

# LDI INSTRUCTIONS

\*\*\*PLEASE SCAN AND RETURN ALL DOCUMENTS IN PDF FORMAT\*\*\*

You must complete and return ALL forms, if you have any questions on these forms please call me



- ❑ PHA – Log into your AKO and click on “My Health Readiness”. Your PHA must be within 12 months of report date, if you need to schedule your PHA, your unit can schedule or you can contact Logistics Health at 1800-666-2833.
- ❑ HIV – For CONUS assignments, your HIV test must be within “12 months” of your report date. For OCONUS/OVERSEAS assignment, your HIV test must be within “180 days” of your report date. If not, call Logistics Health at 800-666-2833 to get an HIV blood draw. Let them know your current status (TPU, IRR, etc...) and are working with HRC to become an Active Duty Soldier into the AGR Program . This test must be performed by an approved DOD facility. The new HIV date must be posted in MEDPROS. If the system is not updated, please inform the technician for assistance.
- ❑ AGR Medical Screening Form – Must be completed and returned within 3 business days.
- ❑ Drug Test – You must have a 5 panel drug test within “6 months” of report date. This test can be performed by your private physician, a military clinic or a local lab. I need a copy of the results. You might try contacting a local Recruiting Station and ask if they will do a Quick Screen for you, then have them complete the USAREC Form 1242.
- ❑ Pregnancy test – (for females) You are required to have a pregnancy test within 30 days of report date. Test must be performed by your private physician, a military clinic or a local lab. I need a copy of the results.
- ❑ Profile – If you have a Permanent Profile you will forward it with your packet. **You WILL NOT be accessed into the AGR Program with a Temporary Profile and/or have not completed your recovery period .**
- ❑ APFT- You must have a passing APFT test within 6 months of your report date. If you are required to be taped , please forward a copy of the DA 5500/5501 along with the DA Form 705.
- ❑ DA Form 5121 – If you have a dependent(s), you are required complete this form for OCONUS assignment.
- ❑ Marriage License – If you are Married; Also, if Separated, a copy of the marriage license is required.
- ❑ Birth Certificate(s) – If not married, a copy the custody order and birth certificates for all dependents you claim.
- ❑ Family Care Plan – If you are single with dependents, or a dual military couple with dependents you must provide a copy of your approved DA Form 5305.
- ❑ Current Contract – **If you have less than 36 MONTHS remaining on your current contract, you must either Extend or Reenlist. You must provide a copy of the document to our office. Your AGR order will not be published unless your contract shows you have enough time to complete your initial 3 year AGR Tour.**
- ❑ DD 214 – If you are requesting REFRAD (Release from Active Duty) to enter the AGR Program, a working copy of your DD214 is sufficient for your packet. Also, a copy of the release order must be provided to our office.
- ❑ MOB/COADOS/ADOS/AD ORDERS /REFRAD – If applicable, provide a copy of the order.

# LDI INSTRUCTIONS con't



## AGR Accession packet and Finance Checklist

<b>Finance Packet (LDI)</b>	
	SF 1199A, Direct Deposit Sign-up Form
	DD Form 2058, State of Legal Residence Certificate
	DD Form 2058-1, State Income Tax Exemption Test Certificate <i>(Required for the following states only: Oregon, New Jersey or New York)</i>
	W-4, Employee's Withholding Allowance Certificate <i>(Current year)</i>
	DA Form 5960, Authorization to Start, Stop, or Change Basic a Allowance for Quarters (BAQ) and/or Variable Housing Allowance (VAH)
	DA Form 3685, Jumps-JSS Pay Elections Form
	Marriage License or dependent type document to establish BAH w/ dependent rate (if applicable)
	Children(s) Birth Certificates <i>(if not married, but has custody with a court order)</i>
	Most recent DD Form 214, Certificate of Release or Discharge from Active Duty
	REFRAD ORDERS, if required
<b>*** Advance Travel Request*** - Must be completed</b>	
	PCS Advance Request Form
<b>AGR Accession Packet – Personnel documents</b>	
	APFT <i>(must be within 6 months of Report date)</i>
	DA Form 5121 (Soldiers with dependent(s) must complete for OCONUS assignment)
	Current Permanent Profile if applicable <i>(Temporary Profiles and Recovery period not authorized)</i>
	DA Form 5500/5501 if applicable <i>(must be within 30 days of Report date)</i>
	Most current contract DD 4/1-4/3 (including any Extensions)
	AGR Medical Screening Form (must be completed for Surgeons' Office review)
	Current Orders <i>(if on orders – ADOS/MOB/AT/ADSW)</i>
	Drug Test <i>(must be 5 Panel – within 6 months of Report date)</i>
	HIV Test (CONUS within 12 months or OCONUS/OVERSEAS with 180 days of Report date)
	Pregnancy Test <i>(must be within 30 days of Report date)</i>
	Family Care Plan <i>(if required for Dependent status, ie. Married to Service Member or Single Parent with custody)</i>

### NOTE:

**ALL** “Finance Packet” (LDI) documents must be submitted to this office within 3 business days or NLT the date stated in the email you received.

**THIS IS YOUR CHECKLIST – DO NOT RETURN**

All “AGR Accession Packet” documents must be submitted to this office NLT the date stated in the email you received. If applicable, all appointments must be made within 3 business days. or NLT the date stated in the email you received. You must provide the technician the date of the scheduled appt(s).

# LDI INSTRUCTIONS (con't)

Required document must be



PCS and TDY Enroute Travel Advance Request			
<b>PRIVACY ACT STATEMENT</b>			
Authority: 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, 5 U.S.C. Chapter 57, E. O. 11012, E. O. 12466, and E. O. 9397 (SSN).			
Purpose: To facilitate the preparation, review, approval accounting, and advancement of funds for travel and certain relocation allowance expenses to be incurred under appropriate administrative authorization.			
Routine Use(s): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.			
Disclosure: Voluntary, however, failure to provide the requested information may result in a delay in obtaining your orders, travel advance, and delay or suspension of your claim(s) for reimbursement.			
Settlement of this advance should be made within 15 days of arrival at your ultimate station or upon completion of the temporary duty. If the advance is not settled within 30 days, the advance may be deducted from your next regular pay. Submission of travel vouchers is required, even when the amount of your expenses equals or exceeds your advance. For prompt payment of your advance please complete this form within 20 days of your sign out date. All travel advances are paid at 80%. The money will be direct deposited into your current military pay account. DITY advances are paid at 60%, if authorized.			
1. NAME:		2. RANK:	3. SSN:
4. DAYTIME PHONE #		5. eMAIL ADDRESS:	6. SIGN OUT DATE: <span style="background-color: yellow;">Leave blank</span>
			7. PRESENT UNIT:
8. CURRENT ADDRESS: STREET (No local or unit address, please):		9. CITY:	10. STATE:
			11. ZIP CODE
12. SPOUSE'S NAME:		13. DATE OF MARRIAGE: <span style="background-color: #c8e6c9;">If Applicable MM/DD/YY</span>	14. IS SPOUSE MILITARY: <input type="checkbox"/>
15. NAME (S) AND DATE OF BIRTH OF DEPENDENT CHILDREN			
NAME:	DATE OF BIRTH: <span style="background-color: #c8e6c9;">If Applicable MM/DD/YY</span>	NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:	NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:	NAME:	DATE OF BIRTH:
Please read and complete all questions. Answer Yes, No or N/A in the spaces provided			
Are you requesting an advance for travel? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Is any of your travel going to be by POC? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Number of POC's used for this PCS move? <input type="checkbox"/> 1 <input type="checkbox"/> 2 See JFTR Chapter 5 U5015 B for requesting authorization for up to 3 POC's.			
FROM CITY:	FROM STATE:	TO CITY:	TO STATE:
Will you be taking the Alaska Ferry System? <input type="checkbox"/> YES <input type="checkbox"/> NO			
What port will you be departing	FROM:		ARRIVING:
Are you buying your own ticket <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES MEMBER ONLY <input type="checkbox"/> YES MEMBER AND DEP. <input type="checkbox"/> YES DEP. ONLY Cost \$			
FROM CITY:	FROM STATE:	TO CITY:	TO STATE:

Response to these questions (only if Family members will travel)

Response to these questions (Required)

The actual date you plan to leave your residence or based on the number of days authorized for travel. Will be discussed with the technician.

Commercial travel office not under contact to the government are not reimbursable!

# LDI INSTRUCTIONS (con't)



Complete only if family members will travel with Soldier.

Date must be the same date as the Soldier's departure date

PCS and TDY Enroute Travel Advance Request Continued			
Are your dependents relocating?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Departure Date:	If Applicable MM/DD/YY
Are you requesting advance for your dependent travel?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Is any dependent travel to be by POC	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Number of POC's used for this PCS move?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	*See JFTR Chapter 5 U5015 B for requesting authorization for up to 3 POC's.	
FROM CITY:	FROM STATE:	TO CITY:	TO STATE:
Will you be taking the Alaska Ferry System? <input type="checkbox"/> YES <input type="checkbox"/> NO			
What port will you be departing	FROM:	ARRIVING:	
Are you requesting an advance for Dislocation Allowance? (DLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
NOTE: No advance DLA authorized for married soldiers with deferred travel for dependents or if your family will not relocate within 60 days. Soldiers may need a Statement of Non Availability from the Housing Office; please consult your Housing Office staff or your finance supporting office at the gaining post.			
Are you requesting advance for a D.I.T.Y move?	<input type="checkbox"/> YES (Need DD Form 2278) <input type="checkbox"/> NO	Leave blank	
TDY enroute:	Meals (check) <input type="checkbox"/> Go <input type="checkbox"/> Comm		
Location:	Living daily costs \$	Leave blank	
SOLDIER'S PRINTED NAME	DATE	SOLDIER'S SIGNATURE	
*Please enclose/attach copy of DD1610/Orders for all TDY points.			

Response required

Name & Signature required

# LDI INSTRUCTIONS (con't)

**Required document must be completed**

## Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2014</b>
<p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>		
1 Your first name and middle initial	Last name	2 Your social security number
<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>		
<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/></p>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
<p>7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . .</p>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Sign and date
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2014)

Be careful when completing this worksheet – it will allow you to claim too many exemptions.

You are safe claiming only the amount of dependents you have plus yourself.

If you have questions about this form you can speak to a tax consultant.

# LDI INSTRUCTIONS (con't)

**Required document must be completed**

STATE OF LEGAL RESIDENCE CERTIFICATE		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b>	Tax Reform Act of 1976, Public Law 94-455.	
<b>PURPOSE:</b>	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.	
<b>ROUTINE USES:</b>	Information herein will be furnished State authorities and to Members of Congress.	
<b>MANDATORY OR VOLUNTARY DISCLOSURE:</b>	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.	
<b>NAME (Last, First, Middle Initial)</b>	<b>SOCIAL SECURITY NUMBER (SSN)</b>	
<b>LEGAL RESIDENCE (City and State)</b>		
INSTRUCTIONS FOR CERTAIN STATES OF LEGAL RESIDENCE		
<p>The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your wages as defined by Section 3401(b) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.</p> <p>The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.</p> <p>You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.</p> <p>Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile</u>. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote, (2) purchasing residential property or an unimproved residential lot, (3) titling and registering your automobile(s), (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile, and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.</p> <p>Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.</p>		
I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.		
I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.		
<b>SIGNATURE</b>	<b>CURRENT MAILING ADDRESS (Include ZIP Code)</b>	<b>DATE</b>

STATE INCOME TAX EXEMPTION TEST CERTIFICATE		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<p><b>AUTHORITY:</b> 5 USC 5516, 5517, and EO 9397, November 1943.</p> <p><b>PRINCIPAL PURPOSE:</b> To enable the service concerned to terminate withholding of State income taxes applicable to your pay for the tax year specified. Social Security Number (SSN) will be used to provide positive identification.</p> <p><b>ROUTINE USES:</b> The information obtained will become part of the active duty pay system of records of the service concerned and may be disclosed to the routine users (including State tax authorities) of such system as described in the record system notices for such system.</p> <p><b>DISCLOSURE:</b> Disclosure is voluntary. Failure to complete this form will result in withholding of State income taxes from your pay. Disclosure of SSN is voluntary. However, to avoid erroneous applications of your withholding exemption to the account of another member, this exemption certificate will not be processed without your SSN.</p>		
<b>TYPE OR PRINT NAME (Last, First, Middle Initial)</b>	<b>SOCIAL SECURITY NUMBER</b>	
<b>MILITARY ADDRESS (Street Address, City, State, ZIP Code)</b>	<b>TAX YEAR</b>	
<b>ADDRESS OF NEW RESIDENCE (Street Address, City, State, ZIP Code)</b>	<b>STATE OF LEGAL RESIDENCE</b>	
<p>I CERTIFY THAT I AM NOT A MEMBER OF THE THREE CONDITIONS NECESSARY TO BE EXEMPT FROM WITHHOLDING FOR THE CALENDAR YEAR 2012. I ALSO DECLARE THAT I WILL IMMEDIATELY NOTIFY THE FINANCE OFFICER OF ANY CHANGES THAT AFFECT MY WITHHOLDING STATUS.</p>		
<b>SIGNATURE OF APPLICANT</b>	<b>DATE (MM/DD/YY)</b>	
<p><i>This form is currently applicable to the States of New Jersey, New York, and Oregon - AND is not to be used to change State of legal residence.</i></p>		
INSTRUCTIONS		
<p>The explanatory material below should help you determine if you qualify for exemption from State income tax withholding under this test. If you are unsure of your particular State law provisions for exemption from withholding, you should write your State taxing authority.</p> <p>Residents of applicable states who enter military service and are assigned to duty outside those States do not change residence because of such assignment. They remain residents of those States for tax purposes unless they fulfill all three of the following conditions:</p> <ol style="list-style-type: none"> <li>1. They maintain no place of abode in their State of legal residence during the taxable year.</li> <li>2. They do maintain a place of abode outside that State for the entire taxable year, and</li> <li>3. They spend no more than 30 days in that State during the taxable year.</li> </ol> <p>The following are not considered places of abode under condition 2:</p> <ol style="list-style-type: none"> <li>a. An abode maintained while on temporary duty or while attending a specialized training school away from your permanent duty station. A member who is otherwise considered to maintain a place of abode outside his or her State of legal residence does not lose the place of abode solely because of performance of duty at another location if such place of abode is still maintained by the member.</li> <li>b. Quarters occupied by a barracks, on shipboard, or in bachelor officer quarters at your permanent duty station. This restriction applies only to New Jersey and New York residents. If your status under condition 2 is unclear, you should consult your legal assistance officer before completing the form.</li> </ol> <p>If the spouse and family of a married individual in military service continue to reside in the State of legal residence, their abode is considered to be an abode maintained by the service member. Condition 1 would therefore not be met.</p> <p>Effective date of exemption election. Withholding of State income tax will stop the month after the month in which the certificate is filed. Retroactive adjustments will not be made.</p>		

## DD Form 2058, State of Legal Residence Certificate

Write the word "Exempt" at the top of the form if your legal residence is one the following states and you do not want state taxes taken out of you military pay:

AZ, CA, CT, ID, MO, PA, VT, MN, or OH

## DD Form 2058-1, State Income Tax Exemption Test Certificate

Complete this form only if your legal residence is one the following states and you do not want state taxes taken out of you military pay:

Oregon, New Jersey or New York

# LDI INSTRUCTION (con't)



**Required document must be completed**

JUMPS - JSS PAY ELECTIONS				
For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)				
PRIVACY ACT STATEMENT				
Authority:		Title 37 USC, Section 101.		
Principal Purpose:		To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.		
Routine Use:		To establish the pay account of the MMPF.		
Disclosure:		Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.		
1. HOW DO YOU WANT TO BE PAID? (X one item.)		2. METHOD OF PAYMENT (X one item.)		
a. Once a Month		<input checked="" type="checkbox"/> a. Sure Pay/Direct Deposit (Complete Section 4.)		
b. Twice a Month		b. Check to Address (Complete 5.)		
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)				b. SPECIFY AMOUNT
a. If a held pay amount is also desired, check box and enter amount.				\$
4. SURE PAY/DIRECT DEPOSIT (X one box.)				
<input checked="" type="checkbox"/> a. SF 1199A attached. (Complete items (1) through (5)).		b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).		
(1) NAME OF FINANCIAL ORGANIZATION <b>Enter your Institution's Name</b>				
(2) SA (Enter only the last four digits of the account number) <b>Enter your Savings or Checking Account Number</b>		(3) NAME OF ACCOUNT HOLDER <b>Usually this would be yourself</b>		
(4) STREET NO., RR NO., P.O. BOX <b>Your Bank's street address</b>		(5) CITY, STATE, ZIP CODE (Or Country) <b>The City and State in which your Bank is located.</b>		
5. CHECK TO ADDRESS (Provide complete mailing address.)				
a. STREET NO., RR NO., P.O. BOX				
<b>DO NOT FILL OUT THIS SECTION!! THEY WILL NOT MAIL YOU YOUR CHECK.</b>				
b. CITY				
c. STATE				
d. ZIP CODE				
e. COUNTRY				
6. REMARKS				
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.				
a. TYPED OR PRINTED NAME <b>Print your Name, SSN, Sign and Date</b>		e. NAME AND ADDRESS OF ORGANIZATION <b>LEAVE BLANK</b>		
b. SSN				
c. SIGNATURE		d. DATE		

Indicate if you want to be paid ONCE a month or TWICE a month. You MUST select SURE PAY/DIRECT DEPOSIT

You are switching to AGR Pay Status. YOU MUST COMPLETE THIS SECTION AND ATTACH THE SF 1199a

# LDI INSTRUCTIONS (con't)

Required document must be



Standard Form 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cl. 1076

OMB No. 1510-0007

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE</b> (last, first, middle initial)		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, apt. no., etc.)		<b>E DEPOSITOR ACCOUNT NUMBER</b>	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		<b>F TYPE OF PAYMENT</b> (Check only one)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> Enter your Name		<input type="checkbox"/> Social Security	<input checked="" type="checkbox"/> Fed. Salary/Mil. Civilian Pay
<b>C CLAIM OR PAYROLL ID NUMBER</b> Enter your SSN		<input type="checkbox"/> Supplemental Security Income	<input checked="" type="checkbox"/> Active <b>AGR</b>
Prefix	Suffix	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other
SIGNATURE		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> (if applicable)	
DATE	SIGNATURE	TYPE	AMOUNT
SIGNATURE	DATE	<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> (optional)	
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		SIGNATURE	
SIGNATURE		DATE	

Complete section A with your Current information

Enter your SSN

Sign and Date

Indicate whether your check goes to a Checking or Savings Account. And enter the Account Number in the boxes.

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<del>GOVERNMENT AGENCY NAME</del>	<del>GOVERNMENT AGENCY ADDRESS</del>
-----------------------------------	--------------------------------------

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b>		<b>ROUTING NUMBER</b>		<b>CHECK DIGIT</b>
Enter your Financial Institution's Name and Address		Enter your Bank ROUTING # in these BOXES		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>		<b>DEPOSITOR ACCOUNT NUMBER</b>		
I confirm the identity of the above-named payee(s) and the account number and title of the representative of the above-named financial institution. I certify that the financial institution signs, receives and disburses the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		Enter Name(s) on the account		
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b>	<b>SIGNATURE OF REPRESENTATIVE</b>	<b>TELEPHONE NUMBER</b>	<b>DATE</b>	

Enter your Financial Institution's Name and Address

Enter your Bank ROUTING # in these BOXES

Enter Name(s) on the account

It is NOT necessary to get the Bank to sign this form - BUT make sure you validate the Routing Number With The Bank & Enter Name(s) on the Account.

# LDI INSTRUCTIONS (con't)



**Required document must be completed**

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)				PRIVACY ACT STATEMENT			
1. NAME (Last, First, MI) <b>Enter your Name, SSN and Grade</b>				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.			
2. SOCIAL SECURITY NUMBER <b>Enter your SSN and Grade</b>				PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).			
3. GRADE				ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.			
4. TYPE OF ACTION				DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
<input checked="" type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> REPORT <input type="checkbox"/> CORRECT <input type="checkbox"/> STOP <input type="checkbox"/> RECERTIFICATION							
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code) <b>Enter New Unit, City and State</b>				6. DATE/ACTION (YYMMDD) <b>Accession Date</b>		7. BAQ TYPE	
				<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENTS			
8. MARITAL DEPENDENCY STATUS <b>Indicate your Marital Status - Legally Separated is not Authorized as an option</b>				9. QUARTERS ASSIGNMENT/AVAILABILITY			
<input type="checkbox"/> a. SINGLE <input type="checkbox"/> b. MARRIED <input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3)) <input checked="" type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3)) <input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))				<input type="checkbox"/> a. ADEQUATE (see block (1)) <input type="checkbox"/> b. INADEQUATE (see blocks (1), (3) & (4)) <input type="checkbox"/> c. TRANSIENT (see block (3)) <input type="checkbox"/> d. NOT AVAILABLE			
(1) Spouse/Former Spouse SSN    (2) Spouse/Former Spouse Duty Station    (3) Date of Marriage, Divorce/Separation				(1) QUARTERS NO.		(2) QUARTER RENTAL VALUE \$	
(4) Child in Custody (Member, Spouse, Former Spouse, Other) <b>If you have dependents but are not married, indicate who has custody</b>				(3) FROM: TO:		(4) MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)	
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.							
(6) If child support received from another military member, complete (1), (2) & (3).							
10. DEPENDENTS/SHARERS (Continue on back if required)							
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP		DOB OF CHILDREN	
<b>List your Spouse, and all Dependents, their address, the relationship to you and ONLY the DOB if the dependent is a CHILD</b>							
11. CERTIFICATION OF DEPENDENT SUPPORT							
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents will result in stopping BAQ and recouping BAQ for any prior periods/onsupport. <b>Initial</b>							
<input type="checkbox"/> IAW <b>both boxes</b> certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period							
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON							
<input checked="" type="checkbox"/> My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.			
a. Monthly Expenses:		Member		b. Share/Lease Information		c. Address Information	
(1) Mortgage (PITI) or Rent				(1) Rental/Residential Address:		Landlord's Name and Address:	
(2) Insurance				(2) Expiration Date:		(2) Landlord's Phone No.	
(3) Other				(4) Number of Sharers (Name(s) and address in block 10.)			
TOTALS							
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in information above, due to divorce, marriage, death, living in government quarters, etc, which could affect BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.							
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE	
						<b>LEAVE BLANK</b>	

Complete blocks 1-3. Block 4 will be START. Block 5 is your NEW unit information. Block 6 is the date you are accessed into the AGR Program. Block 7 is either WITH or WITHOUT dependents.

Block 8 - indicate your status. If you are separated then you are MARRIED until you get DIVORCED. If you are Single or Divorced and have Custody of a Dependent indicate in box e. Box (2) is only for a Spouse that is in the Military.

Enter ALL dependents including your Spouse in block 10.

Sign and date.

# LDI INSTRUCTIONS (con't)

**Required only if your assignment will be overseas**

## OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1.

### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** For personnel service support.  
**Routine Uses:** (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).  
**Disclosure:** Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

**INSTRUCTIONS:** Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

1. NAME	2. SSN	3. GRADE/RANK
---------	--------	---------------

**Complete 1-3 with your Current Information**

### 4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment \_\_\_\_\_, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

### 5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:  
 I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (*long tour area*) or six months (*short tour area*).  
 I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible for and take action to acquire sufficient service to have the required months remaining at DEROS.

### 6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile requirements.

### 7. FOR USAR OBV OFFICERS

I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

### 8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a.  I elect to serve a tour for a period \_\_\_\_\_ months in an "all others" status.  
 b.  I elect to serve a tour for a period \_\_\_\_\_ months in an "with dependents" status.

9. SIGNATURE OF SOLDIER  <b>Sign Here</b>	10A. SIGNATURE OF WITNESS  <b>LEAVE BLANK</b>	B. DATE (YYYY-MM-DD)  <b>LEAVE BLANK</b>
---	---	--

Enter location of OCONUS assignment, i.e. Fort Wainwright, Alaska; Honolulu, Hawaii; Seoul, Korea; Stuttgart, Germany; etc...

Mark "X" in block "b" and enter "36" months for period of tour.

# LDI INSTRUCTIONS (con't)

**Required document must be completed**



**(Self-Explanatory)**

## ACTIVE GUARD RESERVE MEDICAL SCREENING FORM

**NOTE: TO BE COMPLETED BY SERVICE MEMBER. PLEASE READ QUESTIONS CAREFULLY.**  
 Answer all questions by placing an X in the appropriate block. This information constitutes an Official Statement. Certain medical conditions and/or limitations may indicate need for further evaluation and/or additional information and/or change in Profile and/or referral to Medical Evaluation Board (MEB) and/or Military Occupational Specialty Medical Board (MMRB). Please describe any YES in the space on page 2, enter item number and description.

1.	Are you able to carry and fire an individual assigned weapon? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Are you able to evade direct and indirect fire? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Are you able to ride in a military vehicle for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are you able to wear a helmet for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Are you able to wear body armor for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Are you able to wear load bearing equipment? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Are you able to wear military boots and uniform for at least 12 hours per day? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Are you able to wear protective mask and MOPP 4 for at least 2 continuous hours per day? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Are you able to move 40 lbs (e.g., duffle bag) while wearing usual protective gear (helmet, weapon, body armor, and LBE) at least 100 yds? If limited, what is the maximum distance you can lift and carry? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Are you able to live in an austere environment without worsening your medical condition(s) or behavioral health problem(s)? There may be environmental hazards (heat, cold, altitude, aerosol particles), limited access to electricity, and prolonged use of body armor and/or chemical protection equipment may be required. If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	The following 4 questions are related to the Army Physical Fitness Test (APFT). Are you able to run or jog 2 miles? If NO, what is the medical condition that prevents you from doing so? If you cannot perform the APFT 2 mile run, you must perform an aerobic alternate APFT. Indicate all aerobic alternate APFT events you can perform: <input type="checkbox"/> Walk [2] <input type="checkbox"/> Swim [2] <input type="checkbox"/> Bicycle [2] I cannot perform the APFT 2 mile run or any alternate aerobic APFT events (walk, swim, bike).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	Are you able to do APFT sit-ups? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Are you able to do APFT push-ups? If NO, what is the medical condition that prevents you from doing so?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	Have you been diagnosed with asthma? If YES, answer all questions below. If NO, go to #15. a. Have you been admitted to a hospital, visited an emergency department, or lost time from work due to asthma and/or asthma related conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many? Admissions _____ Emergency Department Visits _____ Lost Work Days _____ b. Have you taken oral and/or inhaled steroid medications for your asthma in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many times? _____ x daily _____ x weekly _____ x monthly c. If you can use your inhaler beforehand, would your asthma still prevent you from taking and passing the APFT 2 mile run event? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Does your asthma prevent you from wearing a protective mask? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

# LDI INSTRUCTIONS (con't)



## (Self-Explanatory)

### ACTIVE GUARD RESERVE MEDICAL SCREENING FORM

15.	Do you have a medical condition that requires any breathing assistive device and/or supplemental oxygen? If YES, what is the medical condition and length of time device used (e.g., 12 months)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Have you been treated for any behavioral health condition in the past 12 months? If YES, what is the condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Do you take any medication to control your blood sugar? If YES, indicate type: <input type="checkbox"/> Pills <input type="checkbox"/> Shots List Medication Names:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18.	Do you currently take any prescription and/or non prescription medications? If YES, specify medications and medical conditions:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Have you ever had a medical board? <input type="checkbox"/> MEB <input type="checkbox"/> PEB <input type="checkbox"/> MMRB/MAR2 If YES, date: _____ PULHES? _____ If YES, what is (are) the medical conditions evaluated? What is (are) the recommended limitation(s) stated by the Board? Please attach a copy of your board results and the board profile including any DA Form 199, DA Form 3349.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20.	Do you currently have a permanent/temporary profile? If YES, what is the date of issue (month/day/year)? What is (are) the medical conditions? What is (are) the recommended limitations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21.	During the last 12 months have you been seen by any civilian, military or VA provider? If YES, what is (are) the date(s) (month/day/year)? What is (are) the medical conditions? What is (are) the treatment(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22.	Are the reported limitations due to a duty related condition? If YES, do you have a copy of your Line of Duty DA Form 2173? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Notes: Please write item number and a brief description on the space below:

---

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Service Member Signature and Date: \_\_\_\_\_