pennsylvania
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

APPLICATION FOR COMPENSATION UNDER THE
PERSIAN GULF CONFLICT VETERANS' BENEFIT PROGRAM, Act 29 of 2006, Amended by Act 50 of 2015
- - Form *PG-1 (Short)*, for Veterans or Service Persons filing on their own behalf - -
DEADLINE for submission is: August 31, 2018

Service Member Data

This section must be completed by any qualifying Service Member or Veteran 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.

1 (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.

	Start Date	*End Date*
*Period 1:	_____	_____
Period 2:	_____	_____
Period 3:	_____	_____

(Date Format is MM/DD/YYYY)

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

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 they were 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 their 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:

1) 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.

2) 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.

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Signature and Certification

This section must be completed by all applicants.

*Check Mailing Address and Contact Information:

_____ _____
Street Address Apt/Unit

_____ _____ _____ ( )_____ _____
City State Zip Code Phone e-Mail Address

County _____

Certification:

I hereby certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge. I understand that, if I do not provide accurate information, I will be subject to prosecution for violation of 18 Pa.C.S. paragraph 4904 (relating to non-sworn falsification to authorities).

_____ _____
Signature Date

Required Attachments for all Applications:

- ☑ All applicants for compensation must submit a legible photocopy of one of the following which indicates service between the dates of August 2, 1990 and August 31, 1991, in the Persian Gulf Theater of Operations:
  - o A certified copy of the Veteran's form DD214 or DD215
  - o For active duty members – a certified military record from his or her current command
- ☑ All applicants for compensation must submit proof of the service person's residency in Pennsylvania at the time of activation (one of the following - DD214, Leave Earning Statement, Military Record Audit, State or Federal Tax Return).
- ☑ Any applicant who served under a name other than his or her current name must provide documentation that supports the name change (e.g., marriage certificate, divorce decree, etc.)

Privacy Act Statement. Authority: Act 22 of 2006. Principal Purpose: This application form is the primary source of information for determining an individual's eligibility for the Persian Gulf Conflict Veterans' Benefit Program. Routine Use: The information you provide will be used to review and evaluate your application for compensation under the Persian Gulf Conflict Veterans' Benefit Program. The information may be provided to other state and federal agencies and non-governmental organizations in connection with review of your application. Voluntary Disclosure: Disclosure of information requested on this application, including Social Security Number, is voluntary. However, failure to provide the requested information may mean the Department of Military and Veterans Affairs will be unable to evaluate the application, verify the information provided, or award compensation under the Persian Gulf Conflict Veterans' Benefit Program because of incomplete information.

Completed applications with attachments should be mailed to:

Persian Gulf Conflict Veterans' Benefit Program
Building S-0-47, Ft Indiantown Gap
Annville, PA 17003-5002

For information on the program, refer to http://www.dmva.pa.gov/veteransaffairs/

If you still have questions, please call 1-866-458-9182 between 7:00AM and 3:15PM, Mon. through Fri.