

SOLDIER'S MEDICAL EVALUATION BOARD/PHYSICAL EVALUATION BOARD COUNSELING CHECKLIST

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC chapter 61 and 5 USC 301.

PRINCIPAL PURPOSE: To explain the Disability Evaluation System, to provide the Soldier with a checklist of steps involved in processing his/her disability evaluation case, and to document information provided to the Soldier.

ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of system of records notices may apply to this system. Information collected in this document is not routinely shared outside of the DoD. However, the information may be used to respond to a Congressional inquiry made by the Soldier.

DISCLOSURE: Voluntary, however failure to provide the required information may interfere with the proper processing of the Soldier's case.

SECTION I. APPLICABILITY

This form is applicable to Soldiers who are processing through part or all of the Army Disability Evaluation System (DES) with the exception of Reserve Component Soldiers referred to the non duty-related process.

SECTION II. INSTRUCTIONS

The Physical Evaluation Board Liaison Officer (PEBLO) is responsible for informing Soldiers (or their NOK when the Soldier is incompetent) throughout all phases of the DES. The PEBLO forwards the form to the PEB with the Soldier's election to the last level of PEB adjudication. The supervisor of the PEBLO will use the remarks block of Section IIIA through IIIE to document review of the counseling before the MEB package is forwarded to the PEB; and use the remarks block of Section IIIB to document review of counseling after PEBLO has counseled the Soldier on PEB findings.

The PEBLO and Soldier will initial and date each counseling entry on DA Form 5893 as counseling occurs.

SECTION III. DISABILITY EVALUATION SYSTEM

INITIALS		DATE		A. MEDICAL EVALUATION BOARD (MEB)
SOLDIER	PEBLO			
			(1)	I have attended the Standard Integrated Disability Evaluation System (IDES) (MEB/PEB) Briefing. Briefing location: _____ Date attended: _____
			(2)	I have had an initial counseling session with my PEBLO. I know who my PEBLO is and how to contact my PEBLO. If assigned to the Warrior Transition Unit (WTU), I have provided contact information for my Nurse Case Manager and my Squad Leader to my PEBLO. My PEBLO has received my current point of contact information, and I understand that I must keep my PEBLO aware of any personal or unit changes in address or telephone numbers. My PEBLO DOD Email Address: _____ Telephone Number: _____ Nurse Case Manager DOD Email Address: _____ Telephone Number: _____ Squad Leader DOD Email Address: _____ Telephone Number: _____ Commander DOD Email Address: _____ Telephone Number: _____
			(3)	I have been advised of my right to seek legal assistance during the IDES process. I understand that I may seek legal assistance free of charge from the Soldier's Medical Evaluation Board Counsel (SMEBC) or that I may retain civilian counsel at my own expense or seek a Veterans Affairs (VA) accredited representative of a service organization recognized by the Department of Veterans Affairs using VA Form 21-22 or from a VA-accredited claims agent or attorney, using VA Form 21-22a at any time during the process. I have attended the mandatory legal briefing provided by Soldiers' MEB Counsel on _____ My local Soldier's MEB Counsel's office number is: _____
			(4)	I am aware that my spouse/family participation in this process is encouraged. I have completed required release of information documentation to allow my PEBLO to communicate directly with my family, if applicable.
			(5)	I have been scheduled for a DES Multidisciplinary meeting involving key DES stakeholders (as applicable): MEB Provider, Unit Commander, Legal counsel, PEBLO, Military Service Coordinator (MSC). I am aware that family participation is encouraged. My DES multi-disciplinary meeting will be at the following location: _____ Date and time of multi-disciplinary meeting: _____
			(6)	My PEBLO advised me of the option for electronic communication throughout the DES process. I understand that by choosing this option I must complete MC Form 756 MEDICAL RECORD - CONSENT FORM (Authorization To Send And Receive Medical Information By Electronic Mail).
			(7)	I have received a copy of the Army IDES pocket guide or e-pocket guide access information. I have also been informed I can locate the Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces at following URL: http://warriorcare.dodlive.mil/benefits/compensation-and-benefits
			(8)	My PEBLO has instructed me to establish a DoD Self-Service (DS) Logon and register for an eBenefits account at the following URL: www.ebenefits.va.gov . The Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces can be located at this URL.

SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)

INITIALS		DATE		A. MEDICAL EVALUATION BOARD (MEB) (Continued)																								
SOLDIER	PEBLO																											
			(9)	I have been advised to provide a copy of all medical records in my possession from the point of entry into the Service, including initial MEPS entrance physical, civilian medical records, and civilian pharmacy medical profile to my PEBLO for inclusion in the DES case file. I understand that records generated on me as a dependent Family member will not be used for purposes of DES unless I have given written authorization for them to be used for DES purposes. I understand I am not required to provide pre-service medical records. If I sign a release to provide such records, I understand the records may impact determinations of whether an unfitting condition is entitled to military disability benefits.																								
			(10)	I understand how to utilize the IDES Dashboard to track the progress of my IDES case on a CAC enabled government issued computer. My PEBLO demonstrated access. I understand I may encounter no access from a personal computer despite having a CAC reader and the required certificates. I will contact and follow-up with my PEBLO for updates on the progress of my IDES case. The IDES Dashboard will only be accessible by a government based computer.																								
			(11)	My PEBLO has referred me to a VA Vocational Rehabilitation Counselor (VRC) for mandatory one-on-one counseling on VA Vocational Rehabilitation and Employment (VR&E) services. The VRC is _____ and their office telephone is _____. The date and time of the counseling is _____.																								
			(12)	I have been referred for enrollment in the VA Benefits Delivery at Discharge and have obtained information for how to receive a copy of my Service Treatment Record. (Pertains to those Soldiers who are approved for legacy DES processing).																								
			(13)	I acknowledge that I must remain available while undergoing IDES and understand the MEB phase is the most critical phase in the process. I will coordinate any necessary leave through my PEBLO so as to not miss any appointments nor delay the process.																								
			(14)	I have provided all required administrative documents. (Leave and Earnings Statement, Enlisted Record Brief/ Officer Record Brief, Non Commissioned Officer Evaluation Reports/Officer Evaluation Reports, any orders, and other required administrative documents) as informed by my PEBLO.																								
			(15)	I have been informed of the Soldier for Life -Transition Program (SFL-TAP) Virtual Center phone number (800) 325-4715 and the website-- https://www.sfl-tap.army.mil and local office. I understand that it is desired for me to complete SFL-TAP pre-separation counseling before PEB adjudication to be timely aware of my transition benefits. My mandatory SFL-TAP Preseparation counseling briefing has been scheduled for Date: _____																								
			(16)	I have been informed that AR 621-202, para 4-15 addresses eligibility criteria for Soldiers to Transfer Post 9/11 GI Bill Benefits to Dependents (TEB). Effective 26 October 2017, Soldiers who cannot commit to the four year service obligation due to Retention Control Point, approved disability separation or retirement, or end date of an approved Continuation on Active Duty will have their request for TEB disapproved.																								
			(17)	I have provided the PEBLO a copy of my signed eForm DD 2648 confirming that I have completed the mandatory Preseparation counseling briefing. The eForm DD 2648 applies to all Active and Reserve Component Soldiers with 180+ days of continuous active duty service.																								
			(18)	My PEBLO has referred me to the local Soldier and Family Assistance Center (SFAC) and to the following websites for additional information that can assist me and my family as we prepare for possible transition from the Army. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">My Army Benefits</td> <td>http://myarmybenefits.us.army.mil/</td> </tr> <tr> <td>DoDTap</td> <td>https://www.dodtap.mil/</td> </tr> <tr> <td>VA Benefits</td> <td>www.benefits.va.gov/BENEFITS/factsheets.asp</td> </tr> <tr> <td>Military OneSource</td> <td>www.MilitaryOneSource.mil</td> </tr> <tr> <td>National Resource Directory (NRD)</td> <td>https://www.ebenefits.va.gov/ebenefits/nrd</td> </tr> <tr> <td>My Health Vet</td> <td>https://www.myhealth.va.gov</td> </tr> <tr> <td>Social Security Administration</td> <td>www.socialsecurity.gov/woundedwarriors/</td> </tr> <tr> <td>Department of Labor</td> <td>www.dol.gov/vets</td> </tr> <tr> <td>FEDS HIRE VETS</td> <td>www.fedshirevets.gov</td> </tr> <tr> <td>Soldier for Life Transition Assistance Program</td> <td>https://www.sfl-TAP.army.mil/</td> </tr> <tr> <td>U.S. Army Wounded Warrior Program</td> <td>http://wct/army.mil/wct/aw2_overview.html</td> </tr> <tr> <td>Army Warrior Care and Transition Program</td> <td>http://www.wct.army.mil/</td> </tr> </table>	My Army Benefits	http://myarmybenefits.us.army.mil/	DoDTap	https://www.dodtap.mil/	VA Benefits	www.benefits.va.gov/BENEFITS/factsheets.asp	Military OneSource	www.MilitaryOneSource.mil	National Resource Directory (NRD)	https://www.ebenefits.va.gov/ebenefits/nrd	My Health Vet	https://www.myhealth.va.gov	Social Security Administration	www.socialsecurity.gov/woundedwarriors/	Department of Labor	www.dol.gov/vets	FEDS HIRE VETS	www.fedshirevets.gov	Soldier for Life Transition Assistance Program	https://www.sfl-TAP.army.mil/	U.S. Army Wounded Warrior Program	http://wct/army.mil/wct/aw2_overview.html	Army Warrior Care and Transition Program	http://www.wct.army.mil/
My Army Benefits	http://myarmybenefits.us.army.mil/																											
DoDTap	https://www.dodtap.mil/																											
VA Benefits	www.benefits.va.gov/BENEFITS/factsheets.asp																											
Military OneSource	www.MilitaryOneSource.mil																											
National Resource Directory (NRD)	https://www.ebenefits.va.gov/ebenefits/nrd																											
My Health Vet	https://www.myhealth.va.gov																											
Social Security Administration	www.socialsecurity.gov/woundedwarriors/																											
Department of Labor	www.dol.gov/vets																											
FEDS HIRE VETS	www.fedshirevets.gov																											
Soldier for Life Transition Assistance Program	https://www.sfl-TAP.army.mil/																											
U.S. Army Wounded Warrior Program	http://wct/army.mil/wct/aw2_overview.html																											
Army Warrior Care and Transition Program	http://www.wct.army.mil/																											
			(19)	My PEBLO has provided me with the Disabled Veterans Outreach Program Specialist information. The local Disabled Veterans Outreach Program Specialist is:																								
			(20)	I have been scheduled for Part I of my Physical Examination. (Legacy cases) Date: I have been scheduled for Part II of my Physical Examination. (Legacy cases) Date:																								
			(21)	I have received a copy of my Compensation and Pension (C&P) Medical Exam Appointment Slip(s) and am aware that any rescheduling of these appointments must be coordinated through my PEBLO. I have provided my PEBLO a copy of my C&P appointment slip(s).																								

SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)

INITIALS		DATE	A. MEDICAL EVALUATION BOARD (MEB) (Continued)
SOLDIER	PEBLO		
		(22)	My PEBLO has informed me of receipt of my C&P exam and that my case has been forwarded to the MEB.
		(23)	I have been informed of the decision of the MEB and have received a copy of the DA Form 3947, Medical Evaluation Board Proceedings; Narrative Summary (NARSUM); completed VA C&P Medical Examination(s) results; and allied case documents.
		(24)	Within 5 calendar days of being informed of the MEB's decision, I understand that I must sign the DA Form 3947, indicating that I: <ul style="list-style-type: none"> · Concur with the MEB findings; · Request an Impartial Medical Review (IMR); or · Non-concur with the MEB findings, and if I intend to file a written rebuttal, I will submit within 7 calendar days.
		(25)	I understand that I must sign the DA Form 3947, Medical Evaluation Board Proceedings. I understand that if I do not sign my DA Form 3947 (within the allotted time), my MEB case will be forwarded to the PEB as if I had concurred.
		(26)	If I submitted a written rebuttal to the MEB findings, I was informed of the final action by the approval authority.
		(27)	I have been informed that if the MEB opines that my conditions are pre-existing and not aggravated by service, I may request waiver of referral to the PEB under the procedures set forth in DA PAM 635-40, chapter 5. I understand that I cannot be required to request such waiver.
		(28)	If applicable, the provisions for retention beyond scheduled separation date (Expiration of Term of Service, Release from Active Duty) or retirement date (length of service, mandatory retirement or removal date) for purposes of disability evaluation were explained to me.
		(29)	I have been informed of my possible entitlement (if appropriate) to traumatic injury protection under Traumatic Servicemembers' Group Life Insurance (TSGLI). I understand I can also visit the following URL for additional information: https://www.hrc.army.mil/content/TSGLI%20Frequently%20Asked%20Questions%20FAQ
		(30)	My PEBLO has referred me to the Federal Recovery Coordinator (FRC) or Recovery Care Coordinator (RCC), if applicable, for additional support and information on possible benefits that I may be entitled to.
		(31)	I have been informed regarding my right to apply for Social Security Benefits while still on Active Duty under the Disability Benefits for Wounded Warriors. My PEBLO has provided the following URL: https://www.ssa.gov/people/veterans/vw.html#4
		(32)	I have been informed of my right to contact the Wounded Soldier and Family Hotline. The number is 1-800-984-8523 or DSN 421-3700. These numbers are available 24 hours a day a week.
		(33)	I understand that without my consent, I cannot be retained on active duty beyond my active duty expiration of term of service or, if a Reservist, beyond my mobilization period, etc., to complete the DES. I must document my declination to request retention on active duty and be counseled on the advantages of remaining on active duty. If I have a remaining Service obligation, DES evaluation may continue without my consent from my Reserve status. If I have an established retirement date, I can waive referral to the DES so long as completion of the DES would require retention past the non-disability retirement date. If I am eligible for a regular (length of service) retirement when my disability evaluation is completed, I may elect either my disability retirement or length of service retirement. If I elect regular retirement, my retirement must occur within the timeframe my disability retirement would have occurred. The provisions of 10 USC 12731 do not allow Soldiers with 20 good years to waive disability retirement for non-regular retirement.
		(34)	I have been informed of and understand the criteria and procedures for requesting Continuation on Active Duty or Continuation in the Active Reserve (COAD/COAR) in the event the PEB finds me unfit. My PEBLO has provided and reviewed with me a sample COAD/COAR memorandum request and the latest COAD/COAR checklist outlining the necessary documents. I also understand that if I do not submit my COAD/COAR request in accordance with established timelines, the USAPDA or Human Resources Command may return the request without action or further consideration. Additionally, I understand that if HRC reviews my request for COAD/COAR and finds that I do not meet the criteria established to submit a request under COAD/COAR, they will return the request without action, and I will not be retained under COAD or COAR.
		(35)	My PEBLO has advised me of the approximate amount of calendar days it will take for receipt of the Informal Physical Evaluation Board (IPEB) results; I understand it is unknown at this time whether the IPEB will find me Fit or Unfit for continued military service.
		(36)	My PEBLO has referred me to a Veterans Hospital Administration (VHA) Liaison to assist with transfer of my healthcare to the VA. I understand that if I am medically retired, I am eligible to receive continued care from the VHA and DoD military health system. If I am medically separated, I will only be eligible for care from the VHA. My VHA Liaison is _____ and their office telephone is _____. The date and time of the counseling is _____. If my installation does not have a VHA counselor on site, I can coordinate my continued care by calling 1-877-222-8387 or by going to their website at https://www.oefoif.va.gov/caremanagement.asp

SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)

REMARKS:

SECTION III A. PEBLO Supervisor Initials:

Date:

INITIALS		DATE		B. PHYSICAL EVALUATION BOARD (PEB) ADJUDICATION (INFORMAL AND FORMAL)
SOLDIER	PEBLO			
			(1)	My PEBLO described the course of the DES through the PEB.
			(2)	I have been advised of the findings and recommendations of the Informal PEB and have received a full explanation of the results of the findings and recommendations. I understand that I have 10 calendar days to submit my informal PEB election and request a formal PEB. I also understand that if I fail to make an election within the time prescribed (by signing the DA Form 199, Informal Physical Evaluation Board (PEB) Proceedings) that the PEB may proceed as if I have concurred with the findings and recommendations. I understand that if I am an ARNG or USAR member with a disability disposition of separate with severance pay or separate without benefits and I qualify for a 20 or 15-year notice of eligibility for non regular retired pay, I have the option to elect transfer to the Retired Reserve or transfer to the Inactive Status List in lieu of being separated with disability severance pay or without disability benefits. This election is to be made when I make my election to the PEB's recommended disposition.
			(3)	If found fit by the IPEB, VA will close the pending claim. Should I wish to file a claim for VA disability benefits, I may do so by submitting a claim after discharge, or up to 180 days prior to separation or retirement via the Benefits Delivery at Discharge (BDD). More information is located at URL: http://www.benefits.va.gov/PREDISCHARGE/
			(4)	I have been advised of my right to seek legal counsel. I understand that I may have an attorney assist me during the informal PEB process free of charge; and during the formal PEB process, from the Soldier's PEB counsel. I also understand that I may retain civilian counsel at my own expense or seek a VA-accredited representative of a service organization recognized by the Department of Veterans Affairs to help me with my PEB election, PEB rebuttal or formal PEB. The number for the Soldier's MEB Counsel's office is: _____; the number for the Army PEB Counsel's office is: _____
			(5)	I understand that I may request a one-time VA reconsideration of my rating(s) from the DRAS for the conditions the PEB determined to be unfitting. I understand VA will only reconsider ratings if new medical evidence is received, or I am able to provide sufficient justification to warrant reconsideration.
			(6)	My PEBLO has advised me that my Formal PEB has been scheduled for the following date: (if applicable). Date of Formal PEB: _____
			(7)	I know and understand my right under law to a full and fair hearing before separation or retirement for physical disability.
			(8)	I know and understand my right to and options for representation by counsel before a formal hearing.
			(9)	I know and understand my right to call witnesses on my behalf and to question all witnesses called by the PEB.
			(10)	I know and understand my right to testify or to remain silent and to make unsworn statements orally or in writing, or both, without being subject to questioning by the members of the PEB.
			(11)	I know and understand my right to review all records used by the PEB in evaluating my case.
			(12)	I understand that I may rescind my request for a formal hearing by notifying the administrative president of the PEB or the formal PEB presiding officer in writing through my PEBLO or legal counsel. However, I understand that the PEB president may direct a formal hearing.
			(13)	I understand that I must schedule and attend an exit interview with the MSC prior to exiting the IDES process.
			(14)	My PEBLO has counseled me on the DES timeline and will contact me upon final approval of my DES disposition.

REMARKS:

SECTION III B. PEBLO Supervisor Initials:

Date:

SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)

INITIALS		DATE		C. REVIEW BY UNITED STATES ARMY PHYSICAL DISABILITY AGENCY (USAPA) / ARMY PHYSICAL DISABILITY APPEAL BOARD (APDAB)
SOLDIER	PEBLO			
				(1) I understand that if I non concur with my Formal PEB and submit a statement of rebuttal, both submitted within the election time period, my case will receive a mandatory review by HQUSAPDA, the appeal authority to PEB findings and recommendations. I may, but am not required to submit a statement of appeal to HQUSAPDA when the Formal PEB does not favorably consider my rebuttal. I understand that my case may be reviewed by HQUSAPDA though I concurred with the PEB's findings and recommendations. Such review may occur under the DES Quality Assurance Program, but may occur for other reasons.
				(2) I understand that if HQUSAPDA revises my PEB findings, other than to make those administrative changes authorized in AR 635-40, I will receive a DA Form 199-2 and will have a prescribed time to make an election with or without a statement of rebuttal. If I non-concur with a statement of rebuttal, and the HQUSAPDA does not favorably consider my statement of rebuttal, my case will be forwarded to the Army Physical Disability Appeal Board (APDAB) to make the final decision, unless such decision is reserved for higher authority. I understand I am not authorized an election to a DA Form 199-2 issued to make administrative changes authorized by AR 635-40.
				(3) I understand that HQUSAPDA modifications that are based on a formal LOD investigation resulting in a finding of LOD-no are ineligible to be forwarded to APDAB because APDAB is not an appeal authority for LOD determinations.
				(4) I understand I do not have an election or rebuttal to the decision of APDAB.
				(5) I understand that AR 635-40 provides for a discretionary determination to forward a case to APDAB under the following circumstances: HQUSAPDA returns a case to the PEB for reconsideration of its findings and recommendations; the Soldier non-concurs with statement of rebuttal to the PEB's revision of the findings; but HQUSAPDA reviewers concur with the PEB's revised findings. As a discretionary determination, the CG, USAPDA may or may not decide for further review by APDAB.

REMARKS:

SECTION III C. PEBLO Supervisor Initials:

Date:

INITIALS		DATE		D. TEMPORARY DISABILITY RETIREMENT LIST (TDRL)
SOLDIER	PEBLO			
				(1) I have been informed that there are specific criteria for placement and retention on the TDRL. I have received a copy of the TDRL Frequently Asked Questions (FAQs) handout.
				(2) I have been informed of my responsibility to change my status in the Defense Enrollment Eligibility Reporting System/Real-time Automated Personnel Identification System (DEERS/RAPIDS) and to contact TRICARE to ensure that my healthcare benefits continue to be available to me and my family.
				(3) I have been informed that the maximum tenure on the TDRL and that the time on TDRL does not count towards retirement.
				(4) I have been informed of the requirements and process for periodic TDRL re-evaluation based on whether I was processed as a IDES (legacy) or IDES case.
				(5) I have been informed that the table at 10 USC 1401 governs the computation of disability retired pay, to include retired pay while on the TDRL. A provision in the table is that a member on the TDRL receives no less than 50% of their retired pay base while on the TDRL. However, I also understand that VA compensation reduces military retired pay for Service members who do not qualify for Concurrent Retired Disability Pay (CRDP). This reduction can result in the member not receiving retired pay from the military.
				(6) I understand that under the table at 10 USC 1401, if I am retained on the TDRL, my disability percentage will not be adjusted until the final adjudication removing me from the TDRL.
				(7) I have been informed I am required to keep USAPDA informed of my current mailing address, email address, and phone number. I must report changes in contact information in one of 3 ways: Email: HYPERLINK "mailto:usarmy.pentagon.hrc.mbx.usapda-tdrl@mail.mil" usarmy.pentagon.hrc.mbx.usapda-tdrl@mail.mil Mail: Commander, USAPDA, (AHRC-DO/TDRL Branch), 2530 Crystal Drive, Arlington, VA 22202 Phone: Toll free 855-863-0426

SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)

INITIALS		DATE		C. REVIEW BY UNITED STATES ARMY PHYSICAL DISABILITY AGENCY (USAPA) / ARMY PHYSICAL DISABILITY APPEAL BOARD (APDAB)
SOLDIER	PEBLO			
			(8)	I understand that failure to report for a scheduled examination or to keep HQUSAPDA informed of the information at item (8) above will result in the suspension of retired pay and any Combat Related Special Compensation I have been awarded.
			(9)	I understand that the right to return to a military status subsequent to a fit finding may not apply if I was required to be separated at the time I was placed on the TDRL. I understand that pursuant to 10 USC 1211, return to any military status is subject to my consent.
			(10)	I understand that I cannot apply for regular or non-regular retirement (or transfer to the Retired Reserve) while on the TDRL. Such can be applied for in conjunction with removal from the TDRL, if otherwise eligible.

REMARKS:

SECTION III D. PEBLO Supervisor Initials: _____ Date: _____

INITIALS		DATE		E. BENEFITS/PROGRAM
SOLDIER	PEBLO			
			(1)	I understand the rights available to retired members.
			(2)	If I receive a retirement, my PEBLO has advised me to contact the installation Retirement Services Officer (RSO) at: Telephone Number: _____ for pre-retirement and Survivor Benefit Plan (SBP) counseling. I will also visit the "Soldier for Life" website for additional information at URL https://soldierforlife.army.mil/retirement .
			(3)	I have been provided with information regarding the Combat Related Special Compensation (CRSC) and will contact (800) 321-1080 for clarification of possible eligibility. I will also visit HRC's CRSC website at the following URL -- https://www.hrc.army.mil/TAGD/CRSC .
			(4)	I have been provided with information regarding the Concurrent Retirement Disability Pay (CRDP) and will contact (800) 321-1080 for clarification of possible eligibility. I will also visit DFAS for questions regarding CRDP at URL: http://dfas.mil/retiredmilitary/disability/crdp.html .
			(5)	I have been informed of the administrative determinations that occur as part of DES evaluation that in summary impact potential Federal Civil Service benefits, exclusion of disability compensation from Federal gross income, minimum years for computation of disability severance pay, and recoupment of disability severance pay by the VA. (See Section III of chapter 5 of AR 635-40)
			(6)	I have been informed that overpayments may occur if DFAS begins paying retired pay before VA has reported to DFAS in VETSNET the award of VA compensation. When this happens, DFAS or VA will recoup the overpayment. If you have questions about this situation, contact DFAS at 1-800-321-1080. For specific questions concerning disability ratings or disability compensation and how they are calculated, Soldiers may contact the VA at 800-827-1000.
			(7)	I have been instructed to contact TRICARE in reference to my change in status and its impact on my eligibility for continued health care benefits and that of my family.
			(8)	I understand the impact of VA compensation on disability severance and disability retired pay. I understand that I must apply to the VA for VA compensation and allied benefits. (Non-IDES case)
			(9)	I have been instructed on how to file a claim with the VA during out-processing at the Transition Point. (Non-IDES)
			(10)	I understand each state/territory may have additional benefits available for myself and my family to include tax benefits, education benefits, employment benefits, health insurance benefits, etc., and that specific state benefits information for veterans is available in the Benefit Library on the myarmybenefits.us.army.mil web site.
			(11)	I understand that after my separation or retirement from the Army, I have the right to petition the Army Board for Correction of Military Records (ABCMR) for relief if I believe my case was incorrectly decided or created an injustice or inequity.

REMARKS:

SECTION III E. PEBLO Supervisor Initials: _____ Date: _____

**SECTION IV
ACKNOWLEDGMENT**

A. I was informed on the above marked items as they pertained to my disability evaluation.

SOLDIER'S NAME <i>(Last, First, MI)</i>		RANK
UNIT		UNIT IDENTIFICATION CODE (UIC)
LOCATION		UNIT PHONE NUMBER
HOME PHONE NUMBER	CELL	FAX
PERSONAL EMAIL		DOD EMAIL
SOLDIER'S SIGNATURE <i>(or authorized individual)</i>		DATE SIGNED (YYYYMMDD)

B. I informed the above-named Soldier on those items listed above checklist as they pertained to the case.

PHYSICAL EVALUATION BOARD LIAISON OFFICER <i>(Last, First, MI)</i>	GRADE
PEBLO'S EMAIL	PHONE NUMBER
PEBLO'S SIGNATURE <i>(or authorized individual)</i>	DATE SIGNED (YYYYMMDD)

REMARKS: *(If necessary, additional space is provided for continuation on Remarks, please indicate Section(s))*