RAPID SITE LOCATOR

For complete listing of all Rapids Sites
In the United States
Go To

http://www.dmdc.osd.mil/rsl/

or Call

1-800-538-9552 for assistance

INFORMATION REGARDING THE RETIRED RESERVE

1. As a member of the Retired Reserve Awaiting pay at age 60, you are entitled to the following privileges:

a. Use of the facilities of service clubs/ open messes when local space and staff capabilities permit and if authorized by membership rules.

b. Retain your rank as a member of the Marine Corps Reserves.

c. Wear the prescribed uniform upon appropriate occasion of ceremony.

d. Space-available travel on military aircraft within the continental Untied States, presentation of a Notification of Eligibility for Retired Pay at age 60 and a valid military ID card.

e. Unlimited access to military exchanges, commissary stores, and morale and welfare recreational facilities.

2. As a member of the Retired Reserve:

a. You may be ordered to active duty in times of war or national emergency declared by Congress, or when otherwise authorized by law. However no member of the Retired Reserve may be ordered to active duty without his or her consent, unless the Secretary of the Navy, with the approval of the Secretary of Defense, determines that adequate numbers of qualified members of the Ready and Standby Reserve in an active status are not available.

b. In the event you are ordered to active duty under the conditions stated above, you may earn additional retirement credits and accrue additional qualifying service.

c. You will be exempt from submitting qualification questionnaires and obtaining periodic physical examination.

3. Retired Pay Computation. The formula for computation of a retired pay pursuant to Title 10, USC Section 12731 and 12739 is:

(P divided by 360) x 0.025 x B = $ per month

P- Denotes total retirement points.
B- Denotes current basic pay of grade in which you retired. Years of service for basic pay purposes are computed from your pay entry base date of first eligibility for retired pay (date of separation if a former member)

Updated February 2026

TRICARE® Costs

Supplemental Briefing Slides That Provide Additional Information to the Other TRICARE Briefings

Defense Health Agency ®

TRICARE®

Enclosure (6)

PP442G170226WW

TRICARE Costs

- TRICARE costs are subject to change.
- Go to www.tricare.mil/costs for the most up-to-date cost information.
- Special conditions for differing costs may exist.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
  - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, and catastrophic caps.

Enrollment Fees: TRICARE Prime (1 of 2)

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Prime® Includes TRICARE Prime Overseas*	Active duty service members, eligible active duty family members, overseas command-sponsored active duty family members, surviving spouses (during the first three years), and surviving dependent children	No enrollment fees
TRICARE Prime® Includes TRICARE Prime Overseas*	Stateside retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	**Group A:** Individual: $381.96/year Family: $765/year **Group B:** Individual: $462.96/year Family: $927/year

* *Not available to retired service members, their family members, and others overseas*

Enrollment Fees: TRICARE Prime (2 of 2)

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Prime Remote Includes TRICARE Prime Remote Overseas*	In certain remote locations, eligible stateside active duty family members living with the sponsor, and overseas command-sponsored active duty family members	No enrollment fees
US Family Health Plan	Stateside active duty family members and retirees and their family members until turning age 65	Same as TRICARE Prime

**Not available to retired service members, their family members, and others overseas.*

Enrollment Fees: TRICARE Select

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Select® Includes TRICARE Select Overseas	Eligible active duty family members	No enrollment fees
TRICARE Select® Includes TRICARE Select Overseas	Retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	**Group A:** Individual: $186.96/year Family: $375/year **Group B:** Individual: $594.96/year Family: $1,191/year

Premium-Based Plans

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Premium Costs
TRICARE Reserve Select®	Selected Reserve members and their family members	Individual: $57.88/month Family: $286.66/month
TRICARE Retired Reserve®	Retired Reserve members until turning 60 and their family members	Individual: $645.90/month Family: $1,548.30/month
TRICARE Young Adult	Qualified adult children who have aged out of TRICARE	TYA Prime: $794/month TYA Select: $363/month
Continued Health Care Benefit Program	Former TRICARE-eligible members and their family members, former spouses who haven't remarried before age 55, emancipated children, and unmarried children by adoption or legal custody	Individual: $2,103/quarter Family: $5,339/quarter

TRICARE For Life

Program	Beneficiary Category	Enrollment/Premium Costs
TRICARE For Life	TRICARE beneficiaries entitled to premium-free Medicare Part A and who have Medicare Part B, regardless of age or place of residence	Medicare Part B monthly premium (With TFL, there are no TRICARE premiums or TRICARE enrollment fees)

If the service is covered by:	Then, you pay:	If the service is covered by:
Both Medicare and TRICARE	Nothing	Both Medicare and TRICARE
TRICARE but not Medicare	TRICARE annual deductible and cost-share	TRICARE but not Medicare
Medicare but not TRICARE	Medicare annual deductible and cost-share	Medicare but not TRICARE

Annual Deductible: TRICARE Prime

ADSMs, ADFMs, transitional survivors, retirees, their family members, and all others (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B
All covered services	No deductible	No deductible

Annual Deductible: TRICARE Select (1 of 2)

ADFMs and TRS members (Jan. 1–Dec. 31, 2026)

Pay Grade	Type	Group A	Group B and TRS members
E-4 and below	Individual	$50	$66
E-4 and below	Family	$100	$132
E-5 and above	Individual	$150	$198
E-5 and above	Family	$300	$397

Annual Deductible: TRICARE Select (2 of 2)

Retirees, their family members, TRR members, and all others (Jan. 1–Dec. 31, 2026)

Type	Group A	Group B and TRR members
Individual	$150	Network: $198 Out-of-Network: $397
Family	$300	Network: $397 Out-of-Network: $794

Catastrophic Cap

Jan. 1–Dec. 31, 2026

Sponsor or Beneficiary Type	Group A	Group B
Active duty family members	$1,000 per family	$1,324 per family
Retirees, their family members, and all others	$3,000 per family (TRICARE Prime) $4,381 per family (TRICARE Select)	$4,635 per family
TRICARE Reserve Select members	Follow Group B	$1,324 per family
TRICARE Retired Reserve members	Follow Group B	$4,635 per family
TRICARE For Life individuals and family members (two or more beneficiaries)	$1,000 for ADFMs $3,000 for all others	$1,000 for ADFMs $3,000 for all others

Out-of-Pocket Costs: TRICARE Prime (1 of 2)

ADSMs, ADFMs, and transitional survivors (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B
All covered services	No deductible	No deductible

Out-of-Pocket Costs: TRICARE Prime (2 of 2)

Retirees, their family members, and all others (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B
Preventive care visit	$0	$0
Primary care outpatient visit	$26	$26
Specialty care outpatient visit	$39	$39
Urgent care center visit	$39	$39
Emergency room visit	$79	$79

TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- An annual deductible before TRICARE cost-sharing will begin:
  - $300 per individual
  - $600 per family
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs don’t apply to the catastrophic cap.

Out-of-Pocket Costs: TRICARE Select (1 of 4)

ADFMs and TRS members (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRS members
Preventive care visit	$0	$0
Primary care outpatient visit	Network: $28 Out-of-Network: 20%	Network: $19 Out-of-Network: 20%
Specialty care outpatient visit	Network: $39 Out-of-Network: 20%	Network: $33 Out-of-Network: 20%
Urgent care center visit	Network: $28 Out-of-Network: 20%	Network: $26 Out-of-Network: 20%
Emergency room visit	Network: $103 Out-of-Network: 20%	Network: $52 Out-of-Network: 20%

Out-of-Pocket Costs: TRICARE Select (2 of 4)

ADFMs and TRS members (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRS members
Inpatient admission (Hospitalization)	Network and Out-of-Network: $24.50 per day or $25 per admission (whichever is more)	Network: $79 per admission Out-of-Network: 20%
	$23.45 per day (subsistence charge) military hospital or clinic	$23.45 per day (subsistence charge) military hospital or clinic

Out-of-Pocket Costs: TRICARE Select (3 of 4)

Retirees, their family members, TRR members, and all others (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRR members
Preventive care visit	$0	$0
Primary care outpatient visit	Network: $38 Out-of-Network: 25%	Network: $33 Out-of-Network: 25%
Specialty care outpatient visit	Network: $52 Out-of-Network: 25%	Network: $52 Out-of-Network: 25%
Urgent care center visit	Network: $38 Out-of-Network: 25%	Network: $52 Out-of-Network: 25%
Emergency room visit	Network: $138 Out-of-Network: 25%	Network: $105 Out-of-Network: 25%

Out-of-Pocket Costs: TRICARE Select (4 of 4)

Retirees, their family members, TRR members, and all others (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRR members
Inpatient admission (Hospitalization)	Network: $250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Out-of-Network: $1,306 per day‡ or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Network: $231 per admission Out-of-Network: 25%
	$23.45 per day (subsistence charge) military hospital or clinic	$23.45 per day (subsistence charge) military hospital or clinic

‡ CY 2025 rate. All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.

Maternity Costs: Inpatient

Covered Service: Delivery in an inpatient hospitalization setting (Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: $0	**TRICARE Prime:** $198/admission (Stateside only)
TRICARE Select (Group A): Subsistence charge per day ($23.45), minimum $25/admission **TRICARE Select (Group B):** Network: $79/admission Out-of-Network: 20% of allowable charge	**TRICARE Select (Group A):** Network: $250/day or 25% of the hospital's total charges, whichever is less, plus 20% of separately billed professional charges Out-of-Network: DRG per diem ($1,345/day ‡) or 25% of the hospital's total charges, whichever is less, plus 25% of allowable charge for separately billed professional charges **TRICARE Select (Group B):** Network: $231/admission Out-of-Network: 25% of allowable charge or $23.45 per day (subsistence charge) at a military hospital or clinic

‡ All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.

Maternity Costs: Ambulatory

Covered Service: Delivery in a TRICARE-authorized birthing center (Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: $0	**TRICARE Prime:** $79 (Stateside only)
TRICARE Select (Group A): Network: $25 Out-of-Network: $25 **TRICARE Select (Group B):** Network: $33 Out-of-Network: 20% of allowable charge	**TRICARE Select (Group A):** Network: 20% of allowable charge Out-of-Network: 25% of allowable charge **TRICARE Select (Group B):** Network: $125 Out-of-Network: 25% of allowable charge

Maternity Costs: Outpatient

Covered Service: Delivery planned at home or another setting (Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: $0	**TRICARE Prime (Group A/Group B)** (Stateside only) Network: • Primary Care: $26 • Specialty Care: $39 *POS charges may apply to nonemergency care
TRICARE Select (Group A): Network: • Primary Care: $28 • Specialty Care: $39 Out-of-Network: 20% of allowable charge **TRICARE Select (Group B):** Network: • Primary Care: $19 • Specialty Care: $33 Out-of-Network: 20% of allowable charge	**TRICARE Select (Group A):** Network: • Primary Care: $38 • Specialty Care: $52 Out-of-Network: 25% of allowable charge **TRICARE Select (Group B):** Network: • Primary Care: $33 • Specialty Care: $52 Out-of-Network: 25% of allowable charge

TRICARE Pharmacy Program (1 of 3)

Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: Generic	Formulary drugs: Brand-name	Non-formulary Drugs	Non-covered Drugs
Military Pharmacy (Up to a 90-day supply)	$0	$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery* (Up to a 90-day supply)	$14	$44	$85	Not available
TRICARE Retail Network Pharmacy (Up to a 30-day supply)	$16	$48	$85	Full cost of drug

**Some non-formulary drugs are only available through TRICARE Pharmacy Home Delivery. Home delivery isn't available in Germany, Norway, or Saudi Arabia. Home delivery may not be available to all overseas locations.*

Section 702 of the NDAA for FY 2018 froze pharmacy copayments at the 2017 rates for survivors of active duty service members and medically retired service members (and their family members).

TRICARE Pharmacy Program (2 of 3)

Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: Generic and brand-name	Non-formulary Drugs	Non-covered Drugs
Non-Network Pharmacy (Up to a 30-day supply) (In the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	**TRICARE Prime options:** 50% cost-share applies after you meet your point-of-service annual deductible	**TRICARE Prime options:** 50% cost-share applies after you meet your POS annual deductible	Full cost of drug
Non-Network Pharmacy (Up to a 30-day supply) (In the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	**All other beneficiaries:** $48 or 20% of the total cost, whichever is more, after you meet your annual deductible	**All other beneficiaries:** $85 or 20% of the total cost, whichever is more, after you meet your annual deductible	Full cost of drug

TRICARE Pharmacy Program (3 of 3)

Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: generic and brand-name, non-formulary drugs, and non-covered drugs
Overseas Pharmacy (Outside the U.S. and U.S. territories)*	**ADSMs and ADFMs in TRICARE Prime Overseas or TRICARE Prime Remote Overseas:** $0 (You may have to pay the full cost up front and file a claim for reimbursement.) **ADFMs in TRICARE Select Overseas and TRS members:** 20% cost-share after annual deductible is met **Retirees, their family members, TRR members, and all others in TRICARE Select Overseas:** 25% cost-share after the annual deductible is met

** In the Philippines, you must fill your prescription at a certified pharmacy.*

TRICARE Dental Program Monthly Premiums

March 1, 2026–Feb. 28, 2027

Sponsor Status	Sponsor-Only	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	E-4 and below: $8.79 E-5 and above: $11.72	E-4 and below: $22.85 E-5 and above: $30.47	N/A
Selected Reserve and Individual Ready Reserve (Mobilization Only)	E-4 and below: $8.79 E-5 and above: $11.72	$29.30	$76.18	E-4 and below: $84.97 E-5 and above: $87.90
IRR (Non-Mobilization)	$29.30	$29.30	$76.18	$105.48
Survivor	N/A	$0	$0	N/A

TDP Cost-Shares

March 1, 2026–Feb. 28, 2027

Type of Service	CONUS: Sponsor Pay Grade E-1–E-4	CONUS: Sponsor Pay Grade E-5 and above	OCONUS: Command-Sponsored Beneficiary
Diagnostic, Preventive	0%	0%	0%
Sealants	0%	0%	0%
Basic restorative	20%	20%	0%
Endodontic, Periodontic, Oral surgery	30%	40%	0%
Prosthodontic, Implant, Orthodontic	50%	50%	50%

TDP Maximums and Deductible

March 1, 2026–Feb. 28, 2027

Maximum	Amount
Annual Benefit Maximum	**$1,500** per person, per enrollment year for non-orthodontic services. Payments for certain diagnostic and preventive services aren't applied.
Orthodontic Lifetime Maximum	**$1,750** per person, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the yearly maximum.
Dental Accident Coverage Annual Maximum	**$1,200** per person, per enrollment year
Annual Deductible	$0

Active Duty Dental Program CONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia, before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP CONUS (continental United States) Locations
  - CONUS non-remote: ADSMs can only seek care from a civilian dentist if an emergency or referred by a military dental clinic, also known as a military dental treatment facility.
  - CONUS remote (must live and work 50 miles from duty location): ADSMs must use a network dentist unless approved by United Concordia before getting care.
- For more information, go to www.addp-ucci.com.

Active Duty Dental Program OCONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP OCONUS (outside the continental United States) Locations
  - OCONUS non-remote: ADSMs must get all care at their assigned military dental clinic.
  - OCONUS remote: ADSMs can see any dentist but should contact United Concordia to coordinate all care.
- For more information, go to www.addp-ucci.com.

Group Life Insurance (VGLI)

With Veterans' Group Life Insurance (VGLI), you may be able to keep your life insurance coverage after you leave the military for as long as you continue to pay the premiums. Find out if you qualify for VGLI and how to manage your coverage.

Am I eligible for Veterans' Group Life Insurance?

You may be eligible for VGLI if you meet at least one of the requirements listed below.

At least one of these must be true. You:

- Had part-time Servicemembers' Group Life Insurance (SGLI) as a member of the National Guard or Reserves, and you suffered an injury or disability (damage to your body or mind that makes it hard for you to do everyday tasks, including meaningful work) while on duty—including direct traveling to and from duty—that disqualified you for standard premium insurance rates, **or**
- Had SGLI while you were in the military and you're within 1 year and 120 days of being released from an active-duty period of 31 or more days, **or**
- Are within 1 year and 120 days of retiring or being released from the Ready Reserves or National Guard, **or**
- Are within 1 year and 120 days of assignment to the Individual Ready Reserves (IRR) of a branch of service, or to the Inactive National Guard (ING). This includes members of the United States Public Health Service Inactive Reserve Corps (IRC), **or**
- Are within 1 year and 120 days of being put on the Temporary Disability Retirement List (TDRL)

Who's covered?

- Veterans
- Former service members

What life insurance benefits can I get with VGLI?

You can get $10,000 to $400,000 in life insurance benefits, based on the amount of SGLI coverage you had when you left the military.

Note: When you leave the military, you can sign up through VGLI for coverage up to the amount you had through SGLI. You can also increase your coverage by $25,000 every 5 years—up to $400,000—until you're 60 years old.

How do I get these benefits?

You'll need to apply for VGLI within 1 year and 120 days of leaving the military.

If you sign up within 240 days of leaving the military, you won't need to prove you're in good health. If you sign up after the 240-day period, you'll need to submit evidence that you're in good health.

Apply in one of these ways:

- Apply through the Office of Servicemembers' Group Life Insurance (OSGLI), using the Prudential website.
  Apply online through OSGLI (https://giosgli.prudential.com/osgli/OnlineFillableAppController/NBEnrollment)
- Apply online through eBenefits (https://www.ebenefits.va.gov/ebenefits/about/feature?feature=vgli-policy-management)
- Apply by mail or fax. Fill out the Application for Veterans' Group Life Insurance (SGLV 8714).
  Download the Application for Veterans' Group Life Insurance (PDF) (https://www.benefits.va.gov/INSURANCE/forms/SGLV_8714_ed2014-07.pdf)

Fax the form to 800-236-6142, or mail it to:

> OSGLI
> PO Box 41618
> Philadelphia, PA 19176-9913

To reinstate a VGLI policy that has expired, you'll need to fill out an Application for Reinstatement of VGLI Coverage (SGLV 180).
Download SGLV 180 (PDF) (https://www.benefits.va.gov/INSURANCE/forms/SGLV_180_ed2012-12.pdf)

How much will I pay for these benefits?

VGLI premium rates are based on your age and the amount of insurance coverage you want.

Note: On April 1, 2021, we lowered VGLI premium rates.

How to File a VA disability claim

Find out how to file a claim for disability compensation or increased disability compensation.

You can still file a claim and apply for benefits during the coronavirus pandemic

Get the latest information about in-person services, claim exams, extensions, paperwork, decision reviews and appeals, and how best to contact us during this time.
Go to our coronavirus FAQs (https://www.va.gov/coronavirus-veteran-frequently-asked-questions/#can-i-still-file-a-claim-or-ge)

How do I prepare before starting my application?

- Find out if you're eligible for VA disability compensation (https://www.va.gov/disability/eligibility/)
- Gather any evidence (supporting documents) you'll submit yourself when you file your VA disability claim.
- Be sure your claim is filled out completely and you have all the supporting documents ready to send in along with your claim. This will help us process your claim quickly.
  Learn about fully developed claims (https://www.va.gov/disability/how-to-file-claim/evidence-needed/fully-developed-claims)
- Find out if you'll need to turn in any additional forms with your claim (https://www.va.gov/disability/how-to-file-claim/additional-forms/)

What evidence will I need to provide to support my claim?

You can help to support your VA disability claim by providing documents, such as:

- VA medical records and hospital records that relate to your claimed illnesses or injuries or that show your rated disability has gotten worse
- Private medical records and hospital reports that relate to your claimed illnesses or injuries or that show your disability has gotten worse

- Supporting statements you'd like to provide from family members, friends, clergy members, law enforcement personnel, or those you served with that can tell us more about your claimed condition and how and when it happened or how it got worse

Depending on the type of claim you file, you may gather supporting documents yourself, or you can ask for our help to gather evidence.

Find out what evidence we'll need for your claim (https://www.va.gov/disability/how-to-file-claim/evidence-needed/)

We'll also review your discharge papers (DD214 or other separation documents) and service treatment records.

Please note: You don't have to submit any evidence to support your claim, but we may need to schedule a claim exam so we can learn more about your condition.

You should also know that you have up to a year from the date we receive your claim to turn in any evidence. If you start your application and need time to gather more supporting documents, you can save your application and come back later to finish it. We'll recognize the date you started your application as your date of claim as long as you complete it within 365 days.

Can I file my claim online?

It depends on your situation. Answer a few questions, and we'll guide you to the right place.

Let's get started

What other ways can I file my disability claim?

By mail

File your claim by mail using an Application for Disability Compensation and Related Compensation Benefits (VA Form 21-526EZ).
Download VA Form 21-526EZ (PDF) (https://www.vba.va.gov/pubs/forms/VBA-21-526EZ-ARE.pdf)

Print the form, fill it out, and send it to this address:

> Department of Veterans Affairs
> Claims Intake Center
> PO Box 4444
> Janesville, WI 53547-4444

In person

Bring your application to a VA regional office near you.
Find a VA regional office near you (https://www.va.gov/find-locations/?facilityType=benefits)

With the help of a trained professional

You can work with a trained professional called an accredited representative to get help filing a claim for disability compensation.
Get help filing your claim (https://www.va.gov/disability/get-help-filing-claim/)

What happens after I file my VA disability claim?

Find out what happens after you file (https://www.va.gov/disability/after-you-file-claim/)

You don't need to do anything while you're waiting unless we send you a letter asking for more information. If we schedule exams for you, be sure not to miss them.

Check your VA claim status (https://www.va.gov/track-claims)

How long does it take VA to make a decision?

153.1 days

Average number of days to complete disability-related claims in February 2021

If I start my VA disability application, does VA consider this "intent to file"?

No. Simply starting your VA disability application doesn't show your intent to file. You'll need to submit an intent to file form, which sets the effective date (the day you can start getting your benefits). Then you can focus on gathering supporting documents to turn in with your pension application. If you submit an intent to file before you file your claim, you may be able to get retroactive payments (money you'll get starting from your effective date).

Note: If you file your claim online, you don't need to separately send an intent to file form. The online application already includes your intent to file.

How do I submit an intent to file?

You can submit your intent to file by phone or by written form.

Note: If you file your claim online, you don't need to separately send an intent to file form. The online application already includes your intent to file.

By phone

Call 800-827-1000, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

By submitting a form

Download, fill out, and submit an Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC (VA Form 21-0966).
Download VA Form 21-0966 (PDF) (https://www.vba.va.gov/pubs/forms/VBA-21-0966-ARE.pdf)

Turn in your form in any of these ways:

- Mail it to this address:

  > Department of Veterans Affairs
  > Claims Intake Center
  > PO Box 4444
  > Janesville, WI 53547-4444

- Turn it in at a VA regional office near you.
  Find a VA regional office near you (https://www.va.gov/find-locations/?facilityType=benefits)

- Work with a trained professional called an accredited representative to get help applying for VA disability benefits.
  Get help filing a claim (https://www.va.gov/disability/get-help-filing-claim)

More information about filing disability claims

Claim types and when to file

(https://www.va.gov/disability/how-to-file-claim/when-to-file)
Learn about standard claims, supplemental claims, secondary claims, and more.

Evidence needed for your disability claim

(https://www.va.gov/disability/how-to-file-claim/evidence-needed)
Find out what evidence we'll need to support your disability claim.

Disabilities that appear within 1 year after discharge

(https://www.va.gov/disability/eligibility/illnesses-within-one-year-of-discharge)
Find out if you can get disability benefits if you have signs of an illness within a year after being discharged from service.

Get help filing a claim

(https://www.va.gov/disability/get-help-filing-claim)
Find out how to work with a trained professional called an accredited representative to file your claim.