

# Benefits Delivery at Discharge Program (BDD)

*Attachment to VA Form 21-526*

*December 13, 2007*

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Branch of Service: Navy  Marine Corps  Army  Air Force

Service members must submit their original medical and dental records within three days of completing the VA exam.

Social Security Number: Claim Number

Print Name:

Last, First, Middle

Date of Separation/Retirement: MM/DD/YY

Transitional Leave Date: MM\DD\YY

Current Local Address : Street address  
City, State, Zip

Local Numbers: Work: Home: Cell:

Email address:

What installation are you Separating or Retiring from? :

If you are submitting a Power of Attorney Form (VA Form 21-22)

DAV  AMVETS  VFW  AL  State VSO

How many disabilities are you claiming for:

If you are leaving the area prior to the date you officially separate from the military please complete below:

Effective date of forwarding address: MM/DD/YY

Forwarding Address : Street address  
City, State, Zip

Forwarding phone number(s):

Daytime: Evening: Cell:

**Cell # is preferred, this will provide the VA a good contact # at anytime.  
This could also provide an improved service to finalize your claim.**