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| [For use by Veteran](#)

{Date}

Veterans Service Center Manager  
{VARO}  
{VARO Address}  
{VARO City/State/Zip}

RE: {Veteran's name}  
{Address}  
{City/State/Zip}  
{File number:}

Dear {VA Official}:

I am filing a claim in anticipation of the final VA rule/regulation, which will allow presumptive service connection for three new conditions under the Agent Orange Act of 1991.

Specifically I am requesting the establishment of a service connected disability evaluation for: {insert one of the following: B-cell leukemia, Parkinson's disease, Ischemic Heart Disease}.

I am submitting (or will submit) medical evidence /records indicating symptoms of, or have been diagnosed with \_\_\_\_\_.

Sincerely yours,

{insert signature}

POA: VFW