

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>O'CONNELL, ANTHONY MINER</b>		2. SERVICE NUMBER <b>681709</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>																													
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>NAVY - USNR</b>		5a. GRADE, RATE OR RANK <b>LT</b>	b. PAY GRADE <b>O-3</b>	6. DATE OF RANK DAY: <b>01</b> MONTH: <b>DEC</b> YEAR: <b>1967</b>																													
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>WASHINGTON, D.C.</b>		9. DATE OF BIRTH DAY: <b>25</b> MONTH: <b>OCT</b> YEAR: <b>1941</b>																													
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>---</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>FAIRFAX COURT HOUSE FAIRFAX COUNTY, VIRGINIA</b>			c. DATE INDUCTED DAY: MONTH: YEAR: <b>NOT APPLICABLE</b>																												
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASED FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>EODGRULANT, FORT STORY, VIRGINIA</b>																														
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>BUPERS ORDER 163240-502 - COMPLETION OF REQUIRED SERVICE</b>			d. EFFECTIVE DATE DAY: <b>03</b> MONTH: <b>JUN</b> YEAR: <b>1969</b>																														
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>EODGRULANT, FORT STORY, VIRGINIA</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>SEE REMARKS</b>																													
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND 21905</b>				15. REENLISTMENT CODE <b>NOT APPLICABLE</b>																													
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: MONTH: YEAR: <b>---</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER <b>COMMISSIONED 6 JUNE 1964</b>		b. TERM OF SERVICE (Years) <b>INDEF</b>	c. DATE OF ENTRY DAY: <b>06</b> MONTH: <b>JUN</b> YEAR: <b>1964</b>																												
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVS <b>ENSIGN</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CHARLOTTESVILLE, VIRGINIA</b>																														
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>6012 FRANCONIA ROAD SPRINGFIELD, VIRGINIA 22150</b>		22. STATEMENT OF SERVICE																																
23a. SPECIALTY NUMBER & TITLE <b>9230 - EOD</b>		b. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER <b>694 - RENOVATION PLANT FOREMAN</b>		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td><b>04</b></td> <td><b>11</b></td> <td><b>27</b></td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td><b>00</b></td> <td><b>00</b></td> <td><b>00</b></td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td><b>04</b></td> <td><b>11</b></td> <td><b>27</b></td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td><b>04</b></td> <td><b>11</b></td> <td><b>27</b></td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td><b>02</b></td> <td><b>10</b></td> <td><b>00</b></td> </tr> </tbody> </table>				YEARS	MONTHS	DAYS	a. CREDITABLE FOR BASIC PAY PURPOSES				(1) NET SERVICE THIS PERIOD	<b>04</b>	<b>11</b>	<b>27</b>	(2) OTHER SERVICE	<b>00</b>	<b>00</b>	<b>00</b>	(3) TOTAL (Line (1) plus Line (2))	<b>04</b>	<b>11</b>	<b>27</b>	b. TOTAL ACTIVE SERVICE	<b>04</b>	<b>11</b>	<b>27</b>	c. FOREIGN AND/OR SEA SERVICE	<b>02</b>	<b>10</b>	<b>00</b>
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c. FOREIGN AND/OR SEA SERVICE	<b>02</b>	<b>10</b>	<b>00</b>																															
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NAVY COMMENDATION MEDAL WITH COMBAT "V"      NATIONAL DEFENSE SERVICE MEDAL REPUBLIC OF VIETNAM CAMPAIGN MEDAL      COMBAT ACTION MEDAL <i>awd</i> VIETNAM SERVICE MEDAL</b>																																		
25. EDUCATION AND TRAINING COMPLETED <b>NAVAL RESERVE OFFICER TRAINING CORP, UNIVERSITY OF VIRGINIA CIC OFFICERS SCHOOL 8/64 - 9/64 UNDERWATER SWIMMERS SCHOOL 10/65 - 11/65 EXPLOSIVE ORDNANCE DISPOSAL SCHOOL 1/66 - 7/66 TECHNICAL ESCORT SCHOOL 4/68 - 5/68</b>																																		
VA AND EMP SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NONE</b>		b. DAYS ACCRUED LEAVE PAID <b>60</b>	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>	c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>																											
	28. VA CLAIM NUMBER <b>C-</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE																															
REMARKS	30. REMARKS <b>GRAMMAR SCHOOL - 8 HIGH SCHOOL - 4 COLLEGE - 4  BLOCK 13b CONTINUED: NO DISCHARGE CERTIFICATE ISSUED AT TIME OF SEPARATION</b>																																	
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>6541 FRANCONIA ROAD SPRINGFIELD, VIRGINIA 22150</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Anthony M. O'Connell</i> <b>ANTHONY M. O'CONNELL</b>																														
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>R. P. ABENANTE, CW02, ADMINISTRATIVE OFFICER</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>																														



Anthony O'Connell <anthonymineroconnell@gmail.com>

**Anthony O'Connell**

3 messages

**Anthony O'Connell** <anthonymineroconnell@gmail.com>  
To: boneil@azdvs.gov  
Cc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Sat, Jan 28, 2012 at 10:09 PM

Anthony M. O'Connell  
439 S. Vista Del Rio  
Green Valley, AZ 85614  
No telephone  
anthonymineroconnell@gmail.com  
VA File Number 25 163 990 (From VA Form 21-526 signed on January 17, 2012)

Information from the Phoenix VA:

"In reply, refer to:  
345 PD2/GW  
File number: 25 163 990  
Anthony M. O'Connell

Jan28 (10:09pm) Veteran to Brian O'Neil

From: Brian O'Neil,  
To: Brian O'Neil,  
Cc:

Would you please add my attached credit card statement to my financial disclosure documents?

I don't know what credit card companies do when the credit card debit reaches it's limit. In general, do you know?

Thank you again,

Anthony O'Connell 7637

**9-credit-card-bill.pdf**  
93K

**Brian O'Neil** <boneil@azdvs.gov>  
To: Anthony O'Connell <anthonymineroconnell@gmail.com>

Tue, Jan 31, 2012 at 8:02 AM

I don't know what they do. Why are we submitting the credit card statement? What is the relevance of what is shown on it?

Jan31 (8:02am) Brian O'Neil to Veteran

Brian O'Neil  
Arizona Department of Veterans' Services  
Veterans Services Division  
Veterans Benefits Counselor

Office (928) 443-0167  
Fax (928) 443-1894

From:  
To:

---

**From:** Anthony O'Connell [mailto:anthonymineroconnell@gmail.com]  
**Sent:** Saturday, January 28, 2012 10:09 PM  
**To:** Brian O'Neil  
**Cc:** Anthony O'Connell  
**Subject:** Anthony O'Connell

[Quoted text hidden]

---

**Anthony O'Connell** <anthonymineroconnell@gmail.com>  
To: Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 8:33 AM

Jan31 (8:33am) Veteran to Brian O'Neil

Brian O'Neil,

Thanks for asking. I was thinking that the credit card statement would show that I was broke and need the pension. If you don't think it's relevant or a good idea to include it, please don't include it.

Anthony M. O'Connell 7637

[Quoted text hidden]

An  
to

B

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M

A



Anthony OConnell <anthonymineroconnell@gmail.com>

# VA economic pension; please drop skin cancer compension part of application

5 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Sat, Jan 28, 2012 at 10:15 AM

To: boneil@azdvs.gov

Cc: Anthony OConnell <anthonymineroconnell@gmail.com>

From:

Anthony M. OConnell

439 S. Vista Del Rio

Green Valley, AZ 85614

No telephone

[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)

VA File Number 25 163 990 (From VA Form 21-526 signed on January 17, 2012)

Jan28 (10:15am) Veteran to Brian O'Neil

Information from the Phoenix VA:

In reply, refer to:

345 PD2/GW

File number: 25 163 990

Anthony M. OConnell.

Trail 1

Brian O'Neill,

I admire your tolerance in filling out an application for someone who doesn't know the answers. I can do better. I would like to continue to use the Prescott office instead of switching to the Tucson office. You all are great

I received the Phoenix VA's letter of January 24, 2012, with instructions and forms. I would like to continue to do the pension part of my application but I would like to drop the agent orange/skin cancer compensation part of my application. Does that mean I just have to fill out the 8 page VA Form 21-527? But I see that this form has questions about disability. What forms from the Phoenix VA should I fill out? Should I restart the application process or modify what has already been submitted?

Thank you,

Anthony O'Connell 7637

Drop skin cancer part of application

Attached are copies of:

1- My DD214

2- 2010 IRS Form 1040, individual tax return

3- 2011 Form SSA-1099- social security benefit statement

4- Bank statement ( only one bank)

5- Phoenix VA's letter January 24, 2012 18p









6- Phoenix VA's Form 21-527 10p

7-VA Form 21-526 Jan17 6p

8-VA Form 21-22 Jan17

*as looks as needs  
Test for mark k-ed  
value of land*

8 attachments

-  1-DD214.pdf  
33K
-  2-2010 IRS Form 1040.pdf  
65K
-  3-2011 Form-SSA-1099.pdf  
22K
-  4-bank-statement.pdf  
23K
-  5-PhoenixVA-letter-Jan24 18p.pdf  
202K
-  6-PhonixVA Jan24 form21-527 10p.pdf  
109K
-  7-VA Form 21-526 Jan17 6p.pdf  
133K
-  8-VA Form 21-22 Jan17.pdf  
32K

*PB*  
*do in my VA letter*  
*attach to letter*

Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 9:34 AM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

Jan31 (9:34am) Brian O'Neil to Veteran

Anthony,

The 21-526 that was already submitted should suffice, a 21-527 should not need to be submitted. I consulted with my colleagues here in the office, and it does not at this time make sense why the VA would have sent you the form in the first place, especially since the 21-526 addresses all the same issues. The process does not need to be restarted.

The 21-8049 is used to bring down your countable income, as is the 21-8416. Just fill them out with the applicable information, sign them, and send them to me. As they are financial forms, I cannot sign them on your behalf.

Once they are filled out, we can submit the VCAA Notice Response as well stating that you have no more information to submit.

Who hand-wrote in "Combat Action Medal" on your DD 214? This seems out of place as only the Air Force has a Combat Action Medal. The Navy, Coast Guard and Marine Corps have a Combat Action Ribbon.

For right now, I will submit a 21-4138 stating that you request that the compensation claim be withdrawn, and request the VA move forward on pension only. Since we are withdrawing the claim for compensation, the 21-4142 no longer needs to be completed.

Brian O'Neil  
Arizona Department of Veterans' Services  
Veterans Services Division



Veterans Benefits Counselor

Office (928) 443-0167

Fax (928) 443-1894

**From:** Anthony OConnell [mailto:[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)]

**Sent:** Saturday, January 28, 2012 10:16 AM

**To:** Brian O'Neil

**Cc:** Anthony OConnell

**Subject:** VA economic pension; please drop skin cancer compension part of application

[Quoted text hidden]

**Anthony OConnell <[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)>**

**Tue, Jan 31, 2012 at 12:34 PM**

To: Brian O'Neil <[boneil@azdvs.gov](mailto:boneil@azdvs.gov)>

Brian O'Neil,

Jan31 (12:34pm) Veteran to Brian O'Neil

Thank you!

I wrote the "combat action medal amo" [amo = Anthony Miner O'Connell]" on my DD214 not realizing that the "Navy commendation medal with combat "V" means that. (I know, how could I not realize that)

Anthony O'Connell 7637

[Quoted text hidden]

**Anthony OConnell <[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)>**

**Tue, Jan 31, 2012 at 12:51 PM**

To: Brian O'Neil <[boneil@azdvs.gov](mailto:boneil@azdvs.gov)>

Brian O'Neal,

Jan31 (12:51pm) Veteran to Brian O'Neil

I hope this isn't important but my DD214, block 4 of my personal date, says "NAVY - USNR". I think it should say "NAVY - USN". I had a regular commission; not a reserve commission. I had an NROTC scholarship to the University of Virginia and was a midshipman with the same status as the midshipman at the Naval Academy. I can send you documentation if you like.

Anthony O'Connell 7637

[Quoted text hidden]

**Brian O'Neil <[boneil@azdvs.gov](mailto:boneil@azdvs.gov)>**

**Tue, Jan 31, 2012 at 1:31 PM**

To: Anthony OConnell <[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)>

Jan31 (1:31pm) Brian O'Neill to Veteran

Antony,

The VA will have to submit to NPRC for your records anyhow, so that should be reflected. The record from the VAMC reflects that you were Navy. Since there is already a claim folder in Honolulu for you, they should already have a DD 214 on file. We have also submitted to NPRC for your records, so you should receive a copy.

In the future, do not write information onto your official paperwork, as it invalidates the paperwork, and may actually be illegal. Veterans do not have the authority to adjust their own paperwork. If your DD 214 is missing something, then you have to submit a request to your branch of service to have a DD 215, which is a correction to the DD 214, generated. If you don't have the orders to show the award of a Combat Action Ribbon, and it is not annotated

on your DD 214, then you are not authorized to wear or claim the Combat Action Ribbon. This is something that is very important, the last time I saw a veteran submit an altered DD 214 to the VA, the VA Inspector General launched an investigation of them, believing that the claimant was not the veteran, but instead stealing their identity. If you add something to your original paperwork, the VA has to presume the entire document is invalid. So if it was the one piece of paper that could prove your claim, they would not be able to use it, and could result in a denial. If you feel the need to clarify documents, we can do so seperately.

When you receive the records from NPRC, you can go into the Arizona Department of Veterans Services office that is closest to you, and they can make you certified true copies, and submit certified true copies of the NPRC records to the VA on your behalf. Or if you are up this way and would like to bring them in, I can do it for you.

Brian O'Neil  
Arizona Department of Veterans' Services  
Veterans Services Division  
Veterans Benefits Counselor

Office (928) 443-0167  
Fax (928) 443-1894

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**From:** Anthony OConnell [mailto:[anthonymineroconnell@gmail.com](mailto:anthonymineroconnell@gmail.com)]

**Sent:** Tuesday, January 31, 2012 12:52 PM

**To:** Brian O'Neil

**Subject:** Re: VA economic pension; please drop skin cancer compension part of application

[Quoted text hidden]

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Anthony O'Connell &lt;anthonymineroconnell@gmail.com&gt;

**Anthony O'Connell, application**

Messages

**Anthony O'Connell** <anthonymineroconnell@gmail.com>

Wed, Feb 1, 2012 at 1:04 PM

To: Brian O'Neil &lt;boneil@azdvs.gov&gt;

Feb1 (1:04pm) Veteran to Brian O'Neil

Brian O'Neil,

Attached are copies of my DD214 before I wrote in the "Combat action medal amo". One copy is of the original before I wrote it in, and one copy is of a carbon copy where I never wrote it in. I don't think any agency has a copy of the DD214 with the "Combat action medal amo" written in, but I am not sure.

I am not interested in going through the process of changing the USNR to USN on my DD214 at this time, but thanks for answering my questions about it.

On VA Form 21-8416, where it says "Report medical expenses for the period \_\_\_\_\_ thru \_\_\_\_\_", How far back can I go, or is it just for one year? Are there instructions on line on how to fill out this form? Do I do forms every year for the pension?

Thanks again, especially for your email of January 31, 2012, at 2102, which saved me from a potential ton of grief.

Anthony M. O'Connell 7637

To:

**2 attachments** **DD214 copy of original before memo 1p.pdf**  
247K **DD214 copy of carbon copy of original 1p.pdf**  
83K**Brian O'Neil** <boneil@azdvs.gov>

Wed, Feb 1, 2012 at 1:53 PM

To: Anthony O'Connell &lt;anthonymineroconnell@gmail.com&gt;

Feb1 (1:53pm) Brian O'Neil to Veteran

Spoke to a Navy individual, he told me that all officers in the US Navy are considered to be in the Navy Reserve for their first year. I don't know if that has something to do with it.

I will submit the DD 214 to the VA, though since I haven't seen the original, I cannot stamp it as being certified true. But as I stated yesterday, we have in the record request to NPRC for them to send certified true copies to you. Since you have filed a claim previously, as shown by you being in the system, they may not even need the DD 214.

For the medical expenses, you generally go a year back.

I am here to assist, let me know if there is anything else.

Brian O'Neil  
Arizona Department of Veterans' Services  
Veterans Services Division



Veterans Benefits Counselor

Office (928) 443-0167

Fax (928) 443-1894

---

**From:** Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

**Sent:** Wednesday, February 01, 2012 1:04 PM

**To:** Brian O'Neil

**Subject:** Anthony O'Connell, application

[Quoted text hidden]



Anthony OConnell &lt;anthonymineroconnell@gmail.com&gt;

## Pension status

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>  
To: boneil@azdvs.gov

Wed, Mar 14, 2012 at 6:26 AM

Brian O'Neil,

March 14 (6:26am) Veteran to Brian O'Neil

Can you tell me the status of my pension request?

If and when it comes through, would I get a letter or a check or what?  
Can I arrange a direct deposit to my checking account?

Thank you,

Anthony O'Connell 7637

Brian O'Neil <boneil@azdvs.gov>  
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, Mar 14, 2012 at 8:46 AM


March 14 (8:46am) Brian O'Neill to Veteran

They are waiting on your records being sent to them, from the previous regional office that had your claim folder. They also put in a request to NPRC for your records, and are awaiting them.

If they do not have your bank information, then they would send a check. If you would like to receive direct deposit, then you would need to provide the VA with your bank information using VA form 24-0296. I have attached that form, so if you would like, fill it out, sign it, and snail mail it to me, and I will submit it to the VA.

Brian

[Quoted text hidden]

 VBA-24-0296-ARE.pdf  
448K

Anthony OConnell <anthonymineroconnell@gmail.com>  
To: Brian O'Neil <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 3:00 PM

Brian O'Neil.

March 14 (3:00pm) Veteran to Brian O'Neil

Thank you for your response and for the form 24-0296.

I don't understand their "They are waiting on your records being sent to them, from the previous regional office that had your claim folder. They also put in a request to NPRC for your records, and are awaiting them".

My claim started with your office and never changed. Which is their regional office and which is "the pervious regional office"?

Thank you.

Anthony O'Connell 7637

[Quoted text hidden]

**Brian O'Neil** <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 5:09 PM

To: Anthony O'Connell <anthonymineroconnell@gmail.com>

March14 (5:09pm) Brian O'Neil to Veteran

If you recall when you came in, we went over the piece of paper from eligibility, which stated on it your claim folder was in Honolulu, in the regional office there. At some point in time, before you came to see me, you put in a claim for something from the VA. It might have been education, or a home loan. But they generated a claim folder on you. There is only one claim folder per veteran.

As far as NPRC, that is the governments repository for all paperwork. When you were discharged from the military, NPRC took possession of your service records. Any time a claim is made to the VA, they request those records, so they can verify military service, and the particulars of that service.

Both are normal, and nothing to be worried about.

Brian

-----Original Message-----

From: Anthony O'Connell [mailto:anthonymineroconnell@gmail.com]

Sent: Wednesday, March 14, 2012 3:01 PM

To: Brian O'Neil

[Quoted text hidden]

**Anthony O'Connell** <anthonymineroconnell@gmail.com>

Wed, Mar 14, 2012 at 5:38 PM

To: Brian O'Neil <boneil@azdvs.gov>

March14 (5:38pm) Veteran to Brian O'Neil

Brian O'Neil,

I'm glad you know the system.

So, for starters for sure, my claim folder was originally in Honolulu?

The only previous clam I made to the VA was for the GI bill for the University of Massachusetts for 1969 to 1971, and for the State University of New York for 1972 until my eligibility ran out in 1973 or 1974.

What does NPRC stand for?

I'm going to hold on the direct deposit thing; I don't want to add any complications until after I, hopefully, get a check. What's your best guess as to when that might be?

Thanks again.

Anthony O'Connell 7637

[Quoted text hidden]

**Brian O'Neil** <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 5:56 PM

To: Anthony O'Connell <anthonymineroconnell@gmail.com>

March14 (5:56pm) Brian O'Neil to Veteran

Where you are, in some cases has nothing to do with where your claim folder is. The VA can send a folder to any

number of offices to be worked on. When I went to school in Massachusetts, my claim folder was in Muskogee, Oklahoma. Honolulu may have been where they sent your folder to be worked at that time. Or, the VA may have sent it there for any number of reasons. But since you are in Arizona now, they will try to work the claim out of the Phoenix Regional Office, though they can delegate it out to another Regional Office if their claim load is too high.

NPRC is the National Personnel Records Center. It is the central repository for military personnel records.

I don't give time frames, any time I do the VA makes a liar out of me. I can tell you that people in my family have had their claim in since March of 2010. Yet I know other people who get their claim decided much faster. In the history of the VA, the year they had their most claims filed, last year they had double that amount. The VA has an incredible workload at the moment, without the infrastructure to support it. That means claims that used to take three months can now take over a year. Basically, be prepared to wait. It is an unfortunate reality that we are all suffering through right now, myself included.

Adding direct deposit doesn't complicate the claim in the slightest. I would actually suggest submitting it, to keep the VA from writing you again on it. But that is your choice. They will want it eventually, as they are being mandated to move to direct deposit to get rid of checks.

If you have any other questions, feel free to ask. I prefer getting reminders from clients every once in a while, so that I know to keep tabs on them. With thousands of veterans in our area, my memory isn't good enough to check on all of them every day. So any time you want to know what is up, just drop a line and I will get back with you as quickly as possible.

Brian

-----Original Message-----

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

[Quoted text hidden]

---

**Anthony OConnell** <anthonymineroconnell@gmail.com>

Thu, Mar 15, 2012 at 4:38 AM

To: Brian O'Neil <boneil@azdvs.gov>

March 15 (4:38am) Veteran to Brian O'Neil

Brian O'Neil,

Thanks for your message.

I don't understand the "my folder" concept in this electronic age but do understand that there is nothing I can do about it.

Enjoy your day. It's starting to get hot down here.

Anthony O'Connell 7637

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

# Reference: VA economic pension; please drop skin cancer compensation part of application

3 messages

Anthony OConnell <anthonymineroconnell@gmail.com>  
To: Brian O'Neil <boneil@azdvs.gov>  
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Sun, May 13, 2012 at 10:12 PM

May13 (10:12pm) Veteran to Brian O'Neil

Mr. Brian O'Neil,



This is not a complaint but a request for information.

My application for an economic pension has gotten confusing. Would you please send me a copy of what you sent to the Phoenix VA to ask them to drop the skin cancer compensation part of my application? Please send me any and all information you have concerning this application. Please see the attachment.

Thank you

Anthony O'Connell 7637  
439 South Vista Del Rio  
Green Valley, Arizona 85614  
anthonymineroconnell@gmail.com  
(No telephone)

345 PD2/GW  
File number 25 163 990

DropSkinCancer4p.pdf  
75K

Brian O'Neil <boneil@azdvs.gov>  
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Mon, May 14, 2012 at 9:21 AM

May15 (1:12am) Veteran to Brian O'Neil

VA withdrew your request for compensation of skin cancer, based on a typed statement that they received on February 7, 2012.

On March 20, 2012, per your request a VA 21-4138 was submitted to the VA. My system shows that two 21-4138's were filled out.

The first stated the following:



To: 345/Triage



From: ARIZONA DEPARTMENT OF VETERANS SERVICES, 240 S Montezuma Street, Suite 208, Prescott AZ 86303

Subject: Withdrawal of compensation claim for skin cancer.

The veteran wishes to withdraw his claim for compensation for skin cancer.

This does not affect the veterans claim for Non-Service Connected Pension. Please move forward with the veterans claim for Non-Service Connected Pension.

On the VA 21-526, questions 36A, 36B. and 36C were not checked, the answer for each was "No".

Thank you.

The second one stated the following, and you were provided a copy of it by James Louis, the counselor you saw:

IN RESPONSE TO PHX VARO LETTER DATED JANUARY 24, 2012, THE VETERAN IS WITHDRAWING THE COMPENSATION CLAIM FOR SKIN CANCER

PLEASE EXPEDITE THE ADJUDICATION OF HIS NON-SERVICE CONNECTED PENSION BASED ON ELIGIBILITY - AGE 65 STATUS

THE VETERAN IS AGE 70 AND CURRENTLY RECEIVES \$538.00 PER MONTH FROM SOCIAL SECURITY

THANK YOU FOR YOUR IMMEDIATE ASSISTANCE

POA HELD BY ADVS

THE VETERAN DOES NOT HAVE A TELEPHONE. IF THERE IS A NEED TO CONTACT HIM, PLEASE CALL (520) 207-4960 EXT AND SPEAK WITH JAMES LOUIS (POA / ADVS)

On March 20, 2012 the VA system shows they received the Cover Sheet and 21-4138.

As this is now a pension claim, the Phoenix VA Regional Office has closed out the compensation claim as requested, and mailing the claim to the Pension Management Center (PMC) to process the pension. I called the PMC this morning and they have not as yet received it. Once they receive it, they will begin processing it.

I hope this answers your questions.

Brian

✓

**From:** Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

**Sent:** Sunday, May 13, 2012 10:13 PM

**To:** Brian O'Neil

**Subject:** Reference: VA economic pension; please drop skin cancer compensation part of application

[Quoted text hidden]

---

**Anthony OConnell** <anthonymineroconnell@gmail.com>

Tue, May 15, 2012 at 1:12 AM

To: Brian O'Neil <boneil@azdvs.gov>

Brian,

May15 (1:12am) Veteran to Brian O'Neil

Thank you.

✓

Tony

[Quoted text hidden]



Anthony O'Connell &lt;anthonymineroconnell@gmail.com&gt;

**Tracking my economic pension application initialed on January 24, 2012**

2 messages

**Anthony O'Connell** <anthonymineroconnell@gmail.com>

Tue, May 15, 2012 at 9:03 AM

To: Brian O'Neil &lt;boneil@azdvs.gov&gt;

Bcc: Anthony O'Connell &lt;anthonymineroconnell@gmail.com&gt;

Brian O'Neil,

In trying to track my economic pension application initialed on January 24, 2012, the following from your email of May 14, 2012, is a treasure of information. A treasure: ✓

"As this is now a pension claim, the Phoenix VA Regional Office has closed out the compensation claim as requested, and mailing the claim to the Pension Management Center (PMC) to process the pension. I called the PMC this morning and they have not as yet received it. Once they receive it, they will begin processing it."

Can you give me contacts and email addresses in the Pension Management Center (PMC) so I can contact them myself?

Tony O'Connell

Anthony O'Connell 7637  
439 South Vista Del Rio  
Green Valley, Arizona 85614  
anthonymineroconnell@gmail.com  
(No telephone)

345 PD2/GW  
File number 25 163 990

**Brian O'Neil** <boneil@azdvs.gov>

Wed, May 16, 2012 at 8:45 AM

To: Anthony O'Connell &lt;anthonymineroconnell@gmail.com&gt;

May16 (8:45am) Brian O'Neil to Veteran

The VA only gives out the standard 1-800-827-1000 number for contacting them. And they do not release names to the public. I already contacted them the other day, and they do not have it in their possession as yet, or processing. So I am not sure why you are anxious to contact them, as it will not expedite your claim. While I understand you are trying to track your claim, you will never get better information through them, as you will through us on it. If you are anxious to track it, you can always enroll on eBenefits. You create a basic account online, then if you verify your information in person with the VA, your account is upgraded. One of the features it gives, is the ability to track claims. ✓

Looking over everything though, it appears as though you are contacting our office near you, myself, and the VA. This may result in too many people trying to work towards the same goal, stepping on each others toes,

working from different angles, all the while. This is a process that unfortunately, takes time. The VA system has been overloaded for some time now, and pension claims are taking on average over six months.

Brian

**From:** Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

**Sent:** Tuesday, May 15, 2012 9:04 AM

**To:** Brian O'Neil

**Subject:** Tracking my economic pension application initialed on January 24, 2012

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

# Can the document trail of the January 24, 2012, economic pension application be exposed?

2 messages

**Anthony OConnell** <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 4:22 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Brian O'Neil  
240 South Montezuma Street, Suite 208  
Prescott, Arizona 86303

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

What is the average process time for an economic pension application from a veteran over 65? Is it automatic? If it is not automatic, what part of it is judged?

Thank you.

Anthony O'Connell 7637  
439 South Vista Del Rio  
Green Valley, Arizona 85614  
anthonymineroconnell@gmail.com  
(No telephone)

345 PD2/GW  
VA File number 25 163 99

**Brian O'Neil** <boneil@azdvs.gov>

Thu, May 17, 2012 at 9:05 AM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

May17 (9:05am) Brian O'Neil to Veteran (1 of 2, 20-21 in part1, (contains 4:22 am and 9:05am))

I am not sure what you mean by "exposed".

On January 17, 2012, you came to my office and we filled out your claim. It was mailed to the VA, and it was received by them on January 20, 2012. Shortly thereafter, they requested your claim folder from the location it was being stored at, and that it be sent to the Phoenix VARO.

Statement submitted on February 7, 2012 that you would like to withdraw claim for skin cancer.

On May 7, 2012, your folder was received at the Phoenix VARO from its previous location

VA Letter sent to you on May 10, 2012 that your claim for compensation is withdrawn, and that your claim for pension will be processed at the Pension Management Center.



On May 14, 2012, I contacted to Pension Management Center in regards to your claim. They had not yet received your claim, but stated once they did they will begin working on it.

I looked in the VA system today, your claim folder is still at the Phoenix VARO, waiting to be shipped out. The VA has opened your pension claim, but no work has begun on it.

The average process time for a pension is six to nine months from when the VA starts working on it. It looks at wartime service, income, assets, and whether a veteran is to disabled to work. Being over 65 for VA purposes, is considered a disability. Being over 65 means the VA doesn't have to develop for medical conditions, which means "over 65" claims should not take as long as those who are too disabled to work due to a physical disability. They verify through a request for records from the National Archives, if they don't already have the information in a claim folder, the veterans wartime service, and that they were honorably discharged. They can perform a data match with Social Security, and other sources to confirm that the income and assets that are reported are in fact correct. However, all information is verified to ensure eligibility for the pension, and this does take time.

The VA is currently handling a higher workload than it has ever handled in its history, and unfortunately, they cannot just hire people and throw them in the positions that need to be filled in order for the process to return to the speed that it had a few years ago. The job requires training and experience, which means claims take longer than before. The VA is trying to defray that extra time as much as possible, but it still takes time. While the VA average time is six to nine months for pension claims, they can also take over a year. When the PMC receives your claim, they will send you out a letter, typically in the first month, of what they need from you, if anything. The claim is a process, and there are people who submitted claims before you that the VA has to work through before they get to yours.

I hope this answers your questions.

Brian

**From:** Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

**Sent:** Thursday, May 17, 2012 4:23 AM

**To:** Brian O'Neil

**Subject:** Can the document trail of the January 24, 2012, economic pension application be exposed?

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

# Can the document trail of the January 24, 2012, economic pension application be exposed?

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 3:05 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Brian O'Neil  
Veteran Benefits Counselor  
Arizona Department of Veteran's Services  
240 South Montezuma Street, Suite 208  
Prescott, Arizona 86303

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

I don't understand the Phoenix VA's letter of May 10, 2012. If you understand it, would you please explain it? If you don't understand it, would you please ask the sender to explain it?

*"IMPORTANT - reply needed*

*Dear Mr. Oconnell:*

*Important Information*

*We have received your typed statement on February 7, 2012, stating that you wish to withdraw your claim for*

*\*Skin cancer*

*We have withdrawn your pending claim at this time. No further action will be taken on your claim.*

*If you decide to reopen your claim at this time, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs with one year of the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of this receipt.*

*The Pension Management Center will address your claim for Non-Service Connected Pension.*

*How Can You Contact Us?*

*If you are looking for general information about benefits and eligibility, you should visit our website at <http://www.va.gov>. Otherwise you can contact us in several ways. Please give us your VA file number 25 163 990, when you do contact us.*

*\*Call us at 1-800-827-1000. If you use a telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.*

*\*Send us an inquiry using the internet at <https://iris.va.gov>.*

*\*Write to us at the address at the top of this letter.*

*We look forward to resolving your claim in a fair and timely manner.*

*Sincerely yours,*

*Jeffrey McAdams*

*Veterans Service Center Manager*

*Enclosures: VA Form 21-4138*

*cc: ARIZONA DEPARTMENT OF VETERANS SERVICES"*

*(See attached copy in pdf)*



If the Phoenix VA sent the economic pension application to the Saint Paul, Minnesota, PMC, on May 15, 2012, <sup>V</sup>  
please send me copies of what information was sent.

Thank you.

*[Handwritten signature and scribbles]*  
1

Anthony O'Connell 7637  
439 South Vista Del Rio  
Green Valley, Arizona 85614  
anthonymineroconnell@gmail.com  
(No telephone)

345 PD2/GW  
VA File number 25 163 99

 **VA PhoenixMay10.pdf**  
45K

**Brian O'Neil** <boneil@azdvs.gov>  
To: Anthony O'Connell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 8:27 AM

Anthony,

May18 (8:27am) Brian O'Neil to Veteran (on page 2 of 3 page print out), p24-p26 in prt 1

It is a standard letter, there is nothing that obscure about it, and there is no hidden meaning in it. You are over-thinking this.

You had submitted for compensation, and pension.

Compensation claims are typically worked on at the VA Regional Office (VARO) in your state, in this case the Phoenix VARO.

Pension claims are typically worked on at the Saint Paul, Minnesota VARO.

Compensation and pension do not get worked on at the same time typically. They process the compensation, then they process the pension typically.

When you withdrew your compensation claim, for skin cancer, your compensation claim was closed at the Phoenix VARO, so that your pension claim can be sent to the Saint Paul VARO.

Even though you closed your compensation claim, the VA still gives you the option to reopen it at a later date, to keep the original date of claim, as long as you do it within the specified time period.

However, for now, just the pension claim is moving forward as you requested. And the work on it will be

*[Handwritten checkmark]*

done at the Saint Paul VARO

As far as what the Phoenix VARO is sending to Saint Paul, it should be your entire claim folder (which I cannot see on the computer to print the contents of), which includes everything that we have submitted.

Brian

**From:** Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

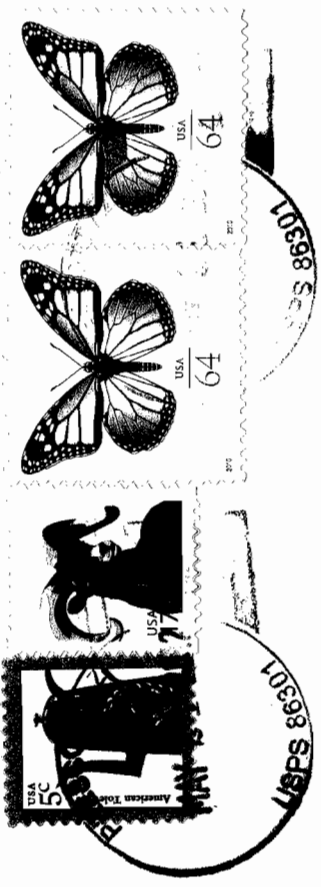
**Sent:** Friday, May 18, 2012 3:05 AM

**To:** Brian O'Neil

**Subject:** Can the document trail of the January 24, 2012, economic pension application be exposed?

[Quoted text hidden]

ARIZONA DEPARTMENT OF VETERANS' SERVICES  
240 S. MONTEZUMA STREET, SUITE 208  
PRESCOTT, AZ 86303



May21 (postal mail, envelope)  
Brian O'Neil to Veteran

Anthony O'Connell  
439 S Vista Del Rio  
Green Valley AZ 85614



**Fax Header Information**

Arizona Dept of Veterans Svcs  
928-443-1894  
2012-Jan-17 11:21 AM

2012 January 17 fax transmission  
cover (items not identified?)

Job	Date/Time	Type	Identification	Duration	Pgs	Result
6001	2012-Jan-17 11:19 AM	Send	13148019049	0:48	1	Success

**REQUEST PERTAINING TO MILITARY RECORDS**

**SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)**

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVelRecs at <http://www.archives.gov/veterans/ovetrecs/> \*  
(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

1. NAME USED DURING SERVICE (last, first, and middle) O'Connell Anthony M		2. SOCIAL SECURITY NO. [REDACTED]		3. DATE OF BIRTH 10 25 1941		4. PLACE OF BIRTH Washington DC	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							SERVICE NUMBER (If unknown, write "unknown")
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE COMPONENT	Navy	06 06 1964	06 03 1969	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00681709	
				<input type="checkbox"/>	<input type="checkbox"/>		
b. RESERVE COMPONENT				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

**SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):

UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

All Documents in Official Military Personnel File (OMPF)

Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:

Other (Specify):

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits  Employment  VA Loan Programs  Medical  Medals/Awards  Genealogy  Correction  Personal

Other, explain:

**SECTION III - RETURN ADDRESS AND SIGNATURE**

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

Military service member or veteran identified in Section I, above

Next of kin of deceased veteran (Must provide proof of death)

Legal guardian (must submit copy of court appointment)

Other (specify)

Show relationship:  
(See item 2a on accompanying instructions.)

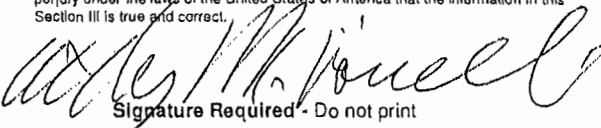
2. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions)

Anthony M O'Connell  
Name

439 S Vista Del Rio  
Street Apt.

Green Valley AZ 85614  
City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See item 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

  
Signature Required - Do not print

01-17-2012 (one)  
Date of this request Daytime phone

Email address



ARIZONA DEPARTMENT OF VETERAN SERVICES (ADVS) 45  
VETERAN SERVICES DIVISION (VSD)

Date: 17 January 2012  
Veteran: Anthony M O'Connell  
Claim: 25 163 990

2012 January 17 Submission cover sheet

To: 345/Triage

From: Arizona Department of Veterans' Services  
240 South Montezuma Street, Suite 208  
Prescott AZ 86303

The following is submitted for Appropriate Action:

- VA 21-22 Appointment of ADVS as POA
- VA 21-526 Initial Claim for Compensation and Pension

Remarks:

Veterans claims folder is currently 359 Honolulu Regional Office, please transfer to Phoenix. A SF 180 has been submitted to NPRC, when the veteran receives them, a copy will be submitted to the VA.

Please process accordingly, thank you.

Veteran's Benefits Counselor

A handwritten signature in black ink, appearing to read "Brian O'Neil", is written over a horizontal line.

Brian O'Neil - (928) 443-0167 ext 1

Prescott  
40

2012 January 17 VA Form 21-22  
Appointment of ADVS as POA

OMB Approved No. 2900-0321  
Respondent Burden: 5 Mins.

		<b>APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE</b>	
<b>Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."</b>			
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM			
1. LAST-FIRST-MIDDLE NAME OF VETERAN OConnell Anthony M		2. VA FILE NUMBER (Include prefix) 25 163 990	
3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) 045 - Arizona Department of Veterans Services			
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Any accredited representative			
<b>INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES</b>			
4. SOCIAL SECURITY NUMBER [REDACTED]		5. INSURANCE NUMBER(S) (Include letter prefix)	
6A. SERVICE NUMBER(S)		6B. BRANCH OF SERVICE Navy	
7. NAME OF CLAIMANT (If other than veteran)		8. RELATIONSHIP (If other than veteran) Veteran	
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 439 S Vista Del Rio Green Valley AZ 85614		10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	
		A. DAYTIME ( ) None	B. EVENING ( ) None
		11. E-MAIL ADDRESS anthonymineroconnell@gmail.com	
12. DATE OF THIS APPOINTMENT 01-17-2012			
13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. <input checked="" type="checkbox"/> I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redislosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.			
14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows: No Limitations			
I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 13 and 14), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.			
<b>THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC</b>			
15. SIGNATURE OF CLAIMANT (Do Not Print) 		16. DATE SIGNED 01-17-2012	
VA USE ONLY	VA FORM 21-221 SENT TO: <input type="checkbox"/> CER FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> INSURANCE FILE <input type="checkbox"/> CH. 30 <input type="checkbox"/> DEA FILE <input type="checkbox"/> LG FILE	DATE SENT	ACKNOWLEDGED (Date) 1/23/12
REVOKED (Reason and date)			
NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.			

VA FORM  
JUN 2009

21-22

EXISTING STOCKS OF VA FORM 21-22, NOV 2005,  
WILL BE USED.





VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION

IMPORTANT - Read information and instructions carefully before completing the form. Type, print, or write plainly.

(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)

PART I - VETERAN'S INFORMATION

1. FOR WHAT BENEFIT ARE YOU APPLYING?  
 Compensation  Pension  Compensation and Pension

2. HAVE YOU PREVIOUSLY APPLIED FOR ANY VA BENEFIT(S)? (Check applicable box)  
 Pension  Compensation  Other (Specify) GI Bill

3. FIRST, MIDDLE, LAST NAME OF VETERAN **Anthony M OConnell**

4A. VETERAN'S SOCIAL SECURITY NO. [REDACTED]

4B. VA FILE NUMBER (If applicable) **25 163 990**

4C. SPOUSE'S SOCIAL SECURITY NO.

4D. IF YOU SERVED UNDER ANOTHER NAME GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NO.

5. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)  
**439 S Vista Del Rio Green Valley, AZ 85614**

6. TELEPHONE NUMBER(S) (Include Area Code)

A. DAYTIME **None** B. EVENING **None** C. CELL **None**

7. E-MAIL ADDRESS (If applicable)  
**anthonymineroconnell@gmail.com**

8A. DATE OF BIRTH (Month, day, year) **10-25-1941**

8B. PLACE OF BIRTH **Washington DC**

9. SEX  Male  Female

10A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS? (Formerly the U.S. Bureau of Employees Compensation)  
 YES  NO (If "YES," complete Items 10B & 10C)

10B. WHEN WAS THE CLAIM FILED? (Mo., day, yr.)

10C. FOR WHAT DISABILITY ARE YOU RECEIVING BENEFITS?

PART II - NATURE AND HISTORY OF SERVICE-RELATED DISABILITY(IES) - If you need more space please use Item 45, "Remarks"

11. PLEASE PROVIDE NATURE OF SICKNESS, DISEASE, OR INJURIES FOR WHICH THIS CLAIM IS MADE; DATE EACH BEGAN; AND PLACE OF TREATMENT

A. LIST DISABILITY(IES)	B. DATE BEGAN	C. PLACE OF TREATMENT
<b>Skin Cancer</b>		<b>UVA Hospital, Charlottesville, VA</b>

12A. ARE YOU NOW OR HAVE YOU RECEIVED TREATMENT OR DOMICILIARY CARE AT A VA MEDICAL FACILITY?  
 YES  NO (If "YES," complete Items 12B & 12C)

12B. DATES OF TREATMENT/CARE

Month	Day	Year

12C. NAME AND ADDRESS OF VA MEDICAL FACILITY (If you need more space use Item 45, "Remarks")

13A. HAVE YOU EVER BEEN A PRISONER OF WAR?  
 YES  NO (If "YES," answer Items 13B and 13C)

13B. NAME OF COUNTRY

13C. DATES OF CONFINEMENT

FROM	TO

14. ARE YOU CLAIMING A DISABILITY RELATED TO AGENT ORANGE OR OTHER HERBICIDE EXPOSURE? (If "YES," list disability(ies) below)  
 YES  NO **Skin Cancer**

15. ARE YOU CLAIMING A DISABILITY RELATED TO ASBESTOS EXPOSURE? (If "YES," list disability(ies) below)  
 YES  NO

16. ARE YOU CLAIMING A DISABILITY RELATED TO MUSTARD GAS EXPOSURE? (If "YES," list disability(ies) below)  
 YES  NO

17. ARE YOU CLAIMING A DISABILITY RELATED TO IONIZING RADIATION EXPOSURE? (If "YES," list disability(ies) below)  
 YES  NO

18. ARE YOU CLAIMING A DISABILITY RELATED TO AN ENVIRONMENTAL HAZARD EXPOSURE DURING THE GULF WAR? (If "YES," list disability(ies) below)  
 YES  NO

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.



**PART III ACTIVE DUTY SERVICE INFORMATION**

NOTE: Please complete the information for each period of active duty. Attach DD214 or other separation papers for all periods of active duty. If you do not have your DD214 form or other separation papers, check the box.

19A. ENTERED INTO SERVICE		19B. SERVICE NUMBER	19C. SEPARATED FROM SERVICE		19D. BRANCH OF SERVICE	19E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-06-1964	Charlottesville, VA	00681709	06-03-1969	MA	Navy	O3/LT

**PART IV - RESERVE AND NATIONAL GUARD SERVICE INFORMATION**

NOTE: Enter complete information for each period of Reserves and National Guard service. Attach any separation papers you have.

20A. ENTERED INTO SERVICE		20B. SERVICE NUMBER	20C. SEPARATED FROM SERVICE		20D. SERVICE STATUS (Reserve, National Guard)	20E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-04-1969					Reserve	O3/LT

21. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE	22A. ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? IF SO, GIVE THE BRANCH OF SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22B. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RESERVE OBLIGATION
---	---	---

22C. NAME, ADDRESS AND PHONE NO OF RESERVE OR NATIONAL GUARD UNIT (If additional space is needed, use Item 45 "Remarks")

**PART V - MILITARY RETIRED/SEVERANCE PAY**

IMPORTANT - Unless you check the box in Item 25 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by the amount of any compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. If you receive both military retired pay and VA compensation, some of the amount you receive may be recouped by VA, or, in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

23A. ARE YOU RECEIVING MILITARY RETIRED PAY? (If "YES," complete Items 23C & 23D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? (If "YES," explain, i.e. Future Reserve/National Guard Retirement, Pending MEB/PEB) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23C. BRANCH OF SERVICE	23D. MONTHLY AMOUNT \$
--	--	------------------------	------------------------

24. RETIRED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST <input type="checkbox"/> DISABLED RETIRED LIST	25. NO, I DO NOT WANT VA COMPENSATION IN LIEU OF MILITARY RETIRED PAY (Check box, if applicable)
--	--

26. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE/SEPARATION PAY, OR ANY OTHER LUMP SUM PAYMENT FROM THE ARMED FORCES? (If "YES," list type, amount, date it was received, and the branch of service below)  
 YES  NO

**PART VI - MARITAL AND DEPENDENCY INFORMATION**

27A. MARITAL STATUS (If married, complete Items 273 thru 29D) <input type="checkbox"/> Married <input type="checkbox"/> Surviving Spouse <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married		27B. SPOUSES'S BIRTHDATE (Mo., day, yr.) 0-0-	
27C. NUMBER OF TIMES YOU HAVE BEEN MARRIED (To include current marriage)	27D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED (To include current marriage)	27E. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	27F. SPOUSE'S VA FILE NUMBER (If any) C-
27G. DO YOU LIVE TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Items 27H thru 27J)		27H. REASON FOR SEPARATION (For example, marital problems, job requirements, health, etc.)	27I. PRESENT ADDRESS OF SPOUSE 439 S Vista Del Rio Green Valley AZ 85614
27J. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S MONTHLY SUPPORT \$	27K. HOW WERE YOU MARRIED? <input type="checkbox"/> Ceremony by a clergyman or other authorized public official <input type="checkbox"/> Common-law <input type="checkbox"/> Tribal <input type="checkbox"/> Proxy <input type="checkbox"/> Other (Explain)		

**YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.**

**PART VI - MARITAL AND DEPENDENCY INFORMATION - CONTINUED (If you need additional space, use Item 45 "Remarks")**

FURNISH THE FOLLOWING INFORMATION ABOUT EACH OF YOUR MARRIAGES (IF NOT APPLICABLE, WRITE "N/A")

28A. DATE AND PLACE OF MARRIAGE		28B. TO WHOM MARRIED	28C. TERMINATED (Death, Divorce)	28D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE (IF NOT APPLICABLE, WRITE "N/A")

29A. DATE AND PLACE OF MARRIAGE		29B. TO WHOM MARRIED	29C. TERMINATED (Death, Divorce)	29D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

**DEPENDENCY - Dependent Children Information (If you need additional space, use Item 45 "Remarks")**

FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN

30A. NAME OF CHILD (First, middle initial, last)	30B. DATE & PLACE OF BIRTH (City, state or country)	30C. SOCIAL SECURITY NUMBER	30D. CHECK EACH APPLICABLE CATEGORY					
			BIOLOGICAL	ADOPTED	STEPCHILD	18-23 YRS. OLD AND IN SCHOOL	SERIOUSLY DISABLED BEFORE AGE 18	CHILD PREVIOUSLY MARRIED
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN WHO DO NOT LIVE WITH YOU

31A. NAME(S) OF ANY CHILD(REN) NOT IN YOUR CUSTODY	31B. NAME AND ADDRESS OF PERSON HAVING CUSTODY	31C. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
	Name: Address:	\$
	Name: Address:	\$

**PART VII - NON-SERVICE CONNECTED PENSION (If you need additional space use Item 45 "Remarks")**

**NOTE:** You do not have to submit medical evidence or list disabilities if you are age 65 or older, unless you are housebound, or require the regular assistance of another person.

32. WHAT DISABILITIES PREVENT YOU FROM WORKING? (List below) <b>Over 65</b>	33. DO YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON OR ARE YOU GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---

**NURSING HOME INFORMATION**

**NOTE:** You may submit a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.

34A. ARE YOU NOW IN A NURSING HOME? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If "YES," complete items 34B thru 34D)	34B. NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY	34C. HAVE YOU APPLIED FOR MEDICAID? YES <input type="checkbox"/> NO <input type="checkbox"/>
34D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS OR HAVE YOU APPLIED AND NOT RECEIVED A DECISION? YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION	34E. ARE YOU RECEIVING SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI) OR HAVE YOU APPLIED FOR SSI BUT NO DECISION HAS BEEN MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION	

**YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.**

**PART VIII - INCOME INFORMATION (Provide the income you received from all sources)**

**NOTE:** Report the total income before deductions for taxes, insurance, etc. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid. Payments from any source will be counted, unless the law says that they don't need to be counted.

**MONTHLY INCOME** - Provide the income that you and your dependents receive every month. For items 35A -35F, if none, write "0" or "NONE." Do not leave blank spaces.

ITEM NO.	SOURCES OF RECURRING MONTHLY INCOME	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)		
				NAME	NAME	NAME
35A.	Social Security	523	/			
35B.	U.S. Civil Service	0				
35C.	U.S. Railroad Retirement	0				
35D.	Military Retired Pay	0				
35E.	Black Lung Benefits	0				
35F.	Other (Interest, dividends, or one-time payments)	0				
36A. WILL YOU RECEIVE ANY INCOME FROM RENTAL PROPERTY OR FROM THE OPERATION OF A BUSINESS WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No		36B. WILL YOU RECEIVE ANY INCOME FROM THE OPERATION OF A FARM WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No		36C. DO YOU THINK YOUR INCOME WILL CHANGE IN THE NEXT 12 MONTHS? (If "Yes," explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**PART IX - NET WORTH (Provide specific information about the net worth of you and your dependents)**

**NET WORTH** is the market value of all interest and rights in any kind of property after subtracting any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal items such as your vehicle, clothing, and furniture.

**NOTE:** For items 37A-37F provide amounts. If none, write "0" OR "NONE." Do not leave blank spaces.

ITEM NO.	SOURCE	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)		
				NAME	NAME	NAME
37A.	Cash, non-interest bearing bank accounts	300	/			
37B.	Interest bearing bank accounts, certificates of deposit (CDs)	0				
37C.	Retirement accounts (IRAs, Keogh Plans, etc.)	0				
37D.	Stocks, bonds, mutual funds	0				
37E.	Value of business assets	0				
37F.	Real property (not your home)	0				

**YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.**

**PART X - MEDICAL, LEGAL, OR OTHER EXPENSES**

**IMPORTANT** - Complete items 38A through 38E only if you are applying for nonservice connected pension.

**MEDICAL, LEGAL OR OTHER EXPENSES** - Family medical expenses you actually paid (out-of-pocket) may be deducted from your income. Show the amount of unreimbursed medical expenses you paid for dependents you are under an obligation to support. Also, show medical, legal, or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to increase benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Be sure to include the Medicare deduction. If more space is needed, you may use Item 45, "Remarks" or attach a separate sheet.

38A. AMOUNT YOU PAID	38B. DATE PAID (Month, year)	38C. PURPOSE (Doctor's fees, hospital charges, attorney fees, etc.)	38D. PAID TO (Name of doctor, hospital, pharmacy, Attorney, etc.)	38E. PERSON FOR WHOM EXPENSE PAID (Self, spouse, child)
/				

**PART XI - DIRECT DEPOSIT**

Generally, all Federal payments are required to be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 39, 40, and 41 to enroll in direct deposit. If you do not have a bank account you can receive a waiver from direct deposit, by checking the box below in Item 39. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in direct deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in direct deposit.

39. ACCOUNT NUMBER (Please check the appropriate box and provide the account number, if applicable)

<input type="checkbox"/> Checking (Account number)	<input checked="" type="checkbox"/> I certify that I <b>do not</b> have an account with a financial institution or certified payment agent.
<input type="checkbox"/> Savings (Account number)	


40. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit to go)	41. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check or savings deposit slip)
--	---

**YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.**

**PART XII - CERTIFICATION, AUTHORIZATION, AND SIGNATURE(S)**

I certify that the statements in this document are true and complete to the best of my knowledge and belief. I authorize any person or entity, including but not limited to any organization, service provider, employer or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

**IMPORTANT -** If you sign with an "X", then you must have 2 people witness your signature. They must then print their names and addresses and sign the form.

42A. VETERAN'S SIGNATURE (Do not print) (Please sign in ink) 	42B. VETERAN'S PRINTED NAME Anthony M OConnell	42C. DATE SIGNED 01-17-2012
43A. SIGNATURE OF WITNESS (Do not print)	43B. PRINTED NAME AND ADDRESS OF WITNESS	
44A. SIGNATURE OF WITNESS (Do not print)	44B. PRINTED NAME AND ADDRESS OF WITNESS	

**PART XIII - REMARKS (Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension)**

45. REMARKS (If you need more space you may attach a separate sheet of paper)

[Empty space for remarks]

**PENALTY -** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled

**YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON THIS PAGE.**



**ARIZONA DEPARTMENT OF VETERAN SERVICES (ADVS) 45  
THE AMERICAN LEGION 74  
VETERAN SERVICES DIVISION (VSD)**

Date: 22 February 2012  
Veteran: Anthony M. O'Connell  
Claim: 25 163 990

2012 February22 Submission cover sheet

To: 345/PD2/GW

From: Arizona Department of Veterans' Services  
240 South Montezuma Street, Suite 208  
Prescott AZ 86303

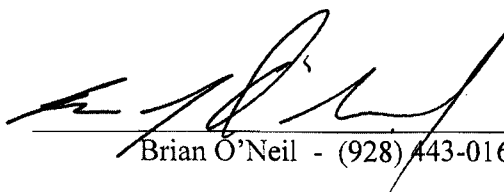
The following is submitted for Appropriate Action:

- VA 21-8416 Medical Expense Report
- VA 21-8049 Request For Details Of Expenses

Remarks:

Please process accordingly, thank you.

Veteran's Benefits Counselor



Brian O'Neil - (928) 443-0167 ext 1





Department of Veterans Affairs

**MEDICAL EXPENSE REPORT**

1. NAME OF VETERAN (First, middle, last) Anthony M Oconnell		2. VA FILE NUMBER 25 163 990
3A. NAME AND ADDRESS OF CLAIMANT ANTHONY M. O'CONNELL 39 S. VISTA DEL RIO GREEN VALLEY, AZ 85614	3B. CHANGE OF ADDRESS (Check box if address in Item 3A is different from last address furnished to VA) <input type="checkbox"/>	3C. E-MAIL ADDRESS (If applicable) ANTHONY.M.O'CONNELL@GMAIL.COM
4. VETERAN'S SOCIAL SECURITY NO. [REDACTED]		

NOTE: Family medical expenses actually paid by you may be deductible from your income. Report the actual amount of unreimbursed medical expenses you paid for yourself or relatives who are members of your household. Do not report any expenses you did not pay or expenses for which you were or will be reimbursed. Any expenses reasonably related to medical or dental care may be allowed as medical expenses. Examples of allowable medical expenses include the following: hospital expenses, office visits, drugs and medicines, eyeglasses, dental fees, medical insurance premiums (including the Medicare deduction), hearing aids, nursing home fees, home health services, and transportation for medical purposes (41.5 cents per mile, plus parking and tolls or fares for taxis, buses, etc.). If you are not sure whether a particular expense can be allowed, furnish a complete description of the purpose of the payment. We will let you know if an expense cannot be allowed. If more space is needed, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of the claimed medical expenses when asked to do so by VA, your benefits will be retroactively reduced or terminated.

Report medical expenses for the period \_\_\_\_\_ thru \_\_\_\_\_ . If no dates appear on this line, refer to the accompanying letter or Eligibility Verification Report for the dates your medical expense report should cover.

**5. ITEMIZATION OF MEDICAL EXPENSES**

A. PURPOSE (Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)	B. AMOUNT PAID BY YOU	C. DATE PAID (Mo Day Yr)	D. NAME OF PROVIDER (Name of doctor, dentist, hospital, lab, etc.)	E. FOR WHOM PAID (Self, spouse, child)
MEDICARE (PART B)				
PRIVATE MEDICAL INSURANCE				

*NO MEDICAL EXPENSES TO REPORT*

**IMPORTANT: Be sure to sign this form in Item 7A on the reverse side. Unsigned reports will be returned.**

5. ITEMIZATION OF MEDICAL EXPENSES (Continued)

A. PURPOSE (Physician or Hospital Charges Eyeglasses, Oxygen Rental, Medical Insurance, etc.)	B. AMOUNT PAID BY YOU	C. DATE PAID (Mo/Day/Yr)	D. NAME OF PROVIDER (Name of doctor, dentist, hospital, lab, etc.)	E. FOR WHOM PAID (Self, spouse, child)

NO MEDICAL EXPENSES

Certification: I have not and will not receive reimbursement for these expenses. I certify that the above information is true.

6A. DAYTIME TELEPHONE NO. (Include Area Code) <b>NO TELEPHONE</b>	6B. EVENING TELEPHONE NO. (Include Area Code) <b>NO TELEPHONE</b>
7A. SIGNATURE OF CLAIMANT (Do NOT print) <i>Anthony M. O'Connell</i>	7B. DATE <b>FEB 10, 2012</b>

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAmain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**Department of Veterans Affairs** **REQUEST FOR DETAILS OF EXPENSES**

INSTRUCTIONS - We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. For additional space, use Item 12, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. If you have any questions or need assistance, please call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833).

1. NAME AND ADDRESS OF CLAIMANT

ANTHONY M. OCONNELL  
439 S. VISTA DEL RIO  
GREEN VALLEY, AZ 85614

2. NAME OF VETERAN (First-middle-last) Anthony M Oconnell

3. VA FILE NUMBER 25 163 990

**SECTION I - DEPENDENTS NOT LIVING WITH YOU**  
(List ONLY persons you support who DO NOT live with you)

4A. NAME	4B. AGE	4C. RELATIONSHIP	4D. AMOUNT YOU CONTRIBUTE TO SUPPORT
			\$
			\$
			\$
			\$
			\$

NONE

**SECTION II - DEPENDENTS LIVING WITH YOU**  
(List ONLY persons you support who DO live with you)

5A. NAME	5B. AGE	5C. RELATIONSHIP

**SECTION III - MONTHLY EXPENSES (EXCEPT MEDICAL) FOR YOU AND THOSE LISTED ABOVE AS LIVING WITH YOU**

6A. ITEM	6B. AMOUNT	6A. ITEM (Cont'd)	6B. AMOUNT (Cont'd)
HOUSING	\$ 45	UTILITIES	\$ 375
FOOD	\$ 275	EDUCATION OF CHILDREN	\$ NONE
TAXES	\$ 185	OTHER (Specify)	\$
INTEREST	\$ 49		\$
CLOTHING	\$ 35		\$

**SECTION IV - HOSPITAL AND MEDICAL EXPENSES**

7A. DO YOU HAVE OR EXPECT TO HAVE ANY LARGE OR UNUSUAL HOSPITAL OR MEDICAL EXPENSES FOR YOURSELF AND OTHERS YOU SUPPORT AND LIVE WITH?  
 YES  NO

7B. ESTIMATED COST PER YEAR  
\$

7C. EXPLANATION  
 NONE

**SECTION V - EDUCATIONAL EXPENSES**

8. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION?  
 YES  NO

**SECTION VI - EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE**

9A. NAME OF DECEASED PERSON (First-middle-last)      9B. RELATIONSHIP TO YOU  
 WIFE     HUSBAND     CHILD

9C. DATE OF DEATH

**EXPENDITURES FOR ABOVE-NAMED PERSON**

NOTE - Furnish information concerning unreimbursed expense as follows:  
 A VETERAN - For his/her spouse's or child's last illness and burial.      A SPOUSE - For the last illness and burial of veteran's child.  
 A CHILD - For veteran's last illness, burial and just debts.      A WIDOW(ER) - For veteran's last illness, (paid before or after the veteran's death), burial and just debts and for the last illness and burial of veteran's child.  
 A PARENT - For his/her spouse's or veteran's last illness and burial and for his/her spouse's just debts.

10A. NAME AND ADDRESS OF PERSON TO WHOM PAID	10B. NATURE OF EXPENSES OR DEBT	10C. TOTAL AMOUNT OF EXPENSES OR DEBT	10D. AMOUNT PAID BY YOU	10E. DATE PAID
NONE		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**SECTION VII - COMMERCIAL LIFE INSURANCE PAYMENTS**

PAYMENTS		AMOUNT
11A.	TOTAL RECEIVED OR EXPECTED BY CLAIMANT	\$
11B.	EXPECTED OR ACTUAL DATE OF RECEIPT (If paid by installments, explain payment schedule in Item 12, Remarks)	NONE

12. REMARKS  
 NONE

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission or any statement or evidence of a material fact, knowing it to be false.

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

13. SIGNATURE OF CLAIMANT (Do not print, sign in ink)      14. DATE      15. TELEPHONE NUMBER(S) (Include Area Code)

*Clayton M. Powell*      FEB 2012      A. DAYTIME NO TELEPHONE      B. EVENING NO TELEPHONE

**Privacy Act Information:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine entitlement to pension or parent's dependency and indemnity compensation (38 U.S.C. 1503 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINVA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINVA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.