Blue Devils

1-800-THE-ARMY

Blue Devils

88th RSC DEMOBILIZATION Information

- TRI-Care
- Legal Information
- ESGR-Employer Info
- Creditor Information
- Line of Duty Information
- Operational Stress Control Program

1-800-THE-ARMY

NOTES

NOTES

CHAPLAIN SERVICES

- **Church/Community/Family Liaison**
- Offering **Religious Sacraments**
- **Guidance** on individual religious issues
- Information on **Suicide Prevention**
- **Counseling** of soldiers contemplating suicide
- **Pastoral Care** through **counseling**
- Conducting **Worship Services**

OPERATIONAL STRESS TEAMS
2-Tier Mission

- **UNIT LEVEL COMBAT STRESS AND BATTLE FATIGUE PREVENTION SERVICES Training leaders and units on Prevention, Identification and Management of combat and high-intensity training stress and battle fatigue: leader actions, buddy-aid and self-care techniques**
- **Command Consultation Support**: assistance identifying issues related to communication and unit morale
- **Crisis Intervention**
- **CISD–Critical Incident Stress Debriefing**: professionally guided reconstruction to provide individuals with a mechanism for safely evaluating a traumatic event. Designed to reduce Posttraumatic Stress.
- **Psychiatric Clearances and Evaluations** to determine Fitness for Duty
- **Chemical Dependency Evaluations, Brief Interventions and Referral**
- **Mental Health Consultation**: treatment, referral, information and recommendations for appropriate follow-on services
- **FAMILY STRESS SUPPORT SERVICES Working with Family Readiness Programs**
- Pre-and post-deployment briefings on the Emotional Effects of Deployment for soldiers and families
- Linking CSC assets with Family Readiness Groups when possible to assist with stress management, couple dynamics, children's issues and preparation for reunification.

- **FAMILY READINESS SERVICES** The 88th RSC Family Readiness Program is designed to provide a framework for soldiers' families to work together to achieve the common goal of reducing stressors imposed by military life and becoming more self-sufficient and self-reliant through a dynamic mutual support network. Family members receive information, moral support, and assistance with problem solving through the following services: →

TRICARE Service Centers

You can access the Heartland Regional Operations Center or your local TRICARE Service Center by calling one, toll-free phone number: **1-800-941-4501**

Illinois

Rantoul, IL (Chanute AFB)
1 Aviation Center Drive, Suite 105
Rantoul, IL 61866
8 a m – 6 p m (M-F)

Chicago, IL
300 East Randolph Street
Pedway Level
Chicago, IL 60601
8 a m – 6 p m (M-F)

Great Lakes Naval Hospital
3001 A 6th Street, 5th Floor
Great Lakes, IL 60088
7 a m – 8 p m (M-F), 9 a m – 1 p m (Sat)

Scott Medical Center
310 West Losey Street
Scott AFB, IL 62225
8 a m – 8 p m (M-F), 11 a.m. – 3 p m (Sat.)

Indiana

Indianapolis, IN
6525 E 82nd Street, Bldg. 10, Suite 204
Indianapolis, IN 46250
Hours 8 a m – 6 p m (M-F)

Grissom Air Reserve Base
1170 North Lancer, Building 162
Peru, IN 46970
8 a m – 6 p m (M-F)

Kentucky

Ft. Campbell, KY
2525 22nd Street
Fort Campbell, KY 42223
8 a m – 8 p m (M-F), 9 a m – 1 p m. (Sat)

Ireland Army Community Hospital
Building 851, Ireland Loop
Fort Knox, KY 40121
7 a m – 7 p m (M-F), 9 a m – 1 p m. (Sat)

Michigan

Detroit, MI
17197 North Laurel Park Drive, Suite 120
Livonia, MI 48152
7 a m. – 6 p m (M-F)

Gwinn, MI (K I Sawyer AFB)
Omni Professional Building
248 Wellington Drive
Gwinn, MI 49841
8 a m. – 6 p m (M-F)

Oscoda, MI (Wurtsmith AFB)
Aune Medical Center
5671 N Skeel Avenue Suite 16
Oscoda, MI 48750
8 a m – 6 p m (M-F)

Missouri

St. Louis, MO
500 Northwest Plaza, Suite 507
St Ann, MO 63074
8 a m. – 6 p m. (M-F)

Ohio

Akron/Canton, OH
Main Parkway Center
2383 South Main, Suite D-103
Akron, OH 44319
8 a.m. – 6 p.m. (M-F)

Cincinnati, OH
Triangle Park
31 Triangle Park Drive, Suite 3101
Cincinnati, OH 45246
8 a m – 6 p m (M-F)

Cleveland, OH
The Genesis Building
6000 Lombardo Center, Suite 110
Seven Hills, OH 44131
8 a.m. – 6 p.m. (M-F)

Hours Exclude Federal Holidays

Columbus, OH
Crossroads East Center
4419 Crossroads Drive
Columbus, OH 43232
8 a m – 6 p.m (M-F)

Wright Patterson Medical Center
74th Medical Group
4881 Sugar Maple Drive
Wright Patterson AFB, OH 45433
7 30 a m – 7:30 p m. (M-F), 9 a.m. – 1 p m (Sat)

Youngstown, OH
8166 Market Street, Unit E
Boardman, OH 44512
8 a.m – 6 p.m. (M-F)

Wisconsin

Milwaukee, WI
Royce Federal Plaza
310 W. Wisconsin Avenue, Suite 1230
Milwaukee, WI 53203
8 a.m. – 6 p m (M-F)

TRICARE Service Centers (TSCs) are located no more than ten miles from the nearest Military Treatment Facility (MTF), in Base Realignment and Closure (BRAC) Sites, and in larger cities in the TRICARE Mid-Atlantic and TRICARE Heartland Regions.

TRICARE Heartland Regional Offices

Regional Operations Center:	333 West First Street, Suite 300 • Dayton, OH 45402 • 1-800-941-4501
To submit a Claim:	TRICARE Regions 2 and 5 Claims Processing • P.O. Box 7021 • Camden, SC 29020-7021
Claims Questions and Inquiries:	TRICARE Regions 2 & 5 Correspondence • P.O. Box 7022 • Camden, SC 29020-7022 • 1-800-941-4501
To file a Grievance:	TRICARE Region 5 Grievance Unit • 333 W. First Street, Suite 300 • Dayton, OH 45402

For more information visit the Humana Military Web site at: www.humana-military.com

The TRICARE Program is a nondiscriminatory program for TRICARE eligibles offered without regard to beneficiary age, race, religion, gender, rank, sponsor status, family size, or personal income. TRICARE is Your Military Health Plan administered in the TRICARE Mid-Atlantic and the TRICARE Heartland Regions by Humana Military 2/5, Inc. TF25-1018 2 4/02

88 RSC Health Benefits Information

88th RSC Surgeon's Office: 1-800-THE ARMY #3615, (612) 713-3615

TRICARE web site: www.tricare.osd.mil

TRICARE contractor, MN residents: 1-888-874-9378 www.triwest.com

TRICARE contractor, IL, IN, MI, OH, WI: 1-800-941-4501 www.humana-military.com

Claims: Palmetto Government Benefits Administrators: 1-800-225-4816 www.mytricare.com

TRICARE Dental Program: 1-800-866-8499 www.ucci.com

Military Medical Support Office: 1-888-647-6676 http://mmso.med.navy.mil

Defense Enrollment Eligibility System (DEERS) 1-800-538-9552 www.dmdc.osd.mil

TRICARE Service Centers: All 1-800-941-4501

Rantoul, IL	Indianapolis, IN	Detroit, MI	Akron, OH
Chicago, IL	Peru, IN	Gwinn, MI	Cincinnati, OH
Great Lakes, IL		Oscoda, MI	Cleveland, OH
Scott AFB, IL	Milwaukee, WI		Columbus, OH
			Scott AFB, OH

Transitional Health Care Benefits: TRICARE is available to soldier and family members for 60 or 120 days after completion of active duty mobilization. Soldier must have served more than 30 days in support of a contingency operation. Sponsors must ensure they are enrolled for the program in DEERS. Sponsors with fewer than 6 yrs active duty service eligible for 60 days; those with 6 yrs or more active duty service eligible for 120 days. Eligible reserve component members and their families are entitled to transitional dental care on a space-available basis at military dental treatment facilities only.

Continued Health Care Benefit Program: Optional program with TRICARE Standard benefits. Premium must be paid with application. Cost is $933 per quarter per individual, $1996 per family. Must enroll within 60 days of loss of entitlement to military health system. Enroll on form DD 2837. Limited to 18 months for separating service members and their families. 1-800-444- 5445, option 4. www.humana-military.com

VHA Directive 2002-049: dated September 11, 2002. "Combat veterans are eligible for medical services for 2-years after separation from military service notwithstanding lack of evidence for service connection", to include National Guard and Reserve personnel who were activated and served in a theater of combat or in combat against a hostile force may also be eligible.

For more details visit the Reconstitution website on the 88th RSC Intranet.

INTEGRATED PROGRAMS

THE INTENT OF THIS PAMPHLET IS TO PROVIDE INFORMATION C THE MANY SERVICES AVAILABLE TO UNIT COMMANDERS, SOLDIERS AND THEIR FAMILY MEMBERS IN SUPPORT OF SOLDI AND FAMILY READINESS.

The implementation of an integrated operational stress management progr is an essential element in assuring secure and resilient soldiers and familie prepared to withstand the rigors of military separations and combat operat as well as the routine stressors common to the military lifestyle.

A team of dedicated professionals consisting of representatives from the Chaplaincy, the Stress Control units, the Family Readiness Support Grou and when possible, assets from community resources, work together to provide support for soldiers and their families.

THE GOAL:
RAPID RESPONSE

To coordinate services throughout the 88th RSC six-state region and provi soldiers and their families with educational, spiritual and psychological resources which strengthen the basic bonds essential to high morale, goo order and a sense of mastery over events.

EXPECTED OUTCOMES

Soldiers departing for training or extensive deployments confident that t families are prepared and supported are more likely to resist the debilitati effects of long-term operational stress. Families who know that soldiers l a solid base of preparation and training feel more secure sending their lo ones out to serve and are more likely to support the soldier's decision to r the Army Reserve a career.

THE FOLLOWING SERVICES ARE AVAILABLE TO ALL 88TH RS UNIT MEMBERS AND THEIR FAMILIES

- **Family Academies** designed to train family members for volunteer leadership positions
- **Information and Referral**
  Social activities for the unit and its family group to enhance cohesiveness and morale
- **Pre-deployment Assistance**
- Family/unit celebrations and fundraisers
- Chain of concern/telephone tree to answer questions
- Assistance obtaining information and resources such as I.D. cards
- Education on the emotional cycle of deployment
- **Mobilization/Sustainment Assistance**
- Organized efforts to support families of deployed/absent soldiers
- Supporting coping strategies and maintaining relationships within the family groups
- Preparing and supporting families for the unexpected
- **Post-deployment/Reunification Assistance**
- Supporting soldiers and families with reintegration and stabilization

Resources

In case of a life-threatening emergency by an individual such as a suicide threat or attempt contact 911 or your local hospital crisis unit.

- **OPERATIONAL STRESS CONTROL** Assistance to Commanders and to unit Family Support Groups or their members can be requested by coordinating with the 88th RSC Surgeon Stress Control Team. They can arrange contact with the Combat Stress Control Company or Detachment near you.
  Stress Control Unit at the 88th RSC Surgeon's office, Ft Snelling, MN at **1-800-THE ARMYx3882**

- **FAMILY READINESS PROGRAMS** Contact your Family Readiness Program at your unit or call the 88th RSC at **1-800-THE ARMYx3955/3521.** Or locate us at **www.usarc.army.mil/88thrsc**

- **CHAPLAIN SERVICES** If your unit chaplain is unavailable, contact the 88th RSC Chaplain's office. They will put you in touch with a chaplain who is assigned in your area:**1-800-THE ARMYx3021/3938**

88th Regional Support Command ,Surgeon
Combat Operational Stress Control
506 Roeder Circle
Ft Snelling, MN 55111-4009

LEGAL

INFORMATION

Service Member Address Line 1
Service member Address Line 2
November 22, 2002

RE: Application for Reinstatement - Uniformed Services Employment and Reemployment Act, Title 38, U.S. Code Section 4312

Employer's Name
Business Name
Business Address
Business City State Zip

Dear ***Employer's Name***:

On ***Begin_Date of Service***, I entered active duty with the ***Military Branch***. On ***End_Date of Service***, I expect to be honorably released from active duty with the service.

Please accept this letter as a formal request to be reinstated in my former job. With your permission, I plan to report to work on ***Return to Work***. Please call me at the number listed below if this date is not convenient. Pursuant to the Uniformed Services Employment and Reemployment Act, Title 38, U.S. Code Sections 4301-33, I request reinstatement as soon as possible in my former position.

If you have any questions about the provisions of the Uniformed Services Employment and Reemployment Rights Act, the National Committee for Employer Support of the Guard and Reserve, toll-free telephone number 1-800-336-4590, will answer your inquiry. Please acknowledge receipt of this letter and return to me at the address shown above.

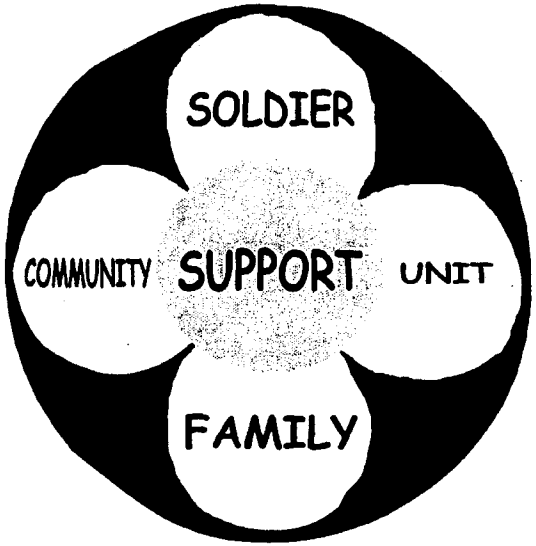
Sincerely,

Service Member First Name
Service Member Last Name
SM Rank, ***Branch***
Phone Number:***Servicemember Phone***

Original Received for Employer by:

_____
Employer's Name

OPERATIONAL STRESS CONTROL PROGRAMS IN THE 88TH REGIONAL SUPPORT COMMAND



Our Mission is to provide an integrated program of spiritual, psychological and educational assistance designed to promote resiliency in soldiers and their families.

NOTES

Termination and Revocation of General and Special Power of Attorneys

Your agent's authorization to act on your behalf terminates by your death, your agent's death, expiration of the term recited in the power of attorney, destruction of the original power of attorney or by execution of a document called a Revocation of Power of Attorney (see example below). You may wish to execute a revocation if you are dissatisfied with your agent, or for any reason you wish to terminate the authority of the agent to act on your behalf.

You must notify your agaent that you have revoked the Power of Attorney. Otherwise, your agent may be able to continue acting on your behalf. You should also consider giving a copy of the recocation to your major creditors and any agency/business where the Power of Attorney has been used or you susspect the agent may try to use it. **The revocation must be signed and notarized.** Notification to the agent should be by certified mail (restricted delivery) or in person with disinterested witnesses.

NOTICE OF
REVOCATION OF GENERAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **Client's Name**, Social Security Number _____, of **Client's Current Location** do hereby revoke the power of attorney dated **Date Executed** (the "Power of Attorney"), appointing **Agent's Full Name** of **Agent's Residence** as my true and lawful attorney-in-fact.

IN WITNESS WHEREOF, I have signed this Notice of Revocation of Power of Attorney this date, _____.

Client's Signature Here
Client's Name Here

STATE OF _____

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by **Client's Name** on **Date Revocation is signed**.

(SIGN) _____

(PRINT) _____

NOTARY PUBLIC

My Commission Expires: _____.

Points of Contact

- 9th LSO - Ohio and Michigan
  - 614-693-9727
- 91st LSO - Illinois, Indiana and the Milwaukee Metropolitan area
  - 847-266-2525
- 214th LSO - Minnesota, Wisconsin and Upper Peninsula of Michigan
  - 612-713-3234

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1, the proponent agency is DCSPER

THRU: *(Include ZIP Code)*	TO: *(Include ZIP Code)*	FROM: *(Include ZIP Code)*

1. NAME OF INDIVIDUAL EXAMINED *(Last, First, and Middle Initial)*	2. SSN	3. GRADE

4. ORGANIZATION AND STATION	5. ACCIDENT INFORMATION	
	a. DATE	b. PLACE *(City and State)*

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS ☐ OUT PATIENT ☐ ADMITTED ☐ DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY ☐ CIVILIAN ☐ MILITAR
8. HOUR AND DATE ADMITTED	9. HOUR AND DATE EXAMINED

10. NATURE AND EXTENT OF ☐ INJURY ☐ DISEASE ☐ RESULTING IN DEATH

11. MEDICAL OPINION: *a.* INDIVIDUAL ☐ WAS ☐ WAS NOT UNDER THE INFLUENCE OF ☐ ALCOHOL ☐ DRUGS *(Speci*

b. INDIVIDUAL ☐ WAS ☐ WAS NOT MENTALLY SOUND *(Attach Psychiatric evaluation if appropriate).*

c. INJURY ☐ IS ☐ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY ☐ WAS ☐ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT ☐ TEMPORARY ☐ PERMANENT PARTIAL ☐ PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE ☐ YES ☐ NO	14. NO. OF MG ALCOHOL/100 ML BLO

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE *(how, where, when)*

16. DATE	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR	18. SIGNATURE

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19 DUTY STATION ☐ PRESENT FOR DUTY ☐ ABSENT WITHOUT AUTHORITY ☐ ABSENT WITH AUTHORITY: ☐ ON PASS ☐ ON LEAVE	20. HOUR AND DATE OF ABSENCE	
	a. FROM	b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY *(Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)* ☐ YES ☐ NO

22. INDIVIDUAL WAS ON ☐ ACTIVE DUTY ☐ ACTIVE DUTY FOR TRAINING ☐ INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING	
	a. BEGAN	b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING ☐ DIRECTLY TO TRAINING ☐ DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAV

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE ☐ PRESENT FOR DUTY ☐ ABSENT WITH AUTHORITY ☐ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS *(If additional space is needed, continue on reverse) (Attach inclosures as necessary)*

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED ☐ YES ☐ NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE DUTY *(Not applicable on deaths)* ☐ YES ☐ NO

33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE

DA FORM 2173, OCT 72 REPLACES DA FORM 2173, 1 JUN 66, WHICH IS OBSOLETE. USAPPC V

Required Document: Once it is determined that a soldier has been injured the Commander must ensure the DA Form 2173 is properly completed by the attending medical facility and him/herself. At a minimum Section I will be completed by the attending medical facility. The DA Form 2173, examination and treatment records with a copy of the soldiers Active Duty orders (or approved leave form, depending on duty status) needs to be forwarded to the servicing Casualty Army Command for review and final determination.

Commanders/1SG/Personnel Clerks may contact the 88th RSC POC for LODs at anytime during mobilization. Additional information can be located on the Military Medical Support Office (MMSO) Web page at http://mmso.med.navy.mil or

Contact:
1-800-843-2769 ext 3070

CREDITOR

INFORMATION

DATE

Dear Creditor:

The President has exercised his authority under 10 U.S.C. 673(b) to order certain Reserve Component personnel to active duty. I am one of the soldiers being called to active duty by the President. Enclosed is a copy of my orders.

I am entitled to certain protections under the Soldiers' and Sailors' Civil Relief Act of 1940 (SSCRA), as amended, (50 U.S.C. Appendix 501 et seq), as a result of my call to active military service and the material impact it will have on my financial income.

Pursuant to Section 206 of the SSCRA, please immediately reduce the amount of interest on my debt to 6 percent. The difference between 6% and my loan interest rate must be forgiven, not deferred or accrued in accordance with the SSCRA.

I will contact you immediately upon my discharge from active duty to discuss this debt.

Thank you for your time and assistance.

Sincerely,

Enclosure

Line of Duty Investigations for Mobilized soldiers who are injured during Active Duty AR 600-8-1, dtd 18 Sep 86 (this edition must be used)

Fact: Line of Duty Investigations (LODs) are not properly being completed for mobilized soldiers within the 88th RSC. IAW AR 600-8-1, Line of Duty Investigations are required to arrive at a determination that the disease, injury or death was a direct cause of military service. They are essential for protecting the interest of both the individual soldier and the U.S. Government.

Discussion: Line of Duty investigations must further be completed during the mobilization in order to protect the soldier for continued medical treatment, Active Duty Medical Extension (ADME) or Incapacitation Pay once the soldier is released from Active Duty. Without the LOD being completed the soldier is not entitled to any treatment or pay after release from Active Duty which may have a significant effect on the soldier and his family.

Implementation: The Commanders/1SG need to fully understand the importance of the LODs. This should be covered during a unit mobilization. The LOD should be documented at the time of the injury and completed by the units servicing Casualty Area Command (CAC) prior to REFRAD. This should be coordinated with the units supporting PAC at the Active Duty location.

Upon REFRAD all solders should elect the out processing physical. If there is a medical condition that cannot be taken care of prior to REFRAD the soldier may elect ADME until he/she is fully capable of returning to work upon De-mob or have obtained all medical treatment that is available.

The Commanders should ensure that the DA Form 2173 is completed and approved prior to any unit/soldier being released from Active Duty. If the LOD is not approved upon REFRAD, the commander must ensure the DA Form 2173 has been initiated by the medical treatment facility in order to process the action upon return to Home Station.

Section I, DA Form 2173 must be completed by the attending physician or Patient Administrator. Section II, must be completed by the units Headquarters Company Commander.

For any injury/illness/disease that may have existed prior to mobilization, a Formal LOD Investigation must be completed. The formal investigation can only be initiated/completed by the commander of at least a BN size organization or higher.

LINE OF DUTY

INFORMATION

Date:_____

Dear Creditor:

In _____ (month) of _____ (year), the President exercised his authority under 10 U.S.C. 673(b) to order certain Reserve Component personnel to active military duty. I was one of the soldiers called to active duty by the President. Enclosed is a copy of my orders. I notified you in _____ (month) of _____ (year) that I had been ordered to active duty.

As a result of my call to active duty, I am entitled to certain protections under the Soldiers' and Sailors' Civil Relief Act of 1940 (SSCRA), as amended, (50 U.S.C. Appendix 501 et seq). Pursuant to section 206 of the SSCRA you were required to reduce the amount of interest on my debt to 6 percent. The difference between 6% and my loan interest rate must be forgiven, not deferred or accrued, in accordance with the SSCRA. Although I notified you of my call to active military service, you did not reduce my loan interest rate as required under the SSCRA. I demand that you give me a credit against my account in the amount of $_____, which is the additional amount of debt as a result of your failure to reduce my interest rate to 6% during the period of my active military service. Please respond in writing within thirty (30) days to confirm that this credit has been issued. If you have any questions or need any additional information, please feel free to contact me at telephone number: _____ or address _____ _____.

Thank you for your prompt attention to this matter.

Sincerely,

EMPLOYER SUPPORT OF THE GUARD AND RESERVE INFORMATION

Employer Support of the Guard and Reserve

1-800-336-4590
www.esgr.org

Uniformed Services Employment and Reemployment Rights Act (USERRA) Title 38 U.S.C. Chapter 43

Prohibits discrimination against those who choose to serve in the "uniformed services."
Entitles uniformed service members to a leave of absence from their civilian employment for the period necessary to perform military service, whether that service is voluntary or involuntary, for up to 5 years of cumulative voluntary service. (They are not required to use their personal vacation during the period of service.)

Protects the right to continued company benefits for those who serve for up to 30 days. These include: Medical, Retirement, Insurance Plans, and Profit Sharing. (An employee may elect to continue COBRA-like health coverage for up to 18 months.)
Entitles uniformed service members returning from military service to prompt reinstatement of employment, with seniority, status, and rate of pay as if continuously employed.
Enables uniformed service members to seek relief, through the Veterans' Employment and Training Service, U.S. Department of Labor, if a conflict cannot be worked out.

Uniformed Service Member's Responsibilities

1. **Advance Notification.** You must give your employer advance *written or verbal* notification duty.
2. **Character of Service.** You must serve satisfactorily or have been released from service under conditions other than dishonorable.
3. **Cumulative Service Limit.** You must not hav exceeded the 5-year cumulative limit on periods service.
4. **Reporting Back to Work.** You must report ba within the time guidelines of USERRA.

The **ESGR Ombudsman Program** is an informa mediation service available to employers or unifor service members who are experiencing conflict because of military duties. For access to this or ot ESGR programs, please contact your local ESGR volunteer or the National Committee for Employer Support of the Guard and Reserve (NCESGR).
Your local ESGR volunteer is:

If no name appears in this block, please contact NCESGR at 1-800-336-4590

Recognize supportive employers! You can nominate your employer for an ESGR award. It's a way of thanking your employer for allowing you to serve our Nation! Contact your local ESGR volunte or below:

NCESGR
Ombudsman Directorate
1555 Wilson Boulevard, Suite 200
Arlington, VA 22209-2405
1-800-336-4590
DSN: 426-1400 CML: (703) 696-1400
FAX: (703) 696-1411
E-mail: ncesgr@osd.pentagon.mil
Web site: www.esgr.org

8-9909