

CUI

**Class Action Review Board
Election of Options**

Date: _____

From: _____
Last Name, First Name, MI, Service, Last 4 SSN

Address

Phone Number

Email Address

To: President, Physical Evaluation Board (PEB)

Subj: PEB READJUDICATION ELECTION OF OPTIONS

Ref: (a) Notice of Right for PEB Readjudication dtd 23 Jun 23
(b) DODI 1332.18 of August 5, 2014
(c) SECNAVINST 1850.4E of April 30, 2002

1. I have reviewed reference (a) and acknowledge receipt of my most recent Physical Evaluation Board findings. Per reference (a), I understand the PEB will not readjudicate my case if I do not submit this Election of Options within 180 calendar days from the date of the notification. I understand my current PEB Findings and options and choose the following option in accordance with references (b) and (c).

2. I will initial the bottom of each page and the appropriate sections.

A. _____ **I ACCEPT my PEB findings.** I do not request readjudication of my PEB findings.

B. _____ **I CONTEST my PEB findings.** I request readjudication of my PEB findings. I request to be found fit for duty.

C. _____ **I CONTEST my PEB findings.** I request readjudication of my PEB findings. Below is a full list of the conditions I request to be found unfitting by the PEB.

<u>Condition</u>	<u>%</u>	<u>Combat Related</u>	<u>Combat Zone</u>
1)			
2)			
3)			
4)			
5)			

Attach an additional page if needed

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3. I understand that:

- Because this PEB readjudication is a *de novo* proceeding, my previous findings may change and can be higher or lower than the original findings.
- This Election of Options is for a records-review Informal PEB of conditions incurred or aggravated prior to my separation from Naval service.
- I should check the “Combat Related” box above if requesting this designation per sections 3501-3508 of reference (c).
- I should check the “Combat Zone” box above if requesting this designation per Appendix 6 to Enclosure 3 of reference (b).
- The Informal PEB will review my PEB case file from when I was in service as well as supporting evidence I provide with this Election of Options. Evidence can include documentation of a diagnosis so long as it was confirmed prior to my separation from Naval service. Evidence can also include documentation of or testimony about symptoms or signs of any of my petitioned conditions, even without a diagnosis, so long as these conditions were incurred or aggravated prior to my separation from Naval service.
- If the Informal PEB finds a petitioned condition to be unfitting, the PEB shall assign the disability rating percentage determined by the Department of Veterans Affairs (VA), if one was assigned. If the VA has not provided a disability rating percentage, the PEB will assign a rating percentage per the VA Schedule for Rating Disabilities.

The Election of Options and additional evidence may be sent to the PEB by U.S. mail or e-mail to one of the following addresses:

Physical Evaluation Board
 Attn: Torres Reviews
 Secretary of the Navy Council of Review Boards
 720 Kennon Avenue SE, Ste 309
 Washington Navy Yard, DC 20374-5023

Or via e-mail: peb_peblo_comms.fct@navy.mil

Should you wish to speak to an attorney at no charge, Government counsel is available from the Office of the Judge Advocate General, Disability Evaluation System Counsel Program (DESCP). The DESCP may be reached at (202) 875-1198 or DESCP_TorresUnit@us.navy.mil.

PETITIONER (OR AUTHORIZED REPRESENTATIVE) SIGNATURE**

Printed Name of Petitioner	Petitioner’s Signature	Date
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****If signing for the petitioner, a Power of Attorney must accompany this Election of Options.**