

Beneficiary Travel Waiver of Deductibles Worksheet

Complete this worksheet to apply for a waiver of Beneficiary Travel deductibles. Unless you are in receipt of VA Pension, Aid and Attendance or Housebound Benefits, provide your projected gross household income and allowable deductible expenses for the current calendar year. The calculator will apply the appropriate threshold to determine your eligibility for waiver. Waivers from the deductible are valid until the end of the current calendar year, or until a change in financial status, whichever comes first.

1. Date of Application for Waiver _____ Example: February 8, 2010 or 02/8/2010

2. Veteran's Name

Last First MI

3. Veteran's SSN _____

4. In receipt of VA Pension, VA Pension + Aid and Attendance (A&A) or VA Pension + Housebound Benefits (HB).
 If Yes, Stop here. Veteran is automatically eligible.

5. Service Connected rating by the VA?
 A. Veteran rated by VA to be 30%-100% service-connected.
 B. Veteran rated by VA to be less than 30% service-connected.
 C. Veteran is not rated by VA to be service-connected.

6. Clinically determined by VA to be catastrophically disabled or meet medical A&A or HB criteria?
 A. Determined by VA to be catastrophically disabled or meet A&A.
 B. Determined by VA to meet Housebound. (Applicable if Question 5 is C)
 C. Neither A or B.

7. Number of Dependents? _____

	Veteran	Spouse	Dependents	Total
8. Projected 2010 Gross Household Income				
Wages	<input style="width: 100%;" type="text"/>			
Unearned Income	<input style="width: 100%;" type="text"/>			
Net Income from Farm, Ranch, Property or Business	<input style="width: 100%;" type="text"/>			
Total Income	<input style="width: 100%;" type="text"/>			
9. Projected 2010 Deductible Expenses				
Medical Expenses	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Funeral and Burial Expenses	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Veteran's Educational Expenses	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
Total Allowable Deductible Expenses	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
NET INCOME	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

10. Applicable Threshold(s)?

<input style="width: 100%;" type="text"/>			
PENSION	CATASTROPHIC or MEDICAL A&A	HOUSEBOUND	MEANS TEST

11. Basis for Eligibility? _____

12. Eligible for Waiver? _____

13. Note: _____

I certify that the information I have provided is true to the best of my knowledge.

 Veteran's Signature

 Date

 Completed By

 Date