

Department of Veterans Services

- NOTICE OF ACTION  
 NOTICE OF INTENT

To:

Date of Issue:  
State Case No:

This Notice of Intent/Action is to inform you that on \_\_\_\_\_ benefits will be:  
(Cross Out One) (Date)

- Denied  Suspended  
 Changed to \$ \_\_\_\_\_ per month  Terminated  
(Amount)  
 Held in Refund Status in the amount of \_\_\_\_\_

The reason(s) for taking this action and the specific facts used to determine the need for such action are:

Enter the SPECIFIC CMR Reference:

Enter the SPECIFIC Facts supporting this action:

(Use additional space on page 2 if necessary)

If you have any questions regarding this change in your benefits, please contact my office.

**If the Notice of Intent Block is checked above, you must resolve the above issues by the date indicated or your benefits may be terminated, suspended or reduced.**

**Appeal Rights (NOA Only)**

If this is a Notice of Action AND you disagree with this action, you may appeal. If you choose to appeal, the following procedures must be followed.

- A. You **must** mail or hand-deliver a dated letter signed by you to:  
"Appeal Section"  
Department of Veterans' Services  
600 Washington St., Suite 1100  
Boston, MA, 02111
- B. You **must** mail or hand-deliver a copy of your letter of appeal to me, your Veterans' Services Officer.
- C. You **must** mail your appeal within **21 days** of receiving this Notice of Action.
- D. Your letter of appeal may include your reason for disagreeing with this action.

**Prior to the Appeal Hearing, you have the right to examine and copy any documents the Veterans' Services Officer relies upon to support this action.**

State Case Number:

**Waiver Request of Refund Status (NOA Only)**

If you are placed in Refund Status and agree that you have received income (monies) from any source during the time you were collecting veterans' benefits, or failed to disclose assets or income, you have the right to request a waiver of indebtedness regardless of how the indebtedness came about. The waiver must be requested through me, your Veterans' Services Officer, within 14 days of the date on this notice. The waiver must be specific concerning the need to continue providing benefits. If you are placed in refund status, you are not eligible for benefits during the review period.

**Continuation of Benefits (NOA Only)**

If your benefits have been terminated or suspended, you have filed a timely appeal letter and have mailed a copy of the letter to the Veterans' Services Officer your benefits will continue, as long as you are otherwise eligible, until a decision is made by the State Hearing Officer. If you are placed in Refund Status, you may not be eligible to continue benefits.

**Certificate of Service (NOA Only)**

On this date, a copy of this notice has been sent to the State Department of Veterans' Services.

\_\_\_\_\_  
Veterans' Services Officer

Printed Name: \_\_\_\_\_

Additional Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_