APPLICATION FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1413a, as amended by section 642, P.L. 108-136, November 24, 2003; E.O. 9397, November 1943 (SSN); PDUSD(P&R) Memorandum (May 21, 2003), Subject: Combat-Related Special Compensation (CRSC).

PRINCIPAL PURPOSE(S): Used by career retirees to apply for Combat-Related Special Compensation (CRSC). Application is reviewed to determine eligibility. Information provided by the retiree is used to identify the individual and their service record, determine eligibility for Combat-Related Special Compensation under 10 U.S.C. 1413a, and determine the amount and effective date of payment.

ROUTINE USE(S): Information may be provided to the Department of Veterans Affairs (VA) for these purposes; to the Internal Revenue Service with respect to matters relating to an individual's tax status, and to the Department of Justice or state or local governments when a question of conflicting interest is raised concerning a member's declaration and application for compensation.

DISCLOSURE: Voluntary; however, failure to provide any required information may result in member not being considered eligible for Combat-Related Special Compensation.

COMPLETE THE FORM CAREFULLY AND ACCURATELY.

GENERAL INSTRUCTIONS.

TO HAVE A VALID APPLICATION YOU MUST COMPLETE THE **ENTIRE** FORM AND **SIGN** IT IN BLOCK 15 (bottom of Page 5).

Complete and submit this form (pages 1 and 3 need not be included) to apply for Combat-Related Special Compensation (CRSC). Print, type, or use a computer and provide the best information available. If you don't know the answer, enter "Don't Know" or "DK" - do not leave any item blank.

If you need assistance to complete this form, consult with the agencies that manage your records and information as appropriate, including your branch of service, DFAS, and/or the VA. The following web sites may be helpful also:

Army: http://www.crsc.army.mil/

 $\label{lem:navy-mil/ncpb/CRSCB/combatrelated.htm} \begin{tabular}{ll} Navy & Marine Corps: $$ \underline{http://www.hq.navy.mil/ncpb/CRSCB/combatrelated.htm} \end{tabular} $$ Air Force: $$ \underline{http://www.afpc.randolph.af.mil/disability/CRSC/CRSCnew.htm} $$ $$$

DoD: http://www.defenselink.mil/prhome/crsc.html

DFAS: http://www.dfas.mil/money/retired/ Coast Guard: http://www.uscg.mil/hq/psc

Sign and date your application. Enclose with your application a clean legible copy of any supporting documents listed on page 5, items 14a through 14i(6). **DO NOT SEND ANY ORIGINAL DOCUMENTS, AS THEY WILL NOT BE RETURNED.**

Send your application package to the address listed below for the Uniformed Service from which you retired.

ARMY:

U.S. Army Human Resources Command U.S. Army Physical Disability Agency (CRSC) ATTN: AHRC-DZB-CRSC 200 Stovall Street Alexandria, VA 22332-0470

NAVY AND MARINE CORPS:

Naval Council of Personnel Boards Combat Related Special Compensation Branch 1111 Old Jefferson Davis Highway, Suite 703 Arlington, VA 22202-4357

AIR FORCE:

United States Air Force Disability Division (CRSC) 550 C Street West, Suite 6 Randolph AFB, TX 78150-4708

COAST GUARD:

Commander (adm-1-CRSC) U.S. Coast Guard Personnel Command 4200 Wilson Boulevard Arlington, VA 22203-1804

NOAA CORPS:

Director, Commissioned Personnel Center SSMC3/Room 12100 1315 East West Highway Silver Spring, MD 20910

PUBLIC HEALTH SERVICE:

United States Public Health Service Division of Commissioned Personnel Office of the Director, Room 4A-15 5600 Fishers Lane Rockville, MD 20857-0001

| | | Α | PPLICA | TION | FOI | R COMBAT-RELAT | ΕC | O SPECIAL CO | OMI | PENS | ATION | (CR | SC) | | | | |
|--|--|-----------------------------|----------------------------------|------------------------------|------------------|--|--|------------------|---------|---------|----------|------------------|--------------------------------|--------|----------|-----|-----|
| | | | | | | SECTION I - PERSOI | NA | AL IDENTIFICA | ΓΙΟΙ | V | | | | | | | |
| NAME (Last, First, Middle Initial) 3.a. SOCIAL SECURITY NUMBER b. SERVICE NUMBER (If different) | | | | | | MAILING ADDRESS AND CONTACT INFORMATION a. STREET (Include apartment number) | | | | | | | | | | | |
| 4. DATE OF BIRTH (YYYYMMDD) 5. RETIRED RANK/RATE/PAY GRADE | | | | | b. CITY c. STATE | | | | | | d. ZI | d. ZIP CODE+FOUR | | | | | |
| A C | RMY OAST GUARD | | NAVY/U NOAA | SMC | | RETIRED (X only one) USAF PUBLIC HEALTH H YOU SERVED | e. DAYTIME TELEPHONE f. E-MAIL ADDRESS NO. (Include area code) | | | | | | S (Optional) FIRED (YYYYMMDD) | | | | |
| () A | OTHER UNIFORMED SERVICE(S) IN WHICH YOU SERVED (X all that apply) ARMY NAVY/USMC USAF COAST GUARD NOAA PUBLIC HEALTH c. VA CLAIM, FILE OR C NUMBER 7. DATE RET | | | | | | | T | I | | -, | | | | | | |
| 8.a. Are you a Permanent Disability Retiree (PDRL) or are you currently on the Temporary Disability Retired List (TDRL) or Neither? (X one) | | | | | | | | | | TDRL | | | | | | | |
| b. Were you evaluated by a Military Physical Evaluation Board (PEB)? | | | | | | | | | | YES | | NO | | | | | |
| c. Do you receive Special Monthly Compensation (SMC) from the VA? | | | | | | | | | | YES | | NO | | | | | |
| d. Does the VA compensate you based on Total Disability because you are classified Individually Unemployable (IU)? | | | | | | | | | YES | | NO | | | | | | |
| | | NC |)TE : Yo | u mus | | SECTION II - PRELIMI eet ALL criteria of this | | | | | n will b | e de | nied. | | | | |
| 9. AI | NSWER ONLY | | | | | APPLIES TO YOUR F | | | • | | | | | | | | |
| a. Do you have 20 or more years of service creditable for the computation of the amount of your retired pay? | | | | | | | | | YES | | NO | | | | | | |
| OF | ₹ | | | | | | | | | | | | | l . | 1 | | |
| b. | FOR NON-RE | GUL. | AR (RES | SERVE | RE | TIREMENT ONLY (Ret | tire | ed pay beginning | at a | ge 60 i | based on | n poin | ts unde | r 10 U | I.S.C. 1 | 273 | 1). |
| (1) Are you at least 60 years of age? | | | | | | | | | | YES | | NO | | | | | |
| (2) Have you received a notice of eligibility for retired pay under Chapter 1223 of Title 10 of the United States Code? | | | | | | | | YES | | NO | | | | | | | |
| (3) Have you applied for retired pay? | | | | | | | | | YES | | NO | | | | | | |
| (4) Do you have 20 qualifying years of service for retirement at age 60? | | | | | | | | | YES | | NO | | | | | | |
| 10. ARE YOU IN A RETIRED STATUS (i.e., are you on the retired rolls, or have you been transferred to the Fleet Reserve or Fleet Marine Corps Reserve)? Members recalled to, or retained on, active duty are not in a retired status during the period of such recall or retention. | | | | | | | | YES | | NO | | | | | | | |
| Y | compens IO - Includes | mem ation mem of a | bers wh nbers wh civil ser | no have no hav vice re | e wa e wa | 7? nived military retired paived military retired pair ment, or for any reas | ра | y in order to c | edit | milita | ary serv | | or | | YES | | NO |
| 12. D | O YOU RECE | IVE V | 'A DISA | BILITY | co | MPENSATION BASE | D (| ON A CURREN | T D | ISABII | ITY RA | TING | 3? | | YES | | NO |
| lf | vou answered | l Yes | to Item | s 9. 1 | 0. 1 | 1. and 12. you appea | ar ' | to meet the Pro | lim | inary (| CRSC C | riter | ia and v | vou s | hould | | |

If you answered Yes to Items 9, 10, 11, and 12, you appear to meet the Preliminary CRSC Criteria and you should continue to Section III. Otherwise, do not complete the application, but you may apply later if your circumstances change and you meet the Preliminary CRSC Criteria.

SECTION III - FINAL CRSC CRITERIA

ORIGIN OF DISABILITIES COMPENSATED BY THE VA

Final CRSC criteria require a combat-related injury or injuries. If you believe you meet the Final CRSC Criteria, you should complete the application. If you do not believe you meet the final criteria, you should not complete the application, but you may apply later if your circumstances change and you believe you meet the Final CRSC Criteria.

In this section list your VA service-connected disabilities you believe to be combat-related and provide information and codes that address the disability and how it was incurred. For each disability there is a four to eight digit number assigned by the VA or by the PEB from the VA Schedule of Rating Disabilities, sometimes called diagnostic codes. The number should be on your VA Rating Decision Code Sheet (or the Findings from the PEB process). This number or numbers should be entered for each diagnosis. There should be ONE diagnosis per box (page 4). Provide supporting documentation to support how each disability was caused. Causation and/or current medical documentation must be included. Objective evidence includes documentation from an outside source such as VA Rating Decisions, and clinical or medical doctor diagnosis with determination of injury/illness and its cause. Include a DD 214, NGB Form 22 (Discharge), 20 year letter, award narratives describing injury, and similar documents to support your claim.

CIRCUMSTANCES UNDER WHICH A DISABILITY IS INCURRED (ORIGIN OF DISABILITY CODES)

PURPLE HEART (PH) - The disability resulted from an injury for which you were awarded the Purple Heart. This should be associated with an incident involving armed conflict. Be sure to include a copy of your Purple Heart award certificate and/or your DD 214 reflecting the award.

DIRECT RESULT OF ARMED CONFLICT (AC) - The disability was incurred in the line of duty as a direct result of armed conflict. The fact that a member incurred the disability during a period of war or an area of armed conflict or while participating in combat operations is not sufficient to support a combat-related determination. There must be a definite causal relationship between the armed conflict and the resulting disability. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status.

WHILE ENGAGED IN HAZARDOUS SERVICE (HS) - Such service includes, but is not limited to, aerial flight, parachute duty, demolition duty, experimental stress duty, and diving duty. A finding that a disability is the result of such hazardous service requires that the disability be the direct result of actions taken in the performance of such service. Travel to or from such service, or actions incidental to a normal duty status not considered hazardous are not included.

NOTE: Duty aboard a submarine does not, in itself, constitute hazardous service.

IN THE PERFORMANCE OF DUTY UNDER CONDITIONS SIMULATING WAR (SW). - In general this covers disabilities resulting from simulated combat activity during military training, such as war games, practice alerts, tactical exercises, airborne operations, leadership reaction courses, grenade and live fire weapons practice, bayonet training, hand-to-hand combat training, repelling, and negotiation of combat confidence and obstacle courses. It does not include physical training activities such as calisthenics and jogging or formation running and supervised sports activities. Merely sustaining an injury during military training without participation in combat simulation activity is not considered combat-related.

INSTRUMENTALITY OF WAR (IN) - Incurrence during an actual period of war is not required. However, there must be a direct causal relationship between the instrumentality of war and the disability. The disability must be incurred incident to a hazard or risk of the service. An instrumentality of war is a vehicle, vessel, or device designed primarily for Military Service and intended for use in such Service at the time of the occurrence or injury. It may also include such instrumentalities not designed primarily for Military Service if use of, or occurrence involving, such instrumentality subjects the individual to a hazard peculiar to Military Service. Such use or occurrence differs from the use or occurrence under similar circumstances in civilian pursuits. A determination that a disability is the result of an instrumentality of war may be made if the disability was incurred in any period of service as a result of such diverse causes as wounds caused by a military weapon, accidents involving a military combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordnance, vehicles, or material. For example, if a member is on a field exercise and is engaged in sporting activity and falls and strikes an armored vehicle, the injury will not be considered to result from the instrumentality of war (armored vehicle) because it was the sporting activity that was the cause of the injury, not the vehicle. On the other hand, if the individual was engaged in the same sporting activity and the armored vehicle struck the member, the injury would be considered the result of an instrumentality of war.

AGENT ORANGE (AO), GULF WAR (GW), RADIATION EXPOSURE (RE), MUSTARD GAS OR LEWISITE (MG) - These codes should be entered for disabilities awarded by the VA on the basis of presumptions relating to certain disabling conditions described below, even though there is no direct connection and the disability did not occur immediately. You should describe the place, period, and conditions of exposure. These conditions include exposure to Agent Orange, radiation, mustard gas or lewisite, and Gulf War service. Conditions can only be considered under these circumstances if the VA has specifically awarded them as service-connected based on presumptions that include combat-related conditions.

NO OTHER CODE APPLIES (NA) - None of the other codes above describe the circumstances under which this disability was incurred.