

VETERAN CLAIMS GUIDE · READING A DECISION

Fictional VA Decision Letter

An annotated teaching sample for reading a VA disability decision packet.

FICTIONAL EXAMPLE ONLY. Not a VA letter, official template, benefits determination, or document to submit. No real records were reviewed. Read your actual notice and its enclosures for your case.

01 Notice Date And Document Type

Fictional Example Only: This teaching example uses an imagined notification date of October 1, 2026. It is not a VA notice, official template, benefits determination, or document to submit. Conditions A, B, and C are invented labels, not diagnoses.

WHAT IT MEANS

Start by identifying the document and the issues it addresses. A notification letter and its enclosures work together to explain a decision. A rating narrative date, an award effective date, and the date VA issued notice can differ. Review deadlines commonly run from the notice date, not from the date you open an online account. This sample explains selected features of an ordinary modernized disability compensation decision; it does not reproduce every required notice element or cover legacy appeals, contested claims, proposed reductions, or Court appeals.

WHAT TO CHECK

- Find the date on the actual notification letter and keep all enclosures.
- Identify whether this is an initial, Supplemental Claim, Higher-Level Review, or Board decision.
- Read the actual review-rights instructions before calculating a deadline.

Sources: [\[1\] 38 CFR 3.103](#) · [\[2\] 38 CFR 3.2500](#)

02 Issues Decided And Issues Deferred

Fictional Example Only: Condition A: service connection granted, with evaluations listed below. Condition B: service connection denied. Condition C: decision deferred while an additional medical opinion is obtained.

WHAT IT MEANS

A claim can contain several separately decided issues. In this invented example, A is granted, B is denied, and C remains pending. A deferred issue is not a final denial. VA manual guidance permits a partial rating when some issues can be decided and others need development. Do not wait for C before checking whether you disagree with the evaluation, effective date, or denial already assigned to A or B. A different notice may grant service connection while deferring the evaluation; read exactly what remains undecided.

WHAT TO CHECK

- Make an issue-by-issue list of granted, denied, and deferred matters.
- Check whether a deferral concerns service connection, the percentage, or another specific question.
- Track review rights for decided issues separately from pending development.

Sources: [\[3\] VA Manual: Partial Rating Decisions](#) · [\[1\] 38 CFR 3.103](#) · [\[2\] 38 CFR 3.2500](#)

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FICTIONAL TEACHING SAMPLE · Read The Evidence And Reasons

03 Evidence Considered

Fictional Example Only: The imagined record contains service records, treatment records, a claim examination, and a personal statement. These are teaching categories only; no real records were reviewed.

WHAT IT MEANS

The evidence summary identifies material VA considered. Compare its descriptions and date ranges with what you submitted or asked VA to obtain. An evidence list is different from the reasons explaining how VA weighed that material. An apparent omission needs investigation; it does not alone prove the evidence was ignored or establish an automatic award. Request the relevant records if you cannot identify an examination or opinion. A claims file request obtains documents and does not itself request review of a benefits decision.

WHAT TO CHECK

- Compare treatment date ranges and examination dates with your own copies.
- Keep submission confirmations for documents you sent.
- Identify the particular record needed before choosing an official records request.

Sources: [1] [38 CFR 3.103](#) · [4] [VA Privacy Act Requests](#) · [5] [VA Form 20-10206: Records Request](#) · [2] [38 CFR 3.2500](#)

04 Reasons For Decision

Fictional Example Only: For invented Condition B, this example accepts a current disability and an event during service, but denies the claim because the required connection between them was not established. This is simplified teaching text, not a medical opinion or a complete VA rationale.

WHAT IT MEANS

The reasons explain how the evidence and governing requirements led to the result. In a denial, find the element VA says was not met, then compare the explanation with the evidence cited. Direct service connection and secondary service connection involve different legal questions, and presumptions can change what must be established. For an evaluation dispute, compare the assigned percentage and the stated criteria for a higher evaluation. The benefit-of-the-doubt rule addresses an approximate balance of evidence; it does not convert every disagreement into a grant.

WHAT TO CHECK

- Identify the precise missing element or disputed evaluation criterion.
- Distinguish an error about evidence already in the record from a need for new evidence.
- Write down the specific passage you want an accredited representative to examine.

Sources: [1] [38 CFR 3.103](#) · [6] [38 CFR 3.303](#) · [7] [38 CFR 3.310](#) · [8] [38 CFR 3.102](#)

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FICTIONAL TEACHING SAMPLE · Findings, Evaluations And Dates

05 Favorable Findings

Fictional Example Only: For invented Condition B, the example finds that a current disability exists and that an event occurred during service. It does not find that the current disability is connected to that event.

WHAT IT MEANS

A favorable finding can resolve one part of an issue even when the overall claim is denied. Under 38 CFR 3.104(c), favorable findings bind later agency and Board adjudicators unless rebutted by evidence identifying clear and unmistakable error in the finding. Record the exact finding and the evidence supporting it. Do not expand an accepted event into an accepted medical connection, or mistake a favorable finding for a percentage award. These rules do not mean every positive sentence in a medical report is itself an adjudicative finding.

WHAT TO CHECK

- Separate what VA accepted from what it says is missing.
- Keep the exact wording, issue, and notice date together.
- Check whether a later decision addresses the same finding consistently.

Sources: [\[9\] 38 CFR 3.104](#) · [\[10\] 38 CFR 20.801](#) · [\[1\] 38 CFR 3.103](#)

06 Evaluation And Effective Date

Fictional Example Only: Invented Condition A is evaluated at 10% from March 15, 2026, and 30% from July 1, 2026. No other service-connected evaluation is assigned in this example. The percentages illustrate separate time periods and do not describe rating criteria for a real condition.

WHAT IT MEANS

Service connection, the evaluation, and the effective date answer different questions. More than one evaluation for successive periods is called a staged rating. In this example, the later 30% replaces the earlier 10% for the later period; the two are not combined as separate disabilities. The effective date depends on the applicable claim rules and facts, with exceptions to the usual later-of-claim-or-entitlement rule. When several disabilities are rated during the same period, VA uses combined-rating rules rather than ordinary addition.

WHAT TO CHECK

- Read each percentage together with its own effective date.
- Do not combine old and replacement evaluations for the same disability and period.
- Compare the reason for each date with the filing and medical evidence.

Sources: [\[11\] VA Manual: Evaluating Disabilities](#) · [\[12\] 38 CFR 3.400](#) · [\[13\] 38 CFR 4.25](#) · [\[14\] 38 CFR 4.1](#)

VETERAN CLAIMS GUIDE · READING A DECISION

FICTIONAL TEACHING SAMPLE · Payment And Review Options

07 Payment Start And Other Entitlements

Fictional Example Only: For this invented ordinary award, the initial payment period starts April 1, 2026, after the March 15 effective date. The increased payment period starts August 1, 2026, after the July 1 increase. No dollar award, deposit date, TDIU, or permanent-and-total determination is made in this sample.

WHAT IT MEANS

The award effective date and the first payable period are not always the same. Section 3.31 generally starts payment with the month following an original or increased award, but contains exceptions. A payment start date does not promise a bank-deposit date. Read any separately addressed entitlement, such as total disability based on individual unemployability (TDIU), on its own terms. A total evaluation is not automatically permanent and total. The absence of those determinations from this simplified example says nothing about any reader's eligibility.

WHAT TO CHECK

- Separate the effective date, payable period, and actual payment history.
- Check the notice for the dependency and withholding information applicable to your award.
- Look for an express determination rather than inferring TDIU or permanence from a percentage.

Sources: [\[15\] 38 CFR 3.31](#) · [\[16\] 38 CFR 3.340](#) · [\[17\] 38 CFR 4.16](#) · [\[1\] 38 CFR 3.103](#)

08 Review Options And Next Steps

Fictional Example Only: This imagined initial decision includes review-rights information for A and B. C remains pending. A request for a copy of the records would not replace a properly filed request to review A or B.

WHAT IT MEANS

For an ordinary initial decision in the modernized system, available routes include a Supplemental Claim, Higher-Level Review, or Board Appeal, subject to their requirements. Higher-Level Review uses the existing record; a Supplemental Claim generally involves new and relevant evidence, with a change-in-law route described in VA guidance. The available routes differ after later reviews. Generally, Higher-Level Review and a Board Appeal must be requested within one year of notice; timely continuous pursuit can matter for effective dates. A duty-to-assist correction is not an automatic grant, and clear and unmistakable error is a narrow revision standard, not a substitute label for every disagreement.

WHAT TO CHECK

- Read the form, evidence rules, and time limit for the particular decision.
- Choose a permitted route for each issue; do not file competing reviews of the same issue at once.
- Get qualified help promptly if the document concerns a proposed reduction, contested claim, Board decision, or an old final decision.

Sources: [\[2\] 38 CFR 3.2500](#) · [\[18\] 38 CFR 3.2601](#) · [\[19\] 38 CFR 3.2501](#) · [\[20\] VA Supplemental Claims](#) · [\[21\] 38 CFR 3.105](#) · [\[22\] VA Accredited Help](#)

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FICTIONAL TEACHING SAMPLE · Read The Codesheet In Context

09 Codesheet Details

Fictional Example Only: The teaching summary lists Condition A as service connected at 10% from March 15, 2026, then 30% from July 1, 2026. B is not service connected; C is deferred. No diagnostic code, static designation, future-exam date, or government signature is invented for these made-up conditions.

WHAT IT MEANS

A codesheet summarizes coded rating information and must be read with the narrative and notification letter. Actual codesheets may include diagnostic codes, evaluation dates, combined evaluations, and applicable future-examination or special-benefit entries. A diagnostic code identifies rating criteria; it is not another percentage. Static status and routine future examinations concern reassessment, while permanent-and-total status is a separate determination. The absence of a routine exam does not provide an absolute guarantee that VA can never reexamine or revise a rating. Request the codesheet specifically if it is missing from the records you received.

WHAT TO CHECK

- Match each code and evaluation period to the narrative for the same decision.
- Check the combined evaluation using only ratings in effect during that period.
- Ask for clarification of missing or inconsistent entries without assuming an administrative code resolves every legal question.

Sources: [\[23\] VA Manual: Codesheet Section](#) · [\[24\] Rosinski v. Shulkin: Court Opinion](#) · [\[25\] 38 CFR 4.27](#) · [\[13\] 38 CFR 4.25](#) · [\[26\] 38 CFR 3.327](#) · [\[16\] 38 CFR 3.340](#) · [\[4\] VA Privacy Act Requests](#)

Official Source Index

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[1] 38 CFR 3.103	[2] 38 CFR 3.2500
[3] VA Manual: Partial Rating Decisions	[4] VA Privacy Act Requests
[5] VA Form 20-10206: Records Request	[6] 38 CFR 3.303
[7] 38 CFR 3.310	[8] 38 CFR 3.102
[9] 38 CFR 3.104	[10] 38 CFR 20.801
[11] VA Manual: Evaluating Disabilities	[12] 38 CFR 3.400
[13] 38 CFR 4.25	[14] 38 CFR 4.1
[15] 38 CFR 3.31	[16] 38 CFR 3.340
[17] 38 CFR 4.16	[18] 38 CFR 3.2601
[19] 38 CFR 3.2501	[20] VA Supplemental Claims
[21] 38 CFR 3.105	[22] VA Accredited Help
[23] VA Manual: Codesheet Section	[24] Rosinski v. Shulkin: Court Opinion
[25] 38 CFR 4.27	[26] 38 CFR 3.327
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