Orders | **Attachment(s)**

Election to Waive Military Retired Pay / VA Compensation or Military Pay and Allowances when Recalled to Active Duty

Purpose: Recalled Retirees are only authorized to receive Military Pay and Allowances (MPA) or a combination of VA Disability Compensation and Military Retired Pay during the period of the recall to active duty (10 USC 12316). By completing this form, you are making an election to choose which type of pay you want to receive while on this period of active duty.

Note: Any retiree ordered to active duty during the COVID-19 National Emergency[1] for a period of more than 30 days must accept the pay for active service unless the pay based on earlier service (i.e. retired pay/VA Disability Compensation) is greater.

INSTRUCTIONS

Soldier: Complete this form, attach your orders and supporting documents, obtain the signature of your unit commander or designee and return the completed form to your Defense Military Pay Office (DMPO)/Financial Services Office (FSO)/Personnel Support Detachment (PSD).

DMPO/FSO/PSD: Provide a copy of this form, Recall Orders and other supporting documents to DFAS Retired and Annuitant Pay by uploading document(s) to AskDFAS using the link:

https://corpweb1.dfas.mil/askDFAS/custCategories.action?pgModId=12
under categories, select “For Branch of Service Use Only” and
under subcategories, select “Recall – Reversion Orders” or Fax 1-800-469-6559.

Administrative Data

1. Name of Retired Soldier *(Last, First, Middle Initial)*			2. Rank/Grade
3. Email address	4. Service	5. UIC	6. Effective Date of AD *(MMDDYYYY)*
	ARMY		
7. Active Duty Location			8. Daytime Phone Number

9. Election *(Choose only one)*

☐ a. I elect to waive my Military Retired Pay/VA Disability Compensation while on Active Duty (AD).

☐ b. I elect to waive my pay for active military service I am scheduled to perform. (i.e. Military Pay and Allowances) *NOTE:* ***Choosing this option provides most veterans with LESS money.***

10. Statement of Understanding

☐ a. I understand that I MUST contact the Veterans Administration (VA) to inform them of any change in status that affects my VA Disability Compensation. Failure to do so will result in an accrual of a debt. I will call the VA's toll-free number 1-800-827-1000 within the next 24 hours.

b. Signature	c. Date *(MMDDYYYY)*

10. Certification

(Unit Commander/Admin Officer or Designee)
I CERTIFY THAT to the best of my knowledge, the information shown above concerning the member's recall to active duty is correct.

a. Signature	b. Rank/Title	c. Date *(MMDDYYYY)*

[1] *A Proclamation Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak was issued on March 13, 2020.*