

ACTION ON PHYSICAL EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION

PRIVACY ACT STATEMENT

*Authority: 10 U.S.C. 8013 and E.O. 9397
 Purpose: To process disability cases. SSN is necessary to ensure positive identification.
 Routine Uses: None
 Disclosure is Voluntary: Refusal to divulge information may jeopardize entitlement to disability benefits.*

I. PERSONNEL DATA

<i>MEMBER (Last, First, Middle Initial)</i>	<i>SOCIAL SECURITY NUMBER</i>	<i>GRADE</i>
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II. PEB ACTION

THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PHYSICAL EVALUATION BOARD (PEB) PERTAINING TO THE ABOVE NAMED MEMBER ARE INDICATED ON AF FORM 356.

<i>DATE</i>	<i>SIGNATURE OF PEB PRESIDENT, PEB REPRESENTATIVE, OR PEB LIAISON OFFICER</i>
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III. COUNSELING ACTION

I HAVE FULLY EXPLAINED TO THE MEMBER (or next of kin or guardian) (in person or by letter) THE LEGAL RESULTS OF THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB AND OF THE APPLICABLE CASE PROCESSING PROCEDURES AND APPEAL RIGHTS (if next of kin or guardian acts for evaluatee, show name, address, and relationship in Section V, below.)

<i>DATE</i>	<i>SIGNATURE OF COUNSEL, PEB REPRESENTATIVE, OR PEB LIAISON OFFICER</i>
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IV. ACTION BY THE MEMBER, NEXT OF KIN, OR GUARDIAN

<i>TO:</i> <i>PRESIDENT USAF PHYSICAL EVALUATION BOARD</i>	<i>ADDRESS OF PEB:</i> <i>AFPC/DPPDS, 550 C STREET, WEST, STE 6, RANDOLPH AFB TX 78150-4708</i>
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HAVING BEEN ADVISED OF THE LEGAL RESULTS OF THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB (as indicated on AF Form 356) AND THE APPLICABLE CASE PROCESSING PROCEDURES AND APPEAL RIGHTS (Check only one block)

<input type="checkbox"/>	<i>I AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE PEB AND UNDERSTAND I AM WAIVING THE RIGHT TO A FORMAL PEB HEARING.</i>
<input type="checkbox"/>	<i>I DO NOT AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE INFORMAL PEB AND DEMAND A FORMAL HEARING OF THE CASE. (Informal cases only) (Member is encouraged to submit a brief rebuttal stating reason for disagreement.)</i>
<input type="checkbox"/>	<i>I DO NOT AGREE WITH THE FINDINGS AND RECOMMENDED DISPOSITION OF THE FORMAL PEB HEARING. (do) (do not) DESIRE TO SUBMIT A REBUTTAL. (Formal hearing cases only.)</i>

<i>DATE</i>	<i>SIGNATURE OF MEMBER, NEXT OF KIN, OR GUARDIAN</i>
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V. NEXT OF KIN OR GUARDIAN DATA

<i>NEXT OF KIN (or guardian)</i>	<i>ADDRESS</i>	<i>RELATIONSHIP</i>
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REMARKS:

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