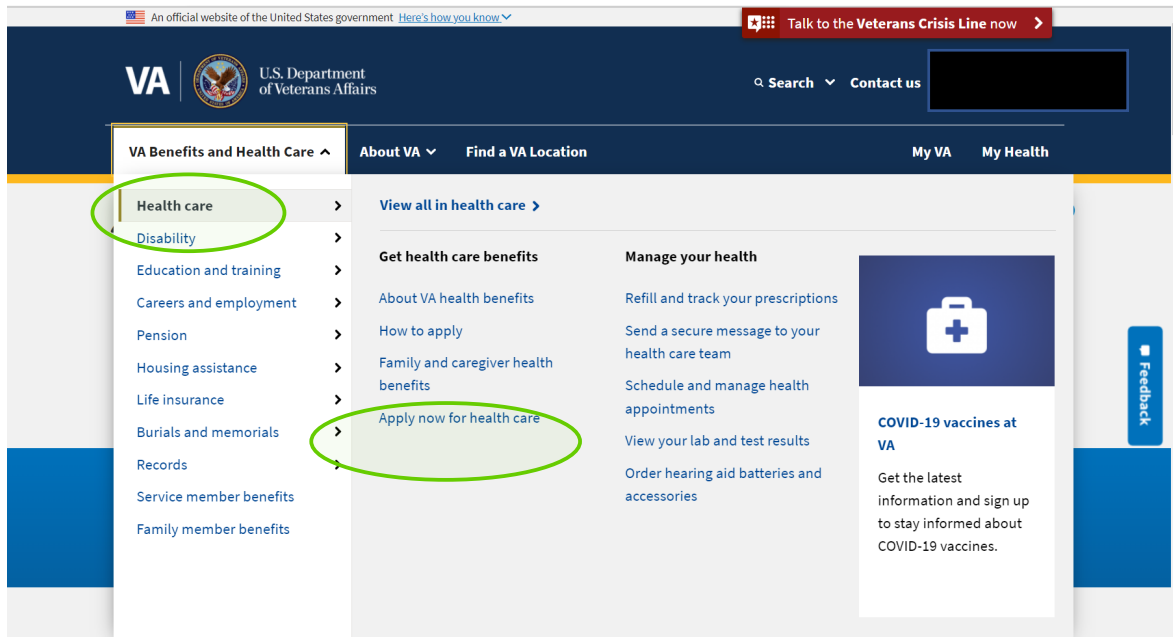
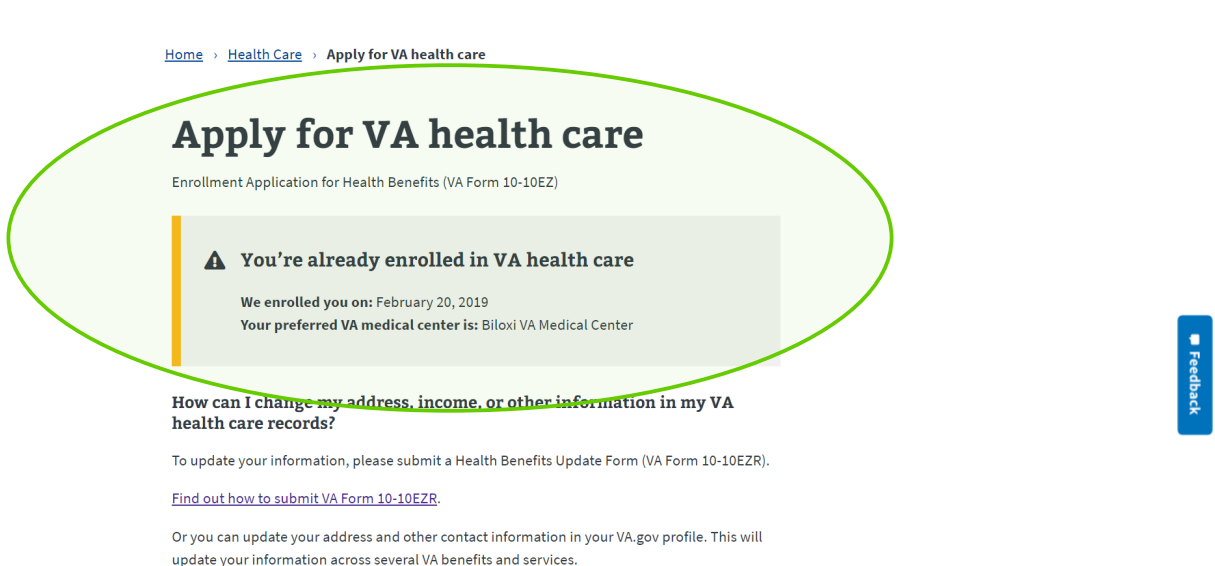


## How to apply for VA Health Care

- Log into va.gov
- Expand the drop down menu and select "Health care" then click on "Apply now for health care"



If you have previously enrolled in health care your screen will look like this



If you have not previously enrolled in VA health care, click on the “Start the health care application”

We'll also ask you for this optional information:

- **Last year's gross household income** for you, your spouse, and your dependents. This includes income from a job and any other sources. Gross household income is your income before taxes and any other deductions.
- **Your deductible expenses for last year.** These include certain health care and education costs. These expenses will lower the amount of money we count as your income.

[Why does VA need this information? ▾](#)

**3 Start your application**

We'll take you through each step of the process. It should take about 30 minutes.

[What happens after I apply? ▾](#)

**Start the health care application »**

How much time we think you'll need to apply (called respondent burden): **30 minutes**  
OMB Control #: **2900-0091**

Feedback

Step 3: The next several screens are collecting data from you to determine eligibility.

## Apply for health care Form 10-10EZ

### Step 1 of 6: Veteran Information

Your application will be saved on every change.

You aren't required to fill in all fields, but we can review your application faster if you provide more information.

We've prefilled some of your information from your account. If you need to correct anything, you can edit the form fields below.

Your first name (\*Required)

Your middle name

Your last name (\*Required)

Feedback

This screen is one of the problematic screens for National Guard who are still serving. Some choose to use the last day of their last deployment; some use the day before completing this application.

---

**Step 2 of 6: Military Service**  
Your application will be saved on every change.

We've prefilled some of your military service details from your account.  
If you need to correct anything, you can edit the form fields below.

Last branch of service (\*Required)

Army

Service start date (\*Required)

Month Day Year

December 6 1988

Service end date (\*Required)

Month Day Year

Character of service (\*Required)

Other Than Honorable

Feedback

More than one of these can be selected. These help to determine which Priority Group you could be placed in. Once you have made selections, or if none apply click on the “Continue” button.

---

**Step 2 of 6: Military Service**  
Your application will be saved on every change.

**Service history**

We've prefilled some of your military service details from your account.  
If you need to correct anything, you can edit the form fields below.

Check all that apply to you.

☐ Purple Heart award recipient

☐ Former Prisoner of War

☐ Served in combat theater of operations after November 11, 1998

☐ Discharged or retired from the military for a disability incurred in the line of duty

☐ Served in Southwest Asia during the Gulf War between August 2, 1990, and Nov 11, 1998

☐ Served in Vietnam between January 9, 1962, and May 7, 1975

☐ Exposed to radiation while in the military

Feedback

☐ Former Prisoner of War

☐ Served in combat theater of operations after November 11, 1998

☐ Discharged or retired from the military for a disability incurred in the line of duty

☐ Served in Southwest Asia during the Gulf War between August 2, 1990, and Nov 11, 1998

☐ Served in Vietnam between January 9, 1962, and May 7, 1975

☐ Exposed to radiation while in the military

☐ Received nose/throat radium treatments while in the military

☐ Served on active duty at least 30 days at Camp Lejeune from January 1, 1953, through December 31, 1987

[Finish this application later.](#)

[« Back](#)[Continue »](#)

Feedback

This question helps to determine Priority Group and potential copay. Veterans who are rated at 50% disabled or higher do not require a copay.

#### Current compensation from VA

We've prefilled some of your information from your account. If you need to correct anything, you can edit the form fields below.

VA disability compensation (pay) provides monthly payments to Veterans with service-connected disabilities. You may get this benefit if you got sick or injured, or had a condition that got worse, because of your active-duty service. We assign a disability rating based on the severity of your disability.

Do you receive VA disability compensation? (\*Required)

Why we ask for this information

- ☐ Yes, for a service-connected disability rating of up to 40%
- ☐ Yes, for a service-connected disability rating of 50% or higher
- ☐ No

[Finish this application later.](#)

[« Back](#)[Continue »](#)

Feedback

## More factors to determine Priority Group and/or copay.

Qualifying factors:

- Former Prisoner of War
- Received a Purple Heart
- Recently discharged combat Veteran
- Discharged for a disability that resulted from your service or got worse in the line of duty
- Getting VA service-connected disability compensation
- Getting a VA pension
- Receiving Medicaid benefits
- Served in Vietnam between January 9, 1962, and May 7, 1975
- Served in Southwest Asia during the Gulf War between August 2, 1990, and November 11, 1998
- Served at least 30 days at Camp Lejeune between August 1, 1953, and December 31, 1987

[Learn more](#) about our income thresholds (also called income limits) and copayments.

Do you want to provide your financial information? (\*Required)

Feedback

These links give further information concerning income limits that are used to determine whether or not you will have a copay IF YOU HAVE NO OTHER QUALIFYING FACTORS that waive a copay. Copay rates are in the second link.

[Annual Income Limits - Health Benefits \(va.gov\)](#)

[2022 VA Health Care Copay Rates | Veterans Affairs](#)

If you are rated at below 50% or have no qualifying factors that will waive copay the next screen will determine if your household income qualifies you. Please note: I selected no because this Veteran was not ready to submit financial information.

December 29, 2021

[Learn more](#) about our income thresholds (also called income limits) and copayments.

Do you want to provide your financial information? (\*Required)

☐ Yes

☒ No

If you don't provide your financial information and you don't have another qualifying eligibility factor, VA can't enroll you.

[Finish this application later.](#)

« Back

Continue »

✔ Your application has been saved. It was last saved on December 29, 2021 at 7:57 a.m. Your application ID number is 4272962.

Feedback

All household income is determined – REMEMBER THAT THIS INFORMATION IS ONLY NEEDED IF YOU HAVE NO OTHER QUALIFYING FACTORS.

## Apply for health care Form 10-10EZ

### Step 4 of 6: Household Information

Your application will be saved on every change.

#### Spouse's information

Please fill this out to the best of your knowledge. The more accurate your responses, the faster we can process your application.

Spouse's first name (\*Required)

Spouse's middle name

Spouse's last name (\*Required)

Spouse's suffix

Feedback

Another question to verify financial need. Medicare : income based, Medicaid: disability based.

### Step 5 of 6: Insurance Information

Your application will be saved on every change.

Medicaid is a federal health insurance program for adults and families with low income levels and people with disabilities.

**Note:** Some states use different names for their Medicaid programs.

Are you eligible for Medicaid? (\*Required)

☐

Yes

☒

No

[Finish this application later.](#)

« Back

Continue »

✔ Your application has been saved. It was last saved on December 29, 2021 at 7:58 a.m. Your application ID number is 4272962.

Feedback

Need help?

## Apply for health care Form 10-10EZ

### Step 5 of 6: Insurance Information

Your application will be saved on every change.

Medicare is a federal health insurance program providing coverage for people who are 65 years or older or who meet who meet special criteria. Part A insurance covers hospital care, skilled nursing and nursing home care, hospice, and home health services.

Are you enrolled in Medicare Part A (hospital insurance)?

(\*Required)

☐ Yes

☐ No

[Finish this application later](#)

« Back

Continue »

✔ Your application has been saved. It was last saved on December 29, 2021 at 7:58 a.m. Your application ID number is **4272962**.

Feedback

[Home](#) > [Health Care](#) > [Apply for VA health care](#)

## Apply for health care Form 10-10EZ

### Step 5 of 6: Insurance Information

Your application will be saved on every change.

#### Other coverage

Are you covered by health insurance? (Including coverage through a spouse or another person) (\*Required)

☐ Yes

☐ No

[Finish this application later](#)

« Back

Continue »

✔ Your application has been saved. It was last saved on December 29, 2021 at 7:58 a.m. Your application ID number is **4272962**.

Feedback



Help for Afghanistan Veterans and families >



Only check the box if it is true.

Options for medical facility should be selected based on your most used address and not necessarily where you are when you fill out the application. Example: pending a move, frequent travel, location of Caregiver.

**VA Facility**

☐ I'm enrolling to get minimum essential coverage under the Affordable Care Act.

[Learn more about minimum essential coverage.](#)

**Select your preferred VA medical facility**


State (\*Required)


Center or clinic (\*Required)

OR [Find locations with the VA Facility Locator](#)

If you're looking for medical care outside the continental U.S. or Guam, you'll need to sign up for our Foreign Medical Program. [Learn more about the Foreign Medical Program.](#)

You can also visit [Veterans Living Abroad.](#)





You can review or change any part of the application on this screen. If you have no changes then click the “I have read and accept the privacy policy” and then click “Submit application”

VA Apply For Health Care | Veterans: x

https://www.va.gov/health-care/apply/application/review-and-submit

**Military Service** +

**VA Benefits** +

**Household Information** +


**Insurance Information** +

**Note:** According to federal law, there are criminal penalties, including a fine and/or imprisonment for up to 5 years, for withholding information or for providing incorrect information. (See 18 U.S.C. 1001)

☐ I have read and accept the [privacy policy](#). (\*Required)

[Finish this application later.](#)

[« Back](#) [Submit application](#)





This is what your confirmation screen should look like.

**Thank you for submitting your application**

**Health Care Benefit Claim** (Form 10-10EZ)

**Date submitted**  
Dec. 29, 2021

**How long will it take VA to make a decision on my application?**

We usually decide on applications within **1 week**.

We'll contact you by email if we:

- Successfully receive and process your application, or
- Can't process your application for any reason

If we need you to provide more information or documents, we'll contact you by mail.

**If we haven't contacted you within a week after you submitted your application**

Please don't apply again. Instead, please call our toll-free hotline at [877-222-8387](tel:877-222-8387). We're here Monday through Friday, 8:00 am to 8:00 pm ET.

