

Service Member Request for Physical Evaluation

Board and legal counseling

Date of Notification:

Suspense:

1. I acknowledge receipt of the Notification of Medical Disqualification for further retention in the Army National Guard and/or entry on active duty per AR 40-501, Chapter 3. I have reviewed my case with my Unit Commander/1SG and full-time Readiness NCO for the purpose of Line of Duty Determination (LOD). I further acknowledge it has been determined there is no evidence to support an in Line of Duty Determination.

2. As a result of my non-duty related medical condition, I understand I am required to elect one of the following rights by **initialing next to my election** (one options: a, b, c or d. as appropriate):

a. (____) I have **less than 15 years** of qualifying Reserve Component Service (as evidenced by my Retirement Points Annual Statement – NGB 23). **I request to be discharged from the Hawaii Army National Guard and I waive my right to a NDR-PEB.**

b. (____) I have **over 15 years but less than 20 years** of qualifying Reserve Component Service for retirement (as evidenced by my Retirement Points Annual Statement – NGB 23), and I have not received a Notification for Retired Pay at age 60. **I request to be discharged from the Hawaii Army National Guard for early retirement under 10 USC 12731b, and I waive my right to a NDR-PEB.**

c. (____) I have over **20 years or more** of qualifying Reserve Component service for retirement (as evidenced by my Retirement Points Annual Statement – NGB 23). **I request to be discharged from the Hawaii Army National Guard for retirement under 10 USC 12731b, and I waive my right to a NDR-PEB.** I understand that I will not be able to collect retirement benefits until age 60.

d. ******(____) **I request my file be reviewed by a Non-Duty Related-Physical Evaluation Board (NDR-PEB) for fitness ruling only.** Electing this option will start the process for the NDR-PEB to determine retention or non-retention of military duties.

3. **If I elect option 'd', I further acknowledge the following statements by initialing all statements a.-e.:

a. (____) I understand the PEB evaluates my physical condition against the physical requirement of my particular office, grade, rank or rating. The PEB makes findings and recommendations to establish my eligibility to be retained due to fitness, separation or retirement from the service because of physical disability.

b. (____) I understand that I am requesting a referral to an informal PEB; where my records will be reviewed.

c. (____) I understand that my unit is responsible for completing and forwarding my NDR-PEB packet through channels to HIARNG Office of the State Surgeon.

d. (____) I understand the Physical Evaluation Board findings will be one of the following:

(1) Return to duty within the limits of profile.

(2) Discharge with a 20 year retirement.

(3) Discharge with a 15 year retirement.

(4) Discharge without retirement.

e. (____) I understand that once I receive the findings of the PEB, I have the option to appeal such findings.

4. I understand that my failure to make an election prior to, _____ will result in my records being forwarded for appropriate administrative separation action.

5. I understand that after receipt of the Informal Physical Evaluation Board (IPEB) decision on the DA Form 199, in accordance with AR 135-178, paragraph 3-5, I have the right to consult with an appropriate counsel for consultation or military counsel of your choice, if they are reasonably available, or civilian counsel at my own expense.

SM Last Name, First Name, MI

Date

XXX-XX-Last Four

Unit Representative, Title

Date

Encl: