



## MEDICAL RETIREMENT CHECKLIST

**MEDICAL RETIREMENT PACKETS MUST BE SUBMITTED VIA EMAIL AS A SINGLE PDF**

EMAIL: [usarmy.liberty.usag.mbx.dhr-medical-retirements@army.mil](mailto:usarmy.liberty.usag.mbx.dhr-medical-retirements@army.mil)

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

Example: Medical Retirement Request - SGT Smith, Joe

IAW AR 635-8, unit commanders will promote expediency and efficiency of all unit level supported activities and afford the Soldier adequate time to properly out-process.

### THE FOLLOWING ITEMS MUST BE PROVIDED BY ALL:

- Installation Retirement Services Intra-Office Worksheet (SEE PAGE 3)
- Signed 199 (from your PEBLO)
- Medical Counseling (SEE PAGE 4) (wait until you are contacted by your counselor before asking your CDR to sign this document)
- Most recent LES
- Latest SRB and Soldier Talent Profile
- Prior service provide DD 214/215 or DD 220 (if applicable)
- Prior National Guard service provide NGB 22/23 (if applicable)
- Prior Army Reserve service members visit <https://www.hrcapps.army.mil/Portal> to retrieve DA 5016 (Chronicle Retirement Point Statement).

○ D9FGH9ADC`UbX#f`Cj YfgYUg`Hci f`7fYXjh@ghfZca`-DDG!5L

9B@GH98`AI GH`ALSO DFCJ-89.

- Enlistments after 2020 (all of DD Form 4 )
- Enlistments prior 2020 (DD Form pages 4/1 and 4/3 ONLY) 4/3 Not applicable for SMs with prior service time
- ARNG/USAR provide orders to active duty this time period
- All re-enlistments contracts (DD Form 4/1)
- All extensions 1695 – (if applicable)

### OFFICERS MUST ALSO PROVIDE:

- Orders to active duty (BLOC)
- Oath of Office (DA-71)

# 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. 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 example / see page 5) must be approved and signed by their first O-6 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 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 5 days of notification date but cannot do so without a signed medical counseling.
4. If applicable, have your commander/S1 expedite the attached DA-4187 example. This is only required if your accrued leave + PDTY takes you past your NLT date. Signature authority is the first colonel/O-6 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. Walk-ins are only allowed under special circumstances (short suspense or emergency situations). Email the attached OUT-PROCESSING APPOINTMENT FORM (see page 6) along with SEPARATION ORDERS and IPPS-A ABSENCE REQUEST TO: [usarmy.liberty.usag.mbx.dhr-smd@army.mil](mailto:usarmy.liberty.usag.mbx.dhr-smd@army.mil).
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-199 to schedule the appointment. You do not need clearing papers to schedule the appointment.
  - To request appointment, you can hand carry the DA-199 to CIF or send it to the following email. [usarmy.liberty.406-afsb-lrc.list.afsbn-liberty-cif@army.mil](mailto:usarmy.liberty.406-afsb-lrc.list.afsbn-liberty-cif@army.mil)
  - Call CIF (396-7045/7039) if you have questions.

**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

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: PLEASE DO NOT GET THIS DOCUMENT SIGN UNTIL YOU RECEIVED A CALL FROM YOUR COUNSELOR TO TELL YOU YOUR RETIREMENT DATE. IN THE MEANTIME SEND YOUR DOCUMENTS TO: [usarmy.liberty.usag.mbx.dhr-medical-retirements@army.mil](mailto:usarmy.liberty.usag.mbx.dhr-medical-retirements@army.mil)

\_\_\_\_\_  
COMMANDER'S PRINTED NAME

\_\_\_\_\_  
COMMANDER'S SIGNATURE

\_\_\_\_\_  
SOLDIER'S PRINTED NAME

\_\_\_\_\_  
SOLDIER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

# **NLT EXTENSION DA FORM 4187 EXAMPLE**

<b>PERSONNEL ACTION</b> <small>For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.</small>		
<b>PRIVACY ACT STATEMENT</b> <b>AUTHORITY:</b> 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures. <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>NOTE:</b> For additional information see the System of Records Notice A0600-8-104 AHRC. <a href="https://dpold.defense.gov/Portals/49/Documents/Privacy/SORNS/Army/A006-8-104-AHRC.pdf">https://dpold.defense.gov/Portals/49/Documents/Privacy/SORNS/Army/A006-8-104-AHRC.pdf</a> <b>ROUTINE USE(S):</b> There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. <b>DISCLOSURE:</b> Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.		
<b>SECTION I - PERSONAL IDENTIFICATION</b>		
1. THRU (Include ZIP Code) <b>COMMANDER</b> <div style="background-color: #e0e0ff; height: 40px; margin-top: 5px;"></div>	2. TO (Include ZIP Code) <b>PRE-RETIREMENT/RSO OFFICE</b> <b>Bldg. 4-2843 Normandy Drive</b> <b>USAG Fort Bragg, NC 28310</b>	3. FROM (Include ZIP Code) <b>COMMANDER</b> <div style="background-color: #e0e0ff; height: 40px; margin-top: 5px;"></div>
4. NAME (Last, First, MI) <div style="background-color: #e0e0ff; height: 20px;"></div>	5. GRADE OR RANK / PMOS / AOC <div style="background-color: #e0e0ff; height: 20px;"></div>	6. DOD ID NUMBER <div style="background-color: #e0e0ff; height: 20px;"></div>
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>		
7. The above Soldier's duty status is changed from <div style="background-color: #e0e0ff; width: 150px; display: inline-block;"></div> to <div style="background-color: #e0e0ff; width: 150px; display: inline-block;"></div> <div style="background-color: #e0e0ff; width: 150px; display: inline-block;"></div> effective <div style="background-color: #e0e0ff; width: 50px; display: inline-block;"></div> hours, <div style="background-color: #e0e0ff; width: 50px; display: inline-block;"></div>		
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify): medical retirement extension
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required) <div style="background-color: #e0e0ff; width: 200px; display: inline-block;"></div>		10. DATE (YYYYMMDD) <div style="background-color: #e0e0ff; width: 100px; display: inline-block;"></div>
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V)</b>		
XXXXXXXXXXXXXXXXXXXX EXAMPLE 4187 REQUEST FOR EXTENSION XXXXXXXXXXXXXXX Request my "No Later Than" date to be extended until 21 September 2022. This will allow me to take all of my accrued leave. As of June 2022, I have 65.5 days of accrued leave and will accumulate an additional 7 days of leave ending on 21 September 2022. I am requesting to use a total of 72 days of leave. Extension of my retirement/separation date will allow me to take my accrued leave as authorized by AR 635-8, para 6-5 <b>REQUIREMENTS:</b> 1. DA FORM 4187 SIGNED or IPPSA approval request/ENDORSED BY FIRST COL/O-6 2. DA FORM 31 SIGNED 3. END OF MONTH LES 4. COPY OF SM COUNSELING  NOTE: REQUESTS FOR EXTENSIONS TO NLT 90-DAY IDES SEPARATION DATES RECEIVED 14 CALENDAR DAYS AFTER INITIAL USAPDA TRANSITION CENTER (TC) NOTIFICATION ARE SUBJECT TO DISAPPROVAL. BE ADVISED THAT ALL REQUESTS ARE PROCESSED BASED ON THE DATE OF RECEIPT AT USAPDA, AND THE REMAINING TIME AVAILABLE ON THE ORIGINAL NLT 90-DAY SEPARATION WINDOW ESTABLISHED DURING INITIAL TC NOTIFICATION.		
<b>SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL</b>		
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER / AUTHORIZED REPRESENTATIVE <div style="background-color: #e0e0ff; height: 20px;"></div>	13. SIGNATURE <div style="background-color: #e0e0ff; height: 20px;"></div>	14. DATE (YYYYMMDD) <div style="background-color: #e0e0ff; height: 20px;"></div>

TODAY'S DATE:

# OUT-PROCESSING APPOINTMENT 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 Army Combat Uniform (ACU) or Army Service Uniform (ASU).**

NAME (LAST, FIRST, MI)

DoD ID

IPPS-A EMPL ID

RANK

EMAIL (MILITARY OR PERSONAL)

PHONE #

TYPE OF ACTION

(PCS, RET, ETS, CHAP)

If PCS, NAME OF GAINING INSTALLATION

REPORT/RETIREMENT/ETS DATE

DATE OF ORDER

ORDER #

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

Do you have adult dependents? 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

Are you a member of the 82nd ABN Division? 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 OFFICE USE ONLY (as of 02 Jan 2024)

APPOINTMENT DATE

SCHEDULED BY:

EMAILED APPT:	<input type="text"/>
DATA BASE:	<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.):**

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