



**Division of  
Veterans' Services**

**NYS Division of Veterans' Services  
2 Empire State Plaza,  
17th Floor  
Albany, NY 12223  
P: 518-486-3602 | F: 518-474-0313**

APPLICATION FOR BLIND ANNUITY

1. APPLICANT'S NAME:			
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*LAST*

*FIRST*

*MIDDLE*

*Circle: (Veteran or Unremarried Surviving Spouse)*

2. APPLICANT'S ADDRESS:		
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*NUMBER, STREET*

*APARTMENT, PO BOX*

		NY	
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*CITY/TOWN*

*COUNTY*

*STATE*

*ZIP CODE*

3. TELEPHONE:		4. DATE OF BIRTH:	
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5. APPLICANT'S SOCIAL SECURITY NUMBER:	
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6. VETERAN'S NAME: <i>(If different from Applicant)</i>			
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*LAST*

*FIRST*

*MIDDLE*

7. VETERAN'S SOCIAL SECURITY NUMBER:	
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8. QUALIFYING DATES OF SERVICE	9. ARE YOU MARRIED? YES <input type="checkbox"/> or NO <input type="checkbox"/>
<i>FROM</i>	If yes, SPOUSE'S NAME: _____
<i>TO</i>	

10. ARE YOU PRESENTLY DOMICILED IN NEW YORK STATE?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
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11. ARE YOU CURRENTLY A RESIDENT OF NEW YORK STATE?	YES <input type="checkbox"/> or NO <input type="checkbox"/>
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12. NAME OF PHYSICIAN PROVIDING EVIDENCE OF VETERANS LOSS OF SIGHT (Vet Only): *	
13. ADDRESS OF PHYSICIAN (Vet Only): *	
14. CERTIFICATION BY THE COMMISSION FOR THE BLIND & VISUALLY HANDICAPPED NUMBER (Vet Only): *	
15. NAME OF APPLICANT'S NEXT OF KIN (Friend or Relative) ( <i>Not Spouse</i> ): REQUIRED	
16. NEXT OF KIN TELEPHONE NUMBER:	
I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement is a misdemeanor pursuant to New York State Law.	
APPLICANTS SIGNATURE:	DATE:
PREPARER'S NAME:	PHONE NUMBER:
<i>Return: Completed Application, Report of Legal Blindness, certificate of Discharge, Proof of Residency &amp; Marriage &amp; Death certificates (if spouse applying) to:</i>	<b>NYS Division of Veterans' Services c/o Blind Annuity #2 Empire State Plaza, 17th Floor Albany, NY 12223</b>

*\*Please only fill out if you are a Veteran or a Spouse where the Veteran has never applied before.*

MAR 2022

## QUALIFICATIONS FOR BLIND ANNUITY

### REQUIRED DOCUMENTATION

The following are required. No payment will be made until all documents are provided.

#### DO NOT SEND ORIGINALS

#### VETERAN

##### The Application for Blind Annuity

**A Discharge showing both dates of Enlistment and Discharge**

**A Report of Legal Blindness OR a Registration number assigned by CBVH**

**Proof of Residency:** A COPY of a bill, rent receipt, or other correspondence showing the applicant's name and address in New York State.

#### SURVIVING SPOUSE\*

##### The Application for Blind Annuity

**Marriage Certificate**

**Death Certificate of the veteran**

**Proof of Residency:** A COPY of a bill, rent receipt, or other correspondence showing the applicant's name and address in New York State.

Spouse must be married to vet at time of vet's death, reside in NYS, and not now be married.

1. <b>NAME CHANGE</b> – If the name of the applicant is different than the one shown on the Veteran's official Discharge, paperwork <b>MUST</b> be submitted showing that the person named on the discharge is the same person named on the Application.
2. For a <b>male</b> veteran, this is usually a legal document that changes his name.
3. For a <b>female</b> veteran, usually a marriage certificate. If the veteran has been married more than once, divorce papers or a death certificate may be necessary to show the change from the name on the discharge to the one on the application.
4. If paperwork is unavailable showing name change, a notarized statement must be submitted explaining the difference. Example: <i>The name is a nickname that has been used since childhood.</i>

**\*If the applicant is the surviving spouse of a veteran who was eligible but not receiving the Blind Annuity benefit at the time of death, the spouse must complete ALL of the application and supply all of the documentation required for both the veteran AND the surviving spouse.**

### WHAT CONSTITUTES LEGAL BLINDNESS?

Legal blindness is defined as vision impairment where visual acuity is 20/200 or less in the better eye with best correction or where there is a restriction of the field of vision to an angle of 20 degrees or less.

A person with 20/200 visual acuity can see at 20 feet what a normally sighted person can see at 200 feet.

Blindness in only ONE eye does NOT qualify.

### WHAT MILITARY SERVICE QUALIFIES?

Must have 90 days active duty service for other than training purposes. Less than 90 days is acceptable if discharged for a service-connected disability. At least ONE DAY of Active Duty wartime service beginning, ending or during, the following periods is required.

**World War I:** April 6, 1917 - November 11, 1918

**World War II:** December 7, 1941 - December 31, 1946

**Korean War:** June 27, 1950 - January 31, 1955

**Vietnam Conflict:** February 28, 1961 - May 7, 1975

**\*Lebanon:** June 1, 1983 - December 1, 1987 - (Requires expeditionary medal)

**\*Grenada:** October 23, 1983 - November 21, 1983 - (Requires expeditionary medal)

**\*Panama:** December 20, 1989 - January 31, 1990 - (Requires expeditionary medal)

**Persian Gulf:** August 2, 1990 - End of Hostilities



## **Proof of New York State Residency**

*Please submit only ONE to Blind Annuity*

**The following (or similar) may be submitted as proof of NYS Residency.**

**The document must show YOUR name and address.**

**Please send only ONE proof with your application.  
PLEASE SEND A COPY. DO NOT SEND ORIGINALS.**

- **NYS ID Card or Driver's License**
- **Residential Lease (issued within one year of current date)**
- **Proof of Current Mortgage**
- **Property or School Tax Bill or Receipt (for current year)**
- **Assisted Living or Nursing Home Statement**
- **Federal or New York State Income Tax W-2**
- **Federal or New York State Income Tax or Earning Statement**
- **Voter Registration Notification Card (most recent)**
- **Utility bill with applicant's name and address (most current one issued for a recurring service such as phone bill, electric bill, water bill, cable bill, trash bill)**
- **Any proof not listed above that shows your name and current address.**



KATHY HOCHUL  
GOVERNOR

Optional

TO: Blind Annuity Benefits Recipients

Subject: Direct Deposit Program for Blind Annuity Checks

The NYS Division of Veteran Services is Authorized to extend the Direct Deposit Program to all Veterans and surviving spouses receiving the Blind Annuity Benefit.

Direct Deposit of the monthly Blind Annuity benefit to your bank or lending institution can save you money, time and trouble. No lost checks or waiting in line to cash the check. With the Direct Deposit Program, your money will be released to your bank on or around the 22<sup>nd</sup> of each month. If the 22<sup>nd</sup> falls on a weekend, the money will be released on the following Monday.

The Direct Deposit Program is offered at no charge as an alternative to a monthly check.

\*If you want to Participate in this program, please complete the enclosed enrollment form and return it with your application to: NYS Division of Veterans Services, Blind Annuity, 2 Empire State Plaza, 17<sup>th</sup> Floor, Albany, NY 12223-1200. If you are already receiving the benefit and would like to have your benefit directly deposited into your bank account, you can mail the completed and signed form along with a voided check or bank document to the above address, fax it to 518-473-0313 or email it to me at [dvsblindannuity@veterans.ny.gov](mailto:dvsblindannuity@veterans.ny.gov).

If you have any questions or need assistance with the form, please call the Blind Annuity Unit at 518-486-3602 or 518-474-3958.



## Electronic Payment (ePayment) Request

### Applicant Information

Full Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address Apartment/Unit  
\_\_\_\_\_  
City State County Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor ID# (10 Digits) OR Social Security# (9 Digits)

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Check One  
Checking or Savings

New Enrollment \_\_\_\_\_ Change ePay Bank Info \_\_\_\_\_ Cancel Pay \_\_\_\_\_

### Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Signed by Power of Attorney, please provide a copy of POA document to make changes)

PLEASE PROVIDE A COPY OF A VOID CHECK OR A DOCUMENT ON THE BANKS LETTERHEAD WITH A BANK OFFICIAL'S SIGNATURE. THE BANK DOCUMENT MUST HAVE THE BANK ROUTING/ACCOUNT NUMBERS & THE BLIND ANNUITANT'S NAME.

PLEASE RETURN COMPLETED AND SIGNED DOCUMENTS TO:

NYS DVS-BLIND ANNUITY | 2 EMPIRE STATE PLAZA 17<sup>TH</sup> FLOOR | ALBANY, NY 12223

P. 518-486-3602 | F. 518-474-0313 | E. DVSBLINDANNUITY@VETERANS.NY.GOV