

## CRSC Reconsideration Request Form

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (MI)

**SSN:** \_\_\_\_\_ **Previous Claim Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Is this a change of address on this form?  Yes  No

**Contact Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

.....  
**Request Reconsideration for (check all that apply):**

I have been awarded these additional conditions by the VA, which may qualify me for CRSC; \_\_\_\_\_  
\_\_\_\_\_

I have been awarded Special Monthly Compensation (SMC) by the VA.

VA has adjusted the percentage and effective date on one or more of my conditions.

I have obtained new medical evidence which may verify the combat-related link to the following previously requested disability. (Please state VA code or affected area): \_\_\_\_\_  
\_\_\_\_\_

I am providing the requested information for reconsideration. (For example: DD 214, full VA rating decision, VA code sheet, MEB/PEB or LOD)

**OTHER:** (Reason is not list above) \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** Please submit only the new and substantive documentation that supports this request. All previously submitted documents will be included when reviewing your claim for reconsideration.

**Please note:** We do not address Individual Unemployability (IU), changes to dependents, or pay inquiries. For questions regarding these issues, please contact DFAS at 888-332-7411.

.....  
For more information on CRSC, please visit our website at [www.hrc.army.mil/tagd/crsc](http://www.hrc.army.mil/tagd/crsc)

If you have any questions, do not hesitate to contact a trained professional at our Call Center. The toll free number is: 1-866-281-3254 Opt 4

<p>Mail or Fax your signed request to:</p> <p><b>DEPARTMENT OF THE ARMY</b> U.S. ARMY HUMAN RESOURCES COMMAND ATTN: AHRC-PDR-C (CRSC) DEPT. 420 1600 SPEARHEAD DIVISION AVENUE FT. KNOX, KY 40122-5402</p> <p>eFAX: 1-502-613-9550</p>
--