

[Department of Veterans Affairs]  
[Evidence Synthesis Management Center]  
[P.O. Box Address]  
[City, State, Zip Code]

[Date]

**Subject: Verification of Dependency and Indemnity Compensation (DIC) Benefits**

To Whom It May Concern,

This letter is to certify that **[Beneficiary Full Name]** is currently receiving Dependency and Indemnity Compensation (DIC) benefits from the Department of Veterans Affairs.

**Veteran Information:**

Veteran Name: [Veteran Full Name]  
VA File Number: [File Number]  
Social Security Number: [XXX-XX-XXXX]

**Benefit Information:**

Current Monthly Award Amount: \$[0,000.00]  
Effective Date of Current Award: [Date]  
Payment Status: [Active/Current]

These benefits are paid to the surviving dependents of deceased Veterans who died from a service-related injury or illness. This income is [tax-exempt/non-taxable] under federal law.

If you require further verification or have questions regarding this account, please contact the VA Benefits Hotline at 1-800-827-1000 or visit the official website at [www.va.gov](http://www.va.gov).

Sincerely,

[Authorized Signature Name]  
[Title/Office]  
Department of Veterans Affairs