

MEDICAL RETIREMENT INSTRUCTIONS

Carefully read the following instructions, review the attached documents, and send all required items by email to the listed mailbox. Upon receipt of required documents, a retirement services counselor will personally contact you by phone with additional instructions. Contact will not be established until Service Member (SM) has been assigned a No Later Than (NLT) in TRANSPOC by the U.S. Army Physical Disability Agency (USAPDA). The NLT date is typically 90 days after SM signs DA Form 199. The 90-day timeline gives the SM enough time to out-process and use their leave to the maximum extent. Contact your PEBLO if you do not know your NLT date.

***** 90-Day NLT TIMELINE EXPLAINED *****

IAW AR 635-40, once an SM agrees with the Physical Evaluation Board findings (DA Form 199), the SM has 90 days to retire. The U.S. Army Physical Disability Agency (USAPDA) notification date is the day after the SM agrees with and signs their DA Form 199. The SM has 14 days from the notification date to out-process and start leave (including PTDY). The NLT is not the SM's retirement date. If the SM does not have enough accumulated leave(+PTDY) to take them to the NLT, then their last day of leave becomes their retirement date. If the accumulated leave (+PTDY) takes them past the NLT, then they must either sell the extra days or request an extension. The extension (see attached DA Form 4187 template) must be approved and signed by their first O-5 in the chain of command. SM can only sell up to 60 days of leave in their career. It is extremely important that all parties involved follow the NLT timeline. HRC is the approving authority for NLT extensions and extensions due to negligent delays are subject to disapproval.

***** PLEASE DO THE FOLLOWING *****

1. Send all required items to the listed mailbox, within 24 hours of your email, you should receive an email from a counselor with additional instructions, if you do not hear from a counselor within 72 business hours, please visit the Transition Center.
2. Based on the NLT timeline, determine your retirement date by looking at your latest LES Cr Bal. We recommend that you follow the counseling statement (line 4) comments to avoid long delays in retirement pay or VA benefits. Your medical retirement counselor will assist you with this part prior to commander's signature.
3. Contact your commander and request an appointment to go over the medical counseling statement. **We are required to cut retirement orders within 7 days of notification date but cannot do so without a signed medical retirement counseling.**
4. If applicable, have your commander/S1 expedite the attached DA Form 4187 example. This is only required if your accrued leave + PTDY takes you past your NLT date. Signature authority is the first Lieutenant Colonel/O-5 in the Soldier's chain of command. We do not need this form to process orders, once the extension is approved by HRC we will amend the orders. Do not wait for this process to send the required items to us.
5. CLEARING PAPERS REQUEST : **All requests must come in the form of an email from your S1.** Walk-ins are only allowed under special circumstances (short suspense or emergency situations). Email the attached OUT-PROCESSING INTAKE FORM (see page 12) along with RETIREMENT ORDERS and IPPS-A ABSENCE REQUEST TO: usarmy.bragg.usag.mbx.dhr-smd@army.mil. The Out-processing center is located in Wing D of the Soldier Support Center, their contact number is 910-643-3929
6. If you have not done so, please contact CIF to schedule your equipment turn-in. Service members who are being medically separated can use their signed DA Form 199 to schedule the appointment. You do not need clearing papers to schedule the appointment.
 - To request appointment, you can hand carry the DA Form 199 to CIF or send it to the following email: usarmy.bragg.406-afsb-lrc.list.afsbn-bragg-cif@army.mil
 - Call CIF (396-7045/7039) if you have questions.



MEDICAL RETIREMENT CHECKLIST

MEDICAL RETIREMENT PACKETS MUST BE SUBMITTED IMMEDIATELY AS A SINGLE PDF

EMAIL: usarmy.bragg.usag.mbx.dhr-medical-retirements@army.mil

Subject line: Medical Retirement Request - Service Member Standard Name Line

Example: Medical Retirement Request - SGT Smith, Joe

ENLISTED:

- Installation Retirement Services Intra-Office Worksheet
- DA Form 199 (signed by the PEBLO)
- Most recent LES (CURRENT MONTH)
- Latest SRB (from iPERMS) and Soldier Talent Profile
- Enlistment contracts - Initial contracts DD Form 4-1 & 4-3
- ALL Re-enlistment contracts DD Form 4-1 ONLY
- DA Form 1695 (if applicable)
- Prior service - DD 214/215 or DD 220 (if applicable)
- Prior National Guard Service - NGB 22 and NGB 23 (if applicable)
- DA Form 5016 (Reserve Serve time)
- PERSTEMPO and/or Overseas Tour Credit List (from IPPS-A)
- Medical Extension Memo (if applicable)

OFFICERS::

- Installation Retirement Service Intra-Office Worksheet
- DA Form 199 (signed by the PEBLO)
- Most Recent LES (CURRENT MONTH)
- DA 71 - Oath of Office
- Orders to Active Duty (BOLC Orders)
- ALL prior service DD 214, DD 215 and or DD 220 (if applicable)
- Prior National Guard Service - NGB 22 and NGB 23 (if applicable)
- Current ORB
- PERSTEMPO (current and updated)
- DA 5016 (Reserve Service time)

DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 10, U.S.C. Chapters 61, 63, 67. PRINCIPAL PURPOSE: To initiate necessary action in the regards to voluntary retirement. ROUTINE USES: Data contained on this form is used to complete administrative action incident to retirement. Disclosure is voluntary; however, failure to disclose required information may result in a delay of Soldiers request being processed.

INSTALLATION RETIREMENT SERVICES INTRA-OFFICE WORKSHEET

RANK: _____ NAME: _____

SSN: _____ DATE OF BIRTH: _____

DUTY PHONE: _____ CELL PHONE: _____

SOCOM EMAIL: _____

ENTERPRISE EMAIL: _____

PERSONAL EMAIL: _____

UNIT 1SG NAME / PHONE: _____

CDR NAME / PHONE: _____

BN / BDE S1 NAME: _____ BN / BDE S1 PHONE: _____

CURRENT ADDRESS: _____

RETIREMENT ADDRESS: _____

NEAREST RELATIVE (NOT SPOUSE)

NAME / ADDRESS: _____

MARITAL STATUS: MARRIED ☐ SINGLE ☐ DIVORCED ☐

SPOUSE'S FULL NAME: _____

DID YOU RECEIVE THE CAREER STATUS BONUS "REDUX", (\$30,000 AT 15 YEARS TO COMPLETE 20 YEARS OF SERVICE WITH RETIRED PAY BEING REDUCED TO 40%?

YES ☐ NO ☐

I UNDERSTAND THAT SUBMITTING THIS REQUEST FOR RETIREMENT DOES NOT STATE THAT MY RETIREMENT HAS BEEN APPROVED.

SIGNATURE & DATE _____

MEDICAL RETIREMENT COUNSELING STATEMENT

(Do not fill this out until your Medical Retirement Counselor from the Transition Center has made contact with you to discuss your retirement date)

1. I (_____) have been counseled in accordance AR 635-8, CHAPTER 6 and Army Directive 2021-05 para (3) (d) pertaining to my election of a separation date to medically separate from the Army. (____) Soldier's initials

2. I understand that should I elect to be separated prior to the 20th of the month that this decision could result in overpayment by the Army which would create a debt that I will be responsible to repay. (____) Soldier's initials

3. I understand that DVA service connection for disability incurred in or aggravated by military service may be established from the day following my date of separation from the Army. By law entitlement to payment is not authorized until the first of the month following the month in which service connection is established. DVA compensation is pay, like military pay, in arrears. Because of these rules, I understand that electing a separation date earlier in the month will result in corresponding delay in receipt of DVA payments and I must plan accordingly. (____) Soldier's initials

4. I understand that I should elect to be separated on the last day of the month this decision will result in the loss of one month of veteran's disability benefits and payments. (____) Soldier's initials

5. I request to be separated on: **2025**

COMMANDER'S PRINTED NAME

SOLDIER'S PRINTED NAME

COMMANDER'S SIGNATURE

SOLDIER'S SIGNATURE

DATE SIGNED

TODAY'S DATE: _____

OUT-PROCESSING INTAKE FORM

Data required by the Privacy Act of 1974. Authority 301, Title 5, USC. Purpose: To complete clearance verification before departing installation..
Routine Uses: To prepare the DA Form 137-2. Disclosure: Voluntary, however, failure to complete this form may delay processing of clearing documents.

IAW AR 670-1, all out-processing must be completed in Operational Camouflage Pattern Uniform (OCP) or Army Dress Uniform

NAME (LAST, FIRST, MI)

DOD ID

IPPS-A EMPL ID

RANK

EMAIL (MILITARY ONLY)

PHONE #

TYPE OF ACTION

(PCS, RET, ETS, CHAP)

If PCS, NAME OF GAINING INSTALLATION

REPORT/RETIREMENT/ETS DATE

CURRENT UNIT (BATTALION & BRIGADE)

UNIT S1 NAME, PHONE NUMBER & EMAIL

DATE OF ORDER

ORDER #

Start of PCS/Transition Leave, Departure Date or PTDY
(Use the earliest date)

Do you have adult dependents aged 18 or older? YES or NO

Do you have dependent children ages 6 weeks old to 18 years old? YES or NO

Do you have dependent children ages 5-14 and live in On-Post Family Housing? YES or NO

FOR PCS MOVES ONLY

Is TDY associated with this PCS?

☐

YES

☐

NO

If YES, is it TDY?

☐

(A) EN-ROUTE

☐

(B) TDY & RETURN

If you answered (B), please indicate school.

☐

DRILL SERGEANT/RECRUITER

☐

OTHER _____

FOR OUT-PROCESSING TEAM ONLY (as of 28 FEBRUARY 2025)

PROCESSING DATE:

RECEIVED BY:

DATE RECEIVED:	<input type="text"/>
DATABASE ENTRY DATE:	<input type="text"/>
DATE INITIATED:	<input type="text"/>

MISSING

☐

LEAVE FORM/ABSENCE REQUEST

DOCUMENTS:

☐

ORDERS

IAW AR 600-8-101, Installation clearance papers are only valid for 30 days from the date initialized/reinitialized. After expiration, new clearance papers must be initiated and issued.

REMARKS: (i.e., Contact with Soldier, Rescheduling notes, etc.):

DHR, Out-Processing Section, Personnel Services Branch Comment Card

Comments & Recommendations for Improvement:

If you would like a response, please check the "Response Requested" box and enter your name and your phone number and/or your email below. Unless a response is requested, name, phone and email are optional.

Response Requested: ☐

Name: _____

Phone: _____

Email: _____

**USE YOUR
SMARTPHONE TO
SUBMIT COMMENTS**



ARMY CAREER TRACKER

Have your say and help us improve the out-processing experience! Share your thoughts in the quick 15-question Out-Processing survey on Army Career Tracker (ACT). Your feedback is critical in helping your losing unit continue to excel and identify areas for improvement.

Here's how to access the survey:

1. Log into ACT
2. Click "Sponsorship"
3. Select "Survey"

Please maintain a copy of your completion certificate.

**USE YOUR
SMARTPHONE TO
SUBMIT COMMENTS**



Privacy Advisory: The information you provide will be used to improve our service. The contact information, if you provide any, will only be used to respond to your request for information. If you do not provide any contact information, your identity will remain unknown. However, all comments will be reviewed whether you identify yourself or not.