

## Command/Unit Letterhead

Office Symbol

Date

### MEMORANDUM FOR MEB Board

**SUBJECT: Requesting Enrollment in the Legacy Disability Evaluation System (LDES) In Lieu of the Integrated Disability Evaluation System (IDES)**

1. I SOLDIER RANK NAME am requesting to be processed through the LDES for my P3/4 profile conditions(s). I understand that the justification must clearly demonstrate the detrimental impact of processing through the IDES on myself or the Army and how the impact would be significantly reduced if the LDES process is used. My reasons for the request are:

a.

b.

c.

2. I have been afforded the opportunity to consult with the Office of Soldiers counsel (OSC) regarding the procedural differences between LDES and IDES and have received a copy of the OSC a Comparison of the Integrated and Legacy Disability Processes trifold.

3. I understand that the Military Treatment Facility (MTF) Commander is the Approval Authority for enrollment into the LDES process.

4. I understand that I will be notified and provided an opportunity to have further counseling on the LDES process once the MTF Commander has approved the case and a PEBLO has been assigned.

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5. Soldier contact information: Phone Number; Email address.

6. I request that the Unit Commander endorse this request for enrollment into the LDES process.

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