DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

RESERVE INCAPACITATION BENEFITS REQUEST

PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 522a (e)(3), the following information is provided to you when supplying personal information to the Coast Guard:
Authority: 37 U.S.C. 204 (g),(h),(i); 37 U.S.C. 206 (a)(3); 5 U.S.C. 301; 44 U.S.C. 3101; 10 U.S.C. 1071-1107; 14 U.S.C. 93 (a)(17); 14 U.S.C. 707 (d) and 14 U.S.C. 632.
Principle Purpose: Develop automated information and determine eligibility for Reserve Incapacitation Benefits.
Routine Uses: Develop automated information and determine eligibility for Reserve Incapacitation Benefits.
Disclosure: Voluntary. However, failure to provide all requested information will impede timely benefits authorization.

Information contained in this form, including any attachments, may be subject to the provision of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act (HIPPA) and shall only be reviewed or forwarded to personnel who are authorized AND have a need to know. If you have received this information in error, notify the individual identified so appropriate action may be taken.

SECTION I - MEMBER ACKNOWLEDGEMENT *(Completed by Member - PLEASE PRINT)*

1a. Last Name	1b. First Name	1c. MI	2. Rate/Rank	3. EMPLID

4. Type of RIB requested by member: ☐ Med Hold ☐ ADHC ☐ NOE	5. Member's Signature

SECTION II - COMMAND ACKNOWLEDGEMENT *(Completed by Command - PLEASE PRINT)*

6. Date of Injury/illness/disease incurred/aggravated in line of duty:	
7a. Permanent Duty Station:	
7b. TDY Unit *(if applicable)*:	
8a. Member duty type when injury/illness/disease incurred/aggravated? ☐ ADOS ☐ ADT ☐ EAD ☐ FHD ☐ IADT ☐ IDT ☐ RMP ☐ T10 ☐ T14	8b. Contingency: ☐ Yes ☐ No If Yes, Contingency Name: 8c. Orders Start: End:
9. Date Line of Duty (LOD) determination done:	
10. Estimated duration of benefits (days): (Over 180 days will require a Medical Evaluation Board (MEB) or Temporary Limited Duty (TLD) designation)	
11. Does the member require a waiver(s)? 11a. Over 16/18 Years AD?	☐ Yes ☐ No
11b. Over 30 years service/commissioned?	☐ Yes ☐ No
11c. Over age 60?	☐ Yes ☐ No
12. Does this injury/illness/disease require a MISHAP report as required by COMDTINST M5100.47 (series)?	☐ Yes ☐ No RPT #:
13a. Nearest Military Treatment Facility to member's home:	
13b. Nearest Military Treatment Facility to member's permanent unit:	
13c. Nearest Military Treatment Facility to member's TDY unit (if applicable):	
14a. Type of RIB requested:	☐ Med Hold ☐ ADHC ☐ NOE
14b. Requested duration:	Start Date: End Date:
14c. If extension requested - initial benefit dates (Start/Stop):	Start Date: End Date:
14d. If extension requested - benefit extension number requested:	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th Other

15. The following supporting documentation is attached:

- ☐ Signed Orders (on which member was injured/ill) (Required with initial request).
- ☐ Line of Duty Determination (CG-3822 or LIR) IAW CIM5830.1 (series) (Required with initial request).
- ☐ Physician Report (within last 30 days) (Required with initial request and extensions).
- ☐ Completed CG-3307 Administrative Remarks (RIB-01(NOE), RIB-02(Med Hold), RIB-03(ADHC))(Required with initial request).
- ☐ Supporting Documentation (Required with initial request and extensions).

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1a. Last Name	1b. First Name	1c. MI	2. Rate/Rank	3. EMPLID

16. Is member receiving VA Disability Compensation?	☐ Yes ☐ No

17. Remarks

18a. Unit POC	18b. Phone	18c. Email
19a. Commanding Officer/Designated Authority	19b. Date Signed	19c. Signature

SECTION III - DISTRICT (or equivalent) *(Completed by supporting RFRS - PLEASE PRINT)*

20a. District (dxr) POC	20b. Phone	20c. Email
21a. District/Designated Authority	21b. Date Signed	21c. Signature

22. Remarks

Email completed form and documents to ARL-SMB-CGPSC-RPM-Reserve-Medical@uscg.mil

SECTION IV - CG PSC-RPM *(Completed by PSC RPM-3 - Please Print)*

23a. CG PSC RPM-3 POC:	23b. Phone	23c. Email

24. The RIB Request is: ☐ Approved ☐ Disapproved *(See Block 26)*

☐ Med Hold	Start Date:	End Date:
☐ ADHC	Start Date:	End Date:
☐ NOE	Start Date:	End Date:

25. Contingency and Code (if applicable):

26. Remarks

Total Incap Duration: ______________

27a. CG PSC RPM/Designated Authority	27b. Date Signed	27c. Signature

IMPORTANT DIRECTIONS

1. Member has 30 days to appeal this decision from the date in block 27b.
2. Member shall sign the respective Administrative Remarks, CG-3307, Reserve Incapacitation Benefits (RIB-1 NOE; RIB-2 Med Hold; RIB-3 ADHC) and submit with application.
3. Status updates via the Physician Report form shall be provide to CG PSC RPM-3 every 30 days, at the time of extension request, or when member is deemed Fit for Full Duty (FFD)(only a military medical officer can render an official duty status).
4. Failure to comply with these requirements will result in suspension or termination of benefits and possible recoupment.
5. Member cannot receive VA Disability Compensation and military pay and allowances for the same time period.

SECTION I - MEMBER ACKNOWLEDGEMENT

1. - 3. Self-explanatory.

4. Type of RIB you as the member requests. This may or may not be what your Command requests. RPM-3 has final selection and approval authority.

5. Self-explanatory.

SECTION II - COMMAND ACKNOWLEDGEMENT

6. Date incapacitating condition was incurred or aggravated in the line of duty.

7a. - 7b. Self-explanatory.

8a. Check the duty type member was on when injury, illness, or disease was incurred or aggravated. Check only one.

8b. Check Yes or No. If Yes, provide the name of the contingency. The contingency must be listed on the member's orders.

8c. Start and end dates (DD-MMM-YY) of the orders indicated in block 8a.

9. Date (DD-MMM-YY) of command signature on the Line of Duty determination (CG-3822 or Letter of Incident Report).

10. Estimated duration of benefit (days) should be based on medical documentation (e.g. Physician Report).

11a. - 11c. Refer to COMDTINST M1001.28 (series) for waiver requirements.

12. - 13c. Self-explanatory.

14a. Check only one.

Med Hold - for those members who incur or aggravate an injury, illness, or disease while on orders for 31 days or more.

ADHC - for those members who incur or aggravate an injury, illness, or disease while transiting to, performing, or remaining overnight on active duty for 30 days or less, inactive duty, FHD, or RMP.

NOE - is issued to members following service on active or inactive duty to provide medical/dental care as a result of an injury, illness, or disease incurred or aggravated in the LOD.

14b. - 14d. Self-explanatory.

15. Checklist of required supporting documentation that must be submitted with request.

16. Self-explanatory.

17. Amplifying remarks, if necessary.

18a. - 19c. Self-explanatory.

SECTION III - DISTRICT (or equivalent)

20a. - 21c. Self-explanatory.

22. Amplifying remarks, if necessary.

SECTION IV - CG PSC-RPM

23a. - 23c. Self-explanatory.

24. If disapproved, must provide reason in block 26. If approved, check only one benefit. Provide start and end dates (DD-MMM-YY).

25. If original orders were contingency orders, the medical contingency code must be provided.

26. Amplifying remarks, if necessary.

27a. - 27c. Self-explanatory.