

Department of the Army
Pamphlet 635–40

Personnel Separations

Procedures for Disability Evaluation for Retention, Retirement, or Separation

Headquarters
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SUMMARY

DA PAM 635-40

Procedures for Disability Evaluation for Retention, Retirement, or Separation

This new pamphlet, dated 12 January 2017--

- o Establishes procedures for determining a disposition when a Soldier's medical conditions may prevent the Soldier from satisfactorily performing their duties (para 3-2).
- o Provides procedures for Military Occupational Specialty Administrative Retention Review, disability evaluation for retention, retirement, or separation under the duty and non-duty related processes, and evaluation of Soldiers determined unfit to continue on active duty or active reserve status (throughout).

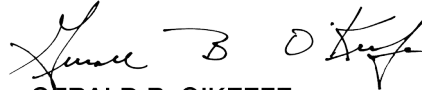
Personnel Separations

Procedures for Disability Evaluation for Retention, Retirement, or Separation

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:



GERALD B. O'KEEFE
Administrative Assistant to the
Secretary of the Army

History. This is a new Department of the Army pamphlet.

Summary. This publication contains procedures for Military Occupational Specialty Administrative Retention Review, disability evaluation for retention, retirement, or separation under the duty and non-duty related processes, and evaluation of Soldiers determined unfit to continue on active duty or active reserve status.

Applicability. This publication applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve. During mobilization, chapters and policies contained in this regulation may be modified by the proponent.

Proponent and exception authority. The proponent of this publication is the Deputy Chief of Staff, G-1. The proponent has the authority to approve exceptions to this publication that are consistent with controlling law and regulations. The proponent authority may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. (This includes delegation to the Director/Deputy Director, U.S. Army Physical Disability Agency.) Activities may request a waiver to this publication by providing justification that includes a full analysis of the expected benefits and must include a formal review by the activity's senior legal officer. All waiver requests will be endorsed by the

commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25-30 for specific guidance.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Deputy Chief of Staff, G-1, Medical Policy Integration Officer, 300 Army Pentagon, Washington, DC 20310-0300.

Distribution. This publication is available in electronic media only and is intended for command level A for the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This pamphlet establishes procedures for determining a disposition when a Soldier's medical conditions may prevent the Soldier from satisfactorily performing their duties. The Soldier may be separated, retired, and retained to perform their current duties, or reclassified into different duties.

1-2. References

See appendix A.

1-3. Explanation of abbreviations and terms

See the glossary.

Chapter 2 Military Occupational Specialty Administrative Retention Review

Section I

Military Occupational Specialty Administrative Retention Review Timelines

2-1. General

a. Timelines for the military occupational specialty (MOS) Administrative Retention Review (MAR2) process are in terms of business days. (Note that timelines for the Disability Evaluation System (DES) are in terms of calendar days unless otherwise specified.)

b. Failure to receive a Soldier's statement or a unit commander's statement within the required timelines will not delay the processing of the Soldier's case.

2-2. Timelines for Active Component

a. The installation retention office, through the career counselor, provides the Soldier's unit commander, or the first commander in the grade of O-5 or higher in the Soldier's chain of command, a copy of the Soldier's Department of the Army (DA) Form 3349 (Physical Profile), hereafter referred to as P3/P4 profile. The MAR2 process must be completed within 28 days after the battalion commander receives the profile, unless the commander extends the time for reasons listed in paragraph 2-2*b.*

b. The commander has 14 days to complete and forward the MAR2 packet to the installation retention office. The commander may extend this time by 14 days to consult with the profiling medical officer. The commander notifies the installation retention office when the time is extended. Extensions are not to exceed 14 days.

c. The U.S. Army Human Resources Command (AHRC) Retention Reclassification Branch (RRB) enters its decision into the Retention/Reclassification System within 14 days of receiving the Soldier's MAR2 packet.

d. The installation career counselor forwards the decision report to the unit commander within 1 day of receiving the decision report. The unit commander notifies the Soldier of the MAR2 decision within 2 days of receiving the decision report.

e. If a unit commander grants a Soldier an extension of time to prepare an appeal, the unit commander notifies the AHRC RRB of the extension.

f. When transmitting an appeal to the appellate authority, the installation retention office forwards only the AHRC RRB's decision report with the appeal and any supporting documents.

2-3. Timelines for Army National Guard Soldiers

a. Unit commanders ensure the MAR2 packet is prepared and submitted to the State G-1 within 45 days of receiving the Soldier's P3/P4 profile. The unit commander may extend this time by 45 days to consult with the profiling medical officer. If the time is extended, the unit commander must notify the State G-1.

b. The National Guard Bureau (NGB) Chief, Personnel Division (ARNG-HRC) ensures the MAR2 packets for Title 10 Active Guard Reserve (AGR) Program Soldiers are prepared and submitted to the State G-1 within 14 days of receiving the Soldier's P3/P4 profile. The Chief, Personnel Division may extend this time by 14 days to consult with the profiling medical officer. If the time is extended, the Chief, Personnel Division must notify the State G-1.

c. The State G-1 has 14 days to review the complete MAR2 packet, make a decision on the packet, and return that decision to the unit commander or the NGB Chief, Personnel Division.

d. Unit commanders have 30 days from receiving the State G-1's decision to notify the Soldier of the decision.

e. The NGB Chief, Personnel Division has 5 business days from receiving the State G-1's decision to notify the Soldier of the decision.

2-4. Timelines for U.S. Army Reserve troop program unit Soldiers

a. Troop program unit (TPU) commanders ensure the MAR2 packet is prepared and submitted to the Regional Support Command (RSC), G-1, within 45 days of receiving the Soldier's P3/P4 profile. The unit commander may extend this time by 45 days to consult with the profiling medical officer. The unit commander notifies the RSC, G-1, if the time is extended.

b. The RSC, G-1, has 14 days to review the complete MAR2 packet, make a decision on the packet, and return that decision to the unit commander.

c. Unit commanders have 30 days from receiving the RSC, G-1's decision to notify the Soldier of the decision.

2-5. Timelines for U.S. Army Reserve Active Guard Reserve Program Soldiers, members in the individual ready reserve, and drilling individual mobilization augmentees

a. The AHRC Surgeon's Office or human resources authority ensures the MAR2 packet is prepared and submitted to the Chief, Individual Fitness Action Branch, within 45 business days of receipt of the Soldier's P3/P4 profile. The AHRC Surgeon, or designee, may extend this time by 45 business days to consult with the profiling medical officer. The senior human resources authority notifies the AHRC Surgeon's Office if the time is extended.

b. The AHRC Surgeon's Office, Individual Fitness Action Branch, reviews the complete MAR2 packet, makes a decision on the packet, and returns that decision to the commander within 14 days.

c. The senior human resources authority will notify the Soldier of the AHRC Surgeon's Office's decision within 30 days of receiving the decision.

Section II

Military Occupational Specialty Administrative Retention Review Process for Active Component

2-6. Initiation of process

Each week, the installation retention office obtains P3 and P4 profiles through eProfile from the military treatment facility (MTF) patient administration division for Soldiers who meet medical retention standards and provides these profiles to the Soldier's unit commander or the first commander in the grade of O-5 or higher in the Soldier's chain of command.

2-7. Soldier counseling

The Soldier's unit commander ensures the Soldier is counseled on the MAR2 process. Counseling is documented on DA Form 4856 (Developmental Counseling Form). At a minimum, the counseling addresses the following topics:

a. The MAR2 process.

b. Soldier's right to provide input to the process by submitting a statement. The unit commander ensures that the DA Form 4856 states whether or not the Soldier elected to submit a statement.

c. Soldier's right to appeal a MAR2 decision.

d. The effect of the MAR2 process on assignment orders, reenlistment, promotion, or attending training.

e. Soldier's right to consult with Army legal counsel from the Office of Special Counsel (OSC) concerning the Soldier's statement to the MAR2.

2-8. Assembly of the Military Occupational Specialty Administrative Retention Review packet

a. The Soldier's unit commander prepares the MAR2 packet and forwards it to the installation retention office.

b. The MAR2 packet contains the following documents:

(1) *DA Form 3349*. It must be dated within 12 months of referral to MAR2. Profiles for hearing must include a copy of the speech recognition in noise test conducted within 12 months of MAR2 referral.

(2) *Soldier's statement*. The Soldier's statement is voluntary. It contains the Soldier's input on whether the Soldier should be retained in their primary MOS (PMOS) or area of concentration (AOC) or reclassified into a different PMOS or AOC. The Soldier's statement focuses on their ability to perform all required duties in a field or deployed environment based on their physical limitations. Statements concerning whether the Soldier likes their MOS or desires to remain in the Army are immaterial. The Soldier counseling on the Soldier statement includes advising the Soldier they may seek legal assistance from the OSC to complete the statement. The unit commander ensures that the DA Form 4856 states whether or not the Soldier elected to submit a statement. See figure 2-1 for a sample Soldier's statement.

(3) *Unit commander's statement*. The unit commander provides a recommendation regarding the Soldier's ability to perform in their current PMOS or AOC, to include in a field or deployed environment, based on the Soldier's physical limitations, and the Soldier's potential for reclassification or branch transfer. The commander's statement does not

address whether the Soldier should be referred to the DES. Figure 2–2 is a sample commander’s statement. In addition to providing a recommendation, the commander’s statement confirms the following:

(a) The unit commander reviews the Soldier’s DA Form 3349 and addresses any questions or concerns with the profiling medical officer.

(b) The unit commander personally discusses with the Soldier their physical limitations and possible outcomes of MAR2 evaluation.

(4) *Battalion commander’s statement.* This statement expresses whether the battalion commander agrees with the unit commander’s assessment and provides any other information the battalion commanders deems relevant. Figure 2–3 is a sample battalion commander’s statement.

(5) *The DA Form 4856.* See paragraph 2–7 for guidance on the DA Form 4856.



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OFFICE SYMBOL

DATE

MEMORANDUM FOR Chief, Retention and Reclassification Branch (AHRC-EPF-R),
1600 Spearhead Division Avenue, Fort Knox, Kentucky 40121-0122

SUBJECT: Soldier's Statement for Military Occupational Specialty Administrative
Retention Review (MAR2) for SGT John A. Doe

1. I received my permanent profile on 5 May 2015. I have been counseled on the
MAR2 program and understand one of the following decisions will be rendered.

a. Retained in PMOS. I must meet PMOS standards set forth by the MOS
proponent in DA PAM 611-21 or have been provided a proponent waiver for these
standards.

b. Reclassified to another MOS. I do not meet PMOS standards set forth by the
MOS proponent in DA PAM 611-21 and a waiver of these standards was not favorably
considered by the proponent. I understand I must also be able to perform common
Soldier tasks identified on, but not limited to, the DA Form 3349 (Physical Profile), to
remain eligible for reclassification. I further understand that reclassification is in
accordance with the needs of the Army. Reclassification for the sole purpose of
providing continued military service without regard to Army needs is not a consideration.

c. Referral to the medical evaluation board/physical evaluation board (MEB/PEB). I
do not meet PMOS standards set forth by the MOS proponent in DA PAM 611-21, and I
do not qualify for a new MOS.

2. Based on my medical profile, I believe I can perform all duties within my current
PMOS. My hearing loss is a result of multiple explosions from IEDs. I feel that I am
competent in my current MOS, and my hearing loss does not interfere with my duties
and requirements as a 91H.

3. I understand the MAR2 is not a separation action, and I have been informed of the
MAR2 appeal process.

Figure 2-1. Example of a Soldier statement

OFFICE SYMBOL
SUBJECT: Soldier's Statement for Military Occupational Specialty Administrative
Retention Review (MAR2) for SGT John A. Doe

4. I may be contacted at (252) 381-999 or john.a.doe.mil@mail.mil

JOHN A. DOE
SGT, USA

Figure 2-1. Example of a Soldier statement (continued)



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MEMORANDUM THRU Commander, 124th Brigade Support Battalion, 6th Brigade
Combat Team, 1st Armored Division, Fort Bliss, TX 79916-7046

FOR Commanding General, United States Army Human Resources Command,
Retention and Reclassification Branch (AHRC-EPF-R), 1600 Spearhead Division
Avenue, Fort Knox, Kentucky 40121-0122

SUBJECT: Commander's Recommendation for Military Occupational Specialty
Administrative Retention Review (MAR2) for SGT John A. Doe

1. SGT Doe's PMOS is Track Vehicle Repairer (91H). I reviewed the permanent profile he received on 5 May 2015 and believe it is an accurate representation of his physical limitations.
2. I counseled SGT Doe on the MAR2 program and advised him of the potential outcomes. I have received his statement. SGT Doe understands that MAR2 is not a separation action, and I informed him of the MAR2 appeal process.
3. I recommend that SGT Doe be retained in his PMOS. His physical limitations have no significant impact on his daily duty performance; nor do they significantly impact his ability to perform duties that will be required of him in a field or deployed environment.
4. My contact information is (915) 742-1234 or michael.n.peterson.mil@mail.mil.

MICHAEL N. PETERSON
CPT, LG
Commanding

Figure 2-2. Example of a commander's statement



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MEMORANDUM FOR Commanding General, United States Army Human Resources Command, Retention and Reclassification Branch (AHRC-EPF-R), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40121-0122

SUBJECT: Battalion's Commander's Recommendation for Military Occupational Specialty Administrative Retention Review (MAR2) for SGT John A. Doe

1. I have reviewed the MAR2 packet on SGT John A. Doe.
2. I agree with the unit commander's recommendation that the Soldier should remain in his current PMOS and can still be deployed or taken to the field with the Soldier's current physical limitations.
3. Point of contact for this action is the undersigned at (915) 744-0000.

MIKE T. CHEVROLET
LTC, LG
Commanding

Figure 2-3. Example of a battalion commander's statement

2-9. Submission of Soldier's packet

The Soldier's unit commander ensures the Soldier's packet is forwarded to the installation retention office. The installation retention office forwards the packet to the AHRC RRB using the MAR2 module in eProfile.

2-10. Decision upon evaluation of Soldier's packet

a. The AHRC RRB considers the entire MAR2 packet in rendering its decision, to include Soldier preferences, but makes a decision that meets the needs of the Army for a fighting force that can operate in an austere or worldwide field environment.

b. Prior to making a decision, AHRC RRB may request a waiver of PMOS or AOC standards on behalf of the Soldier from the PMOS or AOC proponent.

c. The AHRC RRB enters its decision report into the Reenlistment/Reclassification System (RETAIN).

d. The installation career counselor pulls the decision report from RETAIN and provides it to the unit commander.

e. The unit commander notifies the Soldier of the RRB decision, provides the Soldier the RRB decision report from RETAIN, and has the Soldier complete a memorandum for record to acknowledge the decision. See figure 2-4 as a guide for the memorandum of record.

f. If the decision is to retain the Soldier in their PMOS or AOC or to reclassify the Soldier, AHRC RRB adds the code, "W," to the Soldier's profile.



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MEMORANDUM FOR RECORD

SUBJECT: Soldier Acknowledgment of MAR2 Decision

1. On 18 August 2014 my commander gave me a copy of the MAR2 decision.
2. Below, I have indicated my response.

_____ I agree with the decision.

_____ I disagree with the decision but will not appeal.

_____ I will appeal. I will submit my appeal in writing to my commander within _____ days. I understand my appeal must pertain to errors/changes on the DA Form 3349 (Physical Profile) submitted with my MAR2 packet or other substantiated inaccuracies concerning the documentation evaluated. I am not authorized to appeal the decision solely because I do not agree with the MOS I have been given.

Soldier's Signature

Print Name

Figure 2-4. Example of a Soldier acknowledgment memorandum for record

2-11. Appeals

a. If the Soldier agrees with the AHRC RRB decision or elects not to appeal, the AHRC RRB decision becomes final on the date of the Soldier's election.

b. A Soldier may appeal the AHRC RRB decision. The Soldier has 10 business days to submit an appeal to the MAR2 decision. Appeals are in memorandum format and present the Soldiers reasons for their appeal. The Soldier may submit other materials to support their appeal. Appeals must pertain to errors or changes on the DA Form 3349 submitted with the MAR2 packet or other substantiated inaccuracies concerning the documentation evaluated. Soldiers are not authorized to appeal the decision solely because they do not agree with the MOS given. Extensions up to 10 days may be granted by the installation retention office. The unit commander may make a recommendation on an appeal, but appeals do not require chain of command endorsement.

c. The unit commander transmits the Soldier's appeal to the installation career counselor, who forwards to the appellate authority for final decision. The AHRC, Director of Enlisted Personnel Management Directorate, is the

appellate authority for enlisted appeals, and the AHRC, Director of Officer Personnel Management Directorate, is the appellate authority for officer appeals.

d. The appellate authority issues a written decision on the Soldier's appeal, which is final on the date of issuance.

e. The AHRC transmits the written decision to the installation career counselor. The unit commander notifies the Soldier after receiving the notification from the career counselor.

Section III

Military Occupational Specialty Administrative Retention Review Process for Reserve Component

2-12. Process for Army National Guard and Army National Guard Active Guard Reserve Program Soldiers

The above procedures are modified as follows to administer the MAR2 process for Army National Guard (ARNG) Soldiers.

a. The G-1 of the State (or the District of Columbia, the Commonwealth of Puerto Rico, and the Territories of Guam and the Virgin Islands, as appropriate; hereinafter referred to as "State G-1") performs the functions assigned to the AHRC RRB, as set forth in section II of this chapter.

b. The appellate authority for appeals from ARNG Soldiers is the State Adjutant General (or the Adjutant General of the Commonwealth of Puerto Rico, the Adjutant General of the Territories of Guam or the Virgin Islands, or the Commanding General of the District of Columbia National Guard, as appropriate; hereinafter referred to as the "State Adjutant General").

c. Soldiers in Title 32 status submit their appeals through their unit commander to the State Adjutant General within 30 days after their unit commander notifies them of the MAR2 decision.

d. Soldiers in Title 10 AGR status submit their appeals through the NGB Chief, Personnel Division to the State Adjutant General within 10 days after NGB Chief, Personnel Division notifies them of the MAR2 decision.

2-13. Process for U.S. Army Reserve troop program unit Soldiers

The RSC, G-1, performs the functions assigned to the AHRC RRB, as set forth in section II of this chapter.

a. The appellate authority for appeals from Soldiers in the U.S. Army Reserve (USAR) is the USAR Command, G-1.

b. Soldiers submit their appeals through their unit commander to the USAR Command, G-1, within 30 days after notification of the MAR2 decision by the unit commander.

2-14. Process for U.S. Army Reserve Active Guard Reserve Program Soldiers, members in the individual ready reserve, and drilling individual mobilization augmentees

The AHRC Surgeon's Office performs the functions assigned to the AHRC RRB, as set forth in section II of this chapter.

a. The appellate authority for appeals from Soldiers in the USAR AGR Program, individual ready reserve, or drilling individual mobilization augmentees is the AHRC, DCS, G-1.

b. The Soldier submits their appeals through their unit commander and the Individual Fitness Actions Branch of the AHRC Surgeon's Office to the AHRC, DCS, G-1 within 30 days of receiving the MAR2 decision from the AHRC Surgeon's Office.

Chapter 3

Disability Evaluation System

Section I

Retention and Timelines

3-1. Extension beyond expiration term of service and mandatory retirement or removal date

a. *Enlisted active duty expiration term of service process.* The physical evaluation board liaison officer (PEBLO) uses the Soldier's unit information to contact the Soldier's unit of assignment and request the command communicate with the local career counselor to initiate an extension no later than 60 days from his/her expiration term of service (ETS) or mandatory removal date. This is to ensure an appropriate extension is executed and to provide commanders visibility for their unit status report. If extension of the enlistment contract under Army Regulation (AR) 601-280 is impractical, then the Soldier is processed for retention past ETS under the provisions of AR 635-200. Retention past ETS should be approved unless there is good cause to believe such retention would prejudice good order and discipline.

b. *Enlisted Reserve Component process.* The PEBLO uses the Soldier's unit information to contact the Soldier's unit

of assignment and request the command coordinate with the State or USAR RSC, as applicable, retention noncommissioned officer to initiate an extension no later than 60 days from his/her ETS or mandatory removal date. This is to ensure an appropriate extension is executed and to provide commanders visibility for their unit status report. (See AR 135–178 and AR 135–381.)

c. Officer retention beyond mandatory retirement or removal date. The PEBLO follows the provisions of AR 600–8–24 to request extensions past mandatory retirement or removal date for officers on active duty; and AR 140–10 for extensions of Reserve Component (RC) officers.

3–2. Disability Evaluation System timeline goals

DES timeline goals are expressed in calendar days.

a. Integrated Disability Evaluation System timeline goals for Active Component Soldiers.

(1) Overall process goal for Active Component Soldiers. The goal is for the Army and U.S. Department of Veterans Affairs (VA) to complete 80 percent of cases of Active Component (AC) Soldiers in no more than 295 days from the date of referral to the Integrated Disability Evaluation System (IDES) to the date of return to duty or notification of the VA benefits decision.

(2) Medical evaluation board phase. The medical evaluation board (MEB) phase of the IDES includes activities from the point of referral to the DES to the transfer of a completed MEB case file to the physical evaluation board (PEB) administrative function. The IDES goal is to complete the MEB portion of the cases of AC Soldiers in no more than 100 days from the date of referral to a MEB by a health care provider to the date of receipt of the complete MEB case file by the PEB administrator. The IDES stage goals within the MEB phase are:

(a) Referral stage. Complete the referral stage of the cases of AC Soldiers in no more than 10 days. The referral stage is measured from the date of referral (second signature on the DA Form 3349) to the IDES by the health care provider to the date the PEBLO provides the Soldier's complete Service Treatment Record (STR), including the Soldier's entrance physical and VA Form 21–0819 (VA/DOD Joint Disability Evaluation Board Claim), to the VA Military Service Coordinator (MSC).

(b) Claim development stage. Complete the claim development stage of the cases of AC Soldiers in no more than 10 days from the date the PEBLO provides the Soldier's complete STR and VA Form 21–0819 to the VA MSC to the date the VA MSC requests the Soldier's medical evaluation.

(c) Veterans Affairs disability examination stage. Complete the disability examination stage of the cases of AC Soldiers in no more than 45 days. The disability examination stage begins the date the VA MSC requests the Soldier's disability examination appointment and ends the date the VA MSC provides the proposed completed disability evaluation results to the PEBLO after the Disability Evaluation System Rating Activity Site (D–RAS) has certified the results as sufficient for rating. The 45-day timeframe will include 40 days for the completion of the examination and 5 days for the completion of the administrative requirements.

(d) Medical evaluation board stage. Complete the MEB stage of the cases for AC Soldiers in no more than 35 days from the date the PEBLO receives the completed disability examination results from the VA MSC to the date the MEB returns the Soldier to duty without referring them to an informal PEB (IPEB), or forwards the DES case file to PEB administration to begin processing for an IPEB.

(e) Medical evaluation board rebuttal stage. Complete the MEB rebuttal stage (consistent with the requirements of Title 10 United States Code (USC), chapter 61) no more than 20 days from the date the PEBLO receives the Soldier's rebuttal request.

(3) Physical evaluation board phase. Complete the PEB phase of the IDES process for AC Soldier cases, including the VA disability rating stage, in no more than 120 days from the date of receipt of the complete MEB case file by the PEB administrator to the date U.S. Army Physical Disability Agency (USAPDA) approves the final results of the disposition decision. The PEB phase includes 15 days for administrative processing tasks, such as copying and mailing case files. The IDES goals of the PEB phase are:

(a) Informal physical evaluation board stage. Complete the IPEB stage for AC Soldiers in no more than 65 days from the date the PEB receives the IDES case file from the PEBLO to the date either the Soldier requests a formal PEB (FPEB) or (if the Soldier concurs with IPEB findings) when the USAPDA approves the final results of the disposition decision. This timeframe includes the time allotted for the D–RAS to complete and provide rating decisions and reconsidered rating decisions to the PEB, which is part of the disposition.

(b) Formal physical evaluation board stage. Complete the FPEB stage for AC Soldiers in no more than 55 days from the date the PEB receives the DES case file from the PEBLO to the date either the Soldier requests a FPEB appeal or (if the Soldier concurs with FPEB findings) when the USAPDA approves the final results of the disposition decision. For cases found fit by an IPEB, but unfit by a FPEB, this timeframe includes the time allotted for the D–RAS to provide rating decisions and, as applicable, reconsidered rating decisions to the PEB, which is part of the disposition. For cases found unfit by an IPEB, this timeframe includes the time allotted for the D–RAS reconsideration and Army appeal processes.

(c) Proposed ratings stage. Complete the proposed ratings stage of the cases for AC Soldiers in no more than 15

days from the date the D-RAS receives the request for proposed rating from PEB administration to the date the D-RAS returns the proposed rating to PEB administration.

(d) *Rating reconsideration stage.* Complete the rating reconsideration stage of the cases for AC Soldiers in no more than 15 days from the date the D-RAS receives the rating reconsideration request from PEB administration to the date the D-RAS returns the reconsidered rating determination to PEB administration.

(e) *Appeal process and secretarial review stage.* Complete the appeal process and Secretarial review stage of the cases for AC Soldiers in no more than 30 days, including Secretarial review, from the date the Soldier appeals the FPEB disposition to the date the USAPDA approves the final results of the disposition decision.

(4) *Soldier transition phase.* The Soldier transition phase of the IDES includes processing the Soldier for a return to duty or for separation. The IDES goal is in 90 days (plus any amount of accrued leave and permissive temporary duty the Soldier is authorized to take) from the date of approval of the final disability disposition decision to the date of the Soldier's separation from the Army.

(5) *Veterans Affairs disability compensation delivery phase.* The IDES goal is to complete the VA disability compensation delivery phase of the IDES process of cases for AC Soldiers in no more than 30 days from the date of the Soldier's separation from the Army to the date the VA issues the Soldier's disability benefits decision letter.

b. Integrated Disability Evaluation System timeline goals for Reserve Component Soldiers.

(1) *Overall process goal.* Because of unique medical documentation and orders requirements, the IDES goal is for the Army and VA to complete 80 percent of cases for RC Soldiers in no more than 305 days from the time of referral to the DES to the point of return to duty or notification of VA benefits decision.

(2) *Medical evaluation board phase.* Complete the MEB portion of the cases of RC Soldiers in no more than 140 days from the date of referral to the IDES by the health care provider to the date of receipt of the complete MEB case file by the PEB administrator. The IDES goals of the MEB phase are:

(a) *Referral stage.* Complete the referral stage of the cases for RC Soldier in no more than 30 days from the date of referral to the IDES by the health care provider to the date the PEBLO provides the Soldier's complete STR, including the Soldier's entrance physical and VA Form 21-0819, to the VA MSC.

(b) *Claim development stage.* Complete the claim development stage of the cases for RC Soldiers in no more than 30 days from the date the PEBLO provides the Soldier's complete STR, including the Soldier's entrance physical and VA Form 21-0819, to the VA MSC to the date the VA MSC requests the Soldier's medical evaluation.

(c) *Veterans Affairs disability examination stage.* Complete the disability examination stage of the cases for RC Soldiers in no more than 45 days from the date the VA MSC requests the Soldier's disability examination appointment.

(d) *Medical evaluation board stage.* Complete the MEB stage of the cases for RC Soldiers within 35 days from the date the VA MSC provides the disability examination results to the PEBLO to the date the Army's MEB returns the Soldier to duty without referring to an IPEB or forwards their DES case file to PEB administration to begin processing for an IPEB.

(e) *Medical evaluation board rebuttal stage.* Complete the MEB rebuttal stage consistent with the requirements in 10 USC Chapter 61 no more than 20 days from the date the PEBLO receives the Soldier's rebuttal request.

(3) *Physical evaluation board phase.* Complete the PEB phase of the IDES process for RC Soldier cases, including the VA disability rating stage, in no more than 120 days from the date of receipt of the complete MEB case file by the PEB administrator to the date USAPDA approves the final results of the disposition decision. The PEB phase includes 15 days for administrative processing tasks, such as copying and mailing case files. The IDES goals of the PEB phase are:

(a) *Informal physical evaluation board stage.* Complete the IPEB stage for RC Soldiers in no more than 65 days from the date the PEB receives the IDES case file from the PEBLO to the date either the Soldier requests an FPEB or (if the Soldier concurs with IPEB findings) when the Army approves the final results of the disposition decision. This timeframe includes the time allotted for the D-RAS to complete rating decisions and reconsider rating decisions to the PEB, which is part of the disposition.

(b) *Formal physical evaluation board stage.* Complete the FPEB stage for RC Soldiers in no more than 55 days from the date the PEB receives the DES case file from the PEBLO to the date either the Soldier requests a FPEB or (if the Soldier concurs with FPEB findings) when the USAPDA approves the final results of the disposition decision. For cases found fit by an IPEB, but unfit by an FPEB, this timeframe includes the time allotted for the D-RAS to provide rating decisions and, as applicable, reconsidered rating decisions to the PEB, which is part of the disposition. For cases found unfit by an IPEB, this timeframe includes the time allotted for the D-RAS reconsideration and Army appeal processes.

(c) *Proposed ratings stage.* Complete the proposed ratings stage of the cases for RC Soldiers in no more than 15 days from the date the D-RAS receives the request for proposed rating from PEB administration to the date the D-RAS sends the proposed rating to the PEB administrator.

(d) *Rating reconsideration stage.* Complete the rating reconsideration stage of the cases for RC Soldiers in no more than 15 days from the date the D-RAS receives the rating reconsideration request from PEB administration to the date the D-RAS sends the proposed ratings determination to PEB administration.

(e) *Appeal process and Secretarial review stage.* Complete the appeal process and Secretarial review stage of the

cases for RC Soldiers in no more than 30 days, including Secretarial review, from the date the Soldier appeals the FPEB disposition to the date the USAPDA approves the final results of the disposition decision.

(4) *Soldier transition phase.* Complete the transition phase of the cases of RC Soldiers in 45 days from the date the USAPDA notifies the Soldier of the approved, final disability disposition decision to the date of the Soldier's separation from the Army through a retirement or separation order or letter. The Soldier transition phase includes processing the Soldier for a return to duty or transition to VA care.

(5) *Veterans Affairs disability compensation delivery.* There is no phase of the IDES process for RC Soldiers who are not receiving active duty pay. For RC Soldiers, eligibility for disability compensation begins immediately upon separation. For RC Soldiers not on active duty orders who meet the definition of a veteran (in accordance with part 3 of Title 38, Code of Federal Regulations (CFR)), the proposed rating will also serve as the actual rating, and the VA will notify the veteran of the VA decision at that time.

c. Temporary disability retirement list timeline goals.

(1) *Overall process.* The overall processing time for temporary disability retirement list (TDRL) cases from the point of placement on the TDRL to the point of final disposition depends on the pace at which the unfitting conditions for which the veteran was placed on the TDRL become stable for rating purposes. There is no overall IDES TDRL processing timeline goal; however, all temporary retired Soldiers must be removed within 5 years of initial placement on the TDRL. Timeline goals for cases remain the same for all portions of the IDES process up to the point that the Soldier is notified of placement on the TDRL and the VA notifies the Soldier of the initial VA benefits decision at the completion of the VA benefits stage. The following timeline goals are established for the remainder of the TDRL process:

(a) *Initiation.* Initiate the TDRL reevaluation process within 16 months of placing a veteran on the TDRL or the veteran's previous reevaluation. Within that time, the Army will obtain all available medical treatment and rating documentation from the Department of Defense (DOD) and VA.

(b) *Examination.* Complete the reevaluations for unstable or unfitting conditions not later than 18 months after placing a Soldier on the TDRL or after the veteran's previous reevaluation, provided such examination was conducted within the 18-month timeframe required by 10 USC Chapter 61.

(c) *Ratings.* Complete the proposed rating decision not later than 15 days after the D-RAS receives a completed examination report. The D-RAS will prepare rating decisions on future examinations conducted for IDES cases in accordance with 38 CFR 3.

(d) *Physical evaluation board.* Complete each PEB readjudication phase of TDRL cases, including IPEB and FPEB adjudications, administrative processing, and Army appeals, no more than 90 days from the date the PEB receives the medical and rating documentation (required by Department of Defense Instruction (DODI) 1332.18 for the unfitting conditions for which the veteran was placed on the TDRL) to the date USAPDA notifies the veteran of their TDRL disposition.

(2) *Termination of temporary disposition.* No veteran may remain on the TDRL for more than 5 years. The disposition of veterans placed on the TDRL rests solely with the Army.

d. Time standards for legacy Disability Evaluation System case processing.

(1) *Specialty consultations.* Soldiers who have been referred to the DES and who require specialty care consultation will be scheduled and seen with tri-service medical care (TRICARE) standards.

(2) *Commander documentation.* The Soldier's unit commander must provide all official military personnel documents required for disability processing within 5 calendar days of the PEBLO's or PEB's request. Examples of these documents are the DA Form 7652 (Disability Evaluation System Commander's Performance and Functional Statement) a copy of the line of duty (LOD) determination, if applicable, and performance evaluation reports.

(3) Resourcing to meet legacy Disability Evaluation System time standards.

(a) Medical evaluation board.

1. The Secretary of the Army (SECARMY), in conjunction with the Office of the Surgeon General and the DCS, G-1, directs the allocation of additional personnel to the MEB process at a MTF when the MTF fails to meet DES processing goals for 3 consecutive months.

2. Time attributed to rebuttals or pending consultation with an impartial provider will not be included in processing time.

(b) Physical evaluation board.

1. The SECARMY directs the allocation of additional personnel to the PEB process, consistent with DOD policy and guidance, when the PEB fails to meet DES processing goals for 3 consecutive months.

2. If increasing the staffing of an existing PEB or organizing an additional PEB, USAPDA should coordinate with the Office of the Judge Advocate General to ensure appropriate staffing levels for Government legal counsel.

(4) Time standards for duty-related legacy Disability Evaluation System cases.

(a) Medical evaluation board. The provider completes and signs the MEB narrative summary (NARSUM) within 5 calendar days of receiving the completed disability examinations and specialty consultation summaries. For duty-related medical conditions, a physician initiates a MEB after the NARSUM has been completed. The processing time

should not exceed 30 calendar days from the date the NARSUM is completed to the date the PEB receives the complete case file, excluding the Impartial Medical Review (IMR) and rebuttal time.

(b) Physical evaluation board. Duty-related case processing time should not exceed 40 calendar days from the date the PEB receives the complete MEB packet and case file to the date the reviewing authority makes a determination, excluding appellate review.

(c) Appellate review. The goal is to complete each level of appellate review required within 30 calendar days.

(d) Total duty-related case processing time. The total processing time for duty-related cases should not exceed 70 calendar days from the date the provider completes the MEB NARSUM to the date USAPDA makes a determination, excluding appellate review.

(e) Processing goal. Overall, 80 percent of cases should be processed within the stated timeline goals for MEB, PEB, total case processing time, and appellate reviews.

(5) Time standards for non-duty related legacy Disability Evaluation System cases.

(a) Medical disqualification. For RC Soldiers (not on active duty) whose fitness comes into question for a non-duty related medical impairment, and who request referral or are directed into the DES solely for a fitness determination, the case processing time by the MEB or RC medical review should not exceed 90 calendar days. The 90 calendar days start from the date of the administrative review of the medical information that causes the disqualification by the designated RC medical authority and ends the date the PEB receives and accepts the Soldier's case file.

(b) Physical evaluation board. Non-duty related case processing time should not exceed 40 calendar days from the date the PEB accepts the case file or physical exam to the date of the decision by the PEB, excluding appellate review.

(c) Appellate review. For each level of appellate review after the FPEB, the standard timeline goal is 30 calendar days from the date of decision by the FPEB.

(d) Total non-duty related case processing time. The total processing time for non-duty related cases should not exceed 130 calendar days from the date of the administrative review by the designated RC medical authority of the medical information that causes the disqualification and ends the date of the decision of the PEB, excluding rebuttal time.

(e) Processing goal. Overall, 80 percent of the cases should be processed within the stated processing goals for the non-duty related medical evaluation, PEB, total case processing time, and appellate reviews.

Section II

Medical Evaluation Board Supplemental Procedures

3–3. Start date for tracking medical evaluation board phase and Soldiers outside the continental United States

a. For tracking purposes, the MEB phase of the DES commences with an approved P3/P4 profile for a condition which does not appear to meet medical retention standards or when the Soldier is referred to the DES as a result of the MAR2 process. The MEB phase concludes when the PEBLO forwards the case file to the administrative PEB President of a PEB region or, if the Soldier meets medical retention standards, the date the DA Form 3947 (Medical Evaluation Board Proceedings) is signed indicating that the Soldier is returned to duty. (The MEB phase will be completed within 100 days for AC Soldiers and 140 days for RC Soldiers.)

b. When full IDES processing is not feasible due to the lack of DOD or VA resources, installations outside the continental United States have the option of sending the Soldier in either permanent change of station or temporary duty status to a location that can accomplish the process in accordance with existing guidance from the U.S. Army Medical Command (USAMEDCOM).

3–4. Preparation for the medical evaluation board - timelines and supplemental procedures

a. Within 3 days of approving the Soldier's P3/P4 profile, the approving physician transmits the VA Form 21–0819 to the MTF patient administration division or MEB section.

b. Within 3 days after receiving the VA 21–0819, the PEBLO—

(1) Creates a case in the designated tracking systems.

(2) Contacts the Soldier to introduce himself or herself and schedule a PEBLO/Soldier DES overview session and a multi-disciplinary orientation briefing.

(a) Paragraph 3–4c addresses the PEBLO/Soldier session.

(b) The multi-disciplinary briefing occurs within 14 days of the PEBLO receiving the VA 21–0819. Participants for this briefing include the PEBLO, MEB provider, unit representative, and a representative from the OSC.

(3) Requests the Soldier's unit commander complete the DA Form 7652. The unit commander completes and returns the DA Form 7652 within 5 days of the PEBLO's request (no later than 30 days for RC Soldiers).

(4) Requests a LOD determination from the Soldier's unit commander if necessary. The unit commander completes and returns the LOD determination within 5 days of the PEBLO's request (no later than 30 days for RC Soldiers) in accordance with AR 600–8–4.

(5) Notifies the VA MSC that the Soldier is referred to the DES.

c. Within 10 days after the approval of the P3/P4 profile (or 30 days for RC Soldiers), the PEBLO accomplishes the following actions:

(1) Conducts a meeting with the Soldier.

(a) During this meeting, the PEBLO will review section 1 of VA Form 21-0819 and initiate with the Soldier the DA Form 5893 (Soldier's Medical Evaluation Board/Physical Evaluation Board Checklist). See AR 635-40 on the requirements for Soldier, PEBLO, and the supervisor of the PEBLO to date and initial this form.

(b) The PEBLO provides the Soldier with the latest publication(s) of the DES quick series guide book (either hardcopy or the PEBLO will provide the code for the eGuide) detailing the benefits, expectations, right to legal counsel, contact information for the servicing Office of Soldiers' MEB Counsel, possible decisions at each step of the DES, the link to the Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces (available at <http://warriorcare.dodlive.mil/benefits/compensation-and-benefits/>), and a copy of the VA Form 21-22 (Appointment of Veterans Service Organization as Claimant's Representative), with the word "Veteran" in Block 1 replaced with "Service Member."

(c) The PEBLO notifies the Soldier of the requirement to provide the PEBLO with all STRs, to include civilian records, and the military entrance examination for inclusion in the DES case file.

(2) Gathers all medical documents, assembles the case file, and provides the case file to the VA MSC case manager. To the extent possible, this is to be done electronically.

d. The PEBLO coordinates scheduling VA examination appointments with the VA MSC. Within 3 days of being notified of a scheduled VA examination appointment, the PEBLO notifies the Soldier and the Soldier's unit commander of the scheduled appointment. The PEBLO will also obtain the final copy of the VA Form 21-0819 from the MSC and provide it to the MEB provider to initiate the NARSUM production process. Upon notification from a VA MSC or VA examination facility that a Soldier failed to report for a scheduled appointment, the PEBLO notifies the Soldier's unit commander. If necessary, the PEBLO requests the Soldier's command to provide the Soldier with a military escort.

e. Once the PEBLO receives the completed VA medical examination results from the VA MSC, the PEBLO immediately provides it to the NARSUM preparer. The PEBLO notifies the Soldier that their case is being forwarded to the MEB.

f. The MEB Tracking Office regulates component 2/component 3 referrals to the MTF, excluding Title 10 AGR and RC Soldiers activated greater than 30 days. RCs utilize the NGB's Health Information System, Medical Electronic Data (for) Care History and Readiness Tracking (referred to as MEDCHART) and its sub-module named Medical Evaluation Board Preparation (referred to as MEB Prep) Module to process MEB referrals through the MEB Tracking Office to the MTF.

3-5. Medical evaluation board proceedings - timelines and supplemental procedures

a. All stages of MEB proceedings are to be completed within 35 days from the time the PEBLO receives the VA medical examination results from the VA MSC. The 35 days includes: preparation of the NARSUM, the PEBLO's routing of the case file through the MEB for signature, the PEBLO's notifying the Soldier of the MEB decision and his/her election options, legal counseling, and an IMR and/or rebuttal. The 35 days is comprised of the 5-day NARSUM step, during which the MEB provider completes the NARSUM, and a 30-day administrative processing step. The MEB concludes when the PEBLO forwards the case file to the administrative PEB President of a PEB region or, if the Soldier meets medical retention standards, the date the DA Form 3947 is signed indicating that the Soldier is returned to duty.

b. The USAMEDCOM considers the appointment of additional MEBs when the median quarterly processing time for cases exceeds 50 days or when the backlog of cases with a completed NARSUM exceeds 50 percent of cases being reviewed.

c. The VA MSC submits the VA medical examination results to the PEBLO, who in turn submits the examination to the NARSUM preparer. The NARSUM preparer has 5 days to prepare and submit the NARSUM to the PEBLO. Procedures for seeking clarification or correction from the VA if the VA examination fails to provide the minimal supporting documentation for a diagnosis or fails to make a diagnosis for a referred or claimed condition that is clearly supported in the STR are as follows:

(1) If the clarification or correction sought relates to a Veterans Benefits Administration Contract Compensation and Pension (C&P) examination, the NARSUM preparer raises the issue by emailing contractexam.vbaco@va.gov. Inquiries include the contract number, date of examination, and the specific type of examination in question.

(2) If the clarification or correction sought relates to a Veterans Health Administration C&P examination, the NARSUM preparer contacts the local VA MSC.

d. The PEBLO coordinates with the NARSUM preparer to ensure all documents referenced in the body of the NARSUM are included within the case file.

e. Within 3 days of the MEB decision, the PEBLO contacts the Soldier to notify the Soldier of the MEB findings. Regardless of the findings, the PEBLO informs the Soldier of their right to either accept the MEB decision or to seek

further review. The PEBLO informs the Soldier of their right to seek legal advice regarding these options from Soldiers' MEB Counsel, private legal counsel retained at their own expense, or from a VA-accredited representative of a service organization recognized by the VA. The PEBLO provides the Soldier with a copy of the DA Form 3947 (includes at a minimum the DA Form 3947, NARSUM, and VA C&P examination report), and provides the Soldier a complete copy of the Soldier's case file upon request. Additionally, upon request and with consent of the Soldier, the PEBLO forwards to the Soldier's legal counsel a complete copy of the Soldier's case file in an electronic or paper format.

f. Within 5 days of receiving the DA Form 3947, unless an extension is granted for good cause shown, the Soldier signs the DA 3947 and either accepts the MEB decision or seeks further review.

g. The IMR reviewer completes their review, prepares a memorandum for the record, discusses the results of the review with the Soldier, and returns the case file to the PEBLO within 5 days of their appointment by the MEB convening authority. However, when good cause is shown, the MEB convening authority extends this time period upon request by the Soldier or their representative. A copy of the memorandum is provided to Soldier's counsel when the Soldier has elected representation.

(1) An IMR is an independent clinical review of the MEB case file to ensure the MEB findings adequately reflect the complete spectrum of the Soldier's injuries and illnesses. It is conducted by a credentialed military provider not otherwise involved in the Soldier's MEB, ideally the medical treatment provider most familiar with the Soldier's medical history. The MTF-based IMR provider reviews the final MEB packet to make sure all diagnoses and notes have been accurately recorded on the NARSUM and the DA Form 3947. This IMR must be completed and returned to the PEBLO within 5 days.

(2) The IMR provider reviews the complete MEB case file and all available medical records. The scope of review is not limited to diagnoses listed on the DA Form 3947 or those discussed in the NARSUM. The IMR is a comprehensive review of the Soldier's MEB for both completeness and accuracy. The IMR provider opines on the retention decision (findings of the MEB) and addresses any clinical discrepancies.

(3) The IMR findings are communicated to the Soldier, and included as a memorandum for record in the MEB case file forwarded to the PEB.

h. Soldiers desiring to submit a written rebuttal to the MEB have 7 days to submit the rebuttal from the time the impartial medical reviewer or the PEBLO, as applicable, advises the Soldier, or, if no IMR is requested, from the time the Soldier signs the DA Form 3947. The MEB convening authority extends this time period upon request by the Soldier or their representative when good cause is shown.

i. The MEB appeal authority has 7 days to consider the IMR and or rebuttal, prepare any written addendum amending the findings, sign the DA Form 3947, and return it to the PEBLO. The PEBLO advises the Soldier on the results of their IMR or rebuttal. When the Soldier has elected representation, the PEBLO provides to the representative a copy of the appeal authority's response to the rebuttal and subsequent action by the MEB.

j. Once the MEB is complete, the PEBLO forwards the case file for any Soldier with one or more medical conditions that do not meet medical retention standards to the administrative PEB president of the servicing PEB. The case file is transmitted electronically. The case file includes the documents listed in paragraph 3-5j(1) through 3-5j(28) when otherwise applicable to the case.

(1) DA Form 3947 no older than 6 months.

(2) Soldier's MEB rebuttal and response to MEB appeal.

(3) Any IMR and IMR memorandum for record.

(4) VA Form 21-0819. (At a minimum, section 1 is completed. Otherwise, Soldier's completion of the form is voluntary.)

(5) Medical NARSUM to include addendum(s). The main NARSUM is to be no older than 6 months and first in the set of NARSUMs.

(6) The VA C&P examination. In addition, for cases of RC Soldiers referred from a non-active duty status, complete STR, including any civilian medical treatment, and a statement summarizing where and when attempts were made to locate all records.

(7) Clinical notes, as applicable.

(8) Laboratory results, if applicable, determined by the MEB physician to support findings.

(9) Radiology reports, if applicable, determined by the MEB physician to support the findings.

(10) Range of motion findings, if applicable, as determined by the MEB physician to support the findings.

(11) Medicine profile.

(12) DA Form 3349 no older than 5 years and completed in accordance with AR 40-501.

(13) DA Form 7652.

(14) Actions under the Uniform Code of Military Justice, if applicable, and flags.

(15) Decision of MAR2 when referral to the DES is by MAR2.

(16) Any required and approved LOD determination. An informal LOD determination is documented by the DA

Form 2173 (Statement of Medical Examination and Duty Status) and a final approval memorandum. A formal LOD determination is documented on DD Form 261 (Report of Investigation, Line of Duty, and Misconduct Status).

(17) As applicable, enlisted record brief, officer record brief, the USAR's DA Form 2-1 (Personnel Qualification Record), or any version of a Soldier's individual record brief applicable to the Soldier at the time of referral and no older than 6 months.

(18) Current DFAS Form 702 (Leave and Earnings Statement).

(19) The Soldier's last three evaluation reports or last three developmental counselings for Soldiers below the rank of E-5.

(20) Current ARPC 249-2-E (Chronological Statement of Retirement Points) or current NG Form 23 (Retirement Points History Statement), if applicable.

(21) DD Form 214 (Certificate of Release or Discharge from Active Duty) or NGB Form 22 (Report of Separation or Record of Service).

(22) The RC 20-year letter.

(23) Document of extension of enlistment contract or retention past ETS or retention past mandatory removal date, when applicable.

(24) Orders. Any and all pertinent orders reference mobilization, permanent change of station, promotion, and reduction if such occurred after Soldier was referred to the MEB.

(25) Awards related to combat related injury (for example, Purple Heart, Combat Infantry Badge, Combat Medic Badge, or Combat Action Badge).

(26) Application to continue on active duty (COAD) or to continue on Active Reserve (COAR) status, if applicable.

(27) Any previous MEB and PEB decisions.

(28) DD Form 2648 (Pre-Separation Counseling Checklist).

3-6. Contents of the narrative summary of a Soldier's medical condition

The minimum requirements and format for the NARSUM to the MEB are as follows:

a. Section one - Soldier identification. In this section the MEB provider includes the Soldier's name, rank, and the PMOS or AOC corresponding to the PMOS or AOC alpha-numeric code.

b. Section two - sources and references. In this section, the MEB provider identifies specific documents the MEB provider considered before performing their analysis and formulating their conclusions. Note: the MEB case file will include all documents the MEB provider references. Including these documents allows subsequent reviewers to review critical documents and streamlines the NARSUM. The MEB provider includes and references all relevant written correspondence and recalled oral communication. The MEB provider finalizes this section after completing sections three through nine.

c. Section three - baseline documentation. The PEBLO ensures all administrative documents are provided to the MEB. (See paragraph 3-5j for the listing of required documents.) The PEBLO communicates to the MEB provider whether the Soldier has ongoing or pending administrative actions. The PEBLO includes in the MEB case file documents providing the Soldier's entry date, estimated termination of service date, and LOD duty information, when necessary. The MEB provider describes how a condition meets LOD standards when there are diagnoses that require, but do not yet have, valid LOD documents. The LOD information may be necessary for ARNG and USAR Soldiers when the onset of their condition is an issue.

d. Section four - diagnoses for preparation of DA Form 3947. This section is a communication vehicle between the MEB provider and the staff preparing the DA Form 3947, typically the Soldier's PEBLO. The MEB provider completes this section after consideration of clinical records, laboratory findings, and separation physical of record (whether performed by the Army or by the VA).

(1) In this section, the MEB provider lists each of the Soldier's diagnoses which will be endorsed by the MEB. The MEB provider's diagnosis or other annotations allow this list to account for each condition claimed by the Soldier and each condition and/or diagnosis identified by the IDES examiner. For each diagnosis that does not meet retention standards, the MEB provider also identifies the following:

(a) Reference to the applicable retention standard (see AR 40-501).

(b) Approximate date of onset.

(c) MEB conclusions regarding whether the condition existed prior to service, and if so, whether the MEB opines the condition to have been permanently aggravated by military service.

(2) The VA C&P exam may use diagnostic terminology that differs from the Soldier's STR and/or from the initiating "referred condition." Provided the VA C&P exam includes the medical basis to support its diagnosis or the basis for the diagnosis is documented in the STR, the MEB provider includes the VA diagnosis. In addition, the MEB provider may include the military diagnosis.

(3) Where the (medically-supported) VA diagnosis is either more specific or accurate than the military diagnosis, the MEB provider is not required to carry forward the prior military diagnosis.

(4) For each diagnosis, whether first rendered in the VA C&P exam or already documented within the Soldier's STR, the MEB provider determines whether or not the condition meets retention standards.

(5) The MEB provider must have sufficient information to render required findings. When the VA C&P exam report does not provide the minimal support for a (VA-rendered) diagnosis or, does not render a diagnosis for a condition documented in the STR, the MEB provider may ask the VA to clarify the report. In addition to the VA C&P exam report (and any subsequent revision/corrections, if obtained), the MEB provider may interview the Soldier, consult with the Soldier's treating provider(s), communicate with the Soldier's unit commander, and review the Armed Forces Health Longitudinal Technology Application (AHLTA) record.

(6) Except for specific provisions outlined in AR 40-501, the MEB provider is authorized to determine whether a condition meets retention standards without obtaining unit commander or supervisor substantiation of duty limitation.

(7) When a diagnosis, as described on the VA C&P exam, would significantly compromise a Soldier's health or well being if they remained in the military, the MEB provider concludes that this condition does not meet retention standards. When a specific retention standard applies, the MEB provider cites it directly. If the Soldier does not appear to meet the requirements of a more specific provision, the MEB provider applies the more general standard of AR 40-501.

(8) The MEB provider uses one of the following two formats for conditions and circumstances not constituting a physical disability.

(a) MEB diagnosis, VA diagnosis, retention decision not applicable.

(b) VA diagnosis retention decision not applicable per AR 40-501.

e. Section five - statement of medical retention determination point. In this section, the MEB provider identifies one diagnosis and explains how its manifestations (or other characteristics) support finding the Soldier has reached the medical retention determination point. The MEB provider includes additional discussion or references other NARSUM sections, as necessary, to support the conclusion.

f. Section six - DA Form 3349. The MEB provider reviews (or updates and discusses).

(1) *DA Form 3349 review (or update).* After reviewing and updating the Soldier's DA Form 3349, the MEB provider indicates they have completed their review and update.

(a) For a permanent profile, the MEB provider may confer with the profiling officer for clarification and/or revision of the original profile, as necessary. The MEB provider may also rewrite the profile without assistance if he/she is a profiling officer.

(b) The MEB provider verifies the DA Form 3349, block 1, includes all medical conditions, to include those identified in the VA C&P exam, that prevent the Soldier from performing any of the functional activities in block 5.

(c) The MEB provider explains duty limitations associated with conditions for which the Soldier has a current temporary profile.

(d) The MEB provider verifies block 5j is checked when one or more of the Soldier's diagnoses, individually or in combination with others, would worsen if deployed to an austere environment. For additional information regarding medical fitness standards for deployment and certain geographical areas, see AR 40-501.

(e) For each diagnosis that prevents the Soldier from performing one or more functional activities, the MEB provider verifies that the physical, upper, lower, hearing, eyes, psychiatric (PULHES) numerical designator is, at a minimum, a "3," indicating the diagnosis does not meet medical retention standards. See AR 40-501.

(2) Discussion of the DA Form 3349.

(a) In this section, the MEB provider discusses the relationship between the Soldier's medical diagnoses and the "lay terminology" used by the profiling official in block 1.

(b) When the Soldier has multiple conditions listed in block 1 and these conditions prevent the Soldier from performing more than one functional activity, the MEB provider identifies the relationship between the medical diagnosis(es) and duty limitation.

(c) The MEB provider explains why the diagnosis prevents the Soldier from performing any of the functional activities when it may be unclear to subsequent reviewers.

(d) The MEB provider may also discuss why the other diagnoses that meet retention standards are not listed on the profile, not associated with a "3" in the PULHES, and/or do not prevent the Soldier from performing any of the functional activities. This discussion will ultimately help explain why the conditions meet medical retention standards.

g. Section seven - diagnoses not meeting medical retention standards.

(1) The MEB provider completes the requirements of paragraphs 3-6g(2)(a) through 3-6g(2)(g) for each diagnosis that does not meet medical retention standards. To avoid redundancy, it is acceptable for the MEB provider to indicate that one provision applies to multiple diagnoses.

(2) Based upon the documents listed in the sources and references section, the MEB provider specifies the references and summarizes the relevant information they used to support their conclusions.

(a) *Medical basis for diagnosis.* In this section, the MEB provider indicates the medical basis for the diagnosis (for example, x-ray confirmation of osteoarthritis, meeting requisite Diagnostic and Statistical Manual criteria, endoscopy findings, and so forth).

(b) *Onset.* In this section, the MEB provider indicates the Soldier's duty status (for example, active duty, mobilized Reserve, or TPU) and the Soldier's geographical area at time of onset. When diagnosis is related to an injury, the MEB provider discusses how the injury occurred. The MEB provider references supporting medical documentation or indicates when there is no documentation. The date of onset may not correspond to the date of diagnosis. When the MEB provider concludes the condition existed prior to service, they must include the basis for their conclusion. The MEB provider determines whether any condition that worsened while on active duty is due to natural progression, permanent service aggravation, temporary service aggravation, or some combination of the three. The MEB provider must include their reasoning.

(c) *Treatment summary.* In this section, the MEB provider summarizes the specific treatment (to include specialist consultations) the Soldier received with approximate dates and time frames. With reference to Soldier's current clinical and performance status, the MEB provider summarizes the effect of treatment (in toto).

(d) *Noncompliance, when applicable.* In accordance with the provisions of AR 600–20, the MEB provider writes a statement to confirm the Soldier complied with recommended treatments. When the MEB provider has a concern as to whether the Soldier has been compliant with treatment, the MEB provider determines whether to initiate a medical board with reference to AR 600–20. This specifies that treatment noncompliance can be a basis for disciplinary action. Unless the preponderance of evidence supports the finding of noncompliance, the MEB provider should not deem the Soldier noncompliant.

(e) *Prognosis statement.* The MEB provider indicates whether, over the next 5 years, it is likely that the condition will improve such that it will meet retention standards, significantly deteriorate, or remain essentially static. The MEB provider provides a basis for this conclusion.

(f) *Impact on duty performance.* As profile limitations are addressed in section six (DA Form 3349 review) this section includes additional relevant discussion on how a condition impacts duty performance. The MEB provider may reference the DA Form 7652. Where the medical retention standard cited in paragraph 3–6g(2)(g) is based on impacts to duty performance, the MEB provider uses this section to explain the impact on duty performance.

(g) *Identification of the retention standard.* The MEB provider must indicate what retention standard the Soldier fails to meet according to the applicable AR 40–501 provision. The MEB provider utilizes this retention standard while preparing the information required by paragraphs 3–6g(2)(a) through 3–6g(2)(f). For this section, the MEB provider includes enough information for other MEB physician reviewers and signature authorities to understand why the Soldier does not meet the specific medical retention standard. For a diagnosis that the MEB provider indicates does not meet retention standards “in combination” with another condition, the MEB provider identifies the other condition(s) and discusses the relationship between the conditions, duty impact, profile restrictions, and so forth. Where the retention standard requires “adequate treatment,” the MEB provider only refers to the section on treatment summary because they have discussed treatment specifics in the section on treatment summary. Where the retention standard requires “interference with duty,” the MEB provider only references the section on the DA Form 3349 and the section on impact on duty performance because the MEB provider has discussed the profile and impact on duty performance in these sections.

(h) *Section eight - mental competency statement.* This section is completed when applicable. The mental competency statement indicates whether the Soldier is mentally competent for pay purposes, capable of understanding the nature of, and cooperating in, PEB proceedings, and/or dangerous to themselves or others. In this section, the MEB provider includes a mental competency statement when the Soldier has a behavioral health diagnosis, regardless of whether the diagnosis is determined to meet medical retention standards.

(i) *Section nine - diagnosis(es) meeting medical retention standards.* In this section, the MEB provider explains why each diagnosis listed in this section meets retention standards. Generally, the MEB provider does this with reference to the considerations addressed at AR 40–501. For example, explaining why the condition, individually or in combination with others, does not significantly interfere with duty, does not compromise or aggravate the Soldier's health or well being, does not compromise the health or well-being of other Soldiers, and does not prejudice the Army's best interests.

(j) *Section ten - quality assurance check.*

(1) *Apparent inconsistencies.* If a diagnosis listed by the VA C&P examiner has insufficient evidence to support that diagnosis or is clearly erroneous, then it should be listed in this section. It must still be listed as a diagnosis in section four with the statement, “no medical basis.” Every attempt should be made to clarify this with the VA C&P examiner, but if no resolution can be reached, then list the diagnosis in this section. The MEB provider does not write diagnostic variance memorandums.

(2) *Timeliness of medical evaluation board information.* In this section, the MEB provider annotates the timeliness of the information utilized in the preparation of the NARSUM. The VA C&P examination must have been completed within the past 12 months. However, when documentation is older than 6 months, the MEB provider may obtain information to ensure that the Soldier's status remains the same. The MEB provider may seek information from the treating providers, chain of command, and/or the Soldier to ensure the status remains unchanged. The MEB provider documents their discussions and includes the results of any additional treatment or consultation and amends the NARSUM as necessary.

3-7. Legacy procedures for trainees, recruits, and cadets

- a.* Trainees, recruits, and cadets generally complete the legacy DES as described in AR 635-40. When the process time exceeds the designated number of active duty days, the trainee and recruits disability evaluation is under IDES.
- b.* Disability examination worksheets for preparing VA C&P examinations are located at <http://www.vba.va.gov/bln/21/benefits/exams/index.htm>.

Section III

Physical Evaluation Board and Final Disposition

3-8. Start date for physical evaluation board phase

For tracking purposes, the PEB phase of the DES commences when the case file is received by the PEB. In the vast majority of cases, this is accomplished electronically through use of the ePEB application. The PEB process concludes when the USAPDA approves the final decision. The goal is to complete all PEB proceedings within 120 days from the date the PEB receives the case file.

3-9. Establishment of additional physical evaluation boards

The USAPDA considers establishment of an additional PEB, or establishes additional PEBs, when the median quarterly processing time for cases assigned to a particular PEB exceeds 60 days and the backlog of cases ready for action by a PEB exceeds 50 percent of the cases under adjudication by a PEB. A PEB backlog is defined from the time the PEB receives the case file from the MEB to the time the case is adjudicated (excluding any time attributable to appeals). The administrative PEB President notifies the Director, USAPDA, who notifies the SECARMY through the Judge Advocate General and DCS, G-1, if the administrative PEB President determines that the lack of legal counsel is preventing timely adjudication of the PEB caseload.

3-10. Informal physical evaluation board proceedings - timelines and supplemental procedures

For tracking purposes, the IPEB stage of the DES commences when the administrative PEB President receives the case file and ends on the date the Soldier appeals the IPEB findings or, if the Soldier does not appeal the IPEB findings, the date USAPDA approves the case. The Army goal is completion of all IPEB proceedings within 65 days after the administrative PEB President receives the case file.

- a.* Within 15 days after receiving the case file from the PEBLO, the IPEB makes its determination on fitness. If the PEB finds the Soldier fit, the PEB issues DA Form 199 (Informal Physical Evaluation Board (PEB) Proceedings).
- b.* If the PEB finds the Soldier unfit, the PEB requests proposed VA ratings from the VA D-RAS. The PEB notifies the PEBLO of the findings by updating the Veterans Tracking Application and properly routing the case in ePEB. The PEBLO accesses the case in ePEB, downloads a copy of the PEB's request for VA ratings, and provides a copy to the Soldier. This copy serves as the Soldier's initial notification of the PEB's findings on fitness.
- c.* Within 15 days of receiving the proposed VA ratings from the VA D-RAS, the IPEB applies the proposed ratings using the diagnostic codes provided by the D-RAS to the Soldier's unfitting conditions and issues the DA Form 199.
- d.* Once the PEBLO receives the IPEB's DA Form 199 and the proposed VA ratings, the PEBLO has 3 days to provide the Soldier a copy of the IPEB findings and the proposed VA ratings and to inform the Soldier of their options with respect to the IPEB findings and proposed ratings. Subsequently, the PEBLO will also update the appropriate DES systems. The PEBLO fills out the DA Form 5892 (PEBLO Estimated Disability Compensation Worksheet) with the Soldier. The PEBLO refers the pending disability retiree to the Retirement Service Office for additional information on disability compensation, concurrent retirement, combat-related special compensation, and disability payments. The PEBLO informs the Soldier of their right to seek legal advice on their options from OSC, private legal counsel retained at their own expense, or from a VA-accredited representative of a service organization recognized by the VA. The PEBLO will refer the Soldier to the VA MSC for an explanation of potential VA benefits.

(1) The Soldier has 10 days from receipt of the IPEB findings to decide whether to accept the findings or to appeal them to the FPEB. The IPEB presiding officer will extend the 10-day time period when good cause is shown.

(2) The Soldier has 10 days to decide whether to accept the proposed VA ratings for the conditions found unfitting by the IPEB or to seek reconsideration of these ratings from the VA. If a Soldier is initially found fit, but is subsequently found unfit following a FPEB, the Soldier will have 10 days from the time the PEBLO notifies him/her of the new finding to seek reconsideration.

(3) If the informal is the last level of PEB adjudication, the PEBLO will upload and route the signed the DA Form 5893 along with the DA Form 199 to the PEB for inclusion in the Soldier's case file.

- e.* In cases where the Soldier is deemed to have waived his/her right to a make an election to the PEB finding (including if Soldier fails to submit a timely election or request an extension for more time to make an election), the PEBLO prepares a memorandum for record documenting his/her actions to notify the Soldier of the IPEB decision and the Soldier's rights. The PEBLO submits the memorandum to the IPEB presiding officer for approval and includes it in the case file. If the Soldier requested representation from the Office of Soldiers' MEB Counsel, the PEBLO notifies them to ensure that they are aware of their client's action.

f. The Soldier provides their decision to the PEBLO, along with any request for reconsideration of the proposed VA ratings. The PEBLO forwards the Soldier's decision to the PEB. The PEB forwards any request for reconsideration to the VA D-RAS. The PEB does not provide an opinion on the merits of the request for VA reconsideration to the D-RAS or any other VA element, nor does the PEB stop a Soldier's request for VA reconsideration of an unfitting condition even if that request is in violation of IDES policy or procedures. The VA D-RAS determines if a request for reconsideration is consistent with IDES policy or procedures. The VA only reconsiders ratings when new medical evidence is received or sufficient justification, such as error, is provided by the Soldier.

g. The PEBLO notifies the VA MSC and the Soldier's unit commander of the Soldier's decision with respect to the IPEB findings and proposed VA ratings.

3-11. Formal physical evaluation board proceedings - timelines and supplemental procedures

For tracking purposes, the FPEB stage of the DES commences when the PEB receives the Soldier's request for a formal hearing and ends on the date the Soldier requests review from USAPDA, or, if the Soldier does not request review, the date USAPDA approves the finding for the SECARMY. All FPEB proceedings are completed in no more than 30 days. See AR 635-40 concerning the rules for FPEBs.

a. If the Soldier appeals the IPEB findings to the FPEB, within 3 days, the PEB schedules a hearing to occur within 30 days of the appeal. The administrative president of the PEB provides Soldiers and their representatives a minimum of 10 days advance notice of the FPEB hearing. The DA Form 5890 (Acknowledgment of Formal Physical Evaluation Board Hearing) is enclosed with the notification letter. The administrative PEB President notifies the PEB members, witnesses, and interpreter (if needed) of the hearing.

b. Because the necessary medical examinations will have been previously conducted by the VA and all issues related to the adequacy of the VA examinations should have been resolved at the MEB level, the PEB does not reschedule or continue a formal hearing to seek further DOD or VA examinations.

c. If the FPEB presiding officer continues a FPEB hearing after the hearing has begun, the FPEB presiding officer ensures the DA Form 199-1 (Formal Physical Evaluation Board Proceedings) reflects the continuance and any resulting changes in FPEB membership along with the reason for the change in membership.

d. If the Soldier's conduct or statements create a potential security risk to board members or other personnel, local security police are alerted and appropriate security precautions taken.

e. Soldiers provide appropriate authority for assigned Soldiers' Counsel from the Judge Advocate General's Corps to have access to all pertinent documentation pertaining to the Soldier's case, to include the case file and any other additional documentation that may be requested by Soldiers' Counsel. Soldiers' Counsel are to have appropriate access to documentation within the computerized databases and electronic medical records that relate to the Soldier's disabilities.

f. See AR 635-40 regarding the composition for FPEBs and for the FPEB board process, to include rules for conducting FPEBs.

g. If the formal board is the last level of PEB adjudication, the PEBLO forwards the DA Form 5893 to the PEB for inclusion in the Soldier's case file.

3-12. Twenty years of service as computed under Title 10 United States Code section 1208

In accordance with 10 USC 1201 and 1204, a Soldier determined unfit for compensable disability is granted disability retirement if the Soldier has either 20 years of service as computed under 10 USC 1208 or a minimum disability rating of 30 percent. It is important that PEBLOs, PEB adjudicators, and transition centers understand the computation of this service, as it can mean the difference between a disability retirement and a disability separation with severance pay when the Soldier does not have the minimum 30 percent. In general, the computation is the sum of the Soldier's active service, the Soldier's equivalent years of service for the Soldier's membership, and/or inactive duty training points. For regular retirement, this combination of service is called 10 USC 1405 service. Unlike regular retirement in which the 10 USC 1405 service is listed only after the Soldier obtains 20 years of active Federal service, equivalent years of service is counted for disability retirement in meeting the 20-year threshold. In summary, a minimum of 7,200 points of combined active duty, membership, and inactive duty training points results in eligibility for a disability retirement.

3-13. Disposition by U.S. Army Physical Disability Agency - timelines and supplemental procedures

a. Disposition by USAPDA is to take no more than 30 days from the date the FPEB decision is issued, including consideration of any requests for review by a Soldier.

b. If a Soldier is returned to duty, the MTF commander (normally the Soldier's primary care manager) ensures the Soldier has an updated profile.

3-14. Transition from active duty

For tracking purposes, the transition phase of the DES commences when USAPDA approves the disposition decision and ends on the date the Soldier separates from the Army.

a. Within 5 days after USAPDA approves the disability disposition, USAPDA establishes a separation date of not

later than 90 days. Within the 90-day timeframe, the transition center, in coordination with the unit command, establishes a separation or retirement date that considers unit clearing time, approved permissive temporary duty, and utilization of accrued leave. The not later than 90 days is not intended to result in every Soldier having 90 days transition time. However, the not later than date may be exceeded to use accrued leave or for extenuating circumstances in accordance with AR 635-8.

b. The transition center schedules retiring Soldiers for a pre-retirement briefing, Survivor Benefit Plan counseling, and completion of the DD Form 2656-6 (Data for Payment of Retired Personnel).

c. The transition center informs the PEBLO of the Soldier's separation date. The DD Form 214 is available to the VA through the Defense Personnel Records Information System.

d. The transition center ensures the permanent records of Soldiers separated through the DES reflect the appropriate separation designator codes, as specified by DOD.

e. The PEBLO informs Soldiers that it may be in their financial interest to separate prior to, but as close to, the last day of the month as possible.

f. The PEBLO informs Soldiers being placed on the TDRL about the TDRL process and the requirement for reexamination. The PEBLO advises the TDRL member that they will have the opportunity to review and comment on the future TDRL reexamination report before it is forwarded to the PEB for periodic TDRL review.

3-15. Temporary disability retired list

a. Except to the extent modified by law or DODI 1332.18, the DES procedures set forth in the 8 February 2006 version of AR 635-40 and associated regulations will apply to Soldiers who were placed on the TDRL prior to 19 December 2011. Examples of modification by DOD policy include that the TDRL reevaluation considers only the unstable conditions for which the Soldier was placed on the TDRL and conditions related thereto and using VA documentation in lieu of requiring a new physical examination.

b. If a TDRL reevaluation requires a medical examination, the medical examination is completed within 18 months after the Soldier's previous reevaluation. If the reevaluation is for post-traumatic stress disorder, with placement on the TDRL in accordance with Veterans Administration Schedule for Rating Disabilities 4.129, the medical examination is completed within 6 months of the time the Soldier is initially placed on the TDRL. The Soldier is given the opportunity to review and comment on the report of examination before forwarding it to the PEB.

c. The Army completes PEB readjudication for TDRL processing from the date the PEB receives the medical and rating documentation to the date USAPDA notifies the Soldier of their TDRL disposition.

3-16. Non-duty related process

a. The Army completes non-duty related processing within 130 days from the date of the final approval of a permanent profile for a condition that does not meet medical retention standards to the date of the final PEB determination. The case file is transmitted to the PEB within 90 days of the date of the Soldier's medical disqualification. The PEB processing time is not to exceed 40 days.

b. The organizations designated below transmit complete case files to the PEB, ensuring that due diligence is exercised to certify that the conditions referred to the PEB for processing under the non-duty related process were in fact neither incurred nor aggravated while in a current or prior period of Title 10 military duty status:

- (1) Office of the Command Surgeon for the Soldier's organization for USAR Soldiers;
- (2) The State Surgeon (or of the Commonwealth of Puerto Rico, Guam, the Virgin Islands, or the District of Columbia, as appropriate) for ARNG Soldiers.

c. The following documents are included in the case file transmitted to the PEB:

- (1) Copy of the notification to the Soldier that they are pending separation based upon medical disqualification;
- (2) Soldier's request to be referred to a PEB, if applicable;
- (3) DA Form 3349 reflecting an approved P3/P4 profile;
- (4) The medical documentation upon which the P3/P4 profile was based;
- (5) DA Form 7652;
- (6) Documents submitted by the Soldier regarding his/her fitness to perform military duties, if any;
- (7) The Soldier's last three Officer Evaluation Reports, Noncommissioned Officer Evaluation Reports, or developmental counselings, as appropriate. If these reports are not available, the unit commander includes an explanatory statement; and,
- (8) Officer record brief or enlisted record brief, and qualification record brief, as applicable.

d. Unless a FPEB hearing was directed by the IPEB presiding officer, Soldiers referred into the DES for non-duty related reasons are responsible for their personal travel and other expenses related to attendance at a FPEB hearing.

e. Care must be taken to ensure that the non-duty related process is applied only to RC Soldiers not on active duty and who are medically disqualified for conditions that were neither incurred nor aggravated while in a duty status. (See AR 635-40.)

3–17. Expedited Disability Evaluation System processing

In accordance with AR 635–40, Soldiers with catastrophic injuries or illnesses from combat or combat-related operations incurred in the LOD may request an expedited DES (EDES) process to obtain a permanent disability retirement. The Soldier waives IDES processing and requests immediate permanent retirement with a combined 100 percent disability rating. The Soldier's case is not forwarded to the VA for rating.

- a. The EDES processing occurs at installations mutually agreed to by the DOD and VA.
- b. The Soldier is provided the following information:
 - (1) Differences between processing under the EDES process and the IDES process.
 - (2) Information about military benefits, to include retired pay, Combat-Related Special Compensation, TRICARE, commissary, and post exchange privileges.
 - (3) Potential VA benefits to include disability compensation.
 - (4) Potential Social Security benefits.
 - (5) Continued access to a Federal Recovery Coordinator, if desired.
 - (6) DOD-provided services no longer available following retirement, such as housing allowance, invitational travel orders, and TRICARE benefits reserved for active duty Soldiers.
 - (7) Duration and termination of coverage under Servicemen's Group Life Insurance.
 - (8) Potential entitlement to Traumatic Servicemember's Group Life Insurance.
- c. During the 30-day period while the Soldier considers whether to proceed with the EDES process, the PEBLO provides the VA MSC with inpatient records for the catastrophic disability, any other inpatient records during the period of the current treatment, as well as a copy of the Soldier's STRs.
- d. The PEBLO provides the VA MSC with medical summaries, claims information, necessary authorizations from the Soldier, and any other information necessary for the VA to process benefits.
- e. Following a decision that a Soldier is eligible for retirement under the EDES, the USAPDA directs the appropriate personnel actions to process the Soldier for disability retirement, such as issuance of the DD Form 214, notification to the Defense Finance and Accounting Service to initiate retired pay, authorizing transition leave desired by the Soldier, providing for dependent identification cards, and taking other necessary actions to ensure a smooth and efficient transition. The USAPDA works with VA to facilitate, when appropriate, transfer of the Soldier or veteran to their permanent place of residence.
- f. The anticipated timeline from the Soldier's decision to proceed through the EDES process to departure on transition leave should not exceed 45 days.
- g. The USAPDA maintains data and summaries on the use of the EDES process and reports data as required to the DOD.

3–18. Physical evaluation board liaison officer training

- a. Training curricula for PEBLOs includes, at a minimum, an overview of the following topics:
 - (1) The statutory and policy requirements of the DES.
 - (2) The Army's electronic and paper recordkeeping policies.
 - (3) Customer service philosophies.
 - (4) Familiarization with medical administration processes.
 - (5) Roles and responsibilities of a Soldier's assigned military legal counsel.
 - (6) Overview of the services and benefits offered by the VA.
 - (7) Knowledge of online and other resources pertaining to the DES from both DOD and VA.
 - (8) Knowledge of the chain of supervision and command.
 - (9) Knowledge of inspector general hotlines for resolution of issues.
 - (10) Knowledge of the differences in processing AC versus RC Soldier MEB cases.
 - (11) Overview of grade determination review process for Soldiers in the DES in accordance with AR 15–80.
- b. The PEBLO's supervisor documents completion of training and includes the documentation in PEBLO training records.
- c. The PEBLO is introduced to key DES personnel in the MTF.
- d. The PEBLO receives at least 1 week of on-the-job training with another experienced PEBLO prior to assuming their full duties. Prior to case transfer, the incoming PEBLO makes personal contact with each Soldier in their caseload. The PEBLO's supervisor accounts for all transferred cases to avoid gaps in service.
- e. Required formal training includes—
 - (1) Completing the PEBLO distance learning 6I–F4/340–F3 certification course and successfully passing the examination with a score of 70 percent; and,
 - (2) Attending the resident PEBLO certification course, 6I–F4/340–F3.
- f. The PEBLO sustainment skills are validated annually by completing a distance learning training module and successfully passing the examination with a score of 70 percent.

g. When major changes to the DES procedures occur, PEBLOs are provided with specialized training regarding the new procedures.

Chapter 4

Process for the Adjudication of Requests for Continued on Active Duty or Continued on Active Reserve Status

4-1. General

This chapter addresses the procedures for processing Soldier requests for COAD or COAR. See AR 635-40 for COAD or COAR policy concerning—

- a. Eligibility criteria.
- b. Approval and/or disapproval authority.
- c. Length of COAD or COAR period.
- d. Termination of COAD or COAR.
- e. Medical reevaluation.
- f. Disposition at end of continuation period.

4-2. Submission of request

a. The Soldier submits their COAD or COAR request to the PEBLO, who forwards the request to the PEB in accordance with the timeframe in paragraph 4-2b. The PEB forwards the request to USAPDA, who submits the request to the approving authority. See paragraph 4-4.

b. The earliest the Soldier's COAD or COAR request may be forwarded to the PEB is with the Soldier's MEB file.

c. The latest the Soldier may submit the COAD or COAR request to the PEB is 10 days from the Soldier's receipt of the informal or FPEB findings, whichever was the last level of PEB adjudication. A Soldier who requests a formal and then withdraws the request for formal is not granted additional time to submit a COAD or COAR request.

d. Generally, untimely or incomplete packets will not be considered or forwarded for approval. The USAPDA will return the packet to the Soldier through the PEBLO. The exception occurs when USAPDA determines the primary reason for the late or incomplete packet is due to circumstances the Soldier could not control, and the Soldier otherwise acted in a timely manner to meet the requirements. Such circumstances are to be explained in a statement and added to the packet. Soldiers should be requesting the required documents early in the process and not waiting until they receive the PEB findings.

4-3. Required documents

The Soldier's request for COAD or COAR must contain the following documents:

a. DA Form 4187 (Personnel Action).

b. DA Form 199 (Informal Physical Evaluation Board (PEB) Proceedings (EGA)), DA Form 199-1 (Formal Physical Evaluation Board Proceedings (EGA)), or DA Form 199-2 (U.S. Army Physical Disability Agency (USAPDA) Revised Physical Evaluation Board (PEB) Proceedings (EGA)), as applicable.

c. Commander's statement. This is a separate statement from the DA Form 7652. The first O-6 commander in the Soldier's chain of command is required to provide a recommendation on whether the Soldier should or should not be retained on COAD or COAR. This letter is required whether or not the O-6 supports the COAD or COAR request.

d. A memorandum from the treating physician outlining the Soldier's medical ability to continue to serve.

4-4. Adjudication process

a. For requests from AC and USAR Soldiers, USAPDA will forward the Soldier's request to the applicable office within AHRC once the PEB phase and any follow-on appellate review or mandatory review of the case by USAPDA is completed.

(1) AC and USAR officers, to include members of the AGR Program: Commander, U.S. Army Human Resources Command (AHRC-OPL-R), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40121-0122.

(2) AC and USAR enlisted Soldiers, to include members of the AGR Program: Commander, U.S. Army Human Resources Command (AHRC-EPO-A), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40121-0122.

b. For requests from ARNG Soldiers, USAPDA will forward the Soldier's request to the NGB Chief, Personnel Division (ARNG-HRC), 111 South George Mason Drive, Arlington, VA 22204, once the PEB phase and follow-on appellate review or mandatory review of the case by USAPDA is completed. The NGB will forward the request to the applicable State Adjutant General for approval or disapproval. The State will return the packet to the NGB with its decision, and the NGB will forward the packet to USAPDA.

c. The AHRC and NGB have 15 days to complete adjudications and forward the decision to USAPDA.

d. If the COAD or COAR request is approved, the Soldier's career management authority will contact the Soldier to discuss career options and current needs of the Army.

e. When the Army DCS, G-1 has not delegated disapproval authority to the AHRC approval authority, and the AHRC authority recommends disapproval of a COAD or COAR request, the AHRC authority will justify his/her recommendation in writing and forward the COAD or COAR packet to the DCS, G-1, Medical Policy Branch for final decision by the Army DCS, G-1. (See AR 635-40.) The Medical Policy Branch will notify AHRC and USAPDA of the G-1's decision.

f. Any requests found by the approval authority to not meet the eligibility criteria will be returned to the PEBLO through USAPDA. The USAPDA email address is: usarmy.pentagon.hrc.mbx.usapda-hq-ret-sep@mail.mil. The PEBLO is responsible for notifying the Soldier of the approval authority's decision.

4-5. Approval authority adjudication factors

The COAD or COAR approval authority may consider any of the following factors in making a decision to approve or recommend disapproval of a request for COAD or COAR:

- a.* Time in service.
- b.* Level of performance, trends in efficiency, professional values or attributes.
- c.* Performance prior to injury.
- d.* Ability to attend professional military education.
- e.* Medical conditions, ongoing treatment, and effect on Army missions.
- f.* The ability to lead or positively influence Soldiers.
- g.* Commander's letter of recommendation.

Chapter 5

Waiver of Physical Evaluation Board for Non-Service Incurred and Non-Service Aggravated Medical Conditions

5-1. General

a. Under the provisions of AR 635-40, Soldiers may waive referral to the PEB and be separated when a MEB opines that the Soldier does not meet medical retention standards and the condition was neither incurred or aggravated while in a duty status and was not otherwise incurred in the LOD. Soldiers are not eligible for this separation when processing for administrative separation or officer elimination.

b. AR 635-40 is the authorizing regulation for the separation of enlisted Soldiers who waive the PEB. An officers' separation is under the authority of AR 600-8-24. See paragraph 5-5.

5-2. Separation of enlisted Soldiers under AR 635-40 versus AR 635-200

Separation of enlisted Soldiers under the authority of AR 635-40 is not to be confused with separation for failure to meet procurement (accession) standards under the provisions of AR 635-200. The latter authority provides for the involuntary separation of the Soldier within 180 days of the Soldier's entry onto initial active duty when the Soldier is identified with a pre-existing medical condition that does not meet the Army's medical procurement (accession) standards of AR 40-501, but does meet the Army's medical retention standards of AR 40-501. When the pre-existing medical condition falls under AR 40-501, the Soldier is entitled to evaluation by a PEB, but the Soldier may waive PEB evaluation under AR 635-40.

5-3. Criteria

The Soldier's case meets the conditions when the following apply:

- a.* The Soldier is eligible for referral to the DES.
- b.* The Soldier does not meet medical retention standards as determined by a MEB.
- c.* The disqualifying medical impairment existed prior to entry on the current period of active duty and has not been permanently aggravated by such duty.
- d.* The Soldier does not have or will not have 8 years of active service by date of separation.
- e.* The Soldier is mentally competent.
- f.* Further hospitalization or institutional care is not required.
- g.* The Soldier was advised of his or her right to a full and fair hearing and that referral to a PEB could result in a finding of fit allowing the Soldier to COAD.
- h.* Soldier was advised that a PEB evaluation is required for receipt of Army disability benefits, but that waiver of the PEB does not affect the Soldier applying for disability compensation from the VA.


i. Soldier was advised in writing by the PEBLO that the Soldier may consult with an appointed Soldiers' MEB Counsel when making a decision to waive their referral to the PEB.

5-4. Actions by the physical evaluation board liaison officer

a. The PEBLO informs the Soldier of the rights and conditions outlined in this chapter. If the Soldier declines the opportunity to apply for discharge, the PEBLO notifies the commander in writing. The notice states that the Soldier was fully informed of the provisions of this chapter and that the Soldier declined to apply for discharge.

b. If the Soldier requests to apply for discharge, the PEBLO assists the Soldier in preparing a request for discharge for physical disability using figure 5-1 as a guide.

c. The PEBLO forwards the request and the MEB case file to the Soldier's immediate commander for separation processing. The separation authority will be advised of any pending disciplinary or other action that may affect the Soldier's disposition.



DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

OFFICE SYMBOLDATE

MEMORANDUM FOR Commander, Bravo, 2/4 Infantry, Fort Knox, KY 40121-5529

SUBJECT: Request for Separation and Waiver of PEB Evaluation

1. I request discharge for physical disability based upon the findings and recommendations of the medical evaluation board (MEB). The MEB opined that I do not meet the medical retention standards of AR 40-501 due to my medical condition(s) and that this/these condition(s) existed prior to my service and was/were not permanently aggravated by my military service.
2. I have been fully informed and understand that I am entitled to the same consideration and processing as any other Soldier of the Army being separated for physical disability. I understand this includes the consideration of my case by a physical evaluation board (PEB). However, I elect not to exercise this right. I also understand the U.S. Department of Veterans Affairs (VA) will determine my entitlement to VA benefits.
3. If this application is approved, I understand that I will be separated by reason of an existed prior to service (EPTS) physical disability. I also understand that I will receive a discharge in keeping with the character of my service, as decided by the officer designated to effect my separation.

JOHN A. DOE
SGT, USA

Figure 5-1. Example of a request for separation in lieu of physical evaluation board

5-5. Authority to order discharge

a. For enlisted Soldiers, commanders in the rank of lieutenant colonel or major (promotable) who have a judge advocate or legal advisor available are authorized to approve the Soldier's request if no adverse administrative or disciplinary action is pending against the Soldier.

b. Officer requests an unqualified resignation in accordance with AR 600-8-24.

5-6. Action by commander authorized to effect discharge

a. Commanders authorized to affect the discharge of Soldiers under provisions of this chapter affect such discharge expeditiously. Commanders ensure Soldiers complete VA Form 21-526 (Veterans Application for Compensation and/or Pension). No medical examination is accomplished during separation processing unless there is reason to believe that material change has occurred in the Soldier's physical or mental condition since his/her appearance before the MEB.

b. Unless otherwise indicated, the Soldier receives a DD Form 256A (Honorable Discharge Certificate). A DD Form 214 will be prepared in each case. If the Soldier is in entry level status at the time of processing, DD Form 214 may describe service as uncharacterized (see AR 635-200).

c. The Soldier is furnished one copy of the approved report of the medical board proceedings, and one copy is filed in the Soldier's Army Military Human Resource Record.

d. For enlisted Soldiers, one copy of each of the documents listed below is sent through the MTF commander providing primary medical care for the headquarters discharging the Soldier to the Commander, U.S. Army Recruiting Command, ATTN: USARCAO-M, Fort Knox, KY.

(1) DA Form 3947 and narrative summary.

(2) DD Form 2807-1 (Report of Medical Examination History) and DD Form 2808 (Report of Medical Examination).

(3) The forms in paragraph 5-6*d*(2) pertaining to entry (enlistment or call to active duty) examination.

e. A cover letter cites AR 635-40, as authority for the action. The letter provides the following information:

(1) The date on which the Soldier was discharged.

(2) The date of the Soldier's entry on active duty.

(3) The name and location of the medical facility that conducted the Soldier's medical examination before the Soldier's enlistment or induction.

Appendix A References

Section I Required Publications

AR 40-501

Standards of Medical Fitness (Cited in para 3-5j(12).)

AR 135-178

Enlisted Administrative Separations (Cited in para 3-1b.)

AR 135-381

Incapacitation of Reserve Component Soldiers (Cited in para 3-1b.)

AR 600-8-4

Line of Duty Policy, Procedures, and Investigations (Cited in para 3-4b(4).)

AR 635-40

Physical Evaluation for Retention, Retirement, or Separation (Cited in para 3-4c(1)(a).)

AR 635-200

Active Duty Enlisted Administrative Separations (Cited in para 3-1a.)

10 USC 1201

Regulars and members on active duty for more than 30 days: retirement (Cited in para 3-12.)

10 USC 1204

Members on active duty for 30 days or less or on inactive-duty training: retirement (Cited in para 3-12.)

10 USC 1208

Computation of service (Cited in para 3-12.)

2014 DOD Compensation and Benefits Handbook

Available at <http://warriorcare.dodlive.mil/benefits/compensation-and-benefits/> (Cited in para 3-4c(1)(b).)

Section II Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this pamphlet. Unless otherwise stated, Army publications are available at <http://www.apd.army.mil>. DOD issuances are available at <http://www.dtic.mil/whs/directives>. USCs and CFRs are available at <http://www.gpo.gov/fdsys/>.

AR 15-80

Army Grade Determination Review Board and Grade Determinations

AR 25-30

The Army Publishing Program

AR 40-66

Medical Record Administration and Health Care Documentation

AR 40-400

Patient Administration

AR 135-175

Separation of Officers

AR 140-10

Assignments, Attachments, Details, and Transfers

AR 600–8–24

Officer Transfers and Discharges

AR 600–20

Army Command Policy

AR 601–280

Army Retention Program

AR 635–8

Separation Processing and Documents

DODI 1332.18

Disability Evaluation System (DES)

DODI 6490.07

Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees

10 USC Chapter 61

Retirement or Separation for Physical Disability

10 USC 1405

Years of service

32 CFR 199.2(b)

Definitions

38 CFR 3

Adjudication

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate Web site (www.apd.army.mil); DD forms are available on the DOD Forms Management Program website(www.dtic.mil/whs/directives/forms/index.htm); and Standard Forms (SF) are available on the U.S. General Services Administration website (www.gsa.gov/portal/forms/type/GSA).

ARPC 249–2–E

Chronological Statement of Retirement Points

DA Form 2–1

Personnel Qualification Record

DA Form 199

Informal Physical Evaluation Board (PEB) Proceedings (EGA)

DA Form 199–1

Formal Physical Evaluation Board Proceedings (EGA)

DA Form 199–2

U.S. Army Physical Disability Agency (USAPDA) Revised Physical Evaluation Board (PEB) Proceedings (EGA)

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 2173

Statement of Medical Examination and Duty Status

DA Form 3349

Physical Profile (Available through normal forms supply channels)

DA Form 3947

Medical Evaluation Board Proceedings

DA Form 4187

Personnel Action

DA Form 4856

Developmental Counseling Form

DA Form 5890

Acknowledgment of Notification of Formal Physical Evaluation Board Hearing

DA Form 5892

PEBLO Estimated Disability Compensation Worksheet

DA Form 5893

Soldier's Medical Evaluation Board/Physical Evaluation Board Counseling Checklist

DA Form 7652

Disability Evaluation System (DES) Commander's Performance and Functional Statement

DD Form 214

Certificate of Release or Discharge from Active Duty

DD Form 256A

Honorable Discharge Certificate (Available through normal forms supply channels)

DD Form 261

Report of Investigation-Line of Duty and Misconduct Status

DD Form 2648

Pre-Separation Counseling Checklist

DD Form 2807-1

Report of Medical History

DD Form 2808

Report of Medical Examination

DFAS Form 702

Leave and earnings statement

NGB Form 22

Report of Separation or Record of Service

NGB Form 23

Retirement Points History

VA C&P Disability Examination Worksheets

Available at <http://www.vba.va.gov/bln/21/benefits/exams/index.htm>

VA Form 21-0819

VA/DOD Joint Disability Evaluation Board Claim (Available at <http://www.va.gov/vaforms/>)

VA Form 21-22

Appointment of Veterans Service Organization as Claimant's Representative

VA Form 21-526

Veterans Application for Compensation and/or Pension

Glossary

Section I Abbreviations

AC

Active Component

AOC

area of concentration

AGR

Active Guard Reserve

AHLTA

Armed Forces Health Longitudinal Technology Application

AHRC

U.S. Army Human Resources Command

AR

Army regulation

ARNG

Army National Guard

CFR

Code of Federal Regulations

COAD

continue on active duty

COAR

continue on active Reserve

DA

Department of the Army

DES

Disability Evaluation System

DOD

Department of Defense

DODI

Department of Defense instruction

ETS

expiration term of service

IDES

Integrated Disability Evaluation System

LOD

line of duty

MAR2

Military Occupational Specialty Administrative Retention Review

MEB

medical evaluation board

MOS

military occupational specialty

MTF

military treatment facility

NARSUM

narrative summary

NGB

National Guard Bureau

OSC

Office of Special Counsel

PEB

physical evaluation board

PEBLO

physical evaluation board liaison officer

PULHES

Physical, upper, lower, hearing, eyes, psychiatric

PMOS

primary military occupational specialty

RC

Reserve Component

RETAIN

Reenlistment/Reclassification System

RSC

Regional Support Command

SCAADL

Special Compensation for Assistance with Activities of Daily Living

SECARMY

Secretary of the Army

STR

Service Treatment Record

TDRL

temporary disability retirement list

TPU

troop program unit

TRICARE

tri-service medical care

U.S.

United States

USAMEDCOM

U.S. Army Medical Command

USAPDA

U.S. Army Physical Disability Agency

USAR

U.S. Army Reserve

USC

United States Code

VA

U.S. Department of Veterans Affairs

Section II**Terms****activities of daily living**

Feeds (including special diets), dresses and shelters; personal hygiene services; observation and general monitoring; bowel training or management (unless abnormalities in bowel function are of a severity to result in a need for medical or surgical intervention in the absence of skilled services); safety precautions; general preventive procedures (such as turning to prevent bedsores); passive exercise; transportation; and other such elements of personal care that can reasonably be performed by an untrained adult with minimal instruction or supervision. Activities of daily living may also be referred to as “essentials of daily living” as defined in 32 CFR 199.2(b). For the purposes of eligibility for Special Compensation for Assistance with Activities of Daily Living (SCAADL), activities of daily living, and “personal functions required in everyday living” are the same.

aggravation

The permanent worsening of a pre-service medical condition over and above the natural progression of the condition caused by trauma or the nature of military service.

Armed Forces Health Longitudinal Technology Application

AHLTA is the DOD electronic health record system. It is a stand-alone term and not to be defined as an acronym (see AR 40-66).

day

Means a calendar day unless otherwise specified.

Disability Evaluation System

The system used by DOD to implement the provisions of 10 USC Chapter 61.

Military Service Coordinator

The MSC is a VA employee assigned to serve as a liaison for the Soldier throughout the VA disability evaluation and claims process.

natural progression

The worsening of a pre-service impairment that would have occurred within the same timeframe regardless of military service.

permanent, catastrophic injury or illness

A permanent severely disabling injury, disorder, or illness incurred or aggravated in the LOD that compromises the ability of the afflicted person to carry out activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed or constant supervision to avoid physical harm to self or others.

P3 or P4 profile

A DA Form 3349 with a permanent 3 or 4 in one of the profile serial factors.

Soldier

Includes the person with authority to act for the Soldier in the event the Soldier is incompetent.

Section III
Special Abbreviations and Terms

C&P

Compensation and Pension

D-RAS

Disability Evaluation System Rating Activity Site

EDES

expedited Disability Evaluation System

FPEB

formal physical evaluation board

IMR

Impartial Medical Review

IPEB

informal physical evaluation board

MSC

Military Service Coordinator

RRB

Retention Reclassification Branch

UNCLASSIFIED

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