

## SOLDIER'S MEDICAL EVALUATION BOARD/PHYSICAL EVALUATION BOARD COUNSELING CHECKLIST

For use of this form, see AR 635-40; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC chapter 61 and 5 USC 301.

**PRINCIPAL PURPOSE:** To explain the Disability Evaluation System, to provide the Soldier with a checklist of steps involved in processing his/her disability evaluation case, and to document information provided to the Soldier.

**ROUTINE USES:** The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of system of records notices may apply to this system. Information collected in this document is not routinely shared outside of the DoD. However, the information may be used to respond to a Congressional inquiry made by the Soldier.

**DISCLOSURE:** Voluntary, however failure to provide the required information may interfere with the proper processing of the Soldier's case.

### SECTION I. APPLICABILITY

This form is applicable to Soldiers who are processing through part or all of the Army Disability Evaluation System (DES) with the exception of Reserve Component Soldiers referred to the non duty-related process.

### SECTION II. INSTRUCTIONS

The Physical Evaluation Board Liaison Officer (PEBLO) is responsible for informing Soldiers throughout all phases of the DES. The PEBLO will provide a copy of this form to the Soldier upon first contact so the Soldier knows what to expect as he/she processes through the Army DES. This form will be forwarded to the Physical Evaluation Board (PEB) with the Soldier's final PEB election for inclusion in the Soldier's case file. The supervisor of the PEBLO will use the remarks block of Section IIIA through IIIE to document review of the counseling before the MEB package is forwarded to the PEB; and use the remarks block of Section IIIB to document review of counseling after PEBLO has counseled the Soldier on PEB findings.

The PEBLO and Soldier will initial and date each counseling entry on DA Form 5893 as counseling occurs.

### SECTION III. DISABILITY EVALUATION SYSTEM

INITIALS		DATE		A. MEDICAL EVALUATION BOARD (MEB)
SOLDIER	PEBLO			
			(1)	I have attended the Standard Integrated Disability Evaluation System (IDES) (MEB/PEB) Briefing. Briefing location: _____ Date attended: _____
			(2)	I have had an initial counseling session with my PEBLO. I know who my PEBLO is and how to contact my PEBLO. If assigned to the Warrior Transition Unit (WTU), I have provided contact information for my Nurse Case Manager and my Squad Leader to my PEBLO. My PEBLO has received my current point of contact information, and I understand that I must keep my PEBLO aware of any personal or unit changes in address or telephone numbers.  My PEBLO DOD Email Address: _____ Telephone Number: _____ Nurse Case Manager DOD Email Address: _____ Telephone Number: _____ Squad Leader DOD Email Address: _____ Telephone Number: _____ Commander DOD Email Address: _____ Telephone Number: _____
			(3)	I have been advised of my right to seek legal assistance during the IDES process. I understand that I may seek legal assistance free of charge from the Soldier's Medical Evaluation Board Counsel (SMEBC) or that I may retain civilian counsel at my own expense or seek a Veterans Affairs (VA) accredited representative of a service organization recognized by the Department of Veterans Affairs using VA Form 21-22 or from a VA-accredited claims agent or attorney, using VA Form 21-22a at any time during the process. I have attended the mandatory legal briefing provided by Soldiers' MEB Counsel on _____ My local Soldier's MEB Counsel's office number is: _____
			(4)	I am aware that my spouse/family participation in this process is encouraged. I have completed required release of information documentation to allow my PEBLO to communicate directly with my family, if applicable.
			(5)	I have been scheduled for an IDES Multidisciplinary meeting involving key IDES stakeholders, MEB Provider, Unit Commander, Legal counsel, PEBLO, Military Service Coordinator (MSC). I am aware that family participation is encouraged. My IDES multi-disciplinary meeting will be at the following location: _____ Date and time of multi-disciplinary meeting: _____
			(6)	My PEBLO advised me of the option for electronic communication throughout the DES process. I understand that by choosing this option I must complete MC Form 756 MEDICAL RECORD - CONSENT FORM (Authorization To Send And Receive Medical Information By Electronic Mail).
			(7)	I have received a copy of the Army IDES pocket guide or e-pocket guide access information. I have also been informed I can locate the Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces at following URL: <a href="http://www.warriorcare.dodlive.mil/benefits/compensation-and-benefits/">http://www.warriorcare.dodlive.mil/benefits/compensation-and-benefits/</a>
			(8)	My PEBLO has instructed me to establish a DoD Self-Service (DS) Logon and register for an eBenefits account at the following URL: <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a> . The Compensation and Benefits Handbook for Seriously Ill and Injured Members of the Armed Forces can be located at this URL.
			(9)	I have been advised to provide a copy of all medical records in my possession to include initial MEPS entrance physical, civilian records, and civilian pharmacy medication profile to my PEBLO for inclusion in the DES case file.

**SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)**

INITIALS		DATE		A. MEDICAL EVALUATION BOARD (MEB) (Continued)	
SOLDIER	PEBLO				
			(10)	I understand how to utilize the IDES Dashboard to track the progress of my IDES case. My PEBLO demonstrated how to use the IDES Dashboard or has provided a leaflet of information.	
			(11)	My PEBLO has referred me to the VA MSC who will inform me of the IDES process within the VA and assist me in preparing my VA claim with conditions that I feel were incurred during or aggravated by my military service. VA MSC Office telephone number: _____	
			(12)	I have been referred for enrollment in the VA's Benefits Delivery at Discharge/Quick Start Program and have obtained information for how to receive a copy of my Service Treatment Record (STR). (Pertains to non IDES cases of trainees, recruits, USMA cadets.)	
			(13)	I acknowledge that I must remain available while undergoing IDES and understand the MEB phase is the most critical phase in the process. I will coordinate any necessary leave through my PEBLO so as to not miss any appointments nor delay the process.	
			(14)	I have provided all required administrative documents. (Leave and Earnings Statement, Enlisted Record Brief/ Officer Record Brief, Non Commissioned Officer Evaluation Reports/Officer Evaluation Reports, any orders, and other required administrative documents) as informed by my PEBLO.	
			(15)	I have been informed of the Army Career and Alumni Program (ACAP) call Center (800) 325-4715, the local office, and their web site at <a href="https://www.acap.army.mil/">https://www.acap.army.mil/</a> I understand I must complete ACAP counseling before PEB adjudication is completed as a means to fully understand the impact of an approved unfit finding on my military benefits, such as the opportunity to transfer post 9/11 GI Bill education benefits to my immediate family members.  My mandatory ACAP Transition Training Briefing has been scheduled for Date: _____	
			(16)	I understand that I must qualify to transfer my Post 9/11 GI Bill and request via milconnect at <a href="https://www.dmdc.osd.mil/milconnect/">https://www.dmdc.osd.mil/milconnect/</a> . It is my responsibility to monitor my request and contact the approving officials with questions on my eligibility.	
			(17)	I have provided to the PEBLO a copy of the applicable and signed pre-separation counseling checklist confirming that I have completed the mandatory pre-separation training. (DD Form 2648a Test, Pre-separation Counseling Checklist for Active Component (AC) Service members or DD 2648-1 Test, Transition Assistance Program (TAP) Checklist for Deactivating, Demobilizing National Guard and Reserves.)	
			(18)	My PEBLO has referred me to the local Soldier and Family Assistance Center (SFAC) and to the following websites for additional information that can assist me and my family as we prepare for possible transition from the Army.	
				My Army Benefits	<a href="http://myarmybenefits.us.army.mil/">http://myarmybenefits.us.army.mil/</a>
				DodTap	<a href="https://www.dodtap.mil/">https://www.dodtap.mil/</a>
				VA Benefits	<a href="http://www.benefits.va.gov/BENEFITS/factsheets.asp">www.benefits.va.gov/BENEFITS/factsheets.asp</a>
				Military OneSource	<a href="http://www.MilitaryOneSource.mil">www.MilitaryOneSource.mil</a>
				National Resource Directory (NRD)	<a href="https://www.nrd.gov">https://www.nrd.gov</a>
				My HealtheVet	<a href="https://www.myhealth.va.gov">https://www.myhealth.va.gov</a>
				Social Security Administration	<a href="http://www.socialsecurity.gov/woundedwarriors/">www.socialsecurity.gov/woundedwarriors/</a>
				Department of Labor	<a href="http://www.dol.gov/vets">www.dol.gov/vets</a>
				FEDS HIRE VETS	<a href="http://www.fedshirevets.gov">www.fedshirevets.gov</a>
				Soldier for Life-Transition Assistance Program	<a href="https://www.sfl-TAP.army.mil/">https://www.sfl-TAP.army.mil/</a>
				U.S. Army Wounded Warrior Program	<a href="http://wtc.army.mil/aw2/">http://wtc.army.mil/aw2/</a>
			(19)	My PEBLO has provided me with the Disabled Veterans Outreach Program Specialist information. The local Disabled Veterans Outreach Program Specialist is:	
			(20)	I have been scheduled for Part I of my Physical Examination. (Legacy cases) Date: I have been scheduled for Part II of my Physical Examination. (Legacy cases) Date:	
			(21)	I have received a copy of my Compensation and Pension (C&P) Medical Exam Appointment Slip(s) and am aware that any rescheduling of these appointments must be coordinated through my PEBLO.	
			(22)	My PEBLO has informed me of receipt of my C & P exam and that my case has been forwarded to the MEB.	
			(23)	I have been informed of the decision of the MEB and have received a copy of the DA Form 3947, Medical Evaluation Board Proceedings; Narrative Summary (NARSUM); completed VA C&P Medical Examination(s) results; and allied case documents.	
			(24)	Within 5 calendar days of being informed of the MEB's decision, I understand that I must sign the DA Form 3947, indicating that I: <ul style="list-style-type: none"> <li>· Concur with the MEB findings;</li> <li>· Request an Impartial Medical Review (IMR); and/or</li> <li>· Non-concur with the MEB findings, and if I intend to file a written rebuttal, I will submit within 7 calendar days.</li> </ul>	
			(25)	I understand that I must sign the DA Form 3947, Medical Evaluation Board Proceedings. I understand that if I do not sign my DA Form 3947 (within the allotted time), my MEB case will be forwarded to the PEB as if I had concurred.	

**SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)**

INITIALS		DATE		A. MEDICAL EVALUATION BOARD (MEB) (Continued)
SOLDIER	PEBLO			
			(26)	If I submitted a written rebuttal to the MEB findings, I was informed of the final action by the approval authority.
			(27)	I have been informed of the procedures to request separation with waiver of a PEB and understand such request is voluntary. (Applies when MEB opines that all conditions for which referred are pre-existing conditions and not aggravated by service.)
			(28)	If applicable, the provisions for retention beyond scheduled separation date (Expiration of Term of Service, Release from Active Duty) or retirement date (length of service, mandatory retirement or removal date) for purposes of disability evaluation were explained to me.
			(29)	I have been informed of my possible entitlement (if appropriate) to traumatic injury protection Under Traumatic Servicemembers' Group Life Insurance (TSGLI). I understand I can also visit the following URL for additional information: <a href="https://www.hrc.army.mil/TAGD/TSGLI">https://www.hrc.army.mil/TAGD/TSGLI</a>
			(30)	My PEBLO has referred me to the Federal Recovery Coordinator (FRC) or Recovery Care Coordinator (RCC), if applicable, for additional support and information on possible benefits that I may be entitled to.
			(31)	I have been informed regarding my right to apply for Social Security Benefits while still on Active Duty under the Social Security Administration's Wounded Warrior Program. My PEBLO has provided the following URL: <a href="http://www.socialsecurity.gov/wounded-warriors/">www.socialsecurity.gov/wounded-warriors/</a>
			(32)	I have been informed of my right to contact the Wounded Soldier and Family Hotline. The number is 1-800-984-8523 or DSN 421-3700. These numbers are available 24 hours a day a week.
			(33)	I have been informed that Reserve component members on active duty under a call to duty of more than 30 days may continue the DES process upon release from active duty provided they maintain a Ready Reserve status. However, they must sign a waiver declining retention on active duty and be counseled that the provisions of 10 USC 1207a (coverage of unfitting conditions existing prior to service for Soldiers with over 8 total years of active duty) does not apply when release from active duty occurs before the case is received at the PEB.
			(34)	I have been informed of and understand the criteria and procedures for requesting Continuation on Active Duty or Continuation in the Active Reserve (COAD/COAR) in the event the PEB finds me unfit. My PEBLO has provided and reviewed with me a sample COAD/COAR memorandum request and the latest COAD/COAR checklist outlining the necessary documents. I also understand that if I do not submit my COAD/COAR request in accordance with established timelines the USAPDA or Human Resources Command may return the request without action or further consideration. Additionally, I understand that if HRC reviews my request for COAD/COAR and find that I do not meet the criteria established to submit a request under COAD/COAR, they will return the request without action and I will not be retained under COAD or COAR.
			(35)	My PEBLO has advised me of the approximate amount of calendar days it will take for receipt of the Informal Physical Evaluation Board (IPEB) results; I understand it is unknown at this time whether the IPEB will find me Fit or Unfit for continued military service.

**REMARKS:**

**SECTION III A. PEBLO Supervisor Initials:**

**Date:**

INITIALS		DATE		B. PHYSICAL EVALUATION BOARD (PEB) ADJUDICATION (INFORMAL AND FORMAL)
SOLDIER	PEBLO			
			(1)	My PEBLO described the course of the DES through the PEB.
			(2)	I have been advised of the findings and recommendations of the Informal PEB and have received a full explanation of the results of the findings and recommendations. I understand that I have 10 calendar days to submit my informal PEB election and request a formal PEB. I also understand that if I fail to make an election within the time prescribed (by signing the DA Form 199, Informal Physical Evaluation Board (PEB) Proceedings) that the PEB may proceed as if I have concurred with the findings and recommendations. I understand that if I am an ARNG or USAR member with a disability disposition of separate with severance pay or separate without benefits and I qualify for a 20 or 15-year notice of eligibility for non regular retired pay, I have the option to elect transfer to the Retired Reserve or transfer to the Inactive Status List in lieu of being separated with disability severance pay or without disability benefits. This election is to be made when I make my election to the PEB's recommended disposition.
			(3)	If found fit by the IPEB, VA will close the pending claim. Should I wish to file a claim for VA disability benefits, I may do so by submitting a claim after discharge, or up to 180 days prior to separation or retirement via the Benefits Delivery at Discharge (BDD) or Quick Start Programs. More information is located at URL: <a href="http://www.benefits.va.gov/PREDISCHARGE/">http://www.benefits.va.gov/PREDISCHARGE/</a>
			(4)	I have been advised of my right to seek legal counsel. I understand that I may have an attorney assist me during the informal PEB process free of charge; and during the formal PEB process, from the Soldier's PEB counsel. I also understand that I may retain civilian counsel at my own expense or seek a VA-accredited representative of a service organization recognized by the Department of Veterans Affairs to help me with my PEB election, PEB rebuttal or formal PEB. The number for the Soldier's MEB Counsel's office is: _____; the number for the Army PEB Counsel's office is: _____
			(5)	I understand that I may request a one-time VA reconsideration of my rating(s) from the DRAS for the conditions the PEB determined to be unfitting. I understand VA will only reconsider ratings if new medical evidence is received, or I am able to provide sufficient justification to warrant reconsideration.

**SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)**

INITIALS		DATE		B. PHYSICAL EVALUATION BOARD (PEB) ADJUDICATION (INFORMAL AND FORMAL) (Continued)
SOLDIER	PEBLO			
				(6) My PEBLO has advised me that my Formal PEB has been scheduled for the following date: (if applicable). Date of Formal PEB: _____
				(7) My PEBLO prepared and discussed with me an estimate of disability retired pay or disability severance pay. I have received a copy of the worksheet (DA Form 5892, PEBLO Estimated Disability Compensation Worksheet).
				(8) I know and understand my right under law to a full and fair hearing before separation or retirement for physical disability.
				(9) I know and understand my right to and options for representation by counsel before a formal hearing.
				(10) I know and understand my right to call witnesses on my behalf and to question all witnesses called by the PEB.
				(11) I know and understand my right to testify or to remain silent and to make unsworn statements orally or in writing, or both, without being subject to questioning by the members of the PEB.
				(12) I know and understand my right to review all records used by the PEB in evaluating my case.
				(13) I understand that I may rescind my request for a formal hearing by notifying the administrative president of the PEB or the formal PEB presiding officer in writing through my PEBLO or legal counsel. However, I understand that the PEB President may direct a formal hearing
				(14) I understand that I must schedule and attend an exit interview with the MSC prior to exiting the IDES process.
				(15) My PEBLO has counseled me on the DES timeline and will contact me upon final approval of my DES disposition.

**REMARKS:**

**SECTION III B. PEBLO Supervisor Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

INITIALS		DATE		C. REVIEW BY UNITED STATES ARMY PHYSICAL DISABILITY AGENCY (USAPA) / ARMY PHYSICAL DISABILITY APPEAL BOARD (APDAB)
SOLDIER	PEBLO			
				(1) I know and understand that I have 10 calendar days to request review of the formal PEB decision by USAPDA. I understand review will only be granted to correct an administrative error or Soldier submits a statement of appeal (rebuttal).
				(2) I know and understand my election rights, rebuttal procedures, and time requirements for response if USAPDA modifies PEB findings and recommendations.
				(3) I know and understand the APDAB review process if I non-concur with USAPDA modification and submit a statement of appeal (rebuttal).
				(4) I have been informed of the current policy pursuant to AR 635-40 concerning whether I have an election and appeal to the APDAB decision or the APDAB decision is final with no election or appeal.

**REMARKS:**

**SECTION III C. PEBLO Supervisor Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

INITIALS		DATE		D. TEMPORARY DISABILITY RETIREMENT LIST (TDRL)
SOLDIER	PEBLO			
				(1) I have been informed that there are specific criteria for placement and retention on the TDRL. I have received a copy of the TDRL Frequently Asked Questions (FAQs) handout.
				(2) I have been informed of my responsibility to change my status in the Defense Enrollment Eligibility Reporting System/Real-time Automated Personnel Identification System (DEERS/RAPIDS) and to contact TRICARE to ensure that my healthcare benefits continue to be available to me and my family.
				(3) I have been informed that the maximum tenure on the TDRL is five years and that the time on TDRL does not count towards retirement.
				(4) I have been informed of the requirements and process for periodic TDRL re-evaluation based on whether I was processed as a IDES (legacy) or IDES case.
				(5) I have been informed that if I continue on the TDRL without completing a periodic medical evaluation (if applicable) and PEB, my retirement pay and benefits will terminate at the expiration of 5 years.
				(6) I have been informed of the minimum rate of retired pay while on TDRL and received DA Form 5892 PEBLO Estimated Disability Compensation Worksheet.
				(7) I have been informed that a change to my disability rating will not increase or decrease my retired pay until I am removed from the TDRL.
				(8) I understand that failure to report for a scheduled examination or to keep Human Resources Command informed of current address will result in the suspension of retired pay.

**SECTION III. PHYSICAL DISABILITY EVALUATION SYSTEM (Continued)**

INITIALS		DATE		D. TEMPORARY DISABILITY RETIREMENT LIST (TDRL) (Continued)
SOLDIER	PEBLO			
				(9) I have been informed of my rights pursuant to 10 U.S.C. 1211 to return to a military status if I am determined fit. I understand that the right of return to active duty applies only to members who were Regular Component. If I was enlisted Regular Component, I understand I have a 90-day timeframe in which to enlist.
				(10) I understand that the right to return to a military status subsequent to a fit finding may not apply if I was required to be separated at the time I was placed on the TDRL. I understand that pursuant to 10 U.S.C 1211, return to any military status is subject to my consent.
				(11) I understand that if I am eligible for length of service retirement when found fit on the TDRL, I may request length of service retirement. However, I understand my retired grade is subject to time-in-grade requirements.

REMARKS:

SECTION III D. PEBLO Supervisor Initials:

Date:

INITIALS		DATE		E. BENEFITS/PROGRAM
SOLDIER	PEBLO			
				(1) I understand the rights available to retired members.
				(2) If I receive a retirement, my PEBLO has advised me to contact the installation Retirement Services Officer (RSO) at: Telephone Number: _____ for pre-retirement and Survivor Benefit Plan (SBP) counseling. I will also visit the "Soldier for Life" website for additional information at URL <a href="https://soldierforlife.army.mil/etirement/">https://soldierforlife.army.mil/etirement/</a>
				(3) I have been provided with information regarding the Combat Related Special Compensation (CRSC) and will contact (800) 321-1080 for clarification of possible eligibility. I will also visit HRC's CRSC website at the following URL -- <a href="https://www.hrc.army.mil/TAGD/CRSC">https://www.hrc.army.mil/TAGD/CRSC</a>
				(4) I have been provided with information regarding the Concurrent Retirement Disability Pay (CRDP) and will contact (800) 321-1080 for clarification of possible eligibility. I will also visit DFAS for questions regarding CRDP at URL: <a href="http://militarypay.defense.gov/retirement/concurrent_dod_va.html">http://militarypay.defense.gov/retirement/concurrent_dod_va.html</a>
				(5) I understand that disability severance pay and that portion of disability retired pay related to the disability percentage (disability rating multiplied by member's retired pay base) is not subject to federal taxation when the compensation is awarded for a combat related disability pursuant to 26 USC 104. I understand that, if I am retired for physical disability, certain benefits may accrue to me if I am later employed under Federal Civil Service. These specific benefits pertain to Service members who are retired for disability incurred due to armed conflict or caused by an instrumentality of war.
				(6) I have been informed that overpayments may occur if DFAS begins paying retired pay before VA has reported to DFAS in VETsNET the award of VA compensation. When this happens, DFAS or VA will recoup the overpayment. If you have questions about this situation, contact DFAS at 1-800-321-1080. For specific questions concerning disability ratings or disability compensation and how they are calculated, Soldiers may contact the VA at 800-827-1000.
				(7) I have been instructed to contact TRICARE in reference to my change in status and its impact on my eligibility for continued health care benefits and that of my family.
				(8) I understand the impact of VA compensation on disability severance and disability retired pay. I understand that I must apply to the VA for VA compensation and allied benefits. (Non-IDES case)
				(9) I have been instructed on how to file a claim with the VA during out-processing at the Transition Point. (Non-IDES)
				(10) I understand each state/territory may have additional benefits available for myself and my family to include tax benefits, education benefits, employment benefits, health insurance benefits, etc., and that specific state benefits information for veterans is available in the Benefit Library on the <a href="http://myarmybenefits.us.army.mil">myarmybenefits.us.army.mil</a> web site.
				(11) I understand that after my separation or retirement from the Army, I have the right to petition the Army Board for Correction of Military Records (ABCMR) for relief if I believe my case was incorrectly decided or created an injustice or inequity.

REMARKS:

SECTION III E. PEBLO Supervisor Initials:

Date:

**SECTION IV  
ACKNOWLEDGMENT**

**A. I was informed on the above marked items as they pertained to my disability evaluation.**

<b>SOLDIER'S NAME</b> <i>(Last, First, MI)</i>		<b>RANK</b>
<b>UNIT</b>		<b>UNIT IDENTIFICATION CODE (UIC)</b>
<b>LOCATION</b>		<b>UNIT PHONE NUMBER</b>
<b>HOME PHONE NUMBER</b>	<b>CELL</b>	<b>FAX</b>
<b>PERSONAL EMAIL</b>		<b>DOD EMAIL</b>
<b>SOLDIER'S SIGNATURE</b> <i>(or authorized individual)</i>		<b>DATE SIGNED (YYYYMMDD)</b>

**B. I informed the above-named Soldier on those items listed above checklist as they pertained to the case.**

<b>PHYSICAL EVALUATION BOARD LIAISON OFFICER</b> <i>(Last, First, MI)</i>	<b>GRADE</b>
<b>PEBLO'S EMAIL</b>	<b>PHONE NUMBER</b>
<b>PEBLO'S SIGNATURE</b> <i>(or authorized individual)</i>	<b>DATE SIGNED (YYYYMMDD)</b>

**REMARKS:** *(If necessary, additional space is provided for continuation on Remarks, please indicate Section (s))*