(Updated 20260813)

COMBAT-RELATED SPECIAL COMPENSATION (CRSC) RECONSIDERATION REQUEST

OMB No. 0704-0708
Expires 20290831

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.
PURPOSE: To record and submit additional information for reconsideration into the Combat-Related Special Compensation (CRSC) Program to the appropriate uniformed service by Uniformed Service retirees that have been previously denied CRSC Program entry.
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, DefenseMilitary Retiree and Annuity Pay System Records at: https://pclt.defense.gov/DIRECTORATES/Privacy-and-Civil-Liberties-Directorate/Privacy/SORNsIndex/Article/4009712/t7347b/, NM01850-3, Combat-Related Special Compensation Branch Files at: https://pclt.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.

Name: _____ _____ _____
(Last Name) *(First Name)* *(MI)*

DoD ID Number: *(The DoD Identification Number is located on the back of the Common Access Card above the barcode.)* _____

Address: _____

Contact Phone: (____) _____ Email Address: _____

Request for Reconsideration *(check all that apply)*:

- ☐ I have validated that my VA waiver is now in place and a retired pay account is established.
- ☐ The VA has adjusted the percentage of a previously approved condition.
- ☐ I have been awarded Special Monthly Compensation (SMC) by the VA.
- ☐ I have been awarded these additional conditions by the VA, which may qualify for CRSC *(please specify which VA code(s) or condition(s) you are requesting)*:

  _____
- ☐ I am providing the requested information for reconsideration *(For example: official medical documentation, letters from chain of command, etc)*. Please state specific VA Code(s) or condition(s) you would like to be reconsidered:

  _____
- ☐ OTHER *(Reason is not listed above)*:

  _____

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.)*: _____

Date *(YYYYMMDD)*: _____

Please note: <u>Submit only the new and substantive documentation that supports this request</u>.

Please note: <u>We do not address Individual Employability (IU), changes to dependents or pay inquiries</u>. For questions regarding these issues, please contact DFAS at 1-888-332-7411.

Sign and date your claim. Enclose with your claim a clean legible copy of any supporting documents. Mail, Fax, or Email 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.**

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
Email: usarmy.knox.hrc.mbx.tagd-crsc-claims@army.mil

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:
Department of the Air Force & Space Force
ATTN: AFPC/DPFDD (CRSC)
550 C. Street West JBSA
Randolph, Texas 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