Dear Mr. 

The Secretary of the Department of Veterans Affairs (VA) recently established that ischemic heart disease, Parkinson's disease, and hairy cell and other chronic B-cell leukemias warrant presumptive service connection based on the association between exposure to herbicides used in the Republic of Vietnam during the Vietnam era and the subsequent development of these conditions. Our records indicate that you previously filed a claim for coronary artery disease.

We have conducted a special review of your claims file mandated by the United States District Court's orders in Nehmer v. U.S. Department of Veterans Affairs.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Estimated Retroactive Amount

The estimated amount of retroactive benefits is. These retroactive benefits are a result of the United States District Court's order in Nehmer v. U.S. Department of Veterans Affairs. Please see Your Award Amount and Payment Start Date.

Your Monthly Compensation

Your monthly entitlement amount is shown below:

<table>
<thead>
<tr>
<th>Total VA Benefit</th>
<th>Previous Payment</th>
<th>New Payment</th>
<th>Payment Start Date</th>
<th>Reason For Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sep 1, 2010</td>
<td>Nehmer Grant</td>
</tr>
</tbody>
</table>

We're paying you as a single veteran with no dependents.
This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

---America is Grateful to You for Your Service---

Our records contain the following information:

**Personal Claim Information:**
Your VA claim number is: 214__
You are the Veteran

**Military Information:**
Your character(s) of discharge and service date(s) include:
(You may have additional periods of service not listed above)

**VA Benefits Information:**
Service-connected disability: Yes
Your combined service-connected evaluation is: 100 PERCENT
The effective date of the last change to your current award was: ____________
Your current monthly award amount is: ____________
Are you considered to be totally and permanently disabled due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

**Need Additional Information or Verification?**
If you have any questions about this letter or need additional verification of VA benefits, please 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 electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

L. CARSON
VETERANS SERVICE CENTER MANAGER
Dear Mr.

We made a decision on your claim for dependency benefits, received on February 23, 2011.

This letter tells you about your entitlement amount and payment start date and what we decided. It includes the evidence used and reasons for our decision. We have also included information about additional benefits, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

**What Is Your Entitlement Amount And Payment Start Date?**

Your monthly entitlement amount is shown below:

<table>
<thead>
<tr>
<th>Monthly Entitlement Amount</th>
<th>Payment Start Date</th>
<th>Reason For Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>Sep 1, 2010</td>
<td>Spouse added to award</td>
</tr>
</tbody>
</table>

We are paying you as a veteran with 1 dependent. Your payment includes an additional amount for your spouse. *Let us know right away if there is any change in your marital status (for example, death, divorce, annulment).*

**When Can You Expect Payment?**

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings. Thereafter, payment will be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact that financial institution.
You Can Expect Payment

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings. Thereafter, payment will be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact that financial institution.

If this account is no longer open, please notify us immediately.

What We Decided

We determined that the following condition was related to your military service, so service connection has been granted:

<table>
<thead>
<tr>
<th>Medical Description</th>
<th>Percent (%) Assigned</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary artery disease (Nehmer granted)</td>
<td>100%</td>
<td>Aug 9, 2010</td>
</tr>
</tbody>
</table>

Basic eligibility to Dependents' Educational Assistance is established from August 9, 2010.

Your overall or combined rating is 100%. We do not add the individual percentages of each condition to determine your combined rating. We use a combined rating table that considers the effect from the most serious to the least serious conditions.

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on the court's orders.

We enclosed a VA Form 21-8760, "Additional Information for Veterans with Service-Connected Permanent and Total Disability," which explains certain factors concerning your benefits.
If You Have Questions or Need Assistance
If you have any questions, you may contact us by telephone, e-mail, or letter.

<table>
<thead>
<tr>
<th>If you</th>
<th>Here is what to do.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.</td>
</tr>
<tr>
<td>Use the Internet</td>
<td>Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a>.</td>
</tr>
<tr>
<td>Write</td>
<td>Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.</td>
</tr>
</tbody>
</table>

In all cases, be sure to refer to your VA file number 214

If you are looking for general information about benefits and eligibility, you should visit our website at https://www.va.gov, or search the Frequently Asked Questions (FAQs) at https://iris.va.gov.

We sent a copy of this letter to your representative, AMVETS, whom you can also contact if you have questions or need assistance.

Sincerely,

[Signature]

Laurine J. Carson
Veterans Service Center Manager

Enclosure(s): VA Form 4107

cc: AMVET