



APPLICATION FOR ADJUSTED COMPENSATION TO NATIONAL GUARD / RESERVE & ACTIVE DUTY VETERANS

OFFICE OF THE ADJUTANT GENERAL-ADJUSTED COMPENSATION DIVISION
SFN 59121 (05/09)

PO Box 5511
Bismarck, ND 58506

Type or print in ink. Please see second page for instructions. Incomplete applications will delay processing and payment. Complete a separate application for each deployment.

Name (Last, First, Middle)		Rank	Social Security Number
Street Address		Date of Birth	Place of Birth (City, State)
Mailing Address		Phone	Email
City	County	State	Zip
Period of Active Duty for which Compensation is Claimed <input type="checkbox"/> Iraq <input type="checkbox"/> Afghanistan <input type="checkbox"/> Somalia <input type="checkbox"/> Bosnia <input type="checkbox"/> Kosovo <input type="checkbox"/> Other _____			
Entry Date of Active Duty (Day/Month/Year, ex: 01JUN09)		Separation Date from Active Duty (Day/Month/Year, ex: 01JUN09)	
Date of Entry into Theatre or War Zone (Day/Month/Year, ex: 01JUN09)		Date Exited Theatre or War Zone (Day/Month/Year, ex: 01JUN09)	
Were you Awarded the Purple Heart during this Period of Service? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide a copy of the awarding order.		Was the Above Named Veteran Killed in Action? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide beneficiary information below	
Branch of Service in Which Served (Indicate both component and branch) <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard		Name and Address of Beneficiary of Veteran's Estate	
Unit in Which You Served		Have you Received a Bonus or Compensation for the Above Period of Service from any other State? <input type="checkbox"/> No <input type="checkbox"/> Yes – State the circumstances and amount received	
Do you Claim Residence in North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes			

The person who executed this instrument certifies by his or her signature that the contents and attached documents are true and accurate to the best of their knowledge.

Applicant (Please Print)

Signature of Applicant or Beneficiary of Applicant

OFFICIAL USE ONLY – Please do not write in this section.

Claim Number	Date Received	NDNG Member <input type="checkbox"/> No <input type="checkbox"/> Yes
Documents Attached <input type="checkbox"/> DD214 <input type="checkbox"/> ERB/ORB <input type="checkbox"/> PDHA <input type="checkbox"/> BIR <input type="checkbox"/> Orders <input type="checkbox"/> ND TAXES YEAR _____		Documents Verified
Total Active Duty Service Domestic (NG & Reserve Only) = _____ Months \$ _____ Foreign (combat) = _____ Months \$ _____ Foreign (noncombat) = _____ Months \$ _____		Total Due \$
Service Computed by	Audited by	Database Checked for Prior Payments
Remarks		
Verified for Payment	Amount Paid Claimant	

DOCUMENTS TO INCLUDE WITH APPLICATION

- 1) For NDNG members:
 - i) A copy of the original report of separation (DD214 member-4) (Do not submit original)
- 2) For all other applicants:
 - i) ND tax return for the year prior to deployment;
 - ii) Verification of the specific war zone entry/exit dates;
 - iii) Verification that deployment was in direct support of the global war on terror.

PAYMENT OF ADJUSTED COMPENSATION (VETERAN'S BONUS)

- 1) Each National Guard or Reserve Component resident veteran mobilized stateside (Title 10) is eligible for \$50 for each month or major fraction thereof for state-side duty or mobilization trainup.
- 2) Each National Guard, Reserve, or Active Component resident veteran of Foreign Service who was activated under Title 10 orders is eligible for
 - i) \$100 for each month or major fraction thereof if receiving hazardous duty pay, or
 - ii) \$50 per month or major portion thereof if not receiving hazardous duty pay.
- 3) If the veteran received a Purple Heart for Foreign Service, the veteran is entitled to a payment of \$2500 in lieu of the monthly payments.
- 4) If the veteran is deceased, the veteran's beneficiary is entitled to any payments to which the veteran would have been entitled.
- 5) In the case of a veteran who died as a result of active service during the period of service, the beneficiary is entitled to a payment of \$5000 in lieu of the monthly payments.
- 6) Applications for adjusted compensation may be filed with the adjutant general through 30 June 2011, or in the case of mobilization on 30 June 2011, not later than six months after the end of the mobilization period of service.

"RESIDENT" means a veteran who was a bona fide resident of the state of North Dakota at the time of mobilization or, in the case of an active component member, at the time of deployment. "Resident" also includes all mobilized members of the North Dakota National Guard.

MAILING ADDRESS FOR ALL CORRESPONDANCE

Adjusted Compensation Division
PO Box 5511
Bismarck, ND 58506-5511
Phone: 701-333-3008

APPEALS

If you disagree with the determination of the adjusted compensation program manager, you may appeal the decision to the adjutant general. Within 30 days of the denial of benefits, send your request for an appeal along with any additional information to:

The Adjutant General
Attn: Office of the Staff Judge Advocate
PO Box 5511
Bismarck, ND 58506-5511