

# CRSC Reconsideration Request Form

Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

SSN: \_\_\_\_\_ Previous Claim Number: \_\_\_\_\_

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

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

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### Request for Reconsideration for (check all that apply):

\_\_\_\_ I have been awarded these additional conditions by the VA, which may qualify me for CRSC:  
\_\_\_\_\_

\_\_\_\_ I have been awarded Special Monthly Compensation (SMC) by the VA.

\_\_\_\_ I have obtained new medical evidence which may verify the combat-related link to the following previously requested disability. (Please state VA code or affected area): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I am providing the requested information for reconsideration (For example: DD FM 214, full VA rating decision, VA code sheet, MEB narrative, LOD or DA Form 199 Physical Evaluation Board Proceedings)

\_\_\_\_ **OTHER:** (Reason is not listed above) \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please note:** Submit only the new and substantive documentation that supports this request. All previously submitted documents will be included when reviewing your claim for reconsideration.

**Please note:** We do not address Individual Employability (IU), changes to dependents or pay inquiries. For questions regarding these issues, please contact DFAS at 1-888-332-7411.

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For more information on CRSC, please visit our CRSC Home Page:  
<https://www.hrc.army.mil/content/CRSC> (Combat-Related Special Compensation)

If you have any questions, do not hesitate to contact our Call Center. The toll free number is: 1-866-281-3254 Option 4 or call 1-888-ARMYHRC (276-9472)

Mail, Fax or Email your signed request to:  
**DEPARTMENT OF THE ARMY**  
U.S. ARMY HUMAN RESOURCES COMMAND  
ATTN: AHRC-PDR-C (CRSC) DEPT. 480  
1600 SPEARHEAD DIVISION AVENUE  
FT. KNOX, KY 40122-5408