



8901 WISCONSIN AVENUE, BLDG 51, BETHESDA, MD 20889  
NICOE@MED.NAVY.MIL  
[www.nicoe.capmed.mil](http://www.nicoe.capmed.mil)

**National Intrepid Center of Excellence  
Peer Support Transition/Mentoring Program Smart Guide**

**August 2014**

**National Intrepid Center of Excellence  
Peer Support Transition/Mentoring Program Smart Guide**

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## **National Intrepid Center of Excellence Peer Support Transition/Mentoring Program Smart Guide**

This guide provides information on the many services, benefits, and resources available as you prepare to transition to civilian life. It is designed to help you make informed decisions by providing planning considerations, facts and advice and by identifying helpful resources. The information provided here and in online resources is for educational and general information purposes only.

After years of dedication to “service before self,” veterans must reclaim personal responsibility for decisions that largely have been made by others, including where to live and what work they will do.

In military culture, one’s identity is tied closely to one’s rank, position, and status. Veterans must reestablish professional credibility without the instant respect earned in uniform.

While the military provided extensive training to create cohesion and commitment to service, transition workshops rarely address the psychological and cultural leaps required to effectively reintegrate.

As civilians, veterans will enter a new workplace with far less structure and formality and many unspoken rules.

Asking for help traditionally has not been an accepted part of military culture. Many veterans will internalize their transition struggles rather than acknowledge a need for assistance.

Have candid conversations with former colleagues who have transitioned to learn what worked and what didn’t.

-Michael Doyle- Marine Veteran of Iraq and  
Afghanistan

### **DISCLAIMER**

The information provided in this guide does not constitute a formal endorsement by the National Intrepid Center of Excellence. This information is provided as informational resource material to assist military personnel and their families, and should be used to assist in identifying or exploring resources and options. The material contained in this guide is current as of the date of its publication; this information serves as a starting point for you to take up the search even more. It is important that you check with your local transition council and/or Command Career Counselor to ensure you have the most up-to-date information.

## **1. REINTEGRATION INTO CIVILIAN LIFE**

### **1.1 TRANSITION ASSISTANCE PROGRAM (TAP)**

TAP is a collaborative DoD, VA and DOL program designed to ease the transition from military service to the civilian workforce and community. By law, all transitioning military personnel are required to receive pre-separation counseling no less than 90 days prior to leaving active duty. It is recommended that you set up a pre-separation counseling appointment at least 180 days prior to separation. During pre-separation counseling, you will learn about your benefits and rights, as well as the services that are available.

#### **Workshops**

TAP Workshops are designed to give you the basic knowledge and skills necessary to plan and execute a successful job search. This includes:

- Assessing your preferences, skills, experience, and education/training
- Making career decisions regarding your career objectives and financial needs
- Obtaining an interview by identifying job opportunities, writing effective resumes and applications, and researching potential employers
- Winning the job by preparing for and participating in successful interviews

Whether you're hospitalized, assigned to a remote location, or just tied up with duties, the DoD official Transition Assistance Program website, Turbo TAP ([www.turbotap.org](http://www.turbotap.org)) is designed to provide much of the information you need, along with access to other websites that can provide even more information and assistance.

### **1.2 DISABLED TRANSITION ASSISTANCE PROGRAM (DTAP)**

DTAP is an integral component of transition assistance that involves working with Service members who may be released because of a disability or who believe they have a disability qualifying them for VA's Vocational Rehabilitation and Employment Program (VR&E). The goal of DTAP is to encourage and assist potentially eligible Service members in making an informed decision about VA's VR&E program. It is also intended to quickly deliver vocational rehabilitation services to eligible Service members by assisting them in filing an application for vocational rehabilitation benefits.

DTAP presentations are generally group sessions that include a comprehensive discussion of VR&E and educational/vocational counseling available to separating Service members and veterans. Usually, the VA Regional Office VR&E Officer will coordinate DTAP sessions for Service members who are hospitalized, convalescing, or receiving outpatient treatment for a disability and who are unable to attend a DTAP group session.

To find the nearest Transition Assistance/Disabled Transition Assistance Office go to [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil) or

Army	Army Career and Alumni Program (ACAP): <a href="http://www.acap.army.mil">www.acap.army.mil</a>
Air Force	Airman and Family Readiness Center: <a href="http://www.afcommunity.af.mil/transition/">www.afcommunity.af.mil/transition/</a>
Navy	Fleet and Family Support Center (redirect): <a href="http://www.nffsp.org">www.nffsp.org</a>

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Marine Corps	Career Resource Management Center (CRMC)/Transition and Employment Assistance Program Center: <a href="http://www.usmc-mccs.org/tamp/index.cfm">www.usmc-mccs.org/tamp/index.cfm</a>
Coast Guard	Worklife Division—Transition Assistance. Coast Guard Worklife staff can be found at the nearest Integrated Support Command: <a href="http://www.uscg.mil/hq/g-w/g-wk/wkw/work-life_programs/transition_assistance.htm">www.uscg.mil/hq/g-w/g-wk/wkw/work-life_programs/transition_assistance.htm</a>

**1.3 VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAMS**

Download the M28R, Vocational Rehabilitation and Employment Manual

- M28R is the guide all Vocational Rehabilitation Counselors must use when making decisions. <https://www.disabledveterans.org/wp-content/uploads/2014/02/140205-M28R.pdf>  
<http://www.benefits.va.gov/WARMS/M28R.asp>

**1.3.1 The Vocational Rehabilitation and Employment (VR&E) program**

VR&E assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, this program offers services to improve their ability to live as independently as possible. Services that may be provided by the VR&E Program include:

- Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment
- Vocational counseling and rehabilitation planning for employment services
- Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance
- Assistance finding and keeping a job, including the use of special employer incentives and job accommodations
- On the Job Training (OJT), apprenticeships, and non-paid work experiences
- Post-secondary training at a college, vocational, technical or business school
- Supportive rehabilitation services including case management, counseling, and medical referrals
- Independent living services for Veterans unable to work due to the severity of their disabilities

**To Apply or Receive Information and Assistance:**

- To apply, submit VA FORM 28-1900 Disabled Veterans Application For Vocational Rehabilitation to the nearest VA office.
- You may obtain information and assistance from any VA office or on line at <http://www.vba.va.gov/bln/vre/index.htm>.
- Local representative of veteran's service organizations and the American Red Cross also have information and forms available.

**EVALUATION:** Eligibility and entitlement are two different things. You may be eligible for VR&E due to having a service-connected disability rating, yet not be entitled to services. The first step in the VR&E process is to be evaluated to determine if you qualify for services. To receive an evaluation for VR&E services, a veteran must meet the following "eligibility" criteria:

**Active Duty Service Members are eligible if they:**

- Expect to receive an honorable discharge upon separation from active duty

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- Obtain a memorandum rating of 20% or more from the VA
- Apply for Vocational Rehabilitation and Employment (VR&E) services

**Veterans are eligible if they:**

- Have received, or will receive, a discharge that is other than dishonorable
- Have a service-connected disability rating of at least 10%, or a memorandum rating of 20% or more from the Department of Veteran Affairs (VA)
- Apply for Vocational Rehabilitation and Employment (VR&E) services

**Basic period of Eligibility: The basic period of eligibility in which VR&E services may be used is 12 years from the latter of the following:**

- Date of separation from active military service, or
- Date the veteran was first notified by VA of a service-connected disability rating.

The basic period of eligibility may be extended if a Vocational Rehabilitation Counselor determines that a Veteran has a Serious Employment Handicap.

**PLANNING AND COUNSELING:** Your counselor must first determine that you meet the entitlement requirements and an employment or independent living goal is reasonably feasible. Then your counselor will help you develop a plan of services and assistance to assist you to reach your employment goal. Counseling will be available throughout your program to help you with problems that may arise.

Veterans will work with their Vocational Rehabilitation Counselor to select one of the following five tracks of services:

Reemployment (with a former employer)

Direct job placement services for new employment

Self-employment

- Pay attention to the following chapter of the M28R, Vocational Rehabilitation and Employment Manual
  - Chapter 4
  - Chapter 8
  - Chapter 9

Employment through long term services including OJT, college, and other training

Independent living services

**REHABILITATION SERVICES:** Not all vocational rehabilitation programs involve training. You may only need employment services to help you get a suitable job. If a VA counselor determines that you need training to reach your vocational goal, your VA counselor will also determine the number of months of training you need. You may train in a vocational school, a special rehabilitation facility, an apprenticeship program, other on-job training position, a college, or a university.

If training is appropriate, VA will provide medical and dental care treatment, employment assistance to get and keep a suitable job, and other services you may need. If a vocational goal is

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not currently feasible for you, VA may provide services and assistance to improve your capacity for living independently.

**SUPPORT:** VA may pay for tuition, fees, books, equipment, tools, or other supplies you need to succeed in your program. During your program, you may qualify for a monthly subsistence allowance to help you meet your living expenses. The allowance you receive depends on your type of training, rate of attendance, and number of dependents. You will receive this allowance in addition to any VA compensation or military retired pay you may receive.

For more information, please visit [www.vetsuccess.gov](http://www.vetsuccess.gov). If you prefer to speak to a VR&E representative, please visit the [VA Facility Locator](#) to find your local VA regional office. You may also call 1-800-827-1000.

### 1.3.2 State Vocational Rehabilitation (VR) and Supported Employment (SE) Programs

Funded by Department of Education, the VR and SE programs are designed to empower you to train for and find work that matches your strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. The programs are designed to assist those with significant disabilities, so you will have to go through an assessment process and be listed on an “order of selection” list with others seeking VR and SE services. Those with the most significant disabilities have priority in the VR and SE program.

If you are eligible to receive VR services, you must develop an “Individual Plan for Employment.” You will have the opportunity to make an informed choice in selecting, among other things, an employment outcome, needed VR services, and providers of those VR services. VR services are those you may need in order to achieve your employment outcome. These include, but are not limited to, the following:

- An assessment for determining eligibility and VR needs
- Vocational counseling, guidance and referral services
- Physical and mental restoration services
- Vocational and other training, including on-the-job training
- Maintenance for additional costs incurred while the individual is receiving certain VR services
- Transportation related to other VR services
- Interpreter services for individuals who are deaf
- Reader services for individuals who are blind
- Services to assist students with disabilities to transition from school to work
- Personal assistance services (including training in managing, supervising and directing personal assistance services) while an individual is receiving VR services
- Rehabilitation technology services and devices
- Supported employment services
- Job placement services

Based on your financial resources, the state VR agency may require you to help pay for services. The state VR agency will also identify and use comparable services and benefits from other programs for which you are eligible as part of the overall plan of services. These services are available, subject to the eligibility and order of selection requirements discussed below, to anyone

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with a disability, including any veteran with a service-connected or non-service-connected disability.

### **Program Eligibility Requirements**

To be eligible for services, you must have an impairment that results in a substantial impediment to employment; must be able to benefit in terms of an employment outcome from services; and must require VR services to prepare for, secure, retain, or regain a high quality employment outcome.

However, all eligible individuals may not receive services. Public law requires VR to serve individuals with the most significant disabilities first when there are not enough resources to serve everyone who is eligible for VR services. This means that individuals with the most significant disabilities are given priority over those individuals with less significant disabilities. This process is called an “order of selection.” Individuals who are determined eligible for VR services but who cannot be served at the time of eligibility determination as a result of the order of selection are put on a waiting list for services.

You can find your State VR and SE agency on the Job Accommodation Network (JAN) site at: [www.askjan.org](http://www.askjan.org) or call 1-800-526-7234 (TTY: 1-877-781-9403).

### **1.4 EMPLOYMENT PROGRAMS OF OTHER GOVERNMENT AGENCIES**

**For Veterans with Disabilities** – There are numerous organizations and agencies that exist to assist veterans with disabilities find and maintain employment. The following is a sample of useful resources to keep handy:

The U.S. Department of Labor’s (DOL) Veterans Employment & Training Service

[www.dol.gov/vets/welcome.html](http://www.dol.gov/vets/welcome.html)

Hire Heroes [www.hireheroesusa.org](http://www.hireheroesusa.org)

Wounded Warriors Project [www.woundedwarriorproject.org](http://www.woundedwarriorproject.org)

#### **REALifelines Program of the Department of Labor**

The program addresses the professional and educational goals of veterans while they deal with the realities of rehabilitation and recovery. REALifelines connects injured military employment and rehabilitation advisors and facilitates development of a tailor-made plan to overcome obstacles related to employment, education and work-force reintegration. To find the most current information, visit: [www.dol.gov/vets/REALifelines/index.htm](http://www.dol.gov/vets/REALifelines/index.htm).

#### **State Employment Services and Your Local Veterans Employment Representative**

Wherever you plan to live, your state employment services office is a valuable part of your employment assistance team. There you will find specialists called Local Veterans Employment Representatives (LVER) and Disabled Veterans Outreach Program Specialists (DVOP) who are trained to help veterans make the important adjustment to the civilian job market. They can help you find local job opportunities and prepare you to win your new job. When you visit your state employment services office, make sure they know you are a veteran and that you want to see your LVER.

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### **Veterans Priority at State Employment Offices**

The Workforce Investment Act of 1998 (WIA) mandates that veterans be provided priority in placement services and activities (screening and referral on job orders, mass recruitment, job banks/talent banks) and referral to training opportunities. Veterans are entitled to priority of service in *all* employment and training programs (not just state) paid for in full or in part by the DOL, which includes discretionary funded programs and sub-contractors/grantees of the workforce system.

As a veteran, you receive special consideration and priority from your state employment office, which can provide these and many additional services, as noted below.

#### Training Opportunities

- State employment offices can offer you seminars on subjects such as resume writing, interviewing skills, and career changes; information on vocational training opportunities; and proficiency tests in typing and shorthand for positions requiring such certification.

#### Information

- At your state employment office, you will find data on state training, employment, and apprenticeship programs; and statistics regarding employment availability, economic climate, and cost of living.

### **Americans with Disabilities Act (ADA) National Network**

The ADA National Network provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten Regional ADA National Network Centers located throughout the United States. Contact them at 1-800-949-4232 or visit their website at: [www.adata.org](http://www.adata.org).

### **Department of Labor, Disability Resources**

This information on the ADA, along with links to agencies that enforce the provisions outlined in the Act can be accessed online at: [www.dol.gov/dol/topic/disability](http://www.dol.gov/dol/topic/disability).

### **Office of Personnel Management, Federal Employment of People with Disabilities**

This is the federal government's centralized website with information on federal disability hiring programs, resources for federal employees with disabilities, and discussion of laws and regulations on hiring and discrimination of disabled persons. Visit the site at:

[www.opm.gov/disability](http://www.opm.gov/disability).

Some federal agencies also have their own programs to provide expertise and support in providing reasonable accommodations. For agency-specific programs, visit: [www.dol.gov/odep/pubs/misc/advance.htm](http://www.dol.gov/odep/pubs/misc/advance.htm) and select an agency to see its specialized programs for people with disabilities.

### **USAJOBS**

Most federal vacancies are advertised on the USAJOBS Web site, found at <https://www.usajobs.gov/>. This is the Federal government's official site for job information and includes over 16,000 job postings. Through this site, you can search for openings in a particular field, city, or agency, or all three (you also can sign-up for e-mail alerts about job openings by type of job, agency, and/or geographic area). If you cannot access the internet or need additional

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assistance, you can call 202-606-2525. There is also an automated telephone system that can be reached at 703-724-1850 (voice) or 978-461-8404 (TTY).

Not all agencies use USAJOBS to announce job vacancies. So it is important to check specific agency Web sites for additional information about employment opportunities. A listing of agency sites can be found at [www.usa.gov](http://www.usa.gov).

### **Veterans' Preference Information**

Disabled veterans, who served on active duty during specified time periods, or specific campaigns, are entitled to preference over others in hiring for virtually all federal government jobs. To find the most current information about how veterans' preference works, visit the Office of Personnel Management site at: [www.fedshirevets.gov/job/vetpref/index.aspx](http://www.fedshirevets.gov/job/vetpref/index.aspx). To learn more about the laws regarding veterans' preferences and to see what your eligibility allows, visit the Veterans' Preference Advisor at: [www.dol.gov/elaws/vetspref.htm](http://www.dol.gov/elaws/vetspref.htm).

### **SCHEDULE A Hiring Authority For Applicants with Disabilities**

Schedule A is an excepted service hiring authority available to federal agencies to hire and/or to promote individuals with disabilities without competing the job. Utilizing the Schedule A hiring authority to fill a vacancy allows federal agencies to avoid using the traditional, and sometimes lengthy, competitive hiring process. You are eligible for a Schedule A appointment if you are a person with a severe physical or mental disability, and meet the qualifications of the job in question. There are no specific definitions as to what qualifies as a "severe mental or physical disability" under Schedule A, so federal agencies are free to interpret the requirements broadly.

### **Helmets to Hardhats**

This program will help you find career opportunities in the construction industry that match your military background. It is congressionally funded and is a fast and easy way for active duty, Reservists, and Guardsmen to find a career in the construction industry.

<http://www.helmetstohardhats.org/>

### **United Services Military Apprenticeship Program (USMAP)**

USMAP is available to members of the Navy, Marine Corps, and Coast Guard. Those who participate in this program are eligible to receive a DOL Certificate of Completion, which provides an advantage in getting civilian jobs. <https://usmap.cnet.navy.mil>

### **Troops to Teachers (TTT) Program**

TTT is a Department of Defense program that since 1994 has helped thousands of military personnel with the transition from a military career to a rewarding career as a public school, public charter school or bureau school teacher (grades kindergarten through 12th grade.) Today, there are shortages in critical subject areas like math, science, foreign language and special education as well as regional teacher shortages.

To become a teacher, you must be certified. There is not a nationally recognized teacher certification or license. Each state determines the requirement for state certification and this can vary by subject and grade level. If you have ever wondered how to translate your unique set of skills into a new career, TTT can help by providing you the advice, the resources, and the tools you will need to find meaningful work in education.

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Through a network of regional and state offices, TTT will acquaint you with the state's certification requirements and help you navigate the transition from military service to a career in education by providing:

- Counseling and assistance regarding teacher certification processes
- Information about the different pathways to state certification
- Leads on employment opportunities

In addition to the regional/state offices, a central website, [www.proudtoserveagain.com](http://www.proudtoserveagain.com) offers tips on résumé building, job search resources, interviewing for a position, and much more. The website also includes a Self-Determination Eligibility Guide that helps determine whether or not you are eligible to enroll in the program.

### Eligibility

- Length of Service
- Generally, any veteran with any combination of six or more years of active duty and/or drilling reserves service time
- Any retired veteran
- Veterans with a Service Determined Disability (SDD) may also be eligible (a SDD is not the same as a VA Service Connected Disability (SCD)).
- Education
- Career Technical/Vocational Subjects: One year of college, or meet the state's vocational certification requirements.
- Academic Subjects: A Bachelor's degree or higher is required.

The TTT website provides information, and resource links, including links to state Departments of Education, state certification offices, model resumes, programs leading to teacher certification and job listing sites in public education. An Internet Referral System has been established to enable participants to search for job vacancies online and post resumes for view by school districts searching for teachers. A "Mentor Connection" site provides access to TTT participants who have made the transition to teaching and are available to respond to questions from prospective teachers. Visit site at: [www.proudtoserveagain.com](http://www.proudtoserveagain.com).

### Services Offered

- Financial assistance
- Stipend—Up to \$5,000 to offset tuition, books, and other associated costs incurred in the certification process; or,
- Bonus—Up to \$10,000 to teach in a qualifying school.
  
- Counseling—A TTT office is available for every state or territory to:
  - Assist you make an informed decision on teaching as a second career
  - Individual Counseling
  - Teaching as a Second Career' Seminar
  - Ensure you understand the state or territory teacher certification or licensure requirements
  - Provide assistance with:
    - Selecting an appropriate certification program
    - Navigating the state certification process
    - Understanding the long-range employment outlook for the state or territory

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- Identifying the subject areas that are experiencing teacher shortages
- Identifying locales where teachers are needed in the state or territory
- Resume building
- Interviewing techniques
- Mentoring—Each state retains a roster of TTT Mentors who:
  - Are active members of the Troops to Teacher program
  - Have firsthand knowledge of and experience in becoming a teacher
  - Will frequently allow you into their classrooms to observe

### **TTT “Hire in Advance Program”**

This program guarantees teaching jobs for eligible Service members up to three years before they retire or separate from active duty. Eligible personnel can send in applications and interview with school officials, who can officially hire them up to three years before they leave active duty. The TTT and the Hire in Advance Program are both open to military spouses.

### **Veterans Separated Due to Service Connected Disability**

Those interested in elementary or secondary-teaching positions must have a bachelor’s degree from an accredited college. Individuals who do not have a bachelor’s degree, but have experience in a vocational/technical field may also submit an application.

### **Other Employment Resources**

The National Resource Directory (NRD), discussed in Chapter 1, contains numerous referrals to both federal and state government and nongovernment organizations that can help you find employment. Visit the NRD online at: [www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov).

## **1.5 VET CENTERS/OFFICE**

The VA reaches out to returning combat veterans through its Vet Center program. Vet Centers provide readjustment counseling and outreach services to all veterans who served in a combat zone at no cost. Services are also available for your family members for military-related issues. Readjustment counseling encompasses a wide range of services to assist you in making a satisfying transition from military to civilian life. Services include individual counseling, group counseling, marital and family counseling, bereavement counseling, medical referrals, assistance in applying for VA benefits, employment counseling, guidance and referral, alcohol/drug assessments, information and referral to community resources, military sexual trauma counseling and referral, outreach, and community education.

- There is at least one VETS Office in every state; find yours at: <http://www.dol.gov/vets/aboutvets/contacts/#regionalStateDirectory>
- Veterans’ employment representatives may also be found at local employment offices with large numbers of veterans’ job applicants. Their job is to monitor and oversee veterans’ employment services, administer veterans’ training programs, and protect the reemployment rights of veterans.
- To locate State Employment Offices visit: [www.naswa.org/links](http://www.naswa.org/links)
- To locate the local Career One-Stop Center visit: [www.careeronestop.org/jobsearch/cos\\_jobsites](http://www.careeronestop.org/jobsearch/cos_jobsites) United We Serve is a nationwide service initiative that helps meet growing social needs resulting from the economic downturn. See many opportunities available: [www.serve.gov/index](http://www.serve.gov/index). This website is a critical component of

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the Federal Government's strategy for the recruitment and employment of veterans:  
[www.fedshirevets.gov](http://www.fedshirevets.gov).

## **1.6. NON VA EDUCATION PROGRAMS**

### **1.6.1 U.S. Department of Education Financial Aid Programs**

Federal Student Aid, an office of the U.S. Department of Education, offers over \$80 billion dollars in financial aid that help millions of students manage the cost of education each year. There are three categories of federal student aid: grants, work-study, and loans. Find out more by visiting: [www.federalstudentaid.ed.gov](http://www.federalstudentaid.ed.gov).

Eligibility for Federal Student Aid is based on financial need along with several other factors. The financial aid administrator at the college or career school you plan to attend can help you determine your eligibility.

To receive aid from the programs, you must:

- Demonstrate financial need (except for certain loans – your school can explain which loans are not need based);
- Have a high school diploma or a GED certificate, pass a test approved by the Department of Education, meet other standards your state establishes that the department approves, or complete a high school education in a home school setting that is treated as such under state law;
- Be working toward a degree or certificate in an eligible program;
- Be a U.S. citizen or eligible noncitizen;
- Have a valid Social Security Number (unless you're from the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau);
- Register with the Selective Service, if you're not already registered ([www.sss.gov](http://www.sss.gov) or you can call 1-847-688-6888 (TTY users can call 1-847-688-2567));
- Maintain satisfactory academic progress once in school;
- Certify that you are not in default on a federal student loan and do not owe money on a federal student grant; and
- Certify that you will use federal student aid only for educational purposes.

You may be eligible for Federal Student Aid even if you are receiving benefits under the Montgomery GI Bill or the Post-9/11 GI Bill. When you complete your Free Application for Federal Student Aid (FAFSA), you will be asked what you will be receiving in veterans' educational benefits from the VA. Your school will take into consideration the amount you list on the application, along with any other financial assistance you are eligible to receive, in preparing your financial aid package.

To apply for Federal Student Aid, complete the FAFSA. You can apply online or on paper. Get further instructions on the application process at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). You should also apply for a Federal Student Aid Personal Identification Number (PIN), which allows you to sign your application electronically, speeding up the application process. Apply for a PIN at: [www.pin.ed.gov](http://www.pin.ed.gov).

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**1.6.2 Department of Education – Veterans Upward Bound (VUB) Program**

The VUB program is a free Department of Education program designed to help eligible veterans refresh their academic skills so that they can successfully complete the post-secondary school of their choosing.

**The VUB program services include:**

- Basic skills development, which is designed to help veterans successfully complete a high school equivalency program and gain admission to college education programs
- Short-term remedial or refresher classes for high school graduates who have put off pursuing a college education
- Assistance with applications to the college or university of choice
- Assistance with applying for financial aid
- Personalized counseling
- Academic advice and assistance
- Career counseling
- Assistance in getting veterans services from other available resources
- Exposure to cultural events, academic programs, and other educational activities

**To be eligible for VUB you must:**

- Be a veteran with 181 or more days of active duty service and separated under conditions other than dishonorable;
- Meet the criteria for low income according to guidelines published annually by the Department of
- Education, and/or a first-generation potential college graduate;
- Demonstrate academic need for VUB; and
- Meet other local eligibility criteria as noted in the local VUB project's Approved Grant Proposal, such as county of residence, etc.

To find the most current information, as well as a link to individual program locations, visit:  
<http://navub.org>.

**1.6.3 FAFSA4caster**

Federal Student Aid has a new tool called FAFSA4caster, designed to help students and their families plan for college. The FAFSA4caster provides students with an early estimate of their eligibility for federal student financial assistance. Military dependents that are enrolled in college and are eligible to receive Pell Grants should check out the two newest programs: Academic Competitiveness Grants and National Science and Mathematics Access to Retain Talent Grants (National SMART Grants). Visit the website at: <https://fafsa.ed.gov> to find the most current information.

**1.7 UNEMPLOYMENT COMPENSATION FOR PRIOR SERVICE MEMBERS**

You may qualify for unemployment compensation if you are unable to find a new job right away. Under United States Code, Title 5, Section 8521, a former Service member is eligible to receive unemployment compensation if released from active duty under honorable conditions.

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Your state employment office handles unemployment compensation. Benefits vary from state to state. Because of this, only the office where you apply will be able to tell you the amount and duration of your entitlement. Retirees will almost certainly receive a lesser amount, or no amount, since retirement pay usually offsets (reduces) the amount of unemployment compensation they might receive. You should visit the Local Veterans Employment Representative (LVER) at your state employment office. The LVER can assist you with applying for unemployment compensation. You will need to take your DD 214, your social security card, and your civilian and military job history or resume.

**1.8 IMPORTANT FORMS AND DOCUMENTS**

To qualify for benefits related to your military service after you separate from active duty, you may be required to provide proof of your service, so be sure to safeguard the following forms and have them accessible in case you need them:

**DD 214 – Certificate of Release or Discharge from Active Duty**

The DD 214 is one of the most important documents you will ever receive during your military service. It is your key to participation in all VA programs as well as several state and federal programs. Keep your original in a safe, fireproof place, and have certified photocopies available for reference. In many states, the DD 214 can be registered/recorded just like a land deed or other significant document. However, not all jurisdictions will protect your DD Form 214 from access by third parties. If your county recorder or town hall can provide safeguards from unauthorized access, the DD 214 can be registered there. The reason this is important is because the form includes your Social Security Number, among other personal information.

You may call the National Personnel Records Center at 314-801-0800 to request an application for replacement of your DD 214 or in a medical emergency or other situation in which your DD 214 or other records are needed immediately.

**DD Form 2586 – Verification of Military Experience and Training**

The DD Form 2586 (Verification of Military Experience and Training) is created from a Service member's automated records on file. It lists military job experience and training history, recommended college credit information, and civilian equivalent job titles. This document is designed to help you apply for jobs, but it is not a resume.

You can obtain a copy of your VMET by downloading it from <http://www.dmdc.osd.mil/vmet>. If you discover an error or omission in your VMET document you should thoroughly read the "Frequently Asked Questions" section, which will explain most anomalies. Errors in the VMET may be correctable; however, you must contact your parent service. Note that there is no simple process to make changes to your DD Form 2586. The changes must pass through official channels and can take months. To find the most current information or to request corrections, you can speak to your service's administrative contact:

**Army:** Active, Reserve and National Guard personnel should contact their local personnel records manager. Additional questions may be submitted to the Army VMET On-Line Help Desk at: [vmet@resourceconsultants.com](mailto:vmet@resourceconsultants.com).

**Navy:** Sailors can get assistance via e-mail at: [p662c12a@persnet.navy.mil](mailto:p662c12a@persnet.navy.mil) or by calling 901-874-4384, or DSN: 882-4384.

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**Air Force:** AF personnel should review their VMET prior to separation to ensure corrective action can be taken. Active members should send their requests for corrections to AFPC/DPSIA, Attn: VMET Correction, 550 C Street West, Ste 37, Randolph AFB TX 78150-4739 or by fax to 210-565-3385 or DSN 665-3385.

**Marine Corps:** All Marines should contact their local administration office or Installation Personnel Administration Center. Assistance can also be provided through the Wounded Warrior Regiment, Sgt Merlin German Call Center at: 1-877-487-6299.

**Transcripts of Education and Training Specific to Military Service**

**Army**

The Army's Army/American Council on Education Registry Transcript System (AARTS) automatically captures your military training, Military Occupational Specialty (MOS) and college-level examinations scores with the college credit recommended. AARTS website: <http://aarts.army.mil/>

**Navy and Marines**

The Navy and Marine Corps use the Sailor and Marine ACE Registry Transcript (SMART) system. This system automatically captures your training, experience and standardized test scores. SMART website: <https://smart.navy.mil/smart/welcome.do>

**Air Force**

The Community College of the Air Force (CCAF) automatically captures your training, experience, and standardized test scores. Transcript information may be viewed on the website. CCAF website: [www.au.af.mil/au/ccaf](http://www.au.af.mil/au/ccaf)

**Coast Guard**

The Coast Guard Institute (CGI) requires each Service member to submit documentation of all training (except correspondence course records), along with an enrollment form, to receive a transcript. CGI website: [www.uscg.mil/hq/cgi](http://www.uscg.mil/hq/cgi)

**Civilian Occupations Corresponding to Military Occupations**

**Army and Navy "COOL" Credentialing Programs**

The Army and Navy both offer Credentialing Opportunities Online (COOL). These programs help you to find civilian credentials related to your rating or military occupational specialty. You can learn how to get the credentials and learn about programs that will help pay credentialing fees.

Army COOL: <https://www.cool.army.mil>

Navy COOL: <https://www.cool.navy.mil>

**Air Force Credentialing and Educational Research Tool (CERT)**

CERT is a valuable resource for Air Force personnel in increasing awareness of professional development opportunities applicable to USAF occupational specialties, crosswalks to CCAF degree programs, national professional certifications, certification agencies, and more.

Air Force CERT: [www.au.af.mil/au/ccaf/certifications](http://www.au.af.mil/au/ccaf/certifications)

## **2. MEDICAL CARE**

While you are on active duty, your medical care is provided under a program called TRICARE. If you medically retire/retire from the military, your health care may continue to be provided by TRICARE. You are also eligible for VA health care if you have a service-connected disability and were released from active duty under any condition other than dishonorable. If you served in a combat zone, you have special access to VA health care for a period of five years after you separate from active duty for treatment of any condition you incurred while serving in a combat zone.

### **2.1 TRICARE**

TRICARE is a family of health plans for the Military Health System that are designed to meet the needs of Service members and their families based upon their location and status (Active Duty, Reserves, National Guard, or Retired). Each of these programs is described briefly below. You are encouraged to visit the TRICARE website at: [www.tricare.mil](http://www.tricare.mil) to learn more about them. You can also call the appropriate TRICARE customer service office below:

#### Regional Toll Free Numbers

North Region Contractor (HealthNet Federal Services, LLC): 1-877-874-2273

South Region Contractor (Humana Military Healthcare Services, Inc): 1-800-444-5445

West Region Contractor (TriWest Healthcare Alliances): 1-888-874-9378

#### Regional Behavioral Health Provider Locator & Appointment Assistance

North Region: 1-877-747-9579 (8:00 a.m. - 6:00 p.m.)

South Region: 1-877-298-3514 (8:00 a.m. - 7:00 p.m.)

West Region: 1-866-651- 4970 (24 hours per day)

#### Other TRICARE Programs

TRICARE Dental Program: 1-800-866-8499

TRICARE For Life: 1-866-773-0404

TRICARE Mail Order Pharmacy: 1-866-363-8667

TRICARE Online (TOL): 1-800-600-9332

TRICARE Retail Pharmacy: 1-866-363-8779

TRICARE Retiree Dental Program: 1-888-838-8737

US Family Health Plan: 1-800-748-7347

Military Medical Support Office: 1-888-647-6676

#### TRICARE Overseas Telephone numbers

All Overseas Areas Toll-free Number (available from the United States only): 1-888-777-8343

#### TRICARE Area Offices (TAOs)

TAO-Pacific: 011-81-6117-43-2036

TAO-Latin America & Canada: 706-787-2424

TAO-Europe: 011-49-6302-67-7432

Puerto Rico Call Center: 1-800-700-7104

TRICARE Dental Program Overseas: 1-888-418-0466

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Eligibility to receive care under any TRICARE program is dependent upon you and your dependents being registered in the Defense Enrollment Eligibility Reporting System (DEERS). Active duty and retired Service members are automatically registered in DEERS, but they must ensure that their eligible family members are registered. It is critical that family members be accurately registered in DEERS because approval of TRICARE claims for their health care expenses depends upon it. Any personnel office that issues military ID cards can verify and update your information in DEERS. You can also call the DEERS Support Office at 1-800-538-9552 (TTY/TTD: 1-866-363-2883 for persons with hearing impairments).

TRICARE has three main coverage choices for health care:

**TRICARE Prime** - where Military Treatment Facilities (MTFs) are the principal source of health care.

**TRICARE Extra** - a preferred provider option that saves money; and

**TRICARE Standard** - a fee-for-service option (the original CHAMPUS program)

## **2.2 TRICARE PRIME**

TRICARE Prime is a managed care option that provides the most affordable and comprehensive coverage within the TRICARE family of plans. Under TRICARE Prime, you have a Primary Care Manager (PCM), who is at the Military Treatment Facility (MTF) at which you are receiving care. Your PCM could also be a doctor in the civilian community who is under contract with TRICARE. TRICARE Prime is available in Prime Service Areas in each TRICARE Region (North, South, and West). To find out if a location is within a Prime Service Area, contact the appropriate TRICARE regional contractor or visit the TRICARE website at: [www.tricare.mil](http://www.tricare.mil).

If you don't live in a Prime Service Area, you may be eligible to receive care under the TRICARE Prime Remote program. TRICARE Prime Remote is a managed care option similar to TRICARE Prime for active duty Service members while they are assigned to remote duty stations in the United States. Remote locations are those that are at least 50 miles or an hour's drive away from a military treatment facility. Like Prime, enrollment is required, and you must use a TRICARE network Primary Care Manager if one is available in the local area. Similar programs, TRICARE Overseas Program-Prime and TRICARE Overseas Program-Remote, serve members in remote locations outside of the United States. More information is available at the TRICARE website.

### **Prime Enrollment Fees**

TRICARE Prime annual enrollment fees are subject to change each fiscal year (FY). The current fees (FY 2013), effective October 1, 2012-September 30, 2013, are as follows:

Individual: \$269.28 per year

Family: \$538.56 per year

All TRICARE Prime enrollees are required to pay annual enrollment fees, except:

Active duty service members

Active duty family members

Transitional survivors

Beneficiaries under age 65 who have both Medicare Part A and B

### **Paying Enrollment Fees**

You can opt to pay your fees annually, quarterly or monthly. Before deciding to pay annually, you should consider that enrollment fees are non-refundable, in most cases. One exception is if you become eligible for Medicare under age 65 and decide to purchase Medicare Part B. You can remain enrolled in TRICARE Prime and your enrollment fee is waived so any payments you made can be refunded. It is recommended you pay monthly or quarterly to avoid unnecessary overpayments.

### **Annual Payment**

You will pay the annual payment by credit card in one lump sum.

Individual: \$269.28

Family: \$538.56

When you submit your enrollment form, your contractor will prorate the fee from your enrollment date to September 30th. After that, your annual payment is due on October 1 each year.

### **Quarterly Payment**

Quarterly payments are equal to 1/4 of the annual fee and must be paid by credit card.

Individual: \$67.32

Family: \$134.64

When you submit your enrollment form, your contractor will prorate the quarterly fee to cover the period until the next fiscal year quarter (January 1, April 1, July 1 or October 1). After that, your quarterly payment is due at the first of each quarter.

### **Monthly Payment**

Monthly payments are equal to 1/12 of the annual fee amount.

Individual: \$22.44

Family: \$44.88

If you select the monthly payment option, you will be required to pay your first quarterly payment (Individual: \$67.32/Family: \$134.64) when you submit your enrollment form to allow time for the allotment or EFT to be established.

The first quarterly payment can be paid with a personal check, cashier's check, traveler's check, money order or credit card. After that, monthly payments must be paid with either an allotment from retired pay or through an electronic funds transfer (EFT) from your designated financial institution, which includes a debit or credit card.

### **Annual Increases**

TRICARE Prime enrollment fees are subject to increase each fiscal year based on the annual cost of living adjustment that occurs each calendar year to determine retired military pay. The only beneficiaries who are exempt from the enrollment fee increases each year are those classified as either:

- survivors of active duty deceased sponsors
- medically-retired uniformed service members and their dependents

The fee remains frozen at the rate when the survivor or medically-retired member is classified in DEERS in either category and enrolls as long as there is a continuous Prime enrollment.

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**2.2.1 U.S. Family Health Plan (USFHP)**

USFHP is another TRICARE Prime option that is available in several areas of the country (Maine, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Texas, and Washington – but not all counties in all states). USFHP is available to active duty family members, retirees, retiree family members and survivors through networks of community-based, not-for-profit health care systems. Under USFHP, you receive your care from a primary care physician that you select from a network of private physicians affiliated with one of the not-for-profit health care systems offering the plan. To find the most current information, visit [www.usfamilyhealthplan.com](http://www.usfamilyhealthplan.com) or call 1-800-748-7347.

**2.3 TRICARE STANDARD AND TRICARE EXTRA**

When you retire, you and your family are automatically covered under TRICARE Standard and TRICARE Extra. Unlike TRICARE Prime, the managed-care option described above for which you must pay an enrollment fee, neither TRICARE Standard nor TRICARE Extra requires enrollment fees or premiums.

When you choose a doctor, hospital, or other health care provider within the TRICARE network, you use the TRICARE Extra option, which means lower out-of-pocket costs and less paperwork for you. To find a TRICARE network provider, visit [www.tricare.mil/findaprovider](http://www.tricare.mil/findaprovider), contact your regional contractor, or visit your local TRICARE Service Center (TSC).

TRICARE Standard offers you the flexibility of seeing any non-network TRICARE authorized provider. If you need help choosing a provider, contact your regional/overseas contractor. Remember that using a non-network TRICARE authorized provider means that your costs will be higher. Visit [www.tricare.mil](http://www.tricare.mil) for more information about applicable cost shares and deductibles. Members/retirees using TRICARE Standard or TRICARE Extra as their primary health plan often consider purchasing a TRICARE supplemental plan to help pay their share of the cost of care.

**Cost Shares for Retirees, Their Families and all Others**

You're responsible to pay a cost share based on the type of care and type of provider you see (network vs. non-network). Non-network providers may charge up to 15% above the TRICARE allowable charge. You are also responsible for these extra charges.

Some inpatient cost shares are subject to change each fiscal year (FY), October 1st through September 30th each year. The costs below are effective October 1, 2012.

Type of Care	Type of Provider	
	Network	Non-Network
Ambulatory Care (Same Day Surgery)	20% of the negotiated rate	25% of the allowable charge
Behavioral Health		
Inpatient	20% of the total charge, plus 20%	High Volume Hospital-

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	for separately billed services	25% of the hospital-specific per diem  Low Volume Hospital- \$213 per day or 25% of the billed charges, whichever is less
Outpatient	20% of the negotiated rate	25% of the allowable charge
Home Health Care	\$0	\$0
Hospice Care	\$0	\$0
Inpatient Services, such as: Hospitalization Skilled Nursing*	\$250 per day or 25% of billed charges, whichever is less, plus 20% for separately billed services.	\$698 per day or 25% of billed charges, whichever is less, plus 25% for separately billed services.
Maternity Care		
Global fee for office visits & hospitalization for delivery planned in a hospital.	\$250 per day or 25% of billed charges, whichever is less, plus 20% for separately billed services	\$698 per day or 25% of billed charges, whichever is less, plus 25% for separately billed services.
Office visits for delivery planned in a birthing center.	20% of the negotiated rate	25% of the allowable charge
Office visits for delivery at home or another setting.	20% of the negotiated rate	25% of the allowable charge
Newborn Care	The lower of the number of hospital days minus 3 multiplied by \$250 or 25% of the negotiated rate, plus 20% for separately billed professional charges.	The lower of the number of hospital days minus 3 multiplied by DRG per diem copayment or 25% of billed charges, plus 25% for separately billed professional charges.
Outpatient Services (which include): Ambulance Services Durable Medical Equipment Emergency Room Visits Laboratory Services Preventive Services X-Rays	20% of the negotiated rate	25% of the allowable charge

### Making the Choice

Your main challenge will probably be deciding which TRICARE option, Prime, Extra or Standard, is best for you. The following tables provide examples of cost-shares or copayments for families

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who use civilian providers and facilities under each of the three TRICARE options. The listed fees are subject to change.

**Retirees (under 65), Their Family Members, and Others**

	<b>TRICARE Prime</b>	<b>TRICARE Extra</b>	<b>TRICARE Standard</b>
Annual Deductible	None	\$150/individual or \$300/family	\$150/individual or \$300/family
Annual Enrollment Fee	\$230/individual \$460/family	None	None
Civilian Cost Shares		20% of negotiated fee	25% of allowed charges for covered service
Outpatient Emergency Care Mental Health Visit	\$12 \$30 \$25 \$17 (group visit)		
Civilian Inpatient Cost Share	Greater of \$11 per day or \$25 per admission; no separate copayment for separately billed professional charges	Lesser of \$250/day or 25% of negotiated charges plus 20% of negotiated professional fees	Lesser of \$535/day or 25% of billed charges plus 25% of allowed professional fees<
Civilian Inpatient Skilled Nursing Facility Care	\$11/day (\$25 minimum) charge per admission	\$250 per diem cost share or 20% cost share of total charges, whichever is less, institutional services, plus 20% cost share of separately billed professional charges	25% cost-share of allowed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.
Civilian Inpatient Behavioral Health	\$40 per day; no charge for separately billed professional charges	20% of total charge. Plus, 20% of the allowable charge for separately billed professional services	High Volume Hospitals - 25% hospital specific per diem, plus 25% of the allowable charge for separately billed professional services; Low Volume Hospitals - \$175 per day or 25% of the billed charges, whichever is lower, plus 25% of the allowable charge for separately billed services

**2.4 TRICARE AND MEDICARE**

When a military retiree becomes age 65, his or her primary health insurance becomes Medicare and TRICARE Standard serves as a secondary coverage under a program called TRICARE for Life. TRICARE Prime is no longer available. Similarly, retirees younger than 65 who have been receiving Social Security Disability Insurance (SSDI) payments for at least two years, or who suffer from certain diseases like kidney failure or Lou Gehrig’s disease, also become eligible for Medicare. TRICARE Standard acts as a secondary coverage for them as well.

To find the most current information, call TRICARE at 1-866-773-0404, or visit the TRICARE website at: [www.tricare.mill](http://www.tricare.mill). To find the most current information about Medicare, visit the Medicare website at: [www.medicare.gov](http://www.medicare.gov).

**2.5 TRICARE RETIRED RESERVE (TRR)**

TRICARE Retired Reserve is a new TRICARE program for retired Reservists who have not yet begun receiving retired pay at age 60, i.e. “Gray Area” retirees. Like TRICARE Reserve Select,

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TRR coverage is similar to that of TRICARE Standard and TRICARE Extra. Premiums (not subsidized by the federal government) for 2011 are \$408.01 per month for members and \$1,020.05 for members and their families. To find the most current information, visit the TRICARE website at: [www.tricare.mil](http://www.tricare.mil). You will need to complete a three question anonymous profile to take you to the TRR program description.

**2.6 TRICARE RETIREE DENTAL PROGRAM (TRDP)**

The TRICARE Retiree Dental Program is a voluntary, premium-based dental insurance plan for:

- Retired service members and their family members
- Retired National Guard or Reserve members and their family members
- Medal of Honor recipients and their families
- Survivors

The TRICARE Retiree Dental Program offers coverage in the continental United States and in all overseas locations.

If you are retired (including National Guard and Reserve retired members), you can enroll in the TRICARE Retiree Dental Program (TRDP). To find the most current information, visit [www.trdp.org](http://www.trdp.org) or call 1-888-838-8737.

**2.7 TRICARE MENTAL AND BEHAVIORAL HEALTH CARE**

If you are medically retired and TRICARE eligible (to include Tricare Reserve Retired), the first eight behavioral health care outpatient visits per fiscal year (October 1–September 30) do not require a referral or prior authorization from your regional contractor when getting care from a TRICARE authorized provider. (If you are enrolled in Prime, the provider must be a TRICARE network provider.) For eligible beneficiaries, TRICARE will cover care that is medically or psychologically necessary in both outpatient and inpatient settings. Visit the TRICARE website at: [www.tricare.mil](http://www.tricare.mil).

**2.8 SUPPLEMENTAL HEALTH INSURANCE FOR RETIREES**

One short stay in the hospital could offset the cost of several years of supplemental health insurance. Even though you are covered by TRICARE, a supplemental insurance policy is a good idea for retirees.

When it comes to TRICARE, many military families are faced with decision: choose a TRICARE option with little to no outside costs but with limitations on your healthcare choices imposed by the HMO; or choose another TRICARE program with more flexible choices in healthcare providers, but only covering 80% of your military family's medical expenses.

There is a way to get both from your TRICARE benefits: you can choose a TRICARE supplement program.

Several different private medical insurance companies offer supplemental insurance coverage to pick up where TRICARE Standard leaves off; that is, these insurance providers will cover the remaining 20% of your health care costs that TRICARE Standard does not cover.

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With a TRICARE supplement program, a trip to the doctor means TRICARE Standard covers 80% of that doctor's fee, while your TRICARE supplemental insurance picks up the remaining 20% - and you're 100% covered. Your deductible is \$150 per person or \$300 per family. Once you reach those deductibles, there are simply no further costs while your supplemental insurance kicks in to covers your balances.

Many military associations and private companies offer supplemental insurance policies. Supplemental insurance always pays after TRICARE pays. So, after your TRICARE insurance plan pays its portion of the bill, supplemental insurance reimburses you, the TRICARE beneficiary, for out-of-pocket medical expenses you have will have paid to civilian providers to cover their fees. The reimbursement is based on your supplemental plan's coverage policies. Each supplemental insurance plan may have its own rules regarding eligibility, benefits covered, pre-existing medical conditions, cost shares and deductibles and procedures for claims processing.

Check with your TRICARE advisor concerning your particular circumstances.

### **3 THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)**

The Departments of Defense (DoD) and Veterans Affairs (VA) worked together to make disability evaluation seamless, simple, fast and fair with the IDES

DoD uses the IDES to determine a Service member's fitness for duty and disability. If the Service member is found medically unfit for duty, the IDES gives them a proposed VA disability rating by a Department of Veterans Affairs' certified doctors using VA guidelines, while the Defense Department uses these same exams to determine if the service member is fit for duty before they leave the service. The proposed rating informs the Service member of the approximate amount of compensation and benefits they will receive from the VA. Through the IDES process, Physical Evaluation Board Liaison Officers (PEBLOs) guide Service members through the entire IDES process to ensure they are aware of their options and the many decisions they, or their families, need to make. VA Military Service Coordinators (MCSs) help Service members file their VA benefits claim before they leave the service so they can get their benefits as soon as possible after they separate from service.

Each military department has established its own procedures under public law and Department of Defense (DoD) guidelines for running the IDES. While there are some differences between the Services, all have the same general steps:

- Evaluate Service members' fitness for duty
- Authorize return to duty for those who are found fit
- Approve disability separations or retirements, including making benefits determinations, for those who are found unfit.

Each service uses a slightly different method to enter a member in the IDES. Additionally, because of unique missions and an individual Service member's job classification, retention standards can vary. The Army, for instance, uses a physical profile system that measures soldiers' physical limitations in six areas with a level between 1 (fully healthy) to a 4 (severely limited) in each. If a soldier receives a permanent level 3 or 4 in any area, the doctor is required to

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recommend that a Medical Evaluation Board (MEB) review the soldier's case. The Air Force evaluates a member for retention, and if their condition is limiting (but not unfitting), they will assign an assignment limitation code and reevaluate the member at a later date. If the condition is not expected to improve within 12 months, and the condition is permanently unfitting, they will be referred to an MEB. In the Navy and Marine Corps, the process begins with the doctor writing the narrative summary with no prior profiling requirement. You should talk with your chain of command and your doctors to find out how the IDES process begins for your service.

**Medical Provider Roles in the IDES**

Within the IDES, medical providers fulfill four primary roles:

1. Treating physicians forward cases to DES-trained medical providers if recovery within a year is considered questionable
2. DES-trained medical providers evaluate cases, i.e. degree of injury or illness, impact on ability to serve, to determine if further referral is necessary.
  - o Once the treating physician refers a service member to a DES-trained provider, the DES-trained provider must determine if the case should be referred to the Medical Evaluation Board (MEB), comprised of at least two physicians.
3. An MEB Narrative Summary is prepared from information in the case files of service members referred into the DES
4. MEB members review case files and the Narrative Summaries to determine whether cases should be forwarded to the Physical Evaluation Board (PEB), or if the service members should be returned to duty.

DES-trained providers only refer a service member to the MEB when:

- The ability to perform military duties is questionable and is unlikely to resolve within a year
- The service member has an illness or injury that requires referral

**MEB Narrative Summary**

The purpose of the MEB Narrative Summary is to summarize medical and occupational documentation included in service members' DES case files and to describe the impact of these medical conditions on the service members' ability to perform their military duties. Medical providers responsible for writing MEB Narrative Summaries perform the following tasks:

- Review medical and occupational documentation in the DES case file
- Review service-specific medical and occupational standards
- Identify any documentation missing from DES case files

For each active medical condition, the MEB Narrative Summary writer must consider:

- Clinical stability and prognosis for improvement
- Impact on performance of military duties

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- Application of the service medical standards

A MEB is convened to review the cases of service members' referred to the IDES. The MEB reviews all of the documentation relevant to the service member's case in the MEB Narrative Summary to determine if return to regular duties within a year after diagnosis really is questionable. If a MEB determines that a return to duty is questionable, the service member's case is forwarded to the PEB.

### **3.1 THE MEDICAL EVALUATION BOARD (MEB)**

Once you have been assigned a PEBLO, an MEB will review your record to decide if you meet your service's medical retention standard. While each service has individual rules, generally, the MEB is made up of medical care professionals, and in the case of mental health conditions, includes a mental health care provider as well. The PEBLO will build a packet of information containing your medical records, results from tests and medical exams performed for the MEB related to your condition, letters from your chain of command related to how the injury or illness impacts your duty, copies of your performance evaluation reports, and other personnel records that the MEB may require. Every patient is different, therefore, a doctor will wait to write the narrative summary until he or she sees how you respond to treatment and rehabilitation therapy before referring you to the MEB. The doctor will refer your case to the MEB only after becoming satisfied that all that can be medically done to improve your condition has been done, though the Services generally require doctors to initiate an MEB after a year of treatment for the same injury or illness.

When the MEB members review your case, they are responsible for answering the question, "Are you unable to currently perform your job, or will you not be able to perform your full duties within one year?" In answering this question, there are several decisions they can make. They may determine that you meet medical retention standards and return you to full duty in your current job. If they determine that you do not meet the medical retention standards, they will forward a recommendation to the PEB. Notice that the MEB does not determine your fitness for duty or level of disability.

Upon request you may be assigned an impartial physician or other appropriate health care professional to review the medical evidence presented by the narrative summary or medical board findings. You may present a rebuttal to the results of the medical evaluation board.

The only question the MEB answers is whether you meet the retention standards for your job in your service.

### **3.2 THE PHYSICAL EVALUATION BOARD (PEB)**

The Department of Defense (DoD) regulations list minimum requirements for the membership of a PEB but leaves the exact determination of who will sit on the boards up to the military department to decide. Generally, the Services have opted for a three-person PEB, with a mix of military and civilian members. The president of the PEB is generally a colonel, Navy captain, or civilian equivalent, and the other board members include a field-grade personnel officer and a senior medical officer. This ensures that each board has the expertise of a line officer in the president of

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the board, the medical knowledge of a senior medical officer, and the personnel policy knowledge of a senior personnel officer.

The PEB will meet informally to review your case and will not require you to attend the informal meeting. Using the packet developed by the PEBLO during the MEB process, the board will review your medical record, the doctor's narrative summary, your personnel evaluations, and letters from your commander. The board will then determine the severity of any disability you may have, with a rating between 0-100 percent using the VA Schedule for Rating Disabilities (VASRD). The members will then determine your disposition – return to duty, separation, or permanent or temporary retirement.

The PEBLO will notify you of the findings of the informal PEB (IPEB). At this point, if you were found “unfit” you must choose between rebutting the IPEB, requesting a formal PEB or accepting the informal PEB findings. Government legal counsel is available to consult (by telephone or otherwise) with you regarding your rights and elections following receipt of the decision from the IPEB. If you choose to have a formal PEB hearing, you will be allowed to appear before the PEB and discuss your case with the board members to ask them to reconsider their decision. You can also provide them additional information important to that reconsideration. Additionally, you have a right to be represented by legal counsel at the formal PEB. Members found fit by the PEB cannot be separated by Service components on the basis of suitability under Section 534 of the NDAA FY11.

### **3.3 PEB DISPOSITION FINDINGS**

When the PEB provides its final disposition of your case, there are five possible outcomes. These outcomes are based on your combined rating, based on the “unfitting” conditions. The dispositions available from the PEB are:

- **Return to Duty.** If your conditions are not considered severe enough to make you unfit for duty, you will be returned to your job and service. No disability benefits would be paid while you continue to serve, but you may be eligible for VA benefits after you leave the military.
- **Separate without Benefits.** Some injuries are determined to be “not in the line of duty.” These are injuries which are a result of intentional misconduct or willful negligence on your part or that took place when you were not on orders if you are a National Guard or Reserve member. If your injury is found to be “not in the line of duty” but is “unfitting,” you could be separated without benefits for those injuries. If your injury or illness resulted from a medical problem that you had before you entered service and the injury or illness was not aggravated by your service, you may also be separated without benefits. There are some special rules for this situation. If you have served more than six months in the military, you could be eligible for benefits unless there is compelling medical evidence showing that the condition existed at the same level of severity before you joined. Your PEBLO or legal counsel can help you understand the rules for separation without disability benefits.
- **Separate with Severance Pay.** If one or more of your conditions is considered “unfitting” for continued service, but the combined disability rating of all your unfitting conditions is less than 30 percent, you may be separated from active duty and be awarded severance pay based on your time in service and current pay grade.
- **Transfer to the Temporary Disability Retirement List (TDRL).** The TDRL allows the service to ensure a medical condition stabilizes before making a final disability determination. If you are eligible for permanent disability retirement, but your condition is not considered stable, you will be temporarily retired and placed on the TDRL for a maximum of 5 years. Every

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12-18 months, you will be reevaluated to see if your condition has stabilized and if you can return to active duty. Benefits while on the TDRL are the same as those for the PDRL. If, during those 5 years, the service determines that your condition is stable and that you are fit for duty, your service will offer you the chance to return to duty. If your condition stabilizes but you are not able to return to duty, you will be transferred to the PDRL.

- Transfer to the Permanent Disability Retirement List (PDRL). If all your unfitting conditions resulted in a combined disability rating of 30 percent or higher, and your condition is considered stable (meaning your disability rating is unlikely to change within 5 years), you will be permanently retired for disability and placed on the PDRL. This provides you with disability retirement pay, access to TRICARE for you and your dependents, commissary and exchange privileges, and all other benefits of regular military retirement. If you have more than 20 years of service and your combined disability rating is 0-20 percent, you will be allowed to retire with all the regular retirement benefits. Your local finance office or the DFAS Wounded Warrior Pay Management Team will help you calculate the amount of retired pay you will receive.

### 3.4 UNDERSTANDING DISABILITY RATINGS AND BENEFITS

If the PEB finds you unfit based on one or more of your conditions, they will provide you with a combined disability ratings percentage. This is an important number because it determines what type of separation you receive and, subsequently, the types of benefits you are eligible to receive from the DoD. You will also likely receive a disability rating percentage from the VA, which may be different than the rating percentage you receive from DoD.

Some veterans are confused when they receive a higher combined disability rating from the VA than from DoD. It is important to remember that the PEB calculates your combined rating based only on conditions that make you unfit for continued military service. So if the VA finds that you have disabilities that are connected to your military service but do not make you unfit for military service, you may receive a higher disability rating from the VA. Examples might be treatable high blood pressure or a small loss of hearing. This difference is required by law and applies even if you are taking part in the IDES program and receive your medical examination and disability evaluation from the VA.

The combined disability rating is not calculated by adding the percentage of disability for each condition rated “unfitting.” Rather, the highest disability rating is considered first, then the second highest, and so on in order of severity. If you have a 60 percent disability, the VA Schedule for Rating Disabilities (VASRD) considers you to be 40 percent “efficient.” Efficiency is a measure of your total health minus your disability, so someone with a 60 percent disability has only 40 percent of his or her total health that is not impacted by the disability. The next highest disability percentage will be applied to the 40 percent efficiency left after the initial 60 percent rating is applied to the total healthy score of 100 percent efficient.

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Example: Member with three unfitting conditions rated 60, 30, and 20 percent.

- First rating is 60 percent of the whole person, leaving the member with 40 percent efficiency.
- Second rating is 30 percent of the 40 percent efficiency, which is a loss of 12 percent efficiency ( $.30 \times .40 = .12$ ). This is added to the first disability rating percentage of 60, for a cumulative score of 72 percent combined disability from the first two conditions. This leaves the member with 28 percent efficiency.

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- Third rating is 20 percent of the 28 percent efficiency, which is a loss of six percent efficiency ( $.20 \times .28 = .056$ , which is rounded up to .06). Added to the combined disability in the second rating of 72 and the rating becomes 78 percent.
- The combined rating of 78 percent must be rounded to the nearest 10, giving the member a combined rating of 80 percent.

### 3.5 YOUR RIGHT TO APPEAL THE PEB'S DECISION

While the DES is guided by public law, each Service has its own administrative policies for how it applies the law. One thing that all the Service systems provide you is a right to appeal the decisions of the PEB. Your PEB Liaison Officer (PEBLO) can assist you. You have the right to hire an attorney of your choosing, at your own expense, or you may ask to have a military lawyer represent you at no cost. If you are not successful with your appeal and are still separated or retired, you may petition your Service's Board for Correction of Military (or Navy) Records. To learn more about your Service's Correction Board, visit the website for your service below:

- Army: Army Board for Correction of Military Records (ABCMR):  
<http://arba.army.pentagon.mil>
- Navy and Marine Corps: Board for the Correction of Naval Records (BCNR):  
[www.donhq.navy.mil/bcnr/bcnr.htm](http://www.donhq.navy.mil/bcnr/bcnr.htm)
- Air Force: Air Force Board for Correction of Military Records (AFBCMR):  
[www.arpc.afrc.af.mil/library/factsheets/factsheet.asp?id=9018](http://www.arpc.afrc.af.mil/library/factsheets/factsheet.asp?id=9018)

## DOD DISABILITY COMPENSATION

### 4.1 SEVERANCE PAY

For those who are separated with severance pay rather than medically retired, the pay is calculated by taking your base pay, multiplying it by two, and multiplying that number by the number of years of service you have completed. The minimum multiplier for years of service, regardless of the number of years you have served, will be three years of service, or for those injured in a combat zone or combat-related operations six years of service. So, if you are separated after only two years service, you will receive credit for three years of service when calculating your severance pay or six years if you were injured in a combat zone. Because those with 20 or more years of service are given retirement pay regardless of their combined disability rating, the maximum severance multiplier for years of service is 19.

#### Severance Pay Calculation Example:

The calculation for an E-4 with two years of service in 2010 separated for a *non-combat zone injury* would be:

- $\$1,986.30$  (base pay)  $\times 2 = \$3,972.60$
- $\$3,972.60 \times 3$  (minimum years service for non-combat zone injury) =  $\$11,917.80$
- For the same E-4 with two years of service in 2010, but who was *injured in a combat zone or combat-related operations*, the calculation would be:
- $\$1,986.30$  (base pay)  $\times 2 = \$3,972.60$

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- \$3,972.60 x 6 (minimum years service for combat zone or combat-related operations injury)  
= \$23,835.60

If a member separating with severance pay also qualifies for VA disability compensation, the member will not receive the VA compensation until the total severance pay has been recouped. For the E-4 described above, for example, if he were to receive a 20 percent disability rating from the VA, his compensation would be \$243 per month (2010 rate). It would take 8 years and 2 months to repay the \$23,835.60 severance pay, so he would begin receiving his VA disability compensation at that time. *(It would actually take a little less time because of COLA increases to VA disability compensation during the interim.)* Severance pay subject to VA offset is not subject to federal taxation.

However, if you incur a disability in the line of duty in a combat zone or during performance of duty in combat-related operations, there will be *no recoupment* of your disability severance pay.

## **4.2 TEMPORARY DISABILITY RETIREMENT LIST (TDRL)**

The Temporary Disability Retired List (TDRL) is a list of service members found to be unfit for military duty by reason of disability that has not stabilized to permit an assessment of a permanent disability rating. While the law provides for a maximum tenure of 5 years on the TDRL, there is no entitlement to be retained for the entire period. The service member may be removed from TDRL as early as six months, when a periodic examination discloses that the medical condition has stabilized for rating purposes.

Transitioning to the Temporary Disability Retired List. You need to do the following to ensure a smooth transition to retirement pay and medical care.

### **1. Contact your local TRICARE Office**

Enroll in TRICARE Prime by the 10th day of the month prior to your retirement date, to take effect on the first day of the following month (DEERS must be reviewed, and updated if necessary, prior to re-enrolling in TRICARE Prime).

NORTH REGION - Health Net Federal Services 1-877-874-2273

SOUTH REGION - Humana Military Healthcare Services 1-800-444-5445

WEST REGION - TriWest Healthcare Alliance 1-888-874-9378

Medical Coverage will stop upon being transferred to TDRL if not re-enrolled

### **2. Complete your Survivor Benefit Plan (SBP) DD Form 2656 prior to separation. You are being retired and must make an SBP enrollment election.**

Note: Failure to complete this form will result in full premiums being deducted from your retirement pay and will delay Defense Finance and Accounting Service (DFAS) in processing your retirement pay.

### **3. Transfer Your Life Insurance Policy**

If you want life insurance and cannot afford the high premiums in the civilian sector then make sure to transfer your Servicemember Group Life Insurance (SGLI) to Veteran Group Life Insurance (VGLI). If done within 120 days post discharge, you do not need additional medical documentation or an additional physical exam.

Check out the Servicemembers' and Veterans' Group Life Insurance Fact Sheet on our website or visit the VGLI website at [www.insurance.va.gov/sqglisite/vgli/vglifor](http://www.insurance.va.gov/sqglisite/vgli/vglifor) more information.

### **4. Contact Your Local VA Healthcare System**

Enroll in Healthcare Benefits and ask if you are eligible for additional entitlements related to your VA disability rating.

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Resource Info: Call the VA Healthcare Line at 1-800-827-1000 or to access the VA facility locator go to <http://www2.va.gov/directory/guide/home.asp?isFlash=1> and type in your zip code.

**Your compensation under TDRL is determined using one of two methods.**

Under the first method, your retired pay is based on your combined disability percentage, but it can never be less than 50 percent of your “retired pay base”.

*For a member who entered service before September 8, 1980, the retired pay base is the monthly basic pay of the grade or rank in which the member was serving when placed on the TDRL or the highest temporary grade or rank in which the member served satisfactorily or to which the member was entitled on the date before retirement or placement on the TDRL, whichever is higher.*

*For a member who entered service after September 7, 1980, the retired pay base is the average of the highest 36 months of basic pay received. (See DoD Financial Management Regulation 7000.14R, Volume 7B, Chapter 3, Paragraph 030101.)*

Additionally, disability retirement pay can never be more than 75 percent of a member’s retired pay base, so a combined rating of 80-100 percent will result in retirement compensation equal to 75 percent of a member’s retired pay base.

- 30 – 40 percent disability rating = 50 percent of retired pay base
- 50 – 70 percent disability rating = that percentage of retired pay base
- 80 – 100 percent disability rating = 75 percent of retired pay base
- or [2.5 percent] x [years of service] if sum is greater than percentage of disability

Under the second method, your retirement is based on your time in service. Under this formula, your compensation would be determined by taking 2.5 percent multiplied by your total number of years of service to come up with the percentage of retired pay.

- 2.5 percent] x [years of service] = that percentage of retired pay base (including amounts exceeding 75 percent of retired pay base for those with more than 30 years of service)

Your TDRL payment will be based on the method that gives you the highest percentage of your retired pay base. You will never be placed on the TDRL with less than 50 percent of your retired pay base.

Every 18 months, you will have a physical exam to see whether your condition has changed or stabilized. Those examinations will determine whether you remain on TDRL, return to duty, are discharged with or without severance pay, or are moved to the PDRL.

- If you are fit for duty, you will have the choice of returning to duty or being discharged without severance pay. Your TDRL payments will stop.
- If your condition has stabilized, and you are still unfit for duty with a disability rating between 0-20 percent, you will be discharged with severance pay as previously discussed.

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- If your condition has stabilized and your disability is rated at 30 percent or higher, you will be transferred to the PDRL.
- You can only stay on TDRL for five years. At the end of five years, you must be declared fit or unfit, given a percentage of disability, and either returned to duty, discharged, or placed on PDRL.

**Fail to report for a scheduled examination**

The law specifies that your entitlement to receive retired pay will be terminated if you fail to report for a physical examination without showing just cause. Once terminated, your entitlements are not reinstated until you undergo an examination. You must promptly notify the hospital at which you are scheduled if you cannot attend a scheduled appointment. Repeated failure to report for examinations may result in suspension of retired pay or administrative removal from the TDRL on the fifth anniversary of placement thereon without entitlement to any of the benefits resulting from disability separation or retirement.

**4.3 PERMANENT DISABILITY RETIRED LIST (PDRL)**

If you are found unfit by the PEB with a 30 percent or greater combined disability rating, and your condition is considered stable (unlikely to improve), you will be placed on the PDRL. You will also be placed on PDRL if you have less than 30 percent disability but have completed 20 or more years of service.

Your retired pay will be computed in the same way as previously described for TDRL, but without the 50 percent minimum. In other words, you will receive retirement pay based on your combined disability rating percentage, or you will receive retirement pay based on your years of service. Like TDRL, you receive the amount that is the greater of the two methods for determining pay, but disability retirement pay cannot exceed 75 percent of your retired pay base, unless retirement is based on years of service in excess of 30 years.

- 30 – 70 percent disability rating = that percentage of retired pay base
- 80 – 100 percent disability rating = 75 percent of retired pay base
- or 2.5 percent x Years of Service if sum is greater than percentage of disability

**TDRL/PDRL Exemption:** If you retired under a disability law (Temporary Disability Retirement List or Permanent Disability Retirement List), your retired pay will be fully non-taxable if your pay is calculated based upon your military (not VA) disability percentage and you meet one of the following conditions:

You were in the military or under a contractual obligation to join the military on September 24, 1975, or  
Your military disability rating is combat-related

**4.4 CONCURRENT RETIREMENT AND DISABILITY PAY (CRDP) AND OMBATRELATED SPECIAL COMPENSATION (CRSC)**

If you are medically retired, your DoD disability retired pay may be reduced (waived) by the amount of VA disability compensation you are awarded. However, to compensate for the reduction, the CRDP and CRSC programs were enacted by legislation to replace the portion that is waived:

### **To qualify for CRDP**

CRDP is a restoration of retired pay for retirees with service-connected disabilities, and it is taxable. No application is required. Eligible retirees receive CRDP automatically. A member must have a VA disability rating of at least 50 percent and retired for longevity and be receiving retired pay or have a Chapter 61 disability retirement with at least 20 years of service. Payment is not made separately from military retired pay or VA compensation; it simply replaces the amount of military retired pay that is reduced by VA compensation. The end result is full receipt of military retired pay and VA disability compensation.

CRDP was originally implemented with a graduated implementation schedule that began in 2004 (2003 for some retirees) and will be fully implemented by 2014. Members with 100 disability ratings are already fully entitled to both their military retired pay and VA disability compensation up to the amount of the earned for years of service. Members with less than 100 percent disability ratings will have their military retired pay only partially reduced by the amount of their VA disability compensation until 1 January 2014, when the offset will be completely eliminated. If you receive benefits at the 100 percent rate because of an individual's unemployability, as of 2009, you are entitled to full CRDP.

A military retiree does not need to apply for CRDP; the Defense Finance and Accounting Service (DFAS) obtains information from the VA and pays it monthly as part of the member's military retired pay.

You can contact the DFAS by calling toll free 1-800-321-1080 to learn about your personal CRDP payment rate. Additional information is available at the DFAS website: [mypay.dfas.mil/mypay](http://mypay.dfas.mil/mypay).

### **To qualify for CRSC**

CRSC is a special compensation for combat-related disabilities. It is non-taxable, and retirees must apply to their Branch of Service to receive it. A member must be retired for longevity, (or be medically retired with any number of years of service) and have a disability that is directly combat-related (i.e. a disability that is service-connected but not combat-related would not qualify). The computation method to determine the payment amount is rather complicated. It is based on the difference between what a member's retired pay would be based for his or her years of service (a hypothetical amount for members with less than 20 years of service because one cannot receive longevity retired pay with less than 20 years of service) and what the member is receiving in disability retired pay. That figure is then subtracted from the amount of the member's VA disability compensation, and the remainder, if any, is paid to the member as CRSC. The maximum CRSC payment cannot exceed what the member's longevity retired pay would be (or hypothetical retired pay for those with less than 20 years of service) based on the member's years of service. It is possible that members with lower disability rating percentages and fewer years of service, especially at lower ranks, may have no CRSC entitlement. Contact the appropriate Service organization listed below for additional information.

### **To receive CRSC, members must apply to their military branch of service.**

They must enclose evidence to show how their disability was incurred in a combat-related situation (i.e. incurred as a direct result of armed conflict; as a result of hazardous service; in the performance of duty under conditions simulating war (training); or through an instrumentality of war). For those members who are approved, their military branch of service will send an award

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letter to them and a copy to DFAS. Once DFAS receives the approved award letter, payment will be initiated within approximately 30 days. Retroactive payments will generally be issued within 30 days of receiving the first monthly payment. Applications should be submitted to the following addresses:

<p>Army Combat-Related Special Compensation (CRSC) 200 Stovall Street Alexandria, VA 22332-0470 Phone: 1-866-281-3254 Website: <a href="http://www.hrc.army.mil/site/crsc/index.html">www.hrc.army.mil/site/crsc/index.html</a></p>	<p>Air Force United States Air Force Disability Division (CRSC) 550 C Street West Ste 6 Randolph AFB TX 78150-4708 Phone: 1-800-616-3775 Website: <a href="http://www.afpc.randolph.af.mil/library/combat.asp">www.afpc.randolph.af.mil/library/combat.asp</a></p>
<p>Navy and Marine Corps Secretary of the Navy Council of Review Boards Attn: Combat-Related Special Compensation Branch 720 Kennon Street SE, Suite 309 Washington Navy Yard, Washington, DC 20374. Phone: 1-877-366-2772 Website: <a href="http://www.hq.navy.mil/corb/CRSCB/combatrelated.htm">www.hq.navy.mil/corb/CRSCB/combatrelated.htm</a></p>	<p>Coast Guard Commander (adm-1-CRSC) U.S. Coast Guard Personnel Command 4200 Wilson Boulevard Arlington, VA 22203-1804 Website: <a href="http://www.uscg.mil/hr/psc">www.uscg.mil/hr/psc</a></p>

**Comparing CRSC and CRDP**

Retirees cannot receive both Combat Related Special Compensation (CRSC) and Concurrent Retirement and Disability Pay (CRDP). If you qualify for both, DFAS will automatically apply the entitlement that is most advantageous to you. Every year, during Open Season, you'll have the opportunity to change your election. Open season usually takes place in January. The chart below highlights the differences between the two programs to help you decide which one is better for you.

	<b>CRSC</b>	<b>CRDP</b>
Qualified Injury	combat-linked disabilities	service-connected disabilities
Classification	Special Compensation (not subject to rules and regulations governing military retired pay)	Military retired pay (subject to rules and regulations governing military retired pay)
Full Concurrent Receipt?	Yes - Retirees can receive either part or all of both their military retirement pay and VA disability compensation	No - Restoration of pay is phased in over 10 years (from 2004 to 2014)
Claim Process	Must apply through Branch of Service	Automatic
Eligibility	<p>Eligible claimants: Are entitled to and/or receiving military retired pay Are rated at least 10% by the Department of Veteran's Affairs (VA) Are at least 60 years old or retired under Temporary Early Retirement Authority (TERA) if they are a reservist Have waived their VA pay from their retired pay</p>	<p>Eligible claimants: Are retired with 20 years Active or Reserve Duty Are receiving retired pay (that is offset by VA payments) Have a 50% + VA disability rating Reservists and national guardsmen must be at least 60 years old</p>
Retroactive Entitlement	May go back to June 1, 2003, for any month in which all eligibility requirements are	May go back to January 1, 2004, for any month in which all eligibility requirements

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	satisfied but may be limited to retirement date.  Disability retirees with less than 20 years will be automatically limited to a retroactive date of January 1, 2008 as required by legislation passed by Congress effective 2008.	are satisfied, but may be limited to retirement date.  CRDP is not payable before January 1, 2004.
Federal Taxation	Non-taxable	Taxable, according to your current retired pay Federal Income Tax Withholding (FITW) tax rate
Issue of Payment	CRSC payments are deposited to the same account where you receive your retired pay. If your VA disability compensation offset exceeds your retired pay, it will be deposited to the account where you receive VA payment	CRDP is not a new payment, but rather an increase in your retired pay. CRDP decreases your VA waiver so that you receive more of your gross retired pay. Your new pay amount will continue to be deposited into the same account and will not affect your compensation from the VA.
Subject to Division with a Former Spouse	No	Yes
Subject to Collection / Garnishment	Yes	Yes
SBP (Survivor Benefit Plan) Premiums Deducted	No	Yes

**Monthly Payments**

Like your retired pay, DFAS pays CRDP and CRSC monthly on the first business day of each month. You will receive your CRDP or CRSC payment in the same manner as your retired pay: If your retired pay is being direct deposited into your bank account, we will do the same for your CRDP or CRSC payment.

If your retired pay is sent to you as a paper check, we will do the same for your CRDP or CRSC payment.

To verify your bank account information or check your mailing address prior to receiving your first payment, you may call 800-321-1080 or login in to your [myPay](#) account.

## **5 THE SURVIVOR BENEFIT PLAN (SBP)**

If you are transferred to either the TDRL or PDRL and receive disability retirement pay, or if you retire with at least 20 years of service, you will have the opportunity to participate in a life-insurance type of program called the Survivor Benefit Plan (SBP). Your retired pay stops when you die. If you wish to have an annuity based on your retired pay passed on to your surviving spouse, eligible children, or someone else, you can do so by participating in SBP. You are already covered by SBP at no cost while serving on active duty, but after you retire, your participation becomes voluntary. SBP is highly subsidized by the federal government, but it is not free. You must pay a premium out of each monthly retirement check. SBP doesn't pay a lump-sum death benefit like typical life insurance; it pays a monthly, cost-of-living-adjusted income to your survivors (referred to as an "SBP annuity"). The great majority of retirees take maximum advantage of this program. A complete description of the SBP program is too extensive for this handbook, but below is a summary of how it works.

### **5.1 Making Your SBP Election**

Shortly before you retire, you must submit DD Form 2656, "Data for Payment of Retired Personnel" to the Defense Finance and Accounting Service-Cleveland Center (DFAS-CL), on which you must make an SBP election. You will designate the amount of your retired pay you wish to protect with SBP, and you will name your beneficiary(s); or, you may decline to participate.

Participation in SBP is Voluntary. However, if you are married or have a child, you will be automatically enrolled in SBP at the maximum level for all eligible dependents (spouse and children) unless you decline SBP or choose a reduced level of coverage. If you are married and want to decline SBP or participate at a reduced level, you must do so in writing before your date of retirement with your spouse's written and notarized concurrence. Once made, your SBP election should be viewed as permanent, but you have options to change it later if the status of your dependents changes. You also have the option to terminate your election between the 24th and 36th month after you retire. If you decline to enroll in SBP, or if you terminate after you retire, you will never have the option to enroll again.

If you are not married or have no dependent children when you retire, you may choose to enroll in SBP in the future. You have one year from the date of marriage or the date you acquire children to enroll.

#### **Choosing Your "Base Amount"**

Your SBP election is not an all-or-nothing decision; you have many levels of participation from which you can choose. When you enroll in SBP, you will select a figure called a "Base Amount". Monthly income payments to your beneficiary are always 55 percent of your Base Amount.

You can choose a Base Amount of as little as \$300 or as much as your full retired pay. A \$300 base amount, for example, would pay your beneficiary an annuity of \$165 per month (55 percent of your \$300 Base Amount).

Likewise, if you designate your full retired pay as your Base Amount, your beneficiary would receive a monthly annuity equal to 55 percent of your full retired pay. For example, if you receive \$1,000 of retired pay each month, and elect full SBP coverage, your monthly cost to cover your spouse under the plan will be \$65 each month.

The DFAS website helps you learn more about the costs and benefits of the SBP:  
<http://militarypay.defense.gov/survivor/sbp/>.

After retirement, each time military retired pay receives a cost-of-living adjustment, your Base Amount and your survivor's annuity will increase at the same time by the same percentage. This assures that your survivor's SBP annuity will have the same purchasing power in the future that it has today.

### **Choosing Your Beneficiary**

There are several categories of beneficiaries from which you can choose:

- Spouse-Only
- Child-Only
- Spouse-and-Child
- Former Spouse-Only
- Former Spouse-and-Child
- Insurable Interest

Each of them is described below:

#### **Spouse-Only**

If you are married on the day you retire, your spouse is immediately eligible to receive maximum SBP benefits if you were to die. If you are single when you retire, you may enroll in SBP if you get married later, but you must do so within one year of the date of your marriage, and your new spouse would become eligible for benefits after one year of marriage. If you have an eligible beneficiary and do not enroll in SBP when you have the opportunity, you will never be able to enroll again. If you are married and enroll in SBP, then later lose your spouse through death or divorce, your SBP election would become "suspended", i.e. you would still be in SBP with "Spouse" coverage, even though you would not have an eligible spouse. Your premiums would also be suspended. If you later remarry, your SBP election automatically reactivates, and your new spouse would become eligible to receive benefits after one year of marriage. During that first year of remarriage, you may choose to withdraw permanently from the program, or if you had been participating with a reduced Base Amount, you may increase your Base Amount to any amount up to your full retired pay. If you were to increase your Base Amount, you would become obligated to pay premiums for the higher amount retroactive to your date of enrollment. Your new spouse would not need to concur with your election, but DFAS is required to inform him or her of your election.

Your surviving spouse can receive SBP benefits for life. Remarriage before age 55, however, would suspend his or her eligibility to receive benefits, but if that marriage later ends by death or divorce, eligibility to receive benefits is restored, regardless of how many years might pass before then.

#### **Child-Only**

Under this election, you can name your children as your SBP beneficiaries. All eligible children, including any children you might acquire in the future, would automatically become beneficiaries. Eligible children include natural children, adopted children, stepchildren, and foster children who live with you in a normal parent-child relationship. Children are eligible to receive benefits until age

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18, and if they go on to college, until age 22. If they were to become incapable of self-support due to a physical or mental disability, either before age 18 or between the ages of 18 and 22 while attending college, they would be eligible to receive benefits for life, as long as they remain unmarried and incapable of self-support.

The 55 percent SBP annuity is divided equally among all eligible children. As older children exhaust their eligibility by turning age 18 (or 22), the annuity is divided equally among the remaining children. Annuities are paid to the guardian of the child until the child reaches the Age of Majority in the child's state of residence, when it is then paid directly to the child. (*The Age of Majority in most states is age 18, but it is age 19 in Alabama and Nebraska, and age 21 in Mississippi, Pennsylvania, and Puerto Rico.*)

### **Spouse-and-Child**

This is the default option if you are married and have children when you retire. You will be enrolled in SBP with this option automatically at the maximum level unless you elect otherwise, with your spouse's written concurrence (as previously discussed). Under a Spouse-and-Child election, the SBP annuity would be paid to your surviving spouse just as it would be under the Spouse-Only option previously described. The difference is that if your surviving spouse were to die or lose eligibility to receive benefits by remarrying before age 55, the benefits would be paid to your surviving children, just as they would be under the Child-Only option above.

### **Former Spouse**

SBP annuities for a former spouse are paid in the same manner as they would be for a surviving spouse (55 percent of your elected Base Amount). If you have a former spouse on your date of retirement, you can name your former spouse as your SBP beneficiary. If you have a former spouse at the time but choose to not name him or her as your beneficiary, you may never name that former spouse as your beneficiary later. If you enroll in SBP with Spouse coverage and then divorce after you retire, you may change your election from Spouse coverage to Former Spouse coverage for that spouse, but you must do so within one year of your date of divorce. If your former spouse were to remarry before age 55, his or her eligibility would be suspended, just like it would be for a surviving spouse. Your election would still remain in effect, but in a suspended status, because his or her eligibility would be restored if that marriage later ends by death or divorce.

### **Former Spouse-and-Child**

You can add children to a Former Spouse election in the same manner that you can for Spouse coverage. Only children acquired during your marriage to your former spouse may be included. If either of you have children from previous relationships whom you did not adopt, they could not be covered, even if they were previously covered under a Spouse-and-Child or a Child-Only election.

### **Insurable Interest**

If you are unmarried when you retire and have no dependent children, you may enroll in SBP with an "Insurable Interest" beneficiary. An Insurable Interest beneficiary is someone who has a financial interest in your continued life. Such a relationship is presumed to exist for anybody related to you more closely than a cousin (mother, father, aunt, uncle, grandparents, brother, or sister). There is one exception: if you are unmarried and have one child, you may name that child as an Insurable Interest beneficiary. Doing so would allow your child to remain your beneficiary for life, but it is very expensive and benefits would be significantly less, as discussed later. You may

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name an unrelated person, such as a fiancé’ or a business partner, but you must provide documented evidence of a financial relationship. Unlike other elections, an Insurable Interest election can be terminated at any time.

**SBP Premiums**

SBP “premiums” are paid in the form of a reduction in your retired pay. They are therefore exempt from taxation. You pay premiums only when you have an eligible beneficiary. Except for Spouse or Former Spouse elections, premiums are calculated differently for each category of beneficiary.

**Spouse or Former Spouse Coverage**

Monthly premiums for both Spouse and Former Spouse coverage are the same: 6.5 percent of your elected Base Amount. For example, if your Base Amount is \$3,000, your SBP “premium” would be \$195 per month (\$3,000 x 6.5%). If you first entered the military before 1 March 1990, you are “grandfathered” under an old provision that could result in your premiums being a little less. This alternative option is also available to disability and reserve component retirees regardless of their military service entry date. The DoD Office of the Actuary hosts an SBP premium calculator on their website, <http://actuary.defense.gov>, if you’d like some help calculating it.

**Child-Only Coverage**

The premiums for SBP Child-Only coverage are very modest and are based upon actuarial factors determined by a combination of your age and your youngest child’s age on your birthday nearest to your date of retirement. It doesn’t matter how many children you have, since there is only one 55 percent annuity that is divided equally among all eligible children. All possible combinations are too numerous to cite in this handbook, but you can obtain a precise quote by going to the DOD Office of the Actuary website referred to above. Here are some examples for selected age combinations to give you an idea of the cost:

For each \$1,000 of a Base Amount, the monthly premiums for Child-Only coverage would be:

Premiums for “Child-Only” Coverage per \$1,000 of Base Amount						
Member’s Age	Youngest Child’s Age					
	2	4	6	10	14	17
25	\$11.11	\$9.70	\$8.40	\$6.00	\$3.70	\$2.30
30	13.40	11.80	10.20	7.20	4.40	2.80
40	5.30	4.30	3.50	2.20	1.30	.80
50	13.20	10.80	8.70	5.30	2.90	1.60

**Spouse-and-Child Coverage**

The premiums for Spouse-and-Child coverage are calculated by adding the cost for Spouse-Only coverage (6.5% of your Base Amount) to a very small, actuarially determined cost for the “and-Child” portion of the coverage. The cost to add a child to Spouse coverage is extremely inexpensive because benefits are payable to the children only in the rare situation in which both parents have died, or the retiree has died and the surviving spouse remarries before age 55, while the youngest child is eligible to receive benefits. The ages of both the member and the spouse and the age of the youngest child are all factors in determining the cost. Again, you can get an accurate premium calculation at the DOD Office of the Actuary website, but here are some examples for different age combinations, assuming both the retiree and the spouse are the same age:

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For each \$1,000 Base Amount, the monthly premiums for Spouse-and-Child coverage would be: \$65.00 (6.5% of \$1,000 Base Amount) + the appropriate cost shown in the table below:

Premiums for “Child” Portion of “Spouse-and-Child” per \$1,000 of Base Amount

Premiums for “Child” Portion of “Spouse-and-Child” per \$1,000 of Base Amount						
Member’s Age	Youngest Child’s Age					
	2	4	6	10	14	17
25	\$3.56	\$3.02	\$2.51	\$1.54	\$.74	\$.35
30	2.89	2.43	1.99	1.21	.59	.29
35	1.35	1.12	.91	.53	.24	.11
40	.53	.43	.34	.18	.08	.03
45	.56	.43	.33	.18	.08	.03
50	.95	.66	.45	.21	.09	.04

**Former Spouse-and-Child Coverage:**

Calculated the same way as premiums for Spouse-and-Child coverage.

**Insurable Interest**

Premiums for this category of coverage are calculated much differently than they are for all other categories. First, only your full retired pay can be selected as your Base Amount. Monthly costs are then 10 percent of your Base Amount, plus an additional five percent for each full five years that your beneficiary is younger than you. For example, a 38-year-old retiring member with retired pay of \$2,000 per month who wants to name his 22-year-old sister as his Insurable Interest beneficiary would pay 10 percent of his \$2,000 Base Amount (\$200), plus another 15 percent of his Base Amount (\$300 – five percent for each full five years, and she is 16 years younger than he is), for a total cost of 25 percent of his retired pay per month (\$500). Monthly SBP annuities for Insurable Interest beneficiaries are also less than those for all other categories. To calculate the annuity, you must first subtract the monthly premium from the Base Amount to determine an “Adjusted Base Amount”. The monthly annuity is then 55 percent of the Adjusted Base Amount. In the example above, the monthly annuity would be \$825 (\$2,000 Base Amount - \$500 Premium = \$1,500 Adjusted Base Amount x 55% = \$825).

**Terminating Coverage**

If you enroll in SBP, you will have the option to terminate your election between the 24th and 36th month after you retire. You won’t be able to make any changes to your election during this period – only to terminate it – so make sure you and your spouse give careful consideration to your election before you make it. As previously mentioned, you may terminate an insurable interest election at any time. If you terminate, you will never be able to re-enroll, regardless of any changes in your dependency status and you will not receive a refund of premiums already paid.

**SBP premiums are payable for a total of 30 years (360 months)**

Or until age 70, whichever comes LATER. Any type of premium you pay counts toward your paid-up status (Spouse, Child, Former Spouse, etc.). Periods during which you do not have an eligible beneficiary, and therefore don’t pay premiums, do not count. For example, if you enroll in SBP and then get divorced and remain single for five years before remarrying, you will not pay premiums during those five years, nor will you during your first year of remarriage (because you only pay premiums for eligible beneficiaries, and a new spouse does not become eligible until after one

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year of marriage). Those six years, therefore, would not count toward your paid-up status. However, if you have Spouse-and-Child coverage and continue paying Child-Only premiums during those six years, they would count.

### **SBP premiums are paid with pre-tax dollars.**

Since SBP premiums are paid in the form of a reduction in retired pay, they are not includable as taxable income. If, for example, your SBP premium is \$100, and you are in the 28 percent marginal tax bracket, your true out-of-pocket cost would be only \$72. That is important to know to understand the true cost of SBP, especially if you were to consider purchasing life insurance as an alternative to SBP.

### **SBP While on Active Duty**

While serving on active duty, you are covered by SBP at no charge with a default election of “Spouse-and-Child” coverage. If you were to die in the line of duty on active duty, your survivor’s SBP annuity would be 55 percent of what your retired pay would have been if you had retired with a 100 percent disability, which is 75 percent of the average of your highest 36 months of base pay (usually the 36 months prior to your death). For example, if you are an E6 with nine years of service in 2010, your average base pay over the past 36 months is \$2,869. Your retired pay entitlement, therefore, would have been 75 percent of \$2,869, or \$2,151 per month. Your surviving spouse’s monthly SBP annuity would be 55 percent of \$2,151, or \$1,183. SBP is based only on your base pay; other allowances are not considered.

**If you have children, your surviving spouse would have a very important decision to make.** Surviving spouses of members who die on active duty usually receive Disability and Indemnity Compensation (DIC) from the VA, as discussed earlier, and his or her SBP annuity would be reduced by the amount of DIC (\$1,154 in 2010). To avoid that reduction and increase household income while children are still dependents, surviving spouses may choose to forego SBP for himself or herself and instead choose to have the SBP annuity paid to eligible children under the “Child Only” option. Children’s SBP benefits are not reduced by compensation from the VA. A downside to choosing this option is that the surviving spouse would forego eligibility to receive SBP benefits for the rest of his or her life. The age of the youngest child becomes a very important consideration because SBP benefits would be payable only until that child turns age 18 (or 22 if he or she goes on to college).

As difficult as it might be to consider so soon after losing a spouse, it is important that a surviving spouse consider the impact that remarriage would have on his or her SBP benefits before making the decision to opt for Child-Only benefits. Remarriage before age 55 suspends a surviving spouse’s eligibility to receive benefits. If that were to happen while children are still eligible to receive benefits, the SBP annuity would be paid to the children, just as it would be under a “Child Only” election. An important difference, however, is that if that remarriage were to ever end because of divorce or the death of the subsequent spouse, eligibility to receive SBP benefits would be fully restored, regardless of the age at which loss of the subsequent spouse might occur.

### **Make the Right Decision**

Regardless of the nature of your military career, your family’s interest in your active duty pay is protected by SBP while you are on active duty. After you retire, SBP is available to help protect your family’s interest in your retired pay. It is you and your spouse’s decision whether you wish to continue being protected by SBP after you retire. Your retired pay is likely to be one of your most

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valuable assets, worth hundreds of thousands of dollars over your lifetime, and because of cost-of-living adjustments, it will remain a valuable asset well into your old age. The security you will enjoy of having your retired pay guaranteed for life by the federal government is security that you would deny your surviving spouse if you were to decline SBP. And remember: your SBP decision is not an “all-or-nothing” decision; if there is some reason why you feel that maximum SBP is not appropriate for you; consider participating at a reduced level. Very rarely is it appropriate to decline SBP altogether. Study your options and make the best decision possible for you and your family.

## **6. SOCIAL SECURITY BENEFITS**

### **6.1 DISABILITY BENEFITS FOR YOU**

Being on active duty or getting military pay does not automatically prevent you from receiving Social Security disability benefits. You should still apply for Social Security if you think you are disabled. If you are receiving treatment from a MTF and are working in a designated therapy program or are on limited duty, Social Security will evaluate your work activity to determine your eligibility for benefits (the actual work activity is the controlling factor, not the amount of pay you receive or your military status).

If you were injured on or after 1 October, 2001 while on active duty, regardless of where your injuries occurred, you are eligible for expedited processing of disability benefits from the SSA.

**The SSA pays disability benefits through two programs:**

- Social Security Disability Insurance Program (SSDI)
- Supplemental Security Income (SSI)

For you or your family to receive SSDI benefits, you have to be considered “insured” by the SSA. This means you have worked long enough (which varies depending on your age) and paid enough Social Security taxes to qualify.

Eligibility for SSI has nothing to do with your earnings history; it is entirely dependent on your financial need based upon your income (and part of your spouse’s income, if you are married) and assets and your ability to work. To find the most current information about Social Security’s disability programs, go to: [www.socialsecurity.gov/woundedwarriors](http://www.socialsecurity.gov/woundedwarriors).

**Social Security’s definition of disability:**

You must be unable to do substantial work because of your medical condition(s). Your medical condition(s) must have lasted, or be expected to last, at least one year or be expected to result in death.

Social Security does not pay money for partial disabilities or short-term disabilities.

**How to Apply for Benefits**

You can apply for disability benefits while in the military or after separating from the military. This also applies if you are still hospitalized, in a rehabilitation program or undergoing outpatient treatment in an MTF or civilian medical facility. You may apply online at [www.socialsecurity.gov/woundedwarriors](http://www.socialsecurity.gov/woundedwarriors) or in person at the nearest Social Security Office by

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calling 1-800-772-1213 (TTY: 1-800-325-0778) M-F between the hours of 7 a.m. and 7 p.m. to schedule an appointment.

**What You Need to Apply**

- Proof of identity
- Proof of age
- Proof of U.S. citizenship or legal residency, if foreign born
- Form DD214, if discharged from the military service
- W-2 Form or income tax return from the previous year
- Proof of military and/or worker's compensation benefits (or payments)
- Social Security numbers of your spouse and minor children
- Checking or savings account number, if you have one
- Name, address and phone number of a contact person, in case you are unavailable
- Medical records that you may have and/or that you can easily obtain from all military and civilian sources

Important: File your application for disability benefits as soon as possible with available documentation. Do not delay your filing because you do not have all of your documentation.

You can apply for disability benefits while in the military or after separating from the military.

**How Social Security Decides to Pay Claims**

Your claim is handled by the state Disability Determination Services (DDS) office that makes disability decisions. Medical and vocational experts from the DDS will contact your physicians and/or other providers (e.g., Clinical Psychologists, hospitals, clinics, etc.) where you receive treatment to retrieve your medical records. The DDS may ask you to have an examination or medical test. You will not have to pay for these exams or tests.

The length of time to receive a decision on your disability claim could vary. It depends on:

The nature of your disability

How quickly the DDS office obtains medical evidence from your doctor or medical sources

Whether it is necessary to send you for a medical examination in order to obtain evidence to support your claim

**What You Can Do to Expedite the Process**

You can expedite the process by being prepared for your interview. It also helps to have information about your work history and contact information for physicians (and other providers/facilities) who have treated you. After you file a claim, it is uniquely identified as a military Service member claim and is expedited through all phases of processing (if disabled on or after October 1, 2001 while on active duty). Disability claims that have been filed online are also expedited.

Note: You can prevent delays by notifying SSA of any change in address or if you are being seen or treated by any new doctors, hospitals or clinics while they are working on your claim.

**6.2 SOCIAL SECURITY BENEFITS FOR YOUR FAMILY**

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If you qualify for Social Security disability payments, certain members of your family may qualify for benefits based on your employment history. They include:

- Your spouse at any age, if he or she is caring for a child of yours who is younger than 16 or disabled
- Your unmarried child, including an adopted child, or in some cases, a stepchild or grandchild. The child must be younger than 18 years of age or younger than 19 if in elementary school or secondary school (not college)
- Your unmarried child, age 18 or older, if he or she has a disability that started before age 22 (the child's disability must meet the definition of disability for adults)
- Your spouse, if he or she is 62 years or older

Note: In some cases, a divorced spouse may qualify for benefits based on your earnings if he or she was married to you for at least 10 years, is not currently married and is at least 62 years of age. The money paid to a divorced spouse does not reduce your benefit or any benefit due to your current spouse or children.

### How to Contact Social Security

To find the most current information and publications, visit: [www.socialsecurity.gov](http://www.socialsecurity.gov) or call toll-free: 1-800-772-1213 (TTY: 1-800-325-0778) M-F between the hours of 7 a.m. and 7 p.m. to schedule an appointment.

## 7. DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

While you are on active duty, most of your benefits come from the Department of Defense. After you leave active duty, whether discharged or medically retired, you become eligible for a number of additional benefits from the VA. The VA offers a variety of programs for which you may be eligible, depending on your situation. You can get an in-depth explanation of VA benefits online at: [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

- OR - You can review the latest Department of Veteran Affairs publication "Federal Benefits for Veterans, Dependents and Survivors" at: [www.va.gov/opa/publications/benefits\\_book.asp](http://www.va.gov/opa/publications/benefits_book.asp) to see all program information.

**All VA forms are available at: [www.va.gov/vaforms](http://www.va.gov/vaforms).**

Below are some highlights about your VA benefits.

### 7.1 VA DISABILITY COMPENSATION

After being released from active duty, you may be eligible to receive monthly disability compensation from the VA if you have a service-connected disability. A service-connected disability is a disability incurred during or aggravated by your active military service. VA disability compensation is a tax-free, monthly payment based upon the severity of your disability. You do not need to be medically retired from the military to receive it. A Service member who is medically discharged with severance pay, for example, may be entitled to VA disability compensation. The severity of disability is categorized as a percentage of "efficiency" lost from the "whole person," ranging from 0 percent to 100 percent (in 10 percent increments). Disability Compensation is paid for service-connected disabilities rated at 10 percent or higher. Payments range from \$123 per month for a 10 percent disability rating to \$770 per month for a 50 percent rating, or \$2,673 per month for a 100 percent disability rating. Additional amounts may be payable if you are married or

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have children, have a parent who is dependent upon you, or if you are unemployable due to a service-connected disability. Veterans with certain severe disabilities may be eligible for additional Special Monthly Compensation (SMC). You can find a complete table of disability compensation rates at the VA website: [www.vba.va.gov/bln/21/Rates](http://www.vba.va.gov/bln/21/Rates).

Unlike your military disability rating, which is fixed at the time you are medically retired, your VA disability rating can change in the future. As your health changes over time, you can re-apply to the VA to have your rating modified.

You do not pay federal or state income tax on VA disability compensation.

## **7.2 VA HEALTH CARE BENEFITS**

### **Basic Eligibility**

If you separate from active duty under any condition other than dishonorable, you may qualify for VA health care benefits. If you are a member of the Reserves or National Guard who was called to active duty (other than for training only) by a federal order and completed the full period for which you were called or ordered to active duty, you may be eligible for VA health care as well. You must have served 24 continuous months or the full period for which you were called to active duty in order to be eligible. This minimum duty requirement may not apply to you if you were discharged for a disability incurred or aggravated in the line of duty.

### **VA Health Care Enrollment**

To receive health care, veterans generally must enroll with the VA. To enroll, you must complete VA Form 10-10EZ, Application for Health Benefits, which may be obtained from any VA health care facility or regional benefits office, or by calling 1-877-222-VETS (8387) or at the VA website at:

[www.1010ez.med.va.gov/sec/vha/1010ez](http://www.1010ez.med.va.gov/sec/vha/1010ez). Many military treatment facilities have VA representatives on staff that can help you with this request.

If you fall into one of the following categories, you are not required to be enrolled to receive care from the VA, but VA suggests that you still enroll because it allows them to better plan health resources for all veterans.

The categories are:

- Veterans with a service-connected disability of 50 percent or more
- Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, within 12 months of discharge
- Veterans seeking care for a service-connected disability only
- Veterans seeking registry examinations (Ionizing Radiation, Agent Orange, Gulf War/Operation Iraqi Freedom and Depleted Uranium)

Note: VA Health Care and TRICARE beneficiaries may be eligible for both veterans' and TRICARE benefits. You are considered "dual-eligible" when you are eligible for both veterans' medical benefits and TRICARE benefits. If you seek care for a service-connected condition in VA medical facilities, you must receive that care under your veterans' benefits. VA does not bill TRICARE for treatment of service-connected conditions.

### **Service Disabled Veterans**

If you are 50 percent or more disabled from service-connected conditions, unemployable due to service connected conditions, or receiving care for a service-connected disability, you will receive priority in scheduling of hospital or outpatient medical appointments.

### **Combat Veterans**

If you served in combat while on active duty, you are eligible for enhanced enrollment placement for 5 years after the date you leave Service. During the period of enhanced enrollment eligibility, you will receive VA treatment for any condition that may be related to your combat service at no cost to you. You may also be eligible for enhanced enrollment priority if you were an activated Reservist or member of the National Guard who served on active duty in a theater of combat operations after November 11, 1998 and left Service under any conditions other than dishonorable. If you enroll with VA under this “Combat Veteran” authority, you keep your enrollment eligibility even after your enhanced benefit period ends. However, at that time VA will reassess your eligibility and place you in the highest priority category for which you then qualify. Depending on your household income, you may also be charged co-pays for your health care for conditions which have been determined by VA to not be service-connected.

If you do not enroll during your enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors, such as a compensable service-connected disability, VA pension status, catastrophic disability determination, or your financial circumstances. For this reason, you are strongly encouraged to apply for enrollment within your enhanced eligibility period even if you do not need health care at that time.

### **VA Health Care Priority Groups**

When you apply for VA health care, you will be assigned to a priority group. These groups range from 1-8, with group 1 being the highest priority. If you are eligible for more than one priority group, VA will place you in the highest priority group for which you are eligible. The same types of services are generally available for all priority groups as part of the Medical Benefits Package (explained later in this section). The eligibility rules are complicated, and some are based upon how much income you have. The general rules for assignment to a priority group are listed below.

- Veterans with service-connected disabilities who are rated 50 percent or more disabled or are determined by VA to be unemployable due to a service-connected disability.
- Veterans with service-connected disabilities who are rated 30 or 40 percent disabled.
- Veterans who are former POWs or were awarded a Purple Heart, veterans with disabilities rated 10 and 20 percent; veterans discharged from the military for disabilities incurred in the line of duty; and veterans awarded special eligibility for disabilities incurred in treatment or vocational rehabilitation.
- Veterans who are receiving aid and attendance or housebound benefits and veterans who have been determined by VA to be catastrophically disabled.
- Non service-connected and non-compensable (0 percent) service-connected veterans who are determined to be unable to defray the expenses of needed care, in receipt of a VA pension, or eligible for Medicaid.
- Veterans of the Mexican border period or of World War I; compensable 0 percent service-connected veterans; veterans exposed to ionizing radiation during the occupation of Hiroshima or Nagasaki, Japan and during atmospheric testing; Project

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112/SHAD participants. Veterans who agree to pay specified co-pays with income and/or net worth above the VA Means Test threshold and income below the geographic means test income threshold.

- Veterans with income and/or net worth above the VA Means Test income threshold and the geographic means test income threshold who agree to pay specified co-pays.

**VA Medical Benefits Package**

All enrolled veterans are provided VA's Medical Benefits package. While VA provides most care within the VA health care system, VA may authorize you to receive medical care in your home community at VA expense. This applies when VA is not able to provide economical hospital care or other medical services because of where you live, or if the VA cannot provide the care you need.

VA's Medical Benefits package includes:

- Outpatient medical, surgical, and mental health care, including care for substance abuse
- Inpatient hospital, medical, surgical, and mental health care, including care for substance abuse
- Prescription drugs, including over-the-counter drugs and medical and surgical supplies available under the VA national formulary system
- Emergency care in VA facilities
- Bereavement counseling
- Comprehensive rehabilitative services other than vocational services
- Consultation, professional counseling, training, and mental health services for the members of the immediate family or legal guardian of the veteran
- Durable medical equipment and prosthetic and orthotic devices. Note: Eyeglasses and hearing aids are limited to veterans with a compensable service-connected disability, former prisoners of war, Purple Heart recipients, veterans in receipt of Aid & Attendance or Housebound benefits or those who have significant functional or cognitive impairments. Hearing aids may also be provided to non-compensable (0 percent) veterans as needed for a service-connected hearing disability.
- Home health services
- Reconstructive (plastic) surgery required as a result of a disease or trauma but not including cosmetic surgery that is not medically necessary
- Respite, hospice, and palliative care
- Payment of travel and travel expenses for eligible veterans (see Beneficiary Travel)
- Pregnancy and delivery service, to the extent authorized by law
- Completion of forms includes: Completion of forms such as Family Medical Leave forms, life insurance applications, Department of Education forms for loan repayment exemptions based on disability, and non-VA disability program forms by health care professionals based on an examination or knowledge of the veteran's condition. This does not include the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA
- Preventive care includes: Periodic medical exams; health education, including nutrition education, maintenance of drug-use profiles, drug monitoring, and drug use education; and, mental health and substance abuse preventive services

### **VA Dental Benefits**

If you served on active duty for 90 days or more and apply for VA dental care within 180 days of separation from active duty, you may receive one-time treatment of your dental conditions if your certificate of discharge does not indicate that you received necessary dental care within 90 days prior to discharge or release.

### **VA Patient Travel**

If you must travel away from home for your care, you may be eligible for reimbursement of your mileage if you are:

- Rated 30 percent or more service-connected for travel related to any condition;
- Rated less than 30 percent for travel related to your service-connected condition;
- Receiving VA pension benefits for travel related to any condition;
- Have annual income below the maximum applicable annual rate of pension for any condition; or
- Are traveling in relation to a Compensation and Pension (C&P) Examination

### **Emergency Care in Non-VA Facilities**

You may be eligible for payment for the cost of emergency medical care furnished by a non-VA facility that was not authorized in advance by VA. To qualify for payment or reimbursement for non-VA emergency care, VA or other federal facilities must not have been feasibly available at the time of the emergency, and a reasonable layperson would judge that any delay in medical attention would endanger your health or life. Because VA payment for emergency care may be subject to limitations, it is recommended that you or your health care provider contact VA as soon as possible following the start of the emergency treatment for authorization and coordination of care.

To qualify for payment or reimbursement for non-VA emergency care for a non-service-connected condition, you must meet all of the following criteria:

- Be enrolled in the VA Health Care System
- Have been provided care by a VA clinician or provider within the last 24 months
- Received care in a hospital emergency department or similar facility providing emergency care
- Have no other form of health insurance
- Have no coverage under Medicare, Medicaid, or a state program
- You are financially liable to the provider of the emergency treatment for that treatment
- You have no other contractual or legal recourse against a third party that will pay all or part of the bill

### **VA Health Care for Families – Civilian Health and Medical Program of the Department of Veterans Affairs**

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a VA program which was established to provide health care benefits for:

- The spouse or child of a veteran who has a permanent and total service-connected disability

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- The surviving spouse or child of a veteran who dies as the result of a service-connected disability or who had a permanent and total service-connected disability at the time of death

If you are eligible for benefits under the TRICARE program, your spouse and children are not eligible for CHAMPVA.

Generally, medical services and supplies are obtained through civilian sources. CHAMPVA shares the cost of most medically necessary care, including bills for inpatient and outpatient treatment, diagnostic tests, medical supplies, and medications. CHAMPVA also covers care in some health care facilities other than hospitals and outpatient clinics. Services and supplies that are not medically necessary or are specifically excluded from coverage are not covered under the CHAMPVA program. Some examples of those services include: abortion counseling; eyeglasses; plastic surgery; routine dental care; preventive care; and custodial care.

In most cases, CHAMPVA pays 75 percent of the VA allowable amount for hospital and professional charges for covered inpatient care. For outpatient care, after payment of a \$50.00 individual or \$100.00 family deductible has been met, CHAMPVA pays 75 percent of the VA allowable amount and the remaining 25 percent is the responsibility of the CHAMPVA beneficiary, with an annual out-of-pocket cap of \$3,000. Learn more about CHAMPVA at: [www.va.gov/hac/forbeneficiaries/champva/champva.asp](http://www.va.gov/hac/forbeneficiaries/champva/champva.asp).

To apply for CHAMPVA benefits, mail a VA Form 10-10D to the VA Health Administration Center (HAC), P.O. Box 469028, Denver, CO 80246-9028, or call (800) 733-8387.

### **7.3 VA LIFE INSURANCE PROGRAMS**

#### **Service members' Group Life Insurance (SGLI) Disability Extension**

If you are released from active duty or the Reserves, were covered by full time SGLI, and have a disability that prevents you from being gainfully employed, you may continue your SGLI coverage at no cost for up to two years from your date of discharge. The amount of coverage cannot exceed the amount that you had while in service. To apply, contact the Office of Service members' Group Life Insurance (OSGLI) at: 1-800-419-1473, or visit the VA website at: [www.insurance.va.gov](http://www.insurance.va.gov).

#### **Service members' Group Life Insurance Traumatic Injury Protection (TSGLI)**

Although the TSGLI program is administered by the VA, you are most likely to apply for benefits under this program, if you qualify, while you are still on active duty.

If you are participating in the Service members' Group Life Insurance (SGLI) program, you are automatically covered under the TSGLI program. To qualify for TSGLI payment, you must have suffered a qualifying traumatic injury, regardless of your component (Active, Reserve, or National Guard) or the location in which you incurred the traumatic injury.

The TSGLI program provides emergency financial assistance to recovering Service members who suffer severe traumatic injuries, both on or off duty. Payments range from \$25,000 to \$100,000 in increments of \$25,000. You are not required to be separated or retired from active duty to receive it. TSGLI payments are a one-time, tax-free, lump sum payment per traumatic event; it is not on-going income replacement. The amount you would receive depends on your injury.

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Qualifying traumatic injuries are those resulting from external force or violence or a condition that can be linked to a traumatic event. Such traumatic injuries must cause physical damage to the body. Qualifying injuries and payment amounts are listed in the TSGLI Schedule of Losses, which you can find on the VA website at [www.insurance.va.gov](http://www.insurance.va.gov).

If you feel that you qualify for TSGLI, you can obtain a TSGLI claim form by visiting: [www.insurance.va.gov/sglisite/TSGLI/TSGLI](http://www.insurance.va.gov/sglisite/TSGLI/TSGLI), or contacting the TSGLI point of contact for your service:

- Army: (800) 237-1336 (Option 2)
- Navy: (800) 368-3202
- Marine Corps: (877) 216-0825 or (703) 784-3605
- Air Force: (210) 565-3505
- National Guard: (703) 607-5851
- Air National Guard: (703) 607-1239
- Air Reserves: (800) 525-0102, Ext 227
- Coast Guard: (202) 475-5391

### **Veterans' Group Life Insurance (VGLI)**

You may convert your SGLI coverage to VGLI within 120 days of leaving active duty regardless of your health (or, if you are unable to be gainfully employed due to a disability, after the two-year SGLI Disability Extension period expires, as described above). After 120 days, you have an additional year to convert to VGLI, but you must meet good health requirements. If you are eligible for the SGLI Disability Extension, you are automatically converted to VGLI after the two-year extension period, unless you decline or fail to pay premiums.

- **Increasing VGLI Coverage.** Public Law 111-275, enacted on October 13, 2010, will allow current VGLI policyholders who are under the age of 60 and not insured for the maximum amount of VGLI prescribed by law to increase their VGLI coverage by \$25,000, once every five years.
- **Converting VGLI to Permanent Insurance.** You can convert your VGLI to a permanent plan of insurance (e.g. whole life) at any time with any of 26 participating commercial insurance companies. To find the most current information, contact the Office of Service members' Group Life Insurance (OSGLI) at 1-800-419-1473, or visit the VA Insurance website at: [www.insurance.va.gov](http://www.insurance.va.gov).
- **Service-Disabled Veterans Insurance:** The Service-Disabled Veterans Insurance (S-DVI) program is a life insurance program for veterans with service-connected disabilities. S-DVI is available in a variety of permanent plans as well as term insurance. Policies are issued for a maximum face amount of \$10,000. In order to be eligible for S-DVI, you must have been released from active duty with other than a dishonorable discharge and received a rating for a new service-connected disability within the last two years (even a rating of 0%). The granting of individual unemployability or an increase for a previously rated condition does not provide a new eligibility period for S-DVI. You must apply within two years from the date the VA notifies you of your new service-connected disability. Contact the VA Insurance Service toll-free at 1-800-669-8477, or online at: [www.insurance.va.gov](http://www.insurance.va.gov) to find the most current information.

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- **Waiver of S-DVI Premiums:** S-DVI policyholders who have a mental or physical disability that prevents them from performing substantially gainful employment may be eligible to have their premiums waived. The policyholder's disability must have begun before his or her 65th birthday, and must continue for at least six consecutive months.
- **Supplemental S-DVI:** Supplemental S-DVI currently provides up to \$20,000 of supplemental life insurance to S-DVI policyholders who are approved for waiver of premiums. Application must be made prior to age 65 and within 1 year of the date the waiver of premiums for S-DVI is granted. Premiums may not be waived on this supplemental coverage. Public Law 111-275, enacted on October 13, 2010, provides that beginning on October 1, 2011, Supplemental S-DVI will be available to eligible S-DVI policyholders in the maximum amount of \$30,000.
- **Veterans Mortgage Life Insurance:** The Veterans' Mortgage Life Insurance (VMLI) program provides mortgage life insurance to severely disabled veterans and Service members. Only veterans and Service members who have received a Specially Adapted Housing Grant from VA are eligible. VMLI provides up to \$90,000 of mortgage life insurance payable to the mortgage holder (i.e., a bank or mortgage lender) in the event of your death. This coverage reduces as the amount of your mortgage is reduced. Beginning on October 1, 2011, the maximum amount of VMLI available to eligible veterans and Service members is \$150,000. On January 1, 2012, the available amount of VMLI coverage will increase, to a maximum of \$200,000.

#### **7.4 SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE**

This program provides educational assistance to your spouse or child if you:

- Are permanently and totally disabled as a result of a service-connected disability
- Die due to a service-connected disability or while rated permanently and totally disabled
- Are missing in action or a prisoner of war

The program offers up to 45 months of education benefits to a surviving spouse or children. These benefits may be used for degree and certificate programs, apprenticeship, and on-the-job training. A surviving spouse can also use this program for correspondence courses. Remedial, deficiency and refresher courses may be approved under certain circumstances. A child of an eligible veteran must be between the ages of 18 and 26, and marriage does not terminate eligibility. Visit the VA website: [www.gibill.va.gov](http://www.gibill.va.gov) to find the most current information.

#### **7.5 VOCATIONAL AND EDUCATIONAL COUNSELING**

This program provides professional and qualified vocational and educational counseling to you and your family members who are eligible for educational benefits under a program that VA administers. You are eligible if you are discharged or released from active duty under honorable conditions not more than one year before date of application or if you are on active duty and have six or fewer months remaining before your scheduled release or discharge from service. Contact the VA GI Bill Regional Processing Office by dialing toll-free 1-888-GI Bill-1 (1-888-442-4551) or go to the GI Bill website at [www.gibill.va.gov](http://www.gibill.va.gov).

The VA administers and provides financial assistance to several veterans' education programs. Included are college degree programs, technical and vocational programs, correspondence courses, flight training courses, and on-the-job training (OJT) and apprenticeship programs. In order for a program to be eligible for VA funding, it must be accredited by a state-approving agency.

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Programs for which VA financial assistance is available are the Post-Vietnam-era Veterans' Educational Assistance Program (VEAP), the Reserve Educational Assistance Program (REAP), the Montgomery GI Bill (MGIB) and the Post 9/11 GI Bill. As a rule, the benefits under VEAP and MGIB must be used within 10 years of separation from active duty. You have 15 years to use Post-9/11 benefits.

### **Post-Vietnam-Era Veterans' Education Assistance Program (VEAP)**

VEAP is available if you entered service for the first time between 1 January 1977 and 30 June 1985 and opened a contribution account before 1 April 1987. You would have had to voluntarily contribute up to

\$2,700, completed your first period of active duty, and been discharged under conditions other than dishonorable. The VEAP program is available to very few Service members on active duty today. For those who may be eligible, check the VA website at:

[www.vba.va.gov/VBA/benefits/factsheets/education/CH32eg\\_0906.doc](http://www.vba.va.gov/VBA/benefits/factsheets/education/CH32eg_0906.doc) or call the GI Bill Hotline at: 1-888-GI BILL-1 (1-888-442-4551).

### **Reserve Educational Assistance Program (REAP)**

REAP was established as a part of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005. It is a Department of Defense education benefit program designed to provide educational assistance to members of the Reserve components called or ordered to active duty in response to a war or national emergency (contingency operation) as declared by the President or Congress. This program makes certain reservists who were activated for at least 90 days after September 11, 2001 either eligible for education benefits or eligible for increased benefits. Learn more at the VA website at: [https://vareap.vba.va.gov/vareap www/dmdc\\_default.asp](https://vareap.vba.va.gov/vareap/www/dmdc_default.asp).

### **Montgomery GI Bill (MGIB)**

The MGIB program provides up to 36 months of education benefits. Benefits may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. Remedial, deficiency, and refresher courses may be approved under certain circumstances. Generally, benefits are payable for 10 years following your release from active duty. This program is also commonly known as Chapter 30.

#### **Eligibility**

- With the exception of some officers commissioned after December 31, 1976, the MGIB is for those Service members and veterans who came on active duty on July 1, 1985, or later and who did not decline—in writing—to participate in the MGIB program.
- To be eligible for the full 36 months of MGIB benefits, veterans must normally meet the character of service and minimum length of service requirements. Some veterans who are separated from active duty early for the convenience of the government may also receive the full 36 months of MGIB benefits. Depending on the reason for separation, other veterans who are separated from active duty early may be eligible for reduced MGIB benefits, prorated based on length of active duty; one month of benefits for each full month of active duty.
- Some veterans who were eligible for the Vietnam Era GI Bill (VRA) have increased MGIB eligibility. They must have had some remaining VRA entitlement on December 31, 1989, when all benefits under the VRA expired. With some exceptions, they must have served on active duty from July 1, 1985 through June 30, 1988. For these

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veterans, the 10-year period of time in which they must use MGIB benefits is reduced by any time, from January 1, 1977 through June 30, 1985, that they were not on active duty.

- Individuals who are involuntarily separated from the military and who were not originally eligible for the MGIB may have a second opportunity to receive MGIB benefits. This includes officers not normally eligible for the MGIB because they were commissioned after December 31, 1976 as a result of graduating from a service academy or after completing a ROTC scholarship, and people who declined to participate in the MGIB. Contact your Education Center or VA for details.

**\$600 Buy-Up Program**

For every \$20 you contribute, you can receive an additional \$5 on your monthly MGIB fulltime rate. If you're eligible for the maximum 36 months of MGIB benefits, contributing the total \$600 will increase you total benefit by \$5,400.

**GI Bill Apprenticeship and On-the-Job Training (OJT) Programs**

When training on a new job, you can receive benefits from the VA in conjunction with your salary while you are enrolled in the program. You will receive approximately:

75%	of the full-time benefit for each full month of training during the first six months of training.
55%	of the full-time benefit for each full month of training during the second six months of training.
35%	of the full-time benefit for each full month of training during the remainder of the training

**Eligibility**

If you are qualified for the MGIB or the Montgomery GI Bill for Selected Reserve (MGIB-SR) and you have or are planning to start a new job or apprenticeship program, you can apply for this benefit. In some cases, the VA will even pay retroactively for OJT from the past 12 months.

**Montgomery GI Bill – Selected Reserve (MGIB-SR)**

The MGIB-SR program may be available to you if you are a member of the Selected Reserve. To qualify, you must meet the following requirements:

- Have a six-year obligation to serve in the Selected Reserve signed after June 30, 1985. If you are an officer, you must have agreed to serve six years in addition to your original obligation.
- Complete your initial active duty for training (IADT);
- Meet the requirement to receive a high school diploma or equivalency certificate before completing IADT. You may not use 12 hours toward a college degree to meet this requirement;
- Remain in good standing while serving in an active Selected Reserve unit.

The VA will pay a monthly benefit paid to you based on the type of training. If you are attending school, your payment is based on your training time (i.e. full time, half time).

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Your unit will give you DD Form 2384-1, Notice of Basic Eligibility, when you become eligible for the program. Your unit will also code your eligibility into the DoD personnel system so that VA may verify your eligibility.

### Post 9/11 GI Bill

The Post-9/11 GI Bill became effective on 1 August 2009. It has no contribution requirement (like the MGIB) and provides educational assistance to individuals who have served at least 90 days of active duty on or after September 11, 2001.

### Eligibility

- Veteran must have been honorably discharged from the Armed Forces; or
- Released from active duty with service characterized as honorable and placed on the retired list, temporary or permanent disability retired lists, or transferred to the Fleet Reserve or the Fleet Marine
- Corps Reserve; or
- Released from active duty with service characterized as honorable for further service in a Reserve component; or
- Continue to serve on active duty.
- National Guard (Title 32) and Reserve Service members who meet the aforementioned active duty requirements.

Effective August 1, 2009 but not payable until October 1, 2011, qualifying service expands the Post 9/11 GI Bill to include Active Service performed by National Guard members under title 32 USC for the purpose of organizing, administering, recruiting, instructing, or training the National Guard; or under section 502(f) for the purpose of responding to a national emergency.

Benefits under the Post 9/11 GI Bill vary depending on a Service member's state of residence, number of education units taken, and amount of post September 11, 2001 active duty service. The total percentage of benefits eligibility aligns with active duty service as follows:

100%	36 or more cumulative months
100%	30 or more consecutive days with disability-related discharge
90%	30 or more cumulative months
80%	24 or more cumulative months
70%	18 or more cumulative months
60%	12 or more cumulative months
50%	6 or more cumulative months
40%	90 or more days

### The Post 9-11 GI Bill will pay eligible individuals:

- Tuition and fees (paid directly to the school) in amounts not to exceed the maximum in-state tuition and fees at a public Institution of Higher Learning (IHL). A number of educational institutions whose
- tuition and fees exceed maximum in-state rates participate in the "Yellow Ribbon Program" with the
- VA and agree to lesser rates. To learn more about the Yellow Ribbon Program, visit the VA website at: [www.gibill.va.gov/benefits/post\\_911\\_gibill//yellow\\_ribbon\\_program.html](http://www.gibill.va.gov/benefits/post_911_gibill//yellow_ribbon_program.html).

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- A monthly housing allowance based on the Basic Allowance for Housing for an E-5 with dependents at the location of the school.
  - GI Bill housing allowance is paid after the fact. So if you start school on September 1 – the earliest you could be paid under the best of circumstances is October 1. We often hear ... my housing allowance is late, how am I supposed to pay my rent, food, etc.
  - VA does issue partial housing allowance. So if you were not in school the entire month (ie; December or January) you will get partial payment. We often hear ... someone messed up my check, its less than I got last month....
- “What is the monthly housing allowance?”
  - It’s a monthly benefit paid via direct deposit to students while attending school under the Post-9/11 GI Bill, and is equal to the Basic Allowance for Housing (BAH) of an E-5 with dependents. It is based on the zip code of the school (a chart of BAH rates by ZIP code is at <http://www.defensetravel.dod.mil/perdiem/bah.html>). Active duty members and spouses of active duty members using transferred entitlement cannot receive the benefit, but Veterans, their spouses and dependents can receive the benefit.
- “When does VA send payments?”
  - Payments are issued at the beginning of each month for training that occurred during the previous month. For example, assuming timely certification of enrollment by the school and timely processing by VA, payments for training taken in January will be issued by VA in February. The school must submit a student’s enrollment information to VA in order to start the payments.
- “Why is my payment less than expected?”
  - The most common reason for a smaller than expected BAH payment is due to the payment being pro-rated based on the number of days in the month that a student is enrolled. Payments are made in arrears and only for the days actually attended, so if the term starts in the middle of January, the payment received in the beginning of February will be pro-rated accordingly. The first full payment will be issued in March for the month of February.
  - For example, suppose you are attending school full-time and your housing rate is \$800 per month. The term starts on January 19th and goes until May 14th. All months are based on 30 day periods, so months that have more or less days do not impact the benefit amount. Therefore, the payment in this case for the month of January will be for 12 out of 30 days (19<sup>th</sup> to 30<sup>th</sup>), in the amount of \$320, and it will be received in February. The payments for February, March, and April will be \$800 each month,

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and the payment for May will be \$373.33 (pro-rated from the 1st through the 14th).

- Also, a student must attend more than half-time to receive the housing allowance payment. Benefits for attendance at less than full-time are pro-rated to the nearest multiple of ten. For example, if 12 credits are required for full-time attendance and the student is taking 8 credits, the student will receive 70 percent of the housing allowance (8 divided by 12 equals .66, which is rounded up to 70 percent).
- Lastly, lower than expected payments may also be caused by over-payments. Over-payments are usually caused by students reducing the number of credit hours for which they are enrolled during the middle of a term, which can cause payments to be made based on the incorrect number of credit hours. When this occurs, the amount of the over-payment is deducted out of future benefit payments until the account is corrected.
- Other housing payment issues
  - The monthly housing allowance payment rate for those enrolled solely in distance learning is half the national average of the BAH rates payable for an E-5 with dependents in the continental U.S. (\$684 per month for the current academic year). A student can receive the full housing rate by attending one “brick and mortar” class where he or she physically attends.
    - The housing allowance for attending a foreign school is based on the average of the BAH rates payable for an E-5 with dependents in the continental U.S. (currently \$1,368 per month).
    - For AD and RC, an annual books & supplies stipend of up to \$1,000.
    - A one-time rural benefit payment for eligible individuals.
    - A modified living stipend to students who are enrolled in distance learning (on-line) education programs.
    - If you are attending school at less than half time you will not receive the housing allowance. If you are on active duty, you will not receive the housing allowance or books & supplies stipend.

### **Transferability of Post 9/11 GI Bill Benefits**

In order to transfer this benefit to one’s dependents, the Service member must “elect” the Post 911 GI Bill, at which time all benefits under the MGIB are forfeited.

- Transferability became effective August 1, 2009, and for those in the PHS and NOAA, the effective date is August 1, 2011.
- Service Secretaries have approval authority for transferability (it is NOT a guaranteed entitlement).

### **Submitting a Transfer Request**

- Use your CAC card, DoD Self-Service Logon, or DFAS pin (myPay) to log on to the **milConnect** Web application:

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[https://www.dmdc.osd.mil/milconnect/faces/index.jspx?\\_afzLoop=917880236398000&\\_afzWindowMode=0&\\_afz.ctrl-state=l3z2obtev\\_4](https://www.dmdc.osd.mil/milconnect/faces/index.jspx?_afzLoop=917880236398000&_afzWindowMode=0&_afz.ctrl-state=l3z2obtev_4)

### **Initiating a Transfer Request**

If you are a current Service Member, you can initiate a transfer request by transferring education benefits (months) to one or more of your family members. You can only transfer months to family members who are eligible at the time of the transfer.

**Note:** Service Members must request that benefits be transferred to the appropriate family members before separating from the Service. Once a separated service member's transfer request is approved and sent to the DVA, family members cannot be added to the request.

If you submit a transfer request without transferring any months to a particular family member, months cannot be transferred to that family member after you separate from the Service. For example, say you submit a transfer request that transfers months to only one of your children and your transfer request is subsequently approved. You then separate from the Service. After you separate from the Service, you decide to transfer months to another child. Unfortunately, this is not possible because this child had no months transferred to him/her on the original transfer request.

If you think you might want to transfer months to additional family members after you separate from the service, you should transfer at least one month to each of those family members. If the family members later do not need the benefits (months), the transfer of the months can be revoked.

### **To initiate a transfer request and transfer months:**

- In the Family Members table, locate the name of the appropriate, eligible family member.
- In the Months box for that family member, type or select the number of months of your education benefit you wish to transfer to the selected family member. The total of months transferred cannot exceed 36 for all family members.
- Optionally, in the End Date box, type a date in the format YYYY-MM-DD or use the calendar to select a date. A date should ONLY be specified if you wish to terminate the family member's benefit on a specific date. If you leave this date blank, the date will be determined by law. If specified, this date cannot be before the current date. If you wish to transfer months to another family member, return to step 1.

### **Submitting an Initial Transfer Request**

After initiating a request to transfer benefits to one or more of your family members

### **To submit an initial transfer request:**

1. Select the Post-9/11 GI Bill Chapter 33 option. (Currently, the "Post-9/11 GI Bill Chapter 33" program is the only benefit available to transfer.) An acknowledgement dialog displays.
2. Read the acknowledgement statement indicating that transferring education benefits requires you to convert your education benefits to the Post-9/11 GI Bill Chapter 33 program, and click **OK**.

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3. In the Transferability of Education Benefits Acknowledgements section, read the acknowledgements, and select the check box next to each to indicate that you understand and agree to them. (To cancel the submission and discard your changes, click **Cancel Request**.)
4. Click **Submit Request**.
  - If the submission is successful, a confirmation message displays at the top of the page. To print a copy of the TEB page to verify your submission, select the Print option from your browser.
  - If no months have been transferred to one or more of your family members, a Warning dialog displays. In the dialog, click **OK** to submit your transfer request.
  - If no months have been transferred to any of your family member, an error message displays in at the top of the page. You must transfer months to at least one family member to submit your transfer request

**When the submission completes successfully, the Status in the Information section at the top of the page displays Submitted.**

To transfer benefits, the Service member must be in the Armed Forces on or after August 1, 2009.

- Members who separate from active duty, or who leave the Selected Reserve prior to this date are ineligible to submit an application.
- Members who retire or transfer to the Retired Reserve prior to this date are ineligible to submit an application.
- Members must have completed *at least six years of service* in the Armed Forces and agree to serve *four* more years in the Armed Forces from the date of application in order to transfer benefits.
- Service members can add dependents, revoke or change election while in the Armed Forces.
- Service members can *only* revoke or make election changes after leaving the Armed Forces; they cannot add dependents.
- Veterans may transfer up to 36 months of educational benefits or remaining entitlement months if benefits are already used prior to conversion from another educational program.
- This benefit is not considered in any property settlement resulting from a divorce.
- In Dual Military Couples, both Service members may transfer benefits to dependents.
- Child must enroll full-time in school and Member must update DEERS with this information.
- Spouse may use benefits immediately if the Service member has completed a minimum of six years of service in the Armed Forces. A child may use benefits after the Service member has completed 10 years of service in the Armed Forces.

### **Eligibility**

#### Period of Benefit

- Spouse: Up to member's 15 year delimiting date
- Child: From age 18 up to age 26 (regardless of member's 15 year delimiting date)

*Must have received High School Diploma, General Education Development (GED), or equivalent, or reached age 18.* Learn more about the Post 9/11 GI Bill by downloading the

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VA Post 9/11 GI Bill Pamphlet (PDF) at:  
[www.gibill.va.gov/pamphlets/CH33/CH33\\_Pamphlet.pdf](http://www.gibill.va.gov/pamphlets/CH33/CH33_Pamphlet.pdf).

**VA Benefits and Federal Student Aid**

Veterans' educational benefits can still be used in conjunction with Federal Student Aid. The application includes this query, which the school will take into account when computing and preparing your aid package.

**7.6 VEHICLE PURCHASE AND ADAPTATION**

This benefit provides a one-time grant toward the purchase of a vehicle with adaptive equipment, whether you are a veteran or a Service member if you have one of the following disabilities as a result of injury or disease incurred or aggravated during active military service: permanent loss of use of one or both hands, permanent loss of use of one or both feet, or permanent impairment of vision in both eyes. Eligibility for specific adaptive equipment must be approved by the VA.

**7.7 SPECIALLY ADAPTED HOUSING GRANT**

This grant helps pay for purchasing, building, or modifying a home to accommodate disabilities by providing a barrier-free environment. There is no time limit on use of the grant. The current maximum grant amount allowable at the time of this publication (2010) is \$63,780. This amount will be adjusted annually based on a cost-of-construction index. Visit the VA website to find the most current information.

**Specially Adapted Housing (SAH) Grant**

The SAH Grant is designed to help provide a barrier-free living environment that affords the individual a level of independent living he or she may not otherwise enjoy, such as a wheelchair accessible home. Veterans with specific service-connected disabilities may be entitled to a grant for the purpose of constructing or modifying a home to meet their adaptive needs. This grant is currently limited to \$63,780.

**Eligibility**

The SAH grant is available to veterans and Service members who will be entitled to disability compensation for permanent and total disability due to:

- Loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair; or
- Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity; or
- Loss or loss of use of one lower extremity together with residuals of organic disease or injury, or the loss or loss of use of one upper extremity, which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair; or
- Loss or loss of use of both upper extremities such as to preclude use of the arms at or above the elbow; or
- A severe burn injury (as so determined).

**How to Apply**

You can apply for the SAH and SHA grants by completing VA Form 26-4555, "Veterans Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant," and submitting it to your local VA regional office.

### **Home Improvements and Structural Alterations (HISA) Grant**

Under the HISA program, veterans may receive assistance for any home improvement necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities.

#### **Eligibility**

A HISA grant is available to veterans with service-connected and non service-connected disabilities who have received a medical determination indicating that improvements and structural alterations are necessary or appropriate for the effective and economical treatment of their disability.

- Home improvement benefits up to \$4,100 may be provided to service-connected disabilities.
- Home improvement benefits up to \$1,200 may be provided to nonservice-connected disabilities.
- A veteran may receive *both* a HISA grant and *either* a SHA or SAH grant.

#### **How to Apply**

You can apply for a HISA grant by completed VA Form 10-0103, “Veterans Application for Assistance in Acquiring HISA,” and submitting it to your local VA medical center.

### **7.8 CLOTHING ALLOWANCE**

If, because of a service-connected disability, you wear or use prosthetics or an orthopedic appliance (including a wheelchair) that wears out or tears your clothing, or if, because of a service-connected skin condition, you use medication that causes irreparable damage to your garments; you can receive an annual clothing allowance.

### **7.9 VETERANS IDENTIFICATION CARD**

A Veterans Identification Card (VIC) will be issued to you for use at all VA health care facilities after you apply for health care and are verified as eligible. The VIC is a picture ID card with identifying information encoded on a magnetic strip and a bar code for use with some of the automated features available at some VA facilities. A VIC is not required to obtain VA health care.

### **7.10 VA HOME LOAN GUARANTY PROGRAM**

The VA has a home loan guaranty program to help veterans finance the purchase of homes with favorable loan terms and at a rate of interest that is usually lower than the rate charged on other types of mortgage loans. To find the most current information, visit the VA web site at: [www.benefits.va.gov/homeloans](http://www.benefits.va.gov/homeloans) or [www.homeloans.va.gov/veteran](http://www.homeloans.va.gov/veteran)

Eligible veterans, including active duty veterans, discharged veterans, and reservists, may obtain loans guaranteed by the VA to purchase or refinance homes, condominiums and manufactured homes. Unmarried surviving spouses may also be eligible. VA home loans feature a negotiable interest rate, choice of loan types, limited closing costs, no monthly mortgage insurance premium, and no down payment is required in most cases. This benefit may be used more than once.

- Down Payment—A traditional feature of VA home loans is that they typically require no down payment. A down payment is required if the home’s purchase price exceeds the

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reasonable value of the property, the property being purchased is a manufactured home not permanently affixed, or the loan type is a Graduated Payment Mortgage.

- **Verification**—You will find many lenders to choose from, since most mortgage companies, banks and credit unions participate in this program. The lender will ask you to provide evidence, in the form of a Certificate of Eligibility (COE) that demonstrates you are eligible to apply for a VA home loan. In many instances your lender will be able to obtain your COE online in seconds. However, since not all COE requests can be processed online, there will be instances in which the veteran needs to apply for a COE through the Winston-Salem Eligibility Center. To obtain a COE in that manner, VA Form 26-1880, “Request for Certificate of Eligibility,” would need to be completed.
- **Realtors**—most real estate agents are also familiar with the VA home loan program and would be happy to answer your questions.

### **8. HOUSING AND RELOCATION**

#### **8.1 Housing Counseling Assistance**

If you live in government quarters, you must arrange a time for a member of the Housing staff to come to your home to perform a pre-inspection and explain the requirements for cleaning and vacating quarters, as well as options available for you to accomplish them.

If you are moving from a rental property, notify your landlord as soon as possible. The Housing Office can assist you with any landlord problems you may have in conjunction with your separation—e.g., breaking a lease or early termination of a lease.

#### **8.2 Relocation Assistance**

Your upcoming relocation is your final move out of military life. Specialists within the Relocation Assistance Program (RAP) will ensure that you are fully prepared for this unique transition.

Relocation services include:

- Needs assessment and planning for individuals and families that are tailored to personal circumstances and requirements.
- Help in developing a relocation plan—providing information specifically related to your unique situation, linking you with special programs, and referring you to other offices that can provide assistance.
- Workshops and individual sessions on managing relocation stress for all family members; planning a moving budget; how to buy, sell, and rent; settling into a new community; and other programs tailored for adults or children.
- Special re-entry services and programs for those Service members who are transitioning from overseas installations.

#### **8.3 Homeowners Assistance Program**

##### **Wounded, Injured, and Ill and Surviving Spouses**

The Homeowners Assistance Program, commonly referred to as HAP, is authorized by Section 1013 of the Demonstration Cities and Metropolitan Development Act of 1966, as amended. It authorizes the Secretary of Defense to provide financial aid to eligible military (including Coast Guard), civilian, certain overseas employees, and nonappropriated fund employee homeowners who have served or have been employed at or near military installations which the Department of

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Defense (DoD) has ordered to be closed or whose operations have been significantly reduced and where real estate values have declined because of the announced closure or realignment. Section 1001 of the American Recovery and Reinvestment Act expanded the HAP authority to authorize the Secretary of Defense to provide financial aid to members of the Armed Forces (30% or greater disability) who incur a wound, injury, or illness in the line of duty during a deployment in support of the Armed Forces on or after September 11, 2001; wounded DoD and Coast Guard civilian homeowners reassigned in furtherance of medical treatment or rehabilitation or due to medical retirement in connection with a disability incurred in the performance of his or her duties during a forward deployment occurring on or after September 11, 2001 in support of the Armed Forces; and surviving spouses of fallen warriors who move within two years of the death of such employee or member.

### **Eligibility**

Wounded, Injured, or Ill members of the Armed Forces – Any member of the Armed Forces in medical transition who 1) incurred a wound, injury, or illness in the line of duty during a deployment in support of the Armed Forces on or after September 11, 2001; 2) is disabled to a degree of 30% or more as a result of such wound, injury, or illness, as determined by the Secretary of Defense; and 3) is reassigned in furtherance of medical treatment or rehabilitation, or due to medical retirement in connection with such disability. In addition, the home for which HAP benefits are being requested must have been the applicant's primary residence at the time of the relevant wound, injury, or illness.

Wounded, Injured, or Ill Civilian Employees of DoD or the United States Coast Guard – Any civilian employee of the DoD or the United States Coast Guard who 1) was wounded, injured, or became ill in the performance of his or her duties during a forward deployment occurring on or after September 11, 2001, in support of the Armed Forces; and 2) is reassigned in furtherance of medical treatment, rehabilitation, or due to medical retirement resulting from the sustained disability. In addition, the home for which HAP benefits are being requested must have been the applicant's primary residence at the time of the relevant wound, injury, or illness.

Surviving Spouses - A spouse of a member of the Armed Forces or a civilian employee of the DoD or the United States Coast Guard may be eligible when 1) the member or employee was killed in the line of duty or in the performance of his or her duties during a deployment on or after September 11, 2001, in support of the Armed Forces or died from a wound, injury, or illness incurred in the line of duty during such a deployment; and 2) the spouse relocates from such residence within 2 years after the death of such member or employee.

### **Benefits**

If an applicant is eligible under the Wounded, Injured, and Ill or Surviving Spouse categories and money is available, HAP may provide financial assistance under one of the following three scenarios: Private Sale, Government Acquisition, or Foreclosure:

- Private Sale: Benefit amount is the difference between 95% of the home's prior fair market value and the selling price. HAP may also reimburse the applicant for normal and customary seller's closing costs;
- Government Acquisition: Benefit amount is the greater of 90% of the home's prior fair market value OR the mortgage(s) payoff amount;

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- Foreclosure: Benefit is paid to the lien holder for legally enforceable liabilities.

For more information, please visit <http://hap.usace.army.mil/home.html>. If you prefer to speak to a HAP representative, please call 1- 800-861-8144.

#### **8.4 Shipment and Storage of Household Goods**

Eligible retirees and certain involuntary separatees (e.g., with separation pay and at least eight years continuous active duty) are authorized storage and shipment of household goods for up to one full year. Household goods may be shipped to:

- Any destination within the U.S.
- Your home of record outside the U.S.: Your home of record is the place you lived when you entered the military.
- The place outside the U.S. from which you were initially called to active duty.

All others separatees are authorized storage and shipment of household goods up to six months. Items may be shipped to the location in which you collected separation travel pay:

- Your home of record. Normally, your home of record is the place you lived when you entered the military. Your official Home of Record is listed in your service record.
- The place from which you were initially called to active duty.

#### **8.5 Authorized Leave/Permissive/Administrative Absence and Travel for Job Hunters**

Under DoD regulations, the Secretaries of the Military Departments may authorize administrative absence for any of the purposes outlined below for Service members:

- Participation in pre-separation job search and house hunting activities that facilitate relocation of members. The permissive/administrative absence authority to facilitate transition into civilian life for house and job hunting for military members being involuntarily separated under honorable conditions—or retiring from active duty—has been extended indefinitely.
- Service members who are discharged or released from active service as involuntary separatees under honorable conditions (as defined in section 1141 of Title 10 of the U.S. Code) may take excess leave for a period not in excess of 30 days, or such transition administrative absence not to exceed 10 days, to facilitate relocation, unless it interferes with military missions. They (and retirees) may also be authorized:
- An additional 20 days up to a total of 30 days transition administrative absence for those members stationed outside the Continental United States (CONUS); and — An additional 10 days up to a total of 20 days transition administrative absence for those members stationed in the CONUS; and
- An additional 20 days up to a total of 30 days transition administrative absence for those members who were domiciliaries before entering active duty and continue to be domiciliaries of States, possessions or territories of the United States located outside the CONUS, including domiciliaries of foreign countries, and are stationed at a location other than the State, possession, territory, or country of their domicile. Members may be authorized up to a total of 30 days transition administrative absence only for house and job-hunting to the State, territory, possession, or country of their domicile.

#### **Eligibility**

Regulations permit you to use excess leave or permissive/administrative absence in accordance with the following guidance:

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- If you are an eligible involuntary separatee or a retiree, your spouse may take one unaccompanied round trip on the military aircraft for house and job hunting, on a space-available basis.
- If you are attending a DoD-approved transition assistance seminar, and you are using excess leave, permissive/administrative absence, or temporary additional duty to attend the seminar, you are authorized to use military air transportation, if available. If you are traveling from overseas to CONUS to attend such a seminar, your spouse can accompany you on military air transportation on a space-available basis. Your spouse is *not* authorized to travel within CONUS.
- Service members separating at the end of a normal term of service (ETS—Expiration Term of Service) or (EAOS—End of Active Duty Obligated Service) are not eligible for PTDY.

## **9. FAMILY CAREGIVER SUPPORT PROGRAM**

The Department of Veterans Affairs offers support through the Family Caregiver Program. Through the FCP Eligible post-9/11 Veterans will have the option to elect to receive their care in a home setting from a primary Family Caregiver.

Veterans can download a copy of the Family Caregiver program application (VA CG 10-10) at [www.caregiver.va.gov](http://www.caregiver.va.gov). The application enables the Veteran to designate a primary Family Caregiver. Caregiver Support Coordinators are stationed at every VA medical center and via phone at 1-877-222 VETS (8387) to assist Veterans and their Family Caregivers with the application process.

### **WHO QUALIFIES**

A veteran; or a member of the Armed Forces undergoing a medical discharge from the Armed Forces

- The individual has a serious injury, including traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.
- Need help because they can't perform one or more activities of daily living on their own. These can include things like: Dressing, Grooming, Bathing, Feeding, Seizures, Difficulty with Planning or Organizing, Being at Risk for Wandering or Getting Lost, Danger of Falling, Sleep Problems, Delusions, Hallucinations, Memory Problems, Help Regulating Mood or Keeping Mood Stable.

\*OR\*

They need supervision or protection because of any of the following reasons:

1. Seizures (blackouts or lapses in mental awareness, etc.);
2. Difficulty with planning and organizing (such as the ability to adhere to medication regimen);
3. Safety risks (wandering outside the home, danger of falling, using electrical appliances, etc.);
4. Difficulty with sleep regulation;
5. Delusions or hallucinations;
6. Difficulty with recent memory; and
7. Self regulation (being able to moderate moods, agitation or aggression, etc.).

## WHAT HAPPENS AFTER YOU APPLY

- Within three business days of initial application, the Caregiver Support Coordinator at the Veteran's preferred VA Medical Center will contact the Veteran and primary Family Caregiver to arrange for the Family Caregiver to complete the application and schedule required training.
- A clinical team from VA will coordinate arrangements with the Veteran to complete a clinical eligibility assessment. This will include evaluating what assistance the Veteran needs with activities of daily living such as eating, bathing, grooming, and/or need for supervision or protection.
  - The primary Family Caregiver applicant must meet all of the following requirements:
    - (1) Be at least 18 years of age.
    - (2) Be either:
      - (i) The eligible veteran's spouse, son, daughter, parent, step-family member, or extended family member; or
      - (ii) Someone who lives with the eligible veteran full-time or will do so if designated as a Family Caregiver.
- Training is completed by the primary Family Caregiver once it is determined the Veteran meets clinical eligibility criteria. Training can be completed in one of three ways: Attending the Family Caregiver classroom training conducted at a community location; completing the training online on a security protected website; or by self-study using a workbook and DVD that will be mailed to the Family Caregiver.
  - Caregiver training will cover, at a minimum, education and training concerning the following core competencies:
    1. Medication management;
    2. Vital signs and pain control;
    3. Infection control;
    4. Nutrition;
    5. Functional activities;
    6. Activities of daily living;
    7. Communication and cognition skills;
    8. Behavior management skills;
    9. Skin care; and
    10. Caregiver self-care.
- No later than 10 business days after completion of Caregiver education and training, a VA clinician will visit the Veteran's home. The purpose of this visit is to make sure that the Family Caregiver and Veteran have everything they need to be safe and successful in the home setting.
- After the home visit is completed, the Family Caregiver will begin receiving a monthly stipend based on the weekly number of hours of personal care services that an eligible Veteran requires during the month. The Family Caregiver may also receive health insurance benefits through CHAMPVA if the Family Caregiver does not have existing health insurance. The stipend and health insurance benefits will be retroactive to the date

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of initial application. Based on the clinical evaluation, the eligible Veteran will be rated as follows:

- **High Tier:** Will equate to a maximum of 40 hours of care per week.
- **Medium Tier:** Will equate to a maximum of 25 hours of care per week.
- **Low Tier:** Will equate to a maximum of 10 hours of care per week.
  
- The stipend is a VA enhanced service and is not considered taxable income.
  
- The amount of the stipend a Primary Family Caregiver will receive is based on the VA will use the Bureau of Labor Statistics' hourly wage for a home health aide.
  
- The stipend will be based on the United States Department of Labor's Bureau of Labor Statistics (BLS) wage rate for a Home Health Aide in the geographic region in which the eligible Veteran resides (using the 75th percentile of the wage index) times the annual Consumer Price Index (CPI) Cost of Living adjustment, multiplied by 4.35, which is equal to the number of weeks in the month the Primary Family Caregiver provided care to the eligible Veteran. The BLS Web site [www.bls.gov](http://www.bls.gov) provides the geographic average pay rates for a Home Health Aide.

<b>Percentile</b>	<b>10%</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>90%</b>
<b>Hourly Wage</b>	\$7.67	\$8.52	\$9.85	\$11.67	\$14.13
<b>Annual Wage</b>	\$15,950	\$17,710	\$20,480	\$24,280	\$29,390

## **10. DEPENDENCY AND INDEMNITY COMPENSATION (DIC)**

This is a tax-free monthly payment from the Department of Veterans Affairs (VA) to surviving spouses of veterans who die of a service-connected disability or condition related to a service-connected disability. For 2010, DIC is \$1,154 per month. To partially compensate your surviving spouse for this offset, he or she would receive a monthly payment from DoD referred to as a Special Survivor Indemnity Allowance (SSIA). For Fiscal Year (FY) 2011, SSIA is \$70 per month. It will increase by \$10 per month each year through FY 2013 to \$90 per month. Thereafter, it will increase to \$150 during FY 2014, \$200 during FY 2015, \$275 during FY 2016, and \$310 during FY 2017. Since SBP is a benefit for which you must pay, your surviving spouse would receive a refund of any premiums you had paid for the portion of the SBP annuity that gets offset by DIC. For example, if DIC were to offset half of your survivor's SBP annuity, and you had paid \$10,000 in SBP premiums over the years, he or she would receive a refund of \$5,000.

### **Eligibility (Surviving Spouse)**

To qualify for DIC, a surviving spouse must meet the requirements below.

The surviving spouse was:

- Married to a Servicemember who died on active duty, active duty for training, or inactive duty training, **OR**
- Validly married the Veteran before January 1, 1957, **OR**
- Married the Veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the Veteran's death began or was aggravated, **OR**
- Was married to the Veteran for at least one year, **OR**
- Had a child with the Veteran, **AND**
- Cohabited with the Veteran continuously until the Veteran's death or, if separated, was not at fault for the separation, **AND**
- Is not currently remarried

Note: A surviving spouse who remarries on or after December 16, 2003, and on or after attaining age 57, is entitled to continue to receive DIC.

### **Eligibility (Surviving Child)**

- Not included on the surviving spouse's DIC, **AND**
- Unmarried, **AND**
- Under age 18, or between the ages of 18 and 23 and attending school.

### **Evidence Required**

- The Servicemember died while on active duty, active duty for training, or inactive duty training, **OR**
- The Veteran died from an injury or disease deemed to be related to military service, **OR**
- The Veteran died from a non service-related injury or disease, but was receiving, **OR** was entitled to receive, VA Compensation for service-connected disability that was rated as totally disabling
- For at least 10 years immediately before death, **OR**
- Since the Veteran's release from active duty and for at least five years immediately preceding death, **OR**

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- For at least one year before death if the Veteran was a former prisoner of war who died after September 30, 1999

**How to Apply**

- Complete [VA Form 21-534, "Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child"](#) and mail to your regional office, **OR**
- Work with an [accredited representative or agent](#) **OR**
- Go to a VA regional office and have a VA employee assist you. You can find your regional office on our [Facility Locator page](#) **OR**
- If the death was in service, your Military Casualty Assistance Officer will assist you in completing [VA Form 21-534a, "Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child"](#) and mail to the Philadelphia Regional Office
- Monthly Rate <http://www.military.com/benefits/survivor-benefits/dependency-and-indemnity-compensation.html>
- Dependency and indemnity compensation is paid to a surviving spouse at the monthly rate of \$1195.
- Additional Allowances:
- Add \$254 if at the time of the veteran's death, the veteran was in receipt of or entitled to receive compensation for a service-connected disability rated totally disabling (including a rating based on individual unemployability) for a continuous period of at least 8 years immediately preceding death AND the surviving spouse was married to the veteran for those same 8 years.
- Add \$296 per child for each dependent child under age 18
- If the surviving spouse is entitled to aid and attendance (A&A), add \$296.
- If the surviving spouse is entitled to Housebound, add \$139
- \*DIC apportionment rates approved by the Under Secretary for Benefits will be the additional allowance received for each child.
- Whenever there is no surviving spouse of a deceased veteran entitled to dependency and indemnity compensation, dependency and indemnity compensation shall be paid in equal shares to the children of the deceased veteran at the following monthly rates divided by the number of children:
  - one child, \$505;
  - two children, \$726;
  - three children, \$947; and
  - more than three children, \$947, plus \$180 for each child in excess of three.

## **APPENDIX A - GENERAL INFORMATION**

### **Where to Obtain a W-2 Form**

You can view and print your W-2 from the MyPay website at [mypay.dfas.mil/mypay](http://mypay.dfas.mil/mypay). You will be able to access MyPay and view your W-2 for one year after you are no longer in a pay status or separated.

### **National Retiree Councils**

The Military Retiree Councils provide a link between members of the military retiree community—retirees, family members, and surviving spouses living throughout the world—and the leaders of their respective military service branches.

Each National Retiree Council is comprised of a board which consists of both senior NCO and officer retirees. The members represent geographic areas within the Continental United States, and at least one at-large representative.

The Retiree Councils meet annually to discuss retiree benefits issues. Upon conclusion of the meeting, they submit an annual report of the most significant issues for the retiree community to the appropriate member of their respective service branch.

Note: Rather than issuing an annual report, the Air Force Retiree Council sends letters to various Air Staff offices requesting support for specific items.

Visit each of the National Retiree Council websites to view their annual reports:

The Army Chief of Staff's Retiree Council: [www.armyg1.army.mil/rso/RetireeCouncil](http://www.armyg1.army.mil/rso/RetireeCouncil)

The Secretary of the Navy's Navy and Marine Corps Retiree Council:  
[www.bupers.navy.mil/CommandSupport/RetireeCouncil](http://www.bupers.navy.mil/CommandSupport/RetireeCouncil).

The Air Force Retiree Council: [www.retirees.af.mil/council](http://www.retirees.af.mil/council).

Coast Guard Commandant's Retiree Council:  
[www.uscg.mil/hr/cg122/Compensation/Retirees/default](http://www.uscg.mil/hr/cg122/Compensation/Retirees/default).

### **Unemployment Compensation**

The link for accessing state UCX information is: [www.servicelocator.org](http://www.servicelocator.org).

### **Legal Assistance for Retirees**

Retirees can use the installation legal and financial offices on a space-available basis, and depending on the location, may have to wait to see a representative. The installation legal and financial offices will be able to tell you what services are available. It is helpful to call as far in advance as possible. Retirees residing overseas may have restrictions on privileges based upon Status of Forces agreements. Contact your local installation legal assistance office or use the Legal Services Locator to find your nearest military legal office within the continental United States: <http://legalassistance.law.af.mil/content/locator.php>

### **Commissary and Exchange Privileges**

Commissary customers can find additional information at: [www.commissaries.com](http://www.commissaries.com).

Exchange customers may shop via the internet at: [www.shopmyexchange.com](http://www.shopmyexchange.com) (AAFES); [www.mynavyexchange.com](http://www.mynavyexchange.com) (NEX); and [www.usmc-mccs.org/shopping](http://www.usmc-mccs.org/shopping) (MCX). Exchange customers save an average of 20% and do not pay sales tax.

**Replacing a Lost DD Form 214,  
“Certificate of Release or Discharge”**

You or your next-of-kin can request a copy of your DD Form 214 online by going to the National Personnel Records Center website: [www.archives.gov/veterans/militaryservice-records](http://www.archives.gov/veterans/militaryservice-records).

Or, you can request the DD Form 214 by mail by sending a SF 180, “Request Pertaining to Military Records” or letter to the National Personnel Records Center. Include the following information in your letter:

- Your full name
- Social Security number
- Current phone number (including area code)
- Approximate dates of service
- Place of discharge
- Return address
- Reason for request

Send this request to:

National Personnel Records Center  
Attention: [Your Service, e.g., Army] Records  
9700 Page Avenue  
St. Louis, MO 63132-5000

**OMBUDSMAN**

Through this organization Services Members of all services can receive help and advice on a whole host of issues that may arise to include helping with getting your Purple Heart documented by calling:

**Mr. Scott**

Office: 301-400-0517  
Phone: 202-290-7274  
Email: [walter.r.scott.civ@health.mil](mailto:walter.r.scott.civ@health.mil)

**Or**

Matilda (Lannie) E. Hall  
Office: 301-400-0516  
Phone: 202-375-4165  
Email: [matilda.hall@med.navy.mil](mailto:matilda.hall@med.navy.mil)

## **APPENDIX B - RECOVERY COORDINATORS**

### **Warrior Transition Units (WTU)**

These units provide holistic care and leadership to Soldiers who are expected to require six months of rehabilitative treatment, and/or need complex medical case management. While a WTU closely resembles a “line” Army unit, with a professional cadre and integrated multidisciplinary team, its singular mission is to provide a comprehensive care management that allows assigned members to heal and transition. Each assigned Warrior in Transition’s care is managed by a triad of care, consisting of a primary care manager (normally a physician), a nurse case manager and a squad leader (an NCO, usually a staff sergeant), to direct and supervise the individual healing process.

### **Army Wounded Warrior Program (AW2)**

The AW2 Program’s mission is to provide personalized support for severely injured soldiers no matter where they are located. AW2 Advocates are located at military treatment facilities (MTFs) and at VA medical facilities. They are considered career and education guides, benefits advisors, transition counselors, resource experts, family assistants and life coaches. Soldiers must meet specific conditions to qualify for the AW2 program. To learn more about the program, visit the AW2 website at: [www.aw2.army.mil](http://www.aw2.army.mil) or call 1-800-237-1336.

### **Marine Corps Wounded Warrior Regiment**

The Wounded Warrior Regiment provides and facilitates non-medical care to combat and non-combat wounded, ill, and injured active, reserve and veteran Marines and Sailors attached to or in direct support of Marine units and their family members in order to assist them as they return to duty or transition to civilian life. Even after release from active duty, assistance with reintegration, education, benefits and local governmental and non-governmental and veterans’ organizations is provided by the District Injured Support Cell (DISC) Program, which is part of the Wounded Warrior Regiment. To learn more about the Wounded Warrior Regiment and District Injured Support Cell (DISC) Program, go to the Wounded Warrior Regiment website at: [www.woundedwarriorregiment.org](http://www.woundedwarriorregiment.org) or call 1-877-4USMCWW (1-877-487-6299).

### **Navy Safe Harbor**

They provide support to sailors with combat-related wounds or injuries, as well as those who are seriously injured in shipboard or liberty accidents (e.g., motor vehicle or motorcycle accidents), or incur a serious illness, whether physical or psychological. Non-medical care management support is individually tailored to meet the unique needs of Service members and their families. Navy Safe Harbor extends support beyond separation or retirement from service through the Anchor Program, a partnership with the Navy Reserve and retired members to provide mentor support during reintegration to the community. To learn more about the Navy’s Safe Harbor program, visit their website at: [www.safeharbor.navy.mil](http://www.safeharbor.navy.mil) or call them at 1-877-746-8563.

### **Air Force Warrior and Survivor Care**

The Recovery Care Program and Survivor Assistance Program ensure all wounded, ill and injured are assigned a Recovery Care Coordinator who coordinates all non-medical case management and a Family Liaison Officer to facilitate the logistical requirements of medical treatment in areas away from home. The Air Force Wounded Warrior (AFW2) Program is expert in providing individualized personal support to Airmen with a combat/hostile-related illness or injury requiring long-term care. The goal is to retain highly skilled men and women on active duty. If retention is

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not possible, the AFW2 Program will ensure Wounded Warriors and their families receive the full range of transition assistance. To find the most current information about the AFW2 Program, call their toll free number, 1-800-581-9437 between 7 a.m. and 4 p.m. (Central time), send an e-mail to: [afwounded.warrior@randolph.af.mil](mailto:afwounded.warrior@randolph.af.mil) or visit the AFW2 website at: [www.woundedwarrior.af.mil](http://www.woundedwarrior.af.mil). To contact Air Force Warrior and Survivor Care, call the Air Force Warrior and Survivor Assistance Toll Free Help Line at: 1-877-USAF HELP (1-877-872-3435).

**United States Special Operations Command (USSOCOM) Care Coalition**

The USSOCOM Care Coalition provides a system of support and advocacy to guide and assist Special Operations Forces (SOF) warriors and family or designated caregivers through treatment, rehabilitation, return to duty, or military retirement and transition into the civilian community. SOF wounded, ill or injured, their families, and surviving families can count on USSOCOM Care Coalition to aggressively advocate on their behalf in coordination with the military Services to ensure their best interests are represented. To learn more about the USSOCOM Care Coalition program, visit their website at: [www.socom.mil/Care\\_Coalition/Default.aspx](http://www.socom.mil/Care_Coalition/Default.aspx), or call 1-877-672-3039.

**Appendix C – Sample Schedule A Letter**

**Sample Schedule A Letter**

The letter should be printed on “Organizations” letterhead and must include a signature or it is invalid.

DATE:

To Whom It May Concern:

This letter serves as certification that (Name of Individual) is an person with a documented disability, identified by the (Certified Vocational Rehabilitation Program ) and can be considered for employment under the Schedule A hiring authority 5 CFR 213.3102 (u).

(Name of Person) also has certification of job readiness in an (Define the Work Environment) and is likely to succeed in performing the duties of the position for which he /she is seeking.

Thank you for your interest in considering this individual for employment.

You may contact me at\_\_\_\_\_.

Sincerely,

Name\_\_\_\_\_

Title\_\_\_\_\_

Agency\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

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Sample Schedule A Letter for Licensed Medical Practitioners**

**The letter must be printed on “medical professional’s” letterhead and must include a signature or it is invalid.**

Date

To Whom It May Concern:

This letter serves as certification that (name of patient/applicant) is an individual with a severe, documented disability, and can be considered for employment under the Schedule A hiring authority 5 CFR 213,3102(u).

(Name of patient/applicant) also has certification of job readiness in an office setting (or describe the setting if different) and is likely to succeed in performing the duties of the position for which he/she is seeking.

Thank you for your interest in considering this individual for employment.

You may contact me at (phone number).

Sincerely,

(Medical professional’s Signature)

(Medical professional’s title)