

These documents do not need to be notarized. If the documents are included with your application and the forms are filled out correctly, it normally takes 45 days to process your application from the date it is received.

| Documentation | When Needed |
|---|---|
| The Department of Veterans Affairs (VA) rating decision | <ul style="list-style-type: none"> Qualifying sponsor is permanently and totally disabled due to a service-connected disability Qualifying sponsor died as a result of a service-connected condition or was permanently and totally disabled at the time of death |
| The casualty report | <ul style="list-style-type: none"> Qualifying sponsor died on active duty |
| Marriage license/certificate | <ul style="list-style-type: none"> Spouse/widow(er) applications |
| Birth certificate | <ul style="list-style-type: none"> Dependent children applications (birth, adopted, stepchildren) |
| Adoption court order | <ul style="list-style-type: none"> Adopted children |
| School certification letter | <ul style="list-style-type: none"> Dependent children between the ages of 18 and 23 |

Application Checklist

Before you return your packet, did you:

- Sign the application?
- Include a completed Other Health Insurance certification for each applicant?
- Include each applicant's social security number?
- Include each applicant's date of birth?

If applicable, did you include:

- A copy of your Medicare card, if over 65?
- A copy of the divorce decree for previous spouse(s), if divorced?
- A copy of your marriage certificate?
- All school certifications for children between ages 18 and 23?



How to Apply for CHAMPVA



APPLICATION FOR BENEFITS

General Information

An application (VA Form 10-10d) must be submitted to us before you or your physician submits bills for health care services. You must have a Social Security Number (SSN) for each individual on the application, including newborns. If you need an SSN for a member of your family, contact your nearest Social Security Office. After your application is processed, we will mail a CHAMPVA Authorization Card (A-Card) to each authorized family member.



The Application Process:


To apply for benefits, send the following information to the HAC, CHAMPVA-Eligibility, PO Box 469028, Denver, CO 80246-9028. Forms are available from the voice mail menu at 1-800-733-8387, 24 hours a day, 7 days per week. Please consider placing calls for an application form during evening or weekend hours. You may also obtain the necessary

forms from our website at WWW.VA.GOV/HAC by selecting FORMS from the left panel.

- VA Form 10-10d, Application for CHAMPVA Benefits
- VA Form 10-7959c, CHAMPVA Other Health Insurance Certification
- A copy of your Medicare card if you are also eligible for Medicare
- A copy of the veteran's DD 214 Form, Certificate of Release or Discharge from Active Duty (or Report of Separation for WWII and Korean era veterans). If you cannot find this form, send in your application without it. We will obtain one from the VA Regional Office.

CHAMPVA benefits will be verified with the VA Regional Office. If you have not previously contacted the VA Regional Office where the veteran's records are located to establish your legal relationship to the veteran, you should do so prior to applying for CHAMPVA. Once you have done so, submit your application for CHAMPVA benefits to us. To reduce the time it takes to process your application, we recommend you also send a copy (never the original) of the following documents that are applicable to you with your application.

CHAMPVA A-Card

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|---|--|--|--|
| CHAMPVA Benefit Coverage/Limitations – see the CHAMPVA Handbook for information on covered benefits and limitations. This is also your Pharmacy Card. | |  Authorization Card P.O. Box 65024 Denver, CO 80206-9024 | |
| Preauthorization – required for the following services: Organ and bone marrow transplants Hospice services Most mental health/substance abuse services All dental care All durable medical equipment with a purchase or total rental price of \$300 or more | | Subscriber Name <hr/> A-Card Number <hr/> Note: Include A-Card Number on all claims and correspondence | |
| Preauthorization Requests Medical Services 1-800-733-8387 Mental Health/Substance Abuse 1-800-424-4018 | | Effective Date <hr/> Expiration Date | Assistance 1-800-733-8387 hac.inq@med.va.gov |

VA Form 10-7959, Sep 2001 (RS)

Federal law requires that family members of the veteran be legal dependents. The relationship of the veteran to the individual applying for

