

**SIoux FALLS  
REGIONAL OFFICE  
PUBLIC CONTACT  
VETERANS BENEFITS ADMINISTRATION**

---



# PUBLIC CONTACT TEAM

---

- Denise Decker
  - 8 years with VBA,VSR & Public Contact
- Natasha Wohlwend
  - 5 Years with VBA,VSR, RVSR, & Public Contact
  - Air Force Veteran
- Lorrena Alameda
  - 9 Years with VBA,VSR, Authorizer,AQRS, & Public Contact
  - Army Veteran

# ACCESSING VA BENEFITS

---

- [www.VA.gov](http://www.VA.gov)
- VA App
- Sioux Falls Regional Office- Public Contact Office
  - 2501 W 22nd St bldg 38, Sioux Falls, SD 57105
- 605-336-3230 Ext 6900 or 6070
- 1-800-827-1000
- VERA
  - <https://va.my.site.com/VAVERA/s/>

# DEPARTMENT OF VETERANS AFFAIRS

---

- **Veterans Benefits Administration**
- Compensation
- Pension
- Vocational Rehabilitation & Employment (VR& E), Chapter 31
  - Kevin “Mac” McCarthy, Chelsea Reisch (Sioux Falls)
- Life Insurance, Home Loan Guaranty, GI Bill
- Death Benefits, Burial, DIC

# VETERANS HEALTH ADMINISTRATION

---

- Sioux Falls VAMC, Fort Meade, Hot Springs
- Eligibility & Enrollment (Jason & Yulia)
  - Veteran can apply using a VA Form 10-10EZ
- CBOCS (Community Based Outpatient Clinic)
  - Aberdeen, Dakota Dunes, Eagle Butte, Mission, Pierre, Pine Ridge, Rapid City, Watertown, Winner
- Service Connection % could affect their level of care (priority groups 1-8)



# NATIONAL CEMETERY ADMINISTRATION

---

- Cemetery in Sturgis & Sioux Falls
- Veterans eligible for Burial Flag, Headstones/Markers, Burial Benefits, Urns, Plaques



# COMPENSATION FOR SERVICE-CONNECTED CONDITIONS

---



# SERVICE-CONNECTED COMPENSATION

---

- Service connection compensation is a benefit paid to a veteran because of injuries or disease that happened while on active duty or made worse by active military service.
- The disability does not have to be combat or war-time related.
- Injuries on ADT(Active Duty Training) or IADT(Inactive Duty training) may qualify for service connection (Guard/Reserve)
- It is important that any injury is reported and documented in Service treatment and personnel records. \*\*\*This is crucial for service connection.\*\*\*



# TYPES OF CLAIMS

---

- VAF 21-526EZ (EP 010, 110, 020)- used for new conditions or requesting increases on already service connected conditions
- VAF 20-0995 (EP 040)- Supplemental - used if condition was previously denied, or a veteran disagrees with their current rating/decision
- VAF 20-0996 (EP 030)- Higher Level Review - used if condition was previously denied or a veteran disagrees with their current rating/decision-consists of *de novo* review, the reviewer reexamines and readjudicates the claim in question without deference to the prior decision, except for proper favorable findings. VA must receive the 0996 within on year of the notification letter for a decision made on or after February 19, 2019.

# REQUIREMENT FOR SERVICE CONNECTION

---

- 1) Injury, Illness or exposure caused in service (documented in STRs)
- 2) Veteran has current diagnosed medical disability or illness
- 3) Medical opinion connecting the two (nexus)



# THEORIES OF SERVICE CONNECTION

---

- Direct- Event/Injury during Active Duty (documented on active duty)
- Secondary- An issue that was caused by/due to a Service-Connected Condition (Ex: Radiculopathy 2<sup>nd</sup> to SC Lower Back)
- Pre-Aggravation- A condition prior to AD documented on an Entry Exam that may have gotten worse due to military service (Ex: Asthma)
- Gulf War Medical Opinion- **M21-1, VIII.ii.1.B.2.b.** Caused by service in the Gulf War/Southwest Asia (Must be verified prior to exam)
- TERA Opinion - <https://vbaw.vba.va.gov/bl/21/pact.htm> (PACT Act) Toxic Exposure must be verified through ILER, TERA Memo, in STRs/OMPF

# AGENT ORANGE

---

Locations and Timeframes associated with Herbicide Exposure	
Location	Dates
Vietnam in-country	January 9, 1962, to May 7, 1975
C-123 Aircraft	There is a presumption of herbicide exposure associated with certain C-123 aircraft activities, but these claims generally fall under the jurisdiction of the St. Paul RO as discussed in M21-1, Part VIII, Subpart i, 1.A.2
Blue Water Navy	January 9, 1962, to May 7, 1975
Korean DMZ	September 1, 1967, to August 31, 1971
* Thailand at any United States or Royal Thai base, without regard to where on the base the Veteran was located or what military occupational specialty (MOS) the Veteran performed	January 9, 1962, to June 30, 1976
* Laos	December 1, 1965, to September 30, 1969
* Cambodia at Mimot or Krek, Kampong Cham Province	April 16, 1969, to April 30, 1969
* Guam or American Samoa, or in the territorial waters thereof	January 9, 1962, to July 31, 1980
* Served on Johnston Atoll or on a ship that called at Johnston Atoll	January 1, 1972, to September 30, 1977



# AGENT ORANGE PRESUMPTIVE CONDITIONS

Disability	Effective Date
<ul style="list-style-type: none"> <li>♦ Chloracne or other acne-form disease consistent with chloracne, and</li> <li>♦ soft-tissue sarcoma, other than                             <ul style="list-style-type: none"> <li>• osteosarcoma</li> <li>• chondrosarcoma</li> <li>• Kaposi's sarcoma, or</li> <li>• mesothelioma</li> </ul> </li> </ul>	<p>February 6, 1991</p> <p><i>Note: Originally, September 25, 1985, under 38 CFR 3.311a.</i></p>
♦ Non-Hodgkin's lymphoma (NHL)	<p>February 6, 1991</p> <p><i>Note: Originally, August 5, 1964, under 38 CFR 3.313.</i></p>
<ul style="list-style-type: none"> <li>♦ porphyria cutanea tarda (PCT), and</li> <li>♦ Hodgkin's disease</li> </ul>	February 3, 1994
<ul style="list-style-type: none"> <li>♦ Respiratory cancers of the                             <ul style="list-style-type: none"> <li>• lung</li> <li>• bronchus</li> <li>• larynx, or</li> <li>• trachea, and</li> </ul> </li> <li>♦ multiple myeloma</li> </ul>	June 9, 1994
<ul style="list-style-type: none"> <li>♦ Prostate cancer, and</li> <li>♦ acute and subacute peripheral neuropathy</li> </ul>	November 7, 1996
♦ Type 2 diabetes mellitus	May 8, 2001
♦ chronic lymphocytic leukemia (CLL)	October 16, 2003
♦ AL amyloidosis	May 7, 2009
<ul style="list-style-type: none"> <li>♦ Ischemic heart disease (IHD)</li> <li>♦ chronic B-cell leukemia, and</li> <li>♦ Parkinson's disease</li> </ul>	August 31, 2010
♦ Early-onset peripheral neuropathy	September 6, 2013
<ul style="list-style-type: none"> <li>♦ Parkinsonism</li> <li>♦ bladder cancer, and</li> <li>♦ hypothyroidism</li> </ul>	January 1, 2021
<ul style="list-style-type: none"> <li>♦ * Monoclonal gammopathy of undetermined significance (MGUS)</li> <li>♦ * Hypertension</li> </ul>	August 10, 2022

# Toxic Exposure Risk Activity (TERA) Exception

## Job Aid

[38 U.S.C. § 1168\(b\)](#) provides that the examination requirements for TERA-related claims do *not* apply if the Secretary determines there is no indication of an association between the disability claimed by the Veteran and participation in the TERA. At this time, claims processors should *not* order an examination based upon a TERA if one of the following exceptions applies.

**Reminder:** The TERA threshold, in the same manner as with all claims for service connection, requires lay or other evidence of a current disability before determining whether an examination is necessary. See M21-1.IV.i.1.A.1.b.

1. **Non-presumptive claims based on physical trauma.** The Veteran claims service connection for a non-presumptive disability that is based on physical trauma (e.g., blunt force trauma, trauma due to repetitive use, penetrating trauma). **Note:** Hearing loss is *not* considered a physical trauma under this exception.

Conditions determined to result from physical trauma include but are not limited to the following:

- |  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| • Fracture of any bone or joint                      | • Spinal fusion                      | • Metatarsalgia                    |
| • Any muscle or ligament tear, sprain, or strain     | • Spinal stenosis                    | • Pes planus                       |
| • Meniscal tear                                      | • Spondylolisthesis                  | • Plantar fasciitis                |
| • Dislocation of any joint                           | • Degenerative disc disease          | • Traumatic brain injury           |
| • Osteoarthritis or traumatic arthritis of any joint | • Cold, electrical, or thermal burns | • Heterotopic ossification         |
|  | • Osteitis deformans                 | • Lower extremity bones shortening |

**Important:** If the claim is for a joint condition and the evidence is unclear as to whether the joint condition is related to physical trauma, claims processors should assume the "joint condition" is related to physical trauma UNLESS there is competent medical or scientific evidence of record to the contrary. The Veteran does not need to state the claimed joint condition is due to physical trauma in order for VA to apply the TERA exclusion.

**Note:** If the claim for joint or muscle pain is from a Veteran who served in a 38 U.S.C. 1117 location, review the claim for evidence of trauma to the joint and either

- apply the TERA exception if trauma to the joint is shown, or
- apply the hybrid undiagnosed illness and MUCMI/TERA procedures outlined in the PACT SOP content titled *Undiagnosed Illness and MUCMI Development Requirements* if the claim of joint pain is potentially a sign or symptom of an undiagnosed illness or MUCMI.

**Reference:** For more information on when an undiagnosed illness or MUCMI examination is not warranted for joint trauma, see M21-1, Part VIII, Subpart ii, 1.B.2.k

2. **Mental disorders.** This includes any condition contained in [38 C.F.R. § 4.130](#), the mental disorders section of the VA Schedule for Rating Disabilities. **Note:** Toxic exposure can result in symptoms of neurobehavioral decline, like decreased memory and concentration. A diagnosis of a mental disorder should be considered on a direct or secondary basis.

**Important:** Unless there is competent medical or scientific evidence of record that the mental health condition is related to a TERA, an examination and TERA medical opinion is not needed. VA is to apply the TERA exclusion.

3. **Conditions determined to have no positive association with herbicide exposure.** These are conditions determined by the Secretary based on cumulative scientific data reported by the National Academies of Science since 1993 and are as follows:

**Malignant conditions (cancers):**

- Melanoma
- Nonmelanoma skin cancer (basal cell and squamous cell)
- Hepatobiliary cancers (liver, gallbladder, and bile ducts), and pancreatic cancer
- Cancers of the pleura, mediastinum, and other unspecified sites within the respiratory system and infrathoracic organs
- Bone and connective tissue cancer
- Endocrine cancers (including thyroid and thymus)
- Cancers of the reproductive organs (cervix, uterus, ovary, testes, and penis; excluding prostate)
- Cancers of the digestive organs (esophageal cancer; stomach cancer; colorectal cancer (including small intestine and anus))
- Renal cancer (kidney and renal pelvis)
- Cancers of the brain and nervous system (including eye)
- Leukemia (other than all chronic B-cell leukemias including chronic lymphocytic leukemia and hairy cell leukemia)
- Cancers of the oral cavity (including lips and tongue), pharynx (including tonsils), and nasal cavity (including ears and sinuses)

Compensation Service  
Last Updated: February 13, 2023

VA



U.S. Department  
of Veterans Affairs

Page 1 of 2

## Toxic Exposure Risk Activity (TERA) Exception Job Aid

**Non-malignant conditions:**

- Osteoporosis
- Farmer's lung
- Chronic obstructive pulmonary disease
- Immune system disorders (immune suppression, allergy, and autoimmunity)
- Neurodegenerative diseases (including amyotrophic lateral sclerosis (ALS) but excluding Parkinson's disease and Parkinsonism)
- Asthma
- Hearing loss
- Neurobehavioral disorders (cognitive and neuropsychiatric)
- Circulatory disorders (other than hypertension, ischemic heart disease, and stroke)
- Endometriosis
- Diseases of the eye
- Gastrointestinal, metabolic, and digestive disorders
- Chronic peripheral nervous system disorders (other than early-onset peripheral neuropathy)

**Note:** The malignant and non-malignant conditions under this exception (Exception 3) *only* apply to herbicide exposure. Claims processors must still consider all evidence as there may be a record of a different TERA (other than herbicides).

**Important:** Claims processors should not order a disability examination based upon a TERA if the Veteran claims service connection for a non-presumptive disability based on **Exceptions 1–3** (i.e., physical trauma, mental disorder, or conditions determined to have no positive association with herbicide exposure) *unless* the Veteran submits competent medical or scientific evidence of an association between their disability and the in-service TERA.



# TERA EXCEPTION JOB AID CONT...

**Important:** Claims processors should not order a disability examination based upon a TERA if the Veteran claims service connection for a non-presumptive disability based on **Exceptions 1–3** (i.e., physical trauma, mental disorder, or conditions determined to have no positive association with herbicide exposure) *unless* the Veteran submits competent medical or scientific evidence of an association between their disability and the in-service TERA.

4. **Claims for disabilities that manifested during military service or with an etiology not associated with toxic exposure.** This exception applies to conditions that manifested during service for which a medical nexus opinion would not be needed to decide service connection on a direct basis (evidence of chronicity or continuity is of record) and to claims where the evidence of record indicates that the claimed condition is clearly related to an etiology that is ***not*** associated with toxic exposure (to include post-service event).

**Important:** Claims processors must liberally apply reasonable doubt when determining if this exception applies. When there is an approximate balance of evidence, err on the side of caution and request the TERA disability examination and medical nexus opinion.

- M21-1, Part VIII, Subpart i, Chapter 1, Section A -  
Developing Claims for Service Connection (SC) Based  
on Herbicide Exposure



# ASBESTOS

---

**Asbestos** is a fibrous form of silicate mineral of varied chemical composition and physical configuration, derived from serpentine and amphibole ore bodies.

Common materials that may contain asbestos include

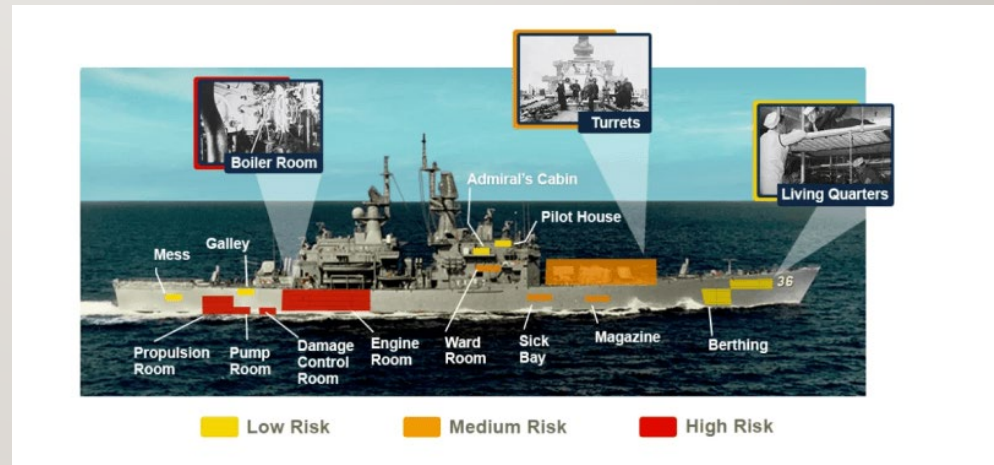
- steam pipes for heating units and boilers
- ceiling tiles
- roofing shingles
- wallboard
- fire-proofing materials, and
- thermal insulation.



U.S. Department  
of Veterans Affairs

# ASBESTOS EXPOSURE MILITARY OCCUPATION SKILLS AND RATES

- Electricians.
- Engine room technicians.
- Firefighters.
- Hull maintenance specialists.
- Gunnery technicians.
- Weapons specialists.
- Boilermen
- Machinist Mates.
- Pipefitters.
- Shipyard workers
- Engineer Construction
- Engineer Carpentry
- Engineer Demolition (knocking down old buildings)
- Welders and steel fabricators
- Plumbers



# ASBESTOS EXPOSURE

Asbestos fiber masses have a tendency to break easily into tiny dust particles that can float in the air, stick to clothes, and may be inhaled or swallowed.

Inhalation of asbestos fibers can produce

- fibrosis, the most commonly occurring of which is interstitial pulmonary fibrosis, or asbestosis
- tumors
- pleural effusions and fibrosis
- pleural plaques (scars of the lining that surrounds the lungs)
- mesotheliomas of pleura and peritoneum, and
- cancers of the
  - lung
  - bronchus
  - gastrointestinal tract
  - larynx
  - pharynx, and
  - urogenital system, except the prostate.

**Note:** The biological actions of the various fibers differ in some respects, in that

- chrysotile products
  - have their initial effects on the small airways of the lung
  - cause asbestosis more slowly, and
  - result in lung cancer more often, and
- crocidolite and amosite
  - have more initial effects on the small blood vessels of the lung, alveolar walls, and pleura, and
  - result more often in mesothelioma.

# ASBESTOS EXPOSURE

Specific diseases that may result from exposure to **asbestos** include

- lung cancer that
  - originates in the lung parenchyma rather than the bronchi, and
  - eventually develops in about 50 percent of persons with asbestosis
- gastrointestinal cancer that develops in 10 percent of persons with asbestosis
- urogenital cancer that develops in 10 percent of persons with asbestosis, and
- mesothelioma that develops in 17 percent of persons with asbestosis.

***Important:***

- All persons with significant asbestosis develop cor pulmonale (enlargement of the right ventricle of the heart) and heart disease secondary to disease of the lung or its blood vessels. Those persons who do not die from cancer often die from heart failure secondary to cor pulmonale.
- Disease-causing exposure to **asbestos** may be
  - brief, and/or
  - indirect.

***Notes:***

- Current smokers who have been exposed to **asbestos** face an increased risk of developing bronchial cancer.
- Mesotheliomas are not associated with cigarette smoking.



# CONTAMINATED DRINKING WATER AT CAMP LEJEUNE

---

- Specific disabilities for Veterans who served no less than 30 days (consecutive or nonconsecutive) at the U.S. Marine Corps Base Camp Lejeune, North Carolina, between August 1, 1953, and December 31, 1987
- This presumption also applies to former reservists and National Guard members if their military record includes orders or other records of no less than 30 days service (consecutive or nonconsecutive) at Camp Lejeune during the contamination period.

# PRESUMPTIVE CONDITIONS FOR CAMP LEJEUNE

(f) *Disease associated with exposure to contaminants in the water supply at Camp Lejeune.* If a veteran, or former reservist or member of the National Guard, was exposed to contaminants in the water supply at Camp Lejeune during military service and the exposure meets the requirements of § 3.307(a)(7), the following diseases shall be service-connected even though there is no record of such disease during service, subject to the rebuttable presumption provisions of § 3.307(d).

- (1) Kidney cancer.
- (2) Liver cancer.
- (3) Non-Hodgkin's lymphoma.
- (4) Adult leukemia.
- (5) Multiple myeloma.
- (6) Parkinson's disease.
- (7) Aplastic anemia and other myelodysplastic syndromes.
- (8) Bladder cancer.

VIII.iii.8.A.1.c.

Processing

Jurisdiction of

Camp Lejeune

Claims

All substantially complete claims for compensation containing at least one Camp Lejeune issue will be routed based on the table below.

**Note:** For the purposes of the table below, the regional office (RO) of jurisdiction (ROJ) is the next available RO in the National Work Queue (NWQ) environment.

If military records document during the contamination period ...	Then the claim is decided by the ...
at least one day of Camp Lejeune service	Louisville RO.
no Camp Lejeune service	ROJ.

**Exception:** The following types of claims qualify for other centralized processing and will not be processed by the ROJ or Louisville RO:

- Veterans residing in foreign territories
- original pre-discharge claims
- restricted access claims, and
- other specific special mission claims, as needed.

VIII.iii.8.A.1.d.

ROJ Processing

of Camp Lejeune

Claims

Claims containing at least one Camp Lejeune issue will *not* be referred to the Louisville RO when

- the Veteran did not serve at Camp Lejeune between August 1, 1953, and December 31, 1987
- the Veteran does not identify a disability or symptom on the claim, such as claims simply stating "Camp Lejeune" or "exposure at Camp Lejeune"
- Veteran status needs to be established, such as through a character-of-discharge (COD) determination, or when the only service at Camp Lejeune is in a training status with the Reserve or National Guard, or
- the only claim is for a disability of a dependent, including birth defects. VA has no statutory authority to compensate a Veteran's dependents exposed to Camp Lejeune water contamination. Follow the procedures in [M21-1, Part VI, Subpart i, 1.A](#) to administratively decide these claims.

# GULF WAR ILLNESSES - LOCATIONS

A **Persian Gulf Veteran**, under [38 U.S.C. 1117](#), is a Veteran who served on active duty in the Armed Forces during the Persian Gulf War in one of the following locations:

- the **Southwest Asia** theater of operations, which includes the following locations and the airspace above them:
  - Iraq
  - Kuwait
  - Saudi Arabia
  - the neutral zone between Iraq and Saudi Arabia
  - United Arab Emirates
  - Bahrain
  - Qatar
  - Oman
  - the Gulf of Aden
  - the Gulf of Oman
  - the Persian Gulf
  - the Arabian Sea, and
  - the Red Sea
- Afghanistan
- Israel
- Egypt
- Turkey
- Syria, or
- Jordan.

**Note:** Per [38 U.S.C. 101\(33\)](#), the Gulf War period extends from August 2, 1990, through a date yet to be determined by law or Presidential proclamation.



# GULF WAR ILLNESSES & MUCMI

---

- An ***undiagnosed illness*** is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination and laboratory tests.

A ***medically unexplained chronic multi-symptom illness*** (MUCMI) is a type of chronic qualifying disability in which there is a *diagnosed* illness that has

- either an inconclusive etiology or an inconclusive pathophysiology
- overlapping symptoms and signs, and
- features such as
  - fatigue and pain
  - disability out of proportion to physical findings, and
  - inconsistent demonstration of laboratory abnormalities.

**Note:** A multi-symptom illness is *not* an MUCMI if *both* the etiology and the pathology of the illness are partly understood.

MUCMIs include but are not limited to

- chronic fatigue syndrome
- fibromyalgia, or
- FGIDs, excluding structural gastrointestinal diseases.

# GULF WAR ILLNESSES

**Functional gastrointestinal disorders** (FGIDs) are a group of diagnosed conditions that are a type of MUCMI. They are characterized by chronic or recurrent symptoms that are

- unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease, and
- may be related to any part of the gastrointestinal tract.

Characteristic FGID symptoms include

- abdominal pain
- substernal burning or pain
- nausea
- vomiting
- altered bowel habits (including diarrhea, constipation),
- indigestion
- bloating
- postprandial fullness, and
- painful or difficult swallowing.

FGID diagnoses include but are not limited to

- irritable bowel syndrome, and
- functional
  - dyspepsia
  - vomiting
  - constipation
  - bloating
  - abdominal pain syndrome, or
  - dysphagia.

Diagnosis of a FGID under generally accepted medical principles normally requires

- symptom onset at least six months prior to diagnosis, and
- the presence of symptoms sufficient to diagnose the specific disorder at least three months prior to diagnosis.

**Important:** FGIDs do not include structural gastrointestinal diseases, such as inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) and gastroesophageal reflux disease, as these conditions are considered to be organic or structural diseases characterized by abnormalities seen on x-ray, endoscopy, or through laboratory tests.

# GULF WAR ILLNESSES – SIGNS/SYMPTOMS

[38 CFR 3.317](#) specifies the following 13 categories of signs or symptoms that may be manifestations of an undiagnosed illness or an MUCMI:

- joint pain
- muscle pain
- neurological signs or symptoms
- headache
- neuropsychological signs or symptoms
- gastrointestinal signs or symptoms
- abnormal weight loss
- fatigue
- sleep disturbances
- respiratory signs and symptoms (upper and lower)
- cardiovascular signs or symptoms
- skin signs and symptoms, and
- menstrual disorders.

# THE SERGEANT FIRST CLASS (SFC) HEATH ROBINSON HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXICS AKA PACT ACT

---

- The PACT Act is a law that expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. This law helps us provide generations of Veterans—and their survivors—with the care and benefits they’ve earned and deserve.

## On or after September 11, 2001, in any of these locations:

- Afghanistan
- Djibouti
- Egypt
- Jordan
- Lebanon
- Syria
- Uzbekistan
- Yemen
- The airspace above any of these locations

## On or after August 2, 1990, in any of these locations:

- Bahrain
- Iraq
- Kuwait
- Oman
- Qatar
- Saudi Arabia
- Somalia
- The United Arab Emirates (UAE)
- The airspace above any of these locations

# NEW PRESUMPTIVE CONDITIONS

---

- Brain cancer
- Gastrointestinal cancer of any type
- Glioblastoma
- Head cancer of any type
- Kidney cancer
- Lymphoma of any type
- Melanoma
- Neck cancer of any type
- Pancreatic cancer
- Reproductive cancer of any type
- Respiratory (breathing-related) cancer of any type
- Asthma that was diagnosed after service
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Chronic rhinitis
- Chronic sinusitis
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease (ILD)
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis



# TOXIC EXPOSURE RISK ACTIVITY (TERA)

---

- The PACT Act defines toxic exposure risk activity (TERA) as any activity that requires a corresponding entry in an exposure tracking record system, such as ILER (as defined in § 1119(c)); or the Secretary determines qualifies for purposes of this subsection when taking into account what is reasonably prudent to protect the health of Veterans.
- The definition of TERA is important for the implementation of the modified threshold examination requirements as discussed in content titled, Modified Examination Threshold for TERA Claims. The statutory definition is extremely broad and requires claims processors to consider all evidence of record when determining if a Veteran was subject to a TERA and regardless of whether the Veteran specifically claims an exposure(s) as the basis of their claim. · There is no requirement.

# DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

---

- a monthly payment made to a surviving spouse, child, or parent because of a service-connected (SC) death
- to a surviving spouse or child because the Veteran had been rated as totally disabled due to an SC disability prior to their death, typically for at least 10 years
- to a surviving spouse, child, or parent because of death due to Department of Veterans Affairs (VA) medical treatment

# GOOD TO KNOW

---

- Veterans who are service connected at 30% or above can add their dependents
- Veterans who are service connected at 70% and above are eligible for covered Nursing Home Care
- If a veteran wishes to get a copy of their VBA records they must fill out a FOIA Request

# QUESTIONS?

---

- If you have any questions in regards to VA Benefits, please contact us via phone or Teams
- Denise Decker- 605-336-3230 Ext 6090
- Natasha Wohlwend 605-336-3230 Ext 6070
- Lorrena Alameda 605-336-3230 Ext 6070