

NOTICE OF WAIVER OF VA COMPENSATION OR PENSION TO RECEIVE MILITARY PAY AND ALLOWANCES

TO

FROM

PAGE 1

SECTION III - ELECTION NOTICE

INSTRUCTIONS: Check the appropriate box(es) below in Items 9 and 10, sign, secure the signature of your unit commander/designee (if required) and return the completed form within **30 days** to the address listed on Page 1.

9. CHECK **ONLY ONE** OF THE FOLLOWING BOXES (**Note:** If neither checkbox in Item 9 is selected, then VA will assume that you agree with the number of inactive duty or annual active duty training pay days shown in Item 8, Section II.)

- ☐ **CORRECT.** I agree that the number of training pay days shown in Section II, Item 8.
- ☐ **NOT CORRECT.** I disagree with the number of training pay days shown in Section II, Item 8. (Provide the number of days of training pay received, in item 10.)

10. ENTER THE **CORRECTED** NUMBER OF TRAINING PAY DAYS HERE

--	--	--	--

IMPORTANT: If Item 11 is not checked, VA will assume that you wish to waive VA pay for the number of days shown in either Section II, Item 8 or Section III, Item 10. An election to waive VA pay in item 11 will result in automatic adjustments of any future training pay.

11. ELECT **ONLY ONE** of the following:

- ☐ I ELECT **TO WAIVE** my VA pay for the days indicated in Section II, Item 8.
- ☐ I ELECT **TO WAIVE** my VA pay for the days indicated in Section III, Item 10, to retain my training pay. **Note:** If the number entered in Item 10 is lower than the number identified in Item 8, your commander/designee's signature is required below; use Section V: Commander/Designee's Signature.
- ☐ I ELECT **TO WAIVE** my military pay and allowances for the days indicated in either Section II, Item 8, or Section III, Item 10, to retain my VA pay. (**Note:** This option generally results in less money for most veterans.)
- ☐ I **DID NOT** receive any military pay and/or allowances during the FY indicated in Section II, Item 8.

SECTION IV - CERTIFICATION AND SIGNATURE

I **CERTIFY THAT** I have completed this form and that its information is true and correct to the best of my knowledge and belief.

12A. SIGNATURE OF RESERVIST/GUARDSMAN (**REQUIRED**)

12B. DATE SIGNED (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

SECTION V: COMMANDER/DESIGNEE'S SIGNATURE

(**Note:** This signature is only required if you disagree with the number of days listed in Item 8)

I **CERTIFY THAT** to the best of my knowledge, the information shown above concerning the member's training days is correct.

12. UNIT COMMANDER/DESIGNEE'S SIGNATURE

13. DATE SIGNED (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

14. NAME AND MAILING ADDRESS OF RESERVE/GUARD UNIT

15. UNIT TELEPHONE NO. (Include Area Code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter International Phone Number (If applicable)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0463, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at yapra@va.gov. Please refer to OMB Control No. 2900-0463 in any correspondence. Do not send your completed VA Form 21-8951-2 to this email address