

FINANCIAL ENTITLEMENTS BRIEFING

1. I hereby certify that I have been briefed on my financial entitlements, which I am authorized while receiving medical care or incapacitation pay. I certify that I specifically understand the following:
2. Entitlements will be paid in 15 or 30 days increments, depending on my needs and receipt of approved AF Form 1971 and other required documents.
3. Incapacitation pay entitlements are base pay, BAS, BAQ, VHA, and incentive pay (if applicable). A rental/mortgage agreement is required to establish VHA entitlement.
4. My monthly incapacitation pay entitlement will not exceed the total monthly pay and allowances for a regular Air Force member of corresponding grade and length of service, less any earned civilian income.
5. Entitlements are paid via check or direct deposit; therefore, I must report any changes in residence or bank account to my pay reserve office, reserve medical unit, and the military personnel flight customer service office.
6. Emergency partial payments not to exceed 80 percent of base pay may be paid in cash.
7. Any payments I receive based upon an interim line of duty determination is subject to 100 percent recoupment if the final determination is not in the line of duty.
8. A request for extension of the initial 6-month incapacitation pay period must be approved by the Secretary of the Air Force. I must make application through my career enhancement office for extension of the initial 6 month incapacitation pay period.
9. I may incur a debt for back pay monthly SGLI premium not withheld while my application for incapacitation pay is being processed.
10. Incapacitation pay is taxable income.
11. I also understand that if I am in receipt of incapacitation payments I may not be eligible for welfare payments. If I receive both incapacitation and welfare payments, I will be required to reimburse welfare payments to the welfare agency.
12. Point of contact for any pay question is _____ at extension _____.

(Member's signature and date)

(Briefer's signature and date)

cc:

MPF/DPME

Member's immediate commander

MEDICAL BRIEFING

1. I may receive medical care and treatment, including hospitalization and re-hospitalization, only for the specific LOD injury, illness or disease.
2. I must request approval for civilian health care through my supporting reserve medical unit (RMU) before receiving such medical treatment. If I don't receive prior approval, I will then be responsible for payment of all bills incurred and the government may no longer be responsible for my LOD injuries, illness, or disease if complications arise from obtaining unauthorized civilian medical treatment.
3. I must report any changes in residence to my supporting customer service office and medical unit as soon as possible.
4. To determine my eligibility for incapacitation pay, I must first make a request to my supporting RMU or MTF and a military physician will complete Block II of AF Form 1971, Certification for Incapacitation Pay, for the proceeding 15 or 30 day period. I understand that an AF Form 1971 cannot be initiated until after a line of duty determination has been approved by my wing commander and HQ AFRC/A1KP.
5. AF Form 1971 completed for more than 1 month will require approval by my wing commander with full detailed explanation of why the form was not completed monthly.
6. I am not fit for military duty while I have a Code "31" or "37" on my AF Form 469, Duty Limiting Condition Report and will not participate in any Reserve activity for pay and/or point credit. When my profile no longer contains either a code "31" or "37" with or without physical restriction, I will be considered fit for military duty. The fact that I cannot perform my special operational duties, that is, flying duties, marine diving duties, etc., has no bearing on my fitness for military duty.
7. I must personally report to my RMU/MTF once every 30 days, or more frequently if so directed, and provide written medical documentation from my treating physician, updated since approval of my last AF Form 1971.
8. I am entitled to travel pay only for all medical appointments and I must contact my unit for preparation of travel orders.
9. Point of contact is HQ RIO/SGP office at extension (720) 847-3077.

(Member's Signature and Date)

(Briefer's signature and Date)

cc:

MPF/Career Enhancement (DPMPE)

Member's immediate commander

PERSONNEL BRIEFING

1. I hereby certify that I have been briefed on my responsibilities, the restrictions that apply to me, and the entitlements to which I am authorized while receiving medical care and/or incapacitation pay. I certify that I specifically understand that:
2. I must report any changes in my residence to my supporting career enhancement office (DPMPE), supporting reserve pay office (RPO), and supporting medical reserve medical unit (RMU) or medical treatment facility (MTF).
3. I must contact my RMU or MTF to request AF Form 1971, Certification for Incapacitation Pay, and have a military physician complete the medical portion (Block II) monthly unless otherwise directed.
4. I am authorized to receive incapacitation pay for up to 6-months if I am unfit for military duty and/or have a loss of earned civilian income as a result of and approved line of duty injury, illness, or disease.
5. I must provide all documents to the career enhancement office in a timely manner or prepare and explanation as to why my request was delayed.
6. If my incapacitation is expected to extend beyond the initial 6-month period I must request and extension of incapacitation pay, through military channels, from the Secretary of the Air Force. I understand that I must make application for the extension of the initial 6-month period 60 days before the expiration date to preclude undue delay or denial of payment of monies.
7. I am not authorized to participate in Reserve activities for pay and/or point credit while on and AF Form 469 code "31" or "37" and receiving incapacitation pay.
8. My promotion/reenlistment eligibility and participation may be affected by my incapacitation status.
9. If applying for loss of earned civilian income only, I must provide updated written medical documentation from my treating physician since last payment.
10. Point of contact for my personnel questions is _____ at extension _____.

(Member's signature and date)

(Briefer's signature and date)

cc:

Member's immediate commander