DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
1000 NAVY PENTAGON
WASHINGTON DC 20350-1000

SECNAVINST 1770.3D
ASN(M&RA)
17 March 2006

SECNAV INSTRUCTION 1770.3D

From: Secretary of the Navy

Subj: MANAGEMENT AND DISPOSITION OF INCAPACITATION AND INCAPACITATION BENEFITS FOR MEMBERS OF NAVY AND MARINE CORPS RESERVE COMPONENTS

Ref: (a) 10 U.S.C. 1074
(b) 10 U.S.C. 1074a
(c) 37 U.S.C. 204
(d) 37 U.S.C. 206
(e) DOD Directive 1241.1 of 28 Feb 04
(f) DOD Instruction 1241.2 of 30 May 01
(g) SECNAVINST 1850.4 (Series)
(h) 10 U.S.C. 12322
(i) 10 U.S.C. 12301(h)
(j) NAVMED P-117
(k) 18 U.S.C. 1001

Encl: (1) Report of Investigation Line of Duty and Misconduct Status (DD Form 261)
(2) Requirements for Requesting Incapacitation Benefits
(3) Requirements for Updating Approved Incapacitation Benefits
(4) Release from Active Duty Against Medical Advice

1. Purpose. To revise benefit policies and procedures per references (a) through (k) for implementation in the Navy and Marine Corps Reserve. This instruction has been administratively revised and should be reviewed in its entirety.

2. Cancellation. SECNAVINST 1770.3C.

3. Policy. Per references (a) through (f), Navy and Marine Corps Reservists who incur or aggravate injuries, illnesses, or diseases during periods of active duty, inactive duty training, funeral honors duty, while traveling directly to or from such duty or training or while remaining overnight immediately before the commencement of or between successive periods of such duty

are eligible for incapacitation benefits. Incapacitation benefits available to eligible members may include inpatient or outpatient medical and dental treatment, and/or incapacitation pay, separation pay or disability retirement. Per reference (e) members, with their consent, may also be ordered to, or continued on, active duty to complete authorized medical care, be medically evaluated for disability or to complete a required Department of Defense healthcare study, which may include an associated medical evaluation. All concerned should give priority to careful management of this program to ensure the protection of both the Reservist's rights and benefits and the Service's interest in prompt resolution of cases. For disability retirement and/or separation purposes only, a Reservist who incurs or aggravates an injury, illness, or disease in the Line of Duty (LOD) shall be evaluated per reference (g).

4. Applicability. This instruction applies to members of the Department of the Navy Reserve Components (RC) excluding Full Time Support.

5. Effective Date. This instruction is effective immediately.

6. Definitions

a. Aggravated. Per reference (f), the worsening of a pre-existing medical condition over and above the natural progression of the condition as a direct result of military duty.

b. Benefit Issuing Authority (BIA). Delegated authority from Secretary of the Navy (SECNAV) to Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) to administer Medical Hold (MedHold) and Line of Duty (LOD) Determination programs.

c. Disability Evaluation System. The Disability Evaluation System (DES) is comprised of the LOD Determination process, Medical Boards, and Physical Evaluation Boards (PEB). The process, which is governed by the Secretary of the Navy per reference (g), makes determinations regarding fitness for continued naval service and entitlements to disability benefits.

d. Disease. A pathological condition of a part, organ, or system by an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms.

e. Fit for Duty. A pronouncement by a Military physician or by a Medical Evaluation Board that a service member previously on light or limited duty has healed from the injury, illness, or disease that necessitated the member's serving in a medically restricted duty status.

f. Fit for Continued Naval Service. A finding made exclusively by the Department of the Navy's PEB indicating that the service member is reasonably able to perform the duties of his or her office, grade, rank or rating. The finding of fit to continue naval service does not preclude subsequent temporary determinations of unsuitability for deployment, Physical Fitness Assessment participation, and disqualification from special duties or administrative actions resulting from such determinations.

g. Incapacitation. Per reference (f), physical disability due to an injury, illness, or disease incurred or aggravated by service that prevents the performance of military duties as determined by the SECNAV, or which prevents the member from returning to the civilian occupation in which the member was engaged at the time the injury, illness, or disease was incurred or aggravated.

h. Incurred. Per reference (f), to occur as a result of or during military duty. Incurred refers to the date or time of inception, when an injury, illness, or disease is contracted.

i. Illness. The impairment of normal physiological and/or psychological function that affects all or part of an organism. For purposes of this instruction, illnesses are considered non-traumatic, medical impairments that are usually of a temporary nature.

j. Injury. Damage or wound to the body, traumatic in origin.

k. Line of Duty (LOD) Determination. (Formerly known as Notice of Eligibility (NOE)) A document authorizing benefits provided by this instruction for any illness, injury, or disease incurred or aggravated while a Reservist was in a duty status. The LOD Determination statement will specify the benefits for which the member is eligible.

l. Line of Duty Investigation (LODI). It shall be presumed that an injury, illness or disease was incurred in the Line of

Duty and not due to gross negligence, intentional misconduct, or willful neglect. A LODI must be completed when it is questionable of whether the injury, illness or disease was incurred or aggravated in the LOD. Upon review of the request for LOD Determination benefits, the BIA may require the completion of a LODI to be able to make a determination of eligible benefits, this requires the completion of the DD Form 261, enclosure (1).

m. Medical Hold (MedHold). Retention of Reservists on active duty to receive medical treatment for service-connected injuries, illnesses and/or diseases until determined Fit for Duty by the BIA Senior Medical Officer (SMO) and/or Medical Status Review Officer (MSRO), or until final disposition is determined by the PEB. Members will be placed in a duty status commensurate with their physical abilities.

n. Unfit. Per reference (g) and for purposes of disability evaluation only, a finding of unfit, as determined by the PEB means that the member is unfit to continue naval service based on evidence which establishes that the member is unable to reasonably perform the duties of his or her office, grade, rank, or rating, to include duties during a remaining period of Reserve obligation. The PEB recommends service headquarters discharge or retire members found unfit to continue naval service.

7. Responsibilities

a. Assistant Secretary of the Navy for Manpower and Reserve Affairs (ASN (M&RA)). ASN (M&RA) is responsible for overall policy regarding Navy Reserve and Marine Corps Reserve incapacitation benefits and disability processing. ASN(M&RA) shall make a final determination on appeals referred in accordance with this instruction.

(1) Review and render a decision on appeals referred by the CNO or the CMC as BIA that dissent from the determination made by the Judge Advocate General (JAG).

(2) Monitor MedHold and LOD Determination cases that are not resolved within one year of placement into the incapacitation program.

b. Chief of Naval Operations and Commandant of the Marine Corps. The CNO and the CMC are responsible for the efficient, effective case management and disposition for RC personnel who

incur or aggravate an illness, injury, or disease and qualify for benefits under this instruction.

c. Deputy Chief of Naval Operations for Manpower, Personnel, Training, and Education (DCNO (MPT&E)). The DCNO (MPT&E) has management and oversight authority for all Navy Reservists in the MedHold and LOD Determination programs.

d. Deputy Commandant of the Marine Corps for Manpower and Reserve Affairs (DCMC (M&RA)). The DCMC (M&RA) has management and oversight authority for all Marine Corps Reservists in the MedHold and LOD Determination programs.

e. Director, Naval Council of Review Boards (DNCRB). The DNCPB is responsible for the management, integrity and efficiency of the PEB.

f. Chief, Bureau of Medicine and Surgery (CHBUMED). The CHBUMED is responsible for the efficiency of medical/dental care delivery, disability processing and the overall quality of Medical Board reports.

(1) Interface with the BIA to expeditiously resolve medical cases of Reservists receiving medical and/or dental care through the MedHold or LOD Determination programs.

(2) Establish procedures to ensure all medical records and reports for a Reservist referred to a TRICARE-Designated provider for evaluation and treatment are appropriately entered in the Reservist's medical and dental records.

(3) Ensure that MTF Commanders assign and train a manager for cases involving Reservists who may or may not be on active duty but require healthcare at that facility. Said manager should usually be the Operational Support Officer (OSO).

g. Commanding Officer (CO)/Inspector Instructor (I&I). The CO/I&I ensures expeditious medical treatment and proper case management, and acts as the Reservists' advocate to ensure that each Reservist is afforded the rights and benefits to which they are entitled. For MedHold cases, the Mobilization Processing Site CO shall serve as the member's advocate. For LOD Determination, the Navy Operational Support Center (OSC) CO and Marine Corps Reserve Training Center (RTC) I&I will serve as the advocate. This does not preclude the member's Unit CO from advocating on behalf of the member.

h. The Individual Reservist. The member shall:

(1) Report any injury, illness, or disease incurred or aggravated during a period of duty as soon as possible after occurrence and prior to termination of such duty. This notification shall be made to the CO/I&I via the Medical Officer or Medical Department Representative (MDR).

(2) Immediately report to the CO/I&I any injury, illness, or disease incurred outside of duty (civilian-incurred condition) which may require treatment during or after a period of duty.

(3) Make their status as "Reservist" known to the health care provider and OSO when seeking medical or dental care that could lead to incapacitation benefits, when seeking treatment for a condition that existed prior to entry, or when treatment will be required beyond the scheduled release date.

(4) Keep the BIA informed of member's incapacitation using enclosure (3) and processing through the supporting Navy or Marine Corps Mobilization Processing Site, MedHold or assigned Navy OSC or Marine Corps RTC.

(5) Sign and acknowledging that member understands MedHold or LOD Determination requirements and compliance with scheduled appointments.

(6) Inform the Navy and Marine Corps Mobilization Processing Site or assigned Navy OSC or Marine Corps RTC of member's current address and phone number.

(7) Unless excused by the BIA or the health care provider, a reservist must submit to a physical/mental/dental examination at least once every 30 days to maintain LOD Determination eligibility status.

8. Medical Hold process. The BIA will:

a. Establish and implement administrative procedures and guidelines for MedHold program.

b. Make a determination of Fit for Duty or placement within the MedHold program for Reserve personnel who:

(1) Incur or aggravate an injury, illness or disease while on continuous active duty orders for more than 30 days,

based upon available medical information obtained from the supporting Military Treatment Facility (MTF).

(2) Consent to remain or be placed on active duty for incapacitation treatment or Disability Evaluation System adjudication.

c. Direct MedHold cases to the PEB when a service member's fitness for continued naval service is questionable.

d. Authorize Reserve personnel to be recalled to or extended on active duty orders for continued incapacitation treatment or Disability Evaluation System adjudication per reference (h) or (i).

e. Manage MedHold cases and maintain a tracking system.

f. Maintain records of MedHold personnel screened for mobilization and/or demobilization to include incapacitating conditions, placement and extensions within the MedHold program, and release from active duty as "Fit for Duty".

g. Train subordinate counselors to advise Reservists of benefits and entitlements.

(1) Reserve Activities Administrative personnel and MDRs.

(2) MTF Operational Support Officers (OSO).

(3) Navy and Marine Corps Mobilization Processing Sites CO/Officers-in-Charge (OIC) and Medical supporting personnel.

h. For Reserve personnel who decline to accept or continue on active duty for incapacitation treatment, complete a NAVPERS 1070/613, "Release from Active Duty Against Medical Advice".

i. Approve LOD Determination for Reservists who require limited follow-up medical treatment following release from active duty as "Fit for Duty", for Service-incurred injuries, illnesses or diseases.

9. Line of Duty (LOD) Determination process

a. The BIA will:

(1) Establish and implement administrative procedures and guidelines for LOD Determination benefits per reference (f). Refer to enclosure (2) for requesting LOD Determination benefits for Navy Reservists. LOD Determination benefits for Marine Corps Reservists are requested via the current version of the "Marine Corps Medical Entitlements Data System (MCMEDS)".

(2) Authorize incapacitation benefits to eligible RC personnel who incur or aggravate an injury, illness or disease while performing inactive or active duty for 30 days or less, performing funeral honors, while traveling directly to or from such duty or training or while remaining overnight immediately before the commencement of or between successive periods of such duty.

(3) Direct LOD Determination cases to the PEB when a service member's fitness for continued naval service is questionable.

(4) Submit incapacitation pay authorization to Defense Finance and Accounting Service (DFAS) via the LOD Determination Supervisor, upon receipt of the request for incapacitation pay and all BIA-required documents

(5) Manage LOD Determination cases and maintain a tracking system per reference (f).

(6) Maintain records of incapacitation benefits awarded and monitor trends in incapacitating conditions, issuance and denial of LOD Determination, extensions, suspensions and terminations of LOD Determination benefits, and placement on or extension of active duty.

(7) Train subordinate counselors to advise Reservists of benefits and entitlements.

(a) Reserve Activities Administrative personnel and Medical Department Representatives.

(b) MTF Operational Support Officers (OSO).

(c) NMCMPS CO/OICs and Medical supporting personnel.

b. LOD Determination entitlements:

(1) Medical and Dental Care. A Reservist in a LOD Determination eligible status may receive only that medical and

dental care which is appropriate for the authorized condition, until determined "Fit for Duty" with no additional medical follow-up.

(2) Disability Evaluation System Processing. Per reference (j), conditions that will not or are not resolved within 90 days must have a medical board initiated. Members with permanently disabling conditions shall have medical boards dictated as soon as possible.

(3) Incapacitation Pay

(a) Incapacitation pay and allowances are authorized and outlined under reference (c).

1. Incapacitation pay shall be initially authorized for a period of 6 months if the Reservist meets the qualification criteria. Incapacitation pay shall include full basic allowance for housing (BAH I) according to the Reservist's residence at the time he or she become eligible for this pay. Extending incapacitation pay beyond the 6-month period requires a determination by the ASN (M&RA) that it is in the interest of fairness and equity to do so.

2. It is incumbent upon the Reservist to prove with clear and convincing evidence the amount of gross civilian earned income and any losses incurred. Failure of a Reservist to provide current and sufficient information to establish gross earned income or loss of income will result in a delay, suspension, or discontinuation of incapacitation pay. Per reference (k), anyone who knowingly and willfully makes a false, fictitious, or fraudulent statement or claim for civilian-earned income may be fined and/or imprisoned.

c. Duty Credit

(1) Member unable to perform Military duty. Personnel who are unable to perform military duties as a result of a LOD Determination condition are normally placed in a convalescent leave (CONLV) status following surgical intervention or Sick in Quarters (SIQ) status per reference (j).

(a) Member is entitled to full pay and allowances minus earned income per reference (c).

(b) Member is not authorized to attend homesite inactive duty training periods, or otherwise be placed on active duty except as set forth in reference (f).

(c) In order to maintain satisfactory participation for retirement purposes, member is authorized to complete correspondence courses for retirement point credit during the period in which benefits are received.

(2) Member able to perform Military Duty. Members who are able to perform military duties as a result of a LOD Determination condition these personnel are normally placed in a "Light Duty" status.

(a) Member is entitled to a reimbursement of lost civilian income, no greater than full pay and allowances per reference (c).

(b) Member may attend homesite inactive duty training periods as determined by the Reserve Activity CO/I&I. The BIA must approve performance of Annual Training (AT) or Active Duty for Training (ADT).

(c) Members who are unemployed at the time of service-incurred illness, injury, or disease are not eligible for incapacitation pay.

d. Extension of Incapacitation Pay

(1) The request for extension of incapacitation benefits must be forwarded to ASN (M&RA) no later than 30 days prior to the end of a Reservist's initial benefit period.

(2) Requests to extend incapacitation pay must include a brief chronological history, disposition or status of the medical board, or if applicable, the reason a medical board has not been initiated. Information must also be provided as to whether the member has resumed his or her civilian occupation, undertaken a new position in the same occupation, or taken a position in a new occupation.

(3) Requests for a second or subsequent periods of incapacitation not yet referred to the PEB, must include an endorsement from CHBUMED that the member has not received the maximum benefit of medical or dental care, or that the member is being processed through the PEB system. Per reference (f), a member who remains in a LOD Determination eligible status for

one year after the initial date of injury, illness, or disease shall be referred to the PEB if the member is not projected to be "Fit for Duty" within the next 6 months.

(4) Extension of incapacitation pay, if approved by ASN (M&RA), will normally be effective for a period of 6 months unless earlier terminated.

(5) Those cases in which personnel receiving benefits are returned to duty and subsequently found eligible for further benefits for the same condition will not be considered an extension of the previously terminated case. BIAs are cautioned to ensure this authority is not abused.

e. Suspension or Termination of Incapacitation Benefits.

(1) Incapacitation benefits for a Reservist may be suspended for failure to comply with program requirements. The member shall be informed of his/her suspension via certified mail from the Navy OSC or Marine RTC. If, during the suspension period, the Reservist returns to compliance with the requirements of this instruction, the BIA will determine the effective date that benefits may resume, taking into consideration the nature of non-compliance, any mitigating circumstances, and the date the Reservist once again met the program requirements. Specific situations for suspension or termination of incapacitation benefits are:

(a) The member's refusal to submit to medical, dental, or surgical treatment necessary to restore the member to "Fit for Duty" or "Fit for Continued Naval Service". A Reservist refusing medical treatment for a bona fide religious reason will need to have a medical board convened as outlined in reference (j) to determine the appropriateness of the refusal. The member may be eligible for continued benefits, if a bona fide religious basis exists.

(b) The member's failure to furnish authorized release of requested medical or dental documentation.

(c) The member's failure to obtain a medical or dental evaluation when directed by medical, dental, or administrative officials.

(d) The member's failure to provide current convincing evidence of information to establish gross civilian

earned income and any loss of income incurred, or if misrepresentation of lost wages or fraud has been determined.

(2) Incapacitation benefits may be terminated as follows:

(a) When a final LODI decision finds that the injury, illness, or disease was not incurred or aggravated in the Line of Duty or due to the Reservist's own gross negligence or misconduct.

(b) If the BIA determines the LOD Determination was issued in error.

(c) Upon the statutory discharge or retirement of the member.

(d) Failure to provide updated documentation as required by the suspension of incapacitation benefits within 30 days from the date of the 1st attempt to deliver the suspension letter.

(3) The BIA shall inform the member, Navy OSC or Marine Corps RTC CO/I&I, and, if being processed by the PEB, the President of the PEB, with a copy to DFAS and Military Medical Support Office (MMSO) when benefits have been terminated and reasons for the action. The member shall be informed of all reasons why his/her LOD Determination benefits were denied or terminated via certified mail from the Navy OSC and Marine Corps RTC.

(4) A Reservist, not yet found "Fit for Continued Naval Service" who declines to accept or continue treatment, will be counseled by the Navy OSC or Marine Corps RTC and acknowledge in writing to be included in the member's service record, that the benefits of the LOD Determination program have been explained and that the member has elected to waive the associated benefits as determined by the BIA.

(5) Per reference (f), incapacitation benefits shall end when the member has recovered sufficiently to be returned to military duty, or the resulting incapacitation has been processed and finalized through the PEB.

10. Incapacitation treatment

a. Outpatient Treatment:

(1) Outpatient medical or dental care authorized either by placement into the MedHold program or by the LOD Determination document should be obtained from a DoD MTF, Uniformed Service Treatment Facility (USTF), Department of Veterans Affairs (VA) Medical Center, or MMSO-approved healthcare provider.

(2) When treatment at a MTF is not reasonably available, members may be authorized care outside of the Military Health System. Personnel, who reside outside MTF catchment area, must obtain prior approval for non-emergency civilian care from MMSO. MMSO is responsible for determining if the requested care is necessary or appropriate. Failure to obtain prior approval for medical or dental care may result in denial of payment for treatment with member assuming liability for payment.

(3) A Reservist who is entitled to medical or dental care is also entitled to travel and transportation allowances for necessary travel incident to such care and return to their residence upon completion of treatment and shall be funded by Active Duty for other than Training (ADOT) or Temporary Additional Duty (TAD) orders.

b. Inpatient Treatment.

(1) Whenever possible, members shall be admitted to an MTF for LOD inpatient treatment.

(2) If the member resides outside of an MTF catchment area, MMSO will coordinate admission to an approved healthcare facility (i.e. VA, civilian, etc).

(3) When a member is admitted to a MMSO-approved healthcare facility, MMSO will make the determination for the necessity of continued hospitalization or transfer to a TRICARE-Designated Provider, MTF, or Department of VA Medical Center for evaluation or treatment. The member should be transferred to a TRICARE Designated Provider, USTF, or Department of VA Medical Center when extended hospitalization is necessary, and transfer will not jeopardize the health or impede the convalescence of the member.

(4) Travel orders should be written if the Reservist travels outside of the local area as defined by the Joint Federal Travel Regulations.

(5) Personnel hospitalized while in a duty status must be placed on orders for the entire period of the hospitalization.

(6) If a member subject to this instruction is hospitalized with an LOD condition, Commander, Naval Personnel Command (PERS 46) or Deputy Commandant, Manpower and Reserve Affairs, shall modify orders for hospitalized personnel as requested by the Chief Naval Operations (MPT&E) Senior Medical Officer to ensure the entire period of hospitalization is covered while member is in an active duty status.

11. Emergency Care. Nothing in this instruction shall be construed to preclude emergent and immediate medical or surgical treatment of a Reservist during any period of duty. The circumstances of origin of the condition with regard to having been incurred during or aggravated by an earlier period of duty will be resolved after the emergency has stabilized. A Reservist requiring emergency treatment after termination of a duty period stating that the condition was service incurred or aggravated shall be examined and provided necessary medical care. No treatment beyond that which is required to stabilize the determined emergency is authorized until the service connection is validated.

12. Appeals. A Reservist may appeal to the JAG the denial or termination of placement on MedHold or LOD Determination benefits.

a. Requests to be placed back on active duty or any extension of active duty, or LOD Determination denial of benefits must be submitted to OJAG via the BIA within 60 days of notice via certified mail of the denial or termination of benefits. The time requirement may be waived by the Office of the Judge Advocate General (OJAG) for good cause shown by the appellant or his/her command.

b. The letter of appeal shall indicate "Appeal" on the subject line and submitted to the OJAG via the BIA. The Letter of Appeal shall set forth in detail the reasons, with supporting documentation, for disagreement with the denial or termination. The BIA will review the appeal and reconsider the denial, suspension or termination of benefits.

c. The BIA may not deny the appeal of benefits for reasons not stated in the initial denial or termination without

permitting the Reservist an opportunity to rebut the additional ground(s).

d. Those cases that still warrant a denial or termination of benefits will be endorsed by the BIA with the complete appeal package forwarded to OJAG (Code 13). OJAG (Code 13) shall complete a legal analysis of the appeal and render an opinion, which shall be provided to the appellant via the BIA, within 30 days of receipt of the case from the BIA.

e. If the BIA disagrees with the OJAG opinion, the BIA may forward the opinion and all substantiating evidence to ASN (M&RA) for final disposition. ASN (M&RA) shall render a decision within 30 days of submission by the BIA. Pursuant to the authority contained in reference (f), should the denial be reversed, the Reservist's eligibility for healthcare shall be reinstated immediately and pay and allowances reinstated with payment effective from the date such pay was denied.

WILLIAM A. NAVAS, JR.
Assistant Secretary of the Navy
(Manpower and Reserve Affairs)

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Report of Investigation Line of Duty Misconduct Status (DD Form 261)

REPORT OF INVESTIGATION
LINE OF DUTY AND MISCONDUCT STATUS

1. REPORT DATE (YYMMDD)

2. INVESTIGATION OF (X one)
☐ INJURY ☐ DISEASE ☐ ILLNESS ☐ DEATH

3. STATUS (X as applicable)
☐ a. REGULAR OR EAD
☐ b. CALLED OR ORDERED TO AD FOR
☐ (1) MORE THAN 30 DAYS
☐ (2) 30 DAYS OR LESS
☐ c. INACTIVE DUTY TRAINING (Type)
☐ d. SHORT TOUR OF ACTIVE DUTY FOR TRAINING

4. TO (Major Army or Air Force Commander)

5. NAME OF INDIVIDUAL (Last, First, Middle Initial) | 6. SSN | 7. GRADE

8. ORGANIZATION AND STATION

9. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT

NAME (Last, First, Middle Initial) a.	SSN b.	GRADE c.	d. LOD INVESTIGATION MADE (X) YES	NO

e. DURATION (Applies ONLY to 3.c. and d.)

	DATE (YYMMDD)	HOUR
(1) START		
(2) FINISH		

10. BASIS FOR FINDINGS (As determined by investigation)

a. CIRCUMSTANCES | (1) HOUR | (2) DATE (YYMMDD) | (3) PLACE

(4) HOW SUSTAINED

b. MEDICAL DIAGNOSIS

c. PRESENT FOR DUTY? (X) ☐ YES ☐ NO

d. IF ABSENT: (X) ☐ WITH AUTHORITY ☐ WITHOUT AUTHORITY (Do not complete 10.e. and f. in death cases.)

e. WAS INTENTIONAL MISCONDUCT OR NEGLECT THE PROXIMATE CAUSE? (X) ☐ YES ☐ NO

f. WAS INDIVIDUAL MENTALLY SOUND? (X) ☐ YES ☐ NO

g. REMARKS

11. FINDINGS (X one. 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

12. INVESTIGATING OFFICER

a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. BRANCH OF SERVICE | d. SSN

e. ORGANIZATION AND STATION | f. SIGNATURE

13. ACTION BY APPOINTING AUTHORITY

a. HEADQUARTERS | b. DATE (YYMMDD)

c. (X one. Indicate reasons and substituted findings on back.)
☐ APPROVED ☐ DISAPPROVED

d. TYPED NAME (Last, First, Middle Initial)

e. GRADE | f. BRANCH OF SERVICE | g. SSN

h. SIGNATURE

14. ACTION BY REVIEWING AUTHORITY

a. HEADQUARTERS | b. DATE (YYMMDD)

c. (X one. Indicate reasons and substituted findings on back.)
☐ APPROVED ☐ DISAPPROVED

d. TYPED NAME (Last, First, Middle Initial)

e. GRADE | f. BRANCH OF SERVICE | g. SSN

h. SIGNATURE

15. FINAL APPROVAL (For action of office indicated in Item 4.)

DD FORM 261, OCT 95 (EG) PREVIOUS EDITION WILL BE USED. Designed using Perform Pro, WHS/DIOR, Oct 95

Reset

16. NAME OF INDIVIDUAL *(Last, First, Middle Initial)*	17. SSN	18. GRADE
19. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS		
20. REVIEWING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS		
21. APPROVING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS		

DD FORM 261 (BACK), OCT 95

Reset

Requirement for requesting Incapacitation benefits

1. Reservist Name, Rank/Rate, SSN, Home address, Home telephone, Work telephone, E-mail.
2. Date and time of incident. (Provide copy of supporting medical documentation, SF 600, Emergency Room Report).
3. Type of duty status during incident (provide a copy of the orders, muster sheet or DD 216).
4. Supporting Naval or Marine Reserve Activity, POC, Phone number, Fax number, E-mail.
5. Initial Line of Duty determination based on medical documentation from the medical record is completed on DD 261 Form.
6. The Reservist shall sign an appropriate HIPPA release, DD 2870 Form, in order for the Department of the Navy to obtain military and civilian records pertaining to all injuries, illness or diseases that may be related to fitness status for use in the benefit process.
7. The Reservist shall sign an appropriate release in order for the Department of the Navy to obtain civilian pay records in order to access the appropriate incapacitation pay when requesting incapacitation pay benefits. Self-employed Reservists must furnish proof of wages earned or lost; a copy of the prior year income tax return maybe required.
8. The Reservist will utilize the Military Treatment Facility for all medical or dental care if within the catchment area of said facility. Outside the catchment area of a MTF the Reservist must acknowledge in writing that any civilian medical or dental care required to treat a service-incurred injury or illness must be pre-approved by the Military Medical Support Office (MMSO) in order to be reimbursed for said medical or dental care.

Requirement for updating approved Incapacitation benefits

1. Verification of continued need for incapacitation benefits must be completed monthly by the NRA, with copies of the physician recommendation sent to the BIA.
2. Requests for Incapacitation pay must state the requested period of time, earned or lost income, verification from the Reservists' employer and documentation from the attending physician of inability to return to work.
3. Status of need for a medical board to be initiated 90 days post injury, illness or disease.

Release from Active Duty Against Medical Advice

ADMINISTRATIVE REMARKS
NAVPERS 1070/613
S/N 0106-LF-010-6991

SHIP OR STATION

RELEASE FROM ACTIVE DUTY AGAINST MEDICAL ADVICE

Counseling is required for Reservists on Active Duty orders for **greater than 30 days** who elect to be released from active duty and apply for incapacitation benefits through the Line of Duty (LOD) program.

1. If I consent to remain on Active Duty for medical care I understand the following:

_____ Initial — Medical care is completed via:

- Military Treatment Facility (MTF)
- Managed Care Department

_____ Initial — TRICARE is available for family members.

_____ Initial — My monthly pay continues like active duty.

_____ Initial — I will remain on orders until I am "Fit for Release" or the Physical Evaluation Board (PEB) has issued Findings.

2. If I request release from Active Duty, I may request incapacitation benefits through the LOD program reference by the SECNAVINST 1770.3C. I understand the following changes will occur:

_____ Initial — Medical care is completed via:

- Military Treatment Facility (MTF)
- Managed Care Department
- Civilian Care outside 50 mile catchment area of a MTF must have pre-approval from the Military Medical Support Office (MMSO)

_____ Initial — TRICARE is NOT available for family members. (This does not pertain to those personnel receiving Transition Assistance Management Program (TAMP) or TRICARE Reserve Select (TRS) benefits).

_____ Initial — If I am unable to return to work, I must request incapacitation pay. Pay is requested monthly and I must see a health care provider every 30 days in order to be paid. I also understand that incapacitation pay is usually delayed by 30 days.

_____ Initial — LOD benefits continue until I am "Fit for Duty" or the PEB has issued Findings, or the case is terminated because of administrative action.

Members Signature	Date	Witness Signature	Date

NAME *(Last, First, Middle)*	SSN	BRANCH AND CLASS

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