



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**

S: Date

NGGA-PEM

Date

MEMORANDUM FOR Medical Actions Branch, 1000 Halsey Avenue Building 408, Marietta, GA 30060

SUBJECT: Notification of Intent for Medical Retention Determination Point

1. ___ I acknowledge that I have _____ which medically disqualifies me for further military service IAW AR 40-501, Ch. 3.

2. ___ I have been counseled regarding my rights and responsibilities. I understand those rights and responsibilities.

3. ___ I understand that the elections made herein are irrevocable and not subject to appeal. I acknowledge that this election is made personally by me, without influence or coercion from any third party.

4. My Election is:

a. (___) I have less than 15 years of qualifying service. I request to be discharge from the Georgia Army National Guard and waive my right to a NDR-PEB.

Requested date of discharge (before suspense date) _____

b. (___) I have over 15 years but less than 20 years of qualifying service. I request to be discharged from the Georgia Army National Guard for early retirement under 10 USC 12731b, and waive my right to a NDR-PEB. I understand that I will not be able to collect retirement benefits until age 60. **Requested date of Retirement (before suspense date)** _____

c. (___) I have over 20 years or more of qualifying service for retirement. 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.

Requested date of Retirement (before suspense date) _____

d. (___) I request my file be reviewed by a Non-Duty Related-Physical Evaluation Board (NDR-PEB) for fitness ruling only. I believe I can be found fit. (Applies to Soldiers whose injury/injuries did not occur in the Line of Duty [LOD])

First & Last Name
Rank, GAARNG

President of the Board Signature and Date: _____
Print Name: GREGORY D. HAWLEY, MAJ, DSS-ADMIN

Medical RNCO or MSC Representative: _____
Print Name: _____