



**APPLICATION FOR COMPENSATION UNDER THE PERSIAN GULF
 CONFLICT VETERANS' BENEFIT PROGRAM, Act 29 of 2006, Amended by Act 50 of 2015**
 - - Form PG-1 (Long), for persons filing on behalf of a Persian Gulf Veteran - -
DEADLINE for submission is: August 31, 2018

Section 1: Service Member Data

This section must be completed by any qualifying Service Member, Veteran, Beneficiary, or Representative applying for compensation under the terms of the "Persian Gulf Conflict Veterans' Benefit Act." Items listed with an "" are required.*

1 (A) Provide the following information regarding the Service Member or Veteran applying for compensation:

_____	_____	_____	_____	_____
*Last Name	*First Name	M.I.	Mr/Mrs/Ms	*Social Security Number
Name under which served (if different): _____				
_____	_____	_____	_____	_____
	*Last Name	*First Name	M.I.	

(B) *Awarded the Southwest Asia Service Medal? Yes No
 Veterans: Attach DD214/215 as supporting documentation
 Current Service Members: Attach Certified Military Records as supporting documentation
 If you do not have the aforementioned supporting documentation, please refer to the Persian Gulf Conflict Veterans' Benefit Program Digest on the program website at <http://www.dmva.pa.gov/veteransaffairs/> for help.

1 (C) Service Member's dates of service in the Southwest Asian Theater of Operations from 2 August 1990 to 31 August 1991 and/or dates a member of the Pennsylvania National Guard or reserve component of the armed forces of the United States served on active duty for the support of operations in the Persian Gulf Conflict Theater.

	<i>Start Date</i>	<i>End Date</i>	(Date Format is MM/DD/YYYY)
*Period 1:	_____	_____	
Period 2:	_____	_____	
Period 3:	_____	_____	

1 (D) During any of the periods listed in 1(C), was the Service Member or Veteran ever officially declared a Prisoner of War?
 Yes No

1 (E) *Service Category
 Active Duty component of the US Armed Forces
 Reserve component of the US Armed Forces
 Member of the Pennsylvania National Guard

Section 2: Qualifying Affirmations

This section must be completed by any party applying for benefits under the terms of the "Persian Gulf Conflict Veterans' Benefit Act." A response to each item (A) through (C) is required for all applicants.

2(A) *Do you affirm that the Service Member was a legal resident of the Commonwealth of Pennsylvania when he/she was ordered into or volunteered to serve on active duty in the Persian Gulf Theater of Operations?
 Yes No

2(B) *Do you affirm that the Service Member has not renounced his/her United States citizenship?
 Yes No

2(C) *Do you affirm that the Service Member has not received a bonus, gratuity or compensation of a similar nature from any of the other 49 states?
 Yes No

Notes:

- No sum payable under this act to a veteran or to any other person under this act shall be subject to attachment, levy or seizure under any legal or equitable process and shall be exempt from all State taxation.
- A person who charges or collects or attempts to charge or collect, either directly or indirectly, any fee or other compensation for assisting, in any manner, a veteran in obtaining any of the benefits provided under this act commits a misdemeanor of the second degree.

Section 3: Applicant Data

This section must be completed only if the application is being filed by a surviving relative of a deceased veteran or the authorized representative of an incompetent veteran. **Service Members or Veterans filing on their own-behalf should not complete this section.**

Compensation on behalf of a deceased Veteran will be made in the order named to: a surviving spouse, surviving children or surviving parents.

In the case where a Veteran is incompetent, if no guardian has been appointed, payment shall be made as described in the previous paragraph, or in the absence of any such person and if the Veteran is in a facility, to the person in charge of the facility.

3 (A) Provide the following information as it applies to yourself (the applicant) :

*Last Name *First Name M.I. Mr/Mrs/Ms

*Social Security Number

3 (B) Complete this subsection only if the Veteran identified in Section 1 is deceased and you are applying as a surviving family member. All items in this section must be completed.

*Relationship to deceased Veteran:

Spouse - Do you affirm that you were not living separate and apart from the eligible veteran at the time he or she commenced active service?

Yes No

Child - Do you affirm that there is no qualifying surviving spouse?

Yes No

Parent - Do you affirm that there is no qualifying surviving spouse or children?

Yes No

*Did the Veteran's death occur as a result of injuries incurred while serving in the Persian Gulf Conflict during the period of August 2, 1990 through August 31, 1991 as certified by the DoD or U.S. Department of Veterans Affairs?

Yes No (Attach DD1300 or Veterans Affairs Rating Decision)

3 (C) Complete this subsection only if you are applying as an official representative on behalf of a Veteran who has been declared incompetent.

*Relationship to Veteran (choose one):

Guardian Holder of Power of Attorney Qualifying Relative: Spouse Child Parent

Other (explain) _____ Facility Represented: _____

Section 4: Other Eligible Family Member Data

This section must be completed by a qualifying surviving relative when there are others who are entitled to a share of the compensation. Specifically, an application filed by a surviving child must list all other surviving children. An application filed by a surviving parent must list the other parent if he or she is still living. **Service Members or Veterans filing on their own behalf should not complete this section.**

Other Eligible Child or Parent: Child Parent

 Last Name First Name M.I. Mr/Mrs/Ms

 Street Address Apt/Unit

 City State Zip Code

 Social Security Number () _____
 Phone E-Mail Address

Other Eligible Child :

 Last Name First Name M.I. Mr/Mrs/Ms

 Street Address Apt/Unit

 City State Zip Code

 Social Security Number () _____
 Phone E-Mail Address

Other Eligible Child:

 Last Name First Name M.I. Mr/Mrs/Ms

 Street Address Apt/Unit

 City State Zip Code

 Social Security Number () _____
 Phone E-Mail Address

Other Eligible Child:

 Last Name First Name M.I. Mr/Mrs/Ms

 Street Address Apt/Unit

 City State Zip Code

 Social Security Number () _____
 Phone E-Mail Address

Do you affirm that you have listed all other children (if filing as a surviving child) or another surviving parent if one exists (if filing as a surviving parent)? (Make and attach additional copies of this page as needed)

Yes No

