



LARRY A. HOFF ePOST 2100



Issue #84 MARCH, 2020

COMMUNICATION IS POWER

TO OPT OUT OF OUR NEWSLETTERS, E-MAIL [MARIA KLENHARD](mailto:MARIA.KLENHARD)

OUR NEXT MEETING

MARCH 19th at 7:30 PM, is slated for our next tele-meeting, by invitation, using GoToMeeting. E-mail me if you want an invite:

commander@epost2100.org

Our tele-meetings are provided for you to learn about and have input regarding your cyber Post. BTW, have you visited [Our Web site](#), lately?

YOUR CYBER POST OFFICERS

Post Commander.....	ROBERT GREEN	770-786-8702
Senior Vice Commander.....	MARIA KLENHARD	916-952-7691
Junior Vice Commander	OPEN	
Adjutant.....	MARIA KLENHARD	916-952-7691
Finance Officer.....	MAC MCMILLAN	404-277-4280
Judge Advocate.....	TED RICHARDS	404-754-0415
Exec. Committee.....	ED MCMILLAN	770-757-6136
Sergeant-at-Arms.....	DAVID GREEN	
Service Officer.....	ED MCMILLAN	770-757-6136

OUR HELP DESK STANDS READY TO ASSIST US VETERANS WITH FREE COMPUTER-RELATED AID.

[ROBERT MCTUREOUS](#)

404-304-1772



COMMANDER'S CORNER

This Valentine's Day, my wife of 46 years passed away.

This caused me to re-evaluate my life, goals, opportunities, etc.



Ergo, the last pages of this newsletter deal with VA burial.

For those of you who have not lost loved ones and then having to deal with legal matters, beware.

There are many time-consuming hoops through which to jump, documents to be obtained and contacts to be made. For example, it will take me four to six weeks to get certified copies certifying my wife's having died.

I created a letter to my loved ones, detailing where certain personal and legal items were, along with an updated will.

Back in 1977, my wife and I bit the proverbial bullet and pre-paid our burial expenses. This was a good move, but did not preclude the many challenges facing me, at this time.

Bear in mind that the passing of a loved one (spouse) brings up emotional concerns which can cause expenses to be unnecessarily increased.

So I now enter a new phase of life (at 78) and prepare my children for what will lie, ahead, after my own demise.

Not to end on a dour note, I now regard death as a terminal part of life, which we will all face. I trust your own lives will be filled with hope, as you consider my own situation.

[Bob Green](#) 770-786-8702

UPCOMING EVENT

May 3, 2020 – Duluth Post 251,
Phone – 770-623-4504

LEGION ACT NOTICE

Due to the July 30, 2019, signing of the Let Everyone Get Involved with Opportunities for National Service - The LEGION ACT - eligibility for membership in The American Legion has been changed from the former seven war eras to two:

1. April 6, 1917 – Nov. 11, 1918
2. Dec. 7, 1941 – current

All other restrictions and limitations remain

This document is in the process of being updated to reflect this change. When the updates are approved an electronic PDF will be posted at www.legion.org/legionactmaterials

REMINDER

If you find yourself facing a long queue of options on the telephone, saying, "representative", can usually get you to a human.

IMPORTANT LEGISLATION

From U.S. Veteran Compensation Programs:

HR 269 – Gold Star Families Remembrance Day – Currently in the House Military Personnel Subcommittee, this [Bill](#) was introduced by Rep. Robert Latta, R-[Ohio](#), in March 2019. The House Resolution expresses support to designate March, 2, 2020, as [Gold Star Families](#) Remembrance Day to honor [Gold Star families](#) who have lost a loved one in uniform in the line of duty.

The text reads, in part, “the sacrifices of the families of the [fallen members](#) and [veterans](#) of the [Armed Forces](#) of the United States should never be forgotten,” and encourages Americans to observe [Gold Star Families](#) Remembrance Day with “... acts of service and good will in their communities.”

HR 734 – Purple Star Families Week – This resolution, introduced by Rep. Denver Riggleman, R-[Virginia](#), is a resolution supporting the designation of the week of September 20 through September 26, 2020, as [Purple Star Families](#) Week in honor of [military families](#) who suffer the loss of a loved one who was a [service member](#) or [veteran](#) who died by suicide.

HR 3495 – Improve Well Being for Veterans Act – Currently in the House of [Veterans Affairs](#), the Bill introduced in June 2019 by Rep. Jack Bergman, R-[Michigan](#), would require the Secretary of [Veterans Affairs](#) to provide financial assistance to eligible entities to provide and coordinate the provision of suicide prevention services for [veterans](#) at risk of suicide and [veteran families](#) through the award of grants to such entities, and for other purposes.

HR 729 – Expansion of the list of the [Department of Veterans Affairs](#) of [presumptive medical conditions](#).

The American Legion Membership Application

LEGION ACT

(Name)	(Date of Birth)
(Mailing Address)	(Phone Number)
(City)	(State)
(E-mail)	(Post #)
	(Zip)
	(Gender)

Male Female
 (Gender)

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

Please check appropriate service era and branch of service below

<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> Gulf War	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Panama	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> Vietnam	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> Korea	<input type="checkbox"/> Merchant Marines (WWII only)
<input type="checkbox"/> WWII	
<input type="checkbox"/> Other Conflicts	



Signature of applicant	Date	Name of recruiter
------------------------	------	-------------------

30-009

Receipt of Dues

(Please Print)

From _____ \$ _____ for 20____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

BURIAL INFORMATION

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY **PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies. **RESPONDENT BURDEN:** We need this information to determine your eligibility to burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. **GENERAL**

a. **ELIGIBILITY - NON-SERVICE-CONNECTED**

(1) **NON-SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was receiving VA pension or disability compensation; would have been receiving disability compensation but for the receipt of military retired pay, or had an eligible pending claim at the time of death.

(2) **SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was rated totally disabled for a service-connected disability or disabilities; excluding individual unemployability, or who died of a service-connected disability.

(3) **VA MEDICAL CENTER DEATH BURIAL ALLOWANCE** - A one-time payment for a veteran whose death was not serviceconnected and who died while hospitalized by VA.

b. **BURIAL ALLOWANCE** - A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea, and medical school donation.

c. **PLOT OR INTERMENT ALLOWANCE** - A one-time benefit payment payable toward:

"Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place. "Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

- (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR (2) Expenses payable to a State (or political subdivision of a State) if the veteran died from non-service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.
- (2) **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when: (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
- (3) The veteran's remains are unclaimed and burial is in a national cemetery. (4) The veteran died in route while traveling under prior authorization of VA for the purpose of examination, treatment; OR

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

VA FORM APR 2017 21P-530 SUPERSEDES VA FORM 21P-530, JUN 2015, WHICH WILL NOT BE USED. Page 1

2. WHO SHOULD FILE A CLAIM - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

*For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized the relationship, and was evidenced by the State's issuance of documentation memorializing the relationship. If the veterans remains are unclaimed, VA will pay the person or entity that provided burial services for the remains of an unclaimed veteran.

(1) The veteran's surviving spouse; OR (2) The survivor of a legal union between the deceased veteran and the survivor; OR (3) The veteran's children, regardless of age; OR (4) The veteran's parents or the surviving parent; OR (5) The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate.

3. TIME LIMIT FOR FILING A CLAIM - A claim for non-service-connected burial allowance must be filed with VA within 2 years after the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years after the date of correction. There is no time limit for the service-connected burial allowance, plot or interment allowance, VA hospitalization death burial allowance, or reimbursement of transportation expenses.

4. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.

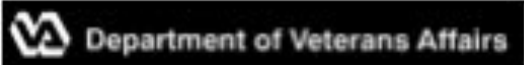
5. PROOF OF DEATH TO ACCOMPANY CLAIM - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

6. STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid, and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.

7. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.

8. TOLL-FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 711.

9. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at www.va.gov/directory. The address is also located in the government pages of your telephone book under "United States Government, Veterans."



APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

NOTE: You can either complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form.

PART I - PERSONAL INFORMATION

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN'S NAME
[Redacted]

2. VETERAN'S SOCIAL SECURITY NUMBER
[Redacted]

3. VA FILE NUMBER
C/OBS - [Redacted]

CLAIMANT'S PERSONAL INFORMATION

4. CLAIMANT'S NAME (First, middle initial, last)
[Redacted]

5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)
No. & Street [Redacted]
Apt./Unit Number [Redacted] City [Redacted]
State/Province [Redacted] Country [Redacted] ZIP Code/Postal Code [Redacted]

6. PREFERRED TELEPHONE NUMBER (Include Area Code)
[Redacted]

7. PREFERRED E-MAIL ADDRESS
[Redacted]

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN (Check one)
 SPOUSE EXECUTOR/ADMINISTRATOR OF ESTATE OR PERSON ACTING FOR THE ESTATE
 CHILD OTHER (Specify) [Redacted]
 PARENT

PART II - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH [Redacted] 9B. PLACE OF BIRTH [Redacted]
10A. DATE OF DEATH [Redacted] 10B. PLACE OF DEATH [Redacted] 10C. DATE OF BURIAL [Redacted]

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
[Redacted]

PART III - CLAIM FOR BURIAL ALLOWANCE

13A. TYPE OF BURIAL ALLOWANCE REQUESTED (Circle one) <input type="checkbox"/> NON-SERVICE-CONNECTED DEATH <input type="checkbox"/> SERVICE-CONNECTED DEATH <input type="checkbox"/> VA MEDICAL CENTER DEATH (See instructions for details.) (If VA Medical Center Death is checked, provide actual burial cost.) \$ [REDACTED]		13B. WHERE DID THE VETERAN'S DEATH OCCUR? (Circle one) <input type="checkbox"/> VA MEDICAL CENTER <input type="checkbox"/> STATE VETERANS HOME <input type="checkbox"/> NURSING HOME UNDER VA CONTRACT <input type="checkbox"/> OTHER (Specify) [REDACTED]	
14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PART IV - CLAIM FOR PLOT OR INTERMENT ALLOWANCE

16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS (Specify) [REDACTED]	
17A. DID YOU INCUR EXPENSES FOR THE VETERAN'S PLOT OR INTERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	17B. WAS VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete item 18B)	18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION \$ [REDACTED]

PART V - CLAIM FOR TRANSPORTATION REIMBURSEMENT

19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE (Attach itemized receipts) \$ [REDACTED]
--

PART VI - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

20A. SIGNATURE OF CLAIMANT (Sign in ink) (If signed using an "X", complete item 22A thru 22B) (If signing for firm, corporation, or State agency, complete items 20B thru 21)	20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY (Please sign in ink)
21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT [REDACTED]	

WITNESSES TO SIGNATURE IF MADE BY "X"

NOTE - If claimant signed above using an "X", signature must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

22A. SIGNATURE OF WITNESS (Sign in ink)	22B. ADDRESS OF WITNESS [REDACTED]
23A. SIGNATURE OF WITNESS (Sign in ink)	23B. ADDRESS OF WITNESS [REDACTED]

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.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who die after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.
 For additional information on burial benefits go to the web site, www.com.va.gov/hsms_burial.asp. To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at www.va.gov/directory.