

# Position Classification Standard for Veteran Claims Examining Series, GS-0996

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## SERIES DEFINITION

This series includes positions the duties of which are to administer, supervise, or perform quasi-legal work involved in developing, examining, adjusting, reconsidering, or authorizing the settlement of claims filed by veterans, their dependents and beneficiaries, in regard to disability compensation, disability pension, death pension, death compensation, National Service Life Insurance and U.S. Government Life Insurance, as well as other Veterans Administration administered benefits.

Basically this standard does not apply to full-fledged supervisory positions which may belong in this series. However, at the GS-11 and GS-12 levels reference is made to technical supervision afforded to lower-grade examiners.

## EXCLUSIONS

Positions involving the following types of work are excluded from this series:

1. Taking claims and assisting claimants in the preparation of claims, appeals, or other documents and rendering information to claimants as to the laws, regulations, precedents, and practices governing their claims and as to their rights, benefits, privileges, or obligations. Such work is classifiable in the [Contact Representative Series, GS-0962](#).
2. The adjudication of disability and death compensation claims other than those peculiar to the Veterans Administration program. Such positions are classifiable to the [Workers' Compensation Claims Examining Series, GS-0991](#).
3. The adjudication of retirement and old-age insurance claims other than those peculiar to the Veterans Administration program. Such positions are classifiable in the [Railroad Retirement Claims Examining Series, GS-0993](#).
4. Clerical claims examining positions in VA such as "Adjudication Clerk," "Reimbursement Examiner," "Unauthorized Medical Claims Examiner," and other clerical positions, the duties of which are involved with veterans' claims. Such positions are classifiable to the appropriate series covering clerical claims examination duties.
5. The preparation of legal opinions necessary in the adjudication of veterans claims, involving novel legal questions wherein the pertinent duties and responsibilities require that the individual be a member of the bar. Such positions are classified to the [General Attorney Series, GS-0905](#). Attorneys are generally concerned with claims which they may eventually have to argue in the courts; which require rendering opinions on highly complex and novel points of law, e.g., precedent decisions which require application of broad general concepts of "the law" (instead of pertinent agency policy and regulations); or which may be negotiated and settled for the Government out of court.

## QUALIFICATION REQUIREMENTS FOR POSITIONS IN THIS SERIES

Positions in this series require a high degree of analytical ability on the part of incumbents. Incumbents must know how to obtain and evaluate evidence. They must know about the descent and distribution of property and domestic relations as these matters apply to the Veterans Administration claims programs. In the higher-grade positions, incumbents are required to be very familiar with the etiology and pathology of diseases in order that they may make determinations regarding the degree of a claimant's disability. They must be very conversant with the policy of the Veterans Administration and its regulations in order that they may make determinations consistent with such policy and regulations. For some claims, they must be capable of applying judgment and discretion in arriving at award figures. For example, monetary limits are often expressed in minimum and maximum figures, thereby requiring the examiner to use discretion in arriving at a reasonable award. Examiners must often evaluate, in such instances, the standard of living of the beneficiaries, the financial needs of interested parties when apportionment of award is warranted, a veteran's, child's, parent's, or widow's corpus of estate (this is not merely a check on income nor a surrogate's report on the deceased veteran's estate, but a detailed analysis of the size, character, and liquidity of the real estate, personal property, investments, savings, obligations, legal liability for debts, etc.), whether a veteran's misconduct was willful, whether his disability was incurred in the line of duty, etc.

There is little doubt that persons with law degrees, upon entrance into this occupation, have a head start in learning how to adjudicate claims over persons without such training. For example, persons with a law school background normally are familiar with such matters as the admissibility of evidence, weight and credibility of evidence, domestic relations, and the descent and distribution of property. Persons without legal training have to gain this knowledge on the job.

The ability to be analytical and to apply judgment and discretion to the extent required in this series may be found in persons without the law school training as well as among those who have the training. Accordingly, the law school degree, while desirable, is not considered to be a minimum qualification requirement for this series.

## TITLES

Title 5, United States Code, requires the U.S. Office of Personnel Management (OPM) to establish the authorized official position title which includes a basic title (e.g., Veterans Claims Examiner) that may be appended with one or more prefixes and/or suffixes. Agencies must use official position titles for human resources management, budget, and fiscal purposes. Instructions for assigning official position titles are provided in this section.

The basic titles for positions in this series are:

### **Veterans Service Representative**

- Work involving explaining benefit programs and entitlement criteria; conducting interviews; identifying issues; gathering evidence; adjudicating claims; and authorizing payment for cases.

### **Veterans Claims Examiner**

- Work involving developing and evaluating supportive evidence to determine eligibility for, entitlement to, and amount of benefits; authorizing benefits; and reconsidering claims.

### **Supervisors and Leaders**

- Add the prefix “Supervisory” to the basic title when the agency classifies the position as supervisory. If the position is covered by the General Schedule, refer to the [General Schedule Supervisory Guide](#) for additional titling and grading information.
- Add the prefix “Lead” to the basic title when the agency classifies the position as leader. If the position is covered by the General Schedule, refer to the [General Schedule Leader Grade Evaluation Guide](#) for additional titling and grading information.

### **Specialty or Parenthetical Titles**

Specialty titles are typically displayed in parentheses and referred to as parenthetical titles. Agencies may supplement the titles authorized in this standard with agency-established parenthetical titles if necessary for recruitment or other human resources needs.

Use the basic title without a parenthetical specialty title for positions where there is no established specialty.

## OCCUPATIONAL INFORMATION

This occupation is unique to the Veterans Administration. Although related to claims examining occupations peculiar to other agencies which have social welfare programs, this standard has been developed to accommodate to the uniqueness of the occupation.

### The Claims Examining Process

The claims examining process in the Veterans Administration, for purposes of this standard, will be discussed as two major programs -- (1) veterans benefits, including settlement of insurance on death of the insured, and (2) disability insurance -- which are administered by the Department of Veterans Benefits and the Department of Insurance, respectively.

The veterans benefits program includes awarding various disability and death compensation and pension benefits as well as determining the appropriate beneficiary in insurance cases. It is decentralized to various field offices but overall program direction and program evaluation is exercised from headquarters. The highest VA appellate body, the Board of Veterans Appeals, is in Washington, D.C. Claims are adjudicated by claims examiners within a pre-established legal framework which reflects, through VA Regulations, the intent of Congress. When a domestic relations question arises involving a precedent-making decision, or in a case involving legality of adoption where letters of adoption appear irregular or procedurally incorrect, a request for a legal opinion may be made to the Chief Attorney.

The disability insurance program includes making judgments regarding the disability of veterans in light of the disability benefits clauses of their National Service Life Insurance, U.S. Government Life Insurance, or War Risk Term Insurance contracts. A finding of disability permits benefits either during the lifetime of the insured or permits settlement of the face value of a policy which was not in force on the date of death of the insured. Like the veterans benefits program, it is decentralized to field offices, but overall program direction and evaluation are exercised from headquarters.

The actual steps involved in the examining process as it applies to the foregoing programs are as follows:

1. Clerical Examination.

Claims in both programs are first reviewed by clerks. This includes checking to see that all appropriate documents are attached to the file and that any missing information of an obvious nature is obtained.

2. Adjudication.

This involves developing and evaluating supporting evidence in order to determine eligibility leading to entitlement and the amount of benefit.

In the veterans benefits program, claims are referred to a rating board after proper development and necessary authorization decisions. The rating board (one member of which is a medical officer) makes further basic decisions as to establishment of service connection; degree of disability; permanency of disability; entitlement to statutory award; establishment of service connection for cause of death or contributory cause of death; secondary service connection; service connection the result of examination, treatment, hospitalization or training; permanent and total disability for compensation or pension purposes; need for aid and attendance; competency; helplessness; testamentary capacity; and many other phases of entitlement. Claims for pension, compensation, insurance, Servicemen's Indemnity, and other benefits are also adjudicated without rating where it is determined that legal bars exist.

In the disability insurance program, disability determinations are made by the initial examiner with ultimate concurrence by a senior examiner and a medical officer. The disability determinations differ from those made by the rating boards of the veterans benefits program in that the veterans benefits program is concerned with degree of disability (from 0% to 100%) while the disability insurance program is concerned with total disability and total and permanent disability.

### 3. Authorization.

This is the final review of a claim for factual and legal accuracy, adequacy, and acceptability in accordance with applicable laws, regulations, precedents, and other criteria, and the approving of the award document which allows or disallows the payment of money to a claimant, or the certification of eligibility or ineligibility for other benefits.

In both programs, such authority is generally delegated to persons in positions other than those concerned with the initial adjudication of a claim. There is an exception to this in the disability insurance program wherein the initial examiners have limited delegation to authorize claims.

### 4. Reconsideration.

This is the ultimate step in the claims examining process prior to formal action on an appeal by a claimant. It is a thorough and independent readjudication of the earlier determination, and usually will include further development of facts and medical evidence as well as review of the judgment of the authorizing claims examiner.

In both programs, reconsiderations get the benefit of "board" attention but authorizing examiners usually are chairman of such boards and typically have the last local review of the decision.

## 5. Appeals.

Formal appeals by the veteran or his beneficiary go to the Board of Veterans Appeals in Washington, D.C., in claims related to the veterans benefits program. In regard to contractual insurance, appeals may be directed by a claimant either to the Board of Veterans Appeals or directly to the Courts.

In both programs, administrative appeals (i.e., internal disagreements) may be directed to the Board of Veterans Appeals.

The nature of veterans' claims is an important determinant of grade levels. Therefore, in order to provide some insight into the nature of the various veterans' claims, a few are discussed below in some detail. Due to the varied and ever changing nature of claims and entitlement, it is infeasible to outline or discuss the nature of all claims.

## **VETERANS BENEFITS PROGRAM**

Various claims typical of the veterans benefits program and complexities surrounding them:

1. Establishment of service connection for disability incurred in or aggravated by wartime or peacetime service. -- Service connection connotes many things including service in the armed forces with release from active duty under honorable conditions or conditions deemed honorable by the VA. Since many individuals receive releases from service which are neither specifically honorable nor dishonorable, the initial examiner must develop evidence which will permit himself and an authorizer, as an informal board, to decide the true character of the release. This is a highly judgmental determination involving many considerations including insanity, frequency and severity of offenses, the type of service rendered, the nature of the offenses under the laws of the jurisdiction involved, and a host of other factors.

VA Regulations require that a disabling condition for which service connection is established shall have been incurred or aggravated in line of duty and not the result of the veteran's misconduct. Thus, the initial examiner must likewise develop evidence which will permit the same informal board to decide whether an injury was incurred in line of duty and also whether it was incurred as a result of the veteran's willful misconduct. Also, whether he was avoiding duty by desertion or being absent without leave, or whether he was confined under sentence of court martial (involving dishonorable discharge) or confined by a civil court for a felony.

When the disability is occasioned by disease (as opposed to injury), it is imperative to develop evidence pertaining to the etiology and date of beginning of symptoms of the disease. Questions regarding whether the veteran was incompetent at the time he committed the act must also be explored, evidence developed, and the case referred to a disability rating board for decision.

Service connection requires development of evidence for consideration of many other factors necessary in the establishment of the incurrence or aggravation of disease or injury and the

resultant disability, coincidentally with the period of military service. For consideration are such factors as preexistent disability, presumption of soundness, incubation periods, endemic areas, chronic constitutional diseases, developmental abnormalities, credibility of evidence, and static levels. A few of these determinations are:

- (a) Line of duty disability. -- This is a determination made by either a formal or informal board, consisting of an examiner and an examiner who is referred to as an authorizer. It is a key determination since it determines entitlement to compensation. It requires a knowledge of VA and military regulations, State laws, Federal laws, and common law. Determinations are based on military records, Boards of Inquiry reports, medical records, affidavits from knowledgeable persons, or other evidence which must be developed and evaluated. VA is not bound by determinations made by the military departments.
- (b) Willful misconduct in the incurrence of disabilities. -- This determination is made by a rating board (which consists of three members, one of which is a claims examiner) only if the etiology of disease is involved; otherwise, the initial examiner and an "authorizer" make the determination. Evidence must be developed to establish how and when the disability was incurred. The examiner develops evidence as the basis for a considered judgment that the disability was willfully incurred and not merely due to negligence on the part of the veteran. There are VA general guides pertaining to certain acts which are considered to constitute willfulness, but they are not all-inclusive and latitude of judgment is permitted in arriving at willful misconduct determinations.
- (c) Incompetency of veterans. -- The initial examiner develops evidence which would establish that the veteran's actions are such that he cannot conduct himself in a rational manner. Guides are far from precise and considerable imagination is required to ferret out the kind of evidence upon which to base a sound conclusion. However, the primary knowledge requirement is that of understanding the manifestations of mental diseases. The rating board makes the decisions as to competency. Decisions of the VA in matters of competency may vary from court determinations and have a most important bearing on the right to receive benefits. If a beneficiary is judged to be incompetent, the examiner must seek further evidence to determine who should receive the monetary award due.
- (d) The degree of disability. -- This determination is made by a disability rating board. It requires an extensive knowledge of the disabling effects of disease and injuries and of the etiology of disease. The evaluation is arrived at by considering all the evidence in the case, including service records, reports of examination, hospital reports, and statements of physicians and other material. The evidence is weighed by the disability rating board and, using the schedule for rating disabilities as a guide, it renders a decision as to the severity of impairment in earning capacity, entitlement to special compensation or pension, and effective date of disability.
- (e) The amount and effective date of the award. -- This determination is made by the initial examiner following a rating board determination. It is made in light of many considerations, such as degree of disability, dependency status, need for special monthly

compensation, status as to peace or wartime service, living cost needs of wife in cases of marital estrangement, etc. In initial claims there is an almost infinite number of effective dates for application regardless of that established by the rating board which is limited to disability. The awards range from very few to many hundreds of dollars per month. There are an infinite number of possible monetary awards which can be made. There is an area of considerable discretion on the part of the examiner in arriving at the eligibility and the degree of apportionment which is reasonable in cases of estrangement and/or dependency. The examiner must develop all facts which have a bearing on the economic and social environment of the veteran, his wife, widow, parents, children, and anyone else involved in the apportionment because the reasonableness of the amount of money paid to parents and/or other dependents is relative to their living habits, hardship, and similar considerations. The extent of the apportionment can be up to one hundred percent of the entitlement of either party at the discretion of the examiner. The competency of the veteran to handle money is evaluated (by a rating board) in arriving at decisions of this nature.

2. Entitlement to, effective date and amount of pension for non-service connected disabilities.
  - This involves the determination, in the same manner as in compensation claims, that the applicant is a veteran with an other-than-dishonorable discharge. Veterans with dishonorable discharges are precluded from all compensation and pension benefits, but in any other kind of discharge (there are about 15 different kinds) examiners must determine eligibility. The effective date of the award may vary depending on date of receipt of income, date of change of dependency status, dates of various laws, as well as a myriad of other contingencies.

For non-service disabilities, the examiner must next establish that the applicant has the appropriate length of creditable wartime service. Also for pension the definite degree of disability must be established disregarding those disabilities which are the result of willful misconduct. If less than total disability is shown, the unique and involved determination of individual unemployability must be made in addition to the definite level of disablement to support this determination. A rating board makes this determination. This involves understanding the etiology of disease, and the effects of injuries in regard to the ability to work. Finally, in determining the amount of the award (as in all claims), questions of domestic relations arise in connection with the veteran's dependency status. Relationships with spouse, children and parents, for example, must be determined. Also, in arriving at the award, the income of the veteran's wife, as well as the veteran's, is to be considered. The initial examiner must determine not only what the veteran's and the wife's income is, but what portion of the wife's income can be considered reasonably available to the veteran without hardship to him, for purposes of determining the amount of pension to be awarded to her husband (the veteran). Certain allowances are made, by the examiner, even if the wife's income is considerable. Allowances may be made for unusual expenses because of illness in the family or special education for children.

In pension cases, the initial examiner must determine the veteran's, child's or widow's corpus of estate. A veteran's, child's, or a widow's net worth must be established in order to determine whether entitled to benefits and, if so, to what extent. This involves a careful analysis of income,

savings, investments, personal and real property, and anything else which has an influence on the value of the estate. This requires checking local laws regarding titles, dependency and support, legal liability for debts, and facts of equitable or legal ownership, as well as liquidity or susceptibility to conversion without hardship. As a result of a decision by an examiner, an applicant may have to reduce the corpus of his estate before he can receive a pension.

3. Entitlement to medical treatment. -- This involves, as in other claims, establishing that the applicant is a veteran. To do this requires a determination that active duty was terminated under other-than-dishonorable conditions. Other requirements must be met. For example, in cases of peacetime veterans, hospital treatment is available only if the ailment was service connected and the veteran is receiving money for it, or if he was discharged for a disability incurred or aggravated in line of duty. Wartime veterans may be entitled to hospital treatment even for non-service connected conditions.

4. Entitlement to dental treatment. -- The determinations made by the initial examiner are similar to those required in medical treatment claims except that "service connection" must be established regarding the poor teeth. Also, evidence must be developed to prove that special conditions of entitlement apply, e.g., whether the condition of the teeth was due to trauma or prisoner-of-war status.

5. Entitlement to special monthly compensation or pension, including amount and effective date. -- A rating board makes a determination based on all the evidence in file, including service records, reports of hospitalization and examination, statements of physicians, lay people or other evidence as to whether the veteran is entitled to service connection and a special monthly compensation because of loss or loss of use of various parts of the body because of being housebound or in need of aid and attendance. Various combinations of degrees and levels of loss or loss of use may entitle a claimant to very different awards. The initial examiner determines the amount of the award in light of such considerations as whether the veteran is housebound or hospitalized, as well as other influences dealing with his number of dependents, etc.

The monthly award in these cases may vary from \$38 to over \$700 depending on the type of service, the degree and level of loss or combination of losses, and the number and type of dependents.

6. Entitlement to and amount of increase in disability compensation or pension. -- The initial examiner must determine first whether the basis for the claim is valid. Generally, such claims are made as a result of new laws, a change in the number of the veteran's dependents, or an increase in his degree of disability. Evidence must be developed by the initial examiner, whatever the basis of the claim may be. In cases of increased disability a rating board makes the determinations. The examiner and the "authorizer" are concerned with determinations concerning "line of duty", and "willful misconduct" as discussed in paragraph No. 1, above. In cases of new laws or change of dependency status, the initial examiner must be familiar with VA Regulations regarding the intent of the new laws and with the area of domestic relations in order to determine validity of the claimed dependency; e.g., validity of marriage, divorce, paternity of child, etc.

Claims to reopen: A claim to reopen presents major problems to the initial examiner aside from service connection and evaluation which are, of course, also involved. The actual question at issue may not be obvious. The weight and credibility of evidence, and the additional evidence required must be determined. The benefits sought may be varied and, in some cases, may be determined only after long explanations and full description of the possible rights under the law and regulations. The relationship of disabilities and the proper effective dates of determination present problems necessitating sound and experienced judgment based on extensive knowledge and judicial temperament.

7. Entitlement to and amount of increase in dependency benefits under compensation or pension laws. -- This involves determination by the initial examiner regarding all aspects of domestic status. These considerations are similar to those discussed under other claims which involve domestic relations. Reference to state marriage, divorce and adoption laws, as well as Federal laws, common law and VA Regulations, is required in making many of these determinations. Each presents a problem of effective date of award. Most such decisions require innumerable intermediate determinations such as residency, weight and validity of evidence, etc.

8. Entitlement to and amount of compensation for injuries incurred while in training under vocational rehabilitation and education laws. -- This involves developing evidence that the veteran was injured in connection with his training under rehabilitation and education laws and not just coincidentally to the training. This requires determinations of proximate and intervening causation and gross negligence. The amount of the award is determined by an initial examiner after a rating board has evaluated the cause and extent of the injury.

9. Entitlement to and amount of additional monetary benefits during period of hospitalization. -- The exacerbation of a service connected disease or injury requiring hospitalization or surgery may be the basis for additional monetary benefits to the veteran. This condition, and the extent of the condition, however, must be established by a rating board. Once it is established, the initial examiner must determine how much the benefit will be. It is possible to pay total disability rates for the hospitalization period.

10. Entitlement to and amount of compensation for disability resulting from examination, medical or surgical treatment, or hospitalization. -- Any disability which results from examination, medical or surgical treatment, or from hospital treatment (whether the original condition was service connected or not) may be service connected, and the disability evaluated by a rating board as any other service connected disability. This may require development as to competency, natural progress and prior degree of disability, as well as evidence of carelessness, negligence, lack of skill, and many other factors. The initial examiner would also consider all the appropriate factors in determining the amount of the award.

11. Establishment of service connection for disabilities not noted in service. -- This involves consideration of criteria differing from routine service connections. Considerations such as incubation periods, relationship to service connected disabilities and nature of the disease (whether a chronic, constitutional, or chronic tropical condition). If a chronic constitutional or tropical disease is alleged, the examiner must consider whether the condition was shown to be

present and disabling within the statutory period following the type of service involved. As in all these determinations the weight, type, and validity of the evidence must be decided and the effective date of any award determined. The judgmental determinations of service connection and amount of award can only be made following consideration of a myriad of laws, rules, regulations, and precedents, and following development which is itself dependent on knowledge, judgment, and experience.

12. Entitlement to and amount of dependency and indemnity compensation. -- This is a death claim, i.e., the veteran is dead and his beneficiaries are the claimants. Death claims may be more difficult to adjudicate than the so-called "live" claims. While alive, the veteran can be medically examined and questioned regarding events within his knowledge.

Claims for dependency and indemnity compensation, death compensation, and Servicemen's Indemnity represent three different types of death benefits with different periods of eligibility. Examiners are required to understand the provisions and advantages of each benefit in order to advise widows (or other appropriate beneficiaries) of their options. Many determinations required in establishment of entitlement are similar and, accordingly, are discussed under this one heading. The first determination is that concerning the veteran's status. This has been discussed elsewhere. The second determination involves developing evidence that the veteran is dead.

This may be a routine task if valid death certificates are available. In many instances, there are no valid documents and still in other cases there may not even be a body. In such cases, a determination must be made either as to fact of death or presumption of death. A considerable amount of probing and developing of evidence is required before arriving at such a determination. A disability rating board must determine whether a service connected disability was the cause of death or was a material factor in accelerating the disease which primarily caused the veteran's death or whether a service connected disability was so debilitating as to render the veteran less able to withstand the disease which primarily caused death. This kind of determination requires a considerable knowledge of the etiology of diseases. The initial examiner must determine the dependency status of the beneficiary, i.e., validity of marriage, widowhood, divorce, adoption, and other domestic relationships. In all such determinations reference must be made to pertinent Federal, State, and local laws. Evidence relating to such arrangements as continuous cohabitation and involuntary separations is evaluated. Out-of-country divorces must be evaluated by the chief attorney. VA regulations, of course, must also be understood in order to determine the nature of the relationship. The initial examiner determines the income of the beneficiary(ies) in order to determine the award, e.g., the amount paid varies with the need of dependent parents.

13. Entitlement to and amount of death compensation. -- See No. 12, above.

14. Entitlement to and amount of Servicemen's Indemnity. -- Servicemen's Indemnity is not death compensation but more nearly approximates National Service Life Insurance, however, with such divergence that like rules do not apply. It applies only to deaths occurring prior to January 1, 1957 and involves a restricted class of beneficiaries. The beneficiaries have no choice

as to the method of payment of benefits such as is available to National Service Life Insurance maturing after August 1, 1946. Entitlement to Servicemen's Indemnity may affect the right to other benefits. Election of an irrevocable nature may be involved requiring the utmost clarity in advice to claimants of relative merits of possible choices.

15. Entitlement to, amount and effective date of death pension. -- This is a "death" claim pertaining to non-service connected deaths. First, the fact that the deceased was a wartime veteran with at least 90 days of other than dishonorable service must be established. Or, if less than 90 days' service is shown, it must be determined whether the veteran was discharged for a service connected disability. Second, determinations similar to those required for "live" pension claims (No. 2, above) must be made regarding degree of need of beneficiary, corpus of estate, and domestic relationships; however, in death cases, domestic relationships are particularly difficult to prove. For example, a widow is not entitled to pension if she was, of her own doing, separated from the deceased veteran at the time of death. Proof of continuous cohabitation must be developed in these cases.

16. Entitlement to and amount of accrued benefits (benefits not paid during veteran's life, but due him). -- This involves developing proof of widowhood (or other appropriate beneficiary status) and certifying the appropriate award. They call for a high measure of awareness and judgment and may involve payment of several thousand dollars.

17. Entitlement to, amount of, and available option of payment of U. S. Government Life Insurance and National Service Life Insurance policies. -- Heretofore, the claims discussed related to compensation (for service connected disability or death) or pension (for non-service connected disability or death). Both of these categories are considered by the courts to be gratuities and, as such, the VA exercises complete authority and discretion in awarding these gratuities to deserving claimants. Life insurance (i.e., U.S. Government Life Insurance and National Service Life Insurance) represents a contractual arrangement between the veteran and the Government. The veteran pays for his insurance and, as such, the insurance is not considered a gratuity. Contracts are legal instruments which are subject to court review. In light of this, while the VA does have award making authority in the insurance field, its decisions are subject to legal review and may be reversed by the court. It has the responsibility for complying with established legal precedents in the awarding of matured policies to the correct beneficiary. This involves establishing the fact of death or the presumption of death of the veteran as well as establishing the proper beneficiaries.

Often insurance claims are contested. This requires developing evidence regarding the true beneficiary or the veteran's intent in the designation of his beneficiary and is one of the more difficult and demanding cases an examiner must face.

Also, the examiner is expected to recognize a situation where the facts indicate a lack of mental capacity at the time of designation of beneficiary. Such situations are referred to a rating board for determination. If the beneficiary had anything to do with causing the veteran's death, the examiner determines whether the beneficiary is entitled to payment.

When the question of paternity of children is involved, the initial examiner must develop evidence and make determinations.

In addition to the adjudication of the claim as far as entitlement is concerned, the examiner must explain the advantages and disadvantages of the various options available to the beneficiary. This includes information as to probable future contingencies which may weigh the choice.

## **DISABILITY INSURANCE PROGRAM**

Various claims typical of the disability insurance program and complexities surrounding them:

1. Claims re National Service Life Insurance contracts. -- The Government is authorized by law to grant waiver of premiums to insured veterans if they become totally disabled for six or more consecutive months after the effective date of their insurance contracts and before their sixtieth birthday and while their insurance is in force under a premiums paying basis. Total disability is defined by the contract as any impairment of mind or body which continuously renders the insured unable to follow any substantial gainful occupation.

Initial examiners (with senior examiner's and medical officer's review and concurrence) determine whether or not a veteran is: (1) appropriately covered by the contract and (2) totally disabled. If he is, waiver of premiums is allowed. While there are some statutory criteria for total disability such as loss of any two members (i.e., loss of two feet, hands, eyes, etc.) the guidelines for total disability are rather broad. A considerable knowledge of the etiology of diseases is required by the examiners. Particularly difficult conditions to evaluate are mental diseases, pulmonary tuberculosis, and heart conditions. This lack of medical guides and the need to be very knowledgeable of the etiology of diseases constitute one of the more difficult aspects of disability insurance claims adjudication.

The initial examiners (with senior examiner's and medical officer's review and concurrence) are required to relate the disability to the particular veteran's ability to follow any substantial gainful occupation. The veteran's physical or mental condition must be evaluated in the light of his educational background and industrial experience. For example, an American Heart Association heart classification of three would not permit a finding of total disability in a college graduate who would be able to earn a living in a relatively sedentary occupational field; another person with the identical heart disease whose education is limited and whose work experience is limited to manual labor would be totally disabled. Also, the initial examiner must analyze the circumstances of a veteran's employment to insure that such employment is not performed under close supervision, at the charity of a sympathetic employer, or in any manner that is essentially noncompetitive. A veteran's employment must be analyzed to determine whether it is to his detriment. Such condition is deemed to exist when the employment activity would tend to hasten his demise or aggravate the disability.

The foregoing references to the relationship of disease or injury to veteran's employment involves more than just a "can-he-do-anything" type of determination. It requires considerable knowledge of occupations including their mental and physical requirements. Determinations must be made as to whether a particular injury or disease is totally disabling to a veteran with a particular combination of occupational qualifications.

In addition to the determinations in the area of contract law and the lay medical determinations, the occupational determinations constitute one of the more difficult aspects of disability insurance claims.

2. Claims re U.S. Government Life Insurance contracts. -- U.S. Government Life Insurance contracts provide for maturity on death or total permanent disability (as distinguished from total disability referred to in the National Service Life Insurance Program). Accordingly, where entitlement is found to exist in such cases by the initial examiner (with senior examiner's and medical officer's review and concurrence), monthly benefits are authorized. Such monthly benefits are paid on the basic contract and are to be distinguished from total disability income benefits, payable in both programs on the basis of a provision added to the contract for which additional premiums are paid. Total disability is found to exist in the U.S.G.L.I. program under conditions similar to those mentioned in connection with the N.S.L.I. program. Such disability is deemed to be permanent when the attendant conditions are such as to warrant a conclusion that the disability will continue throughout the veteran's lifetime. The date on which the disability became total in degree is sometimes determined with great difficulty, both in this program and in the N.S. L.I. program as well. It must be determined with accuracy, however, inasmuch as such date governs the date benefits begin. Another factor to be considered by the examiner, more common under the U.S.G.L.I., is that of age. While the condition of extreme age alone is insufficient basis upon which to take action favorable to the insured veteran, it is a condition which oftentimes renders an injury or disease totally or totally and permanently disabling.

3. Claims based on War Risk Term Insurance. -- Claims for War Risk Term Insurance involve findings of total permanent disability in a manner similar to that employed in U.S.G.L.I. claims. Such claims are more difficult of adjudication, however, inasmuch as benefits, if payable, are not limited by the date proof of disability is received, as in the U.S.G.L.I. cases, or by the insured's failure to file a timely claim, as in N.S.L.I. cases. Where entitlement is found to exist, benefits are retroactive to the beginning date of total permanent disability. The awards in such cases involve large initial payments since most War Risk Term contracts lapsed in 1918 or 1919. Because of the long periods of time for which all available evidence must be developed, these cases are difficult to adjudicate.

In connection with the adjudication of claims pertaining to the three foregoing major types of insurance, examiners are concerned with determinations pertaining to the following:

1. Extra hazards of military service. -- Various sections of the law applicable to N.S.L.I. and U.S.G.L.I. provide, in effect, that whenever insurance benefits become payable or premiums are waived because of injury or disease traceable to the extra hazards of military service, the cost of

these shall be borne by the Government and not by either the N.S.L.I. or U.S.G.L.I. funds. Accordingly, where insurance is awarded, whether for death or disability, or where waiver of premiums is granted, except in instances where the law states specifically that the award is payable from appropriated monies, a determination must be made by the initial examiner (in some cases with the senior examiner's and medical officer's review and concurrence) as to whether the cause of disability or death is traceable to the extra hazards of service. Losses which are not thus due to service are paid from the N.S.L.I. Fund or U.S.G.L.I. Fund, as appropriate. On the basis of the determinations referred to above, certifications are made which result in necessary transfers of appropriated monies to those Funds. As the onset date of the disabilities being considered as well as the deaths under consideration are becoming increasingly removed from periods of military service with the passage of time, it becomes more difficult to make the necessary determinations.

2. Competency findings. -- In many cases, incident to the adjudication of claims for benefits or for premium waiver, as well as in some instances where application for loan, cash surrender or payment of matured endowment or dividends is made, the initial examiner (with senior examiner's and medical officer's concurrence) must determine whether the insured veteran is competent. This involves a resolution of the question of whether the veteran knows the nature of his acts and their reasonable and probable consequences. If he doesn't know the nature of the application filed and is unaware that his actions will result in the dissipation of his funds, it is the responsibility of the Government to protect him from himself. There is involved further the determination of whether the insured veteran would, because of the nature of his actions and behavior, become the victim of designing persons. To make these determinations, information regarding his mental condition, habits, behavior, and industrial experience must be obtained and evaluated in the light of precedents which fix the presumption of competency and the nature and degree of evidence necessary to rebut such presumption. It is customary to make the necessary findings in all cases involving applications as referred to where an examination of the veteran's records gives the slightest indication that there may be some doubt as to his competency.

3. Miscellaneous. -- Separate and apart from the findings of total and total permanent disability referred to above in connection with claims for monthly benefits or premium waiver, the examiner is often called upon to make such determinations relative to some other phase of the insurance activity, such as the question of acceptance or rejection of an application for insurance or the reinstatement of a lapsed contract. Also, such findings are sometimes pertinent to certain conversions from one plan to another, the granting of gratuitous and automatic insurance and the possible entitlement to benefits under the terms of Section 305 of the World War Veterans Act of 1924, as amended. In each of these and other instances, the examiner must be conversant with the applicable law and regulations. The revival of insurance under the section of law last mentioned is a specific example of the high degree of knowledge and skill necessary to perform the assigned duties. In addition to these responsibilities the examiner is called upon to make line-of-duty findings in relation to several sections of the insurance law. These findings are based on military records, including Board of Inquiry reports, medical records, affidavits, and other evidence developed. The findings of the examiner in this connection are independent of any such findings made by the appropriate military department. Among the other duties and

responsibilities of the examiner, too numerous to mention, is that of authorizing the refund of amounts credited to the accounts of certain deceased veterans. In instances where the insurance lapsed prior to death, such amounts are refundable to the estate of the veteran, in accordance with the law of descent and distribution of the State wherein the veteran was domiciled at date of death. This responsibility entails a detailed knowledge of the sources from which the specific law applicable to the given case may be obtained.

Note: In addition to the determinations required for the various claims in both programs, there is one continuing responsibility which all examiners share. This pertains to fraud. Examiners are expected to detect and render an opinion in a written report regarding a suspected attempt to defraud the Government. Such cases are referred to other offices in VA for further action. Determinations that fraud may be involved require the utmost of caution in developing the facts of the case and the intent of the veteran -- mistakes on the part of the examiner could be embarrassing to the VA. Likewise, claims for waiver of overpayment must be fully developed by the examiner to determine whether the veteran was without fault in creating the overpayment and whether recovery would be against equity and good conscience.

\* \* \*

#### Veterans Administration Authority

As discussed above in the discussion of claims, the authority vested in the Veterans Administration by law to administer the veterans benefits program is quite complete. The courts are denied authority to review VA awards. Insurance claims, other than indemnity, are an exception since they constitute a contract between the policyholder and the Government and, as such, are susceptible to court proceedings.

#### Discretion in Making Awards

In addition to the finality of VA decisions regarding claims, the laws pertaining to veterans' benefits are so worded as to give the VA a considerable amount of discretion regarding not only the entitlement of a veteran but also the amount of the award. For example, the VA is not bound by the decision of a military department regarding a veteran's discharge. VA makes its own study of the conditions surrounding the discharge in order to determine entitlement to benefits.

A veterans claims examiner in the veterans benefits program has almost an infinite number of possible monetary combinations when arriving at a final award. The final award may be influenced by such variables as: (1) degree of disability; (2) dependency status; (3) need for special monthly compensations, e.g., when a veteran has suffered a loss of extremities, when he needs aid and attendance, when he is housebound, when he has a combination of "loss of use" of body members and blindness, etc.; (4) whether he is hospitalized; (5) status as to peace or wartime injuries (peacetime rates are less than wartime rates, unless injury is incurred under conditions which are concluded to stimulate war, in which case wartime rates are applied). In

cases concerning apportionment of an award between the veteran and his dependent parents, the examiner may make any award within certain minimum and maximum limits, taking into consideration the normal way of life and cost of living of his wife and/or his parents.

\* \* \*

### Changing Laws

The laws pertaining to veterans' benefits (including insurance) are constantly changing. Hardly a session of Congress is concluded without some veterans' legislation being enacted. Usually such legislation adds requirements and benefits to those already existing, thus requiring examiners to appreciate and apply the intent of the old as well as the new concepts.

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### Guidelines

The guidelines which examiners must learn and apply in the examining process are the same for all members of the occupation whether they be trainees or supervisors. At the entrance and lower levels of the occupation, examiners spend a considerable amount of time learning the contents and the applicability of the guides. At the higher grade levels, individuals presumably are quite familiar with the guides and apply them in their daily work. They must, however, keep abreast of modifications to old regulations or the issuance of new ones. In light of the fact that for all members of the occupation the guidelines are the same, they have not been treated in this standard as a separate classification factor. However, the fact that the laws and accompanying regulations change yearly and that many of the laws and regulations are, of necessity, written in very general terms requiring local interpretations, has been considered in developing grade-level criteria.

The primary guide for veterans claims examiners in the veterans benefits program is the loose-leaf volume of Veterans Administration Regulations which treats of such subjects as Relationship, Evidence Requirements, Dependency and Income, Apportionments, Hospitalization Adjustments, Retirement, Guardianship and Institutional Awards, Servicemen's Indemnity, etc. The Regulations implement the intent of the laws of Congress which relate to veterans' benefits. The regulations are modified from time to time by interim technical and information bulletins. The disability insurance program also has a procedural manual which treats of similar topics.

The Rating Boards of the veterans benefits program are primarily concerned with the Schedule for Rating Disabilities. This is a technically written and comprehensive guide for the evaluation of disabilities resulting from all types of diseases and injuries encountered as a result of or incident to military service. There is no disability insurance program counterpart manual for rating total and total permanent disabilities. Such ratings are made on the basis of experience and lay medical knowledge of injuries or diseases.

## CLASSIFICATION FACTORS

Criteria have been developed for evaluating those variables which, in light of the foregoing discussion for the occupation, appear to be indispensable to the classification of veterans claims examiner positions. These variables, or factors, are two: the first pertains to the nature of the claims which are adjudicated; the second, to the nature of the authority vested in the various positions.

In regard to the nature of the claims, each grade level specifies the difficulty of the issues or types of claims adjudicated. In the veterans benefits program, examiners at the lower grade levels are assigned claims on a selective basis in order to train them in adjudication of the particular type of claim (or situation). At the full performance level, examiners adjudicate a broad range of claims. At the highest initial adjudication level, examiners are assigned those claims with novel or unusually complex issues to resolve. In the disability insurance program, only one full performance level is shown for initial adjudication of the gamut of claims.

In regard to the nature of the authority vested in the various positions, each grade level contains statements indicating the nature of authority typical of that particular grade level. These statements of authority have been developed in light of the overall sphere of the VA's authority in the areas of claims and in light of the VA's delegation of authority to its field offices where the bulk of the examiner positions are located.

At the lower grade levels, the authority vested in the positions is nominal and examiners develop information and make determinations under constant supervision and instruction. Initial actions are taken by lower grade examiners on claims which do not involve the more difficult determinations. In the middle of the grade-level spread, examiners make determinations on the broad range of veterans claims, subject to the technical review of the "authorizer" or senior examiners. At the highest initial adjudication level, great confidence is placed on the examiner, with only the most unusually complex cases subject to full technical review of the authorizer.

Two levels of authorizers are provided. The lower level has final signatory authority for a broad range of cases. The higher level includes authorization of unusually complex claims, and also is the focal point for consistent application of governing laws, regulations and other criteria. Authorizers also have responsibility for the quality of work of several lower grade examiners, including training, providing technical guidance and assistance, and issuing instructions or interpretation of regulations.

Following are the characteristics for key grade levels of this series, in terms of the two factors discussed above:

SITUATION I covers positions in the veterans benefits program, grades GS-5 through GS-12, for initial examining and authorizing functions.

SITUATION II covers positions in the disability insurance program, grades GS-11 and GS-12. (At the time these standards were developed, the staffing situation in the disability insurance program was such that there were no trainee or intermediate grade positions; nor are there likely to be any.)

## **VETERANS CLAIMS EXAMINER, GS-0996-5**

### SITUATION I VETERANS BENEFITS PROGRAM

#### Nature of claims

GS-5 examiners familiarize themselves with the range of claims, appropriate regulations and other guides basic to the claims program. This period of on-the-job training includes instruction in matters pertaining to descent and distribution of property, development and evaluation of evidence, and domestic relations.

Claims requiring the minimum of development are adjudicated. These claims are carefully selected and assigned to examiners at this level with the intention of familiarizing them ultimately with the full range of veterans claims.

#### Authority vested in the position

All actions are carefully reviewed by higher-level employees. Appropriate explanations are provided before, during, and after analysis. The incumbents do not make authoritative decisions of any kind independently.

## **VETERANS CLAIMS EXAMINER, GS-0996-7**

### SITUATION I VETERANS BENEFITS PROGRAM

#### Nature of claims

At this level, examiners are assigned increasingly difficult types of claims to adjudicate as part of their training for the eventual adjudication of the full gamut of veterans' claims. Therefore, they are assigned claims typical of the various categories discussed under Occupational Information, accompanied by appropriate degrees of instruction and assistance.

GS-7 examiners make determinations pertaining to such matters as entitlement to medical or dental treatment, eligibility for vocational rehabilitation and education benefits, funeral expenses, civil service preference certificates, and entitlement to certificates for State and local bonuses, licenses, or privileges. The adjudication of such claims normally requires determinations relating to the application of appropriate regulations to a particular situation as

opposed to the making of judgments (which is characteristic of higher levels) in those areas where regulations apply only in a very general sense.

Authority vested in the position

Supervision and guidance are available for situations that may arise in which the regulations are vague. GS-7 examiners are expected to develop, with little or no supervision, the necessary information or evidence required to properly adjudicate the claims assigned to them. This involves the authority to contact various hospitals, doctors, State and local police authorities, officials of military departments and the claimants themselves.

Actions of GS-7 examiners are reviewed by higher-grade examiners, who are designated as "authorizers," for adequacy of documentation and accuracy of decision. Authorizers are available for technical advice during the course of developing information, analyzing it, and arriving at a conclusion.

## **VETERANS CLAIMS EXAMINER, GS-0996-9**

### **SITUATION I VETERANS BENEFITS PROGRAM**

Nature of claims

GS-9 examiners adjudicate the broad range of veterans claims discussed under Occupational Information. For those claims which require Rating Board determinations, the examiners develop evidence for use of Rating Board members. After the Rating Board determinations are made, the GS-9 examiners arrive at a monetary award. In arriving at such awards, examiners must consider the variables (discussed under Occupational Information) which affect the amount of the award.

Examiners at GS-9 must use discretion and judgment in developing evidence and adjudicating difficult claims. At this level:

- (a) GS-9 examiners must consider a wide range of factors involving legal, medical, occupational, or other questions, some of which may be controversial or conflicting. Factors are often interrelated. Many of the conditions of entitlement cannot be precisely defined, but must be evaluated in terms of differences in environmental, physical, or other conditions peculiar to the case.
- (b) In addition to evidence which is prima facie proof, GS-9 examiners are required to analyze and evaluate numerous different types of documents, sworn affidavits, personal

statements, etc., submitted in support of a variety of claims. They must determine the acceptability, validity, the "bona fides", and probative value of such evidence.

- (c) GS-9 examiners prepare decisions on basic eligibility of claimants to various benefits provided by law, requiring a comprehensive knowledge of the laws, regulations, and precedents -- both extant and repealed. They make interpretations of decisions of the Attorney General, Comptroller General, and the VA General Counsel. In so doing, they are required to exercise judgment where the applicability of the guides and precedents may not be clear, or they may apply only in a general sense.

Claims adjudicated at this level cover a wide gamut of situations calling for discretion and judgment by the examiner. For example, determinations may involve disallowances or favorable findings of fact and law of whether the veteran's service is active service under the applicable statutes and regulations, and whether the service meets the active service requirements of the laws and regulations for the type of benefit sought; validity of enlistment affecting benefits sought; character of discharge for purpose of disability and death compensation, pension, hospitalization and out-patient treatment, prosthetic appliances, vocational training, education, loans and unemployment compensation (decisions as to unemployment compensation are for the Department of Labor), requiring due consideration of laws involved as assessment of weight of evidence pertaining to courts-martial and the element of persistent and willful misconduct or vicious habits; line of duty issues which may constitute a legal bar to entitlement; determination of income questions with an analysis of income statements and explanation to the claimant of any inadequacy of such evidence.

Adjudication of claims also requires determinations of questions relating to domestic relations, descent and distribution of property, and legal and equitable ownership of property. Included, for example, are domestic relations questions involving:

- (1) consideration of State laws, statutes, and common-law practices;
- (2) application of law and evidence; and
- (3) composition of clear and convincing statements of the basis for the decisions reached, including the preparation of briefs involving common-law marriages and annulment; apportionments and special apportionments with consideration of proof of relationship and adequacy of submitted evidence; dependency questions including development and adequacy and competency of evidence of relationship and dependency, and composition of clear and cogent reasons for basis of the decision; determinations concerning the disappearance of incompetent veterans whose whereabouts are unknown, and the preparation of awards to dependents not to exceed the death rate.

GS-9 examiners also explain the various choices or options regarding compensation, pension, and insurance benefits, and advise claimants as to the more advantageous selection. They also explain appeal rights to claimants and claimants' representatives.

At the GS-9 level, examiners are required to possess considerable knowledge of (1) VA regulations; (2) admissibility of evidence; (3) domestic relations, legal and equitable ownership of property; (4) descent and distribution of property; and (5) a working familiarity with the lay medical etiology of diseases.

Authority vested in the position

While GS-9 examiners are responsible for making initial determinations on the broad range of claims, their work is subject to technical review. This review is provided by "authorizers" in the form of on-the-job advice when the GS-9 examiners feel they need it during the development of the claim, and in the form of complete review of the initially adjudicated claim. The cases are reviewed for adequacy of documentation and accuracy of determination. When an authorizer disagrees with the GS-9 examiner, the case is returned to the examiner for revision. When the authorizer agrees with the examiner, the payment of the award is allowed by the authorizer.

## **VETERANS CLAIMS EXAMINER, GS-0996-11**

### **SITUATION I VETERANS BENEFITS PROGRAM**

Nature of claims

At the GS-11 level:

- (1) Examiners initially adjudicate veterans claims involving unusually complex or novel issues. Additionally, they are assigned review of reconsideration cases, or serve on special committees or panels; for example, they make determinations on appeal cases as to whether reconsideration of the appeal is necessary, they may conduct formal hearings in cases of reconsiderations not involving medical determinations, and when designated they may serve as chairman or members of the Committee on Waivers. By contrast, the GS-9 examiner processes a broad range of cases involving a high level of difficulty, but he may consult a higher-grade examiner about difficult, unusual or complex claims, or such claims may be segregated for processing by the GS-11 examiner. Note that it is not the type of claim adjudicated, but rather the "unusual complexity of the issues involved" which makes for the GS-11 level difficulty.
- (2) Some examiners review and authorize claims of the GS-9 level of difficulty. In this capacity, they are assigned responsibility for the work of several GS-9 or lower-grade examiners. They are responsible for training, for providing technical guidance, and for the quality of the claims determinations made by lower grade examiners; they must assure consistent application of laws, regulations and other criteria; and they prepare reports or conduct special studies as requested.

GS-11 positions include features of difficulty described at lower grade levels. Additionally, they exceed the GS-9 level in that:

- (a) Claims typically involve controversial or novel issues which point up the need for new rulings; the facts to be evaluated involve or infringe upon a number of areas of consideration, each area embracing its own laws, rules or regulations; cases involve incompatibility between State law, and the rules of evidence pertaining to State law and evidence, and the requirements of VA or other Federal laws. By contrast, claims of the GS-9 level -- although involving consideration of a wide range of facts that may be controversial, conflicting, or interrelated -- do not typically call for new rulings or precedent decisions; nor do they normally involve incompatibility between VA requirements and local or State laws. (See example A below.)
- (b) A high degree of ingenuity and resourcefulness is required in the development of information and the evaluation of evidence; there are frequent problems to be solved in discovering sources of information. The evidence may be so fragmentary or conflicting that it provokes strongly contested opinions by the individual claimants, agency personnel, attorneys, or other interested parties. At the GS-9 level -- although examiners are required to evaluate numerous types of documents in addition to prima facie proof -- sufficient evidence is generally available to support the adjudicative action taken. (See example B below.)
- (c) In addition to the judgment exercised at GS-9 where guides and precedents may apply only in a general sense, the GS-11 examiner more frequently must make determinations where (1) it may be highly arguable which precedents are applicable because of the complexity of the facts or the different possible constructions which may be placed on either the facts or precedents involved; or (2) there is a need to resolve basic conflicts in jurisdiction, fundamental differences in application of governing law(s), regulations, and precedent decisions, and/or inconsistencies in intent or application of the guidelines. The case may call for a determination by the examiner that the issue can only be resolved by securing an opinion or interpretation from the appropriate supervisory level or legal staff. (See examples C and D below.)

GS-11 examiners are required to adjudicate a wide variety of different types of veteran benefit claims, discussed under Occupational Information, which are considered unusually complex. The following examples illustrate situations encountered at this level:

- (A) A homicide case, in which the veteran's wife was acquitted on manslaughter charges, requiring a determination of allowance or disallowance of VA benefits to the wife. Although acquitted in criminal court, the examiner must review the testimony, court records, the jury's reasons for acquittal, or other evidence, to determine whether the wife did "wrongfully and willfully" cause the death of her husband. The examiner must make an independent decision -- considering VA regulations and procedures -- as to the wife's participation in the homicide. On this decision rests the wife's entitlement to VA benefits.

- (B) An insurance claim involving determination of benefits payable to dependents of a veteran who disappeared, and whose body was recovered six months later with apparent cause of death by drowning. Because of the terms of the contract, the allowance or disallowance of payment of the insurance claim depends upon circumstances of the veteran's death and the specific time of death. The absence of facts and fragmentary nature of evidence lead to unusual complications in adjudication of the case as no witnesses could be found to establish cause or time of death, nor could the coroner definitely ascertain or verify these facts.
- (C) Settlement of a contested insurance claim. Changes in marital status before or after a change in beneficiary may eventually becloud the veteran's intent as to his designated beneficiary. Where governing laws regarding descent and distribution of property conflict with a presumption of "intent" of the veteran, the claims examiner must develop the evidence and facts to support the award of the insurance to the proper beneficiary. In adjudicating such cases, the claims examiner is not bound by descent and distribution laws alone. Admissible evidence in such cases is usually extremely difficult to establish.
- (D) Determinations by the examiner relating to corpus of estate, e.g., whether an applicant is entitled to a pension, or whether he must reduce the corpus of his estate before he can receive a pension. Unusually complex claims of this nature may be encountered where the estate covers a variety of assets or liabilities, or there are conflicting interests or controversial claims. Such claims involve a careful analysis of income, savings, investments, personal and real property, and anything else which has an influence on the value of the estate. Allowance or disallowance of the claim may require check of laws regarding titles to property, dependency and support, legal liability for debts, facts of legal ownership, as well as the liquidity of assets or the susceptibility of converting assets to cash without undue hardship or loss to the claimant.

#### Authority vested in the position

The GS-11 examiner, because of the special reliance and confidence placed in his judgment and competence, carries responsibilities materially greater than those ordinarily assigned to a GS-9 claims examiner.

The GS-11 examiner on his own initiative develops facts and evidence; defines legal and factual issues; searches precedent decisions and other reference materials; applies laws, regulations, policies and procedures; and drafts letters, decisions, notices, and other documents to effect actions required. Nevertheless, he must recognize legal issues or precedent decisions that will have broad or serious public relations impact. These are referred to appropriate supervisory levels or legal staff for advice or action to be taken.

On unusually complex or difficult cases, completed work is revised and approved by an authorizer. Other cases, however, because of the examiner's demonstrated ability and competence in the field of adjudication of claims for veterans benefits, receive only a limited review. This review is primarily in terms of consistency of approach rather than factual development or regulatory compliance.

When serving as an authorizer the GS-11 examiner reviews claims initially adjudicated by lower-grade examiners in the work unit, and allows or disallows payment of the claim. These positions differ from GS-12 positions primarily in the level of claims which the examiners have signatory authority to approve.

## SITUATION II DISABILITY INSURANCE PROGRAM

### Nature of claims

Veterans Claims Examiners GS-11 adjudicate the full range of disability insurance claims, as discussed more fully in the Occupational Information, which includes some unusually complex situations. Such claims:

- (a) Relate to the National Service Life Insurance Program, inaugurated during World War II; to the United States Government Life Insurance Program, inaugurated during World War I; to War Risk Term Insurance, which antedated United States Government Life Insurance; and to questions of entitlement to gratuitous and automatic insurance.
- (b) Require determinations, in keeping with applicable laws and regulations, as to whether the disease or injury of the veteran, in the light of his education and training, is totally, or totally and permanently disabling.

Adjudication of claims requires a high level of judgment and discretion. Determinations relate to the areas of contract law, lay medical decisions, and ability of the veteran to follow any substantially gainful occupation. A wide range of issues, including some unusually complex situations are involved.

Unusually complex issues (as in Situation I) typically involve: (a) novel or controversial issues which point up the need for new rulings; (b) a number of areas of consideration, each area embracing its own laws, rules, or regulations; (c) a high degree of ingenuity and resourcefulness in development of evidence, where evidence is so fragmentary or conflicting that it provokes strongly contested opinions by interested parties; (d) determinations where it may be highly arguable which precedents are applicable because of the complexity of the facts or the different possible constructions which may be placed on either the facts or the precedents; (e) resolution of basic conflicts in jurisdiction and/or inconsistencies in intent or application of the guidelines.

More specifically, examiners at this level:

- (a) Develop all necessary evidence and make decisions thereon relative to the question of whether the veteran's impairment of mind or body is such as to prevent continuous and substantially gainful employment. Incident to such decisions, the examiner makes certification as to whether the disability can be traced to the extra hazards of military service. Similar certification is made by the examiner as an adjunct to awards of death insurance benefits. Unusually complex situations arise, e.g. in determining the beginning date of disabilities, particularly where the veteran had been separated from the military service for many years. Evidence in such situations becomes difficult to obtain and evaluate, particularly because of the peculiar circumstances surrounding military assignments during war time.
- (b) Develop evidence and make determinations, in appropriate cases, as to the veteran's competency; in connection with claims for disability benefits, referred above, applications for cash surrender of policy, loans and matured endowments, as well as in cases where, in the payment of dividends or refunding of premiums, such questions become pertinent. More difficult issues to resolve may involve a determination of whether the insured veteran knows the nature of his acts and their reasonable and probable consequences; or whether the insured veteran would, because of the nature of his actions and behavior, become the victim of designing persons.
- (c) Develop evidence, as appropriate, on the basis of which they determine questions of acceptance or rejection of an application for insurance or reinstatement of a lapsed policy. They have the responsibility of excusing the veteran's failure to file a claim within the period allowed where he is found incapable of taking care of his affairs with reasonable prudence. Difficult situations may involve, e.g., determinations that the insured, although capable of filing within the time requirement, failed to do so under unusual or extenuating circumstances. Claims under contracts that lapsed or were reduced before July 1926 may involve especially complex issues, e.g., consideration of reinstatement under the terms of the World War Veterans Act of 1924. This Act permits revival of the contract under certain conditions where entitlement to compensation, which was never collected, can be established.
- (d) In certain instances, e.g., gratuitous insurance, make determinations as to whether disability or death was incurred in line of duty. They involve a review of military records, including Board of Inquiry reports, medical records, affidavits and other evidence. In making these determinations, the examiners are not bound by the findings of the appropriate military department.

Authority vested in position

At the GS-11 level, the examiner develops all evidence that is necessary to adjudicate a claim. He receives no supervision regarding the nature of the evidence required or the manner in which

it may be obtained. He may outline the status of known facts, the development desired, and request a field investigation to obtain information necessary for resolution of all questions pertinent to the ultimate decision.

After obtaining all necessary evidence, the examiner evaluates the evidence, makes findings of fact, applies applicable law and regulations and concludes with the ultimate decisions.

With review and concurrence by a senior examiner and medical officer, the GS-11 examiner (a) under the NSLI contract, determines whether or not a veteran is appropriately covered by the contract and totally disabled; he is required to relate the disability to the particular veteran's ability to follow any substantially gainful occupation; (b) under the U.S. Government Life Insurance contract, he determines total permanent disability; and (c) under the War Risk Term Insurance, he determines total permanent disability retroactive to the beginning date of the total permanent disability. (A disability is deemed to be "permanent" where the attendant conditions are such as to warrant a conclusion that the disability will continue throughout the veteran's lifetime.)

The GS-11 examiner has signatory authority for allowing or disallowing the less difficult claims. By his signature alone (without action by a senior examiner and doctor), the examiner may authorize waiver of premiums in cases when the insured veteran is still in service, total disability is claimed from date of admission to a hospital, and disability is due to combat, or the extra hazard determination (referred to under Occupational Information) is deferred. Such authority also exists when a veteran, who has been separated from service, is hospitalized and (1) total disability is claimed from date of hospital admission, (2) there is no evidence to indicate an earlier date of disability, and (3) such disability is either not due to extra hazards of service or the determination in this regard is deferred. Exceptions to this authority would occur in instances involving questions of timely filing of claim, fraud, statutory disability where claim is denied or where claim for monthly income payments is involved. In cases embraced within these exceptions, board action by the senior examiner and medical officer is necessary.

Examiners at this level may independently establish date for future review (within the period of one year) in continuing award cases. On subsequent evaluation of all cases, these examiners act independently in determining whether entitlement to benefits continues, if the insured has been continuously hospitalized since the date of previous consideration, or if there is no record of employment by an insured who is suffering from one of certain specified chronic diseases or other static conditions.

In cases involving action by the complete board, these examiners act with technical guidance from the senior examiner.

Examiners at this level act as members of boards constituted for purposes of hearing oral testimony in support of pending claims.

## VETERANS CLAIMS EXAMINER, GS-0996-12

### SITUATION I VETERANS BENEFITS PROGRAM

#### Nature of claims

GS-12 examiners spend a significant portion of time in reviewing and approving "unusually complex" veterans benefit claims discussed at the GS-11 level; additionally, they review and approve the broad range of claims discussed at GS-9.

GS-12 examiners are responsible for the quality of work of several lower-grade examiners assigned to them. In this capacity, their duties are similar to those of GS-11 examiners who review and authorize claims. That is, they train, provide technical guidance, issue instructions or interpretations of laws and implementing regulations; they find and correct sources of defective work. Also, they may conduct studies and prepare reports regarding significant problem areas and/or trends in types of claims.

The primary distinctions between GS-12 and GS-11 authorizing examiners are:

- (1) The nature of the claims authorized. -- The GS-12 examiner spends a significant portion of the time in authorizing "unusually complex" claims, whereas the GS-11 examiner authorizes a wide range of GS-9 level claims which typically do not include such complex features.
- (2) The overall knowledge of the total veterans benefit program. -- As described in the Occupational Information the GS-12 examiner has a focal role in the total program. He must possess superior technical proficiency to assure consistent application of all governing laws, regulations, and other criteria, including Federal and State laws and Veterans Administration implementing regulations, policies, and practices. Although the GS-11 examiner authorizes a broad range of claims, he is not concerned with the "total picture".

#### Authority vested in the position

GS-12 examiners have final signatory authority for allowing or disallowing the novel or unusually complex claims, as well as all other veterans benefit claims. They are responsible for the propriety and technical sufficiency of authorization actions, coordination with Rating Board personnel, identification of those cases requiring legal precedent decisions, and certification of appeal actions.

The authorizing examiner must also insure that the Government is paying the veteran and/or his dependents and beneficiaries no more than is appropriate, and that the veteran and/or his

dependents have been fully and accurately informed in order to make the most advantageous designation of benefits to themselves.

The review function of the GS-12 examiners becomes an integral part of the activities of the Rating Boards. While they do not have technical review responsibility for rating determinations made by the Boards, GS-12 examiners do review the amount of the award which results from the Board's formal determination. The GS-12 examiners have a measure of responsibility for assuring the legality of the effective date of injury incurrence, since many of the awards approved involve large sums of retroactive payment. They must also be alert to the reasonableness of the percentage of disability assigned by the Board. If there is doubt in their minds, they may consult with members of the Rating Board and request a reconsideration of their action.

The only technical review received by examiners at this level is a quality control check made by higher grade program officials. These spot checks are made to discern trends in the adjudication program in order to assure the appropriate over-all program controls through the issuance of new guidelines or through staff meetings.

## SITUATION II DISABILITY INSURANCE PROGRAM

### Nature of claims

GS-12 examiners review and approve in some cases, and in others act with concurrence of a medical officer, on the full range of disability insurance claims which are initially adjudicated by GS-11 examiners.

Examiners at this level usually are responsible for the quality of work of several lower-grade examiners. They furnish technical guidance, advice and instructions. They also have authority to disagree and cause to have changed proposed decisions by lower-grade employees.

The primary distinctions between GS-12 and GS-11 examiners are:

- (1) The GS-12 examiner spends a significant portion of his time authorizing "unusually complex" claims, whereas the GS-11 examiner authorizes the less difficult claims, or initially adjudicates the full range of claims.
- (2) The GS-12 examiner must have a comprehensive knowledge of the total disability insurance program, as described in the Occupational Information. He has a focal role in assuring consistent application of all governing laws, regulations, and other criteria. By comparison, the initial adjudication of the full range of cases by the GS-11 examiner is subject to review.

### Authority vested in the position

The GS-12 examiners have final signatory authority for allowing or disallowing the full range of disability insurance claims, including the more difficult cases. The less difficult claims are authorized by GS-11 examiners.

Occasionally, examiners at this level sit as chairmen of Boards convened to conduct personal hearings in cases involving reconsiderations. Such hearings are informal and strict rules concerning the admissibility of evidence are not followed.

Decisions made by examiners at this level may be reversed only upon appeal to the Board of Veterans Appeals or by a U.S. District Court.

NOTE: This standard was developed by the Civil Service Commission in conjunction with the Veterans Administration.

## REVISION SUMMARY

This standard has been revised as follows:

- The titling guidance has been updated to incorporate the position title, Veterans Service Representative, previously authorized in a 2001 memo by the U.S. Office of Personnel Management.
- The date of revision has been added to the cover page and page headers.
- The Revision Summary has been added to document changes.
- Minor edits (e.g., commas, semicolons, and colons) were made for grammatical consistency.