

Benefits for 100% Disabled Veterans/ and Widows of

All benefits subject to eligibility criteria

Property Taxes- file at Town Hall Assessors Office (you will need your VA Letter, DD 214 and Tax Exemption Application available at the Assessor's Office).

Vehicle Excise Tax Exemption for eligible 100% disabled veterans (Through RMV)

***State Annuity** – pays \$1000 in Feb and Aug each year (See attachment)

Champ VA for Spouses/children

Total care (along with some long term Healthcare) at VA (Veteran only)

Military ID card * See attachment for appointments, locations and documents needed

Access to Military Bases to include commissary and PX

VA Dental benefits (Veteran only)

Education Benefits (DEA, VocRehab, Frye Scholarship) See VA Website or our Town Veterans Services Website under “**Education**”.

Free Life Insurance (time sensitive)

Specially Adaptive Housing Grants (eligibility requirements)

***STATE ANNUITY** (*See note)

For ***100% Service Connected Disabled Veterans or Widows who receive DIC*** due to Veteran's death by Service Connected Disability, ***and Parents of certain deceased Veterans.***

You may be eligible for a Massachusetts Annuity of \$2000.00 paid biannually in February and August (\$1000 in each month). You must have the attached application submitted to Boston before December to receive the first check in February, or by June to receive the first check in August. You will only need to apply once. This is in addition to any Compensation or DIC benefit you receive. If you have done this once already, please disregard.

***This program is for Massachusetts residents only and will be terminated if you move out of state. You must notify the state if you move or become less than 100% for any reason.**

Vehicle Excise Tax Exemption

MVE Exemption FAQs

Published in *City & Town* – June 5, 2014

Updated for subsequent changes in law and RMV policy

23. What individuals, organizations or other entities are exempt from motor vehicle excises for vehicles they own and register?

The following individuals, organizations or entities qualify for exemption from motor vehicle excise assessed on vehicles they own and register. G.L. c. 60A, § 1.

A) Governments –The United States, the Commonwealth of Massachusetts or any political subdivision of the Commonwealth is exempt from excise assessed on all vehicles it owns and registers.

B) Charitable or Religious Organizations –A charitable or religious organization that qualifies for an exemption from personal property taxes under G.L. c. 59, § 5, Clause 3 or 10 is exempt from the excise assessed on all vehicles it owns and registers.

C) Disabled or Blind Veterans – A veteran is exempt from the excise assessed on one vehicle the veteran owns and registers for personal, non-business use if:

- 1) The veteran was honorably discharged from peacetime or wartime military service.
- 2) The Veterans Administration certifies that due to military service the veteran:
 - a) Has actually lost at least one foot or hand,
 - b) Has a permanent loss of use of at least one foot or hand, or
 - c) Has permanent impairment of vision meeting certain specifications in at least one eye.

OR

3) The Medical Advisory Board within the Registry of Motor Vehicles (RMV) has determined that the veteran has a permanent service-connected disability. The MAB determination is evidenced by a (1) disabled veteran (DV) plate or (2) MAB letter notifying the veteran of its determination. See Bulletin 2015-01B, *Motor Vehicle Excise Exemptions for Veterans –Revised Registry of Motor Vehicle Procedure*.

A veteran who qualifies and owns more than one vehicle may have the exemption applied to the vehicle of choice. A full exemption is granted even if the veteran is not the sole owner of the vehicle, e.g., co-owns it with his or her spouse. The surviving spouse of the veteran does not qualify for an exemption.

Disabled American Veteran 100% - DEERS Enrollment

To enroll a 100% Disabled Veteran and eligible family members in DEERS, the following documents is required:

1. Veteran's Eligibility Letter from the Veterans Affairs showing eligibility, must show 100% service connected disabled and unemployable
2. Veteran – One (1) form of valid unexpired photo identification
3. Veteran's DD Form 214 (copy 4) to verify honorable discharge
4. Veteran's Birth Certificate (Original copy with file number)
5. Veteran's Social Security Card (original, not laminated)
6. Marriage Certificate of Veteran and spouse (original copy)
7. Spouse – Two (2) forms of valid unexpired identification, one form MUST be a photo ID.
8. Spouse's Birth Certificate (Original copy with file number)
9. Spouse's Social Security Card (original, not laminated)
10. Child/Children's – Two (2) forms of valid unexpired identification, one form MUST be a photo ID.
11. Child/Children's Birth Certificate (Original copy with file number)
12. Child/Children's Social Security Card (original, not laminated)

Notes:

- ☐ The Veteran and Veteran's spouse receive an ID card which provides the veteran authorization to utilize the commissary, military exchange and MWR only. The ID card will be issued for a period of four years or less.
- ☐ Veterans and eligible family members are NOT entitled to TRICARE or medical care through the Uniformed Services Medical Treatment Facility (MTF) with this ID card. Veterans and eligible family members are eligible to receive medical benefits through the Department of Veteran Affairs Civilian Health and Medical Program.
- ☐ For renewal of Veteran and Veteran's spouse's ID card, please bring two (2) forms of valid unexpired identification, one form MUST be a photo ID, for each. For renewal of child's ID, please bring one (1) form of valid unexpired identification.
- ☐ Children who are under age 21 who are married or joined active military service are not eligible for benefits under their sponsor parent.

PLEASE CALL BEFORE GOING TO ANY ID CARD CENTER

NEW ENGLAND ID CARD CENTERS

HOURS MAY VARY

Site Name	Service	Telephone
CONNECTICUT		
103rd FW ANG Bradley IAP	ANG	860-292-2368
Berry-Rosenblatt USARC West Hartford	USAR	860-570-7326
Hartford National Guard Armory	ARNG	860-878-6725
NSB New London	USN	860-694-5481
US Coast Guard Academy	USCG	860-444-8208
RHODE ISLAND		
143rd AW Rhode Island ARN N. Kingstown	ANG	401-886-1270
Naval Station Newport	USN	401-841-3021
MASSACHUSETTS		
102nd FW Massachusetts ANG Otis ANGB	ANG	508-968-4180
104th FW Massachusetts ANG Westfield	ANG	413-568-9151
399th Combat Support Hospital Taunton	USAR	774-961-2222
439th AW Westover ARB	USAFR	413-557-3037
AG HQ Massachusetts	ARNG	888-301-3103
Fort Devens, Massachusetts	USAR	978-796-2130
Hanscom AFB	USAF	781-225-1320
USA Soldier Systems Center Natick	USA	508-233-5007
USCG Air Station Cape Cod	USCG	508-968-6318
USCG ISC Boston	USCG	617-223-3264
NEW HAMPSHIRE		
157th ARW New Hampshire ANG (Wed. Call for APPT.)	ANG	603-430-3514
167th Support Group AFRC Londonderry	USAR	603-537-8135
AG HQ New Hampshire	ARNG	603-225-1326
Berlin National Guard Armory	ARNG	603-715-3452
Portsmouth Naval Shipyard	USN	207-438-2640
VERMONT		
158TH fw Vermont ANG Burlington IAP	ANG	802-660-5225
AG HQ Vermont	ARNG	802-338-3135
NRC White River Junction	USNR	802-295-0050
MAINE		
101st ARW Maine ANG Bangor IAP	ANG	207-404-7394
52nd Troop Command NRC Bangor	USAR	207-735-1000
AG HQ Maine	ARNG	207-626-4387
DFAS Limestone Field Organization	DFAS	207-328-1116
MG Oliver Otis Howard USAR Center	USAR	207-783-0378
Portland National Guard Armory	ARNG	207-430-5497
USCG Sector Northern New England	USCG	207-780-3048

APPLICATION for ANNUITY

1. <u>Annuity Category</u> Unremarried Spouses of Certain Deceased Veterans (death must be service-connected)	
2. <u>Applicant's</u> Full Name: _____ <div style="text-align: center; margin-left: 250px;">Last, First, Middle Initial</div> Address: _____ <div style="text-align: center; margin-left: 150px;">Number, Street, Apartment Number, P.O. Box Number</div> _____ <div style="text-align: center; margin-left: 150px;">City/Town, State, Zip Code</div> Telephone: _____ Relationship to Veteran: Wife Husband	
Social Security: _____	
3. <u>Veteran's</u> Full Name (If different from Above): _____ <div style="text-align: center; margin-left: 250px;">Last, First, Middle Initial</div> Date of Birth: _____ Social Security Number: _____ <div style="text-align: center; margin-left: 50px;">Month Day Year</div> Branch of Service: _____ Service Number: _____ Grade/Rank: _____	
Period of Active Service: From: _____ / _____ / _____ To: _____ / _____ / _____ <div style="text-align: center; margin-left: 100px;">Month Day Year Month Day Year</div> Character of Service (Type of Discharge): _____	
Veteran's Home of Record (At time of entry into active Service): _____ <div style="text-align: center; margin-left: 350px;">City/State</div>	
4. <u>Additional Information Required</u>	
Department of Veterans Affairs (VA) File Number: _____	
In detail, state the nature of the disability, and when and where incurred: _____	
Cause of Death: _____ Place and Date of Death: _____	
Name, Address, Relationship of Applicant's Next of Kin: _____	
The following additional forms shall be filed with this application: <ul style="list-style-type: none"> • Certificate of Discharge or Release from Active Service (DD Form 214) • Marriage Certificate • Death Certificate • Casualty Report of Deceased Veteran (if applicable) • VA/DIC Rating Decision • Request for Verification of Taxation Reporting Form (W-9): Mandatory and available on website • Direct Deposit Form, send to DVS: (MANDATORY) 	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 the fraudulent acceptance of any payment to which you are not entitled. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.
Signature _____	
Date _____	



Request type must be checked: ☐ Initial Request ☐ Changing Existing Account ☐ Closing Account

☐ I affirm that payments authorized hereunder are not to an account that is subject to being transferred to a foreign bank account.

☐ I affirm that payments authorized hereunder are to an account that is subject to being transferred to a foreign bank account.

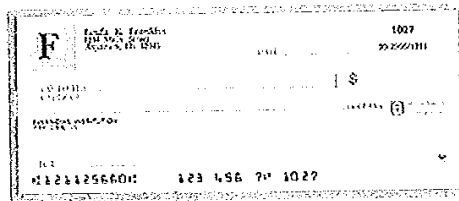
VENDOR BANK INFORMATION

Filling out this field is a requirement for changing account number
Vendor Bank Old Account Number: _____
Account Type: _____

VENDOR INFORMATION

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to the Department you currently do business with.

Form forwarded to Commonwealth Department: _____
Attached voided check here: _____



Request for Taxpayer Identification Number and Certification

Completed form should be
given to the requesting
department or the department
you are currently doing
business with.

Please print or type

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Business name, if different from above. (See Specific Instruction on page 2)

Check the appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Legal Address: number, street, and apt. or suite no.

Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

City, state and ZIP code

Phone # ()

Fax # ()

Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

□□□-□□-□□□□

OR

Employer identification number

□□-□□□□□□

Vendors:

Dunn and Bradstreet Universal Numbering System (DUNS)

DUNS

□□□□□□□□

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No ☐ Yes ☐ If yes, In compliance with the State Ethics Commission requirements.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Sign
Here

Authorized Signature ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement - The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one online at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.

Veterans with Long Term Health Conditions

<https://www.vets.gov/health-care/about-v-a-health-care/assisted-living-and-home-health-care/>

What if I have a disability or chronic (long-term) health condition, but I want to stay in my home?

If you're signed up for VA health care, you can get help managing your disability or health condition while living at home. The services you qualify for will depend on your needs and whether a service is available in your area. If you need to, you may be able to use more than 1 service at the same time.

Learn more about:

[Home-based primary care](#) A VA health care team, led by a VA doctor, who provides services (like nursing care, physical therapy, and help with daily tasks) in your home

[Homemaker/home health aide \(H/HHA\) services](#) A trained caregiver (supervised by a registered nurse) who comes into your home to help you care for yourself

[Adult day health care](#) A program you can go to during the day for social activities, companionship, and recreation as well as care and support

[Hospice care](#) Skilled caregivers who come into your home to provide comfort care to you and your family. You qualify for hospice care if you have a terminal condition (a condition that can't be treated), with less than 6 months to live, and you're no longer seeking treatment other than to ease pain.

[Palliative care](#) Skilled caregivers who come into your home to provide comfort care to help ease your pain and control your symptoms so you can do as much as possible in your daily life