

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. _____

Complete page 2 before signing.

SIGNATURE: _____ DATE: _____

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

DEPARTMENT OF THE NAVY CRSC RECONSIDERATION REQUEST FORM (Page 2)

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.

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS

How was the disability caused by combat-related circumstances?

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS

How was the disability caused by combat-related circumstances?

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS

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.

SSN: 999-99-9999 Docket number: (You should be able to find this on your CRSC decision.)

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

DEPARTMENT OF THE NAVY CRSC RECONSIDERATION REQUEST FORM (Page 2)

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.

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS
Tinnitus	6260	10%	combat	commander's letter

How was the disability caused by combat-related circumstances?

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS

How was the disability caused by combat-related circumstances?

DIAGNOSIS	VASRD CODE	VA%	ORIGIN	SUPT DOCS

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) <u>Commander's Letter</u> | (5) <u>Medical Records: All hearing test results and doctor's notes</u> |
| (2) <u>VA Rating Decision</u> | (6) <u>(All additional records dealing with your condition)</u> |
| (3) <u>DoD Rating Decision (or PEB Rating Determination)</u> | (7) _____ |
| (4) <u>Medical Records: Initial exam for tinnitus</u> | (8) _____ |