

CRSC Reconsideration Request Form

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

SSN: _____ Previous Claim Number: _____

Address: _____

Contact Phone: (____) _____ Email Address: _____
(____) _____

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Request for Reconsideration for (check all that apply):

____ I have been awarded these additional conditions by the VA, which may qualify me for CRSC:

____ I have been awarded Special Monthly Compensation (SMC) by the VA.

____ I have obtained new medical evidence which may verify the combat-related link to the following previously requested disability. (Please state VA code or affected area): _____

____ I am providing the requested information for reconsideration (For example: DD FM 214, full VA rating decision, VA code sheet, MEB narrative, LOD or DA Form 199 Physical Evaluation Board Proceedings)

____ **OTHER:** (Reason is not listed above) _____

Signature: _____ DATE: _____

Please note: Submit only the new and substantive documentation that supports this request. All previously submitted documents will be included when reviewing your claim for reconsideration.

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

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For more information on CRSC, please visit our CRSC Home Page:
<https://www.hrc.army.mil/content/CRSC> (Combat-Related Special Compensation)

If you have any questions, do not hesitate to contact our Call Center. The toll free number is: 1-866-281-3254 Option 4 or call 1-888-ARMYHRC (276-9472)

Mail, Fax or Email your signed request to:
DEPARTMENT OF THE ARMY
U.S. ARMY HUMAN RESOURCES COMMAND
ATTN: AHRC-PDR-C (CRSC) DEPT. 420
1600 SPEARHEAD DIVISION AVENUE
FT. KNOX, KY 40122-5402

CRSC Reconsideration Request Form

Name: Schmoe Joe J.
(Last Name) (First Name) (MI)

SSN: 999-99-9999 Previous Claim Number: (find this on your decision letter)

Address: 1313 Mockingbird Lane, NY, NY 11021

Contact Phone: (999) 999-9999 Email Address: jollyjoe85@giggle.com
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Request for Reconsideration for (check all that apply):

I have been awarded these additional conditions by the VA, which may qualify me for CRSC:

I have been awarded Special Monthly Compensation (SMC) by the VA.

I have obtained new medical evidence which may verify the combat-related link to the following previously requested disability. (Please state VA code or affected area):

I am providing the requested information for reconsideration (For example: DD FM 214, full VA rating decision, VA code sheet, MEB narrative, LOD or DA Form 199 Physical Evaluation Board Proceedings)

OTHER: (Reason is not listed above)

Signature: Joe Schmoe DATE: 01/21/2020

Please note: Submit only the new and substantive documentation that supports this request. All previously submitted documents will be included when reviewing your claim for reconsideration.

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