Army National Guard and Army Reserve

MANAGEMENT OF THE ARMY NATIONAL GUARD INCAPACITATION SYSTEM

Summary. This regulation provides information and Army National Guard (ARNG) procedures for management of incapacitation benefits.

Applicability. This publication applies to all ARNG personnel and units in all States, Territories, and the District of Columbia.

Impact on the Unit Manning System. This regulation does not contain information that affects the New Manning System.

Internal Control Systems. This regulation is subject to the requirements of AR 11-2. A checklist for conducting Internal Control Reviews will be published. In the interim, use the checklist located at the end of chapter 4.

Supplementation. Supplementation of this regulation is prohibited without prior approval from National Guard Bureau (NGB-ARP-CD).

Interim Changes. Interim changes are not official unless they are authenticated by the Chief, Administrative Services. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. Users of this regulation are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to NGB-ARP-CD, 111 South George Mason Dr, Arlington, VA 22204-1382.

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Incapacitation Pay Program Checklist

*This regulation supersedes NGB Pam 37-5, 16 April 1984
Chapter 1
General

1-1. Purpose
This regulation prescribes Army National Guard (ARNG) procedures concerning incapacitation benefits. It applies to all ARNG personnel and units.

1-2. References
Required publications are listed in appendix A.

1-3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Policy
a. Incapacitated soldiers should receive incapacitation benefits until administrative processing is complete and final status is determined.

b. Informal Line of Duty (LOD) determinations should be completed within 15 calendar days. Formal investigations, when required, should arrive at NGB, for determination, within 45 calendar days.

c. The Adjutant General may approve incapacitation pay for the first six (6) months. The Adjutant General must establish and use an Incapacitation Review Board. Approval authority beyond six months is with NGB.

d. Incapacitated soldiers should be paid within 30 days, and in no event later than 45 days, of the injury. See paragraph 2-2a.

e. Incapacitated soldiers receiving incapacitation pay under 37 USC 204(g), may not attend any type of training (with or without pay). Soldiers may earn membership points and should be encouraged to enroll in military correspondence courses to earn a good retirement year. Soldiers receiving incapacitation benefits under 37 USC 204(h) should attend all scheduled military training.

f. Soldiers injured while on active or full-time National Guard duty orders for more than 30 days, may elect to remain on active duty. The soldier must request extension of orders through State Headquarters (pay and allowances will be continued under original fund cite). Approval of this request should consider the best interest of the soldier and the Army National Guard. Authority must also be obtained from NGB Surgeon's Office (NGB-ARP-HS). This should be done prior to the expiration of active duty orders. New orders will be issued extending the soldier in the same type of duty (same pay and allowances, continued from the same funding program). Active duty or full-time National Guard duty status continues until: the soldier is fit for duty, temporarily or permanently retired, discharged, or until a voluntary request for release from active duty is made by the soldier.

g. Soldiers who receive a denial for incapacitation benefits beyond six months may request reconsideration of the determination. The appeal, with justification, must come through the MILPO, to the Chief, National Guard Bureau, ATTN: NGB-ARP-CD.

1-5. Eligibility and Entitlement
The following establishes eligibility for incapacitation benefits:

a. The soldier incurs or aggravates an injury, illness or disease in the line of duty,

   (1) If the soldier's disability prevents him/her from performing military duty - 37 USC 204(g);

   (a) Incapacitation benefits are pay and allowances reduced by any earned income from non-military employment or self-employment.

   (b) Income from an income protection plan, vacation pay, or sick leave which the soldier elects to receive shall be considered earned non-military income.

   (c) Soldiers disabled from performing military duty will be considered to be incapacitated until returned to duty or completion of disability processing.

   (2) If the soldier is able to perform military duty 37 USC 204(h);

   (a) Incapacitation pay is the demonstrated loss of non-military earned income; the maximum amount being full pay and allowances.

   (b) To be eligible for incapacitation benefits, soldiers able to perform military duties must demonstrate a loss of earned income from non-military employment or self-employment.

   (c) A soldier must prove a loss of non-military earned income each month. Non-military earned income includes wages, salaries, income from self-employment, professional fees, tips, or compensation for personal service. Non-military earned income does not include rents, royalties, dividends, and interest. Income from an income protection plan (e.g., workmen's compensation, unemployment insurance, privately purchased disability insurance), vacation leave, or sick pay, any of which the member elects to receive, shall be offset against lost wages, etc., to determine the loss of non-military earned income. The loss of non-military earned income may be compensated up to, but not to exceed, the amount of military pay.

b. In exceptional cases, incapacitated soldiers may be entitled to incapacitation benefits under 37 USC 206. Approval authority for 37 USC 206 incapacitation benefits is with the Chief, National Guard Bureau (NGB-ARP-CD).

c. Care must be taken when soldiers aggravate conditions determined to have been in the line of duty prior to 30 November 1988. Different laws control possible entitlement (Reference DODPM Tables).
Chapter 2
Incapacitation Benefits

2-1. Entitlement
Guidance and information on entitlement will be in accordance with (IAW) Department of Defense Military Pay and Allowances Entitlement Manual (DODPM).

2-2. Payments
a. Incapacitation payments will not be made in the absence of an "in line of duty" finding. When a formal LOD is required, the soldier can receive up to 60 days of benefits using an approved informal LOD as a basis.

b. Incapacitated soldiers are paid normal pay and allowances until the end of the ordered training period. The training period ends:
(1) The last day of the period designated in the orders for annual training (AT), active duty for special work (ADSW), active duty for training (ADT) or full-time National Guard duty, including authorized travel time.
(2) Soldiers who become incapacitated on inactive duty training (IDT) will be carried as present during that entire IDT period. Incapacitation pay will begin on the following day (i.e., soldier incapacitated on Saturday morning during a MUTA-4, will be carried present for Saturday afternoon and Sunday and would begin incapacitation pay on Monday).
(3) The last day of the period for initial entry training (IET), or Officer's Basic Course (OBC), and Active Duty Guard and Reserve (AGR) personnel or full-time National Guard duty.

c. The incapacitation benefit period begins on the day following the completion date in the order.

d. Soldiers serving on active duty orders for over 30 days are entitled to health care regardless of the line of duty determination.

2-3 Payment Procedures
a. Initial payment (first 60 days). The initial payment should include a commander's letter of request and certification of eligibility with attachments of--
(1) Line of Duty (fig 2-1).
(2) Soldier's Claim Form (figs 2-3, 2-4, or 2-5).

These documents must go through the informal Incapacitation Review Board (IRB), which will consist of--
(a) Health Services Specialist (HSS) - initial review.
(b) State Surgeon's Office.
(c) Certification by MILPO.

b. Requests for the first six months (subsequent payments up to six months). Requests will be sent directly from the unit to the Military Personnel Office (MILPO). An information copy will be sent to intermediate commands. Documents required are:
(1) An In Line of Duty determination (Informal, fig 2-1) (Formal, fig 2-2) with supporting medical documentation.
(2) Medical documentation reflecting treatment received and current condition.
(3) Soldier Claim form (Employed, fig 2-3; Unemployed, fig 2-4; and Self employed, fig 2-5, as applicable).
(4) Employer's Statement (if applicable) (fig 2-6).
(5) Disability counseling statement (fig 2-7).
(6) Commander's Statement (fig 2-8).

2-4. Payment Procedures - Beyond Six Months
a. Requests will be submitted to Chief, National Guard Bureau (CNGB), ATTN: NGB-ARP-CD, 111 South George Mason Dr, Arlington, VA 22204-1382. The MILPO will retain the original set of documents. One complete copy, with enclosures, will be sent to NGB-ARP-CD, using the format at figure 2-9. This request must be submitted 60 days prior to completion of first six months of entitlement. The following documents should be included as enclosures:
(1) Complete copy of the In Line of Duty determination (Informal, fig 2-1) (Formal, fig 2-2).
(2) Adequate medical documents supporting the disability which reflect treatment received and current condition as appropriate (i.e., History of case management, actions taken, diagnosis, prognosis, MEB/PEB info, actions pending, Medical Treatment Facility experience) (fig 2-10).
(3) Soldier's Claim form (Employed, fig 2-3, Unemployed, fig 2-4, Self-employed, fig 2-5, as applicable).
(4) Employer's Statement (if applicable) (fig 2-6).
(5) Disability counseling statement (fig 2-7).
(6) Commander's Certificate (fig 2-8).
(7) Other documents (as applicable).

Note: Figures 2-3, 2-4, 2-5, and 2-6, as applicable, must be completed monthly and should be in the State's file folder. NGB-ARP-CD only needs a few of these records to show a trend.

b. Soldiers injured in line of duty who have been discharged are still eligible to receive incapacitation pay for periods prior to their discharge. The USPFO, Military Pay Section, should try to pay the individual through a normal ADAPS payroll. If this cannot be done, payment can be made by preparing an Arrrears in Pay (DD form 827). Instructions for submitting requests are listed in AR 37-104, para 30-36 through 30-39.
SGT Jones was driving his POV (authorized by unit commander) in the convoy to annual training when a vehicle driven by Sheila Ferguson pulled out in front of him causing an accident resulting in his broken arm.
REPORT OF INVESTIGATION
LINE OF DUTY AND MISCONDUCT STATUS
(AR 600-18 or APR 35-47)

1. INVESTIGATION OF
   ☑ INJURY ☐ DEATH
   ☐ DISEASE

2. TO: Major Army or Air Force Commanding
   Chief, National Guard Bureau
   A/TTN: NGB-ARP-CD
   111 S. George Mason Drive
   Arlington, VA 22204-1382

3. LAST NAME - First Name - Middle Initial
   JONES, JAMES E.
   SERVICE NO./SSN: 001-01-0001
   GRADE: E5

4. ORGANIZATION AND STATION OF INDIVIDUAL
   123d Maintenance Co., Metropolis, AR 39535-1111

5. OTHER MILITARY PERSONNEL INVOLVED IN
   THE SAME INCIDENT
   (Last Name - First Name - Middle Initial)
   Smith, Sam E.
   SERVICE NO./SSN: 002-02-0002
   GRADE: E4

6. DATE
   5 May 1994

7. CALLED OR ORDERED TO 20 FOR
   (1) MORE THAN 30 DAYS
   (2) 30 DAYS OR LESS
   ☑ INACTIVE DUTY TRAINING

8. SHORT TOUR OF ACTIVE DUTY FOR TRAINING

9. DURATION (Apply ONLY to 3c and 3d)
   START: 10 Apr 94 0600
   FINISH: 25 Apr 94 1730

10. BASIS FOR FINDINGS (As determined by investigation)

11. CIRCUMSTANCES:
   (1) HOUR: 1130
   (2) DATE: 10 April 1994
   (3) PLACE: US Route 60 2 Miles West of Hattiesburg

12. HOW SUSTAINED:
   ☑ Automobile Accident
   ☐ Medical Diagnosis
   Broken Left Femur

13. WAS ☑ Present for Duty
    ☐ Absent

14. REMARKS
   SGT Jones departed from the Metropolis, AR armory with the convoy to annual
   training driving his FOV with SPC Smith as a passenger. He had written authorization
   from his unit commander, CPT Byrnes. At approximately 1130 hours 10 Apr 94, about 2
   miles west of Hattiesburg, MS on US Highway 60, A Nissian Driven by Ms Sheila Ferguson
   attempted entering the highway from a driveway, striking SGT Jones' car on the left
   side. Ms Ferguson was cited for causing the accident. SGT Jones and SPC Smith both
   received injuries and were taken by ambulance to Mercy General Hospital. Exhibits A
   thru M attached.

15. FINDINGS
   (Do not complete in death cases)
   ☑ In Line Of Duty
   ☐ Not in Line Of Duty - Not Due To Own Misconduct
   ☐ Not in Line Of Duty - Due To Own Misconduct

16. ACTION BY APPOINTING AUTHORITY
   HEADQUARTERS
   HQS, 1st Bde, 37th
   ID, Bigtown, AR 39650-1400
   DATE: 6 May 1994
   APPROVED ☑ DISAPPROVED ☐
   (Reason and substituted findings are on reverse)

17. ACTION BY REVIEWING AUTHORITY
   HEADQUARTERS
   HQS, STARC AR ARNG
   DATE: 10 May 1994
   APPROVED ☑ DISAPPROVED ☐
   (Reason and substituted findings are on reverse)

18. SIGNATURE AND TYPED NAME
   George H. Minor
   GRADE: 04
   BRANCH: FA
   SERVICE NO./SSN: 004-04-0004

19. SIGNATURE AND TYPED NAME
   Cliff O. Coen
   GRADE: 06
   BRANCH: GS
   SERVICE NO./SSN: 005-05-0005

FOR ACTION OF OFFICE INDICATED IN ITEM 3
Chief, National Guard Bureau, Washington, DC 20310-2500
Approved. IN LINE OF DUTY
By authority of the Secretary of the Army, AR 600-8-1
DATE: 17 May 1994

DD FORM 261
REPLACES EDITION OF 1 AUG 85 EXISTING SUPPLIES
OF WHICH WILL BE USED UNTIL EXHAUSTED

Figure 2-2. Formal LOD
SOLDIER CLAIM FORM FOR INCAPACITATION PAY
(EMPLOYED SOLDIER)

NAME: JONES, James E.     RANK: SGT

1. I hereby certify I (INURRED), (AGGRAVATED), the following (INJURY), (ILLNESS),
   (DISEASE): Broken left arm in the line of duty, while (PARTICIPATING IN MILITARY TRAINING), (TRAVELING DIRECTLY (TO) (FROM) MILITARY TRAINING).

2. I further certify that as a result of the above described (INJURY), (ILLNESS), (DISEASE):
   I suffered a loss of $429.60 of non-military (CIVILIAN) income during the period 26 April 1994 to 30 April 1994 (Period may only be one calendar month or less for each statement). During the period I received $0 in GROSS INCOME from my employment for the portion of the month I worked.

3. My claim is substantiated by the enclosed letter(s) from my employer(s) or the attached pay stubs.

4. In addition, I certify that I received $0 from an income protection plan.
   (Note: If the soldier did not use sick leave, vacation pay, or another income protection plan, he/she must so state.)

5. I further certify the information which I have provided regarding this claim is correct.
   I understand the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a fine of up to $10,000 or imprisonment for up to 5 years or both (18 USC 287, 1001).

5 May 1994 (Date)

[Signature and Rank of Soldier]

NGB Form 135-3-R
1 APR 94

Figure 2-3. Soldier Claim Form (Employed Soldier)
SOLDIER CLAIM FORM FOR INCAPACITATION PAY
(UNEMPLOYED SOLDIER)

NAME: JONES, JAMES E.  RANK: SGT

1. I hereby certify I incurred, (AGGRAVATED), the following (INJURY), (DISEASE): Broken left arm in the line of duty, while (PARTICIPATING IN MILITARY TRAINING), (TRAVELING DIRECTLY (TO) (FROM) MILITARY TRAINING).

2. I further certify I am UNEMPLOYED at present, without income from any source including but not limited to: Unemployment Compensation, Social Security, Workman’s Compensation or Department of Veterans Affairs payments. I have been UNEMPLOYED during the period 26 April 1994 to 30 April 1994 (Period may only be one calendar month or less for each statement).

3. If I become employed while receiving Incapacitation Pay, I understand it will be my responsibility to notify my unit and / or commander to ensure military pay and allowances will be reduced by the income being received at that time.

4. In addition, I certify I received $0 from an income protection plan. (Note: If the soldier does not have sick leave, vacation pay, or another income protection plan, he/she must so state.)

5. I further certify the information which I have provided regarding this claim is correct. I understand that the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a fine of up $10,000 or imprisonment for up to 5 years or both (18 USC 287, 1001).

5 May 1994

(Signature and Rank of Soldier)

NGR Form 135-4-R
1 APR 94

Figure 2-4. Soldier Claim Form (Unemployed Soldier)
SOLDIER CLAIM FORM FOR INCAPACITATION PAY
(SELF-EMPLOYED SOLDIER)

NAME: JONES, James E. RANK: SGT

1. I hereby certify I (INCURRED), (AGGRAVATED), the following (INJURY), (DISEASE): Broken left arm in the line of duty, while (PARTICIPATING IN MILITARY TRAINING), (TRAVELING DIRECTLY TO) (FROM) MILITARY TRAINING.

2. I further certify as a result of the above described (INJURY), (DISEASE), I suffered a loss of $429.60 of non-military (CIVILIAN) income during the period 26 April 1994 to 30 April 1994 (Period may only be one calendar month or less for each statement). During the period I received $0 in GROSS INCOME from my employment for the portion of the month I worked.

3. I am self employed and in order to substantiate my claim of loss of non-military income for the period cited in paragraph 2 above. I have enclosed a copy of my latest IRS Form 1040, with supporting documents, including Schedule C.

4. In addition, I certify I received $0 from an income protection plan. (Note: If the soldier did not use sick leave, vacation pay, or another income protection plan, he / she must so state.)

5. I further certify the information which I have provided regarding this claim is correct. I understand that the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a fine of up to $10,000 or imprisonment for up to 5 years or both (18 USC 287. 1001).

5 May 1994 (Date)  

Signature and Rank

NGB Form 135-5-R
1 APR 94

Figure 2-5. Soldier Claim Form (Self-Employed Soldier)
EMPLOYER'S STATEMENT
PRIVACY ACT

AUTHORITY: Title 37, USC, Section 204 (g) (h), Public Law 100-456.

PRINCIPAL PURPOSE: This information is required to determine if the soldier is entitled to pay and allowances that may be authorized from the Federal Government as a result of an injury / disease condition incurred while performing military duty with the Army National Guard.

ROUTINE USE: Information may be disclosed to agencies within Department of Defense or as necessary to Department of Veterans Affairs.

DISCLOSURE: Voluntary, however, delays in pay processing may occur.

EMPLOYER STATEMENT

I certify that JONES, JAMES F. 001-01-0001 (Last Name, First, Middle) (SSN)
is employed with Highgear Trucking Co. (Firm / Company Name)
456 Main Street, Arlington, AR 66333-4444 (Firm's Address City, State, and Zip Code)

as a Mechanic (Job / Occupational Title)

1. The above individual's beginning date of employment was 5 Feb 89.

2. Does the injury / disease prevent employee from performing civilian occupation? XX YES NO

3. Detailed (Gross) salary rate of the employee listed above is:
   HOURLY $8.95, WEEKLY $429.60, or MONTHLY $

   Specify whether night differential, commissions, or tips are included in the rates shown above and amounts of each: N/A

   Is employee a seasonal worker? YES NO XX

   If yes, enter usual months of employment:

4. Has the employee worked any days since his / her injury?
   YES _____ NO XX, EARNED $ , or Lost ______

5. Has employee been paid for any sick, annual leave since his / her injury / disease?
   YES _____ NO XX, EARNED $ 

6. Is the employee covered by a company income protection insurance plan?
   YES _____ NO XX, PAID $

Signature Renee REE Payroll Clerk
(111) 555-1212 (Title) 5 May 1994
(Area Code / Phone No.) (Date)

NGB Form 135-1-R Figure 2-6. Employer's Statement
1 APR 94
DISABILITY COUNSELING STATEMENT

I understand, to be eligible for continuance of pay and allowances while disabled from an injury/aggravation/illness/disease incurred in line of duty:

1. I must promptly notify my unit when in need of any medical or hospital care required as the result of this line of duty injury/illness.

2. I cannot seek private medical or hospital care without first requesting and receiving approval from my unit (the request will be processed by my unit for final approval through State Headquarters to NGB-ARP-H IAW NGR 40-3).

3. I must report for any medical appointment scheduled by my unit or by the doctor treating my condition.

4. I must cooperate fully with the medical personnel providing treatment and follow their course of treatment.

5. I must furnish to my unit, upon completion of each of my medical appointments, documentation on the results of that appointment.

6. I must provide copies of my pay stubs if I work or receive sick or vacation pay. This statement will include amount received from each income protection plan/policy.

7. If I am employed during this period I must provide the following: Soldier's Claim Form - Employed.

   (1) Provide copies of my pay stubs.
   (2) Provide a statement as to whether I have one or more income protection plans and the amount of funds received from each, on a daily or monthly basis.

8. If I am self-employed during this period I must provide the following: Soldier's Claim Form - Self Employed.

   (1) Provide a statement of income.
   (2) Provide a statement as to whether I have one or more income protection plans and the amount of funds received from each, on a daily or monthly basis.
   (3) Provide a copy of my latest Internal Revenue Service tax forms to include Schedule "C" and all attachments.

9. If I am unemployed, I will provide a statement indicating I have not earned any income from any source. (Soldier's Claim Form - Unemployed)

*DISABILITY COUNSELING STATEMENT

Figure 2-7. Disability Counseling Statement
DISABILITY COUNSELING STATEMENT (continued)

10. Any money received by me from an insurance company (Third Party Claim) will be reported through channels to the State Judge Advocate.

11. I cannot expect any incapacitation benefits until my unit has received the approved Line of Duty. This may be six weeks after the investigation is initiated and forwarded from my unit. Questions regarding this Line of Duty will be addressed thru my chain of command.

12. I understand I am not on active duty while incapacitated. I will not accrue leave nor receive active duty retirement points for the duration of this period and will not receive ADT/IDT/AT pay with incapacitation benefits.

13. I authorize and request the Veteran’s Administration, my civilian physician, the civilian hospital providing my medical care, or any other facility providing care release any and all medical records, examinations, treatments, and summaries to my State Adjutant General and unit.

I understand that failure to fulfill the above requirements may result in termination of my entitlements to pay and allowances and medical care for this disability. The penalty for willfully making a false claim is a maximum fine of $10,000; imprisonment for 5 years, or both. (U. S. Code, Title 18, Section 287.1001)

DATE: 5 May 1994   SIGNATURE: [Signature]

NAME OF COUNSELOR: [Name]

DISTRIBUTION:
Original -- Unit
Copy -- Individual
Copy -- Incap Pay Request

Figure 2-7. Disability Counseling Statement--Continued
COMMANDER'S STATEMENT

1. I certify that JONES, JAMES E. , SGT
Name
001-01-0001 SSN
001-01-0001 a member of 123d Maintenance Co.
Unit
Arkansas State
has incurred an injury / disease in the

Line of Duty. The Soldier is incapacitated from performing normal military duties of a 63B20
(MOS)
(from 26 April 1994 to Present .

2. During this period the soldier HAS / HAS NOT attended training.
If applicable, dates of training. ____________________________
________________________
________________________

3. SGT Jones is employed as a Mechanic
Rank Last Name Position
with Highgear Trucking Co. (Employer's Statement is attached).
Company

The company indicates that the soldier DID / DID NOT earn any income during this period of
incapacitation.

________________________
Commander's Signature

Charles Proctor
Typed Name

________________________
Date

5 May 94

NGB Form 135-2-R
1 APR 94

Figure 2-8. Commander's Statement
MEMORANDUM THRU TAG, State, **ATTN:** STAR-PA-HSS, P.O. Box 8111, Anywhere, ST 53708-8111

FOR HQ, Departments of the Army and Air Force National Guard Bureau, Personnel Services Division, **ATTN:** NGB-ARP-CD, 111 South George Mason Drive, Arlington, VA 22204-1382

**SUBJECT:** REQUEST FOR INCAPACITATION PAY BEYOND SIX MONTHS RE: SPC CHRISTOPHER A. SMITH, 123-00-1234

1. Request extension of Incapacitation Pay beyond six months for SPC Christopher A. Smith, 123-00-1234, a member of this unit.

2. The following information is provided:
   a. Date of incident: 20 October 1990.
   b. Type of training and dates: Title 10, U.S. Code, Section 672(d), soldier was supporting Operation Desert Storm from 6 September 1990 to 30 March 1991.
   c. Description of Injury: Fracture of left femur received while unloading vehicles from a railhead. A 5-ton truck broke loose from its chains and crushed SPC Smith's leg.
   d. LOD/date/approving authority: Informal, 1 November 1990, DFAS, Ft. Sill, OK 79503-6200, finding In Line of Duty, as indicated on reverse side of DA Form 2173 (encl 1).
   e. Military MOS/Civilian Occupation: 88M10 Truck Driver, Industrial Machinist, International Harvester, Milwaukee, WI.
   f. How injury prohibits performance of duties: SPC Smith cannot stand on a cement floor for any duration, cannot lift more than 10 pounds, and cannot walk without crutches.
   g. History of Incapacitation Pay payments:

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<tr>
<th>Dates</th>
<th>Amount Paid</th>
<th>Earned Income</th>
<th>IDT PAY Paid</th>
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<td>$1,706.63</td>
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<td>(0)</td>
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<td>-0-</td>
<td>(0)</td>
</tr>
<tr>
<td>1 - 30 Sep 91</td>
<td>$1,706.22</td>
<td>-0-</td>
<td>(0)</td>
</tr>
</tbody>
</table>

   h. Background: SPC Smith has had a number of surgeries to correct his non-union. The latest one was performed at Ft. Sam Houston on 2 February 1991. Military doctors believe he can return to duty after 4 months of physical therapy, if screw and pin surgery is successful. The Surgeon coordinated this surgery after the conservative treatment from Ft. Knox Medical Center was not providing SPC Smith with any relief from his constant pain. An MEB has not been scheduled because maximum medical treatments have not been reached.


---

**Figure 2-9.** Sample Cover Letter - State Army National Guard
4. I have personally reviewed the circumstances surrounding this case and firmly believe it is in the interest of fairness and equity to grant authorization to exceed the 6-month statutory limitation. The severity and nature of the injuries incurred and the probability this soldier will need additional medical care, be discharged, or separated from the Army, due to physical disability, merit favorable consideration.

Encl
1. Line of Duty
2. Medical Documentation
3. Soldier's Claim Form
4. Employer's Statement
5. Disability Counseling Statement
6. Commander's Certificate
7. Other Documentation

DONALD Z. SMITH
COL, IN, STARG
Director, Army Personnel

Figure 2-9. Sample Cover Letter - State Army National Guard--Continued
MEMORANDUM FOR Chief, National Guard Bureau, ATTN: NGB-ARP-CD, 111 South George Mason Drive, Arlington, Virginia  22204-1382

SUBJECT: History of Case Management for (Soldiers' Name and Social Security Number)

1. Definitive medical statement. This information is found in medical notes from physicians and should include what the treatment is, as well as the length of time needed to return the soldier to duty.

2. Incapacitation Review Board. The State Surgeon reviews the progress of the soldier's treatment. It should indicate that treatment is timely as well as adequate for the injury, illness, or disease.

3. Chronological history of medical appointments. This should include physical therapy. Please note any missed appointments.

4. Action taken. All actions taken to return soldier to duty or initiate disability discharge, as appropriate. Note any difficulties scheduling appointments and evaluation boards.

5. Other documentation. Any other documentation pertinent to the disposition of this case.

NAME
COL, IN
MILPO, President of IRB

Figure 2-10. Case Management - History Format
Chapter 3
Management of the Program

3-1. General
The State Adjutant General is responsible for proper administration of the State aspects of the incapacitation system. The program must protect the interests of the Federal government and of the incapacitated soldier.

3-2. Responsibilities
   a. Individual soldier. The individual soldier must--
      (1) Promptly notify the unit commander whenever soldier incurs or aggravates an injury, illness, or disease.
      (2) Complete the Disability Counseling Statement and follow the instructions (fig 2-7).
      (3) Complete the soldier claim form(s) and provide necessary documentation.
      (4) Assist the unit in obtaining medical documentation.
      (5) Attend all medical appointments. Missed appointments can be grounds for stopping incapacitation benefits.

   b. Unit Commanders and Administrators.
The Unit Commanders and Administrators--
      (1) Serve as the primary advocate to assist the soldier.
      (2) Emphasize safety.
      (3) Ensure all soldiers understand entitlement and responsibilities in the Army National Guard Incapacitation System.
      (4) Understand authorization for emergency and non emergency medical care and the appropriate types of LOD to initiate.
      (5) Notify the chain of command of all instances of injury, illness, disease, or aggravation. The State Headquarters must be notified within 24 hours of the incident.
      (6) Ensure all injuries and diseases occurring during a training period are properly recorded on DA Form 1379 (Unit Record of Reserve Training). The injured soldier will be recorded in an 'H' status on subsequent DA forms 1379.
      (7) Initiate incapacitation pay requests to the MILPO. (Furnish the next higher headquarters an info copy.)
      (8) Expedite medical care claims to the MILPO for processing in a timely manner (no more than 5 days) to the USPFO.
      (9) Maintain Unit Record of Disability Pay and Allowances/ Medical Expenses (fig 3-1).
      (10) Obtain an Employer's Statement (In cases where the soldier is employed) (fig 2-6).

   c. Battalion/Brigade/Division. The battalion/brigade/division will--
      (1) Monitor all phases of the medical care, LOD, and incapacitation systems.
      (2) Coordinate with the MILPO to ensure prompt review and determination of incapacitation benefits. Monitor medical treatment for progression of aggressive treatment. Pursue physical disability processing as necessary.
      (3) Major commands within the State should participate in the Incapacitation Review Board meetings. The major commands will be the liaison between the State Headquarters and the incapacitated soldier's unit. It is the major commands' responsibility to ensure all missing documentation is sent to the MILPO.

   d. State Level.
      (1) Military Personnel Office (MILPO). The State MILPO acts as the Incapacitation Pay Program Administrator, and will--
      (a) Furnish guidance and act as the State point of contact for all LOD and incapacitation actions.
      (b) Establish procedures for prompt reporting when soldiers incur or aggravate an injury, illness, or disease. Units should make telephone notification to the MILPO within 24 hours of the occurrence.
      (c) Establish an Incapacitation Review Board (IRB).
      (d) MILPOs and AGs may need to intercede with Medical Treatment Facility (MTF) commanders and Patient Administrators to ensure responsive medical care and evaluations for ARNG soldiers. NGB-ARP-CD and NGB-ARP-HS must be notified of those instances where this does not occur or where this is unsatisfactory.
      (e) Review, analyze, process, and maintain case files to ensure soldiers receive all pay, allowances, and medical care, while protecting the interest of the Federal government.
      (f) Coordinate all actions, preparations, and follow up for the monthly Incapacitation Review Board (IRB).
      (g) Provide timely reports as directed.
      (h) Coordinate with the United States Property and Fiscal Officer (USPFO) to ensure timely and accurate payments to soldiers and civilian care providers.
      (i) Reconcile with the State Safety Officer to ensure all cases have been reported.
      (j) Input data into NGB Incapacitation Tracking System to provide accurate and timely reports to NGB.
      (k) Ensure all LODs are processed in a timely manner.

      (2) State Surgeon's Office. The State Surgeon's Office is responsible for monitoring the medical needs of all National Guard personnel in the State and will--
      (a) Provide a member to the IRB and thoroughly review all cases for appropriate medical progress.
      (b) Refer incapacitated soldiers to Medical Evaluation Boards (MEB) and facilitate MEB and Physical Evaluation Board (PEB) actions.
      (c) Assist and evaluate total quality medical care, and assist in obtaining appropriate medical boards.
      (d) With the IRB, write a statement justifying continuation of incapacitation pay beyond six (6)
months for each qualified soldier. This statement should include actions taken and problems encountered. Statements should address requests for fitness evaluations (AR 40-501) and referrals to MEBs (AR 635-40).

(3) USPFO. The USPFO will--
   (1) Expeditiously process incapacitation payrolls.
   (2) Maintain financial supporting documentation for incapacitation payrolls.
   (3) Reconcile incapacitation accounts with the MILPO quarterly.

3-3. Incapacitation Review Board (IRB)
   a. The mission of this board is to provide a monthly review of all active cases to ensure the incapacitation system is effectively managed.

   b. The IRB will consist of a minimum of five members and other advisory personnel from the following (Senior member will be the Board president):
      (1) MILPO.
      (2) State Surgeon (or medical officer).
      (3) Judge Advocate General (or JAG officer).
      (4) Personnel Officer - 2LT or above.
      (5) USPFO representative from finance.
      (6) Enlisted member - E6 or above.
      (7) Recorder.
      (8) Safety Officer.
      (9) MACOM representative.
      (10) Others as directed by the TAG.

   c. The IRB will--
      (1) Ensure medical progress is ongoing.
      (2) Ensure Incapacitation benefits are provided as appropriate.
      (3) Make recommendations for improvement to NGB-ARP-CD.
      (4) Protect the interests of the Federal Government and the rights of the soldier.
      (5) Provide consistency, uniformity, expertise, and continuity to the program.
      (6) Identify indicators of fraud, waste and inefficiency.

3-4. Travel to Medical Facilities
   a. A soldier injured in the line of duty is authorized reimbursement for actual expenses incurred while traveling to and from medical exams and treatments. Transportation will be by government procured transportation as the preferred method. If such transportation is not provided, a member is entitled to reimbursement for actual transportation expenses incurred, supported by receipts. All transportation costs will be charged to the Elements of Resource Code 211J.

   b. Meals will be provided by the hospital and will be charged back to NGB under 2U50.1300 for enlisted soldiers. Officers will be charged the posted meal charge. When meals are not provided, or when traveling to and from the hospital, a member is enti-
UNIT RECORD OF DISABILITY PAY AND ALLOWANCES/MEDICAL EXPENSES

Part I - General
Name________________ Grade_________ SSN ___-__-___
Date of incident _______________ Injury/disease______________________
Date LOD forwarded__________ Date LOD approved______________________
Type of training______________ Inclusive dates of tng______________

Part II - Medical Care

<table>
<thead>
<tr>
<th>Date of Appointment</th>
<th>Did member report?</th>
<th>Date member Provided results</th>
<th>Date of next Appointment</th>
<th>Remarks</th>
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<tr>
<td></td>
<td>Yes - NO</td>
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Part III - Pay and Allowances

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<tr>
<th>Inclusive Period</th>
<th>Physician Statement</th>
<th>Commander Statement</th>
<th>Employer Statement</th>
<th>Self-Emp Statement</th>
<th>Soldier's Claim Form</th>
<th>Date Forwarded</th>
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</table>

Part IV - Record of Medical Expenses

<table>
<thead>
<tr>
<th>Date of Treatment</th>
<th>Vendor</th>
<th>Amount</th>
<th>Date Forwarded</th>
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Figure 3-1. Unit Record of Disability
Chapter 4
Incapacitation Tracking System Reporting Requirements

4-1. Policy
   a. The Incapacitation Tracking System (ITS) is a management tool designed to assist the States in tracking LOD processing time and expenses paid to the soldier. The ITS requires all Informal and Formal LOD’s that may result in an incapacitation payment be added to the data base system.

   b. Data will be loaded to diskettes at the end of each month. This data is due at NGB-ARP-CD no later than the 15th of the following month.

   c. The ITS will provide statistical data to the MILPO relating to injuries by unit, military grade, and type of duty.

   d. Actions of the IRB, medical appointments, and current status should be entered into the ITS.

4-2. Operational Instructions are loaded into the program under the Maintenance Menu and can be printed.
<table>
<thead>
<tr>
<th>Incapacitation Pay Program Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Incapacitation Pay Program Administrator have access to this regulation (\text{(NGR (AR) 135-381)})?</td>
</tr>
<tr>
<td>2. Has this regulation been supplemented by State. If so, has it been approved by NGB-ARP-CD?</td>
</tr>
<tr>
<td>3. Does the Incapacitation Pay Program Administrator have access to all references which govern this regulation? (\text{(CH 1-2)})</td>
</tr>
<tr>
<td>4. Is the MILPO forwarding a monthly Incapacitation Tracking System report to NGB-ARP-CD? (\text{(CH 3-2d(1)(b))})</td>
</tr>
<tr>
<td>5. Is there a State Incapacitation Review Board? (\text{(CH 3-3)})</td>
</tr>
<tr>
<td>6. Is the IRB adequately staffed with personnel directed by this regulation? (\text{(CH 3-3b)})</td>
</tr>
<tr>
<td>7. Are all cases reviewed by the Board each month? (\text{(CH 3-3a)})</td>
</tr>
<tr>
<td>8. Are reports of review board proceedings submitted to NGB-ARP-CD monthly? (\text{(CH 4-1d)})</td>
</tr>
<tr>
<td>9. Are cases monitored to ensure that payments are not made for incapacitation periods prior to receipt of an approved Line of Duty (LOD)? (\text{(CH 2-2a)})</td>
</tr>
<tr>
<td>10. Are requests for incapacitation benefits submitted to the USPFO only after approval by the State AG (MILPO) for the initial 6 months and submitted to NGB-ARP-CD for requests beyond 6 months? (\text{(CH 1-3c)})</td>
</tr>
<tr>
<td>11. Is action taken to initiate a Medical Evaluation Board/Physical Evaluation Board as soon as it is suspected that the member is or will be unfit for further military duty? (\text{(CH 3-2d(2)(b))})</td>
</tr>
<tr>
<td>12. Do drill attendance records (\text{(DA 1379)}) show incapacitated soldiers coded &quot;H&quot;? (\text{(CH 3-2b(6))})</td>
</tr>
<tr>
<td>13. Are transportation expenses paid to incapacitated soldiers for actual expenses? (\text{(CH 3-4)})</td>
</tr>
<tr>
<td>14. Are incapacitated soldiers who must travel for treatment, exams, etc., placed on ADSW orders without pay and allowances? (\text{(CH 3-4)})</td>
</tr>
<tr>
<td>15. Are timely actions being taken to ensure that obligations of funds are made? (\text{(CH 3-2d(1)(h))})</td>
</tr>
</tbody>
</table>
Appendix A
References

Title 37, US Code, Sections 204(g) and (h) and 206

DODPM
Department of Defense Military Pay and Allowances
Entitlement Manual

DOD Directive 1241.1
Reserve Component Incapacitation Benefits

Joint Federal Travel Regulation, Para U7150

AR 40-3
Medical, Dental, and Veterinary Care

AR 135-200
Active Duty for Training and Annual Training of Indi-
vidual Members

AR 135-381
Reserve Components Incapacitation System

AR 600-3-1
Army Casualty, Memorial and Line of Duty Investig-
atations

AR 635-40
Physical Evaluation for Retention, Retirement, or
Separation

NGR (AR) 37-104-3
Military Pay and Allowances--Army National Guard

NGR 37-108
Fiscal Accounting and Reporting, Army National
Guard

NGR 40-3
Medical Care for Army National Guard Members
[Modifies AR 40-3]

NGR 40-501
Medical Examination for Members of the Army Na-
tional Guard

NGR 600-100
Commissioned Officers-Federal Recognition and
Related Personnel Actions

NGR 600-200
Enlisted Personnel Management

NGR (AR) 680-1
Personnel Assets Attendance and Accounting

NGB Pam (AR) 37-104-3
Unit Level Military Pay Procedures, Army National
Guard

NGB Pam 37-104-10
State Level Military Pay and Allowance Procedures,
Army National Guard

Glossary

Section I
Abbreviations

ADAPS
Active Duty Automated Pay System

ADSW
active duty for special work

ADT
active duty for training

AGR
Active Duty Guard and Reserve

AT
annual training

ARNG
Army National Guard

CNGB
Chief, National Guard Bureau

DODPM
Defense Military Pay and Allowances Entitlement
Manual

HSS
Health Services Specialist

IAW
in accordance with

IET
initial entry training

IRB
Incapacitation Review Board

ITS
Incapacitating Tracking System

JAG
Judge Advocate General

LOD
Line of Duty

MEB
Medical Evaluation Board

MTF
Medical Treatment Facility
while performing or traveling directly to or from authorized duty.

**Line of Duty (LOD)**
Documentation essential for protecting the interest of the individual soldier and the government when service is interrupted by injury, disease or death. This documentation is used to substantiate benefits due the soldier. Forms used are:

**DA Form 2173 - Statement of Medical Examination and Duty Status**

**DD Form 281 - Report of Investigation**

**States**
As used in this regulation, includes the 50 States, District of Columbia, Guam, Commonwealth of Puerto Rico, and Virgin Islands.

Disabled from performing military duty
The soldier is not a mobilization asset.

**By Order of the Secretary of the Army:**

RAYMOND F. REES
Major General, USA
Acting Chief, National Guard Bureau

Official:

E. DARDEN BAINES
Chief
Administrative Services

Distribution: A
DISABILITY COUNSELING STATEMENT

I understand, to be eligible for continuance of pay and allowances while disabled from an injury/aggravation/illness/disease incurred in line of duty:

1. I must promptly notify my unit when in need of any medical or hospital care required as the result of this line of duty injury/illness.

2. I cannot seek private medical or hospital care without first requesting and receiving approval from my unit (the request will be processed by my unit for final approval through State Headquarters to NGB-ARP-H IAW NGR 40-3).

3. I must report for any medical appointment scheduled by my unit or by the doctor treating my condition.

4. I must cooperate fully with the medical personnel providing treatment and follow their course of treatment.

5. I must furnish to my unit, upon completion of each of my medical appointments, documentation on the results of that appointment.

6. I must provide copies of my pay stubs if I work or receive sick or vacation pay. This statement will include amount received from each income protection plan/policy.

7. If I am employed during this period I must provide the following: Soldier’s Claim Form - Employed.
   
   (1) Provide copies of my pay stubs.
   (2) Provide a statement as to whether I have one or more income protection plans and the amount of funds received from each, on a daily or monthly basis.

8. If I am self employed during this period I must provide the following: Soldier’s Claim Form - Self Employed.
   
   (1) Provide a statement of income.
   
   (2) Provide a statement as to whether I have one or more income protection plans and the amount of funds received from each, on a daily or monthly basis.
   
   (3) Provide a copy of my latest Internal Revenue Service tax forms to include Schedule “C” and all attachments.

9. If I am unemployed, I will provide a statement indicating I have not earned any income from any source. (Soldier’s Claim Form - Unemployed)

*DISABILITY COUNSELING STATEMENT
DISABILITY COUNSELING STATEMENT (continued)

10. Any money received by me from an insurance company (Third Party Claim) will be reported through channels to the State Judge Advocate.

11. I cannot expect any incapacitation benefits until my unit has received the approved Line of Duty. This may be six weeks after the investigation is initiated and forwarded from my unit. Questions regarding this Line of Duty will be addressed thru my chain of command.

12. I understand I am not on active duty while incapacitated. I will not accrue leave nor receive active duty retirement points for the duration of this period and will not receive ADT/IDT/AT pay with incapacitation benefits.

13. I authorize and request the Veteran's Administration, my civilian physician, the civilian hospital providing my medical care, or any other facility providing care release any and all medical records, examinations, treatments, and summaries to my State Adjutant General and unit.

I understand that failure to fulfill the above requirements may result in termination of my entitlements to pay and allowances and medical care for this disability. The penalty for willfully making a false claim is a maximum fine of $10,000; imprisonment for 5 years, or both. (U. S. Code, Title 18, Section 287.1001)

DATE: __________________ SIGNATURE: ______________________

NAME OF COUNSELOR: ______________________

DISTRIBUTION:
Original -- Unit
Copy -- Individual
Copy -- Incap Pay Request
EMPLOYER’S STATEMENT
PRIVACY ACT

AUTHORITY: Title 37, USC, Section 204 (g) (h), Public Law 100-456.

PRINCIPAL PURPOSE: This information is required to determine if the soldier is entitled to pay and allowances that may be authorized from the Federal Government as a result of an injury / disease condition incurred while performing military duty with the Army National Guard.

ROUTINE USE: Information may be disclosed to agencies within Department of Defense or as necessary to Department of Veterans Affairs.

DISCLOSURE: Voluntary, however, delays in pay processing may occur.

EMPLOYER STATEMENT

I certify that __________________________________________

(Last Name, First, Middle) (SSN)

is employed with __________________________________________

(Firm / Company Name)

____________________________________________________________________

(Firm’s Address City, State, and Zip Code)

as a __________________________________________ (Job / Occupational Title)

1. The above individual’s beginning date of employment was ____________________________

2. Does the injury / disease prevent employee from performing civilian occupation? YES NO

3. Detailed (Gross) salary rate of the employee listed above is:

   HOURLY $ __________, WEEKLY $ __________, or MONTHLY $ __________

   Specify whether night differential, commissions, or tips are included in the rates shown above and amounts of each:

   Is employee a seasonal worker? YES NO

   If yes, enter usual months of employment:

4. Has the employee worked any days since his / her injury?

   YES NO, EARNED $ __________, or Lost

5. Has employee been paid for any sick, annual leave since his / her injury / disease?

   YES NO, EARNED $ __________

6. Is the employee covered by a company income protection insurance plan?

   YES NO, PAID $ __________

Signature __________________________________________

(Title) __________________________________________

(Area Code / Phone No.) ____________________________

(Date) __________________________________________

NGB Form 135-1-R
1 APR 94
COMMANDER'S STATEMENT

1. I certify that __________________________, __________________________
   Name                                      Rank
   __________________________ a member of __________________________
   SSN                                        Unit
   __________________________ has incurred an injury / disease in the
   State

   Line of Duty. The Soldier is incapacitated from performing normal military duties of a __________________________
   (MOS)
   (from __________________________ to __________________________.)

2. During this period the soldier HAS / HAS NOT attended training.

   If applicable, dates of training. __________________________
   __________________________

3. __________________________ is employed as a __________________________
   Rank                                      Position
   __________________________ Last Name

   with __________________________ (Employer’s Statement is attached).
   Company

   The company indicates that the soldier DID / DID NOT earn any income during this period of
   incapacitation.

   __________________________
   Commander’s Signature

   __________________________
   Typed Name

   __________________________
   Date

NGB Form 135-2-R
1 APR 94
SOLDIER CLAIM FORM FOR INCAPACITATION PAY  
(EMPLOYED SOLDIER)

NAME: ___________________________________________ RANK: ___________________

1. I hereby certify I (INCURRED), (AGGRAVATED), the following (INJURY), (ILLNESS),
(DISEASE): ____________________________________________ in the line of duty, while (PARTICIPATING
IN MILITARY TRAINING), [TRAVELING DIRECTLY (TO) (FROM) MILITARY TRAINING].

2. I further certify that as a result of the above described (INJURY); (ILLNESS); (DISEASE):
I suffered a loss of $ ___________________________ of non-military (CIVILIAN) income during the
period ________________ to __________________________ (Period may only be one calendar month or
less for each statement). During the period I received $ __________________________ in GROSS INCOME
from my employment for the portion of the month I worked.

3. My claim is substantiated by the enclosed letter(s) from my employer(s) or the attached pay
stubs.

4. In addition, I certify that I received $ __________________________ from an income protection plan.
(Note: If the soldier did not use sick leave, vacation pay, or another income protection plan, he / she
must so state.)

5. I further certify the information which I have provided regarding this claim is correct.
I understand the penalty for knowingly and willfully making a false claim or a false statement in
connection with a claim is a fine of up to $10,000 or imprisonment for up to 5 years or both (18 USC
287, 1001).

_________________________ (Date)

_________________________________________ (Signature and Rank of Soldier)

NGB Form 135-3-R
1 APR 94
SOLDIER CLAIM FORM FOR INCAPACITATION PAY
(UNEMPLOYED SOLDIER)

NAME: ___________________________  RANK ___________________________

1. I hereby certify I (INCURRED), (AGGRAVATED), the following (INJURY), (ILLNESS),
   (DISEASE): ___________________________ in the line of duty, while (PARTICIPATING
   IN MILITARY TRAINING), (TRAVELING DIRECTLY (TO) (FROM) MILITARY
   TRAINING).

2. I further certify I am UNEMPLOYED at present, without income from any source including but
   not limited to: Unemployment Compensation, Social Security, Workman’s Compensation or
   Department of Veterans Affairs payments. I have been UNEMPLOYED during the period
   ___________________________ to ___________________________ (Period may only be one
   calendar month or less for each statement).

3. If I become employed while receiving Incapacitation Pay, I understand it will be my
   responsibility to notify my unit and / or commander to ensure military pay and allowances will be
   reduced by the income being received at that time.

4. In addition, I certify I received $ ___________________________ from an income protection plan. (Note:
   If the soldier does not have sick leave, vacation pay, or another income protection plan, he/she must
   so state.)

5. I further certify the information which I have provided regarding this claim is correct. I
   understand that the penalty for knowingly and willfully making a false claim or a false statement in
   connection with a claim is a fine of up $10,000 or imprisonment for up to 5 years or both (18 USC
   287, 1001).

   ___________________________  (DATE)  ___________________________  (Signature and Rank of Soldier)

NGB Form 135-4-R
1 APR 94
SOLDIER CLAIM FORM FOR INCAPACITATION PAY
(SELF-EMPLOYED SOLDIER)

NAME: ___________________________ RANK: ___________________________

1. I hereby certify I (INCURRED), (AGGRAVATED), the following (INJURY), (ILLNESS), (DISEASE): ___________________________ in the line of duty, while (PARTICIPATING IN MILITARY TRAINING), (TRAVELING DIRECTLY (TO) (FROM) MILITARY TRAINING).

2. I further certify as a result of the above described (INJURY), (ILLNESS), (DISEASE):
I suffered a loss of $ _______________________ of non-military (CIVILIAN) income during the period ______________________ to ______________________ (Period may only be one calendar month or less for each statement). During the period I received $ ______________________ in GROSS INCOME from my employment for the portion of the month I worked.

3. I am self employed and in order to substantiate my claim of loss of non-military income for the period cited in paragraph 2 above, I have enclosed a copy of my latest IRS Form 1040, with supporting documents, including Schedule C.

4. In addition, I certify I received $ ______________________ from an income protection plan. (Note: If the soldier did not use sick leave, vacation pay, or another income protection plan, he / she must so state.)

5. I further certify the information which I have provided regarding this claim is correct. I understand that the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a fine of up to $10,000 or imprisonment for up to 5 years or both (18 USC 287, 1001).

(Date)

(Signature and Rank of Soldier)

NGB Form 135-5-R
1 APR 94