

# Tyler's Veteran's Benefits (TVB) Quick Reference Guide

## Generating a Form and Sending it to VA

The screenshot shows the John Deere TVB dashboard. At the top, the user's name 'John Deere' and 'Veteran Number: VET-VB-00000015' are displayed. Below this is a blue header bar with fields for 'Veteran Status: Active', 'DOB:', 'VA File Number: 123889754', 'SSN: xxx-xx-9754', 'Age:', 'POA:', and 'Combined Disability %:'. On the left, there is a sidebar with contact information: Email (Runslikeadeer@gmail.com), Mobile phone (336-867-5309), Evening phone (336-867-5309), Daytime phone (336-867-5309), Address (220 Riddle Circle, Advance, SC 27284), and SSN (xxx-xx-9754). The main area contains a grid of tiles: 'Add Note', 'Add Vet Comm', 'New Claim', 'View Notes', 'View Comm Log', 'View Claims', 'Documents', 'Ratings', and 'Awards'. A 'VA Benefits Claims Login' button is in the top right corner.

**Step 1.** From the veteran folder click the “**New Claim**” Tile. This will take the user to the New Claim page

**Step 2.** From here select the required field of **\*Claim Type\*** usually this will be **Compensation**. The other 2 required fields automatically populate.

**Step 3.** Click Save which will create the **Claim Folder**.

**Step 4.** The first page of the Claim Folder is the splash page, locate the **Generate Form** Tile and click it.

This screenshot shows the 'New Claim' page. At the top, the user's name 'John Deere' and 'Veteran Number: VET-VB-00000015' are displayed. Below this is a blue header bar with fields for 'Veteran Status: Active', 'DOB:', 'VA File Number: 123889754', 'SSN: xxx-xx-9754', 'Age:', 'POA:', and 'Combined Disability %:'. The main area contains a grid of tiles: 'Ratings', 'Awards', 'Appeals', 'Claim Packages', 'Claim Document', 'Generate Form', and 'Submit to VA Benefits Intake'. A yellow arrow points to the 'Generate Form' tile.

**Step 5.** A new side panel will populate with 3 required fields:

- Document Type
- Document name
- Document Date (automatically filled)

**Step 6.** Select the Document Type by either searching the dropdown box or typing in the form name.

**Step 7.** Enter the Document Name and click **Generate Form**.

**Step 8.** A new page will populate that contains the generated form.

**Step 9.** To edit this form, move the cursor to the 3 circles and click **Edit**

**Step 10.** Users will now be viewing the generated form and are free to enter in any additional information including the required signature.

**Step 11.** Once the form is complete click **Save**; this will take users to the previous page.

**Step 12.** If no other edits are needed to the form, click **Mark as Signed**.

Document Category \*

Forms


Document Type \*

VA 21-526EZ Application for Disability Compensation and ...

Document Name \*

test2




Document Date \*

06/21/2024  (mm/dd/yyyy)

Pagination Start Page

9

File \*

 VBA-21-526EZ-ARE.pdf  

Status: Available

Comments

Form Record Audit


Regenerate Form

Remote Sign

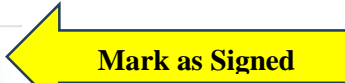
Delete

Send to VA

Mark as Signed



Edit



Mark as Signed



**Step 13.** Once the form has been signed and **If There Are No Other Documents To Send To VA** along with the Claim Document Click **Send to VA**

