

NEW JERSEY ARMY NATIONAL GUARD

JOINT FORCE HEADQUARTERS 3650 SAYLORS POND ROAD JOINT BASE McGUIRE-DIX-LAKEHURST, NEW JERSEY 08640-5606

ARMY BULLETIN NO. 4

15 November 2011

DUAL COMPENSATION ISSUE AFFECTING SOLDIERS RECEIVING VA BENEFITS (USPFO)

1. REFERENCES:

- a. US Codes 10 12316 and 38 5304
- b. VA Form 21-8951
- c. Internal Review 2009-004 Dual Compensation of VA and MILPAY Entitlements Follow Up
- 2. PURPOSE: To inform soldiers and airmen who are currently serving in the New Jersey National Guard and collecting Veterans Affairs disability payments of potential dual status compensation issues that could cause personal financial issues.
- 3. ISSUE: Federal Law prohibits military members from collecting military pay and VA disability payments for the same period. Some NJ soldiers and airmen returning from deployments may have filed for and be receiving VA benefits for medical issues and be still continuing to drill with their units on a regular basis. In order to comply with the dual compensation laws, the VA is supposed to send identified soldiers and airmen VA Form 21-8951 each year. The form displays the amount of pay periods a soldier or airman has participated in training for each Fiscal year and asks the recipient to either waive military pay or VA benefits for the periods in question. The VA form explains that, in most instances, it is less expensive for the soldier or airman to elect to waive their VA benefits.
- 4. Actively participating Soldiers or Airmen who are receiving VA Medical Benefits but do not receive such a letter from the Veterans Administration are urged to contact their VA representative to address the issue. Failure to address dual compensation on a timely basis can result in a soldier or airman being held liable for thousands of dollars in improperly paid benefits which they will have to return to the US Treasury. This issue has the potential to result in an undue financial hardship for our soldiers and airmen as well as a loss of funds to the US Treasury.
- 5. Units are urged to brief their soldiers and airmen who may be receiving VA disability benefits so that they are fully educated on the potential financial liability if dual compensation goes unaddressed. Units are also urged to include this information in their annual briefing programs. A sample memorandum and annual briefing is attached.

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6. Point of contact for this memorandum is LTC Christopher Eads at (609) 562-0211.

OFFICIAL: GLENN K. RIETH

Major General, NJARNG The Adjutant General

ALVARADO, WALTER LUIS, 1028825281

WALTER L. ALVARADO COL, GS, NJARNG Chief of Staff

ENCL: Sample Memo and Annual Briefing

DISTRIBUTION: A, A2, C



Information Brief

Veterans Administration Medical Benefits and military entitlements

Veterans Administration Medical Benefits and military entitlements

 Purpose: To inform soldiers and airmen of potential dual compensation issues that result from receiving military pay and VA medical benefits for the same periods.

Veterans Administration Medical Benefits and military entitlements

 US Codes 10 12316 and 38 5304 specifically prohibit military members from receiving VA medical benefits for the same periods they are also performing military duties in an IDT, AT, ADT, or ADOS status

VA Form 21-8951 "Notice of waiver of VA compensation or pension to receive military pay and allowances"

- Form lists the number of periods the military member has performed and requests the member verify the number of training days listed
- Asks member elect to waive VA benefits or military pay for those periods
- VA is supposed to send to each soldier or airman annually

VA Form 21-8951 "Notice of waiver of VA compensation or pension to receive military pay and allowances"

- The form clearly explains that, in most instances, it is less expensive for the military member to elect to waive VA benefits.
- Members receiving VA medical benefits that do not receive this letter are directed to contact the VA and request that one be generated.

	OMB Approved No. 2900-0463 Respondent Runder: 10 minutes
VA REGIONAL OFFICE	Department of Veterans Affairs
	NOTICE OF WAIVER OF VA COMPENSATION OR PENSION TO RECEIVE MILITARY PAY AND ALLOWANCES
NAME AND ACCRESS OF VETERAN	VA FILE NUMBER
	SOCIAL SECURITY NUMBER
	DAYTIME TELEPHONE NUMBER (Include Avec Code)
	EVENING TELEPHONE NUMBER (Include Area Code)
Active or inactive duty training pay cannot legally be paid concurrently with VA disability (10 U.S.C. 12316 and 38 U.S.C. 5304(c)).	compensation or pension benefits
You may elect to keep the training pay you received from the military service department, your training pay, you must waive VA benefits for a number of days equal to the number of pay. In most instances, it will be to your advantage to waive benefits and keep your training	f days for which you received training
Please enter the number of days for which you received training pay below:	
FIRMAL VEAR.	

TRAINING DAYS

NOTE: A fiscal year runs from October 1 through September 30. For example, fiscal year 1999 runs from October 1, 1998 through September 30, 1999.

Please note that reserve components are to report the number of days during the fiscal year for which a reservist/guardenan receives training pay as one full day's duty pay for each 4-hour training assembly attended. Therefore, you might be credited with 4 days training pay on a drill weekend. Most members will be paid for approximately 63 training days during a fiscal year. This normally consists of 48 armory drills or training sessions and 15 days active training.

If you waive VA benefits to receive training pay, VA will adjust your VA award to withhold future benefits for the same total number of days waived and at the monthly rate in effect for the fiscal year for which you received training pay. No overpayment will be created in your account and your normal VA rate will be restored when a sufficient number of days' benefits have been withheld.

VA FORM MAR 2005 21-8951-2

EXISTING STOCKS OF VA FORM 21-8951-2, SEP 1998,

(Continued on Reverse)

Please fully complete this form, sign it, secure the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your VA claims file is located. If you do not know that the signature of your unit command regional office address where your vA claims file is located. If you do not know that the signature of your unit command regional office address where your vA claims file is located.	
return the form to the nearest VA regional office. Keep a photocopy of the compl	
Please check only one of the following blocks:	
and the same and t	
☐ I elect to waive VA benefits for the days indicated on the front of this form in o	order to retain my training pay.
☐ I elect to waive military pay and allowances for the days indicated on the fro VA compensation or pension. NOTE: Checking this option will give most w	
☐ I received no military pay and allowances during the last fiscal year.	
SIGNATURE OF RESERVISITIONARDSMAN	DATE SIGNED
To the best of my knowledge, the information shown on the front of the form concerning the	ha marchar's training days is correct
To the best of my knowledge, the information shown on the front of the form concerning in	ac memoer a training days is context.
SIGNATURE OF UNIT COMMANDER OR DESIGNEE	DATE SIGNED
NAME AND MALING ADDRESS OF RESERVE/GUARD UNIT	UNIT TELEPHONE NO. (Including Area Code)
NOTE: In the past you may have filed a one-time waiver of disability benefits which was status changed or you withdrew the waiver. That waiver is no longer valid. Annual waiver	
If you have any questions about the information contained on this form or if you need assist VA's toll-free number 1-800-827-1000.	istance in completing the form, please call
PRIVACY ACT INFORMATION: The VA will not disclose information collected on	this form to any source other than what h
been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations	
law enforcement, congressional communications, epidemiological or research studies, to States, litigation in which the United States is a party or also an interest, the administratements, verification of identity and status, and personnel administration) as identified Compensation, Pension, Education and Rehabilitation Records - VA, published in the Fe voluntary. Giving us your SSN account information is mandatory. Applicants are required the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and considered relevant and necessary to determine maximum benefits under the law, confidential (38 U.S.C. 5701). Information submitted is subject to verification througagencies.	ration of VA programs and delivery of V d in the VA system of records, 58VA21/2 ederal Register. Your obligation to respond ed to provide their SSN unless the disclosu d still in effect. The requested information The responses you submit are consider
RESPONDENT BURDEN: We need this information to determine whether you choose or pension or your military pay and allowances for the days for which you receiv U.S.C.5304(e). Take 38, United States Codek, allows us to ask for this information. We est 10 minutes to review the instructions, find the information, and complete this form. VA conformation unless a valid OMB control number is displayed. You are not required to resphis number is not displayed. Valid OMB control numbers can be located on the OMB Intensive whitchouse gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-8 comments or suggestions about this form. PENALTY: The law provides severe penalties which include fine, imprisonment, or both or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of at	ved training pay (10 U.S.C. 12316 and 3 stimate that you will need an average of armot conduct or sponsor a collection of pond to a collection of information if t met Page at \$27-1000 to get information on where to ser

Veterans Administration Medical Benefits and military entitlements

 Failure to address periods of dual compensation can result in incorrect benefits to continue to be paid and for the military member to be held financially liable for substantial amounts of money in the future.