

CRSC Tutorial

Now let's begin the tutorial on how to fill out the claim form for CRSC benefits. To obtain claim forms you can download them from our website, www.hrc.army.mil/tagd/crsc in the "downloads" section. The first thing on the claim form is the privacy act statement. This information includes Authority, principal purpose, routine uses, and disclosure. Next is the general instructions section. Please complete this form carefully and accurately! To submit a valid claim you must complete the ENTIRE FORM and SIGN IT IN SECTION VI (bottom of Page 3). Unsigned claim forms will not be processed.

Complete and submit this form (pages 1 - 3 ONLY) to apply for Combat-Related Special Compensation (CRSC). Print, type, or use a computer and provide the best information available. If you do not know the answer, enter "Don't Know" or "DK". Do not leave any item blank. You must identify the disabilities that you are claiming.

It is your responsibility to provide supporting documents from personal or government records, so make sure you supply all documentation necessary to verify this claim. Sign and date your claim. Enclose with your claim a clean legible copy of any supporting documents listed on page 3. Mail your claim to the address listed below for the Uniformed Service from which you retired. NOTE: If sending to the ARMY, our address has changed. The new address is:

DEPARTMENT OF THE ARMY

U.S. Army Human Resources Command
ATTN: AHRC-PDR-C, Dept 420
1600 Spearhead Division Avenue
Fort Knox, KY 40122

You can also find this address on our website under "contact us".

On page one you will begin with section one of the CRSC claim form. Section 1 is personal information. Number one is for your name. Last name first, then first name and middle initial. Number 2 is your social security number. Number 3 is retired rank/rate. Number 4 is your date of birth. This should be the full year you were born, followed by the month and day. Number 5 is the phone number we can contact you at. Please include the area code. Number 6 is your email address. Number 7 is the mailing address. 7a is the street address. Please include the apartment number or P.O. Box number. 7b is the city you live in. 7c is the state you reside in, and 7d is for the zip code.

Next on page one you will come to section 2, the preliminary requirements that we previously went over at the beginning of this briefing. Mark an "X" in the appropriate box for each question. A, B, and C are for qualification BEFORE January 1, 2008.

Question A. Were you entitled to retired pay for regular service, having completed at least 20 years of service prior to January 1, 2008?

Question B. Were you entitled to retired pay for reserve service, having completed at least 20 years of combined active and reserve service and having reached age 60 prior to January 1, 2008?

Question C. Were you entitled to retired pay for reserve service under the Reserve TERA program having completed at least 15 but less than 20 years of combined active and reserve service and having reached age 60 prior to January 1, 2008? Please NOTE: You must provide proof of the retirement authority by attaching a copy of your Retirement Orders and/or a copy of your 15 year letter. Evidence must clearly state that you were a reservist and you retired under Section 12731a of title 10, United States Code.

Now you will come to Question D. This is for QUALIFICATION ON OR AFTER JANUARY 1, 2008: Are you currently entitled to military retired pay for any reason, other than early reserve retirement for physical disabilities not incurred in line of duty (i.e., other than section 12731b of title 10, United States Code?)

Now if you answered NO to all questions a through d above, you are unfortunately not eligible for CRSC. If you have any questions regarding your eligibility please get more information from our website at www.crsc.army.mil or call us at 1-800-237-1336.

Next is section 3. Service History. You must provide copies of evidence needed to verify this information (i.e., DD214's, awards, evaluations, etc.).

Question 9. FROM WHICH SERVICE DID YOU RETIRE? Provide a copy of your retirement orders or "retirement" DD214. To expedite this claim it is important that you mail your claim to the service you retired from.

Question 10. DID YOU SERVE IN ANY OF THE FOLLOWING WARS OR COMBAT OPERATIONS? (X all that apply) (Provide a copy of a DD214/award citation or any other evidence that verifies ANY combat service.)

Question 11. 11. WERE YOU EVER A PRISONER OF WAR (POW)?
If YES, indicate Where/When/How long (Provide any official evidence available):

NOTE: To ensure the review of all of your requested disabilities, limit ONE disability for each page. You are authorized to make additional copies of this page for any additional disabilities. You may list any secondary conditions that are connected to a disability on the bottom of the sheet that it has been connected to. In order to award any disability as secondary we must have a copy of the evidence from VA or from your medical records which clearly states that the condition is the result of the primary condition you are requesting. Good evidence could include a VA rating decision that clearly states (for example), "hypertension is secondary to diabetes." It is your responsibility to supply any evidence necessary to verify this disability is combat-related.

SECTION IV - REQUEST FOR COMBAT-RELATEDNESS DETERMINATION

12. VA FILE NUMBER (If known)

13. DISABILITY DESCRIPTION

13. a Title of Disability – as written on the VA rating decision

13. b Body part affected – for example: right knee

13. c VA Disability Code (if Known)

13. d Date Awarded By VA- Year, month, and day

13. e INITIAL RATING % BY THE VA

13. f CURRENT RATING % BY THE VA

13. g COMBAT-RELATED CODE. Mark (X) the code that best describes what caused the disability. These options are Purple Heart, Armed Conflict, Hazardous Service, Simulating War, Instrument of War, Agent Orange, Radiation, Gulf War or Mustard gas (See Appendix A at the end of the form for code descriptions.)

13. h Unit of Assignment when injured.

13. i Location/Area of Assignment When Injured

13. j IN YOUR OWN WORDS, DESCRIBE THE EVENTS SURROUNDING THE DISABILITY AND HOW IT MEETS THE GUIDELINES OF COMBAT RELATED.

13. k DID YOU RECEIVE A PURPLE HEART (PH) FOR THIS INJURY? If YES, attach documentation to verify that you were awarded a PH and any evidence that proves what occurred or what body part was injured.

NOTE: Proof of being awarded a PH does not always allow us to award a disability as PH. We need to know what the PH was awarded for. For example, send the medevac report and DD214.

13. L. DID VA EVER DOCUMENT THAT THIS CONDITION CAUSED SECONDARY DISABILITIES? If YES, you must provide evidence from VA or your medical records which state that the conditions listed in item 13.m.,

below, are indeed caused by the primary condition listed above. We cannot award any condition as secondary without evidence to support the claim. Attach the VA rating decision for all secondary conditions. NOTE: If YES, list all secondary conditions in item 13.m., below.

13. M VA DETERMINED THAT THE FOLLOWING CONDITIONS ARE SECONDARY CONDITIONS TO THE PRIMARY DISABILITY (Listed in item 13.a., above).

(1) DISABILITY CODE, (2) DESCRIPTION (3) % AWARDED BY VA (4) DATE AWARDED (year, Month, day)

The next page is section 5 – Required Documentation

14. In order to process your claim the following records (if applicable) must be submitted with this claim. Do not send ANY original documents - COPIES only!

- a. All DD214's and DD215's (especially if for retirement or showing combat ribbons).
- b. Retirement orders and supporting documents.
- c. Reserve Retirement point computation including any 15-year or 20-year letter (if applicable).
- d. Copies of ALL VA Rating Decisions, letters, and code sheets (current and prior). Do NOT remove any pages. All VA documents discussing changes in benefits including Special Monthly Compensation (SCM) and/or Individual Unemployability (IU).
- e. Medical records or notes that verify how the injury/disability occurred. (Do NOT send EKGs, lab slips, CDs, diskettes or other electronic media.)
- f. Physical Evaluation Board (MEB-PEB) results and/or summaries.
- g. Any evidence which can be used to verify the events or circumstances.

SECTION 6 - CERTIFICATION AND WAIVER OF CONCURRENT RETIREMENT AND DISABILITY PAYMENTS (CRDP)

15. Complete this section to enable the Defense Finance and Accounting Service (DFAS) or the applicable pay center for non-DoD retirees to make any CRSC payments you qualify to receive.

a. I understand that if I am eligible for both Concurrent Retirement and Disability Payments (CRDP) under 10 U.S.C., section 1414 and Special Compensation for Certain Combat-Related

Disabled Uniformed Service Retirees under 10 U.S.C., section 1413a (CRSC), I may not receive both, but must elect which to receive.

b. I understand that if my election results in any retroactive payments, any previously paid amounts of CRDP, 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 DFAS or the applicable non-DOD pay center of any changes to my account.

e. please sign or have your power of attorney sign here. Your claim cannot be processed without a signature!

f. date signed – Year, month, date.

The last page of the claim form is Appendix A, the Combat-related codes that were previously mentioned in section 4, question g. Please refer to these if you have any questions about how to best describe your disability.

You have now completed your claim for Combat Related Special Compensation. If you have any questions about any parts of this claim form, please call CRSC at 1-866-281-3254.