

Manual M-1, Operations. Part I, Medical Administration Activities

**Chapter 14, Seriously Ill Patients and Deaths (Sections I through XIV
(Paragraphs 14.01 through 14.76); Figure 14.1**

Rescinds Chapter 14 dated October 30, 1989

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PART I
M-1
CHANGE 107

VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

OPERATIONS



PART ONE

MEDICAL
ADMINISTRATION
ACTIVITIES

WASHINGTON, D.C. 20420

MAY 27, 196

M-1, Part I
Change 107

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

May 27, 1968

Part I, "Medical [Administration] Activities," VA Department of Medicine and Surgery
Manual M-1, "Operations," is published for the compliance of all concerned.

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M-1, Part I
Change 107

FOREWORD

VA Department of Medicine and Surgery Manual M-1, "Operations," promulgates certain policies and mandatory procedures concerning administrative management and medical [administration] operational activities of the Department of Medicine and Surgery. It is for [] application at all VA [] hospitals, domiciliarys, centers, regional office outpatient clinics, VA outpatient clinics, [] the VA prosthetic center, prosthetic distribution centers, and all Veterans Canteen Service installations.

This manual consists of [seven] parts as follows:

- Part I --- Medical [Administration] Activities
- Part II --- Prosthetic and Sensory Aids
- Part III --- [Domiciliary] Administration *Voluntary Services*
- Part IV --- Veterans Canteen Service
- [Part V --- Performance Standards
- Part VI --- Restoration Programs
- Part VII --- Building Management Service]

3/10/88 Part VIII: Management Analyst Program 10-30
Parts II [through V] have been issued as complete parts. Part I is comprised of [27] chapters with titles as indicated in the table of contents. Chapters, as completed, will be issued separately as changes to this manual. Each chapter has its own title page, revision page and table of contents.

This manual will ultimately rescind the provisions of VA Manuals M10-3, M10-6, and M10-11, [] pertinent to medical [administration] activities. All directives not in conflict with the provisions of this manual may be utilized for informational and guidance purposes only.

[]

6/1/88 IX - Staffing Guidelines

6/20/89 X - CHAMPVA Program (not added)

PART I. MEDICAL ADMINISTRATION ACTIVITIES

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*This Chapter was Reserved, but
was never written. It
never existed.*

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

M-1, part I, chapter 14, changes 51, 76, 96, 113, 115, 142, 146, 165, 165

M-1, part I, chapter 14, dated January 5, 1984, changes 1 and 2

M-1, part I, chapter 14, change 1, dated March 20, 1985

M-1, part I, chapter 14, change 2, dated May 13, 1988

M-1, part I, chapter 14, dated October 30, 1989

b. Interim Issues

10-73-13

10-73-16

10-73-17

10-73-20

10-74-15

10-78-35

10-79-14

10-79-53

10-50-39

10-50-69

10-51-45

10-51-50 and supplement No. 1

10-52-55

c. VHA Circulars

10-83-189

CHAPTER 14. SERIOUSLY ILL PATIENTS AND DEATHS**SECTION I. GENERAL****14.01 POLICY**

The provisions of this chapter are applicable to all VA field activities with medical activities.

a. **Serious Illnesses.** When a patient's illness becomes serious, a prompt report will be made by the medical staff so that proper administrative action can be taken and the nearest relative advised. Similarly, an improvement in the patient's condition, to the extent that the patient is no longer considered seriously ill, will be reported by the medical staff so that the extra precautions can be relaxed and the emergency addressee notified.

b. **Deaths.** When a patient dies, relatives will be assisted in arranging a dignified funeral and burial. Under no circumstances will any employee attempt to influence relatives in the selection of funeral directors, or in other decisions connected with the purchase of services or merchandise for the burial.

c. **Scheduling Activity.** Procedures will be established to ensure that the centralized Scheduling Activity is notified when a patient dies. To avoid future embarrassment through erroneous patient appointment notifications, the Scheduling Activity will cancel any pending or scheduled outpatient appointments of the deceased's.

14.02 DEFINITIONS

a. **Patients.** Those persons receiving hospital, domiciliary, or nursing home care in a VA health care facility or receiving care in a non-VA hospital or other public or private institution at VA expense.

b. **Emergency Addressee.** Any person who had been designated by the deceased, or guardian, to be notified in the event of serious illness or death. It should be noted, however, that the emergency addressee may be an intermediary only, and that authority for disposition of remains is vested in the "nearest relative".

c. **Nearest Relative.** This term includes the surviving spouse, if any; next of kin, if any; guardian, subject to applicable State laws; or nearest friend.

d. **Next of Kin.** A person 21 years of age or older unless applicable State laws allow this designation for persons of lesser age. State laws vary in the finer points of descendency and Directors should obtain more precise definitions from the District Counsel serving the VA medical center. When existent, the laws on descendency for the State where the medical center is located will be used. In the absence of applicable State laws, the term next of kin for purposes of this chapter, is as follows, with preference given in the order listed:

- (1) Surviving spouse.
- (2) Adult children (21 years of age or older), older children having preference.
- (3) Parents, including adopted parents, stepparents, and foster parents.

- (4) Adult sibling (21 years of age or older) according to age.
- (5) Uncles or aunts.
- (6) Nephews or nieces.
- (7) Others--cousins, grandparents, etc. (in-laws not included).

14.03 OBTAINING PERMISSION TO PERFORM AUTOPSIES

a. The purpose of an autopsy is to contribute to knowledge of the causes and cures of disease and disability, and in some cases to satisfy medico-legal requirements as to the cause of death. These objectives can be met only by the participation of qualified physicians. Accordingly, the request for permission to perform an autopsy normally will be made by a physician who is fully qualified and prepared to explain the purposes and the reasons for the need to perform one. The physician responsible for the care of the patient at the time of death or the certifying physician will be designated for this purpose whenever possible. In unusual circumstances when a physician is not available, the Chief, Medical Administration Service, or designee, may seek the required permission. In no event will chaplains be used to secure permission for autopsies. Chaplains may and should, however, provide advice and counsel to relatives when it is sought.

b. The provisions of 38 CFR 17.155 and VHA Manual M-2, part VI, chapter 8, apply. If permission to perform an autopsy is requested of the nearest relative at the time telephone notification of death is made, a properly recorded telephone conversation authorizing the autopsy, provided such a recording is acceptable as evidence in a judicial proceeding under applicable State laws, or a collect telegram authorizing the autopsy, is acceptable as legal proof that permission has been granted. If the nearest relative visits the VA health care facility to discuss funeral arrangements, permission may be obtained on SF 523, Clinical Record--Authorization for Autopsy. Permission to perform an autopsy cannot be given by another person prior to the death of a patient. However, a competent person can effectively give permission for an autopsy on their body following death, provided there is nothing in the statutes of the particular State depriving them of this power. A guardian, unless they are also the next of kin, will not be requested to grant permission inasmuch as a fiduciary's authority ceases at the time of death. The original copy of the authorization (SF 523, telegram, or transcript of recorded telephone conversation) will be filed in the deceased's medical records folder. The recorded telephone conversation should clearly establish the identity and acknowledgment of identification of both parties (i.e., "This is (name and title of VA employee) at the VA medical center, (location) . Am I speaking to Mary C. Doe, the widow of John A. Doe?"). After transcription, the recording will be labeled and filed in locked files so that it can be shown, if necessary, that proper precautions have been taken to prevent anyone from altering the recorded conversation. Such recordings will be disposed of in accordance with VHA Records Control Schedule 10-1. Permission for autopsy obtained by telephone or telegraph must give expressed consent to both the autopsy and the study and disposition of any tissues or parts removed, as the physicians in attendance deem proper. VA medical centers will not use telephonic and/or telegraphic permission for an autopsy when applicable State laws prohibit such procedure for other public and private hospitals of the State.

14.04 AUTOPSIES ON OUTPATIENTS AND FORMER PRISONERS OF WAR

a. The Director of a VA health care facility may authorize an autopsy to be performed on any patient who dies outside of a VA health care facility while in an active outpatient status, when such autopsy is reasonably required for any necessary purpose of the VA, including the completion of official records and the advancement of medical knowledge.

b. The VA has the authority to conduct (or contract for) an autopsy on a former prisoner of war who was not in a treatment program if such autopsy is reasonably required to obtain information not otherwise available to support a claim for VA benefits or for research purposes.

c. Consent for the autopsy will be obtained as provided in 38 CFR 17.155(e) and paragraph 14.03.

d. Cost of transporting the remains to and from the VA health care facility for the autopsy and the cost of the autopsy will be charged to Medical Care Funds.

14.05 AUTOPSIES ON OUTPATIENTS AND FORMER PRISONERS OF WAR ASSIGNED FOR RESEARCH PURPOSES

a. Autopsies may be performed on the remains of any patient of a VA health care facility who had been assigned solely for approved research purposes or who made visits solely for approved research purposes, when such autopsies serve a necessary VA purpose.

b. Consent for such autopsies will be obtained as provided in 38 CFR 17.155(e) and paragraph 14.03.

c. The costs of the autopsy and transportation of the remains will be charged to Medical Research Funds.

SECTION II. SERIOUSLY ILL PATIENTS**14.06 RESPONSIBILITY FOR DETERMINATION OF SERIOUSLY ILL CONDITION**

The physician in charge of the patient ordinarily will determine when a patient should be considered seriously ill, or, if previously reported seriously ill, is no longer considered to be in that category. The chief of service concerned will render all possible advice or assistance to ensure that such determination is proper.

14.07 REPORTING SERIOUSLY ILL PATIENTS

After the physician has determined that a patient is seriously ill, VA Form 10-2743, Report of Seriously Ill, will be prepared immediately to initiate the required administrative actions. The original, signed by the physician, will be forwarded to the Chief, Medical Administration Service, or designee, and the duplicate filed in suspense on the ward. The emergency addressee (or the nearest relative if one has not been designated), chaplain, information clerk, as well as other locally designated offices within the facility, will be promptly notified of all patients determined to be seriously ill. Regardless of whether the various notifications are made by personnel on the ward or by the Medical Administration Service, the Chief, Medical Administration Service, is responsible for ensuring that such action is taken promptly and that the form is maintained as a control record.

14.08 NOTIFICATION OF EMERGENCY ADDRESSEE OR NEAREST RELATIVE

a. The emergency addressee, unless circumstances indicate otherwise, or, if one has not been designated, the nearest relative of a patient who is considered to be seriously ill, will be notified immediately by the most expeditious means. Notification will be made preferably by telephone unless the person is visiting the health care facility at the time.

b. Utmost tact and diplomacy are essential in transmitting such messages. The information will be precise and any prognosis not warranted by the circumstances will be avoided.

c. In addition to notifying the nearest relative, the applicable service department will be advised of the serious illness of an active service patient by telecommunication, as prescribed in paragraph 14.56.

14.09 REPORTING SERIOUSLY ILL PATIENTS AFTER REGULAR DUTY HOURS

When the treating physician is not present during other than regular duty hours, the Medical Officer of the Day is responsible for determining that a patient is seriously ill. Local procedures will be established to ensure prompt notification of the chaplain and the emergency addressee and/or nearest relative, as well as completion of VA Form 10-2743.

14.10 SERIOUSLY ILL LIST--PREPARATION AND DISTRIBUTION

a. A current list of seriously ill patients will be maintained by the Medical Administration Service.

b. Data shown on the list will be obtained from VA Forms 10-2743.

c. A seriously ill list will be published daily or, if considered desirable, the list may be published weekly and information regarding changes thereto disseminated and posted daily. Distribution of the list will be as determined by the Director.

14.11 PERSONAL FUNDS AND EFFECTS

When a patient is first identified as seriously ill, Nursing Service will secure the patient's funds, valuables and effects immediately at the bed site. Building Management Service will then be notified for pickup and disposition. (This is also applicable to patients who are scheduled for surgery.) If appropriate, and the patient has no objection, a family member (if present at the health care facility) will be encouraged to assume possession of the funds, effects, or valuables for safekeeping. When indicated, the funds will be deposited with the agent cashier, and the valuables and effects collected for safekeeping and storage by the designee of Building Management Service.

14.12 VISITING HOURS

Local policy will be established to permit relatives and friends to visit seriously ill patients during other than regular visiting hours. The length of these visits will be determined by the physician in attendance.

14.13 REMOVAL FROM SERIOUSLY ILL STATUS

a. When the medical staff has determined that a patient is no longer considered seriously ill, the duplicate VA Form 10-2743 in the suspense file on the ward will be

completed, signed by the physician, and forwarded to the Medical Administration Service.

b. As deemed necessary, interested personnel within the health care facility will be advised by means considered most appropriate.

c. The emergency addressee, or the nearest relative if an emergency addressee has not been designated, will be advised by the most expeditious means, preferably by telephone unless the person is visiting the health care facility at the time. Routine letters are not considered appropriate except under unusual circumstances.

d. Regardless of whether the various notifications are made by personnel on the ward or by the Medical Administration Service, the Chief, Medical Administration Service is responsible for ensuring that such action is taken. The seriously ill list will be appropriately annotated and the VA Forms 10-2743 will be filed with the patient's administrative records.

14.14 PROCESSING OF VA FORM 10-2743 ON DEATH

On the death of a patient who had been reported seriously ill, the duplicate copy of the VA Form 10-2743, completed to show the hour and date of death, will be routed to the Medical Administration Service.

SECTION III. NOTIFICATION OF DEATH--FUNERAL AND BURIAL ARRANGEMENTS--VA MEDICAL CENTERS AND DOMICILIARIES

14.15 NOTIFICATION OF PERSONNEL WITHIN THE MEDICAL CENTER OR DOMICILIARY

When a patient dies, the Chief, Medical Administration Service, or designee, will be notified immediately. As determined necessary, other interested personnel such as the chaplain, pathologist, telephone operator and/or information clerk will also be advised.

14.16 UNUSUAL DEATH

The provisions of VHA Supplement to MP-1, part I, chapter 2, apply in the case of a death resulting from violence or accident, such as suicide, homicide, untoward reaction to anesthesia or drugs, assault, transfusion accident, blood incompatibility, error in judgment, neglect of patient, firearms, fire, or explosion. VA Form 10-2633, Report of Special Incident Involving a Beneficiary, will be initiated immediately.

14.17 NOTIFICATION OF NEAREST RELATIVE--GENERAL

a. Notification will be made to the designated emergency addressee, unless circumstances indicate otherwise. Whenever possible, the certifying physician will inform the emergency addressee, or, if one has not been designated, the nearest relative that death has occurred.

b. Permission to perform an autopsy will be requested from the nearest relative by the physician responsible for the care of the patient at the time of death or by the certifying physician. (Provisions of pars. 14.02 and 14.03 apply.) The Chief, Medical Administration Service, or designee, is responsible for explaining the various funeral and burial benefits and for disposition of the remains in accordance with the desires of the nearest relative. If death occurs after regular duty hours and a representative of the Chief, Medical Administration Service, is not available, the Medical Officer of the Day may be

authorized to assume this responsibility.

14.18 NOTIFICATION WHEN NEAREST RELATIVE IS PRESENT

When present at the health care facility at the time of death, the emergency addressee and/or the nearest relative will be notified personally by the physician in attendance that death has occurred. If the physician in attendance believes an autopsy is appropriate, and the person present has authority to consent thereto, the physician will request permission to perform an autopsy. The consent will be obtained on SF 523, Authorization for Autopsy. If a person other than the nearest relative is present, consideration will be given to seeking the assistance of that person in obtaining permission for the autopsy.

14.19 FUNERAL AND BURIAL ARRANGEMENTS WHEN NEAREST RELATIVE IS PRESENT

a. After the physician in attendance has informed the nearest relative that the patient has died and discussed the permission for autopsy, the Chief, Medical Administration Service, or designee, will interview the nearest relative regarding funeral and burial arrangements. The policy stated in paragraph 14.01 will apply. Eligibility for burial and/or plot/interment allowances exist if the veteran:

- (1) Was entitled to compensation or pension, including those who would have received compensation if retired pay had been waived, or had a claim pending, or,
- (2) Was discharged from service for disability, or
- (3) Was institutionalized by VA at time of death (properly admitted to a hospital, nursing home (including community nursing home) or domiciliary care at VA expense), or
- (4) Served during wartime and unclaimed body is held by a state, or
- (5) Is interred in a State veterans' cemetery (plot allowance is paid to State).

b. Potential claimants should be urged to file for both burial and plot/interment allowances, if one or more of the above eligibility criteria are met. As of November 1, 1990, the interment/plot allowance (\$150) was generally available on the same basis as the burial allowance (\$300). The plot or interment allowance is not payable if burial is in a national cemetery or other cemetery under the jurisdiction of the Federal Government.

c. Surviving relatives or friends assuming responsibility for the funeral and burial of the deceased will be advised that they are to make arrangements with a funeral director of their choice. To assist them, VA medical centers will establish and maintain in a current status an alphabetical register of funeral directors located within a reasonable servicing area who, for a sum not exceeding \$300 plus an additional allowance for transportation in those cases described in paragraph b., are willing to provide funeral and burial services for deceased veterans regardless of race, creed, color or national origin. The register will be compiled, maintained and used without consideration or reference to the race, creed, color or national origin of the funeral director. Medical center Directors will ensure that the procedures which are established do not give preference to a specific funeral director, to funeral directors in the vicinity of the health care facility or funeral directors serving the home community of the nearest relative. Under no circumstances will any VA employee attempt to influence the selection from the list or otherwise. It

should be made clear to the survivors that the register is strictly for their convenience, that a Government contract is not involved, nor is the funeral director obligated to furnish a particular type of service. The choice of a funeral director is the survivor's responsibility and any question as to service, performance or payment will be a matter between the funeral director and the survivor. Every assistance will be afforded the family in filing its claim for VA benefits.

d. Medical centers may furnish Government bills of lading or transportation requests (SF 1169) for transportation of remains. Every possible assistance will be given to relatives and to funeral directors selected by relatives for arranging burial in national cemeteries.

e. A list of national cemeteries is shown in section XVI of this chapter. Arrangements for transporting the remains from common carrier to national cemeteries will be the sole responsibility of survivors and the funeral director of their choice. Upon request for burial in a national cemetery, health care facilities will furnish assistance in accordance with paragraph 14.44.

f. VA Form 10-2065, Funeral Arrangements, will be completed and signed to document the desires of the nearest relative for disposition of the remains.

g. In the event the death resulted from a contagious or communicable disease, modification of normal procedures for the preparation and transportation of the body may be necessary to comply with State laws and will be considered in planning for the funeral and burial.

h. When the veteran's death is determined to be due to a service connected disability, a burial and funeral allowance of \$1,500 may be payable in lieu of the statutory burial allowance and the \$150 plot or interment allowance.

14.20 NOTIFICATION WHEN NEAREST RELATIVE IS NOT PRESENT

a. Within the United States, including Alaska and Hawaii, notification will be made by telephone unless the medical staff deems such notification undesirable. If the person to be notified cannot be reached by telephone, or if this method of notice is deemed undesirable, notification will be made by telegram.

b. If the person to be notified resides in an insular possession or Territory of the United States, or in Canada or Mexico, notification will be made by telegram or similar means. However, this will not prohibit notification by telephone when the circumstances justify such action.

c. The dispatch of a telegram to persons residing in foreign countries, other than Canada and Mexico, is a matter for administrative determination by the Director in each instance based upon the following considerations:

- (1) Any existing instructions of Veterans Benefits Administration.
- (2) Information on the VA Form 10-10 or other available records.
- (3) Estimated time required for transmission and receipt of reply.
- (4) Facilities available for the preservation of the remains.

d. Persons residing in foreign countries who are not advised by telegram, in accordance with subparagraph c, will be advised by letter following burial in accordance with paragraph 14.39.

14.21 FUNERAL AND BURIAL ARRANGEMENTS WHEN NEAREST RELATIVE IS NOT PRESENT

a. If notification of death is made by telephone, the Chief, Medical Administration Service, or designee, is responsible for explaining the various benefits listed in paragraph 14.19, and obtaining the desires of the nearest relative for funeral and burial arrangements. Arrangements obtained in this matter should be confirmed by a recording of the conversation or by collect telegram. Depending upon the circumstances, nearest relatives may wish to visit the VA health care facility for the purpose of discussing such arrangements, in which case the provisions of paragraph 14.19 are applicable. If a representative of the Chief, Medical Administration Service, is not available during other than regular duty hours, the Officer of the Day will normally be given the responsibility for obtaining and documenting the desires of the nearest relative for the arrangements.

b. If instructions are received from the nearest relative within the time limit specified in the notification of death, pursuant to paragraph 14.20 b and c, the medical center Director will proceed with the requested arrangements unless such are contrary to the various benefits to which the deceased is entitled.

c. If instructions are not received from the nearest relative within the time limit specified, or if it is administratively determined that the dispatch of a death notification is not practical, the medical center Director will proceed with the arrangements under the provisions of paragraph 14.22. The provision of 38 CFR 17.155 are applicable for autopsies.

d. When the nearest relative resides outside of the continental United States and another relative living in the United States desires to make funeral arrangements and requests release of the remains, a decision as to whether the remains should be released will be made by the Director, consistent with any information which is available regarding the desires of the nearest relative. If necessary, the medical center Director may request the advice of the District Counsel having jurisdiction of the area in which the facility is located.

e. ~~VA Form 10-2065 will be completed to reflect the desires of the nearest relative.~~ Copies of transcribed recorded telephone conversations or collect telegrams may be attached to the VA Form 10-2065, or a statement to this effect may be inserted in the "Remarks" section, in lieu of obtaining the relative's signature on the form. If the arrangements are made as an administrative necessity, a statement to that effect will be entered under "Remarks" and the form signed by the Chief, Medical Administration Service.

14.22 UNCLAIMED REMAINS

a. If the remains of a deceased patient, who was legally entitled to and receiving hospital, nursing home or domiciliary care at VA expense, are not claimed and the deceased left no instructions, the Chief, Supply Service, will be requested on VA Form 10-2065 to procure mortuary services under separate contractual agreement to be negotiated in each individual case. Burial must be in the nearest national cemetery with available grave space. The funeral director selected to provide mortuary services will select a funeral director at the destination point when remains are shipped to a national cemetery.

b. When persons die at VA health care facilities who are not legally entitled to hospital, nursing home, or domiciliary care at VA expense, arrangements will be made and expenses undertaken for burial locally under separate contractual agreement, provided there are no relatives or friends who will claim the remains, and the municipal, county, or State officials definitely refuse to provide for final disposition.

c. The VA should not unilaterally order the cremation of the unclaimed body of a veteran unless the veteran's religious preferences are expressly understood. The practice of cremation is not acceptable to all religious groups.

14.23 CREMATION OF REMAINS

Remains of VA beneficiaries may be cremated, when requested by the nearest relative in accordance with applicable law. The VA has no cremation facilities.

14.24 NOTIFICATION TO COURT OF COMMITMENT

The court of commitment will be notified as soon as practical, by telephone, of the death of a committed patient. The telephone notification will be confirmed by a written notification to the court.

SECTION IV. DEATH CERTIFICATES

14.25 GENERAL

Death certificates will be completed by the Medical Administration Service. The personal facts will be obtained from the patient's records and/or interview with the nearest relative or friend. The medical information necessary to complete the cause of death entries will be obtained from the physician in attendance.

14.26 INSTRUCTIONS FOR COMPLETION

Death certificates will be completed, except as specified in subparagraphs a through f, in accordance with the latest edition of the Physicians' Handbook on Death and Birth Registration, published by the Public Health Service, U.S. Department of Health and Human Services. *(In those jurisdictions, where the format of the death certificate differs from that of the standard certificate, the locally authorized certificate used will be appropriately completed incorporating these exceptions.)*

- a. **Top--Left Margin.** Enter the VA claim number.
- b. **Social Security Number.** If the deceased was subject to the Railroad Retirement Act, and does not have a social security number, enter the Railroad Retirement Board number preceded by "RRB No."
- c. **Informant--Name.** The signature or name of the informant may be omitted and an entry, "VA Medical Center Records", substituted, if permissible under State law.
- d. **Certification--Physician.** The certification should be changed to read, "VA attended," instead of "I attended." The inclusive dates in the certification will be dates covering the current period of hospitalization.

e. **Physician's Signature.** The signature will be in accordance with paragraph 14.27.

f. **Burial Information.** These items will be completed by the funeral director and registrar of vital statistics for the State.

14.27 RESPONSIBILITY FOR SIGNING

a. The medical certificate will be signed by the staff physician in charge of the case. For this purpose, the term staff physician includes a resident if licensed in the State. If the resident is not licensed, the Chief of Service, or designee, will countersign the certificate with the resident.

b. When the treating physician is not present during other than regular duty hours, the medical certificates will be signed by the Medical Officer of the Day.

c. The stated procedures may be modified, if necessary, in order to comply with State laws.

d. It is left to the discretion of the medical center Director as to whether a copy (No. 2) of the medical certificate is reviewed and initialed by the Chief of Staff.

14.28 DISTRIBUTION AND FILING

Death certificates will be prepared and distributed as follows:

a. Original will be given to the funeral director at the time the remains are released.

b. A copy will be sent to the regional office having death claims jurisdiction.

c. A copy will be filed in the patient's consolidated health record.

d. Additional copies may be prepared as indicated, particularly where necessary to comply with State laws in shipping the remains.

e. Generally, extra copies of death certificates will not be furnished nearest relatives. In order to be a valid supporting document for insurance claims, etc., the copy should be obtained from the State bureau of vital statistics after the document has been recorded with that agency.

14.29 CHANGE IN CAUSE OF DEATH--DEATH CERTIFICATES OR AUTOPSY PROTOCOL

a. The cause of death, once recorded in the autopsy protocol or the death certificate, may not be changed except by the medical center Director based on the recommendation of the Chief of Staff.

b. If approved by the medical center Director, a corrected certificate of death, affidavit to correct record, or other form as may be required by the State, with explanation of the reasons therefore, will be prepared and distributed in the same manner as the original death certificate. Such certificates will be identified in the upper margin as "Corrected Copy."

SECTION V. ADMINISTRATIVE PROCEDURES**14.30 COLLECTION OF DECEASED'S CLOTHING, FUNDS AND EFFECTS**

All funds, valuables, clothing, and other effects, which were found on the deceased or left on the ward, will be collected and disposed of in accordance with paragraph 14.64.

14.31 CLOSING OF MEDICAL RECORDS

The staff physician and ward nurse will close out the deceased's clinical records on the ward as prescribed for discharges (ch. 13). Data will be furnished the Medical Administration Service so that the death certificate may be initiated promptly.

14.32 PROCESSING VA FORM 10-2065, FUNERAL ARRANGEMENTS

VA Form 10-2065 will be completed in original only, except when the remains are unclaimed and the funeral arrangements are made as an administrative necessity, or when Government transportation for the remains is provided as described in section IX. VA Form 10-2065 will be filed in the administrative records folder. If transportation is furnished for the deceased or an escort by issuance of SF 1169, U.S. Government Transportation Request, bill of lading, or other means, part I of the form will be completed. The information entered will give complete details including transportation request or bill of lading number, to whom issued, departure and destination points and costs. Part II of the form will be completed when the health care facility arranges for burial in a national cemetery.

14.33 RELEASE OF REMAINS TO FUNERAL DIRECTOR

The Chief, Medical Administration Service, or representative, will arrange for the release of the remains with the least practicable delay to the funeral director selected by the nearest relative. An exception to the release of the remains to the funeral director will be in those States or territories where the law permits the remains to be released to the next of kin. The time of release will be coordinated with the Laboratory Service, if an autopsy is to be performed. If requested by the funeral director, the Chief, Medical Administration Service, will initiate action to establish the eligibility of the deceased for interment in a national cemetery.

14.34 DEAD-ON-ARRIVAL CASES

a. **When Admission Had Been Authorized.** A veteran who had been authorized admission and is dead on arrival will be considered constructively hospitalized by the VA. A consolidated health record will be established consisting of the application for medical benefits completed to the extent possible; copy of the death certificate, and VA Form 10-2829, Telephonic Authorization, or other document which authorized admission. The next of kin will be contacted and local authorities notified if appropriate.

b. **When Admission Had Not Been Authorized**

(1) A person who had not been authorized admission and is dead on arrival will not be considered as having been constructively hospitalized. The next of kin, and the coroner or equivalent, will be notified immediately. Disposition of the remains will be made in accordance with instructions of the next of kin, unless stipulated by the coroner. Mortuary services will not be authorized.

(2) The Chief, Medical Administration Service, will take precautions to safeguard any funds and effects until they can be released to the proper person. Transportation of remains will not be authorized by the facility, and the provisions of paragraph 14.72 concerning disposition of unclaimed funds and effects are not applicable. All administrative and medical documents prepared for the person who is dead on arrival will be filed in the person's medical and administrative record folders. When these folders do not exist, action will be taken to establish an appropriately identified medical record folder (type II) for the person. This medical record folder will be interfiled among the consolidated health record folders existing at the facility, according to the Social Security number of the person.

c. Under no circumstances will dead-on-arrival cases (whether admission was or was not authorized) be entered into AMIS or PTF statistics.

14.35 RECEIPT FOR REMAINS

a. The employee designated to inspect the remains will use the space provided for physician's statement on SF 523-A, Medical Record Disposition of Body. Nonphysician employees will line out the word "physician" on SF 523-A and note their position title when completing and signing the statement. At the discretion of the medical center Director, a physician may be designated to perform the inspection.

b. The completed form will be filed in the deceased's medical records folder.

c. Remains will not be released unless wrapped in a mortuary shroud or other suitable covering.

14.36 BURIAL CLOTHING

If requested by the nearest relative, the deceased's personally owned clothing at the facility suitable for burial purposes may be released with the remains to the funeral director. A receipt for the clothing will be obtained which will be filed with the deceased's clothing records. Likewise, at the request of the nearest relative, rings, emblems, or other items of personal adornment may be released for burial purposes in a similar manner.

14.37 INSPECTION OF SERVICES AND MERCHANDISE PROVIDED FOR UNCLAIMED REMAINS UNDER SEPARATE CONTRACTUAL AGREEMENTS

a. The contracting officer will designate the Chief, Medical Administration Service, or designee, to be responsible for the medical inspection of the mortuary services performed, and for the inspection of the merchandise furnished for unclaimed remains under separate contractual agreements. This responsibility includes authority to certify that the services and merchandise have been furnished.

b. When performing these inspections, action will be taken to ensure:

(1) That the casket is, as a minimum, constructed from thick, strong particle board and is of sufficient strength to support the weight of an adult human body. Cardboard or pressed paper or similar materials are not acceptable.

(2) The body is properly embalmed and is properly placed in the casket dressed in appropriate clothing. Additionally, the funeral director will be advised that the U.S. flag,

which the VA furnishes, is to drape the casket at the time of a funeral service.

c. Procedures will be developed locally whereby the Chief, Medical Administration Service, or designee, may request and receive assistance from designated members of the medical staff or Supply Service in the event a questionable case arises.

d. After the remains and merchandise have been inspected, the Chief, Medical Administration Service, or designee, will document on VA Form 10-2068a, Inspection of Services and Merchandise Furnished for Contract Burial, the acceptability of the services and merchandise and certify that they have been inspected. In the event any of the services or merchandise are unacceptable, the contract funeral director will be requested to correct the situation after which another inspection will be conducted using another VA Form 10-2068a. The completed VA Form(s) 10-2068a will be filed in the administrative portion of the consolidated health record.

14.38 VA REPRESENTATION AT FUNERAL

When requested by the nearest relative, VA representation may be provided for the funeral in accordance with 38 CFR 3.1611.

14.39 LETTER OF CONDOLENCE

a. As soon as possible after death, a letter of condolence, signed by the Director, will be forwarded to the nearest relative.

b. Depending on the circumstances in each individual case and when deemed appropriate, the letter or condolence will contain information regarding the date and place of burial. This is particularly applicable in these cases where the VA arranged burial in the absence of instructions from the nearest relative.

c. Letters of condolence to relatives residing in foreign countries will be forwarded in accordance with the provisions of MP-1, part II, chapter 10, paragraph 13.

14.40 UNITED STATES FLAG FOR BURIAL PURPOSES

a. A United States flag for burial purposes will be furnished to drape the casket of each veteran who dies while receiving VA authorized hospital, nursing home or domiciliary care who was a veteran of any war, or of service after January 31, 1955; had served at least one enlistment; or had been discharged or released from the active military, naval, or air service for a disability incurred or aggravated in active duty.

b. VA Form 90-2008, Application for United States Flag for Burial Purposes, will be completed in duplicate and signed by the Chief, Medical Administration Service, or designee. For veterans who die at a VA health care facility, only the name and Social Security number need to be inserted on this form. On delivery, the funeral director will receipt for the flag by signing both copies of the form. The original VA Form 90-2008 will be filed in the deceased's administrative records folder and the duplicate will be used for replenishment purposes in accordance with current supply procedures.

14.41 DISPOSITION OF CONSOLIDATED HEALTH RECORD AND SUBMISSION OF REPORTS

a. The CHR (consolidated health records) pertaining to deceased patients will be retained by health care facilities and filed in the same manner as other CHR folders in accordance with chapter 5.

b. The folder or copies of any documents filed therein will be furnished regional offices on request. Folders will be returned by the regional offices after they have served their purpose.

c. The following forms will be sent to the regional office having death claims jurisdiction as soon as possible for veterans who die while receiving care in a VA health care facility.

(1) The second copy of the death certificate as provided for in paragraph 14.28.

(2) Informational copies of VA Forms 10-2065, Funeral Arrangements, and VA Form 90-2138, Order for Supplies or Services, when burial services are arranged and expenses borne by VA.

(3) VA Form 10-7132, Status Change, as required by chapter 6, paragraph 6.63.

14.42 DEATH REPORTED BY MEDICAL EXAMINER'S OFFICES

Reports are occasionally received from offices of medical examiners, coroners or law enforcement officials informing personnel at VA health care facilities of deaths of veterans in the community. VA employees receiving such reports will document the information on a report of contact, VA Form 119, plainly marked, "Unverified Report of Death," file the original in the veteran's CHR, if one exists, and forward a copy to Adjudication Division at the nearest VA regional office.

SECTION VI. CEMETERIES

14.43 GENERAL

When the place of burial is left to the discretion of the VA, interment will be made in a national or state veterans cemetery if the deceased is eligible. Gravesites are assigned only on immediate requirement for burial purposes and cannot be reserved in advance. If the deceased is not eligible for burial in a national or state veterans cemetery, interment will be made in a grave provided by the funeral director.

14.44 INTERMENT IN NATIONAL OR STATE VETERANS CEMETERIES

a. **Eligibility Determinations.** The cemetery director is responsible for determining eligibility for interment in a VA national or state veterans cemetery. VA regional offices support cemetery directors by reporting findings in claims files. Regional offices are responsible for any adjudication regarding entitlement to veterans benefits. The final decision for interment eligibility is with the Cemetery Director.

b. **Cemetery Locations.** The VA IS-1 Fact Sheet, "Federal Benefits for Veterans and Dependents," should be consulted to obtain an alphabetical listing by state for the addresses and telephone numbers of all VA national cemeteries. *NOTE: Many closed cemeteries can inter cremated remains. Occasionally full-casket gravesites become*

available in closed cemeteries due to disinterments or relinquishment of gravesite reservations made prior to 1962. Contact the cemetery director of the cemetery being considered to determine space availability at time of need.

c. **Requests for Authority to Inter.** Requests for authority to inter in national or state veterans cemeteries will be submitted to the director of the cemetery concerned. It is anticipated that most requests for authority to inter, as well as subsequent contacts, with the directors of the cemeteries will be by telephone. The tentative burial date will be determined by the cemetery director and coordinated with health care facility staff. The cemetery director will have final approval over the date and time of services at the cemetery.

d. **Receipt of Authority to Inter.** The director of the national cemetery concerned will advise VA health care facility of the deceased's eligibility for interment and that the tentative date of burial is satisfactory, or give an acceptance date. VA health care facility will notify the next of kin and funeral director by telephone or telegram of the date and time of burial.

e. **Notification of Shipment.** Upon receipt of notification from the national or state veterans cemetery mentioned in subparagraph d, VA health care facility will notify the cemetery director of the arrangements for shipping the remains.

f. **Establishing Tentative Date of Burial.** The tentative date of burial should be reasonable from the standpoint of the processing required and should not unduly delay interment or prolong the waiting period for relatives.

g. **Consignment of Remains.** The funeral director selected by the relative will be responsible for arranging with a funeral director at the destination point (national cemetery) to accept consignment of the remains and to provide secondary services.

h. **Assisting Funeral Directors in Arranging for Interment.** When requested, Directors of VA health care facilities will render assistance in arranging for burial in a national or state veterans cemetery of a veteran whose death did not occur in a VA facility, or other institution to which properly admitted for treatment under the authority of VA. Funeral directors will be advised that they may make arrangements directly with the director of the cemetery concerned, or if so desired, VA health care facility will obtain the authority to inter. If VA health care facility is requested to make the arrangements, the provisions of subparagraphs c., d., e. and f. are applicable.

14.45 HEADSTONES OR GRAVE MARKERS

a. VA provides headstones and markers for the graves of veterans and eligible dependents anywhere in the world which are not already marked. Flat bronze, flat granite, flat marble and upright marble types are available to mark the graves of veterans or their eligible dependents in the style consistent with existing monuments at the place of burial. Bronze niche markers are also available to mark columbaria in VA national cemeteries used for the inurnment of cremated remains.

b. Headstones and markers are inscribed with the name of the deceased, the years of birth and death, and branch of service. Optional items that may be inscribed at VA expense are: military grade, rank or rate, war service (such as "World War II"), months

and days of the dates of birth and death, an emblem reflective of one's beliefs (such as the Christian cross), certain valor awards received and the Purple Heart. Additional items may be inscribed at private expense.

c. When burial is in a national cemetery, the headstone or marker is ordered by the national cemetery staff, who will place it on the grave. Information regarding style, inscription, shipment and placement may be obtained from the director of the Office of Memorial Programs.

d. When burial occurs in a cemetery other than a national cemetery or a state veterans cemetery, the headstone or marker must be requested separately. It is shipped at Government expense to the consignee designated on the application. VA does not pay the cost of placing the headstone or marker on the grave. To apply, complete VA Form 40-1330 and forward it to Director, Office of Memorial Programs (403), National Cemetery System, Department of Veterans Affairs, Washington, DC 20420. Forms and assistance are available at VA regional offices. For information regarding the status of an application, write to the Director, Office of Memorial Programs, or call (202) 275-1494 or 275-1495.

SECTION VII. DEATH OF VA BENEFICIARIES IN NON-VA HOSPITALS OR OTHER INSTITUTIONS--FEDERAL, STATE, OR PRIVATE

14.46 POLICY

VA's responsibility does not cease on the death of a veteran receiving authorized care in a non-VA facility. Whenever possible, the nearest relative of such a veteran will receive a full explanation of the deceased's eligibility for the entitlements shown in paragraph 14.19. The policy stated in paragraph 14.02b is applicable. Directors of VA health care facilities which authorized the care are responsible, with the cooperation of administrators of non-VA facilities, for establishing local procedures to implement the provisions of this section.

14.47 NOTIFICATION OF DEATH

a. Normally the non-VA facility will notify the emergency addressee and/or nearest relative that death has occurred, particularly those who reside near the non-VA facility. However, if so requested by the non-VA facility, VA will make the notification in accordance with the provisions of paragraph 14.20.

b. The non-VA facility will also immediately notify VA health care facility or clinic which authorized the care, indicate the action taken, furnish any required information from the deceased's records, and cooperate in releasing the remains as directed by the nearest relative.

14.48 FUNERAL AND BURIAL ARRANGEMENTS

a. The cooperation and assistance of non-VA facilities should be obtained, when possible, to inform the nearest relative that VA is willing to assist in making funeral and burial arrangements. This could be accomplished at the time when the individual is advised that death has occurred.

b. If the nearest relative indicates to the non-VA facility that they do not desire assistance in making funeral and burial arrangements, VA should be so informed by the non-VA facility, in which case no further action is indicated. However, if the individual

is interested in discussing funeral and burial arrangements and/or other entitlements, the non-VA facility should suggest one of the following procedures, depending on the individual circumstances:

- (1) Encourage the relative to personally visit VA medical center or clinic concerned, or the nearest such VA health care facility if more convenient.
- (2) Arrange for the relative to telephone VA medical center or clinic, or for VA medical center or clinic to telephone the relative. (Telephone conversations may be recorded or collect telegrams used to confirm arrangements.)
- (3) When appropriate, a veterans benefits counselor or other person may visit the relative. (The assistance of representatives of service organizations is acceptable.)

14.49 PROCEDURES

- a. ~~VA Form 10-2065 will be completed in accordance with paragraph 14.32, to reflect the desires of the nearest relative.~~
- b. The provisions of section VI are applicable to burial in national cemeteries.
- c. A representative of the Medical Administration Service of VA medical center or clinic concerned, will inspect the unclaimed remains after embalming procured under separate contractual agreement as provided in paragraph 14.37.

14.50 UNCLAIMED REMAINS WITHIN THE UNITED STATES

- a. When a veteran dies while hospitalized under the authority of VA in a non-VA facility or while traveling under prior VA authorization for the purpose of examination, treatment, or care and the remains of the deceased are unclaimed, immediate action will be taken to arrange interment in the nearest national cemetery. The provisions of paragraph 14.22, 14.37, and 14.49 are applicable.
- b. On request, assistance will be given to Veterans Assistance Service in arranging for burial of unclaimed remains of veterans, other than those described in subparagraph a.

SECTION VIII. VETERANS DYING OUTSIDE THE UNITED STATES

14.51 DEATH WHILE UNDER VA CARE IN THE COMMONWEALTH OF PUERTO RICO, A U.S. TERRITORY OR POSSESSION

- a. When death occurs while the veteran is a patient in a VA medical center or in another Government or contract hospital under VA authorization, in the Commonwealth of Puerto Rico, a territory or possession of the United States, funeral and burial expenses not to exceed the statutory burial allowance may be authorized.
- b. When such a death occurs, transportation of the remains from VA medical center or contract hospital to the place of burial in the same, or any other States, may be authorized.

c. The nearest relative will be requested to advise VA of the name and address of the funeral director who will receive the remains at the point of destination. The appropriate notification in case of local burial and/or letter of condolence will be forwarded as provided in paragraph 14.39b.

14.52 DEATH WHILE NOT UNDER VA CARE IN THE COMMONWEALTH OF PUERTO RICO, A U.S. TERRITORY OR POSSESSION

Upon request, assistance will be given to Veterans Assistance Service in arranging for the burial of unclaimed remains of veterans, other than those described in paragraph 14.51.

14.53 DEATH IN FOREIGN COUNTRIES

Disposition of remains of veterans dying in foreign countries is normally arranged through the nearest United States consulate or Office of the Department of State, which issues the burial flag and transmits claims for burial allowance.

SECTION IX. SHIPMENT OF REMAINS OF DECEASED VETERANS

14.54 POLICY

a. Transportation may be authorized for the shipment of remains of veterans who die while receiving VA authorized hospital, nursing home or domiciliary care in any State, territory, or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and the Canal Zone.

b. Cremated remains may be shipped at Government expense in accordance with subparagraph a; however, transportation will not be provided for an escort.

c. Transportation may be authorized for shipment of remains to a crematory and of ashes from the crematory to the place of burial, border point, or port of embarkation provided the total cost does not exceed the cost of shipping the remains direct to the place of burial.

14.55 PROCEDURES

See VA Manual MP-2, subchapter G, paragraph 108-40.153.

SECTION X. DISPOSITION OF REMAINS--BENEFICIARIES OF OTHER GOVERNMENT AGENCIES

14.56 NOTIFICATION OF DEATH--ACTIVE SERVICE PATIENTS

a. If the patient was transferred to VA medical center prior to separation or retirement, notification of death will be made to the nearest relative (as communicated by the military service) pursuant to paragraph 14.20; by teletype to the appropriate branch of service at the address indicated below; and information copies to the service

installation administratively responsible for the patient, which, in the case of Army and Air Force patients, is the military hospital from which the patient was transferred, and, in the case of Navy (Marine) patients, the Commander of the naval base area in which the medical center is located.

Army: Commander, USTAPA (DAPC-PEC)
Alexandria, VA 22331

Air Force: HQ AFMPC/DPMC
Randolph AFB, TX 78150-6001

Navy: For Active Duty Personnel:
Commander, Naval Military Personnel Command
(NMPC-642)
Washington, DC 20370-5642

For Retired Personnel:
Commander, Naval Military Personnel Command
(NMPC-643)
Washington, DC 20370-5643

For Retired Personnel: Informational copies of the teletype should be sent to the following:

(1) Commanding Officer
Navy Finance Center (Code 301)
Cleveland, OH 44199-2055

(2) Commanding Officer
Naval Reserve Personnel Center (Code 41)
New Orleans, LA 70149-7800

For the Marine Corps:
Commander of the Marine Corps
HQTRS U.S. Marine Corps
MHP-10
Washington, DC 20380

For the Coast Guard:
Commandant (G-PS-1)
US Coast Guard Headquarters
Washington, DC 20593-0001

b. If the patient was admitted as an emergency and/or upon authorization of the individual's commanding officer, notification will be made to the nearest relative, the serviceperson's commanding officer, and the appropriate branch of service at the address indicated in subparagraph a.

14.57 NOTIFICATION OF DEATH, FUNERAL AND BURIAL ARRANGEMENTS FOR PATIENTS SEPARATED OR RETIRED OR ARMY PERSONNEL WHO DIE WITHIN 120 DAYS OF DISCHARGE WHILE HOSPITALIZED

a. Notification will be made as prescribed in paragraph 14.55.

b. The nearest relative will be informed that election of VA burial benefits administered by the military service departments may be made. The relative will be advised to contact the nearest appropriate service installation, and will be assisted in this regard by the medical center or domiciliary Director.

c. After the nearest relative has made an election, the remains will be released to the funeral director authorized to claim the remains.

14.58 FUNERAL AND BURIAL ARRANGEMENTS--ACTIVE SERVICE PATIENTS

The nearest relative has the option of using private mortuary services or the applicable service department's contract mortuary services. In view of variations in the type of services available and the amount allowable by the service departments in different regions of the country, it is most important that in all instances the nearest relative be advised to contact the nearest appropriate service installation about information in this regard. When the nearest relative is present at VA health care facility, the Director will provide the next of kin assistance in contacting the nearest appropriate service installation. When the right of option has been exercised, the remains will be released to the funeral director authorized to claim the remains.

14.59 PERMISSION FOR AUTOPSY--ACTIVE SERVICE PATIENTS

Permission for autopsy will be requested from the nearest relative of an active service patient in accordance with paragraph 14.03. Permission to perform autopsy will not be requested from military authorities.

14.60 DEATH OF BENEFICIARIES--PUBLIC HEALTH SERVICE

a. **Notification of Death.** The nearest relative will be notified by the most expeditious means that death has occurred. Permission for autopsy will be requested as prescribed in paragraph 14.03. The Public Health Service facility which authorized the hospitalization will also be informed.

b. **Eligibility for Funeral and Burial Benefits.** Funeral and burial at VA expense will not be authorized unless specifically requested by the Public Health Service, for which reimbursement will be obtained. In such instances arrangements will be made with a responsible funeral director by contractual agreement to provide the necessary services. Entitlement to the benefits for which the deceased may be eligible can only be determined by the Public Health Service and the nearest relative will be so informed. Since in many instances the deceased will have no entitlement, except as an administrative necessity for unclaimed remains, VA personnel will refrain from making any statements in this regard unless specific information has been received from the Public Health Service. (Status as a Public Health Service beneficiary will normally not affect a veteran's entitlement to VA burial benefits.)

c. **Funeral and Burial Arrangements.** The nearest relative will be requested to make all necessary arrangements for the disposition of the remains. If the nearest relative desires information concerning the benefits to which the deceased may be entitled prior to making the arrangements, health care facility personnel may assist the relative in obtaining such information from the Public Health Service facility which authorized hospitalization. VA Form 10-2065 will be completed to reflect the desires of the nearest relative for disposition of the remains.

d. **Unclaimed Remains.** If the remains of the beneficiary are unclaimed, the Public Health Service facility which authorized hospitalization will be requested to authorize burial locally by a funeral director designated by them or selected by VA. The Public Health Service will be billed for all funeral and burial and transportation expenses incurred.

e. **Reports.** VA health care facilities will complete and submit all records and reports required by the Public Health Service.

14.61 DEATH OF BENEFICIARIES--OFFICE OF WORKERS' COMPENSATION PROGRAM

a. **Notification of Death.** The nearest relative will be notified by the most expeditious means that death has occurred. Permission for autopsy will be requested as prescribed in paragraph 14.03. The appropriate district office of the OWCP (Office of Workers' Compensation Program), Department of Labor, will be informed.

b. **Eligibility for Funeral and Burial Benefits.** All funeral and burial expenses, including transportation, are the responsibility of the person claiming the remains. All questions regarding entitlement to funeral and burial benefits from the OWCP, for which the deceased may be eligible, will be referred to that office. No expense will be incurred by VA without prior authorization of the OWCP, for which reimbursement will be obtained. (Status as an OWCP beneficiary will not normally affect a veteran's entitlement to VA burial benefits.)

c. **Funeral and Burial Arrangements.** The nearest relative will be requested to make all necessary arrangements for the disposition of the remains. If the nearest relative desires information concerning the benefits to which the deceased may be entitled prior to making the arrangements, health care facility personnel may assist the relative in contacting the OWCP. VA Form 10-2065 will be completed to reflect the desires of the nearest relative for disposition of the remains.

d. **Unclaimed Remains.** If the remains are unclaimed, instructions regarding disposition and the expense thereto will be obtained from the OWCP. The OWCP will be billed for all funeral and burial expenses incurred including transportation.

e. **Reports.** VA health care facilities will complete and submit all records and reports as may be required by the OWCP.

14.62 DEATH OF CANADIAN, BRITISH, OR OTHER ALLIED BENEFICIARIES

The provisions of chapter 24 are applicable.

SECTION XI. GENERAL PROVISIONS REGARDING DISPOSITION OF FUNDS AND EFFECTS--VA HEALTH CARE FACILITIES

14.63 GENERAL POLICY

a. There are two general policies regarding the disposition of funds and effects of deceased patients, namely:

(1) The policy stated in section XII which governs the disposition of funds of mentally incompetent veteran-patients deposited by VA in Personal Funds of Patients which represent gratuitous benefits.

(2) The policy stated in section XIII which governs the disposition of effects and all other funds on deposit in PFOP in (Personal Funds of Patients).

b. It should be recognized that although two policies govern the disposition of funds, it is likely that in many instances the two categories of funds will be released to the same person under the different procedures which will require separate claims for the two categories. Medical Administration Service and Fiscal Service will cooperate closely and establish effective liaison to determine the source of funds in the account and the relationship of the person or persons to whom disposition is to be made.

c. The basic policy regarding the disposition of funds and effects of deceased patients is in 38 CFR 12.0 through 12.13. Applicable fiscal procedures are in MP-4, part I, and the VHA Supplement thereto. The policies and procedures necessary for implementing the cited regulations are contained herein.

d. If there is a question regarding the legal disposition which should be made of the nongratuious funds and effects of a deceased patient, the Director will develop all facts and refer the matter to the District Counsel having jurisdiction over the area in which the health care facility is located. (Questions regarding legal eligibility to receive gratuitous funds will be resolved by the Adjudication Division at the time such claims are submitted.) This is particularly true if a will is included among the effects and the Director has reason to believe that the transfer of the will to a designee or other person probably would be contrary to the interests of the person entitled to the nongratuious funds and effects.

14.64 RESTRICTIONS GOVERNING RELEASE

a. If the deceased left funds on deposit in PFOP account, the Finance Division of the regional office having jurisdiction of the XC-folder will be contacted by telephone to determine if an overpayment of VA funds exists. Documentation of the call will be made on VA Form 119, Report of Contact. If an overpayment exists, the District Counsel will be promptly notified so action can be initiated to recover the overpayment. Funds will not be released from the account until authorized by the District Counsel.

b. The trusteeship of the Director for funds on deposit in restricted accounts ceases on the death of a patient. Therefore, release of such funds will not be authorized after the death of a patient except:

- (1) To return funds which represent overpayment of VA benefits.
- (2) To effect disposition of the balance remaining in accordance with sections XII and XIII.
- (3) On the advice of the District Counsel having jurisdiction over the area in which the health care facility is located.

c. Restrictions governing the release of gratuitous benefits are in paragraph 14.65.

d. Nongratuious funds and effects will not be released to a designee, administrator or executor, former guardian, or other person if the records indicate that title thereto would probably pass to the United States (38 CFR 12.19 to 12.23). When any veteran, or a dependent or survivor of a veteran, receiving hospital, nursing home, or domiciliary care,

dies at a VA health care facility and the records indicate that they were not survived by a spouse, next of kin, or heir capable of inheriting under applicable State laws, the Chief, Medical Administration Service or designee, will ensure that VA Form 10-7132, Status Change, is annotated accordingly. The Chief, Medical Administration Service, will be responsible for reporting to the appropriate District Counsel any available information concerning personal property, such as money, bank accounts, choses in action, etc., owned by the decedent at the time of death, which is not in the possession of VA.

e. Nongratuious funds in excess of \$1,000 or funds equal to the amount requiring probate under applicable State statutes will, as provided by 38 CFR 12.4(a)(6), be considered a reasonable basis to withhold transfer of possession. In these cases funds will be released to designees only on the written advice of the District Counsel having jurisdiction.

f. When the person to whom the funds (gratuious and nongratuious) and effects are to be released is a minor or incompetent, release will be made only to such person's legal guardian or custodian on qualification.

14.65 COLLECTION AND INVENTORY OF FUNDS AND EFFECTS

a. The deceased's clothing and effects on the ward will be collected immediately, preferably by representatives of the Nursing Service and Building Management Service where possible. Valuables will be described and listed on VA Form 10-2637, Valuables Inventory Envelope. The signature of a witness will be obtained. Disposition will be made of all unserviceable personally owned clothing. All Government issue clothing will be surveyed for serviceability. If unserviceable, disposition of such clothing will be made. If serviceable, it will be made available for reissue to other patients.

b. Except as stated in the following paragraphs, all funds which the deceased has in possession at the time of death will be immediately deposited to the patient's credit in PFOP in accordance with the provisions of chapter 8. However, if the person designated to receive the deceased's personal property is present at VA health care facility, or it is known that the designee will be present within several hours to make funeral arrangements, funds of \$100 or less and effects may be given directly to the designee. Canteen coupon books may be redeemed by the canteen on receipt of a memorandum request from the Chief, Medical Administration Service, and such funds will be included in the cash being released, or, if appropriate, deposited in Personal Funds of Patients. If funds of \$100 or less are to be released directly to the designee, measures will be taken to provide for the security of such funds from the time of collection to the time of delivery. In no event will such funds be stored with patients' valuables. When funds of \$100 or less are released directly to the designee, VA Form 10-2687, Inventory of Funds and Effects, listing the effects, will also indicate the amount of cash being released as a line item (e.g., two dollars and tens cents (\$2.10) cash; ninety-seven dollars and eighty-six cents (\$97.86) cash; etc.). Part II of VA Form 10-1171, Notice to Person Designated by Veteran Regarding Personal Effects, must be properly completed, and signed by the designee prior to delivery of cash and effects. If it appears that more than 12 hours will pass before the designee will arrive at the health care facility, funds of \$100 or less will be deposited in PDOP.

c. Unendorsed Treasury checks will be forwarded to the Fiscal Service by memorandum stating the pertinent facts necessary for disposition. Other unendorsed checks will be considered effects.

d. Property in the possession of the deceased at the time of death, to which another person has title, may be released to the rightful owner, provided clear title is established by the claimant. A life insurance policy may be delivered to the beneficiary named therein rather than included in the inventory, after verification with the insurance company that the information as to the beneficiary shown on the policy is current as of the date of death.

e. Building Management Service will initiate VA Form 10-2687, Inventory of Funds and Effects, listing the clothing and effects, excluding any which were released with the remains for burial purposes. Usually individual listing of each article considered to be valuable plus a single line entry of "1 Box, miscellaneous clothing" as applicable, will be adequate. In instances when the beneficiary has no heirs and the clothing will be sold by VA, it may be advantageous to prepare an itemized inventory of all or selected articles. In other instances when there are relatives and special circumstances are evident, a complete itemization may be beneficial. The number of copies of VA Form 10-2687 required will depend on the types of funds remaining in the account, e.g., gratuitous benefits, other funds, or a combination of both. (See secs. XII and XIII.)

f. Regardless of the number of copies of VA Form 10-2687 which are prepared to effect ultimate disposition, only the original and two copies will be forwarded to the PFOP activity for pertinent entries when funds are on deposit.

g. On return of the three copies of VA Form 10-2687 from the PFOP activity, the Chief, Medical Administration Service, will forward the original to the Adjudication Division of the regional office having jurisdiction of the XC-folder of the veteran, when gratuitous benefits are on deposit in the PFOP account. The remaining two copies of the form will be retained for disposition and control purposes.

SECTION XII. DISPOSITION OF FUNDS REPRESENTING GRATUITOUS BENEFITS DEPOSITED BY VA FOR INCOMPETENT PATIENTS

14.66 PERSONS ELIGIBLE TO RECEIVE

a. Funds of deceased incompetent (rated or adjudged) veteran-patients deposited by VA in PFOP which represent gratuitous benefits may only be paid in the following order of preference to the persons living at the time of settlement. For this purpose, ~~gratuitous benefits are defined as all benefit payments under laws administered by VA except insurance payments.~~ Funds not deposited by VA but deposited to the veteran's account by the veteran, guardian, or others will be considered nongratuitous funds.

- (1) Surviving spouse.
- (2) Children (without regard to age or marital status) in equal parts.
- (3) Dependent parents in equal parts.

b. Funds derived from gratuitous benefits which cannot be disposed of to the persons named above shall be deposited to the credit of the applicable current appropriation except that there may be paid only so much of such funds as may be necessary to reimburse the person(s) (other than a political subdivision of the United States) who bore the expenses of the last illness or burial of the veteran.

c. Claims for gratuitous benefits must be filed within 5 years after the veteran's death. If the person entitled is under legal disability at the time of the veteran's death, the 5-year period will run from the date of the removal of the legal disability. (Legal guardians or custodians may submit claims for such persons.) Administratively, however, if it is apparent that no eligible person(s) survives the deceased patient, the balance will be credited to the current applicable appropriation immediately. If the deceased is survived by a person(s) eligible to receive the gratuitous benefits and there is no claim pending at the end of 1 year, the balance will be similarly deposited. Claims for reimbursement of the expenses of last illness or death will be adjudicated only after the funds have been so deposited. The Chief, Medical Administration Service is responsible for advising the Chief, Fiscal Service so that proper transfer of funds can be made.

d. Failure of a preferred person to file a timely claim will not operate to establish the entitlement of another person in a lower class or a claimant for reimbursement. Failure of one of a joint class of persons to file a timely claim will not serve to increase the amount otherwise payable to the other person of that class. A waiver of rights by a person having title to all or a share of the gratuitous benefits will not serve to vest title in another having equal or successor rights.

14.75 PROCEDURES

a. If any of the persons enumerated in paragraph 14.65 survive the deceased patient, they will be notified by the Medical Administration Service of their eligibility to receive the gratuitous benefits. If the person, for example a spouse, is also the person to whom other funds on deposit are to be released in accordance with section XIV, the notification may be combined. However, separate claims must be submitted in accordance with the procedures established for each.

b. The person(s) will be advised of the balance of gratuitous benefits on deposit for which a claim may be submitted. This may be stated in the letter of notification or by enclosing a copy of VA Form 10-2687. This may depend on the eligibility to receive the effects and/or other funds on deposit and is a matter for local determination depending on the circumstances in each case.

c. Claims will be submitted on VA Form 21-6898. If more than one of a joint class (children--dependent parents) survive the deceased patient, separate claims must be submitted by each.

d. The completed VA Form 21-6898 received from an eligible person will be forwarded to the Adjudication Division of the regional office having jurisdiction of the XC-folder of the deceased patient. Such claims will be forwarded through the PFOP activity of the submitting health care facility for posting this fact to the patient's account card.

e. The Adjudication Division will return VA Form 21-6898 with a certificate showing the eligibility of the claimant and the proportion of the entitlement when in order. VA Form 21-6898 and certificate will be forwarded to the Fiscal Service for payment.

f. If the claimant is determined to be ineligible, the Adjudication Division will return VA Form 21-6898 with a memorandum stating that the claimant is not a permitted payee and the reason for the decision. The claimant will be advised by the Chief, Medical Administration Service, of the decision and of their right to appeal. At the same time,

the PFOP activity will be advised of the decision and also informed, as may be indicated in each case, as to whether other eligible persons remain.

g. Claim for reimbursement of the expenses of last illness or death will be favorably considered only when there are no surviving persons eligible to receive the gratuitous benefits and the funds have been credited to the current applicable appropriation. Claimants for such expenses should be encouraged to submit claims directly to the regional office having jurisdiction of the XC-folder. However, when indicated, assistance may be given in completing and forwarding such claims.

SECTION XIII. DISPOSITION OF FUNDS OF COMPETENT PATIENTS, FUNDS OTHER THAN GRATUITOUS BENEFITS FOR INCOMPETENT PATIENTS, AND EFFECTS

14.68 GENERAL

The policies and procedures contained in this section govern the disposition of funds, other than gratuitous benefits as defined in section XIII, and effects of patients who die while receiving care at a VA health care facility. While the person who is eligible to receive gratuitous benefits may also be entitled to receive all other funds and effects, separate claims must be submitted. If such is the case, consideration should be given to combining the related procedures such as the letter of notification to the person. Where different persons are involved, the use of VA Form 10-2687 to inform the person entitled to receive the nongratuitous funds and effects is optional. It may be preferable, in some instances, to omit information on VA Form 10-2687 concerning funds and incorporate such information in the letter of notification.

14.69 DISPOSITION TO DESIGNEES

a. The designation of a person to whom a veteran desires VA to deliver funds and effects in the event of death will be governed by the provisions of 38 CFR 12.1 and 12.2.

b. Subject to the provisions of 38 CFR 12.4 and paragraph 14.63d, the designee will be notified by VA Form 10-1171 (pt. I only will be completed), of the right to claim the funds and effects left by the decedent as shown on the copy of VA Form 10-2687, which will be enclosed.

c. Prior to forwarding such notice, it will be determined that the cost of shipping the effects will not exceed \$25. If the cost will exceed this amount, the excess cost will be ascertained and the designee advised to forward funds in this amount at the time shipping instructions are furnished. In estimating shipping expense, it will be assumed that shipment to the designee will be to the same address as that to which the notice is sent.

d. If the designee fails to reply within 90 days, or has died, a notice will be forwarded immediately to the alternate designee, if shown on VA Form 10-10.

e. On receipt of VA Form 10-1171 from the designee with part II properly completed, VA Form 60-2064, Authority to Release and Ship Effects and Funds, will be initiated. The signed original and duplicate of VA Form 60-2064 and the original VA Form 10-1171, with part III completed, will be forwarded to the PFOP activity. The signed triplicate of VA Form 60-2064 will be forwarded to the Chief, Building Management Service, as

authority to release the deceased's effects. On return, the original VA Form 10-1171 will be completed to show disposition of effects, and the completed form will be filed in the deceased's administrative records folder.

f. The Chief, Building Management Service, on receipt of the triplicate copy of VA Form 60-2064, will arrange to ship the effects by the most economical means. A copy of VA Form 10-2687 will be enclosed with the effects. The triplicate copy of VA Form 60-2064 will be annotated to show date of shipment and the annotated copy will be filed in the administrative records folder. Additional copies of VA Form 60-2064 may be furnished to the Supply Service as may be necessary to effect shipment.

14.70 DISPOSITION TO FORMER GUARDIANS

a. The disposition of funds and effects of deceased patients to former guardians will be governed by the provisions of 38 CFR 12.4(d). This is only appropriate when the guardianship was in full force and effect at the time of the veteran's death.

b. Claims from former guardians will usually be received in the form of individual letters indicating a willingness to accept the funds and effects for distribution to the person or persons entitled to the decedent's estate.

c. VA Form 10-2920, Authorization for Release of Patient's Funds, will be used to authorize the release of funds. The provisions of VHA Supplement, MP4, part I, chapter 3, are applicable.

d. Shipment of effects will be authorized by use of VA Form 60-2064 as stated in paragraph 14.68.

e. The letter from the former guardian, copies of VA Forms 10-2920 and 60-2064, and the certification from the District Counsel concerning the guardianship and adequacy of the former guardian's bond will be filed in the deceased patient's administrative records folder.

14.71 DISPOSITION TO ADMINISTRATORS OR EXECUTORS OF ESTATES

a. If disposition of funds and effects is to be made to an administrator or executor of the estate of the deceased patient, the administrator or executor will be furnished a copy of VA Form 10-2687 with a request to submit a claim by completing SF 1055, Claim Against the United States for Amounts Due in the Case of a Deceased Creditor.

b. On receipt, the properly executed SF 1055 and evidence of appointment will be forwarded to the PFOP activity by use of VA Form 60-2064. Thereafter the applicable provisions of paragraph 14.68 will be followed.

14.72 DISPOSITION TO PERSONS LEGALLY ENTITLED

a. The disposition of funds and effects to a person other than a designee, former guardian, or administrator or executor of an estate, i.e., to the person or persons legally entitled thereto, will be governed by the provisions of 38 CFR 12.5.

b. Claims for funds will be submitted by use of SF 1055, which may be accompanied by VA Form 4-1347, Waiver of Heirs or Next of Kin.

c. On receipt, the form(s) properly completed will be forwarded to the PFOP activity by use of VA Form 60-2064. Thereafter the applicable provisions of paragraph 14.76 will be followed.

14.73 DISPOSITION OF UNCLAIMED FUNDS AND EFFECTS, ETC.

a. Effects which cannot be disposed of as provided in the preceding paragraphs will be sold, used, destroyed, or otherwise disposed of depending on the circumstances in each case. The provisions of 38 CFR 12.9 will be followed when it is determined that such effects will be sold.

b. Funds, including the proceeds of effects which are sold, which remain unclaimed, or funds which escheat to the United States, will be disposed of in accordance with 38 CFR 12.19 through 12.23, and MP-4, part I, chapter 3, and VHA Supplement thereto.

c. Title 38 CFR 12.22 provides for disposal at VA health care facilities of stocks, bonds, checks, bank deposits, savings certificates, money orders and similar assets belonging to veterans or dependents or survivors of veterans who died while receiving VA hospital, nursing home, or domiciliary care, who are believed to have died intestate and without heirs capable of inheriting, and whose property will vest in VA for the benefit of the General Post Fund (38 CFR 12.19). The following instructions also apply to veterans who die while being provided hospitalization or nursing home care at VA expense in non-VA facilities. Since there may be a wide variety of assets to be disposed of, applicable State laws are dissimilar, and the redemption procedures of the financial organizations involved vary, specific instructions covering every transaction that may be experienced cannot be issued. Directors will be expected to apply effective management practices and controls to ensure timely and satisfactory completion of this work. A pattern letter (Fig. 14.1) is provided for use as a guide in preparing requests for redemption. It may be modified as necessary. Other administrative actions are:

(1) **Initial Determination.** Before beginning redemption procedures, determine that the XC-folder contains no record or indication of existing relatives capable of inheriting.

(2) **Bank Accounts.** Request release of funds promptly. Many banks will release the balance on receipt of an official request letter. (See Fig. 14.1.) Other banks may require a copy of the death certificate, a formal claim on a form they provide, a certificate relieving them of future liability for the account, or other document. Some banks are very reluctant to release funds, and it may be necessary to request assistance from the District Counsel in such cases.

(3) **Stocks.** Redeem promptly. Send the stocks by certified mail with a request letter (see Fig. 14.1) to the transfer agent (usually a bank which is named on the stock certificate). The transfer agent may reissue the stock in the name of the health care facility Director for the account of the deceased for redemption action; may provide appropriate forms and further instructions for redemption of the stocks without necessity of reissue; or may submit a check in full payment. The procedures followed vary with different transfer agents.

(4) **Traveler's Checks.** Submit by certified mail to the home office of the company issuing the checks, using a request letter (Fig. 14.1). Experience indicates these companies will redeem the checks promptly without further claim forms or other documents.

(5) **U.S. Savings Bonds.** Submit by certified mail promptly to the Treasury Department, Bureau of the Public Debt, 200 Third Street, Parkersburg, WV 26101, using a letter similar to Figure 14.1. If a co-owner or beneficiary named on the bonds cannot be identified, the Treasury Department will be informed of this fact in the request letter. (Bonds listing a known co-owner or beneficiary will not be submitted for redemption.) Appropriate forms and instructions will be provided by the Treasury Department.

(6) **Miscellaneous Papers.** Discharge certificates, birth certificates, marriage certificates, naturalization certificates, and other valuable papers, having no monetary value, will be forwarded for filing in the XC-folder.

(7) **Questionable Cases.** If there is doubt as to entitlement or the necessity of legal proceedings to obtain assets for the benefit of the General Post Fund, the case will be referred to the District Counsel having jurisdiction of the area in which VA medical center is located for advice and/or action. Every case will not necessarily require review or action from the District Counsel.

(8) **Other Assets.** Questions relating to disposition of assets not discussed which cannot be resolved locally will be sent to Central Office. Use appropriate region number, address request as follows: Regional Director (13_/162B).

d. Service medals, buttons, pins, or emblems will not be sold with other effects but will be forwarded to VA Supply Depot, Hines, Illinois, 60141 where they will be placed in safekeeping pending final disposition. VA office having custody of the claims folder will be advised of the action taken in each individual case. At the expiration of 5 years from the date of the veteran's death, such service medals, etc., remaining unclaimed will be disposed of by permanent retention, destruction if no longer of any value, or such other disposition as may be determined proper. The service medals, etc., referred to include all such items bestowed by the United States or other Government for military or distinguished service as well as class rings from service schools and pins, buttons, and emblems of service organizations.

14.74 DISPOSITION OF FUNDS AND EFFECTS--ACTIVE SERVICE PATIENTS

The provisions of 38 CFR 12.18 and VHA Supplement, MP-4, part I, apply.

SECTION XIV. DISPOSITION OF FUNDS AND EFFECTS OF DECEASED VA BENEFICIARIES IN CONTRACT HOSPITALS OR OTHER INSTITUTIONS--FEDERAL, STATE OR PRIVATE

14.75 POLICY

The disposition of funds and effects of a veteran or a dependent or survivor of a veteran who dies while hospitalized as a VA beneficiary in a non-VA hospital is subject to the limitations contained in 38 CFR 12.0 through 12.13.

14.76 DISPOSITION OF FUNDS AND EFFECTS, ALL NON-VA HOSPITALS

a. In accordance with the terms of the contract or agreement, the non-VA hospital will assemble, inventory and safeguard the decedent's funds and personal effects. The funds and effects will be delivered to the person or persons entitled thereto under the laws currently governing the non-VA hospital. When disposition has been accomplished, the itemized inventory annotated to show the disposition will be forwarded to VA health care facility which authorized the non-VA hospitalization.

b. Should the deceased patient leave no will or heirs entitled to inherit, their personal property vests in and becomes the property of the United States in trust. In such cases, as well as those cases where the funds and effects are unclaimed, the non-VA hospital will forward a copy of the inventory to VA health care facility which authorized the non-VA hospitalization and will hold the personal effects (except clothing used for burial) until instructions are received regarding disposition. Funds in such cases will be transferred from the non-VA hospital to the Director of VA health care facility concerned for disposition in accordance with applicable directives.

October 25, 1991

M-1, Part I
Chapter 14

VETERANS ADMINISTRATION MEDICAL CENTER
CITY, STATE 00000
DATE

YOUR FILE REFERENCE:

CERTIFIED MAIL

IN REPLY REFER TO: 0000/136
XC- 00 000 000

Home Trust and Savings Bank
000 Main Street
City, State 00000

Gentlemen:

The enclosed bankbook, Account #0000, was found among the above-named veteran's effects at the time of their death at this VA medical center on July 0, 1952.

There was no disposition of their property by will, and our records indicate there are no next of kin or heirs. Claim is made for the balance remaining to their credit, plus interest due, if applicable, in accordance with Title 38, United States Code, Section 5220(a).

For your information, Section 5220(a) of Title 38, United States Code provides: "Whenever any veteran (admitted as a veteran), or a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title, shall die while a member or patient in any facility, or any hospital while being furnished care or treatment therein by the Veterans' Administration, and shall not leave surviving him any spouse, next of kin, or heirs entitled under the laws of his domicile, to his personal property as to which he dies intestate, all such property, including money and choses in action, owned by him at the time of death and not disposed of by will or otherwise, shall immediately vest in and become the property of the United States as trustee for the sole use and benefit of the General Post Fund."

Payment should be made by check drawn to the order of "Medical Center Director, VA Medical Center, (city and State), a/c DOE, John A., XC-00 000 000."

Your prompt cooperation will be appreciated.

Sincerely,

NAME
Chief, Medical Administration Service

Enclosure:
Book, Acct. #0000

NOTE: The text of this letter may be modified as necessary for use with stock certificates, traveler's checks, bonds, etc. Include ZIP code in your return address and give veteran's social security number.

Figure 14.1 Letter for Redemption of Assets for Deposit to the General Post Fund

October 25, 1991

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 14, "Seriously Ill Patients and Deaths." Brackets have not been used to indicate changes.

2. Principal changes are:

- A. Paragraphs have been renumbered to eliminate "reserved" paragraphs.
- b. Sections have been renumbered to eliminate "reserved Section X" and Section XV has been deleted.
- c. Paragraph 14.19(a)(1): Amended to reflect change in interment allowance.
- d. Paragraph 14.22(c): Added to document cremation of unclaimed remains policy.
- e. Paragraph 14.46: Amended to reflect change in headstone marker.

3. Filing Instructions

Remove pages

14-i through 14-v
14-1 through 14-36

Insert pages

14-i through 14-iv
14-1 through 14-31



4. RESCISSION: M-1, part I, chapter 14, dated October 30, 1989.


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: RPC: 1128
FD

Printing Date: 10/91

RECEIVED
FURNITURE AND
EMPLOYEES INFORMATION
STAFF (202)

DEC 5 9 23 AM '91

RECEIVED

October 30, 1989

1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Services and Research Administration Manual M-1, "Operations," Part I, Chapter 14, "Seriously Ill Patients and Deaths."

2. Principal changes are:

Paragraphs 14.04 and 14.05: Amended to include former prisoners of war.

3. **Filing Instructions**

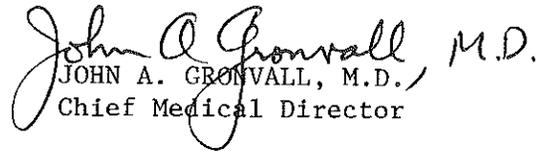
Remove

Insert

14-i through 14-29

14-i through 14-36

4. **RESCISSION:** M-1, part I, chapter 14, dated January 5, 1984; M-1, part I, chapter 14, change 1, dated March 20, 1985; and M-1, part I, chapter 14, change 2, dated May 13, 1988.


JOHN A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1128
FD

Printing Date: 11/89

SEP 22 1988

Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

M-1, Part I
Chapter 14
Change 2

May 13, 1988

Chapter 14, "Seriously Ill Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

NOTE: The purpose of this change is to:

- a. Update the policy on release of remains (par. 14.33).
- b. Update the policy on dead-on-arrival cases (par. 14.34):
- c. Provide updated addresses to be used for the notification of death—active service patients (par. 14.64).
- d. Change the title of Paragraph 14.64.1. to read, "Notification of Death, and Funeral and Burial Arrangements, for Patients Separated or Retired or Army Personnel who Die within 120 Days of Discharge While Hospitalized."

Remove pages

14-9 and 14-10
14-15 and 14-16

Insert pages

14-9 through 14-10a
14-15 through 14-16a



JOHN A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1128
FD

Printing Date: 8/88

7-9-85

Department of Medicine and Surgery
Veterans Administration
Washington, DC 20420

M-1, Part I
Chapter 14
Change 1

March 20, 1985

Chapter 14, "Seriously Ill Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

NOTE: *The purpose of this change, other than editorial, is to:*

a. *Require that VA Form 10-2068a, Inspection of Services and Merchandise Furnished for Contract Burial, will be used when performing inspections of contract burials (par. 14.37d.)*

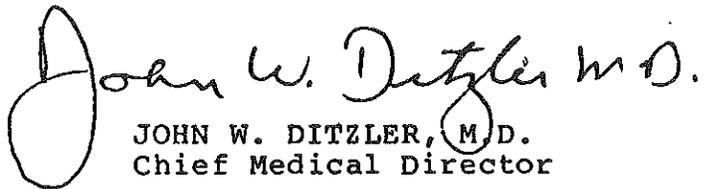
b. *Add new subparagraph to provide that the death of a veteran reported to a VA facility by a Medical Examiner's Office will be reported by that facility to the nearest VA regional office. (Par. 14.42.)*

c. *Require that when in the absence of an existing consolidated health record that a medical record folder (type II) will be prepared for dead on arrival cases who were not authorized to report for admission. (Par. 14.34.)*

Pages 14-i and 14-ii: Remove these pages and substitute pages 14-i and 14-ii attached.

Pages 14-9 through 14-12: Remove these pages and substitute pages 14-9 through 14-12a attached.

Pages 14-15 and 14-16: Remove these pages and substitute pages 14-15 and 14-16 attached.


JOHN W. DITZLER, M.D.
Chief Medical Director

Distribution: RPC: 1128
FD

Printing Date: 6/85

SECTION V. ADMINISTRATIVE PROCEDURES

14.30 COLLECTION OF DECEASED'S CLOTHING, FUNDS AND EFFECTS

All funds, valuables, clothing, and other effects, which were found on the deceased or left on the ward, will be collected and disposed of in accordance with paragraph 14.72.

14.31 CLOSING OF MEDICAL RECORDS

The staff physician and ward nurse will close out the deceased's clinical records on the ward as prescribed for discharges (ch. 13). Data will be furnished the Medical Administration Service so that the death certificate may be initiated promptly.

14.32 PROCESSING VA FORM 10-2065, FUNERAL ARRANGEMENTS

VA Form 10-2065 will be completed in original only, except when the remains are unclaimed and the funeral arrangements are made as an administrative necessity, or when Government transportation for the remains is provided as described in section IX. VA Form 10-2065 will be filed in the administrative records folder. If transportation is furnished for the deceased or an escort by issuance of SF 1169, U.S. Government Transportation Request, bill of lading, or other means, part I of the form will be completed. The information entered will give complete details including transportation request or bill of lading number, to whom issued, departure and destination points and costs. Part II of the form will be completed when the health care facility arranges for burial in a national cemetery.

14.33 RELEASE OF REMAINS TO FUNERAL DIRECTOR

The Chief, Medical Administration Service, or representative, will arrange for the release of the remains with the least practicable delay to the funeral director selected by the nearest relative. The time of release will be coordinated with the Laboratory Service, if an autopsy is to be performed. If requested by the funeral director, the Chief, Medical Administration Service will initiate action to establish the eligibility of the deceased for interment in a national cemetery.

14.34 DEAD-ON-ARRIVAL CASES

a. **When Admission Had Been Authorized.** A veteran who had been authorized admission and is dead on arrival will be considered constructively hospitalized by the VA. A consolidated health record will be established consisting of the application for medical benefits completed to the extent possible, copy of the death certificate, and VA Form 10-2829, Telephonic Authorization, or other document which authorized admission. The next of kin will be contacted and local authorities notified if appropriate.

b. **When Admission Had Not Been Authorized.** A person who had not been authorized admission and is dead on arrival will not be considered as having been constructively hospitalized. The next of kin, and the coroner or equivalent, will be notified immediately. Disposition of the remains will be made in accordance with instructions of the next of kin, unless stipulated by the coroner. Mortuary services will not be authorized. The Chief, Medical Administration Service will take precautions to safeguard any funds and effects until they can be released to the proper person. [] Transportation of remains will not be authorized by the facility, and the provisions of paragraph 14.80 concerning disposition of unclaimed funds and effects are not applicable. [All administrative and medical documents prepared for the person who is dead on arrival will be filed in the person's medical and administrative record folders. When these folders do not exist, action will be taken to establish an appropriately identified medical record folder (type II) for the person. This medical record folder will be interfiled among the consolidated health record folders existing at the facility according to the Social Security number of the person.]

14.35 RECEIPT FOR REMAINS

a. The employee designated to inspect the remains will use the space provided for physician's statement on SF 523-A, Medical Record Disposition of Body. Nonphysician employees will line out the word "Physician" on SF 523-A and note their position title when completing and signing the statement. At the discretion of the medical center Director, a physician may be designated to perform the inspection.

- b. The completed form will be filed in the deceased's medical records folder.
- c. Remains will not be released unless wrapped in a mortuary shroud or other suitable covering.

14.36 BURIAL CLOTHING

If requested by the nearest relative, the deceased's personally owned clothing at the facility suitable for burial purposes may be released with the remains to the funeral director. A receipt for the clothing will be obtained which will be filed with the deceased's clothing records. Likewise, at the request of the nearest relative, rings, emblems, or other items of personal adornment may be released for burial purposes in a similar manner.

14.37 INSPECTION OF SERVICES AND MERCHANDISE PROVIDED FOR UNCLAIMED REMAINS UNDER SEPARATE CONTRACTUAL AGREEMENTS

- a. The contracting officer will designate the Chief, Medical Administration Service, or designee, to be responsible for the medical inspection of the mortuary services performed, and for the inspection of the merchandise furnished for unclaimed remains under separate contractual agreements. This responsibility includes authority to certify that the services and merchandise have been furnished.
- b. When performing these inspections, action will be taken to insure:
 - (1) That the casket is, as a minimum, constructed from thick, strong particle board and is of sufficient strength to support the weight of an adult human body. Cardboard or pressed paper or similar materials are not acceptable.
 - (2) The body is properly embalmed and is properly placed in the casket dressed in appropriate clothing. Additionally, the funeral director will be advised that the U.S. flag, which the VA furnishes, is to drape the casket at the time of a funeral service.
- c. Procedures will be developed locally whereby the Chief, Medical Administration Service, or designee, may request and receive assistance from designated members of the medical staff or Supply Service in the event a questionable case arises.
- d. After the remains and merchandise have been inspected, the Chief, Medical Administration Service, or designee, will [document on VA Form 10-2068a, Inspection of Services and Merchandise Furnished for Contract Burial, the acceptability of the services and merchandise and certify that they have been inspected. In the event any of the services or merchandise are unacceptable, the contract funeral director will be requested to correct the situation after which another inspection will be conducted using another VA Form 10-2068a. The completed VA Form(s) 10-2068a will be filed in the administrative portion of the consolidated health record.]

14.38 VA REPRESENTATION AT FUNERAL

When requested by the nearest relative, VA representation may be provided for the funeral in accordance with 38 CFR 3.1611.

14.39 LETTER OF CONDOLENCE

- a. As soon as possible after death, a letter of condolence, signed by the Director, will be forwarded to the nearest relative.
- b. Depending on the circumstances in each individual case and when deemed appropriate, the letter or condolence will contain information regarding the date and place of burial. This is particularly applicable in those cases where the VA arranged burial in the absence of instructions from the nearest relative.
- c. Letters of condolence to relatives residing in foreign countries will be forwarded in accordance with the provisions of MP-1, part II, chapter 10, paragraph 13.

**14.53 DEATH WHILE NOT UNDER VA CARE IN THE COMMONWEALTH OF PUERTO RICO,
A U.S. TERRITORY OR POSSESSION**

Upon request, assistance will be given to Veterans Assistance Service in arranging for the burial of unclaimed remains of veterans, other than those described in paragraph 14.52.

14.54 DEATH IN FOREIGN COUNTRIES

Disposition of remains of veterans dying in foreign countries is normally arranged through the nearest United States consulate or Office of the Department of State, which issues the burial flag and transmits claims for burial allowance.

SECTION IX. SHIPMENT OF REMAINS OF DECEASED VETERANS

14.55 POLICY

a. Transportation may be authorized for the shipment of remains of veterans who die while receiving VA authorized hospital, nursing home or domiciliary care in any State, Territory, or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and the Canal Zone.

b. Cremated remains may be shipped at Government expense in accordance with subparagraph a above; however, transportation will not be provided for an escort.

c. Transportation may be authorized for shipment of remains to a crematory and of ashes from the crematory to the place of burial, border point, or port of embarkation provided the total cost does not exceed the cost of shipping the remains direct to the place of burial.

14.56 PROCEDURES

See VA Manual MP-2, subchapter G, paragraph 108-40.153.

14.57-14.59 (Reserved.)

SECTION X. (RESERVED)

14.60-14.63 (Reserved.)

**SECTION XI. DISPOSITION OF REMAINS—BENEFICIARIES OF
OTHER GOVERNMENT AGENCIES**

14.64 NOTIFICATION OF DEATH—ACTIVE SERVICE PATIENTS

a. If the patient was transferred to the VA medical center prior to separation or retirement, notification of death will be made to the nearest relative (as communicated by the military service) pursuant to paragraph 14.20; by teletype to the appropriate branch of service at the address indicated below; and information copies to the service installation administratively responsible for the patient, which, in the case of Army and Air Force patients, is the military hospital from which the patient was transferred, and, in the case of Navy (Marine) patients, the Commander of the naval base area in which the medical center is located.

Army: HQDA [USA MILPERCEN (DAPC-PEC)]
Alexandria, VA 22331

Air Force: U.S. Air Force Military Personnel Center (MPCCP)
Randolph AFB, TX 78148

Navy: Secretary of the Navy
Commander, Naval Military Personnel Center
Chief, Bureau of Medicine and Surgery
Navy Finance Center
Department of the Navy
Washington, DC 20370

Submit information copy on Marine Corps personnel to:

Commandant
Marine Corps (MSPA-1)
Washington, DC 20380

b. If the patient was admitted as an emergency and/or upon authorization of the individual's commanding officer, notification will be made to the nearest relative, the serviceperson's commanding officer, and the appropriate branch of service at the address indicated in subparagraph a above.

14.64.1 NOTIFICATION OF DEATH, AND FUNERAL AND BURIAL ARRANGEMENTS, FOR PATIENTS SEPARATED OR RETIRED WHILE HOSPITALIZED

- a. Notification will be made as prescribed in paragraph 14.64.
- b. The nearest relative will be informed that election of VA burial benefits or benefits administered by the military service departments may be made. The relative will be advised to contact the nearest appropriate service installation, and will be assisted in this regard by the medical center or domiciliary Director.
- c. After the nearest relative has made an election, the remains will be released to the funeral director authorized to claim the remains.

14.65 FUNERAL AND BURIAL ARRANGEMENTS—ACTIVE SERVICE PATIENTS

The nearest relative has the option of using private mortuary services or the applicable service department's contract mortuary services. In view of the variations in the type of services available and the amount allowable by the service departments in different regions of the country, it is most important that in all instances the nearest relative be advised to contact the nearest appropriate service installation about information in this regard. When the nearest relative is present at the VA health care facility, the Director will provide the next of kin assistance in contacting the nearest appropriate service installation. When the right of option has been exercised, the remains will be released to the funeral director authorized to claim the remains.

14.66 PERMISSION FOR AUTOPSY—ACTIVE SERVICE PATIENTS

Permission for autopsy will be requested from the nearest relative of an active service patient in accordance with paragraph 14.03. Permission to perform autopsy will not be requested from military authorities.

14.67 DEATH OF BENEFICIARIES—PUBLIC HEALTH SERVICE

a. **Notification of Death.** The nearest relative will be notified by the most expeditious means that death has occurred. Permission for autopsy will be requested as prescribed in paragraph 14.03. The Public Health Service facility which authorized the hospitalization will also be informed.

January 5, 1984

Chapter 14, "Seriously Ill Patients and Deaths," Part I, "Medical Administration Activities," VA Department of Medicine and Surgery Manual M-1, "Operations," is revised as indicated below. The use of brackets to denote new or revised material is precluded due to the extensive nature of the revision. Beginning with this revision, chapter 14 will be published with its own series of changes and will carry an RPC number separate and distinct from other chapters of M-1, part I.

NOTE: The purpose of this revision, other than editorial, is to:

- a. Incorporate the provisions of Interim Issue 10-74-15 concerning order of descendency for next of kin.*
- b. Incorporate the provisions of Interim Issues 10-73-17 and 10-81-50 concerning the plot-interment allowance, and statutory burial allowance.*
- c. Provide for the processing of dead-on-arrival cases.*
- d. Incorporate the provisions of Interim Issue 10-73-13 concerning burial in national cemeteries.*
- e. Incorporate the provisions of Circular 10-83-189 concerning contract burials.*
- f. Provide that the shipment of remains of deceased veterans will be in accordance with VA Manual MP-2, subchapter G, paragraph 108-40.153.*
- g. Provide that funds on deposit in a deceased patient's PFOP account will not be released if an overpayment of VA funds exists.*
- h. Delete obsolete information.*

Pages 14-i through 14-45: Remove these pages and substitute pages 14-i through 14-29 attached.



DONALD L. CUSTIS, M.D.
Chief Medical Director

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