

Attachment (a) to Enclosure (13): Format for Waiver Letter

MEMORANDUM

From: (Name, Rank, SSN, Service)
To: President, Physical Evaluation Board
Via: (Service Member's Commanding Officer)

WAIVER OF NAVAL DISABILITY EVALUATION
PROCESSING ICO (NAME, RANK, SSN, SERVICE)

Ref: (a) Title 10 U.S.C., Chapter 61
(b) DoD Inst 1332.38
(c) SECNAVINST 1850.4E

1. I hereby certify that I qualify to submit a waiver because:
2. The Medical Board indicates that my condition existed prior to entry on active service, and I acknowledge that it was not aggravated by military service. (Member's Initials) or,
3. I am currently retirement eligible, have submitted a retirement request, have an approved retirement date, and do not consent to retention to complete disability evaluation (Member's Initials) or,
4. I am currently within 6 months of my Expiration of Obligated Active Service (EAOS), do not intend to extend and/or reenlist, have no remaining Reserve obligation, and do not consent to retention to complete disability evaluation (Member's Initials) or,
5. I am currently within 6 months of mandatory separation/retirement due to:
 - Length of Service, or
 - High Year Tenure (HYT), or
 - Continuation Board Results/Failure to Select to Next Senior Rank, or
 - SERB Board Results, or
 - Reduction in Force (RIF) Requirements; and
 - Do not consent to retention to complete disability evaluation, and have no remaining Reserve obligation (Member's Initials)
6. After consultation with a military medical doctor (Medical Corps) who discussed both my current diagnosis/future prognosis, and after consultation with legal counsel and the PEB liaison officer, I hereby voluntarily waive any and all legal rights under the Department of the Navy Disability Evaluation System.

7. More specifically, I acknowledge that by submitting this waiver I relinquish any and all statutory/regulatory rights granted by references (a), (b), and (c) to military disability processing and possible severance pay or possible military disability retirement (Temporary Disability Retirement List or Permanent Disability Retirement List).
8. Furthermore, I also realize that, by signing this waiver, I am relinquishing any and all rights to be granted limited duty extensions for medical reasons and/or Permanent Limited Duty on active service.
9. By submitting this waiver, I intend to expedite my separation from the military service to ensure that my transition to the civilian sector is efficient and timely.
10. Nothing in this waiver, however, forecloses my ability to be evaluated by the Department of Veterans Affairs for injuries incurred incident to military service. I am aware that any disability compensation awarded by the Department of Veterans Affairs will be tax free, whereas, within the Department of the Navy only combat-related injuries or injuries occasioned by an instrumentality of war are tax free.
11. Notwithstanding the above facts, I hereby affirm my intent to waive any and all rights under the Department of the Navy Disability Evaluation System.

Respectfully submitted,

(Member's name)
(Rank, SSN, Service)

Rank, Name, Service, and Telephone
Number of MEB Medical Doctor (Medical Corps)

Rank, Name, Service, and Telephone number of
Legal Counsel (Judge Advocate and/or Civilian Counsel)

Rank, Name, Service of PEBLO
Copies to:
Service Member, Legal Counsel, Medical Doctor