Clear Form

Pennsylvania
Department of Military and Veterans Affairs

Bureau of Veterans Programs | Lickdale Veterans' Outreach Center
40 Fisher Avenue, Jonestown, PA 17038-8202 | 1-800-547-2838

APPLICATION FOR PENNSYLVANIA NATIONAL GUARD SURVIVOR'S PENSION

DMVA Use Only

Privacy Act Statement: Personal identifiable information, including social security numbers, is requested on this form. This information is solicited under 51 Pa.C.S. § 3502. It will be used for routine uses within the Department of Military and Veterans Affairs and may also be disclosed to other state, federal, or local agencies as required to process the application. Disclosure is voluntary but if the information is not provided, we may not be able to process the application.

Eligibility Requirements:

- The service member must have been killed or died as a result of injuries incurred in the line of duty during active service under orders of the Governor, including armory assemblies or aerial flights incidental to training. The pension shall not apply to a death while in Federal active service, in case of war, or under orders of the President of the United States.
- A spouse shall be paid a pension for a period not to exceed ten years or until the spouse remarries, whichever occurs first. Dependent parents shall be paid a pension for a period not to exceed ten years or until they are no longer in a state of dependency, whichever occurs first. Minor children shall be paid a pension until they reach 18 years of age.

1. Applicant Information. Attach copies of valid identification and marriage certificate or birth certificate(s), as appropriate. A parent or guardian may apply on behalf of minor children when there is no surviving spouse. If a guardian, attach a copy of the guardianship order.

First Name: _____ MI: ____ Last Name: _____ Suffix: ____

Social Security No.: _____ Applicant is a Child ☐ Spouse ☐ or Parent ☐ of the service member.

Mailing Address _____ City _____ State ____ ZIP Code _____

County: --Select One-- Telephone: _____ E-mail: _____

Name all children (if any):

First Name	MI	Last Name	Date of Birth	Does child live with Applicant?				
				Yes		No		
				Yes		No		
				Yes		No		
				Yes		No		
				Yes		No		

(Use additional space at end of application form if necessary.)

2. Service Member Information. Attach copies of the service member's death certificate and line of duty determination.

First Name: _____ MI: ____ Last Name: _____ Suffix: ____

Rank: --Select One-- Social Security No.: _____ Date of Death: _____

Service member died while on state active duty in the: Pennsylvania Army National Guard ☐ or Air National Guard ☐

3. Pension Amounts. Select monthly pension amount. DMVA may request additional information to verify pension amount.

☐ **$100** to a surviving spouse with no children.

☐ **$150** to a surviving spouse with one child.

☐ **$200** to a surviving spouse with two children.

☐ **$250** to a surviving spouse with three children.

☐ **$300** to a surviving spouse with four or more children.

☐ **$75** to each minor child if there is no surviving spouse, with $50 for each child in excess of two, to a maximum of $200.

☐ **$100** to the parents, if no surviving spouse or children, and if dependent to any extent on the member at time of death.

4. PA Veterans Registry. Check here if you do not wish to receive information on veterans benefits and related events. ☐

5. Voluntary Demographic Information. These optional questions are posed under Pa. Executive Order 2022-02.

Gender. Are you (mark all that apply): Female ☐ Male ☐ Transgender, Non-binary, or Another Gender ☐

Sexual Orientation. Which of the following best represents how you think of yourself? Straight (Not Gay or Lesbian) ☐

Gay or Lesbian ☐ Bisexual ☐ I don't know ☐ I use a different term ☐ : _____

Race. Mark all that apply: Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐

American Indian ☐ White ☐ Other ☐ : _____

Ethnicity. Select one: Hispanic or Latino ☐ Non-Hispanic or Latino ☐

6. Certification. The law provides severe penalties, including fines and imprisonment, for making false statements on official forms such as this form. By signing this application, we certify that the information provided is true and correct to the best of our knowledge, information and belief. We understand this certification is made subject to the penalties of 18 Pa.C.S. § 4904, pertaining to unsworn falsification to authorities

_____ _____

Applicant's Signature Date

How to Submit the Application

Applications may be forwarded to DMVA by county offices of veterans affairs through secure electronic means. Applicants who wish to mail or fax paper applications and supporting documents should use the following address:

PA Department of Military and Veterans Affairs
Lickdale Veterans' Outreach Center (BVP-Pensions)
40 Fisher Avenue, Jonestown, PA 17038-8202

Or fax to the attention of "Pensions" at **(717) 861-9084**. For your own security, please do not e-mail completed applications.

Appeal Procedures

Higher-level review. An applicant may ask the Bureau to review an initial decision by submitting a written request for review to the address above, including a statement of reasons and any supplemental evidence, within 40 days of the mailing date stated on the notice. The Bureau will write to notify an applicant of its determination on higher-level review within 30 days of receipt of a timely request.

Appeal. An applicant may appeal the Bureau's decision on higher-level review to the Adjutant General within 40 days of the mailing date stated on the notice of the Bureau's decision. Appeals shall be in writing to the address above, shall state the reasons for the appeal and describe the relief requested.

(Applicants may use this space to provide additional information.)