DEPARTMENT OF THE NAVY CRSC RECONSIDERATION REQUEST FORM
Use this form only to request reconsideration of your application by the CRSC Board. For appeal to the Board for Correction of Naval Records (BCNR), use DD Form 149.

Name (Last, First, MI): ____________________________________________

SSN: ______________________     Docket number: ___________________________

Address: ______________________________________________________________

1. I request reconsideration of my application for CRSC for the following reason(s):
   □ I believe your decision is incorrect due to administrative error or incorrect/ incomplete information.
   □ One or more non-compensable (0%) disabilities that the CRSC Board determined to be combat-related have deteriorated to the point where they are re-rated at or above 10% by the VA.
   □ I have been rated by the VA for a previously undiagnosed disability I believe is combat-related.
   □ I am now in receipt of Special Monthly Compensation (SMC) and/or Individual Unemployability (IU).

2. Supporting Documentation. My request is based upon supporting documentation that I believe will result in a revised CRSC decision. This supporting documentation was not contained in my original application package. It is provided as listed on page 2.

3. Additional Comments. ____________________________________________

MAIL TO: DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
ATTN: Combat-Related Special Compensation Board
720 Kennon Street, SE, Suite 309
Washington Navy Yard, DC 20374-5023
4. I think the following disabilities are combat-related and would like them to be reconsidered for CRSC.
   ORIGIN (use one or more of the following): PH, AC, HS, SW, IN, AO, GW, RE, MG, or NA.
   SUPT DOCS: indicate the number from SUPPORTING DOCUMENTATION PROVIDED that supports reconsideration of the diagnosis.

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>VASRD CODE</th>
<th>VA%</th>
<th>ORIGIN</th>
<th>SUPT DOCS</th>
</tr>
</thead>
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How was the disability caused by combat-related circumstances?

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How was the disability caused by combat-related circumstances?

If you have additional diagnoses to be reconsidered, use an additional request form.

SUPPORTING DOCUMENTATION PROVIDED:

(1) __________________________________________________    (5) ______________________________________________
(2) ___________________________    (6) ______________________________________________
(3) __________________________________________________    (7) ______________________________________________
(4) __________________________________________________    (8) _____ ___________________________________________
DEPARTMENT OF THE NAVY CRSC RECONSIDERATION REQUEST FORM
Use this form only to request reconsideration of your application by the CRSC Board. For appeal to the Board for Correction of Naval Records (BCNR), use DD Form 149.

Name (Last, First, MI): Schmoe, Joe J. (You should be able to find this on your CRSC decision.)

SSN: 999-99-9999 Docket number: ____________________________

Address: 1313 Mockingbird Lane, New York, NY 21002

1. I request reconsideration of my application for CRSC for the following reason(s):
   ☐ I believe your decision is incorrect due to administrative error or incorrect/incomplete information.
   ☐ One or more non-compensable (0%) disabilities that the CRSC Board determined to be combat-related have deteriorated to the point where they are re-rated at or above 10% by the VA.
   ☐ I have been rated by the VA for a previously undiagnosed disability I believe is combat-related.
   ☐ I am now in receipt of Special Monthly Compensation (SMC) and/or Individual Unemployability (IU).

2. Supporting Documentation. My request is based upon supporting documentation that I believe will result in a revised CRSC decision. This supporting documentation was not contained in my original application package. It is provided as listed on page 2.

3. Additional Comments. When I first applied for CRSC, I did not have proof that my condition was caused by combat. I have since been able to procure a statement from my commander that confirms that I was exposed to numerous explosions while fighting in Afghanistan. The statement has been signed by my commander. I have attached it to this application, along with all relevant medical records and my DoD and VA rating decisions. Thank you for reviewing my case.

Complete page 2 before signing.

SIGNATURE: Joe Schmoe DATE: 04302012

MAIL TO: DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
ATTN: Combat-Related Special Compensation Board
720 Kennon Street, SE, Suite 309
Washington Navy Yard, DC 20374-5023

NCPB Form 1850/7 Nov 04
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<tbody>
<tr>
<td>Tinnitus</td>
<td>6260</td>
<td>10%</td>
<td>combat</td>
<td>commander's letter</td>
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How was the disability caused by combat-related circumstances?

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How was the disability caused by combat-related circumstances?

> If you have additional diagnoses to be reconsidered, use an additional request form.

SUPPORTING DOCUMENTATION PROVIDED:

1. Commander's Letter
2. VA Rating Decision
3. DoD Rating Decision (or PEB Rating Determination)
4. Medical Records: Initial exam for tinnitus
5. Medical Records: All hearing test results and doctor's notes
6. (All additional records dealing with your condition)