



*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 individuals:

- 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 30<sup>th</sup> 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 30<sup>th</sup>** to ensure timely processing.

### **Submission Instructions**

If you are unable to submit your application via Adobe Sign, please email it to [VetsAnnuity@Mass.Gov](mailto: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, 4<sup>th</sup> Floor  
Boston, MA 02114**



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

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- Other African American (Please Specify) \_\_\_\_\_

**American Indian or Alaska Native**

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- Puerto Rican
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- 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 _____
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Address _____	Date From _____	Date To _____
---------------	-----------------	---------------

Address _____	Date From _____	Date To _____
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Address _____	Date From _____	Date To _____
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< 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 30<sup>th</sup>.

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