

APPLICATION FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1413a, E.O. 9397, November 1943 (SSN), PDUSD(P&R) Memorandum (May 21, 2003), Subject: Combat-Related Special Compensation (CRSC).

PRINCIPAL PURPOSE(S): Used by members to apply for Combat-Related Special Compensation (CRSC). Application is reviewed to determine eligibility. Information provided by the member is used to identify the individual and the member's 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, contact your Uniformed Service Retirement Representative or go to the web site <http://www.dod.mil/prhome/crsc.html> for additional information and assistance.

Sign and date your application. Enclose with your application a clean legible copy of any supporting documents. **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. Total Army Personnel Command
U.S. Army Physical Disability Agency (CRSC)
c/o The Adjutant General Directorate
2461 Eisenhower Avenue
Alexandria, VA 22331-0470

COAST GUARD:

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

NAVY AND MARINE CORPS:

Department of the Navy
Naval Council of Personnel Boards
Combat-Related Special Compensation Branch
720 Kennon Street S.E., Suite 309
Washington Navy Yard, DC 20374-5023

NOAA CORPS:

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

AIR FORCE:

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

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

APPLICATION FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

SECTION I - PERSONAL IDENTIFICATION

1. NAME <i>(Last, First, Middle Initial)</i>		2. MAILING ADDRESS AND CONTACT INFORMATION			
3.a. SOCIAL SECURITY NUMBER		b. SERVICE NUMBER <i>(If different)</i>		a. STREET <i>(Include apartment number)</i>	
				b. CITY	c. STATE
4. DATE OF BIRTH <i>(YYYYMMDD)</i>		5. RETIRED RANK/PAY GRADE		e. DAYTIME TELEPHONE NO. <i>(Include area code)</i>	
6.a. UNIFORMED SERVICE FROM WHICH YOU RETIRED				f. E-MAIL ADDRESS <i>(Optional)</i>	
b. OTHER UNIFORMED SERVICE(S) IN WHICH YOU SERVED		c. VA CLAIM, FILE OR C NUMBER		7. YEAR RETIRED <i>(YYYY)</i>	
8.a. Are you a Permanent Disability Retiree (PDRL) or are you currently on the Temporary Disability Retired List (TDRL)? <i>(X one)</i>			<input type="checkbox"/> NEITHER	<input type="checkbox"/> PDRL	<input type="checkbox"/> TDRL
b. Were you evaluated by a Military Physical Evaluation Board?			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Do you receive Special Monthly Compensation from the VA?			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Does the VA compensate you based on Total Disability because you are classified Individual Unemployability?			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION II - PRELIMINARY CRSC CRITERIA

NOTE: You must meet ALL criteria of this section or your application will be denied.

9. ANSWER ONLY THE ONE PART THAT APPLIES TO YOUR RETIREMENT:							
a. FOR REGULAR OR DISABILITY RETIREMENTS ONLY. Do you have 20 or more years of service creditable for the computation of the amount of your retired pay?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
b. FOR NON-REGULAR (RESERVE) RETIREMENT <i>(Retired pay based on points)</i> ONLY. Did you have 7,200 points or more for the computation of retired pay?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
10. ARE YOU IN A RETIRED STATUS <i>(i.e., are you on the retired rolls, or have you been transferred to the Fleet Reserve or Fleet Marine Corps Reserve)?</i> Members recalled to, or retained on, active duty are not in a retired status during the period of such recall or retention.				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
11. ARE YOU ENTITLED TO RETIRED PAY? YES - Includes members who have waived military retired pay in order to receive VA disability compensation. NO - Includes members who have waived military retired pay in order to credit military service for purposes of a civil service retirement, or for any reason other than to receive disability compensation from the VA.				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
12. ANSWER ALL PARTS:							
a. Have you been awarded a Purple Heart AND do you receive VA disability compensation based on a combined disability rating of at least 10%?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
b. Do you receive VA disability compensation based on a current combined disability rating of at least 60%?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
c. Have you been awarded a Purple Heart AND did you receive a combined disability rating from the PEB (Physical Evaluation Board) of a Military Department, as of the date on which you retired from the Military Department, of at least 10%?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
d. Did you receive a combined disability rating from the PEB of a Military Department, as of the date on which you retired from the Military Department, of at least 60%?				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO

If you answered Yes to Items 9, 10, 11, and at least one part of Item 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 either a Purple Heart related injury rated at or above 10%, or combat-related injuries with a combined rating at or above 60%. If you believe you meet one of these Final CRSC Criteria, you should complete the application. If you do not believe you meet one of these final criteria, you should not complete the application, but you may apply later if your circumstances change and you believe you meet these Final CRSC Criteria.

In this section list your VA service-connected disabilities 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).

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.

IN THE PERFORMANCE OF DUTY UNDER CONDITIONS SIMULATING WAR (SW) - In general this covers disabilities resulting from 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.

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.

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

SECTION III - FINAL CRSC CRITERIA (Continued)

If you are unable to answer any of these questions, enter "Don't Know" or "DK". List other disabilities on additional copies of this page. Complete one Item 13 block for each disability that is rated by the VA. Number your disabilities sequentially at the beginning of each Item 13. For example, if you have three disabilities, complete three Item 13's and number your disabilities as 1 of 3 and 2 of 3 on a page marked 4-1, and then 3 of 3 on a page marked 4-2. If using a blank sheet of paper, list your full name and SSN, and label and enter the information for Items 13.a.(1), a.(2), b., c., d., e., f., and g.

NAME <i>(Last, First, Middle Initial)</i>	SOCIAL SECURITY NUMBER
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13. FOR EACH OF YOUR DISABILITIES THAT IS RATED BY THE VA, PROVIDE THE FOLLOWING INFORMATION:

DIAGNOSIS _____	a. (1) VA CODE (DIAGNOSTIC CODE) <i>(4 to 8 digit code of VA award)</i>	a. (2) DIAGNOSIS <i>(Limit to one diagnosis for each block. The diagnosis may be found on the VA Rating Decision or VA Codesheet or PEB decisional documents.)</i>
OF _____		
b. CURRENT VA RATING OF THIS DISABILITY		

c. ORIGIN OF DISABILITY CODE *(see list below)*. Mark (X) the ONE code that BEST describes the circumstances under which the disability was incurred. If it applies, use Purple Heart (PH) in preference to any other code.

ORIGIN OF DISABILITY CODES *(Full definitions are provided at the beginning of this section on Page 3.)*

<input type="checkbox"/> NA - No other code applies	<input type="checkbox"/> HS - Hazardous Service	<input type="checkbox"/> IN - Instrumentality of War	<input type="checkbox"/> RE - Radiation Exposure
<input type="checkbox"/> PH - Purple Heart Injury	<input type="checkbox"/> SW - Performance of Duty Under Conditions Simulating War	<input type="checkbox"/> AO - Agent Orange	<input type="checkbox"/> MG - Mustard Gas or Lewisite
<input type="checkbox"/> AC - Armed Conflict		<input type="checkbox"/> GW - Gulf War Service	

d. DATE DISABILITY WAS INCURRED <i>(YYYYMMDD)</i> <i>(Enter year of exposure for AO, GW, RE, and MG)</i>	e. WHERE THE DISABILITY WAS INCURRED <i>(Name of installation or vessel, State or Region, and Country or Body of Water)</i>
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f. MILITARY UNIT TO WHICH YOU WERE ASSIGNED OR ATTACHED WHEN YOU INCURRED THE DISABILITY

g. BRIEFLY DESCRIBE THE DUTY YOU WERE PERFORMING WHEN YOU INCURRED THE DISABILITY. HOW WAS THE DISABILITY CAUSED BY THE COMBAT-RELATED CIRCUMSTANCES YOU ENTERED FOR ITEM c. ABOVE?

COMPLETE ADDITIONAL BLOCKS OF ITEM 13 AS NECESSARY, OR PROCEED TO ITEMS 14 AND 15.

DIAGNOSIS _____	a. (1) VA CODE (DIAGNOSTIC CODE) <i>(4 to 8 digit code of VA award)</i>	a. (2) DIAGNOSIS <i>(Limit to one diagnosis for each block. The diagnosis may be found on the VA Rating Decision or VA Codesheet or PEB decisional documents.)</i>
OF _____		
b. CURRENT VA RATING OF THIS DISABILITY		

c. ORIGIN OF DISABILITY CODE *(see list below)*. Mark (X) the ONE code that BEST describes the circumstances under which the disability was incurred. If it applies, use Purple Heart (PH) in preference to any other code.

ORIGIN OF DISABILITY CODES *(Full definitions are provided at the beginning of this section on Page 3.)*

<input type="checkbox"/> NA - No other code applies	<input type="checkbox"/> HS - Hazardous Service	<input type="checkbox"/> IN - Instrumentality of War	<input type="checkbox"/> RE - Radiation Exposure
<input type="checkbox"/> PH - Purple Heart Injury	<input type="checkbox"/> SW - Performance of Duty Under Conditions Simulating War	<input type="checkbox"/> AO - Agent Orange	<input type="checkbox"/> MG - Mustard Gas or Lewisite
<input type="checkbox"/> AC - Armed Conflict		<input type="checkbox"/> GW - Gulf War Service	

d. DATE DISABILITY WAS INCURRED <i>(YYYYMMDD)</i> <i>(Enter year of exposure for AO, GW, RE, and MG)</i>	e. WHERE THE DISABILITY WAS INCURRED <i>(Name of installation or vessel, State or Region, and Country or Body of Water)</i>
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f. MILITARY UNIT TO WHICH YOU WERE ASSIGNED OR ATTACHED WHEN YOU INCURRED THE DISABILITY

g. BRIEFLY DESCRIBE THE DUTY YOU WERE PERFORMING WHEN YOU INCURRED THE DISABILITY. HOW WAS THE DISABILITY CAUSED BY THE COMBAT-RELATED CIRCUMSTANCES YOU ENTERED FOR ITEM c. ABOVE?

SECTION IV - DOCUMENTATION SUBMITTED

NAME <i>(Last, First, Middle Initial)</i>	SOCIAL SECURITY NUMBER
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14. CHECK EACH SUPPORTING DOCUMENT YOU ARE PROVIDING.
Submit clean legible copies - DO NOT SEND ORIGINALS, SINCE THEY WILL NOT BE RETURNED.

a.	DD Forms 214/215 (especially if for retirement and/or your retirement orders).
b.	Uniformed Service retirement documents and forms; especially any that show combat-related findings made at time of retirement.
c.	Purple Heart citation and orders.
d.	VA rating decisions.
e.	Reserve Retirement and Point Documentation.
f.	All PEB disability decisional documents.
g.	All VA documents addressing Special Monthly Compensation (SMC) and/or Individual Unemployability (IU).
h.	Other Documents <i>(such as assignment orders, military/uniformed service and VA medical records showing dates disabilities were incurred and any document describing the circumstances in which the disability was incurred)</i> . If you have more than 6 other documents, list them on a separate sheet of paper and for Item (6) enter "See Additional Sheet".
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

SECTION V - CERTIFICATION AND WAIVER OF SEVERELY DISABLED SPECIAL COMPENSATION

15. COMPLETE THIS SECTION TO ENABLE THE FINANCE CENTER TO MAKE ANY CRSC PAYMENTS YOU QUALIFY TO RECEIVE.

- a. I understand that if I am eligible for both Special Compensation for Certain Severely Disabled Uniformed Services Retirees (SCSD) under 10 U.S.C. 1413 and Special Compensation for Certain Combat-Related Disabled Uniformed Service Retirees under 10 U.S.C. 1413a (CRSC), I may not receive both, but must elect which to receive.
NOTE: The Finance Center will make the election to pay you the greater of the two amounts and will notify you and allow you approximately 45 days to change the election if you so desire.

- b. I understand that if my election results in any retroactive payments, any previously paid amounts of SCSD or CRSC for that period of time will be deducted from any amount due for that period.

- c. Under penalties of perjury, the information provided above is true to the best of my knowledge and belief and provided with the full knowledge of the penalties for making false statements (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both; 31 U.S.C. 3279 provides civil penalties; and 31 U.S.C. 3802 provides administrative penalties).

- d. I hereby understand that payments will be deposited to my account of record for Uniformed Services retired pay if I am currently receiving such payments. Otherwise, they will be made to the account of record for my VA disability compensation. After payments begin, I must advise the finance center of any changes to my account.

e. PRINTED NAME <i>(Last, First, Middle Initial)</i>	f. SSN
g. SIGNATURE	h. DATE SIGNED <i>(YYYYMMDD)</i>