

United Veteran Benefits Agency
PRE-CLAIM PREP
Checklist

1. MEDICAL HISTORY

- Physician Name
- Address (Include city, state, and zip)
- Dates of Treatment
- Condition(s) Treated

2. CONDITIONS YOU WANT TO CLAIM

- Name of the condition (e.g., PTSD, back pain, hearing loss)
- Why you believe it's connected to your service

3. SERVICE DETAILS

- Any special duties (Airborne, K9 Handler, Combat Medic, etc.)
- Overseas locations served
- Incident or accident reports

4. DEPENDENT INFORMATION

- Spouse's full name, SSN, and marriage details.
- Children's names, dates of birth, and SSNs
- Divorce dates and location (if applicable)

📌 Final Tip: Don't Stress! You don't need everything perfectly written or formatted. Just gather what you can. Your VBS is here to guide you the rest of the way.