

## NG/R M-Day Claims Processing Information Guide

As a drilling member of the Washington Air National Guard or the Reserve component, you can turn in a claim any time during your service. It is always recommended doing so as soon as possible after the injury/illness and after returning from deployment. The longer you wait, the more challenging it is to get service connection. Remember, through this process, it is important to prove an event in military service caused the injury and/or illness. During AT/drill weekends you can only claim injuries and some cardiac events. Illnesses can only be claimed while on an AD order over 90 days in length. Please read the enclosed information on Dual Comp Offset. You will need to be informed of this process prior to receiving any compensation.

### Claim preparation/submission will be done in two office visits:

**NOTE:** The focus on the first visit is to go over all medical documentation. You will not need personnel files or dependency documentation until the second visit when we process the claim.

For the first visit, it is preferred to have all documents on a CD. If you only have paper, we can proceed with the medical review. Paper documents will need to be converted to digital before the second visit. If you need help with the conversion to CD, please let me know in advance of the second appointment. Please bring all medical, personnel, dependency and the disabilities worksheet we create in the first meeting to that second meeting.

1. The claim will need medical documentation for each condition. Note: you can do this claim with any Veteran Service Organization (VSO) in the state. If you do, please never give them your original records. You need to retain your copy for future processing. You will need a complete copy of your NG service medical file. You can get this through your medical readiness NCO or by contacting SGT Parker at MEDCOM at [ronald.w.parker18.mil@army.mil](mailto:ronald.w.parker18.mil@army.mil). You will be required to sign a release form and it can take up to 4 weeks to get the copy. (Form is on next page)
  - a. Medical documentation from:
    - Military physicals
    - Active duty installations
    - Pre and post mobilization sites
    - Sick call slips
    - LOD's (Need to ensure you have all pages of LOD, not just memorandum)
    - Civilian medical records
    - NG Service Medical File-HRR record
    - Entrance physical (MEPS)
2. Military personnel files:
  - a. Will need all DD 214's and if available, copy of RPAS statement showing all duty. We will also need any orders that did not produce a DD 214. If you are retiring, you will need a copy of your retirement order. If you have a CIB or CAB, that order should also be included.
3. VA forms completed:
  - a. 21-686C-dependency form: will need copy of marriage certificate  
<https://www.va.gov/find-forms/?q=21-686C>
  - b. 21-526EZ-Application will be done online through the VA portal: [www.va.gov](http://www.va.gov). I will send another attachment to get you started. You only have to do a few pages to get the date saved for back pay. Note: If coming off a deployment; you have one year to submit a claim and then you will be back paid to the day after orders end.
  - c. Need copy of any combat awards (CIB/CAB) no matter how old

Annie DeAndrea Phone: 253-512-8722 Email: [antionette.m.deandrea.civ@army.mil](mailto:antionette.m.deandrea.civ@army.mil)  
To schedule an appointment call: Mark DeAndrea 253-912-3143 [mark.deandrea.civ@army.mil](mailto:mark.deandrea.civ@army.mil)

**AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION****PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

**AUTHORITY:** Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

**PRINCIPAL PURPOSE(S):** This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

**ROUTINE USE(S):** To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

**DISCLOSURE:** Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

**SECTION I - PATIENT DATA**

<b>1. NAME</b> ( <i>Last, First, Middle Initial</i> )	<b>2. DATE OF BIRTH</b> (YYYYMMDD)	<b>3. SOCIAL SECURITY NUMBER</b>
<b>4. PERIOD OF TREATMENT: FROM - TO</b> (YYYYMMDD)	<b>5. TYPE OF TREATMENT</b> ( <i>X one</i> ) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

**SECTION II - DISCLOSURE**

**6. I AUTHORIZE** \_\_\_\_\_ **TO RELEASE MY PATIENT INFORMATION TO:**  
(*Name of Facility/TRICARE Health Plan*)

<b>a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN</b>	<b>b. ADDRESS</b> ( <i>Street, City, State and ZIP Code</i> )
<b>c. TELEPHONE</b> ( <i>Include Area Code</i> )	<b>d. FAX</b> ( <i>Include Area Code</i> )
<b>7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION</b> ( <i>X as applicable</i> ) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER ( <i>Specify</i> ) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	

**8. INFORMATION TO BE RELEASED**

<b>9. AUTHORIZATION START DATE</b> (YYYYMMDD)	<b>10. AUTHORIZATION EXPIRATION</b> <input type="checkbox"/> <b>DATE</b> (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED
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**SECTION III - RELEASE AUTHORIZATION**

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

<b>11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE</b>	<b>12. RELATIONSHIP TO PATIENT</b> ( <i>If applicable</i> )	<b>13. DATE</b> (YYYYMMDD)
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**SECTION IV - FOR STAFF USE ONLY** (*To be completed only upon receipt of written revocation*)

<b>14. X IF APPLICABLE:</b> <input type="checkbox"/> AUTHORIZATION REVOKED	<b>15. REVOCATION COMPLETED BY</b>	<b>16. DATE</b> (YYYYMMDD)
<b>17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE</b>		<b>SPONSOR NAME:</b> <b>SPONSOR RANK:</b> <b>FMP/SPONSOR SSN:</b> <b>BRANCH OF SERVICE:</b> <b>PHONE NUMBER:</b>

## VA Forms needed for claim:

<https://www.va.gov/find-forms/> This site will allow you to download all forms:

### 21-686C Dependency

When you get a 30% or higher rating, you will receive additional funds for having a spouse and/or children. You will need to complete this form to enable this benefit. You will only need marriage certificate. Children will be validated by their social. You do not need birth certificates unless the children were adopted out of the US. Note: there will be a lot of blank sections on this form. If it does not apply, ignore.

### 21-674 College enrollment Verification

If you have a child that has graduated high school and is enrolled in college, you can complete this form to still receive dependency allowance until they turn 24. Note: you will need to include a screenshot of their student portal showing enrolled and expected graduation dates.

### Separation Health Assessment

<https://www.va.gov/resources/separation-health-assessment-for-service-members/>

If you are retiring, you no longer need a DoD retirement physical if you file a VA claim either before or shortly after retiring. Instead of a DoD physical, you are required to complete the Separation Health Assessment.

### Tips:

1. Whether or not a condition is caused by your military service, all conditions need to be documented on this form. You should also annotate if you have an LOD for any of the conditions. By doing this form, you may be able to file a claim for that condition later. Note: for conditions that have no military link, you should still list. If congress changes policy for NG claims processing, you can file it later. This guarantees your right to file later if needed.
2. Driving to and from duty does count. If you have had a car accident driving to AT, you can claim any injuries. You must have taken the same route as you normally would do.
3. If you have a confirmed diagnosis, use the wording on your medical record to describe the condition.



## TRANSITION ASSISTANCE SPECIALIST

Building 3, Camp Murray, Tacoma, WA 98430



# The Hazards of Dual Compensation: Guard and Reserve Military Pay and VA Comp

You can be a traditional National Guard member and receive VA disability compensation. However, you cannot receive VA compensation for the same time period that you receive any military pay. This is known as dual compensation and can result in creating a debt.

For typical 'traditional' Guard Members, this means you will normally have 63 days of military pay (48 UTAs and 15 AT) each year (fiscal year Oct-Sep). As part of a yearly review, the VA receives verification from DOD on how many days you received military pay. The VA will then lower your compensation to account for that pay. If you had 48 UTAs and 15 days of AT, then you will lose about two months of compensation to adjust for military pay. You can calculate this out by dividing your monthly compensation amount by 30 days. You will lose this amount for every day you receive military pay. Note: a normal drill day consists of two pay periods. You are charged for two days of pay even though you only receive the pay for one full day of service.

If you are AGR or mobilized, you will be receiving military pay 24/7, and must stop VA compensation immediately, or you will become indebted to the Federal Government. Any Active Duty Operational Support Guard program (aka ADOS), etc. counts as full time military pay as well.

**In order to stop your compensation**, you will need to send in a written request. Please email my office for the request form. Email: [antionette.m.deandrea.civ@army.mil](mailto:antionette.m.deandrea.civ@army.mil). If you must include a copy of your orders. It may still take a few months before the VA is able to stop your compensation. You are highly encouraged to place any amount that is overpaid in a savings account and leave it there until the VA notifies you that there is an overpayment after which you can repay them immediately and avoid all other charges.

When you are getting close to the completion of your full time orders, you can send in a request to turn back on your compensation. This is not an automatic process. A written request must be turned in with a copy of your orders or DD 214 showing the end date of those orders.

If you have already received notice from the VA that you have a debt and would like help with process, please contact me. If you would like information on starting a VA claim or have further questions, I am available Tuesday through Friday by phone or email. Email is the best way to make contact or you can send a text to 253-327-4059.

Annie DeAndrea, Transition Assistance Specialist, Joint Services Support, Camp Murray

**Formula for calculating government indebtedness**  
**If you choose to waive VA Compensation**

_____	Amount of monthly VA Compensation Payment
÷ 30	Divide by 30 (average number of days per month)
_____	Equals approximate daily VA Compensation payment
X _____	Multiply by number of days for which military pay is received
_____	Equals amount of VA compensation that will be withheld from future VA compensation payments

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**Example:**

<u>\$377.00</u>	Amount of monthly VA Compensation Payment
÷ 30	Divide by 30 (average number of days per month)
<u>\$12.57</u>	Equals approximate daily VA Compensation payment
X 63	Multiply by number of days for which military pay is received
<u>\$791.91</u>	Equals amount of VA compensation that will be withheld from future VA compensation payments

**Things to remember:**

VA Compensation is not subject to taxes.

VA Compensation **is** subject to annual review. Unless your determination rating states that the disability is permanent, it is subject to being reduced upon your conditions getting better and being re-evaluated. This does not mean you will automatically be reduced, only if your condition had improved.

If you choose to waive military pay, you are choosing to have **all** of your military pay for the past year recouped. If you are still in the National Guard, this means that two-thirds of your military pay for the coming year can be withheld until the amount of your government indebtedness is satisfied. Since you are only losing a portion of your comp, it is usually better to waive comp.