The Commonwealth of Massachusetts
EXECUTIVE OFFICE of VETERANS SERVICES

INSTRUCTIONS FOR COMPLETING THE ANNUITY APPLICATION

The Commonwealth of Massachusetts, in partnership with the Executive Office of Veterans Services (EOVS), is proud to offer a state annuity to the following Massachusetts Residents:

- 100% service-connected disabled veterans.
- Widow or Widower of veterans whose spouse passed due to a service-connected disability.
- Parents of those who lost a son or daughter while on active duty in the armed forces.

The annuity is provided in the amount of **$2,500**, paid **once a year in August**.

To Apply

1. **Complete the Annuity Application, Direct Deposit (EFT), and W-9 forms**
   - **Important Note,** when filling out the "Vendor Information" section, please enter your **Social Security Number** where it asks for the **Vendor Tax Identification Number (TIN)**.

2. **Required Supporting Documents**
   Along with your completed annuity application, please submit the following documents,
   - Certificate of Discharge or Release from Active Service (DD-214 Member 4, including Character of Service).
   - VA Disability Rating.
   - **Widow, Widower or Parent Applicants,** See page 7 or 8 for retroactive benefit instructions.
     - DIC (Dependency and Indemnity Compensation) Rating Decision (for widow or widower applicants only).
     - Death Certificate or Casualty Report of the Deceased Veteran.
     - Birth Certificate of the Deceased Veteran (for parent applicants only).
     - Marriage Certificate (for widow or widower applicants only).
   - **Optional,** A voided check or bank letter for direct deposit information.

3. **Assistance and Support**
   If you need help completing your application, please contact your local Veterans Service Officer (VSO). To find your VSO, use the Find Your VSO tool.

Additional Important Information

- Notification of Death, Family members must inform EOVS if the annuity recipient passes away.
- Updates: Recipients must notify EOVS of any address changes, banking changes, or updates to their VA benefits by June 30th to ensure processing.
- Non-Transferability, the annuity is non-transferable. If a recipient's spouse passes away, the surviving spouse must reapply on their own behalf.
- Annual Application Deadline, submit your application by **June 30th** to ensure timely processing.

Submission Instructions

If you are unable to submit your application via Adobe Sign, please email it to VetsAnnuity@Mass.Gov or mail it to the address below.

Executive Office of Veterans Services
Attn: Annuity Department
One Bowdoin Square
15 New Chardon Street, 4th Floor
Boston, MA 02114

Commonwealth of Massachusetts Executive Office of Veterans Services
One Bowdoin Square
15 New Chardon Street, 4th Floor
Boston, Massachusetts 02114
Tel: (617) 210-5480 Fax: (617) 210-5755 WWW.MASS.GOV/VETERANS

APPLICATION for ANNUITY

Massachusetts General Laws, Chapter 115, Section 6B, and 6C

Annuity Category

- ◯ Blind, paraplegic, or 100% Disabled Veteran (All cases must be service connected)
- ◯ Parents of Certain Deceased Veterans (Death must have been while on active duty)
- ◯ Widow or Widower of Certain Deceased Veterans (Death must be service connected)

Applicant's Information

Last name _____ First Name _____ Middle Initial _____ Suffix _____

Social Security number _____ Date of Birth _____

Street 1 _____ Street 2 _____

City _____ State _____

Zip Code _____ County _____

Phone Number _____ Email Address _____

Gender ◯ Female ◯ Male ◯ Unspecified ◯ Nonbinary

US Citizen ◯ Yes ◯ No ◯ Unspecified

Spoken Language _____

Special Circumstances, check all that apply.

- ☐ Physical/Mental impairment
- ☐ Hearing impaired
- ☐ Visual impaired
- ☐ Interpreter required
- ☐ Sign language required
- ☐ Other _____

Ethnicity/Race, select all that apply.

State regulations (801 CMR 8.00) require that we ask applicants for their demographic information (race and ethnicity). You are not required to provide this information but are encouraged to do so. You may select one or more designations for race and/or ethnicity. The law provides that we may not discriminate based on this information, or on whether you choose to provide it. This information will not be used in determining your eligibility for admission. If you do not wish to provide some or all of this information, please check below.

The Executive Office of Veteran Services does not discriminate on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity, genetic information, ancestry, age, or disability.

African American

- ☐ African American
- ☐ Cape Verdean
- ☐ Ethiopian
- ☐ Jamaican
- ☐ Haitian
- ☐ Nigerian
- ☐ Other African American (Please Specify)

_____

American Indian or Alaska Native

- ☐ Aztec
- ☐ Black Feet Tribe of the Black Feet Indian Reservation of Montana
- ☐ Native village of Barrow Inupiat Tradititional Government
- ☐ Navajo Nation
- ☐ Nome Eskimo
- ☐ Maya
- ☐ Other American Indian or Alaska Native (Please Specify)_____

Latino

- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Salvadoran
- ☐ Dominican
- ☐ Colombian
- ☐ Other Latino (Please Specify)

_____

Asian

- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Nepalese
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tibetan
- ☐ Vietnamese
- ☐ Other Asian (Please specify)

_____

Middle Eastern or North African

- ☐ Egyptian
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Lebanese
- ☐ Syrian
- ☐ Other Middle Eastern or North African (Please Specify)_____

Caucasian

- ☐ English
- ☐ French
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Scottish
- ☐ Other Caucasian (Please Specify)

_____

Pacific Islander

- ☐ Chamorro
- ☐ Fijian
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander (Please Specify)

_____

☐ **Do not wish to answer**

☐ **Other Race or Ethnicity (Please Specify)**

_____

Veteran's Information

Last name _____ First Name _____ Middle Initial _____ Suffix _____

Social Security number _____ Date of Birth _____ Date Deceased _____

Gender ◯ Female ◯ Male ◯ Unspecified ◯ Nonbinary

US Citizen ◯ Yes ◯ No ◯ Unspecified

Spoken Language _____

Service Information

Branch of Service _____

Service Start Date_____

Service End Date _____

Discharge Type _____

Service Number _____

Veteran's Home of Record (at time of entry into active service)

_____

Ethnicity/Race, select all that apply.

State regulations (801 CMR 8.00) require that we ask applicants for their demographic information (race and ethnicity). You are not required to provide this information but are encouraged to do so. You may select one or more designations for race and/or ethnicity. The law provides that we may not discriminate based on this information, or on whether you choose to provide it. This information will not be used in determining your eligibility for admission. If you do not wish to provide some or all of this information, please check below.

The Executive Office of Veteran Services does not discriminate on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity, genetic information, ancestry, age, or disability.

African American

- ☐ African American
- ☐ Cape Verdean
- ☐ Ethiopian
- ☐ Jamaican
- ☐ Haitian
- ☐ Nigerian
- ☐ Other African American (Please Specify)

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- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Salvadoran
- ☐ Dominican
- ☐ Colombian
- ☐ Other Latino (Please Specify)

_____

Asian

- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Nepalese
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tibetan
- ☐ Vietnamese
- ☐ Other Asian (Please specify)

_____

Middle Eastern or North African

- ☐ Egyptian
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Lebanese
- ☐ Syrian
- ☐ Other Middle Eastern or North African (Please Specify)_____

Caucasian

- ☐ English
- ☐ French
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Scottish
- ☐ Other Caucasian (Please Specify)

_____

Pacific Islander

- ☐ Chamorro
- ☐ Fijian
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander (Please Specify)

_____

☐ **Do not wish to answer**

☐ **Other Race or Ethnicity (Please Specify)**

_____

_____

Applicant's next of kin

Relationship to the applicant _____

Last name _____ First Name _____ Middle Initial _____ Suffix _____

Street 1 _____ Street 2 _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Gold Star Parent Retroactive Annuity Benefits per Massachusetts General Law Chapter 115 Section 6B

Under Massachusetts General Law Chapter 115 Section 6B, approved Gold Star Parents may be eligible for a retroactive annuity payment dating back to July 1, 1998. Please complete the information below. Noting you must have been a resident of the commonwealth during the period you are applying for retroactive benefits.

Veteran's Date of Death: _____

Date of Application: _____

Please list the addresses for **ALL** places where you resided between date of death and the date of your application.

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

< Please use additional sheet if necessary >

Please submit all documents that you believe prove that you resided at each of the addresses within Massachusetts as listed above. By way of example, these may include, but are not limited to, property tax records (real estate and personal), records from the Registry of Deeds, bills, invoices, voting records, municipal census records, government records, affidavits from third parties, records from public agencies, records from houses of worship, civic organizations, financial institutions, etc.

Gold Star Surviving Spouse Retroactive Annuity Benefits per Massachusetts General Law Chapter 115 Section 6B

Under Massachusetts General Law Chapter 115 Section 6B, approved Gold Star Surviving Spouses may be eligible for a retroactive annuity payment dating back to November 11,2005. Please complete the information below. Noting you must have been a resident of the commonwealth during the period you are applying for retroactive benefits. Effective July 1, 2025, surviving spouses who remarry will be eligible for the annuity.

Veteran's Date of Death _____

Date of Application _____

Did you remarry after the Veteran's death? _____

If "Yes", please enter the date of remarriage _____

Please list the addresses for **ALL** places where you resided between date of death and the date of your application.

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

Address _____ Date From _____ Date To _____

< Please use additional sheet if necessary >

Please submit all documents that you believe prove that you resided at each of the addresses within Massachusetts as listed above. By way of example, these may include, but are not limited to, property tax records (real estate and personal), records from the Registry of Deeds, bills, invoices, voting records, municipal census records, government records, affidavits from third parties, records from public agencies, records from houses of worship, civic organizations, financial institutions, etc.

The Following additional forms need to be filed with this application.

- Certificate of discharge or release from active service (Member 4 DD form 214 w/Character of Service)
- Requests for verification of taxation reporting form (W-9) and Direct Deposit Form (EFT)
- VA Rating Decision
- Death Certificate or Casualty Report of Deceased Veteran
- Birth Certificate of Deceased Veteran (parent application only)
- Marriage Certificate (widow or widower application only)
- Please be aware that NEW applications for August payment must Be received and approved by EOVS by June 30th.

The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled. Further, I hereby authorize access to the U.S. Department of Veterans Affairs information or records to verify information provided in this application and in support of this request.

Signature _____ Date _____

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to 38 CFR §1.575(b), 108 CMR 4.03, and M.G.L. Chapter 115, § 4 The social security number is used to verify your identity