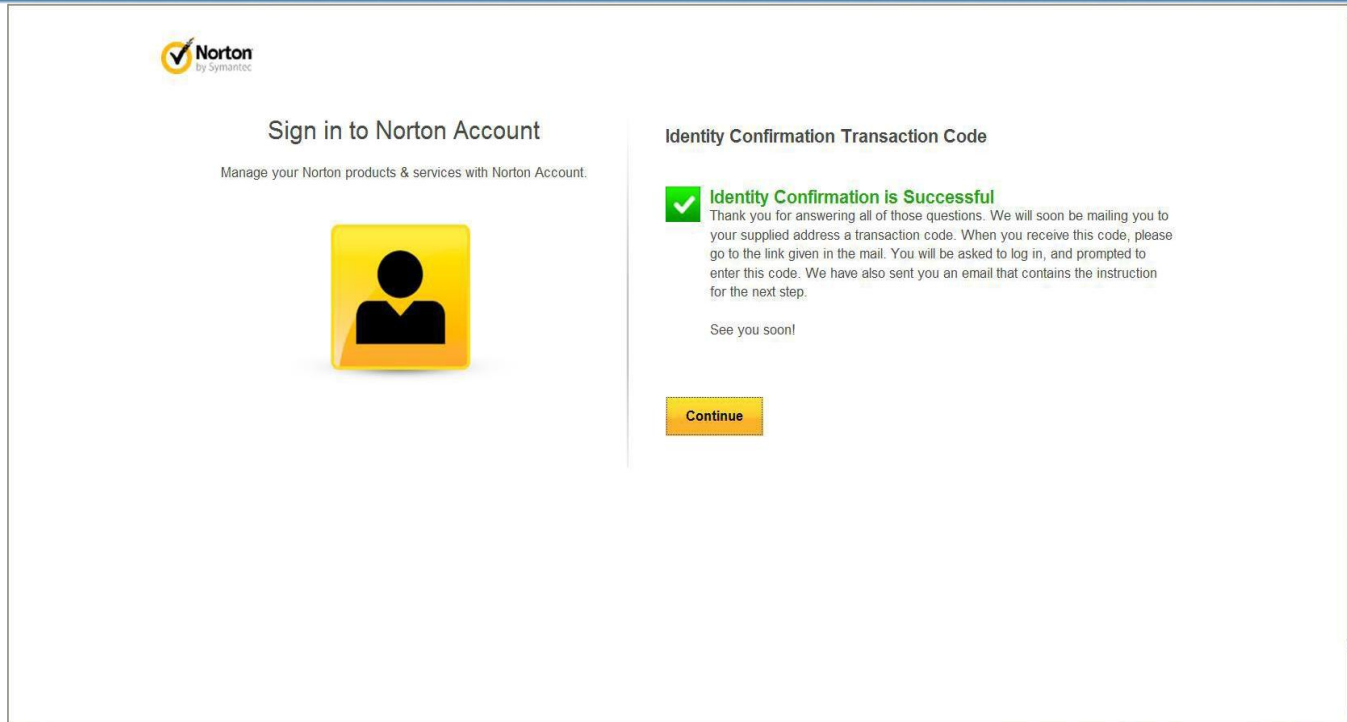
You will be asked three personal questions based on your Experian credit report to verify your identity. If you answer one question incorrectly, you will be given a fourth question after clicking "Continue."

You will be locked out for 12 hours after 5 attempts with incorrect answers.

Click [Continue](#) to go to the ***Identity Confirmation Transaction Code*** page.

SEP

Registering with Norton Symantec Credentials



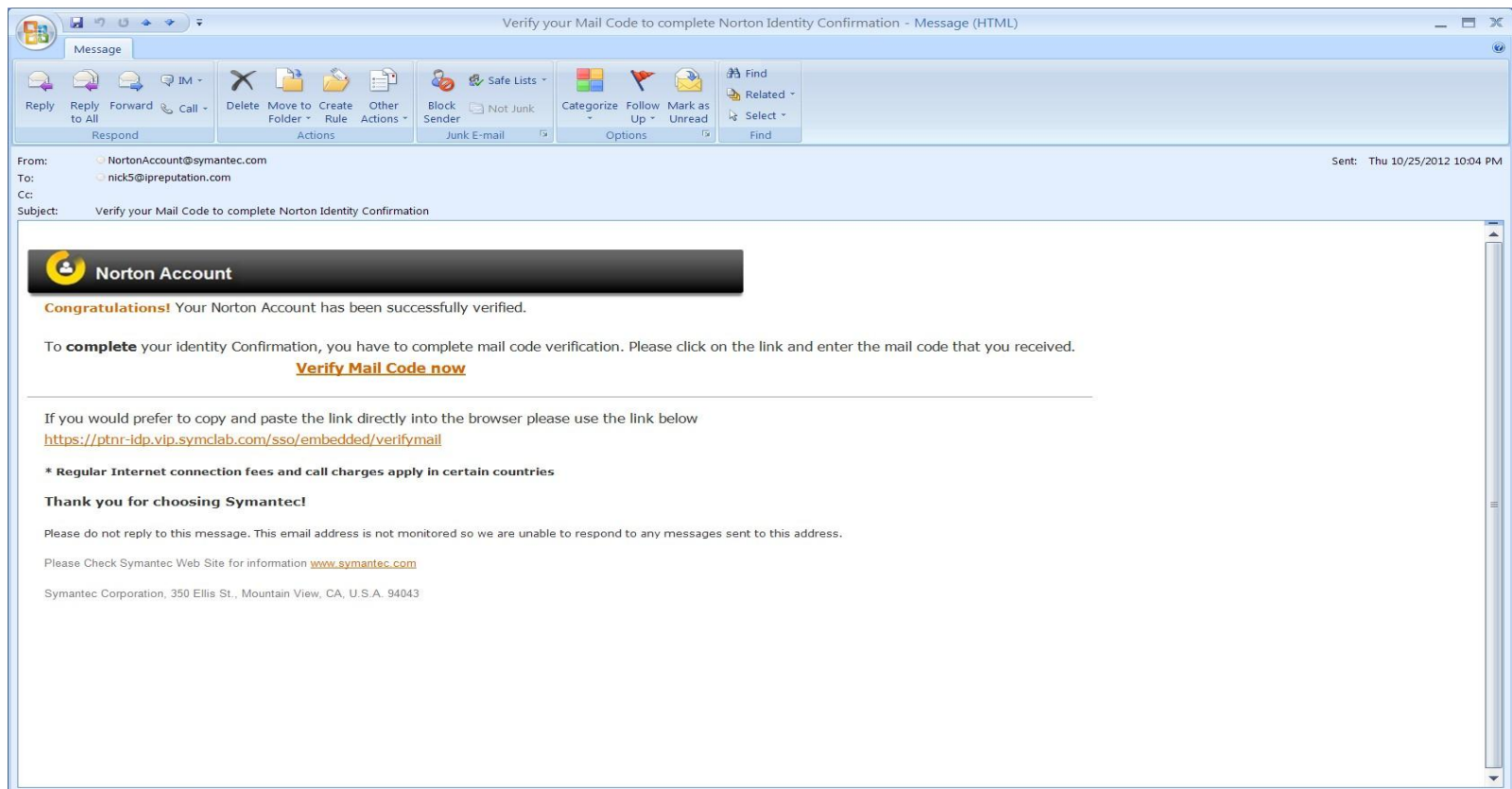
Congratulations! You have successfully verified your identity and will receive a transaction code via US Mail within 5-7 days that you must enter to complete the process.

Click  to exit this transaction.

SEP

Registering with Norton Symantec Credentials

Upon completion of the Identity Confirmation process, you will receive an email from NortonAccount@Symantec.com.



SEP

Registering with Norton Symantec Credentials

You will also be sent a transaction code via US Mail. This letter will arrive within 5-7 days. You will need to enter this code in the Mail Code Verification screen as indicated in the following slides.

Test Case
123 Testing Case Lane
Pinellas Park, FL 33781

Thank you for choosing the Symantec Norton Identity Provider Service.

On **3-20-13**, you initiated the enrollment process for an *Enhanced* assurance identity credential and successfully completed the Experian™ PreciseIDSM identity proofing process. This process complies with Federal Identity Credentialing and Access Management requirements for identity proofing at Assurance Level 3 as specified in NIST Special Publication SP 800-63-1.

To complete the enrollment process, use your web browser and return to the website from which you initiated your login. After you are redirected to Symantec and log in, you will be presented with the mail code verification page. You must enter the following transaction code: (**123456789**), and follow the instructions to complete your enrollment and activate your credential.

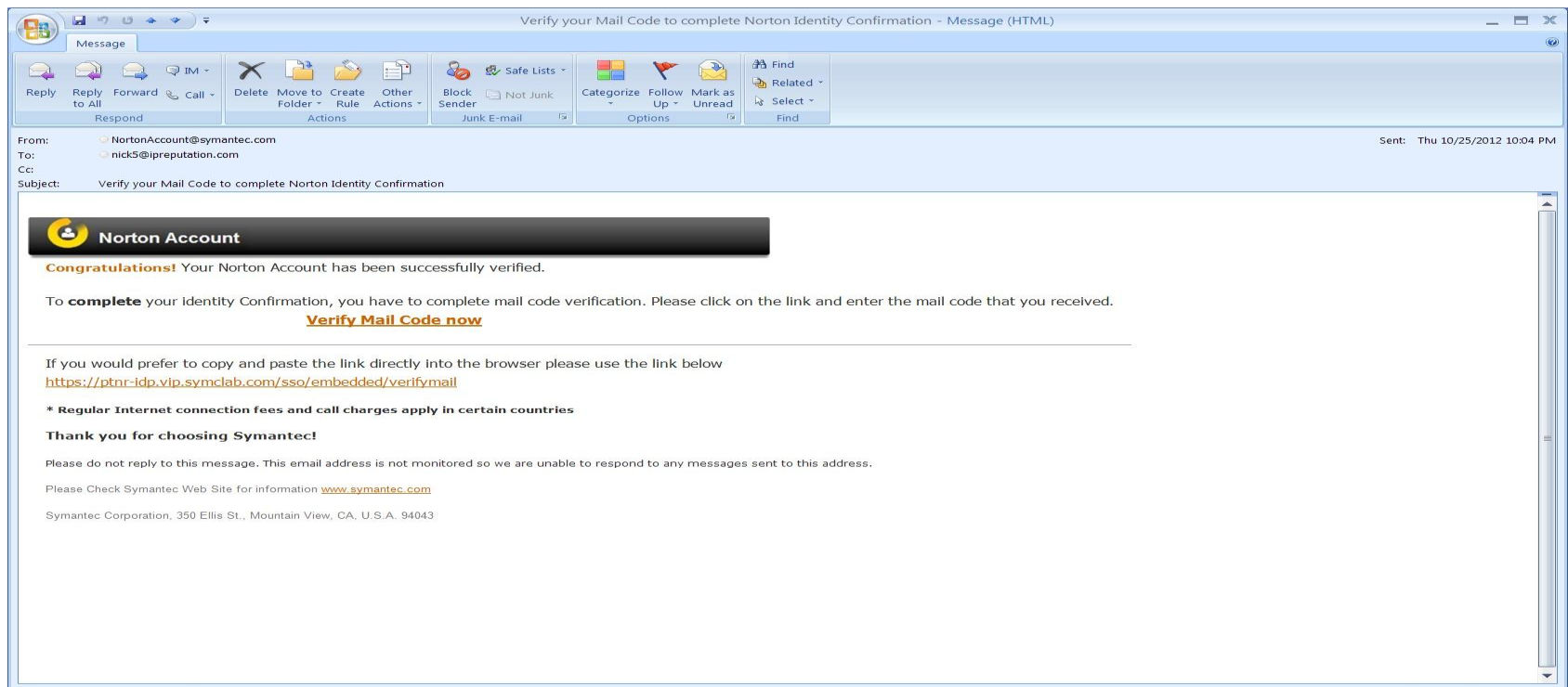
Note: If you did not complete this identity proofing process, you should immediately contact the Symantec customer service at 1-800-579-2848

Symantec Customer Service

SEP

Registering with Norton Symantec Credentials

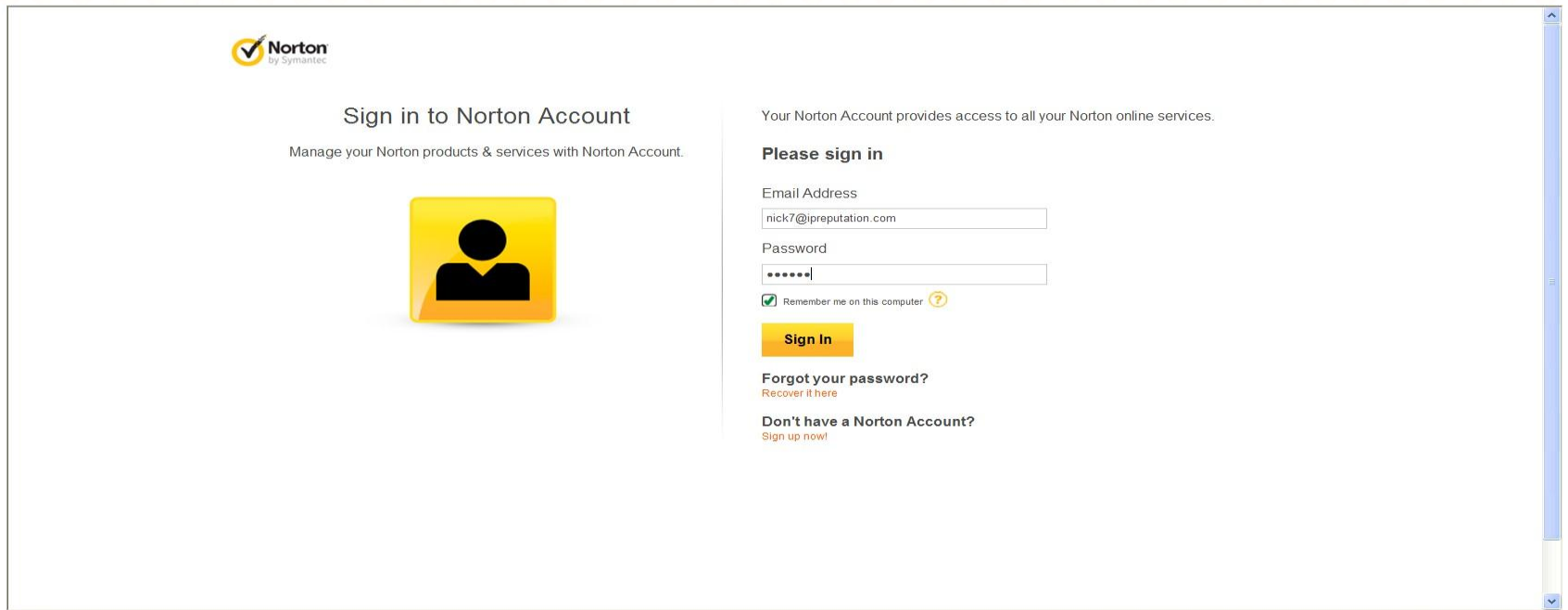
When you receive the letter from Norton, access your email account and open the email from NortonAccount@Symantec.




Click [Verify Mail Code now](https://ptnr-ldp.vip.symclab.com/sso/embedded/verifymail) to go to the **Please sign in** page.

SEP

Registering with Norton Symantec Credentials

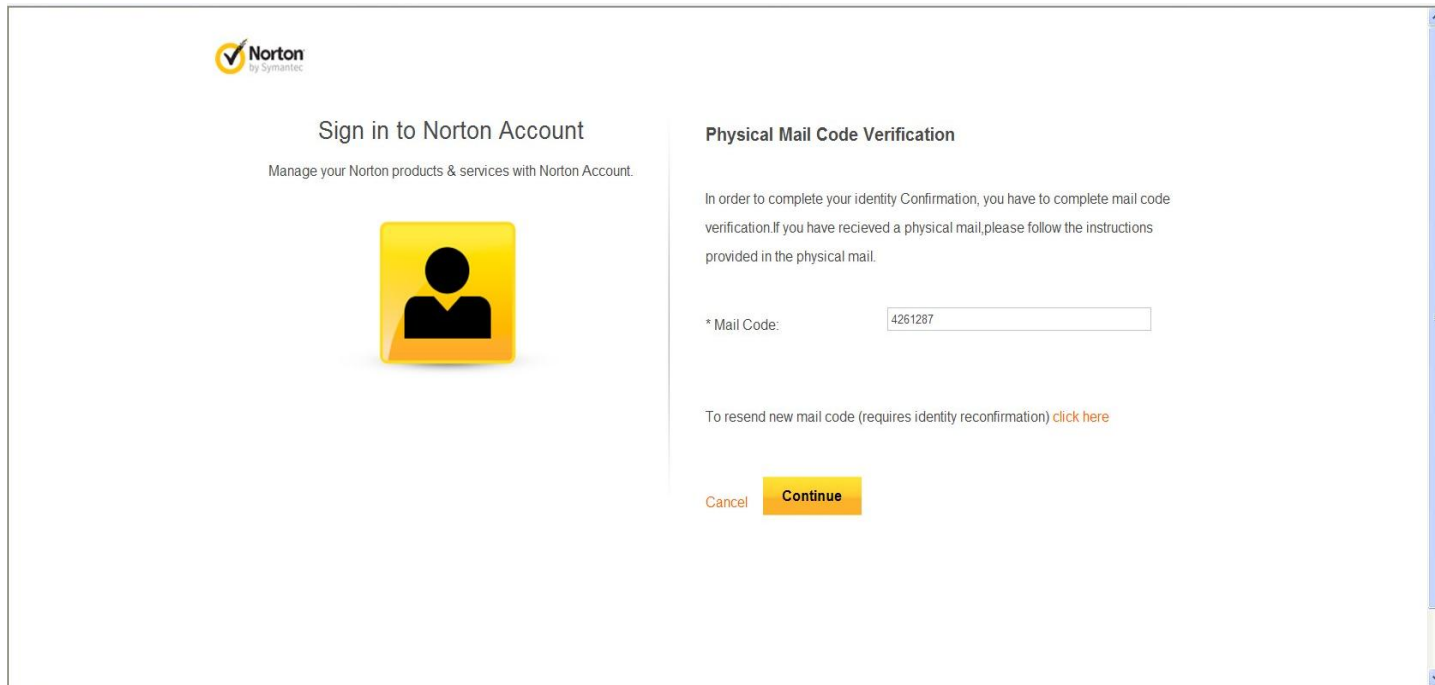


The screenshot shows the Norton Account sign-in interface. On the left, the Norton logo is at the top, followed by the heading "Sign in to Norton Account" and the subtext "Manage your Norton products & services with Norton Account." Below this is a large yellow square icon with a black silhouette of a person. On the right, a message states "Your Norton Account provides access to all your Norton online services." Below this is the heading "Please sign in". There are two input fields: "Email Address" with the value "nick7@ipreputation.com" and "Password" with masked characters "•••••". Below the password field is a checkbox labeled "Remember me on this computer" with a question mark icon. A yellow "Sign In" button is positioned below the checkbox. At the bottom of the sign-in section, there are two links: "Forgot your password? Recover it here" and "Don't have a Norton Account? Sign up now!".


- Enter the email address and password you used when creating your Norton account
- Click  to go to the Physical Mail Code Verification page.

SEP

Registering with Norton Symantec Credentials

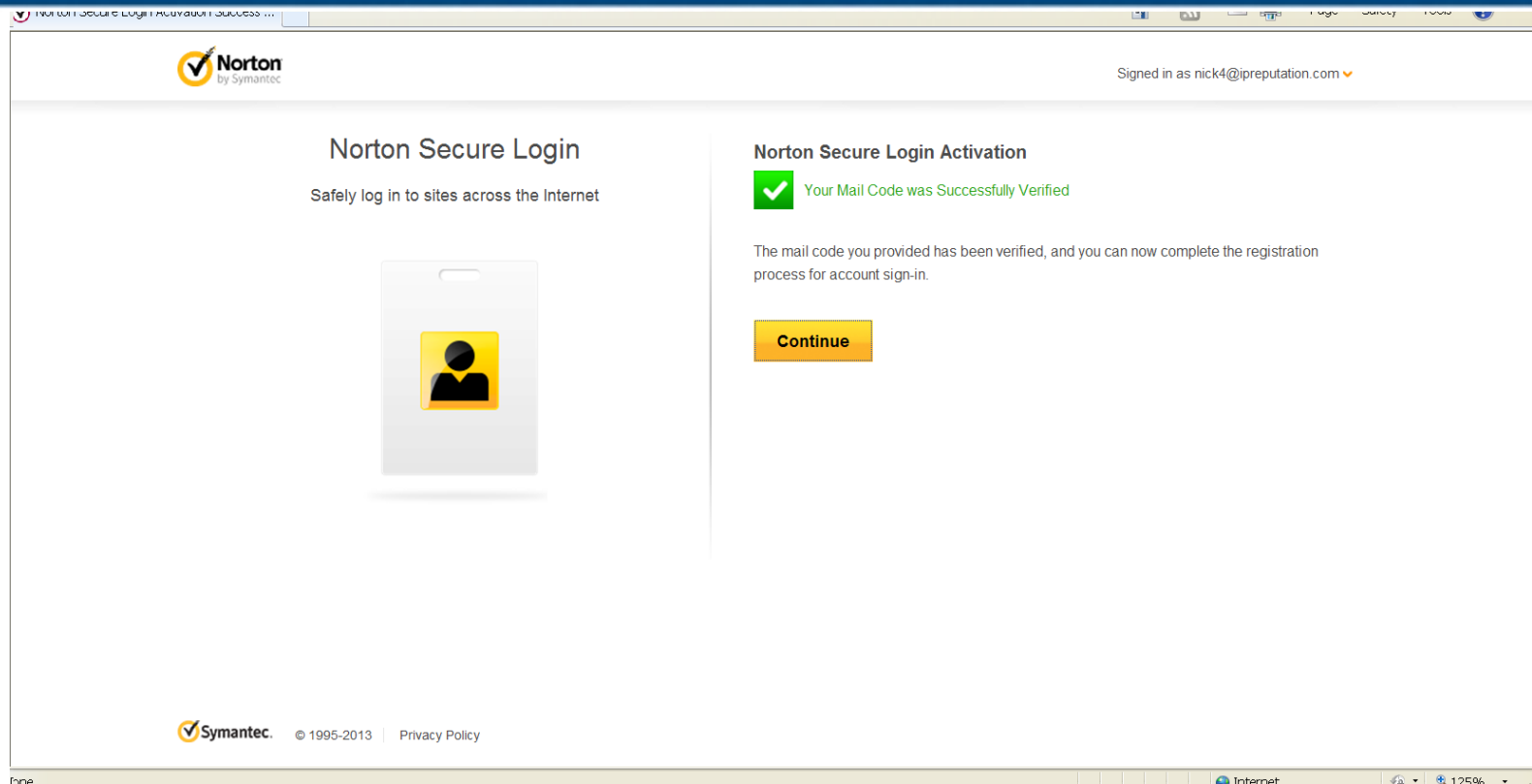


The screenshot shows the Norton Account Physical Mail Code Verification page. On the left, there is a yellow square icon with a black person silhouette. Above it, the text reads "Sign in to Norton Account" and "Manage your Norton products & services with Norton Account." On the right, the section is titled "Physical Mail Code Verification". It contains the text: "In order to complete your identity Confirmation, you have to complete mail code verification. If you have received a physical mail, please follow the instructions provided in the physical mail." Below this, there is a label "* Mail Code:" followed by a text input field containing the code "4261287". Underneath the input field, there is a link: "To resend new mail code (requires identity reconfirmation) [click here](#)". At the bottom right, there are two buttons: "Cancel" and "Continue".

- Enter the code found on the mailed letter (ex. 4261287)
- Click  to go to the ***Physical Mail Code Verification*** page.

SEP

Registering with Norton Symantec Credentials



Congratulations! You have successfully enabled your Norton Symantec credential to be used on the SEP website.

SEP

526EZ:Disability Benefit Application Process

How to manage the 526EZ, Disability Benefits Application, in SEP



SEP

526EZ:Disability Benefit Application Process

526 EZ: Disability Benefits Application

Select Compensation Benefits from the Online Application Dashboard screen

SEP ▾ Dashboard Representation Requests VSO Work Queue

Currently Representing: BUCKLEY, BRANDON SSN: XXX-XX-0124 Location: WICHITA, KS Represented Through: American Legion

Online Applications Dashboard

We are building a library of benefit-related applications to enable you to apply for and manage your benefits online. Here you can save, complete, and submit applications; apply to update your benefits; release medical information; or appoint a representative.

Application

Application	Apply Now
Compensation Benefits Select this application to apply for, or manage, your compensation benefits.	Apply Now
Request for Representative Claimants appoint representatives to serve as Power of Attorney (POA) and act on their behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902, 5903, and 5904).	Apply Now
Release Medical Records Select this application to authorize non-VA medical centers to release medical information to the VA.	Apply Now

These forms are similar for Veterans and VSOs. VSOs will see extra screens that allow them to submit on behalf of a Veteran.

Completing the forms electronically preserves the informal date of claim for 365 days, allowing the VSO and Veteran to collect all necessary evidence to submit with the claim.

SEP

526EZ:Disability Benefit Application Process

1. The application will begin with a Privacy Act Statement. Review the statement, check that the statement has been read and click “Save and Continue”.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Privacy Act Statement

OMB Control No. 2900-0747

Required to Continue

After reading the following information, check the box at the bottom of this page to confirm your acknowledgment. You need to check the box to be able to continue with the application.

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. 5101).

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 25 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. If desired, you can call 1-800-827-1000 (711 if you use a TDD) to get information on where to send comments or suggestions about this form.

Veterans Assistance

Accredited national Veteran Service Organizations (VSOs) are available to assist Veterans, their families, and beneficiaries with navigating VA benefit programs free of charge. If you would like assistance completing this form, please go to the eBenefits main page and locate the "Search for Representative" link.

☒ **I have read and understand the Privacy Act information.**

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

2. The Apply for Compensation Benefits screen then displays the progress of steps across the top of the screen
3. Verify the Veteran's pre-populated information in the "Personal Information" area.
4. Click "Save and Continue"

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

Personal Information

Claim Notification

Getting Started

Fully Developed Claim

Claimant Signature or Mark

Personal Information

OMB Control No. 2900-0747

Please review your personal information below. Make any necessary changes to your contact and payment information.

Basic Information

If any of your basic information is incorrect, contact VA at 1-800-827-1000 during business hours, or [submit an inquiry](#) using VA's Inquiry Routing & Information System (IRIS).

Your Basic Information

Name	Vera A Marshall
Gender	Female
Date of Birth	12/09/1965
Social Security Number	798-14-7498
VA File Number	798-14-7498

Contact Information

For Compensation & Pension Benefits

Contact Information for Compensation & Pension

Address	110 Sky Lane, Immo, SC 29063 USA
Primary Email	VM@hotmail.com
Primary Phone	(202) 222-5679 - Daytime
Secondary Phone	(708) 313-1111 - Nighttime

Payment Information

For Compensation & Pension

Payment Information

Benefit	Payment Method	Financial Institution	Account Type	Routing Number	Account Number
Compensation & Pension	Direct Deposit	SUNTRUST	Checking	051000020	*****8802

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

- Before continuing with the rest of the application, read through the information on claim submission. Check the box next to “I Understand These Terms and Conditions” to agree and then click “Save and Continue”.

The screenshot shows the SEP 526EZ Disability Benefit Application Process web form. The top navigation bar includes links for SEP, Dashboard, Representation Requests, and VSO Work Queue. Below the navigation bar, the user's information is displayed: Currently Representing: MARSHALL, VERA, SSN: XXX-XX-7498, Location: IRMO, SC, and Represented Through: American Legion. The main heading is "Disability Compensation Benefits". A horizontal menu contains tabs for Applicant Information, Military Service History, Disability Records, Treatment Records, Special Circumstances, Supporting Documents, and Final Review & Submission. The "Applicant Information" tab is selected. On the left, a sidebar titled "In this Section" lists links for Personal Information, Claim Notification, Getting Started, Fully Developed Claim, and Claimant Signature or Mark. The "Claim Notification" section is active, showing a "Required to Continue" message. It explains that by accessing the online application, the user has started the process of submitting a claim for benefits. It then lists "Important Dates to Remember" and provides a table with guidelines for the claim date and the expiration date. The table has three columns: Status, Claim Date, and Expiration Date. For Service members, the claim date is RAD (Release from Active Duty) + 1 and the expiration date is RAD + 1 + 365. For Veterans, the claim date is the claim initiation date and the expiration date is the claim initiation date + 365. A note states that the user must complete and submit the application by the relevant expiration date. Below the table, there are reminders for successful submission, including making sure the claim is complete and completing all steps. At the bottom, there is a checkbox for "I understand these Terms and Conditions" and three buttons: "Save & Continue", "Previous", and "Exit".

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Personal Information
- Claim Notification
- Getting Started
- Fully Developed Claim
- Claimant Signature or Mark

Claim Notification OMB Control No. 2500-0747

Required to Continue

By accessing this online application, you have started the process of submitting a claim for benefits. Your open application serves as a placeholder while you gather the necessary supporting evidence.

Important Dates to Remember

After initiating your claim, you have a specific amount of time to complete and submit the claim before it expires. If you submit your claim before the expiration date and your claim is approved, the earliest date when VA can provide benefits is known as the *claim date*. The claim date and the expiration date are based on your status.

The following table gives guidelines for the claim date and the expiration date:

Status	Claim Date	Expiration Date
Service member	RAD (Release from Active Duty) + 1	RAD + 1 + 365
Veteran	Claim initiation date	Claim initiation date + 365

Note: You must complete and submit your application by the relevant expiration date as shown in the above table. Otherwise, we will purge your claim from the system.

Reminders for Successful Submission

To ensure that we receive and can process your claim:

1. Make sure that your claim is complete. We cannot process an incomplete claim.
2. Complete *all of the steps*, including the final submission step.

☒ I understand these Terms and Conditions

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

6. The next section will give you guidelines on what you need to have as you move forward in the 526.

The screenshot displays the SEP 526EZ web application interface. At the top, a navigation bar includes links for 'SEP', 'Dashboard', 'Representation Requests', and 'VSO Work Queue'. Below this, a header section shows 'Currently Representing: MARSHALL, VERA', 'SSN: XXX-XX-7498', 'Location: IRMO, SC', and 'Represented Through: American Legion'. The main heading is 'Disability Compensation Benefits', with a 'Print Incomplete Forms' button. A horizontal menu contains tabs for 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records', 'Special Circumstances', 'Supporting Documents', and 'Final Review & Submission'. On the left, a sidebar titled 'In this Section' lists 'Personal Information', 'Claim Notification', 'Getting Started' (which is highlighted), 'Fully Developed Claim', and 'Claimant Signature or Mark'. The main content area for 'Getting Started' includes a 'Getting Started' heading, a 'CMB Control No. 2900-0747', and introductory text about the application process. It also features a section titled 'Information That You Will Need' with sub-sections for 'Service Information', 'Military Pay Information', 'Disability Records', 'Treatment Records', and 'Direct Deposit Information', each with a list of required details. A 'Documents to Have on Hand' section follows, with a link to 'View List of Possible Documentation'. At the bottom, a 'Time to Complete' section states the application will take approximately one hour and 10 minutes. The footer contains 'Continue', 'Previous', and 'Exit' buttons.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information	Military Service History	Disability Records	Treatment Records	Special Circumstances	Supporting Documents	Final Review & Submission
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In this Section

- Personal Information
- Claim Notification
- Getting Started**
- Fully Developed Claim
- Claimant Signature or Mark

Getting Started

CMB Control No. 2900-0747

You are almost ready to complete your Compensation Benefits Application. To submit this application, you must (1) be separating from military service in less than 180 days, or (2) already be separated from military service.

We understand that gathering information can be difficult and time consuming. We only ask that you try to provide as much detail as you can. This is very important, as it will help to support your claim.

Thank you for your understanding.

Information That You Will Need

Service Information

- Branch of service
- Dates of service
- Duty status
- Date of separation from service
- Periods of confinement

Military Pay Information

- Type of post-discharge military pay
- Monthly amount receiving

Disability Records

- Disabilities and special issues

Treatment Records

- Dates of treatment
- Name of VA treatment center

Direct Deposit Information

- Account number
- Routing number

Documents to Have on Hand

At the end of the application, we will ask you to provide supporting documentation. You can upload the documentation before you finish the application, or you can submit it by fax.

[View List of Possible Documentation](#)

Time to Complete

We estimate that the Compensation Benefits Application will take approximately one hour and 10 minutes to complete.

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

7. Review the Fully Developed Claim (FDC) Program information

Fully developed claims can be submitted electronically.

Fully Developed Claims are important because they expedite the claims development process and allow claims to be rated more quickly.

The screenshot displays the VA Disability Compensation Benefits page. At the top, there is a navigation bar with links for 'SEP', 'Dashboard', 'Representation Requests', and 'VSO Work Queue'. Below this, a header section identifies the user as 'MARSHALL, VERA' with SSN 'XXX-XX-7498' and location 'IRMO, SC', represented through the 'American Legion'. The main heading is 'Disability Compensation Benefits', with a 'Print Incomplete Forms' button. A horizontal menu includes 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records', 'Special Circumstances', 'Supporting Documents', and 'Final Review & Submission'. The 'Disability Records' section is active, showing 'In this Section' with links for 'Personal Information', 'Claim Notification', 'Getting Started', 'Fully Developed Claim', and 'Claimant Signature or Mark'. The 'Fully Developed Claim (FDC) Program' section explains the program's purpose and provides 'Key points to know about the FDC Program'. It also includes a 'Notice to Veteran of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits' with several links to detailed comparison charts. An 'Additional Resources' section at the bottom provides further information and contact details. Navigation buttons for 'Continue', 'Previous', and 'Exit' are at the bottom right.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

Fully Developed Claim (FDC) Program

CH&B Control No. 2900-0747

Want your claim processed faster? The FDC Program is a new program designed to rapidly process VA compensation claims. By choosing to participate in the FDC program, you and your survivors can get faster decisions on your eligible claims.

Key points to know about the FDC Program:

- Participation in the FDC Program is optional. Your participation will not affect the quality of care you receive nor the benefits that you are entitled to.
- To file a fully developed claim, you must submit all supporting information with your application.
- If you file a claim through the FDC Program and we find that we need other records to decide your claim, we will handle your claim using the standard claim process.

Notice to Veteran of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits

The following links lead to detailed comparison charts about the FDC and standard claims process. Read the information carefully as you prepare to submit your claim.

- ▶ [FDC Criteria \(Claim/s\) for Veterans Disability Compensation and Related Compensation Benefits](#)
- ▶ [What you need to do](#)
- ▶ [How VA will help you obtain evidence for your claim](#)
- ▶ [When you should send what we need](#)
- ▶ [Where to send the information and evidence](#)
- ▶ [What the evidence must show to support your claim](#)
- ▶ [How VA determines the effective date](#)
- ▶ [How VA determines the disability rating](#)

Additional Resources

- [Get more information on the FDC Program.](#)
- [Get more information on VA Benefits.](#)
- [Find VA forms.](#)
- [View FAQs, ask a question, get more information.](#)
- Call us toll-free at 1-800-827-1000 (711 if you use a TDD).

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

8. The Electronic Claims Submission System will now allow the Veteran's assigned POA the ability to process and submit a 526EZ on behalf of that Veteran.
9. At the end of the "Applicant Information" section, the Veteran can check the box under "Claimant Mark" once the Veteran has read or listened to the information above the check box.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Personal Information
- Claim Notification
- Getting Started
- Fully Developed Claim
- Claimant Signature or Mark**

Claimant Signature or Mark

ONIB Control No. 2900-0747

We need to verify that you have permission to submit this application on the Veteran's behalf. To provide proof that the Veteran has granted you permission, you'll need to upload a signed claim certification and signature page or provide a claimant mark and witness signature.

Claimant Signature

To upload, you'll need to: (1) download the Claimant Signature form below; (2) have the Veteran sign the form; and (3) upload the signed claim certification and signature page.

[Download a VA Form 21-526EZ Claimant Signature](#)

For	Documents	Action
Vera Marshall 12/09/1965	VA Form 21-526EZ Claimant Signature 23in_older_students.pdf - 07/01/2014	Replace or Remove File

Claimant Mark

If you're unable to obtain a signed certification and signature page, you'll need to: (1) read the claimant mark statement to the Veteran; (2) have the Veteran certify by checking the first check box below; and (3) provide your signature as a witness to the claimant's mark by checking the second check box below.

Reminder: Users of the Stakeholder Enterprise Portal (SEP) (1) must continue to comply with the rules of behavior for this computer; and (2) must be present when the Veteran is checking the claimant mark.

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. I authorize any person or entity, including but not limited to, any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information. I waive any privilege that makes the information confidential.

☒ checking this box, you (the Veteran) certify the above in lieu of your signature. Once your application is submitted, you will not be able to make additional changes.

Witness Mark

I certify that I am a witness to the claimant's mark, which the Veteran provided as the claim certification and signature.

☒ checking this box, you (the representative) certify the above in lieu of your signature.

[Save & Continue](#) [Previous](#) [Exit](#)

SEP

526EZ:Disability Benefit Application Process

10. Then the VSO can confirm that they have worked with the Veteran as instructed and witnessed the Claimant Mark by checking the box beneath "Witness Mark"
11. The VSO must then click Save and Continue to move forward with the Application.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Personal Information
- Claim Notification
- Getting Started
- Fully Developed Claim
- Claimant Signature or Mark**

Claimant Signature or Mark

OMB Control No. 2900-0747

We need to verify that you have permission to submit this application on the Veteran's behalf. To provide proof that the Veteran has granted you permission, you'll need to upload a signed claim certification and signature page or provide a claimant mark and witness signature.

Claimant Signature

To upload, you'll need to: (1) download the Claimant Signature form below; (2) have the Veteran sign the form; and (3) upload the signed claim certification and signature page.

[Download a VA Form 21-526EZ Claimant Signature](#)

For	Documents	Action
Vera Marshall 12/09/1965	VA Form 21-526EZ Claimant Signature 23in_older_students.pdf - 07/01/2014	Replace or Remove File

Claimant Mark

If you're unable to obtain a signed certification and signature page, you'll need to: (1) read the claimant mark statement to the Veteran; (2) have the Veteran certify by checking the first check box below; and (3) provide your signature as a witness to the claimant's mark by checking the second check box below.

Reminder: Users of the Stakeholder Enterprise Portal (SEP) (1) must continue to comply with the rules of behavior for this computer; and (2) must be present when the Veteran is checking the claimant mark.

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. I authorize any person or entity, including but not limited to, any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information. I waive any privilege that makes the information confidential.

☒ checking this box, you (the Veteran) certify the above in lieu of your signature. Once your application is submitted, you will not be able to make additional changes.

Witness Mark

I certify that I am a witness to the claimant's mark, which the Veteran provided as the claim certification and signature.

☒ checking this box, you (the representative) certify the above in lieu of your signature.

[Save & Continue](#) [Previous](#) [Exit](#)

SEP

526EZ:Disability Benefit Application Process

12. The other alternative is to obtain a wet signature from the Veteran on VA Form 21-526EZ Signature Page and submit that page as an uploaded document with the claim.

13. The VSO must then click Save and Continue to move forward with the Application.

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: IRMO, SC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Personal Information
- Claim Notification
- Getting Started
- Fully Developed Claim
- Claimant Signature or Mark

Claimant Signature or Mark

OMB Control No. 2900-0747

We need to verify that you have permission to submit this application on the Veteran's behalf. To provide proof that the Veteran has granted you permission, you'll need to upload a signed claim certification and signature page or provide a claimant mark and witness signature.

Claimant Signature

To upload, you'll need to: (1) download the Claimant Signature form below; (2) have the Veteran sign the form; and (3) upload the signed claim certification and signature page.

[Download a VA Form 21-526EZ Claimant Signature](#)

For	Documents	Action
Vera Marshall 12/09/1965	VA Form 21-526EZ Claimant Signature 23in_older_students.pdf - 07/01/2014	Replace or Remove File

Claimant Mark

If you're unable to obtain a signed certification and signature page, you'll need to: (1) read the claimant mark statement to the Veteran; (2) have the Veteran certify by checking the first check box below; and (3) provide your signature as a witness to the claimant's mark by checking the second check box below.

Reminder: Users of the Stakeholder Enterprise Portal (SEP) (1) must continue to comply with the rules of behavior for this computer; and (2) must be present when the Veteran is checking the claimant mark.

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. I authorize any person or entity, including but not limited to, any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information. I waive any privilege that makes the information confidential.

☒ checking this box, you (the Veteran) certify the above in lieu of your signature. Once your application is submitted, you will not be able to make additional changes.

Witness Mark

I certify that I am a witness to the claimant's mark, which the Veteran provided as the claim certification and signature.

☒ checking this box, you (the representative) certify the above in lieu of your signature.

[Save & Continue](#) [Previous](#) [Exit](#)

SEP

526EZ:Disability Benefit Application Process

14. Review the Service History section. Click **Add a Period of Service** to enter any missing information.

SEP Stakeholder Enterprise Portal

Log out
Logged in as: Betty Jackson
VSO Representative

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: WASHINGTON, DC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information **Military Service History** Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Service History
- Periods of Service**
- Combat Service
- Service Separation
- Other Service Names
- Prisoner of War
- Military Pay Records

Periods of Service

OMB Control No. 2900-0747

Please verify any periods of service shown below. Click the **Add a Period of Service** button to report missing or unverified periods of service in your VA record. If a verified entry has an error, contact VA at 1-800-827-1000 (711 if you use a TDD).

Branch of Service	Start Date of Active Duty	Release Date from Active Duty	Verified	Actions
Air Force	06/01/2003	03/31/2014		Edit Delete
Army	01/01/1985	12/12/1990	Yes	

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

15. Provide any additional information regarding Service Separation

The screenshot displays the SEP Stakeholder Enterprise Portal interface. At the top, the header includes the SEP logo, 'Stakeholder Enterprise Portal', and a 'Log out' button. Below the header, a navigation bar shows 'SEP', 'Dashboard', 'Representation Requests', and 'VSO Work Queue'. A status bar indicates 'Currently Representing: MARSHALL, VERA', 'SSN: XXX-XX-7498', 'Location: NASHVILLE, TN', and 'Represented Through: American Legion'. The main content area is titled 'Disability Compensation Benefits' and features a 'Print Incomplete Forms' button. A horizontal menu lists various sections: 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records', 'Employment & Education History', 'Special Circumstances', 'Supporting Documents', and 'Final Review & Submission'. The 'Military Service History' section is expanded, showing a list of options: 'Service History' (selected), 'Periods of Service', 'Combat Service', 'Service Separation', 'Other Service Names', 'Prisoner of War', and 'Military Pay Records'. The 'Combat Service' option is highlighted with a red box. The 'Combat Service' sub-section is titled 'Combat Service' and includes a note '** Required to Continue'. It asks the user: '** Have you served in combat or in a combat-related operation since 9/11/2001?'. Below this question are radio buttons for 'Yes' and 'No'. At the bottom of the form, there are three buttons: 'Save & Continue', 'Previous', and 'Exit'.

SEP

526EZ:Disability Benefit Application Process

16. Provide any information related to Military Pay

The screenshot displays the SEP Stakeholder Enterprise Portal interface. At the top, the header includes the SEP logo, the text "Stakeholder Enterprise Portal", and a "Log out" button. Below the header, a navigation bar shows "SEP" with a dropdown arrow, "Dashboard", "Representation Requests", and "VSO Work Queue". A status bar below the navigation bar provides user information: "Currently Representing: MARSHALL, VERA", "SSN: XXX-XX-7498", "Location: NASHVILLE, TN", and "Represented Through: American Legion". The main content area is titled "Disability Compensation Benefits" and includes a "Print Incomplete Forms" button. A horizontal menu lists various sections: "Applicant Information", "Military Service History" (highlighted), "Disability Records", "Treatment Records", "Employment & Education History", "Special Circumstances", "Supporting Documents", and "Final Review & Submission". On the left, a sidebar titled "In this Section" lists "Service History", "Military Pay Records" (expanded), and "Military Pay". The main content area for "Military Pay" includes a heading "Military Pay" with the OMB Control No. 2900-0747. Below the heading, there are two red asterisks indicating required fields: "** Required to Continue" and "* Required to Submit". The primary question is "** Do you receive any type of separation, severance, or retired pay?". A subtext explains: "Types of pay include longevity, temporary disability retirement, permanent disability retirement, separation, and severance." Below the question are two radio button options: "Yes" and "No". At the bottom of the form, there are three buttons: "Save & Continue", "Previous", and "Exit".

SEP

526EZ:Disability Benefit Application Process

17. Review disability records information and select **Claim a New Disability** if needed.

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: NASHVILLE, TN Represented Through: American Legion

Disability Compensation Benefits

[Print Incomplete Forms](#)

[Applicant Information](#) [Military Service History](#) **[Disability Records](#)** [Treatment Records](#) [Employment & Education History](#) [Special Circumstances](#) [Supporting Documents](#) [Final Review & Submission](#)

In this Section

- [Disability Claims](#) ▾
- [Your Disabilities](#)**
- [Post-Traumatic Stress Disorder](#) >
- [Unemployability](#) >

Your Disabilities

OAS Control No. 2900-0747

Please verify that your service-connected disabilities are shown below. Click the **Claim a New Disability** button to report a disability that VA has never previously considered for benefits.

Note: If you plan to submit a claim for Post-Traumatic Stress Disorder (PTSD), you should claim it as a new disability in this section.

If your situation has changed, you can also manage your disabilities using the actions listed below.

- If the severity of your service-connected disability has increased, click **Request Increase** to file a claim for an increased benefit evaluation.
- Click the **Add Secondary** link to report an additional disability that was caused or aggravated by a service-connected disability.
- If you want to update a disability that was previously found to be non-service-connected, click **Reopen**. You can then add existing evidence pertaining to the reason your claim was denied.

Claim a New Disability

Disability	Decision	Related To	Effective Date	Status	Actions
Varicose Veins	0% Service-Connected		05/01/2013		Request Increase Add Secondary
Anemia, Hypochromic-Microcytic and Megaloblastic	10% Service-Connected		05/01/2013		Request Increase Add Secondary
hepatitis C				Added New	Edit Delete Add Secondary

[Save & Continue](#) [Previous](#) [Exit](#)

SEP

526EZ:Disability Benefit Application Process

18. Enter relevant disability information

The screenshot displays the SEP Stakeholder Enterprise Portal interface. At the top, the header includes the SEP logo, the text "Stakeholder Enterprise Portal", and a "Log out" button. Below the header, a navigation bar shows "SEP", "Dashboard", "Representation Requests", and "VSO Work Queue". A status bar indicates "Currently Representing: MARSHALL, VERA", "SSN: XXX-XX-7458", "Location: NASHVILLE, TN", and "Represented Through: American Legion".

The main content area is titled "Disability Compensation Benefits" and includes a "Print Incomplete Forms" button. A horizontal menu contains tabs for "Applicant Information", "Military Service History", "Disability Records" (which is active), "Treatment Records", "Employment & Education History", "Special Circumstances", "Supporting Documents", and "Final Review & Submission".

On the left, a sidebar titled "In this Section" lists "Disability Claims" (with a dropdown arrow), "Your Disabilities" (with a dropdown arrow), "Post-Traumatic Stress Disorder" (with a right arrow), and "Unemployability" (with a right arrow).

The main content area under "Disability Records" is titled "Claim a New Disability" with a reference number "OMB Control No. 2900-0747". It includes a red asterisk and the text "Required to Continue". Below this, a section titled "What is your disability?" instructs the user to select a disability from a list. It provides two steps: "1. Type the first few letters of your condition name." and "2. Once you find your condition, select it to add it to your entry; or continue typing to complete the name." A tip states: "Tip: If you do not see your condition, click Clear to restore the full list and search again; or simply enter a condition name to submit your own entry." A search input field contains "Hepatitis C" and a "Reset" button is next to it. Below the search field is a large text area displaying "hepatitis C". At the bottom of this text area, it says "1 of 719 Disabilities".

Below the text area, a section titled "If your disability is related to a special issue, select the issue from the following list." includes a dropdown menu with "Hepatitis C" selected.

At the bottom of the form, there are three buttons: "Save & Continue" (in a blue box), "Previous" (in a light blue box), and "Exit" (in a light blue box).

SEP

526EZ:Disability Benefit Application Process

19. Review updated disability information

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: NASHVILLE, TN Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information

Military Service History

Disability Records

Treatment Records

Employment & Education History

Special Circumstances

Supporting Documents

Final Review & Submission

In this Section

Disability Claims

Your Disabilities

Post-Traumatic Stress Disorder

Unemployability

Your Disabilities

OMB Control No. 2900-0747

Please verify that your service-connected disabilities are shown below. Click the **Claim a New Disability** button to report a disability that VA has never previously considered for benefits.

Note: If you plan to submit a claim for Post-Traumatic Stress Disorder (PTSD), you should claim it as a new disability in this section.

If your situation has changed, you can also manage your disabilities using the actions listed below.

- If the severity of your service-connected disability has increased, click **Request Increase** to file a claim for an increased benefit evaluation.
- Click the **Add Secondary** link to report an additional disability that was caused or aggravated by a service-connected disability.
- If you want to update a disability that was previously found to be non-service-connected, click **Reopen**. You can then add existing evidence pertaining to the reason your claim was denied.

Claim a New Disability

Disability	Decision	Related To	Effective Date	Status	Actions
Varicose Veins	0% Service-Connected		05/01/2013		Request Increase Add Secondary
Anemia, Hypochromatic-Microcytic and Megaloblastic	10% Service-Connected		05/01/2013		Request Increase Add Secondary
hepatitis C				Added New	Edit Delete Add Secondary

Save & Continue

Previous

Exit

VETERANS BENEFITS ADMINISTRATION

58

SEP


526EZ:Disability Benefit Application Process

20. The Post Traumatic Stress Disorder Statement is now part of the 526EZ.

21. To claim PTSD, follow the instructions on this page and click “Save and Continue.”

22. Continue through the interview as instructed.

Disability Compensation Benefits

 Print Incomplete Forms

Applicant Information	Military Service History	Disability Records	Treatment Records	Special Circumstances	Supporting Documents	Final Review & Submission
-----------------------	--------------------------	--------------------	-------------------	-----------------------	----------------------	---------------------------

In this Section
Disability Claims >
Post-Traumatic Stress Disorder ▾
Claim Post-Traumatic Stress Disorder
Incident Reporting
Unemployability >

Post-Traumatic Stress Disorder Statement

OMB Control No. 2900-0659

**** Required to Continue**

i You did not claim or reopen a claim for Post-Traumatic Stress Disorder (PTSD) as a disability.

If you would like to provide the evidence needed to support a claim, click **Yes** to answer the PTSD-related questions. If you answer the PTSD-related questions and PTSD has not been added to your [list of open disabilities](#), a PTSD related disability will be added when you submit your claim based on the type of incidents you report. PTSD personal trauma for military-related sexual trauma; or PTSD (Post-Traumatic Stress Disorder) for combat-related or other incidents.

With your Disability Compensation Benefits application, you can also apply for compensation based on your Post-Traumatic Stress Disorder. Before you begin, please ensure that you have a list of all stressful incidents that occurred while you were in service. Include any incidents that you feel contributed to your current condition.

We understand that these events may be upsetting and painful. Please try to provide as much detail as you can. This is very important, as it will help to support your claim. Thank you for your understanding.

Information That You Will Need

For each incident, please have the following information:

- Date of incident
- Description of what happened
- Geographic location
- Unit assignment
- Dates of assignment

Documents to Have on Hand

At the end of the application, we will ask you to provide support documentation. You can upload the documentation before you end the application, or you can submit it by fax.

▶ [View List of Possible Documentation](#)

Resources

You and your loved ones can call the Veterans Crisis Line at 1-800-273-8255. When prompted for a menu choice, press 1. If you want more information, you can [read more about the Veterans Crisis Line on VA.gov](#).

**** Do you want to continue your claim for Post-Traumatic Stress Disorder?**

☒ Yes ☐ No

Save & Continue

Previous

Exit

SEP

526EZ:Disability Benefit Application Process

23. The Individual Unemployability Statement is also now part of the 526EZ.
24. To claim IU, follow the instructions on this page and click “Save and Continue.”
25. Continue through the interview as instructed.

Disability Compensation Benefits

Print Incomplete Forms

Applicant InformationMilitary Service HistoryDisability RecordsTreatment RecordsSpecial CircumstancesSupporting DocumentsFinal Review & Submission

In this Section

Disability Claims >

Post-Traumatic Stress Disorder >

Unemployability ▾

Claim Unemployability

Unemployability

OMB Control No. 2900-0404

** Required to Continue

1

If you want to claim unemployability, continue to answer the unemployability-related questions. Unemployability will then be added to the list of disabilities when you submit your claim.

With your Disability Compensation Benefits application, you can also apply for increased compensation based on unemployability. By continuing, you are claiming total disability because of a service-connected disability that has prevented you from securing or maintaining any substantially gainful occupation.

We understand that gathering information can be difficult and time consuming. We only ask that you try to provide as much detail as you can. This is very important, as it will help to support your claim.

Information That You Will Need

Please ensure that you have the following information:

Disability

- Type of disability
- Dates during which employment was affected by disability

Medical Treatment

- Dates of treatment by doctors
- Personal information for doctors
- Dates of hospitalization
- Contact information for hospitals

Employment Search History

- Employer contact information
- Type of work
- Date applied

Employment History

- Employer contact information
- Type of work
- Dates of employment
- Time lost from illness

Time to Complete

We estimate that the Unemployability Compensation Application will take approximately one hour and 10 mins to complete.

Additional Information

Social Security Benefits: If you have a disability and meet certain medical criteria, you may qualify for Social Security or Supplemental Security Income disability benefits. If you would like more information about Social Security benefits, contact your nearest Social Security Administration (SSA) office. You can locate the address of the nearest SSA office in the blue pages of your telephone book. Look under "United States Government, Social Security Administration" or call 1-800-772-1213 (Hearing Impaired TDD line 1-800-325-0778.). You can also contact SSA online at <http://www.ssa.gov>.

** Do you want to continue a claim for individual unemployability?

☒ Yes ☐ No

Save & Continue

Previous

Exit

VETERANS BENEFITS ADMINISTRATION

60

SEP

526EZ:Disability Benefit Application Process

26. Next is the Treatment Records section

27. Select the appropriate response

28. Select the Save & Continue button

The screenshot shows the SEP Stakeholder Enterprise Portal interface. At the top, there's a header with the SEP logo and 'Stakeholder Enterprise Portal'. Below that, a navigation bar includes 'SEP', 'Dashboard', 'Representation Requests', and 'VSO Work Queue'. The main content area is titled 'Disability Compensation Benefits' and features a tabbed interface with 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records' (highlighted with a red box), 'Employment & Education History', 'Special Circumstances', 'Supporting Documents', and 'Final Review & Submission'. The 'Treatment Records' tab is active, showing 'VA Medical Center Treatment History'. A red arrow points from the 'Treatment Records' tab to the 'VA Medical Center Treatment History' section. Below this, a message states: 'VA is responsible for getting relevant records from a federal facility, such as a VA medical center. You must first adequately identify the facility and authorize us to obtain the records. We will provide a medical examination for you, or get a medical opinion, if we determine that either or both are necessary to decide your claim.' A red box highlights the question: 'Have you received any medical treatment at a VA Medical Center?' with radio buttons for 'Yes' and 'No'. Another red arrow points from the 'Save & Continue' button to the question. The 'Save & Continue' button is highlighted with a red box. At the bottom, there are links for 'About Us', 'FAQ', and 'Site Map'.

SEP

526EZ:Disability Benefit Application Process

29. Next is the Special Circumstances section

30. Select the check box(es) next to the special benefit(s) that you wish to include with the Veteran's application

The screenshot shows the SEP Stakeholder Enterprise Portal interface. At the top, there's a header with the SEP logo and 'Stakeholder Enterprise Portal'. Below that, a navigation bar includes 'SEP', 'Dashboard', 'Representation Requests', and 'VSO Work Queue'. A status bar shows 'Currently Representing: MARSHALL, VERA', '\$\$N: XXX-XX-7498', 'Location: NASHVILLE, TN', and 'Represented Through: American Legion'. The main section is titled 'Disability Compensation Benefits' and includes a 'Print Incomplete Forms' button. A horizontal menu contains tabs: 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records', 'Employment & Education History', 'Special Circumstances' (highlighted with a red box), 'Supporting Documents', and 'Final Review & Submission'. Below the 'Special Circumstances' tab, there's a section titled 'Your Special Circumstances' with a sub-header 'In this Section' and a dropdown menu 'Special Circumstance Claims'. The main content area asks, 'Would you like to file for additional compensation benefits? Select the benefits that you would like to receive by checking the boxes to the left of the following list. The appropriate form (if applicable) will be included with your recommended supporting documents.' A list of benefits follows, each with a checkbox: 'Veteran Aid and Attendance (Special Monthly Compensation/Housebound Benefits)', 'Spouse Aid and Attendance', 'Automobile Allowance and Adaptive Equipment', 'Specially Adapted Housing' (checked), and 'Temporary Total Disability'. A red box highlights the entire list of benefits, and a red arrow points from the text 'Special benefit(s)' to the 'Specially Adapted Housing' checkbox. At the bottom, there are buttons for 'Save & Continue', 'Previous', and 'Exit'.

SEP

526EZ:Disability Benefit Application Process

31. Once selections are made, informative material is provided

32. Select Yes or No radio buttons to proceed

33. Select Save & Continue button

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Employment & Education History Special Circumstances Supporting Documents Final Review & Submission

In this Section

- Special Circumstance Claims
- Aid & Attendance
- Claim Veteran Aid and Attendance

Veteran Aid and Attendance OMB Control No. 2800-0721

**** Required to Continue**

To support a claim for increased benefits based on the need for aid and attendance, the evidence must show that, due to your service-connected disability or disabilities, you meet one of the following requirements:

- You require the aid of another person to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, using the bathroom, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment.
- or
- You are bedridden, in that your disabilities require that you remain in bed apart from any prescribed course of convalescence or treatment.
- or
- You are a patient in a nursing home because of mental or physical incapacity

Veterans Housebound Benefits

To support a claim for increased benefits based on an additional disability or being housebound, the evidence must show A or B, below:

A. You have:

- (1) a single service-connected disability evaluated as 100 percent disabling; and
- (2) an additional service-connected disability, or disabilities, evaluated as 60 percent or more disabling.
- or

B. You have:

- (1) a single service-connected disability evaluated as 100 percent disabling; and
- (2) due solely to your service-connected disability or disabilities, you are permanently and substantially confined to your immediate premises.

**** Do you want to continue your claim for aid and attendance/housebound benefits?**

☐ Yes ☐ No

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

34. Select the link to download a VA form below each of the form titles

SEP Stakeholder Enterprise Portal

Logged in as: Betty Jackson
VSO Representative

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: NASHVILLE, TN Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information	Military Service History	Disability Records	Treatment Records	Employment & Education History	Special Circumstances	Supporting Documents	Final Review & Submission
-----------------------	--------------------------	--------------------	-------------------	--------------------------------	-----------------------	----------------------	---------------------------

In this Section

- Documents to Download and Complete
- Documents to Include with Your Application

Documents to Download and Complete

OMB Control No. 2900-0747

To process your application, we need you to complete the recommended paper (PDF) forms listed on this page. These forms will serve as supporting documents for your claim.

Note: Some of the forms are pre-filled with information that you entered in your online application. Please print the recommended forms and verify that any pre-filled information is accurate. If you find errors, go back and make any necessary changes to your online application, then download the PDF documents again. You can then print, complete, scan, and upload the documents.

The Individual Unemployability Application and the Post-Traumatic Stress Disorder Statement are now available from this Disability Compensation Benefits application.

Note: We no longer provide access to paper versions of VA Form 21-8940 (Individual Unemployability) or VA Form 21-0781/781a (Post-Traumatic Stress Disorder Statement). If you need to complete those forms, you should return to the Disability Records section.

Forms for You

Documents	Instructions
Individual Unemployability (VA Form 21-4192) Download a blank VA form 21-4192 for you	Complete the following forms to apply: VA Form 21-4192: Have your employer complete Section II and III of VA Form 21-4192 and upload it to submit with this application.
Specially Adapted Housing (VA Form 26-4555) Download a blank VA form 26-4555 for you	Complete the following form to apply: VA Form 26-4555: Complete VA Form 26-4555 and upload it to submit with this application. Remember to sign and date the form!

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

35. The system will present the Upload Documents screen

36. Select **Add or Remove Files** to upload supporting documents and attach them to the application

SEP ▾ Dashboard Representation Requests VSO Work Queue

Currently Representing: MARSHALL, VERA SSN: XXX-XX-7498 Location: NASHVILLE, TN Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Employment & Education History Special Circumstances **Supporting Documents** Final Review & Submission

In this Section

- Documents to Download and Complete
- Documents to Include with Your Application**

Documents to Include with Your Application

ONIB Control No. 2900-0747

Upload your supporting documents, including additional forms and any records that will expedite the processing of your claim. If a DBQ appears more than once, select any row with your DBQ listed to upload your document (only need to upload the DBQ once if it supports multiple conditions).

You can skip this step, but completing the documents helps to ensure that we have the necessary details to process your application.

The Individual Unemployability Application and the Post-Traumatic Stress Disorder Statement are now available from this Disability Compensation Benefits application.

Note: We no longer provide access to paper versions of VA Form 21-8940 (Individual Unemployability) or VA Form 21-0781/781a (Post-Traumatic Stress Disorder Statement). If you need to complete those forms, you should return to the Disability Records section.

[Need to Fax or Mail Documents?](#)

For	Documents	Action
Vera A Marshall 12/09/1965	Optional Documents (Private medical, VA medical, service treatment, or personnel records) You have not yet uploaded a file.	Add or Remove Files
Vera A Marshall 12/09/1965	Post-Traumatic Stress Disorder (Police reports, treatment records, military performance reports, buddy statements, Form DD214, personnel records, decorations, awards, or medal citations, or other documents such as news articles, photos, etc.) You have not yet uploaded a file.	Add or Remove Files
Vera A Marshall 12/09/1965	Individual Unemployability (VA Form 21-4192) You have not yet uploaded a file.	Add or Remove Files
Vera A Marshall 12/09/1965	Specially Adapted Housing (VA Form 26-4555) You have not yet uploaded a file.	Add or Remove Files

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

37. The system pre-fills the VA Form with the data entered as you progress through the application.

38. Submitted forms can be viewed by returning to the Online Application Dashboard within SEP.

13:17 CDT 08/21/2014 #287099 Submitted Electronically
Submitted by POA - 5103 notice emailed/messaged to Veteran on this date: 08/21/2014

OMB Control No. 2900-0747
Respondent Burden: 25 minutes

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE) Application Initiated: 08/19/2014 11:02	
APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS			
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 8 before completing the form.			
SECTION I: IDENTIFICATION AND CLAIM INFORMATION			
1. VETERAN/SERVICE MEMBER NAME (Last, first, middle) gilbert Joseph price		2. SOCIAL SECURITY NUMBER 796-36-4500	
3. DATE OF BIRTH (MM,DD,YYYY) 09/17/1994			
4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. HAVE YOU EVER FILED A CLAIM WITH VA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in Item 6)	
6. VA FILE NUMBER 796-36-4500			
7A. CURRENT MAILING ADDRESS see attached		7B. FORWARDING ADDRESS	
Street address, rural route, or P.O. Box Apt. number		Street address, rural route, or P.O. Box Apt. number	
City State ZIP Code Country		City State ZIP Code Country	
7C. TELEPHONE NUMBERS (Include Area Code)			
DAYTIME (828)294-1075			
EVENING ()			
CELL PHONE ()			
8A. PREFERRED E-MAIL ADDRESS (If applicable)		8B. ALTERNATE E-MAIL ADDRESS (If applicable)	
9. LIST THE DISABILITY(IES) YOU ARE CLAIMING (If applicable, identify whether a disability is due to a service-connected disability, is due to confinement as a Prisoner of War, is due to exposure to Agent Orange, Asbestos, Mustard Gas, Ionizing Radiation, or Gulf War Environmental Hazards, or is related to benefits under 38 U.S.C. 1151). Please list your contentions below. See the following examples, for more information:			

SEP

526EZ:Disability Benefit Application Process

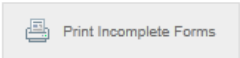
Final Review and Submission

1. Continue to the Final Review and Submission step
2. The system will now review the current information in the application and display any errors or warnings

The screenshot displays the SEP 526EZ Disability Benefit Application Process interface. At the top, a navigation bar includes links for SEP, Dashboard, Representation Requests, and VSO Work Queue. Below this, a header bar shows the user's current representation details: PAYNE, EDDIE, SSN: XXX-XX-2783, Location: WASHINGTON, DC, and Represented Through: Disabled American Veterans. The main content area is titled "Disability Compensation Benefits" and features a progress bar with steps: Applicant Information, Military Service History, Disability Records, Treatment Records, Special Circumstances, Supporting Documents, and Final Review & Submission. The "Final Review & Submission" step is currently active. A "Print Incomplete Forms" button is located in the top right corner. Below the progress bar, a "Completion Check" section displays a green checkmark and the message "You have no errors or warnings." At the bottom, there are three buttons: "Save & Continue", "Previous", and "Exit".


SEP ▾ Dashboard Representation Requests VSO Work Queue

Currently Representing: PAYNE, EDDIE SSN: XXX-XX-2783 Location: WASHINGTON, DC Represented Through: Disabled American Veterans

Disability Compensation Benefits 

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

Completion Check OMB Control No. 2900-0747

 You have no errors or warnings.

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

Disability Compensation Benefits [Print Incomplete Forms](#)

[Applicant Information](#) [Military Service History](#) [Disability Records](#) [Treatment Records](#) [Special Circumstances](#) [Supporting Documents](#) [Final Review & Submission](#)

Final Review

Thank you for completing your compensation application. If you have any missing information, use the navigation menu on the left to return to the appropriate section.

Important: Save your changes and return to this page when you are ready to submit your application.

Basic Information

Name: Eddie Thomas Payne
Gender: MALE
Date of Birth: 06/17/1981
Social Security Number: 796-12-2783
VA File Number: 796-12-2783

Contact Information

For Compensation & Pension

Address: 1800 G ST NW, WASHINGTON, DC 20037
Primary Phone: (456) 342-5679 - (456) 342-5679
Secondary Phone: (555) 666-7777

Payment Information

For Compensation & Pension and Post-9/11 GI Bill Benefits

[Edit Section](#)

Benefit	Payment Method	Account	Financial	Routing	Account
Compensation & Pension	Direct Deposit				

Military Pay Declarations

[Edit Section](#)

Receiving Military Pay: No

Disability Records

Previously Filed a Claim: Yes

Reported Disability Records		
Name	Type	Decision
Abnormal heart	Primary	Service Connected

Post Traumatic Stress Disorder

Claim Post Traumatic Stress Disorder: No

Unemployability

Claim Unemployability: No

VAMC Treatment History

Treated at Any VA Medical Centers: No

Other Special Circumstances

[Edit Section](#)

Claim Veteran Aid and Attendance (Special Monthly Compensation/Housebound Benefits): No
Claim Spouse Aid and Attendance: No
Claim Automobile Allowance and Adaptive Equipment: No
Claim Specially Adapted Housing: No
Claim Temporary Total Disability: No

Supporting Documents

[Edit Section](#)

Supporting Documents Uploaded	
For	Document
You did not upload any supporting documents.	

[Save & Continue](#) [Previous](#) [Exit](#)

3. On the next Final Review Page, check all of the information entered throughout the Disability Compensation Benefits Application to ensure that it is correct.

SEP

526EZ:Disability Benefit Application Process

Disability Compensation Benefits

Applicant Information	Military Service History	Disability Records	Treatment Records	Special Circumstances	Supporting Documents	Final Review & Submission
-----------------------	--------------------------	--------------------	-------------------	-----------------------	----------------------	---------------------------

Next Steps

** Required to Continue

This application was last sent to the Veteran Service Organization (VSO) for review. You can submit on behalf of the Veteran review or return the application for additional VSO review and action.

** What would you like to do next?

- ☐ Submit on Behalf of Veteran
- ☐ Send for Veteran Review
- ☒ Return for Additional VSO Review and Action

Save & Continue

Previous

Print Incomplete Forms

The Final Review and Submission section differs between Veterans and VSOs, and between VSO roles.

Disability Compensation Benefits

Applicant Information	Military Service History	Disability Records	Treatment Records	Special Circumstances	Supporting Documents	Final Review & Submission
-----------------------	--------------------------	--------------------	-------------------	-----------------------	----------------------	---------------------------

Send Application for Veteran Service Organization (VSO) Review

OMB Control No. 2900-0747

Thank you for completing a draft of the Compensation Benefits Application on behalf of the Veteran. You can now send the application to the VSO for review. The Veteran will receive notification at the eBenefits Message Center (if the Veteran has an eBenefits account) and by email.

Veteran's Information

Please review the following information for the Veteran:

Name: miriam J richardson

eBenefits Account: This Veteran has an eBenefits account.

Primary Email: kathleen.calvitti@va.gov

If this email address is incorrect, encourage the Veteran to update their personal contact information on eBenefits to show the current, correct address.

Continue

Previous

Exit

VSO Representative Electronic Claim Submission Process roles:

- Representatives *with* authority to submit claims on behalf of the Veteran
- Representatives *without* authority to submit claims on behalf of the Veteran

SEP

526EZ:Disability Benefit Application Process

“Representative Without Authority” Role:

1. Review the Send Application for Veterans Service Organization (VSO) Review screen for accuracy
2. Select Continue button

These representatives are defaulted to require review from the Veteran Service Organization.

SEP Stakeholder Enterprise Portal

Logged in as: BETTY JACKSON, VSO Representative

Log out

Return to AccessVA

SEP Dashboard Representation Requests VSO Work Queue

Currently Representing: RICHARDSON, MIRIAM SSN: XXX-XX-7850 Location: WASHINGTON, DC Represented Through: American Legion

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

Send Application for Veteran Service Organization (VSO) Review OMB Control No. 2900-0747

Thank you for completing a draft of the Compensation Benefits Application on behalf of the Veteran. You can now send the application to the VSO for review. The Veteran will receive notification at the eBenefits Message Center (if the Veteran has an eBenefits account) and by email.

Veteran's Information

Please review the following information for the Veteran:

Name: miriam J richardson

eBenefits Account: This Veteran has an eBenefits account.

Primary Email: kathleen.calvitti@va.gov

If this email address is incorrect, encourage the Veteran to update their personal contact information on eBenefits to show the current, correct address.

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

3. Preview of message to the Veteran is displayed
4. Review message
5. Select the Send for Review button

The screenshot displays the 'Disability Compensation Benefits' application interface. At the top, there is a navigation bar with tabs: Applicant Information, Military Service History, Disability Records, Treatment Records, Special Circumstances, Supporting Documents, and Final Review & Submission. The 'Final Review & Submission' tab is currently selected. Below the navigation bar, the title 'Send Application for Veteran Service Organization (VSO) Review' is shown, along with the OMB Control No. 2900-0747. The main content area is titled 'Message to Veteran' and contains a preview of a message. The message subject is 'Status update to your pending draft application for Compensation Benefits'. The message body starts with 'Dear Veteran:' and informs the user that the American Legion representative has completed an action on their application. It states the current status is 'Pending Veteran Service Organization (VSO) Review' and provides instructions on how to make changes or apply for benefits. At the bottom of the message preview, there is a red arrow pointing to a blue button labeled 'Send for Review'. To the right of this button is a 'Previous' button, and further right is an 'Exit' button.

Disability Compensation Benefits Print Incomplete Forms

Applicant Information > Military Service History > Disability Records > Treatment Records > Special Circumstances > Supporting Documents > Final Review & Submission

Send Application for Veteran Service Organization (VSO) Review OMB Control No. 2900-0747

Message to Veteran

The following messages will be sent to miriam J richardson through the eBenefits Message Center and/or by email.

Subject: Status update to your pending draft application for Compensation Benefits

Message:

Dear Veteran:

American Legion, your Representative for VA Claims, has completed an action involving your Compensation Benefits Application.

The current status of your draft application is now Pending Veteran Service Organization (VSO) Review.

If you need to make additional changes to your application, do not reply to this email. Instead, do one of the following:

- Promptly contact American Legion and ask the representative to make changes on your behalf, or
- (1) Log in to <http://www.ebenefits.va.gov> with your Premium (Level 2) DS Logon account; (2) Click the **Apply for Benefits** link in the upper left of the home page; (3) On the Apply for Benefits page, click the **Apply for Disability Compensation** link; (4) Find Compensation Benefits, then click the **Apply Now** link.

Don't have a Premium (Level II) DS logon account for eBenefits? Register now at <https://myaccess.dmdc.osd.mil/identitymanagement/registration.do>

For any additional information regarding your claim, please contact your Veteran Service Organization.

For more information on your VA benefits, visit <http://www.ebenefits.va.gov>, contact your VSO, or call 1-800-827-1000.

Send for Review Previous Exit

SEP

526EZ:Disability Benefit Application Process

“Representative With Authority” Role:

The Next Steps screen presents a few options:

- Send for Veteran Review
- Return for Additional VSO Review and Action
- Submit on behalf of a Veteran

1. Select the radio button for the desired option
2. Select the Save & Continue button

Applicant Information Military Service History Disability Records Treatment Records Employment & Education History Special Circumstances Supporting Documents Final Review & Submission

Next Steps

** Required to Continue

Thank you for completing a draft of the Compensation Benefits Application on behalf of the Veteran. To complete the process, you can submit the application on their behalf. You can also send the application for Veteran review or return the application for additional Veteran Service Organization (VSO) review and action.

*** What would you like to do next?

- ☐ Submit on Behalf of Veteran
- ☐ Send for Veteran Review
- ☐ Return for Additional VSO Review and Action

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

Option 1: Send Application for Veteran Review

1. Review information in the Send Application for Veteran Review screen for accuracy
2. Select Continue button
3. Veterans will receive notification in their eBenefits Message Center

Disability Compensation Benefits Print Incomplete Forms

Applicant Information > Military Service History > Disability Records > Treatment Records > Special Circumstances > Supporting Documents > **Final Review & Submission**

Send Application for Veteran Review OMB Control No. 2900-0747

You can now send this application to the Veteran for review. The Veteran will receive notification at the eBenefits Message Center (if the Veteran has an eBenefits account) and by email.

To complete the process, the Veteran must review, certify, and submit the application.

Veteran's Information

Please review the following information for the Veteran:

Name: miriam J richardson
eBenefits Account: This Veteran has an eBenefits account.
Primary Email: kathleen.calvitti@va.gov

If this email address is incorrect, encourage the Veteran to update their personal contact information on eBenefits to show the current, correct address.

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

4. Preview the message to the Veteran

5. Select the **Send for Review** button

Send Application for Veteran Final Review and Submission OMB Control No. 2900-0747

Message to Veteran

The following messages will be sent to miriam J richardson through the eBenefits Message Center and/or by email.

Subject: Draft application for Compensation Benefits ready for review and submission

Message:

Dear Veteran:

American Legion, your Representative for VA Claims, has completed a draft Compensation Benefits Application on your behalf.

What you need to do now:

1. If you haven't already, log into <http://www.eBenefits.va.gov>.
2. Review your application.
3. Certify that your application is accurate.
4. Submit your application.

Note: VA cannot take action on your application until you certify and submit it.

If you need to make additional changes to your application, do not reply to this email. Instead, do one of the following:

- Promptly contact American Legion and ask the representative to make changes on your behalf; or
- (1) Log in to <http://www.eBenefits.va.gov> with your Premium (Level 2) DS Logon account; (2) Click the **Apply for Benefits** link in the upper left of the home page; (3) On the Apply for Benefits page, click the **Apply for Disability Compensation** link; (4) Find Compensation Benefits, then click the **Apply Now** link.

Don't have a Premium (Level II) DS logon account for eBenefits? Register now at <https://myaccess.dmdc.osd.mil/identitymanagement/registration.do>

For any additional information regarding your claim, please contact your Veteran Service Organization.

For more information on your VA benefits, visit <http://www.eBenefits.va.gov>, contact your VSO, or call 1-800-827-1000.

Send for Review Previous Exit

SEP

526EZ:Disability Benefit Application Process

Option 2: Return for Additional VSO Review and Action

1. Enter comments in the Review Comments field of the Review Comments screen
2. Select the Save & Continue button

Disability Compensation Benefits Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

Return for Additional Veteran Service Organization (VSO) Review and Action OMB Control No. 2900-0747

**** Required to Continue**

**** Review Comments**
You can now return this application for additional VSO review and action. The comments will be shared with the reviewer. Please provide any comments about this application and your request for review and action.

0 of 0 characters remaining

Save & Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

3. Review the information in the Return for Additional VSO Review and Action screen
4. Select Continue

Disability Compensation Benefits

Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents Final Review & Submission

Return for Additional Veteran Service Organization (VSO) Review and Action OMB Control No. 2900-0747

The Veteran will receive notification at the eBenefits Message Center (if the Veteran has an eBenefits account) and by email.

Veteran's Information

Please review the following information for the Veteran:

Name: miriam J richardson
eBenefits Account: This Veteran has an eBenefits account.
Primary Email: kathleen.calvitti@va.gov

If this email address is incorrect, encourage the Veteran to update their personal contact information on eBenefits to show the current, correct address.

Continue Previous Exit

SEP

526EZ:Disability Benefit Application Process

5. Preview of the message that will be sent to the Veteran
6. Select the 'Send for Review' button to send the message to the Veteran for review and submission
7. Veterans will receive notification via their eBenefits Message Center.

Disability Compensation Benefits Print Incomplete Forms

Applicant Information Military Service History Disability Records Treatment Records Special Circumstances Supporting Documents **Final Review & Submission**

Return for Additional Veteran Service Organization (VSO) Review and Action OMB Control No. 2900-0747

Message to Veteran

The following messages will be sent to miriam J richardson through the eBenefits Message Center and/or by email.

Subject: Status update to your pending draft application for Compensation Benefits

Message:

Dear Veteran:

American Legion, your Representative for VA Claims, has completed an action involving your Compensation Benefits Application. The current status of your draft application is now Pending Additional Veteran Service Organization (VSO) Review and Action. If you need to make additional changes to your application, do not reply to this email. Instead, do one of the following:

- Promptly contact American Legion and ask the representative to make changes on your behalf; or
- (1) Log in to <http://www.ebenefits.va.gov> with your Premium (Level 2) DS Logon account; (2) Click the **Apply for Benefits** link in the upper left of the home page; (3) On the Apply for Benefits page, click the **Apply for Disability Compensation** link; (4) Find Compensation Benefits, then click the **Apply Now** link.

Don't have a Premium (Level II) DS logon account for eBenefits? Register now at <https://myaccess.dmdc.osd.mil/identitymanagement/registration.do>

For any additional information regarding your claim, please contact your Veteran Service Organization.

For more information on your VA benefits, visit <http://www.ebenefits.va.gov>, contact your VSO, or call 1-800-827-1000.

Send for Review Previous Exit

SEP

526EZ:Disability Benefit Application Process

Option 3: Submit Application on Behalf of the Veteran

1. Ensure the Veteran's email and eBenefits account status is correct.
2. Select the Save & Continue button to move to the next screen.

The screenshot shows a web interface for submitting a disability benefit application on behalf of a veteran. At the top, a navigation bar contains several tabs: 'Applicant Information', 'Military Service History', 'Disability Records', 'Treatment Records', 'Employment & Education History', 'Special Circumstances', 'Supporting Documents', and 'Final Review & Submission'. The 'Disability Records' tab is currently selected. Below the navigation bar, the main heading is 'Submit Application on Behalf of the Veteran'. A paragraph of text states: 'You can now submit this application on behalf of the Veteran. The Veteran will receive notification at the eBenefits Message Center (if the Veteran has an eBenefits account) and by email.' Below this, there is a section titled 'Veteran's Information' with the instruction 'Please review the following information for the Veteran:'. A light blue box contains the following details: 'Name: Veteran Name', 'eBenefits Account: This Veteran has an eBenefits account.', and 'Primary Email: email@email.com'. Below this box, a note reads: 'If this email address is incorrect, encourage the Veteran to update their personal contact information on eBenefits to show the current, correct address.' At the bottom of the form, there are three buttons: 'Continue' (highlighted with a red rectangle and a red arrow), 'Previous' (disabled), and 'Exit' (disabled).

SEP

526EZ:Disability Benefit Application Process

3. Select the radio button to indicate whether or not you have enclosed all the necessary evidence.
4. Select the Save & Continue button to move to the next screen.

Currently Representing: PAYNE, EDDIE SSN: XXX-XX-2783 Location: WASHINGTON, DC Represented Through: Disabled American Veterans

Disability Compensation Benefits

[Print Incomplete Forms](#)

Applicant Information > Military Service History > Disability Records > Treatment Records > Special Circumstances > Supporting Documents > **Final Review & Submission**

Evidence Certification

OMB Control No. 2900-0747

**** Required to Continue**

**** Have you enclosed all evidence?**

☐ Fully Developed Claim: I certify that I have submitted all of the information or evidence that will support my claim, including an identification of relevant records available at a federal facility such as a VA Medical Center; or, I have no information or evidence to give VA to support my claim.

☐ Standard Claims Processing: I do not want my claim considered for rapid processing under the FDC Program, because I plan to submit further evidence in support of my claim.

Submit Previous Exit

SEP

526EZ:Disability Benefit Application Process

5. Congratulations!

Submitting the application on behalf of the veteran was successful. You can now return to the Online Application Dashboard.

Currently Representing: PAYNE, EDDIE SSN: XXX-XX-2783 Location: WASHINGTON, DC Represented Through: Disabled American Veterans

Disability Compensation Benefits

Thank you for submitting the Compensation Benefits Application on behalf of Eddie Thomas Payne. OMB Control No. 2900-0747

The confirmation number is 600010920. You can view and print a copy of your completed application from the Online Applications Dashboard. We have notified the Veteran of the status of the application. The message was sent to the following:

- eBenefits Message Center

What's Included

The application and supporting documents were submitted to the VA for review by a claims agent. The submission includes the following documents:

- VA Form 21-526EZ: Application for Disability Compensation

Get Additional Information

For additional information or assistance, call our toll-free number at 1-800-827-1000. A benefit counselor is available to answer your questions and provide you with any additional information you need about VA benefits and the claims process.

Track Your Claim

You can now track the status of your claim online. [View the status of your claim](#). Please be aware that DBQ forms may change over the course of your claim's life due to changes in law and policy. You will NOT be required to do anything or submit additional evidence. If additional medical evidence is required to rate your claim, VA will establish a DBQ exam for you free of charge.

Learn More about the FDC Program

Don't forget to submit your claim as a fully developed claim. For more information on the FDC Program [visit our website](#).

Related Actions

[Declare or manage your dependent information.](#)

[Go to the Online Applications Dashboard](#)

SEP

526EZ:Disability Benefit Application Process

- The Electronic Claims Submission Process dashboard may reflect the status of open applications as depicted below

Open Applications

You can edit or submit any of your open applications anytime. If a Veteran Service Organization (VSO) is completing or reviewing your application, you should wait and contact your VSO before submitting. Note that unsubmitted applications will be deleted when they expire.

Application Type	Status	Created	Last Updated	Last Opened	Expires	Actions
Compensation Benefits	Pending Veteran Review	Aug 12, 2013	Aug 12, 2013	Aug 12, 2013	Aug 12, 2014	Continue Delete

Open Applications

You can edit or submit any of your open applications anytime. If a Veteran Service Organization (VSO) is completing or reviewing your application, you should wait and contact your VSO before submitting. Note that unsubmitted applications will be deleted when they expire.

Application Type	Status	Created	Last Updated	Last Opened	Expires	Actions
Compensation Benefits	Pending VSO Review	Aug 13, 2013	Aug 13, 2013	Aug 13, 2013	Aug 13, 2014	Continue Delete

Open Applications

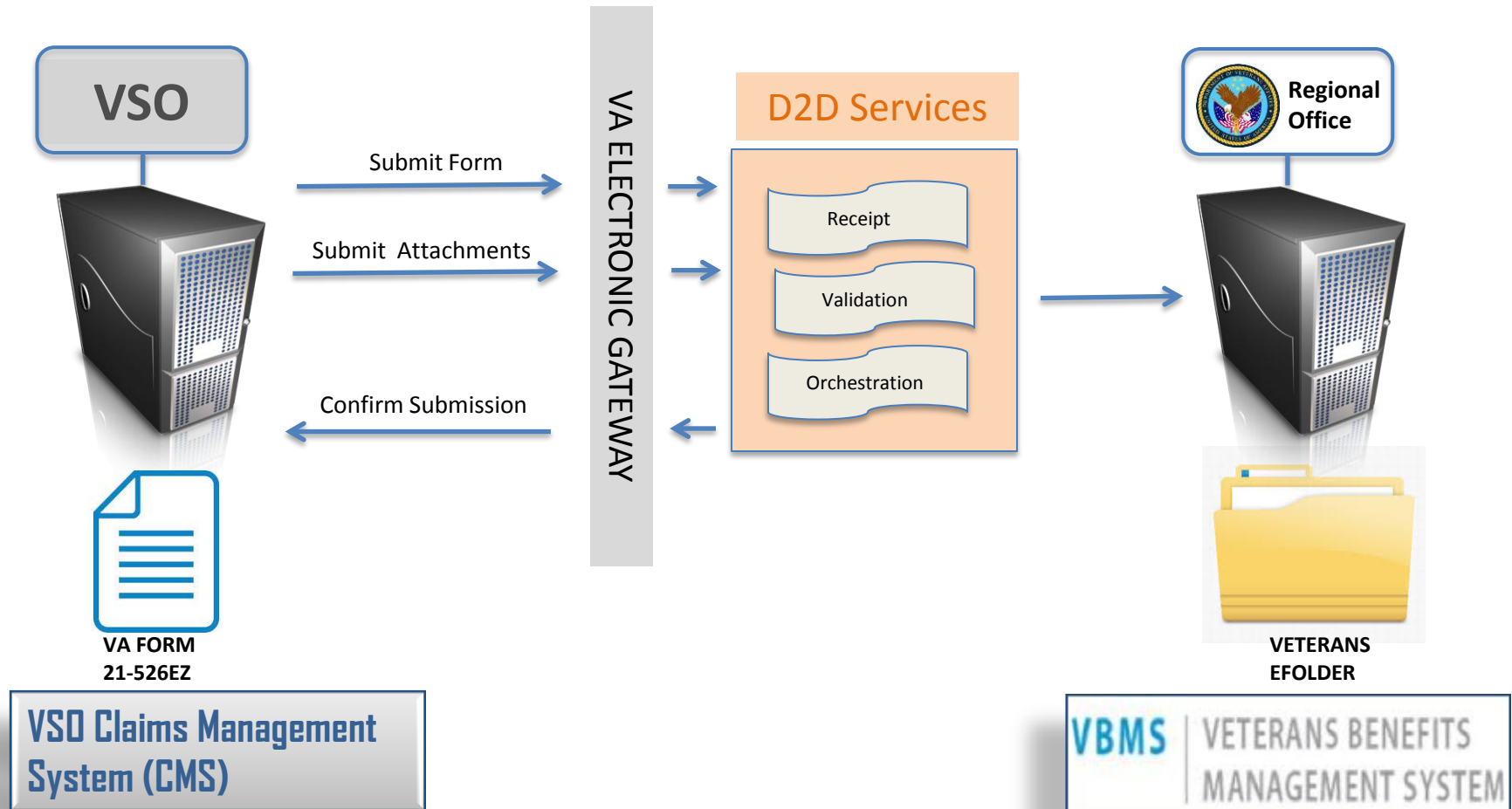
You can edit or submit any of your open applications anytime. If a Veteran Service Organization (VSO) is completing or reviewing your application, you should wait and contact your VSO before submitting. Note that unsubmitted applications will be deleted when they expire.

Application Type	Status	Created	Last Updated	Last Opened	Expires	Actions
Compensation Benefits	Pending Additional VSO Review and Action	Aug 13, 2013	Aug 13, 2013	Aug 13, 2013	Aug 13, 2014	Continue Delete

Check the status of
an open
application here
any time!

Digits-to-Digits (D2D) Overview for the Veteran Services Organizations (VSO)

How D2D Works



Release 1 Scope of D2D

Accept Fully Developed Claim (FDC)

D2D Services

Receipt

Validation

Orchestration

Allows Submission of Supporting Documents for FDC in Portable Document Format (PDF)

Allows Submission of Claims for Veterans in Corporate System

Support PDF of other VA Forms

Computable Data will Include Compensation Claim



VA FORM
21-526EZ

Notifications Delivered to Veterans when VA Receives FDC and Supporting Documents

- **Note:** D2D is scheduled to go-live NLT 4th Quarter of FY 2014
 - D2D in this first release will be able to process digitally the 526EZ form – all other forms/evidence can be accepted as attachments

D2D Pilot Participants

VSO	Supporting Software Vendor	VSO Claims System Hosted By:
AMVETS	BeneVets	BeneVets
(State of) Virginia	BeneVets	BeneVets
(State of) Georgia	VetraSpec	VetraSpec
(State of) Tennessee	VetraSpec	VetraSpec
VFW	VetraSpec	VetraSpec
(State of) Kansas	Iron Data	Kansas
(State of) Kentucky	ER Partners	Kentucky
(State of) Illinois	N/A – utilize in-house solution	Illinois
(State of) California	Panoramic Software	Panoramic Software

- **Question:** When do we believe we can begin the “onboarding process” for non-pilot VSOs/Vendors?
 - Potentially, may be able to initiate the process as soon as September 2014
 - Level of difficulty associated with the onboarding process varies with each VSO and the technical support that is available to them

Overall Status of the D2D Project

- **Pilot User Acceptance Testing, UAT Schedule**
 - Silver Environment is in progress.
 - Pre production testing is scheduled to begin September 19th
 - Production is scheduled to begin September 26th
- **Live Pilot**
 - Start date is based on the success of pre-production testing (Oct)
 - Will last approximately 90 days
 - Will only include pre-selected VSOs to submit applications
- **Go-Live (Draft plan)**
 - Tentatively scheduled for January
 - New participants will on board in increments due to limited resources and schedule
 - 3-5 new vendors will occur in the first wave and will last approximately 2-3 weeks for testing.
 - New participants should start preparing now to be prepared
 - The VSO must have a Memorandum Of Understanding (MOU) signed and the vendor must have a Data Transfer Agreement (DTA)
- **Release 2 features**
 - Requirements expected to be finalized next week
 - Tentative release in January
 - IMS due next week from the IT team

For More Information

Please visit the D2D public facing website for Frequently Asked Questions (FAQs) and for more information :

<http://www.innovation.va.gov/program-d2d.html>

Your Primary Points of Contact (POCs):

D2D Business Lead

Chris Hluchyj (Christopher.Hluchyj@va.gov)

D2D Project Support

Sam Patrick (samuel.patrick@va.gov)

Kyle Whitley (kyle.whitley@va.gov)

Jude Michel (mariejude.michel@va.gov)

Contacts

National Service Desk	855-673-4357	ITSC@va.gov
eBenefits Technical Support	800-983-0937	
eBenefits General Questions and Remote Proofing	800-827-1000	
DSC Help Desk	800-477-8227	
DSO Help Desk	800-538-9552	
Office of General Counsel (POA Codes)		ogcaccreditationmailbox@va.gov
Benefits Assistance Services Data Mismatch Help	800-827-1000 Option 7	ogcdata.VBAVACO@va.gov
PIV Help Desk	855-673-4357, Opt 6, Opt 2	pivhelprequests@va.gov
VSO Dedicated Support Line	855-225-0709	
EVSS Helpdesk		EVSSHelpdesk@va.gov
SEP Inbox		vrmssep.vbaco@va.gov
Norton Access Help Desk	855-632-8200	VHAISWIAMHELPDESK@va.gov