

CLAIM FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)OMB No. 0704-0708
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The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code Section 1413a; DoD Financial Management Regulation, Volume 7B Chapter 63; and E.O. 9397 (SSN).

PURPOSE: To submit a claim through the appropriate uniformed service for Combat-Related Special Compensation (CRSC) to determine eligibility for benefits and CRSC effective dates.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b)(3), records may be disclosed as a routine use to the Department of Veterans Affairs (DVA) regarding establishments, changes and discontinuing of DVA compensation to retirees and annuitants and to request and verify information of service-connected disabilities in order to evaluate applications for combat-related special compensation.

A complete list of routine uses may be found in the following applicable System of Records Notices: T7347b, Defense Military Retiree and Annuity Pay System Records at: <https://pdl.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4009712/t7347b/>; NM01850-3, Combat-Related Special Compensation Branch Files at: <https://pdl.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4010285/nm01850-3/>; and DoD-0020, Military Human Resource Records at: <https://www.federalregister.gov/documents/2024/05/15/2024-09967/privacy-act-of-1974-system-of-records>.

DISCLOSURE: Voluntary; however, failure to provide any required information may result in member not being considered eligible for CRSC.

GENERAL INSTRUCTIONS**Complete this form carefully and accurately.**

To submit a valid claim you must complete the ENTIRE FORM and SIGN IT IN SECTION VI (bottom of Page 3). **Unsigned claim forms will not be processed.**

Complete and submit this form (pages 1-3 ONLY) to apply for Combat-Related Special Compensation (CRSC). Print, type, or use a computer and provide the best information available. If you do not know the answer, enter "Don't Know" or "DK". Do not leave any item blank. **You must identify the disabilities that you are claiming.**

Members who meet preliminary CRSC eligibility requirements will have their claim reviewed by the applicable Military Department to determine if their disabilities are combat-related.

Combat-related determinations made by the Physical Evaluation Board may be submitted as evidence, however, additional objective evidence (e.g. official medical records, evaluations, decorations, casualty reports, etc.) are required to corroborate the claimed disabilities were incurred as a direct result of a combat-related event. It is important to note that a Service-connected injury or disability does not necessarily mean that the disability is combat-related.

The following Department of Veterans Affairs presumptive conditions are presumptive of service connectedness and are not criteria that make the Service Member eligible for an automatic determination of combat related disabilities. However, they may be considered strong evidence in making combat-related determinations. Codes for these presumptive conditions are listed below. These codes are to be used to fill out Section IV Question 14c:

- As a direct result of exposure to Agent Orange - (AO)
- As a direct result of exposure to Ionizing Radiation Exposure - (IRE)
- As a direct result of exposure to Mustard Gas or Lewisite - (MGL)
- As a direct result of participation in the Persian Gulf War - (PGW)
- As a direct result of being held as a Prisoner of War - (POW)

It is your responsibility to provide supporting documents from personal or government records, so make sure you supply all documentation necessary to verify this claim. CRSC guidance requires credible objective documentary evidence in order to support a combat-related determination.

For secondary conditions to be granted as combat-related, they must specifically be granted by the VA as secondary to the primary condition. If the primary disability is awarded as combat-related, then the secondary condition is conceded as combat-related, absent evidence to the contrary.

Third party witness testimonials of the event causing the injury are accepted and taken into consideration regardless of rank, but generally are not sufficient proof unless corroborated by objective documentation.

If you need assistance completing this form, consult with the agency from which you retired (or another agency, as appropriate).

Army: [https://www.hrc.army.mil/content/CRSC%20\(Combat-Related%20Special%20Compensation\)](https://www.hrc.army.mil/content/CRSC%20(Combat-Related%20Special%20Compensation))

Navy & Marine Corps: <https://www.hq.navy.mil/corb/crscb/combatedrelated.htm>

Air Force & Space Force: <https://myfss.us.af.mil/USAFCommunity/s/login?ec=302&startURL=%2FUSAFCommunity%2Fs%2F>

DoW: <https://www.defenselink.mil/prhome/crsc.htm>

DFAS: <https://www.dfas.mil/crsc>

Coast Guard: <https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Personnel-Service-Center-PSC/Personnel-Services-Division-PSC-PSD/Disability-Evaluation-Branch-PSC-PSD-MED/>

Sign and date your claim. Enclose with your claim a clean legible copy of any supporting documents listed on page 3. Mail your claim to the address listed below for the Uniformed Service from which you retired.

DO NOT SEND ANY ORIGINAL DOCUMENTS, AS THEY WILL NOT BE RETURNED.

Send your claim to the address listed below for the Uniformed Service from which you retired.

ARMY:

Department of the Army
ATTN: AHRC-PDP-C (CRSC), Dept 480
1600 Spearhead Division Avenue
Fort Knox, KY 40122-5408
FAX: 502-613-9550

NAVY AND MARINE CORPS:

Department of The Navy
Secretary of the Navy Council of Review Boards
ATTN: Combat-Related Special Compensation Board
720 Kennon Street SE, Suite 309
Washington Navy Yard, DC 20374-5023

AIR FORCE AND SPACE FORCE:

HQ AFPC/DPFDD (CRSC)
550 C St West JBSA
Randolph, TX 78150

COAST GUARD:

Commander (PSC-PSD-Med)
Personnel Service Center
U.S. Coast Guard Stop 7200
2703 Martin Luther King Jr. Ave SE
Washington, DC 20593
ATTN: CRSC

NOAA CORPS:

Director, Commissioned Personnel Center
8403 Colesville Road, Suite 500
Silver Spring, MD 20910-6333

PUBLIC HEALTH SERVICE:

United States Public Health Service
Compensation Branch
Program Support Center, ESS
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

CLAIM FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)**SECTION I - PERSONAL INFORMATION**

Items 1-7 must be filled in so the Uniformed Service Military Department you retired can determine CRSC eligibility.
The DoD ID Number is located on the back of the Common Access Card above the barcode.

1. NAME (Last, First, Middle Initial)		7. MAILING ADDRESS	
		a. STREET (Include apartment number or P.O. Box)	
2. DoD ID NUMBER	3. RETIRED RANK/RATE		
4. DATE OF BIRTH (YYYYMMDD)	5. TELEPHONE (Include area code)	b. CITY	c. STATE
6. E-MAIL ADDRESS			d. ZIP CODE

SECTION II - PRELIMINARY REQUIREMENTS

8. MARK (X) NEXT TO THE APPROPRIATE ANSWER FOR EACH QUESTION.

QUALIFICATION BEFORE JANUARY 1, 2008

a. Were you entitled to retired pay for regular service, having completed at least 20 years of service prior to January 1, 2008?	YES	NO
OR	YES	NO
b. Were you entitled to retired pay for reserve service, having completed at least 20 years of combined active and reserve service and having reached age 60 prior to January 1, 2008?	YES	NO
OR	YES	NO
c. Were you entitled to retired pay for reserve service under the Reserve TERA program having completed at least 15 but less than 20 years of combined active and reserve service and having reached age 60 prior to January 1, 2008?	YES	NO

NOTE: You must provide proof of the retirement authority by attaching a copy of your Retirement Orders and/or a copy of your Notification of Eligibility (NOE), also known as the (15 year letter). Evidence must clearly state that you were a reservist and you retired under Section 12731a of title 10, United States Code.

QUALIFICATION ON OR AFTER JANUARY 1, 2008

d. Are you currently entitled to military retired pay for any reason, other than early reserve retirement for physical disabilities not incurred in line of duty (i.e., other than section 12731b of title 10, United States Code)?	YES	NO
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NOTE: If you answered NO to all questions a through d above, you are not eligible for CRSC.

SECTION III - SERVICE HISTORY

You must provide copies of evidence needed to verify this information (i.e., DD Form 214s, awards, evaluations, etc.).

9. FROM WHICH SERVICE DID YOU RETIRE? Provide a copy of your retirement orders or "retirement" DD Form 214. To expedite this claim it is important that you mail your claim to the service you retired from.	ARMY	NAVY/USMC	AIR FORCE/SPACE FORCE
	NOAA CORPS	COAST GUARD	PUBLIC HEALTH

10. OCCUPATIONAL SPECIALIZATION FOR ACTIVE DUTY

11. DID YOU SERVE IN ANY OF THE FOLLOWING WARS OR COMBAT OPERATIONS? (X all that apply) (Provide a copy of a DD Form 214/award citation or any other evidence that verifies ANY combat service.)

WWI	WWII	KOREAN WAR	VIETNAM	GULF WAR	OIF/OEF	OTHER (e.g., a SF Ops mission - explain where and when and provide evidence.)

12. WERE YOU EVER A PRISONER OF WAR (POW)? If YES, indicate Where/When/How long (Provide any official evidence available):	YES	NO
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CLAIM FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

NAME (Last, First, Middle Initial)

DoD ID NUMBER

NOTE: To ensure the review of all of your requested disabilities, limit **ONE** disability for each page. You are authorized to make additional copies of this page for any additional disabilities. You may list any secondary conditions that are connected to a disability on the bottom of the sheet that it has been connected to. Good evidence could include a VA rating decision that clearly states (for example), "hypertension is secondary to diabetes."

It is your responsibility to provide objective evidence (e.g. official medical records, evaluations, decorations, casualty reports, etc.) to corroborate the disability was incurred as a direct result of a combat-related event.

SECTION IV - REQUEST FOR COMBAT-RELATEDNESS DETERMINATION

13. VA FILE NUMBER (If known)

14. DISABILITY DESCRIPTION

a. TITLE OF DISABILITY (As written on the VA rating decision.)

b. BODY PART AFFECTED. (e.g., right knee)

c. DOES THIS DISABILITY INVOLVE A PRESUMPTIVE CONDITION? (If "Yes", enter code for condition; otherwise, answer "None.")

d. VA DISABILITY CODE (If known)

e. DATE AWARDED BY VA
(YYYYMMDD)

f. INITIAL RATING % BY THE VA

g. CURRENT RATING % BY
THE VA

h. COMBAT-RELATED CODE (Mark (X) the code that best describes what caused the disability.) (See Appendix A for code descriptions.)

AC
ARMED
CONFLICTHS
HAZARDOUS
SERVICESW
SIMULATING
WARIN
INSTRUMENT
OF WAR

i. UNIT OF ASSIGNMENT WHEN INJURED

j. LOCATION/AREA OF ASSIGNMENT WHEN INJURED

k. IN YOUR OWN WORDS, DESCRIBE THE EVENTS SURROUNDING THE DISABILITY AND HOW IT MEETS THE GUIDELINES OF COMBAT-RELATED.

l. DID YOU RECEIVE A PURPLE HEART (PH) FOR THIS INJURY? If YES, attach documentation to verify that you were awarded a PH and any evidence that proves what occurred or what body part was injured.

YES

NO

N/A

NOTE: Proof of being awarded a PH does not always allow us to award a disability as PH. We need to know what the PH was awarded for. For example, send the initial medical report(s), medevac report, and DD Form 214 to allow for review in the full context of what occurred.

m. DID VA EVER DOCUMENT THAT THIS CONDITION CAUSED SECONDARY DISABILITIES? If YES, you must provide evidence from VA or your medical records which state that the conditions listed in item 13.m., below, are indeed caused by the primary condition listed above. We cannot award any condition as secondary without evidence to support the claim. Attach the VA rating decision for all secondary conditions.

YES

NO

NOTE: If YES, list all secondary conditions in item 13.m., below.

n. VA DETERMINED THAT THE FOLLOWING CONDITIONS ARE SECONDARY CONDITIONS TO THE PRIMARY DISABILITY (Listed in item 13.a., above).

(1) DISABILITY
CODE

(2) DESCRIPTION

(3) % AWARDED
BY VA(4) DATE AWARDED
(YYYYMMDD)

CLAIM FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)**NAME** (Last, First, Middle Initial)**DoD ID NUMBER****SECTION V - REQUIRED DOCUMENTATION**

15. In order to process your claim the following records (if applicable) must be submitted with this claim. Do not send ANY original documents - COPIES only!

a. All DD Form 214s and DD Form 215s (especially if for retirement or showing combat ribbons).

b. Retirement orders and supporting documents.

c. Reserve Retirement point computation including any Notification of Eligibility (NOE) commonly referred to as the (15- or 20-year letter).

d. Copies of **ALL** VA Rating Decisions, letters, and code sheets (current and prior). Do NOT remove any pages. All VA documents discussing changes in benefits including Special Monthly Compensation (SCM) and/or Individual Unemployability (IU).

e. Medical records or notes that verify how the injury/disability occurred. (Do NOT send EKGs, lab slips, CDs, diskettes or other electronic media.)

f. Medical Evaluation Board (MEB)/Physical Evaluation Board (PEB) results and/or summaries.

g. Any evidence which can be used to verify the events or circumstances.

**SECTION VI - CERTIFICATION AND WAIVER OF CONCURRENT RECEIPT
AND DEPARTMENT OF VETERANS' AFFAIRS DISABILITY COMPENSATION (VADC)**

16. Complete this section to enable the Defense Finance and Accounting Service (DFAS) or the applicable pay center for non-DoW retirees to make any CRSC payments you qualify to receive.

- a. I understand that if I am eligible for concurrent receipt of both Military Retired Pay and Department of Veterans Affairs Disability Compensation (VADC) under 10 U.S.C., section 1414 and Special Compensation for Certain Combat-Related Disabled Uniformed Service Retirees under 10 U.S.C., section 1413a Combat-Related Special Compensation (CRSC), I may not receive both, but must elect which to receive. Concurrent Receipt is not a payment, but a set of rules under which a member may receive both military retired payments and VA Disability Compensation payments. Per Public Laws 107-314 and 108-136 you cannot receive military retired payments and CRSC payments at the same time.
- b. I understand that if my election results in any retroactive payments, any previously paid amounts of Concurrent Receipt and Department of Veterans Affairs Disability Compensation (VADC), SCSD, or Combat-Related Special Compensation for that period of time will be deducted from any amount due for that period.
- c. Under penalties of perjury, the information provided above is true to the best of my knowledge and belief and provided with the full knowledge of the penalties for making false statements (18 U.S.C. 287 and 1001 provide for a penalty of not more than \$10,000 fine, or 5 years in prison, or both; 31 U.S.C. 3279 provides civil penalties; and 31 U.S.C. 3802 provides administrative penalties).
- d. I hereby understand that should I be found eligible for CRSC, payments will be deposited to my account of record for Uniformed Services retired pay. After payments begin, I must advise DFAS of any changes or the applicable non-DoW pay center of any changes to my account.

e. SIGNATURE (Claim must be signed in ink or digital signature is allowed if signing with a Common Access Card (CAC); other electronic signatures are not allowed.)

f. DATE SIGNED (YYYYMMDD)

APPENDIX A - COMBAT-RELATED CODES

PURPLE HEART (PH) - The disability resulted from an injury for which you were awarded the Purple Heart. Evidence should clearly show that the injury was associated with an incident involving armed conflict, such as shrapnel wounds due to a mortar attack. Documentation must include a copy of the Purple Heart citation and DD Form 214 reflecting the award and injury, or the Purple Heart citation, and excerpts from the Service Medical Record that correspond to the date and document the treatment of the Purple Heart injury.

DIRECT RESULT OF ARMED CONFLICT (AC) - The disability is a disease or injury incurred in the line of duty as a direct result of armed conflict. The fact that a member incurred the disability during a period of war or an area of armed conflict or while participating in combat operations is not sufficient by itself to support a combat-related determination. There must be a definite, documented, causal relationship between the armed conflict and the resulting disability; Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members had hands-on employment of a weapon system which had immediate impact on a combat operation or was directly engaged with a hostile or belligerent nation, faction, force, or terrorist. Armed conflict may also include such situations as incidents involving a member as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status.

IN THE PERFORMANCE OF DUTY UNDER CONDITIONS SIMULATING WAR (SW) - An injury/disability that must have been caused by a training incident that was used to prepare for combat. This injury/disability must have been caused by the simulating war event, which would meet the combat related criteria. There must be a definite, documented, causal relationship between the simulated armed conflict and the resulting disability. In general, this covers disabilities resulting from simulated combat activity during military training, such as war game, practice alerts, tactical exercises, airborne operations, grenade and live fire weapons practice, bayonet training, hand-to-hand combat training, rappelling, and negotiation of combat confidence and obstacle courses while in full combat gear. Physical training activities such as calisthenics and jogging or formation running and supervised sports activities are not included. For example, just being at a field training exercise and tripping over a tree limb is not enough to meet the guidelines, the veteran must have been engaged in the training at the time of the injury.

WHILE ENGAGED IN HAZARDOUS SERVICE (HS) - A finding that a disability is the result of such hazardous service requires that the injury or disease be the direct result of actions taken in the performance of such service. There must be a definite document, causal relationship between the hazardous service and the resulting disability. Such service includes, but is not limited to, aerial flight, parachute duty, experimental stress duty, diving duty, and rescue missions. Travel to and from such service, or actions incidental to a normal duty status not considered hazardous are not included.

INSTRUMENTALITY OF WAR (IN) - An instrumentality of war is a military unique vehicle, vessel, or device designed primarily for Military Service and intended for use in such Service at the time of the occurrence or injury. It may also include such instrumentalities not designed primarily for Military Service if use of or occurrence involving such instrumentality subjects the individual to a hazard peculiar to Military Service. Such use or occurrence differs from the use or occurrence under similar circumstances in civilian pursuits. To meet this definition for the injury/ disability, it must have been the instrumentality that cause the injury or a malfunction of the instrumentality. The instrument must be used for its intended purpose at the time of the incident. For example, if a member is on a field exercise and is engaged in sporting activity and falls and strikes an armored vehicle, the injury will not be considered to result from the instrumentality of war (armored vehicle) because it was the sporting activity that was the cause of the injury, not the vehicle. On the other hand, if the individual was engaged in the same sporting activity and the armored vehicle struck the member, the injury would be considered the result of an instrumentality of war.

AGENT ORANGE (AO) - The disability was incurred as a result of Agent Orange exposure (herbicides). For these disabilities to be considered combat related, they must be specifically granted by the Department of Veterans Affairs (VA) as presumptive to Agent Orange exposure (herbicides). For consideration, the initial VA Rating Decision for the claimed disability must show not just Service connection, but the specific causes of the condition; such as, member has Diabetes due to Agent Orange exposure (herbicides). In addition, for secondary conditions to be granted as combat related, they must be specifically granted by the VA as secondary to the Agent Orange condition; such as, member's Hypertension is secondary to Agent Orange Diabetes. If the conditions were diagnosed after Vietnam service and prior to retirement, evidence must show the date of diagnosis and proof of Vietnam service. Proof of Vietnam service can include but is not limited to service medical records, evaluations, decoration citations, travel vouchers or PCS orders.

RADIATION EXPOSURE (RE) - The disability was incurred as a result of combat-related radiation exposure. Combat-related radiation exposure includes documented, onsite participation in a test involving the atmospheric detonation of a nuclear device; the occupation of Hiroshima or Nagasaki, Japan, by the United States forces during the period beginning on August 6, 1945, and ending on July 1, 1946; internment as a prisoner of war in Japan during World War II; or service in Paducah, Kentucky, Portsmouth, Ohio; or the area identified as K25 at Oak Ridge, Tennessee for at least 250 days before February 1, 1992.

GULF WAR (GW), MUSTARD GAS OR LEWISITE (MG) - These codes relate to disabilities awarded by the VA on the basis of presumption relating to service in the Persian Gulf War or exposure to Mustard Gas or Lewisite, even though there is no direct connection and the disability did not occur immediately. For consideration, the initial VA Rating Decision for the claimed disability must show not just Service connection, but the specific cause of the condition, such as, member has developed Fibromyalgia from service in the Persian Gulf War. Documentation should also describe the place, period, and conditions of exposure. In addition, for secondary conditions to be granted as combat-related, they must be specifically granted by the VA as secondary to the condition developed from service in the Persian Gulf War or exposure to Mustard Gas or Lewisite; such as, member's Scars are secondary to Chronic Obstructive Pulmonary Disorder from exposure to Mustard Gas.