START HERE

Presumptive covers one part. *You still show the rest.*

This guide explains what a presumption does for a VA disability claim and what it leaves for you to show. It is general education about the public process. It does not tell you whether you qualify or what to file.

What VA says

VA's own pages say that for a presumptive condition, VA will "automatically assume (or 'presume') that your service caused your condition." So the word automatic is real. It describes the link between your service and the condition.

What that saves you

For a listed condition, you do not need to prove that service caused it. You do not need a record of the condition during service. That is a real advantage, and it is where the presumption's job ends.

What it does not do

It does not file a claim for you, confirm your service, diagnose you, set your rating percentage or prevent VA from weighing other evidence. The next pages walk through each of those pieces.

THE FOUR BOXES

Four things the *presumption does not supply.*

VA's evidence page lists what you submit or identify for a presumptive condition: medical records showing the diagnosis and severity, and military records showing you meet the service requirements.

1. A filed claim

Federal law says a specific claim must be filed for benefits to be paid. A condition being on a list does not start a claim by itself.

2. Service that matches the list

Each presumption has its own service rule: where you served, when, and sometimes for how long. Your DD-214, orders and personnel records usually show this. Service records can be requested from the National Archives.

3. A current diagnosis

The condition must be diagnosed. Treatment records from VA or private clinicians show the diagnosis and how it affects you. If you have symptoms but no diagnosis, the first step is a medical evaluation.

BOX FOUR: LEVEL AND TIMING

Some lists also ask *how much, and when.*

The fourth box depends on which list applies. Some presumptions require the condition to reach a certain level, measured by the rating schedule, within a set time. Others do not. Here is how the regulations describe it.

Chronic diseases (38 CFR 3.307(a)(3))

The disease must reach a 10 percent level within 1 year of separation. The window is 3 years for Hansen's disease and tuberculosis, and 7 years for multiple sclerosis.

Herbicide and Camp Lejeune lists

Listed diseases must reach 10 percent at any time after service. For herbicide exposure, chloracne, porphyria cutanea tarda and early-onset peripheral neuropathy must reach 10 percent within a year of the last exposure.

Fine particulate matter (burn pits) list

The conditions in 38 CFR 3.320 count if they appear to any degree, including a noncompensable level, at any time after qualifying service. The PACT Act statute adds more conditions and locations, so check VA's current list pages.

THE NUMBER AND THE EXCEPTIONS

The link is presumed. *The percentage is not.*

Once the link is established, VA rates the condition like any other. The rating schedule looks at the condition's own criteria. The presumption does not add points.

The rating comes from the schedule

VA applies the rating criteria for that condition. When those criteria for a compensable rating are not met, the regulation says a zero percent rating is assigned. Service connected at 0% is a real outcome.

A presumption can be rebutted

VA can decide against a presumption when there is affirmative evidence to the contrary, for example evidence that the condition came from a later cause or event after service. The regulations list the kinds of evidence VA may consider.

What you control

Get evaluated and treated, so your records show the diagnosis and its real effect on your life. Gather the service records that show where and when you served. At any exam, describe your real symptoms accurately: not bigger, not smaller.

WHERE TO TAKE QUESTIONS

Your situation is *a question for accredited help.*

Whether a presumption fits your service and condition depends on your facts. Accredited representatives are authorized to help with an individual claim.

Free accredited help

VA says the services an accredited Veterans Service Organization (VSO) representative provides on your claims are always free. Accredited attorneys and claims agents can charge fees. Use VA's Find a VA accredited representative or VSO tool before you appoint anyone.

Questions worth bringing

Which presumption, if any, fits my dates and places? Is my condition on the current list, including PACT Act additions? Does that list have a level or timing rule? What records exist, and what is missing?

Be wary of certainty

No one can promise a presumptive condition will be approved or rated at a set percentage. If someone guarantees a result, ask where the rule says so.

Sources

38 CFR 3.307: presumptive service connection (eCFR)
38 CFR 3.320: exposure to fine particulate matter (eCFR)
38 CFR 4.31: zero percent evaluations (eCFR)
38 U.S.C. 5101: a claim must be filed
VA.gov: The PACT Act and your VA benefits
VA.gov: Evidence needed for your disability claim
VA.gov: Get help from a VA accredited representative or VSO
VA.gov: Find a VA accredited representative or VSO
National Archives: Military service records

CONTROL THE FOUNDATION

Your health is where *the evidence begins.*

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.