

CRSC Reconsideration Request Form

Name: _____
(Last Name) (First Name) (MI)

SSN: _____

Address: _____

Contact Phone: (____) _____ Email Address: _____

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Request for Reconsideration (check all that apply):

- I have validated that my VA waiver is now in place and a retired pay account is established.
- The VA has adjusted the percentage of a previously approved condition.
- I have been awarded Special Monthly Compensation (SMC) by the VA.
- I have been awarded these additional conditions by the VA, which may qualify for CRSC (please specify which VA code(s) or condition(s) you are requesting:

I am providing the requested information for reconsideration (For example: official medical documentation, letters from chain of command, etc). Please state specific VA Code(s) or condition(s) you would like to be reconsidered:

OTHER: (Reason is not listed above) _____

Signature: _____ Date: _____

Please note: Submit only the new and substantive documentation that supports this request.

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_\(Combat-Related_Special_Compensation\)](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-PDP-C
(CRSC) DEPT. 420 1600
SPEARHEAD DIVISION AVENUE
FT. KNOX, KY 40122-5408
FAX: 1-502-613-9550