



CAMP LEJEUNE: PAST WATER CONTAMINATION

From the 1950s through the 1980s, people serving or living at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals. This chemical exposure may have led to adverse health conditions.

YOU MAY BE ELIGIBLE FOR VA HEALTH BENEFITS IF YOU SERVED ON ACTIVE DUTY (VETERANS) OR RESIDED (FAMILY MEMBERS) AT CAMP LEJEUNE FOR 30 DAYS OR MORE BETWEEN AUGUST 1, 1953 AND DECEMBER 31, 1987:

- Veterans who are determined to be eligible will be able to receive VA health care. In addition, care for qualifying health conditions is provided at no cost to the Veteran.
- Eligible family members will receive reimbursement for out-of-pocket medical expenses incurred from the treatment of qualifying health conditions, after all other health insurance plans are applied.

QUALIFYING HEALTH CONDITIONS INCLUDE:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

VETERAN ELIGIBILITY:

- A Camp Lejeune Veteran does not need to have one of the 15 health conditions or a service connected disability to be eligible for VA health care. The Veteran must have served on active duty and have an other than dishonorable discharge.

VETERANS

ENROLL IN VA HEALTH CARE

- Inform VA that you served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987.
- **Already enrolled?** Contact your local VA health care facility at <http://www.va.gov/directory/guide/> to sign up for the Camp Lejeune Program and receive VA care.
- **Not yet enrolled?** Apply online at www.va.gov/health-care/how-to-apply/ or call toll-free 1-877-222-8387.

FAMILY MEMBERS

GATHER DOCUMENTS

- Show your relationship to the Veteran, such as a marriage or birth certificate.
- VA will assist you with verifying your residency at Camp Lejeune between August 1, 1953 and December 31, 1987.

GATHER QUALIFYING EXPENSE RECEIPTS

- By law, VA may only compensate for eligible out-of-pocket expenses after family members have received payment from all other health plans.

APPLY FOR REIMBURSEMENT

- Apply online at <https://www.cffamilymembers.fsc.va.gov> or call toll-free 1-866-372-1144.

Military Veterans



Timber Pines



To honor, educate, and assist all US Military veterans, men and women by providing social opportunities, information on veterans' entitlements, and outreach activities that address needs beyond the scope of other support groups

Military Veterans



Timber Pines

VA Program Relating To Camp LeJeune Water Contamination Health Issues

If you served at Marine Corps Base Camp LeJeune or Marine Corps Air Station (MCAS) New River in North Carolina, you may have had contact with contaminants in the drinking water there. Scientific and medical evidence has shown an association between exposure to these contaminants during military service and development of certain diseases later on. If you have qualifying service at Camp LeJeune and a current diagnosis of one of the conditions listed below, you may be able to get disability benefits.

Am I eligible for disability benefits from VA?

You may be eligible for disability benefits if you meet all of these requirements.

Both of these must be true:

- You served at Camp LeJeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987, **and**
- You didn't receive a dishonorable discharge when you separated from the military

And you must have a diagnosis of one or more of these presumptive conditions:

- Adult leukemia
- Aplastic anemia and other myelodysplastic syndromes
- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson's disease

Who's covered?

- Veterans

- Reservists
- Guardsmen

What kind of benefits can I get?

- Health care
- Compensation (payments)

How do I get these benefits?

You'll need to file a claim for disability compensation and provide this evidence (supporting documents):

- Your military records showing you served at Camp Lejeune or MCAS New River for at least 30 days from August 1953 through December 1987 while on active duty, or in the National Guard or Reserves, **and**
- Medical records stating that you have 1 or more of the 8 illnesses on the presumptive conditions list (see above)

You can file a claim in any of these ways:

- File a claim online on VA.gov, or
- Get help from an accredited representative, like a Veterans Service Officer (VSO), or
- Get help at a VA regional office

Note: When you file, be sure to state that you're applying for one or more of the presumed Camp LeJeune illnesses, and upload evidence (like a doctor's report or medical test results).

Are Veterans and their family members covered for health care?

Yes. Veterans who served at Camp LeJeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987—and their family members—can get health care benefits. We may pay you back for your out-of-pocket health care costs that were related to any of these 15 conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes

- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

How do I get these benefits as a family member?

You'll need to file a claim for disability compensation and provide this evidence (supporting documents).

You must provide all of this evidence:

- A document proving your relationship to the Veteran who served on active duty for at least 30 days at Camp LeJeune (like a marriage license, birth certificate, or adoption papers), **and**
- A document proving that you lived at Camp LeJeune or MCAS New River for at least 30 days from August 1953 through December 1987 (like utility bills, base housing records, military orders, or tax forms), **and**
- Medical records that show you have one of the 15 conditions listed above (as well as the date the illness was diagnosed and that you're being treated or have been treated in the past for this illness)

And you'll need to provide evidence that you paid health care expenses for your claimed condition during one of the time periods listed below.

You must provide evidence of payment during one of these time periods:

- Between January 1, 1957, and December 31, 1987 (if you lived on Camp Lejeune during this time period, we'll reimburse you for care received on or after August 6, 2012, and up to 2 years before the date of your application), **or**
- Between August 1, 1953, and December 31, 1956 (if you lived on Camp Lejeune during this time period, we'll reimburse you for care received on or after December 16, 2014, and up to 2 years before the date you apply for benefits)

You may want to provide a Camp LeJeune Family Member Program Treating Physician Report (VA Form 10-10068b)

You'll need to ask your doctor to fill out and sign this form before submitting it to us. We don't require this form, but it can help give us important information to determine your eligibility for benefits. (See enclosed VA Form 10-100068).

File a claim

Fill out the Camp Lejeune Family Member Program Application (See enclosed VA Form 10-10068).

- Fax it to 512-460-5536, **or**
- Mail it to:

Department of Veterans Affairs

Financial Services Center

PO Box 149200

Austin, TX 78714-9200

If you need help with your application, call our Camp Lejeune Family Member program staff at 866-372-1144.

What was in the drinking water at Camp Lejeune?

Two on-base water wells that were shut down in 1985 had these chemicals:

- Trichloroethylene (TCE)
- Perchloroethylene (PCE)
- Benzene
- Vinyl chloride
- Other compounds

Camp Lejeune Family Member Program Treating Physician Report

Record of Examination

Patient's Name (Last, First, Middle)	Date of Birth (MMDDYYYY)	Social Security Number
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Is there any history of the following conditions/illnesses? Yes No

These conditions/illnesses may be related to the patient's exposure to contaminated water at Camp Lejeune while living there for at least thirty days between August 1, 1953 and December 31, 1987.

If Yes: check condition/illness below that applies. (If more than one, a separate form must be completed for each illness.)

*Must provide additional information to support conclusion. *Please indicate the dates of Miscarriage and Female Infertility. These must have occurred concurrent with exposure, prior to 1988.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bladder cancer | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Scleroderma | <input type="checkbox"/> Female infertility* Dates _____ |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Multiple myeloma | <input type="checkbox"/> Hepatic steatosis† | <input type="checkbox"/> Miscarriage* Dates _____ |
| <input type="checkbox"/> Esophageal cancer | <input type="checkbox"/> Myelodysplastic syndrome | <input type="checkbox"/> Renal toxicity† | |
| <input type="checkbox"/> Kidney cancer | <input type="checkbox"/> Non-Hodgkin's lymphoma | <input type="checkbox"/> Neurobehavioral effects‡ | |
| <input type="checkbox"/> Lung cancer | | | |

What is your specific diagnosis?

ICD-9/10 code(s)

Date of diagnosis	Date of most recent visit for this condition
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Indicate the status of the condition Active Remission Other

What treatment has been provided?

- | | | |
|---------------------------------------|------------|--------------------------------|
| <input type="checkbox"/> Radiation | Start Date | Anticipated Treatment End Date |
| <input type="checkbox"/> Chemotherapy | Start Date | Anticipated Treatment End Date |
| <input type="checkbox"/> Surgery | Start Date | Anticipated Treatment End Date |

Other treatment

Ongoing/future treatment

Narrative: List any co-morbidities, risk factors, or other exposures that may have also contributed to this illness.

Medical records regarding the claimed condition are required in order to determine clinical eligibility.

‡ For these three conditions (Hepatic steatosis, Renal toxicity, Neurobehavioral effects) list symptoms, diagnostic tests, etc.

Signature

I certify the above statement to be true to the best of my abilities and acknowledge that providing false statements may subject me to felony criminal prosecution. I affirm that I have reviewed the Release of Information signed by the patient.

Signature of Physician		Date	
Name of Physician (Please print)			
Street Address		Tax ID Number	
City	State	Zip Code	National Provider Identifier (NPI)
Email Address	Phone Number		Indicate speciality, if any

For more information go to: <https://www.cfamilymembers.fsc.va.gov/>

NOTE TO PHYSICIAN: Your patient is applying to the Department of Veterans Affairs (VA). VA will consider the information you provide on this questionnaire as part of their eligibility determination for this program. This program's eligibility criteria will be determined through the VA. **Submission of this application does not guarantee acceptance into this program.**

The Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for benefits.

Privacy Act Information: The authority for collection of the requested information on this form is 38 USC 1787. The purpose of collecting this information is to determine your eligibility for reimbursement of health care related to conditions determined to result from contaminated water while you resided at Camp Lejeune, North Carolina, for a period of at least 30 days. The information you provide may be verified by computer matching programs with authoritative sources such as Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPV), Department of Defense (DoD), Defense Enrollment Eligibility Reporting System (DEERS), Centers for Medicare & Medicaid Services (CMS) or any other applicable authoritative source at any time. You are requested to provide your social security number as your VA record is filed and retrieved by this number. You do not have to provide the requested information on this form but if any or all of the requested information is not provided, it may delay or result in denial of your request for Camp Lejeune Family Member Program benefits. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records number 23VA16. For example, information including your social security number may be disclosed to the Department of Defense, contractors, trading partners, health care providers and other suppliers of health care services to determine your eligibility for medical benefits and payment for services.