HEADQUARTERS
DEPARTMENT OF THE ARMY
Washington, DC 20310-2500
31 May 1994

***NGR (AR) 135-381**

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 regulatin 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 Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.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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*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 caried 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 Arrears in Pay (DD form 827). Instructions for submitting requests are listed in AR 37-104, para 30-36 through 30-39.

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-33; the proponent agency is The Adjutant General's Office.

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
Cdr, HHC 38th S & S Bn PO Box 4444 Somewhere, AR 39555-2222	NGAR-MPS-HSS PO Box 5555 Lakewood, AR 39666-3333	123d Maintenance Co Metropolis, AR 39535-1111

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)	2. SSN	3. GRADE
JONES, JAMES E.	001-[illegible]-000[illegible]	E5

4. ORGANIZATION AND STATION	5. ACC[illegible] [illegible]ORMATION	
123d Maintenance Co Metropolis, AR 39535-1111	6. DATE 10 Apr 94	7. PLACE [illegible] State) Hattiesbu[illegible], MS

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIEN[illegible] [illegible]MINISTRATOR

8. INDIVIDUAL WAS [X] OUT PATIENT [ ] ADMITTED [ ] DEAD ON ARRIVAL

7. NAME OF HOSPITAL OR TREATMENT FACILITY [X] CIVI[illegible]N [ ] MILITARY
Mercy General Hospital

8. HOUR AND DATE ADMITTED

9. HOUR AND DATE EXAMINED
1400 Hours 10 Apr 94

10. NATURE AND EXTENT OF [X] INJURY [ ] DISEASE [ ] RESULTING IN DEATH (Explain)
Broken Left Arm

11. MEDICAL OPINION: a. INDIVIDUAL [ ] WAS [X] WAS NOT UNDER THE INFLUENCE OF [ ] ALCOHOL [ ] DRUGS (Specify)
b. INDIVIDUAL [X] WAS [ ] WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).
c. INJURY [X] IS [ ] IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
d. INJURY [X] WAS [ ] WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT [X] TEMPORARY [ ] PERMANENT PARTIAL [ ] PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE [X] YES [ ] NO

14. NO. OF MG ALCOHOL/100 ML BLOOD
None present

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)
SGT Jones was driving a private vehicle involved in an accident 1130 hours, 10 Apr 94 in Hattiesburg, MS.

16. DATE
10 Apr 94

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR
John B. Kildare, MD

18. SIGNATURE
John B. Kildare, MD.

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATUS [X] PRESENT FOR DUTY [ ] ABSENT WITHOUT AUTHORITY [ ] ABSENT WITH AUTHORITY: [ ] ON PASS [ ] ON LEAVE

20. HOUR AND DATE OF ABSENCE
a. FROM
b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)
[ ] YES [ ] NO

22. INDIVIDUAL WAS ON 32 USC 503 (AT)
[ ] ACTIVE DUTY [X] ACTIVE DUTY FOR TRAINING
[ ] INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING
a. BEGAN 0600 10 Apr 94
b. ENDED 25 Apr 94 1730

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING [ ] DIRECTLY TO TRAINING [ ] DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION
26. HOUR BEGINNING TRAVEL
27. DISTANCE INVOLVED
28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
[ ] PRESENT FOR DUTY [ ] ABSENT WITH AUTHORITY [ ] ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)
SGT Jones was driving his POV (authorized by unit commander) in the convoy to annual training when a vehicle driven by Shiela Ferguson pullled out in front of him causing an accident resulting in his broken arm.

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED [X] YES [ ] NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on death) [ ] YES [ ] NO

33. DATE
12 Apr 94

34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER
Kevin E. Byrnes, CPT

35. SIGNATURE
Kevin E. Byrnes

DA FORM OCT 72 2173 REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE. *U.S. GPO: 1980—310-951/8443 *U.S. Government Printing Office: 1979—280-810/8436

Figure 2-1. Informal LOD

REPORT OF INVESTIGATION
LINE OF DUTY AND MISCONDUCT STATUS
(AR 600-10 or AFR 35-67)

DATE: 5 May 1994

1. INVESTIGATION OF: [X] INJURY [ ] DISEASE [ ] DEATH

2. TO: *(Major Army or Air Force Commander)*
Chief, National Guard Bureau
ATTN: NGB-ARP-CD
111 S. George Mason Drive
Arlington, VA 22204-1382

3. STATUS
a. [ ] REGULAR OR EAD
b. CALLED OR ORDERED TO AD FOR
(1) [ ] MORE THAN 30 DAYS
(2) [ ] 30 DAYS OR LESS
c. [XX] INACTIVE DUTY TRAINING *(Type)* 32 USC 503 (AT)
d. [ ] SHORT TOUR OF ACTIVE DUTY FOR TRAINING

4. LAST NAME - FIRST NAME - MIDDLE INITIAL: JONES, JAMES E.
5. SERVICE NO./SSAN: 001-01-0001
6. GRADE: E5
7. ORGANIZATION AND STATION OF INDIVIDUAL: 123d Maintenance Co., Metropolis, AR 39535-1111

8. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT *(Last Name - First Name - Middle Initial)*

	SERVICE NUMBER OR SSAN	GRADE	LOD INVESTIGATION MADE YES	NO
Smith, Sam E.	002-02-0002	E4	X	

DURATION *(Applies ONLY to 3c and 3d)*

	DATE	HOUR
START	10 Apr 94	0600
FINISH	25 Apr 94	1730

9. BASIS FOR FINDINGS *(As determined by investigation)*

a. CIRCUMSTANCES: (1) HOUR: 1130 (2) DATE: 10 April 1994 (3) PLACE: US Route 60 2 Milies West of Hattiesburg, MS

(4) HOW SUSTAINED: Automobile Accident

b. MEDICAL DIAGNOSIS: Broken Left Femur

c. [XX] WAS [ ] WAS NOT PRESENT FOR DUTY

d. ABSENT [ ] WITH [ ] WITHOUT AUTHORITY

(Do not complete e and f in death cases)
e. INTENTIONAL MISCONDUCT OR NEGLECT [ ] WAS [XX] WAS NOT THE PROXIMATE CAUSE
f. [XX] WAS [ ] WAS NOT MENTALLY SOUND

g. REMARKS SGT Jones departed from the Metropolis, AR armory with the convoy to annual training driving his POV 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 Nessan Driven by Ms Shiela 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.

10. FINDINGS *(Do not complete in death cases)*
[XX] IN LINE OF DUTY
[ ] NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT
[ ] NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT

ORGANIZATION AND STATION OF INVESTIGATING OFFICER: A Co. 2d Bn 134 AR, Smallville, AR 39600-1200
SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER: Michael J. Kaminski
GRADE: 02 BRANCH: AR SERVICE NO./SSAN: 003-03-0003

ACTION BY APPOINTING AUTHORITY
HEADQUARTERS: HQS, 1st Bde, 37th ID, Bigtown, AR 39650-1400 DATE: 6 May 1994
[X] APPROVED [ ] DISAPPROVED
(Reasons and substituted findings are on reverse)
SIGNATURE AND TYPED NAME: George B. Minor
GRADE: 04 BRANCH: FA SERVICE NO./SSAN: 004-04-0004

ACTION BY REVIEWING AUTHORITY
HEADQUARTERS: HQs, STARC AR ARNG DATE: 10 May 1994
[X] APPROVED [ ] DISAPPROVED
(Reasons and substituted findings are on reverse)
SIGNATURE AND TYPED NAME: Cliff O. Corn
GRADE: 06 BRANCH: GS SERVICE NO./SSAN: 005-05-0005

FOR ACTION OF OFFICE INDICATED IN ITEM 2
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
RICHARD W. BENTON, LTC, NGB
Chief, Compensation Determination Branch

DD FORM 1 OCT 68 261 REPLACES EDITION OF 1 AUG 58, 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 (INCURRED), (~~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)

Sgt James E. Jones
(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), (~~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 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
(DATE)

Sgt James E. Jones
(Signature and Rank of Soldier)

NGB 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), (~~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 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. 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)

Sgt James E. [illegible]
(Signature and ~~Rank of Soldier~~)

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 E. 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 Rowe — Payroll Clerk (Title)

(111) 555-1212 (Area Code / Phone No.) — 5 May 1994 (Date)

NGB Form 135-1-R
1 APR 94

Figure 2-6. Employer's Statement

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: James E. Jones

NAME OF COUNSELOR: Olena Gardner

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. (Name), SGT (Rank)

001-01-0001 (SSN) a member of 123d Maintance 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 (Rank Last Name) is employed as a Mechanic (Position)

with Highgear Trucking Co. (Company) (Employer's Statement is attached).

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

Charles Proctor
Commander's Signature

Charles Proctor
Typed Name

5 May 94
Date

NGB Form 135-2-R
1 APR 94

Figure 2-8. Commander's Statement

Office Symbol *(135-381)* 20 August 1991

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:

Dates	Amount Paid	Earned Income	IDT PAY Paid
1 - 30 Apr 91	$1,706.63	-0-	(0)
1 - 31 May 91	$1,742.63	-0-	(0)
1 - 30 Jun 91	$1,706.22	-0-	(0)
1 - 31 Jul 91	$1,742.63	-0-	(0)
1 - 31 Aug 91	$1,742.63	-0-	(0)
1 - 30 Sep 91	$1,706.22	-0-	(0)

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.

3. Request approval be granted for the period from 1 October 1991 through 31 March 1992.

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, STARNG
Director, Army Personnel

Figure 2-9. Sample Cover Letter - **State** Army National Guard--**Continued**

MILPO-IRB *(135-381)* *(Date)*

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 entitled to reimbursement for actual meals purchased not to exceed per diem rate for that area, supported by receipts.

c. If the order issuing authority determines that circumstances require the member to remain overnight in conjunction with his/her travel to the medical facility, every effort will be taken to place the member in a medical holding company or in post temporary quarters. If quarters are not available, the member should receive a statement of non-availability from the post/hospital housing office. The member will be entitled to reimbursement for actual motel room expenses incurred, not to exceed per diem rate for that area, supported by receipts.

d. If the soldier was involved in an auto accident, a copy of the investigation should be enclosed. If another party was at fault, a third party claim should be pursued by the State JAG officer. If alcohol was a contributing factor to the accident, a blood alcohol test is required. Soldiers who were injured, while serving in Title 10/32 short tours, should include a copy of DD form 214 with a copy of the orders.

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

Date of Appointment	Did member report? Yes - NO	Date member Provided results	Date of next Appointment	Remarks

Part III - Pay and Allowances

Inclusive Period	Physician Statement	Commander Statement	Employer Statement	Self-Emp Statement	Soldier's Claim Form	Date Forwarded

Part IV - Record of Medical Expenses

Date of Treatment	Vendor	Amount	Date Forwarded

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.

Incapacitation Pay Program Checklist		
1. Does the Incapacitation Pay Program Administrator have access to this regulation (NGR (AR) 135-381)?	Yes	No
2. Has this regulation been supplemented by State. If so, has it been approved by NGB-ARP-CD?	Yes	No
3. Does the Incapacitation Pay Program Administrator have access to all references which govern this regulation? (CH 1-2)	Yes	No
4. Is the MILPO forwarding a monthly Incapacitation Tracking System report to NGB-ARP-CD? (CH 3-2d(1)(j))	Yes	No
5. Is there a State Incapacitation Review Board? (CH 3-3)	Yes	No
6. Is the IRB adequately staffed with personnel directed by this regulation? (CH 3-3b)	Yes	No
7. Are all cases reviewed by the Board each month? (CH 3-3a)	Yes	No
8. Are reports of review board proceedings submitted to NGB-ARP-CD monthly? (CH 4-1d)	Yes	No
9. Are cases monitored to ensure that payments are not made for incapacitation periods prior to receipt of an approved Line of Duty (LOD)? (CH 2-2a)	Yes	No
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? (CH 1-3c)	Yes	No
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? (CH 3-2d(2)(b))	Yes	No
12. Do drill attendance records (DA 1379) show incapacitated soldiers coded "H"? (CH 3-2b(6))	Yes	No
13. Are transportation expenses paid to incapacitated soldiers for actual expenses? (CH 3-4)	Yes1	No
14. Are incapacitated soldiers who must travel for treatment, exams, etc., placed on ADSW orders without pay and allowances? (CH 3-4)	Yes	No
15. Are timely actions being taken to ensure that obligations of funds are made? (CH 3-2d(1)(h))	Yes	No

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 Individual Members

AR 135-381
Reserve Components Incapacitation System

AR 600-8-1
Army Casualty, Memorial and Line of Duty Investigations

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 National 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

MILPO
Military Personnel Office

NGB
National Guard Bureau

OBC
Officers' Basic Course

PEB
Physical Evaluation Board

TAG
The Adjutant General

USPFO
United States Property and Fiscal Officer

Section II
Terms

Incapacitation pay
Benefit available to a soldier who incurs or aggravates an injury, illness or disease in the line of duty 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 261 - 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 Last Name Position

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