



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
GEORGIA ARMY NATIONAL GUARD
JFHQ, MEDICAL ACTIONS BRANCH
1000 HALSEY AVENUE, BUILDING 447
MARIETTA, GEORGIA 30060-5099**

Suspense: Date

NGGA-PEM

Date

MEMORANDUM FOR Commander United States Army Physical Evaluation Board, 1835 Army Boulevard, Building 2000, JBSA Fort Sam Houston, TX 78234

SUBJECT: Service Member Request for Physical Evaluation Board and Legal Counseling

1. I acknowledge receipt of the Notification of Medical Disqualification for further retention in the Army National Guard and/or entry on active duty per AR 40-501, Chapter 3. I have reviewed my case with my Unit Commander/1SG and full-time readiness NCO for the purpose of Line of Duty Determination (LOD). I further acknowledge it has been determined there is no evidence to support an in Line of Duty determination.

2. As a result of my non-duty related medical condition, I understand I am required to elect one of the following rights by **initialing next to my election (one options: a, b, c or d. as appropriate):**

a. () I have **less than 15 years** of qualifying Reserve Component Service (as evidenced by my Retirement Points Annual Statement – NGB 23). I request to be discharged from the Georgia Army National Guard and I waive my right to a NDR- PEB.

b. () I have **over 15 years but less than 20 years** of qualifying Reserve Component Service for retirement (as evidenced by my Retirement Points Annual Statement – NGB 23), and I have not received a Notification for Retired Pay at age 60. **I request to be discharged from the Georgia Army National Guard for early retirement under 10 USC 12731b, and I waive my right to a NDR-PEB.**

c. () I have **over 20 years or more** of qualifying Reserve Component service for retirement (as evidenced by my Retirement Points Annual Statement – NGB 23). **I request to be discharged from the Georgia Army National Guard for retirement and I waive my right to a NDR-PEB. I understand that I will not be able to collect retirement benefits until age 60.**

d. ******() **I request my file be reviewed by a Non-Duty Related-Physical Evaluation Board (NDR-PEB) for fitness ruling only.** Electing this option will start the process for the NDR-PEB to determine retention or non-retention of military duties.

3. ****If I elect option 'd', I further acknowledge the following statements by initialing all statements (a.-e.):**

a. () I understand the PEB evaluates my physical condition against the physical requirement of my particular office, grade, rank or rating. The PEB makes findings and recommendations to establish my eligibility to be retained due to fitness, separation or retirement from the service because of physical disability.

b. () I understand that I am requesting a referral to an informal PEB; where my records will be reviewed.

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c. () I understand that my unit is responsible for completing and forwarding my NDR-PEB packet through the Major Support Command Medical Readiness Non-Commissioned Officer (MSC MRNCO) to ng.ga.gaarnng.list.ngga-mrdp@armyl.mil Subject: NDR-PEB, Rank, Last Name, Last Four SSN.

d. () I understand the Physical Evaluation Board findings will be one of the following:

- (1) Return to duty within the limits of profile.
- (2) Discharge with a 20 year retirement.
- (3) Discharge with a 15 year retirement.
- (4) Discharge without retirement.

e. () I understand that once I receive the findings of the PEB, I have the option to appeal such findings.

4. I understand that my failure to make an election prior to, _____ will result in my records being forwarded for appropriate administrative separation action.

5. Office of Soldiers Counsel (OSC) is available to ensure you are aware of your rights, options, and possible outcomes to help you decide whether to fight to return to duty in the Army National Guard or pursue a medical separation. OSC can provide general advice and help you develop a strategy to reach your desired outcome. If a formal PEB hearing is held, OSC PEB attorneys will advocate for your desired outcome. Please visit this site usarmy.gordon.medcom-eamc.mbx.meb-counsel@mail.mil. There is no contact phone at this time.

SM Last Name, First Name, MI	SM Signature	Date

XXX-XX-Last Four _____

Unit Representative	Date

Title



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