UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF: Work-Product

DOCKET NUMBER: BC-2022-01427

COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

1. His AF Form 356, *Findings and Recommended Disposition of USAF Physical Evaluation Board*, Section 9, Column F, be changed to "A" to indicate his disability of Obstructive Sleep Apnea (OSA) with Insomnia Disorder was combat-related as defined in 26 U.S.C. 104 as a direct result of armed conflict.

2. His disability retirement order, Special Order Work-Product be corrected to "yes" showing his disability was received in line of duty as a direct result of armed conflict or caused by an instrumentality of war and incurred in line of duty during a period of war and had service affiliation as defined in 26 U.S.C. 104.

3. His medical condition of Insomnia Disorder be rated and assigned a separate disability rating as a finding under the Veteran Affairs Schedule for Rating Disabilities (VASRD) code 9434, in conjunction with Major Depressive Disorder (MDD).

4. His Category II condition of maxillary hypoplasia be rated and assigned a separate disability rating and an annotation be made showing it aggravated his OSA.

5. His Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder should be annotated and rated as unfit on his AF Form 356 (**this is an additional request which is annotated on his 15 Nov 22 rebuttal**).

APPLICANT'S CONTENTIONS

The Informal Physical Evaluation Board (IPEB) findings show he had comorbid Insomnia Disorder due to his mental health conditions. He initially had sleep issues during his deployment in 2007 which was thought to be due to anxiety. Further evidence shows, during his deployment in 2014, he sought mental health care for depression, anxiety, sleep, and thyroid issues. His sleep conditions worsened throughout his deployments and ultimately caused cancellation of a later permanent change of station (PCS) assignment. His medical condition of maxillary hypoplasia which was considered congenital should have been covered under Title 10 U.S.C., Section 1201, 1203, 1207. His congenital condition of maxillary hypoplasia aggravated his unfitting medical conditions which were rated by the Department of Veterans Affairs (DVA) at 30 percent for his mental health condition and 50 percent for his OSA during his Compensation and Pension (C&P) Examination. Since discharge, the DVA has awarded him a combined 100 percent disability rating.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force technical sergeant (E-6).

On 22 Oct 19, AF IMT 618, *Medical Board Report,* indicates the applicant was referred to the IPEB for severe OSA and maxillary hypoplasia.

On 14 Nov 19, the DVA proposed a 50 percent disability rating for his service-connected severe OSA and a 30 percent disability rating for his adjustment disorder with mixed anxiety and depressed mood (claimed as Insomnia and sleep disturbances secondary to hypothyroidism).

Dated 19 Nov 19, AF Form 356, *Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition of severe OSA and recommended permanent retirement with a 50 percent compensable disability rating. The applicant's medical condition of maxillary hypoplasia was found as a Category II condition that was not unfitting and not compensable or ratable. The board reviewed his medical condition of maxillary hypoplasia and found the condition to be congenital and did not prevent reasonable performance of his duties, did not impose unreasonable requirements to maintain or protect his health, and did not represent a medical risk; therefore, concluding this condition not currently unfitting.

On 21 Nov 19, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant agreed with the findings and recommended disposition of the IPEB.

On 24 Feb 20, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged from the Air Force in the grade of technical sergeant (E-6) after serving 15 years, 8 months and 10 days of active duty. He was discharged, with a narrative reason for separation of "Disability, Permanent IDES."

On 25 Feb 20, Special Order Work-Product, dated 8 Jan 20, indicates the applicant was permanently disability retired in the grade of technical sergeant with a compensable percentage of 50 percent for physical disability. "Disability received in line of duty as a direct result of armed conflict and had service affiliation as defined in 26 U.S.C. 104" are both marked "no."

For more information, see the excerpt of the applicant's record at Exhibit B and the advisories at Exhibits C, F, and I.

APPLICABLE AUTHORITY/GUIDANCE

DoDI 1332.18, *Disability Evaluation System (DES)*, Appendix 5 to Enclosure 3, "Combat-Related" covers injuries and diseases attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict. A disability is considered combat-related if it makes the member unfit or contributes to unfitness and the preponderance of evidence shows it was incurred under any of the following circumstances; as a direct result of armed conflict; while engaged in hazardous service; under conditions simulating war; or caused by an instrumentality of war. Armed conflict is defined as a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerilla action, riot, or any other action in which service members are engaged with a hostile or belligerent nation, faction, force, or terrorist.

AIR FORCE EVALUATION

AFPC/DPFDD recommends denying the applicant's request. Based on a review of the documentation provided by the applicant and analysis of the facts, there is no evidence of an error or injustice during his DES processing. There is no evidence his unfitting condition for OSA originated in a combat zone. His Category II condition of maxillary hypoplasia was deemed a congenital defect by the DVA and therefore non-compensable.

Any contribution of maxillary hypoplasia in the aggravation of the applicant's OSA would have been subsumed under the diagnosis of OSA. A condition which contributes to the manifestation or severity of a different disorder (e.g., maxillary hypoplasia contributing to OSA) is not separately rated unless that condition is also independently and completely unfitting by itself. Per VASRD Section 4.14, *Avoidance of Pyramiding*, the evaluation of the same disability under various diagnoses is to be avoided. If he had not had a diagnosis of OSA, his congenital maxillary hypoplasia would not have been an unfitting condition alone as there was no indication/evidence to support. Additionally, under the Integrated Disability Evaluation System (IDES) process the PEB must utilize the disability ratings assigned by the DVA. In its 14 Nov 19, Proposed Rating Decision the DVA determined this condition was a congenital or developmental defect which is unrelated to military service and not subject to service connection and therefore unratable under the IDES. Furthermore, the DVA went on to explain pursuant to DVA regulations, disability compensation may only be granted for a dental condition when there is evidence of damage involving the bony structure of the jaw due to combat wounds or service trauma. Following a thorough review of his service treatment records, they were unable to find evidence to show he incurred any injury or was diagnosed or treated for a traumatic injury to his mouth which damaged the bony structure of the jaw while on active duty. Therefore, the DVA denied service connection for his maxillary hypoplasia.

Award of a disability rating by the DVA for a claimed medical/mental health condition that was not considered unfitting by the PEB does not warrant change to the original DES ratings after the fact. Although the DVA rated a mental health condition for adjustment disorder with mixed anxiety and depressive mood, claimed as Insomnia and sleep disturbances secondary to hypothyroidism with a 30 percent disability rating, this condition was not deemed potentially unfitting during the medical evaluation board (MEB) process. A review of his service treatment records indicates he had a mobility limitation for 90 days beginning on 11 Sep 18 for adjustment disorder with mixed anxiety and another mobility limitation for 30 days beginning 9 Jul 19 for adjustment disorder with mixed anxiety and depression. Temporary/limited restrictions for a mental health condition do not denote the condition is unfitting and therefore the condition was not referred to the IPEB for consideration. The IPEB did however note his treatment with sedating medications for his insomnia was more likely than not also contributing to the severity of his OSA as was the maxillary hypoplasia and his obesity.

The Air Force and the DVA disability systems operate under separate laws. Under the Air Force system (Title 10, U.S.C.), the PEB must determine whether an airman's medical condition renders them unfit for continued military service relating to their office, grade, rank or rating. To be unfitting, the condition must be such that it alone precludes the member from fulfilling their military duties. The PEB then applies the rating best associated with the level of disability at the time of disability processing. That rating determines the final disposition (discharge with severance pay, placement on the temporary disability retired list, or permanent retirement) and is not subject to change after the service member has separated. Under the DVA system (Title 38, U.S.C), the member is evaluated for all medical conditions incurred or aggravated during their time in service and may be reevaluated over the years. Their rating may be increased or decreased based on changes in the member's medical condition at the current time. However, a higher rating

by the DVA "based on new and/or current exams conducted after discharge from service" does not warrant a change in the total compensable rating awarded at the time of the member's separation. Additionally, although a member may receive a disability rating from the DVA, this does not necessarily mean the medical condition is considered unfitting for DES purposes.

The complete advisory opinion is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 14 Nov 22 for comment (Exhibit D), and the applicant replied on 15 Nov 22. In his response, the applicant contends his mental health condition incurred in the combat zone, specifically, insomnia, and adjustment disorder. He has gone back to the DVA and has been awarded with a combat code for both of his newly diagnosed PTSD and adjustment disorder with mixed anxiety and depression, with insomnia. He believes a rating for his PTSD, adjustment disorder, or insomnia disorder should have been provided on this AF Form 356 in conjunction with a diagnosis of adjustment disorder. At the time of his PEB, he agreed with the findings and recommendation due to a pending administrative discharge for failure in the physical training program.

The applicant's complete response is at Exhibit E.

ADDITIONAL AIR FORCE EVALUATION

The AFRBA Psychological Advisor reviewed all available records and finds insufficient evidence to support the applicant's request to find his mental health condition, to include Adjustment Disorder, Major Depressive Disorder (MDD), and PTSD, as an independent, unfitting, and ratable condition.

The applicant had voluntarily sought and received numerous iterations of mental health treatment during his time in service for anxiety, depression, and sleep disturbances caused by his multiple fitness test failures, occupational problems, and discharge stressors. During each iteration of treatment, he benefitted from treatment and his symptoms improved causing his treatment to be mutually terminated by him and his mental health care providers. He would return to treatment after he had failed his fitness test and from the threat of a looming administrative separation action for these failures. It was these failures that triggered and caused an exacerbation of his anxiety and depressive symptoms according to his treatment records and not from his deployment experiences as he claimed. There are records indicating he sought mental health treatment when he was in Work-Product for high levels of stress and anger caused by his work problems, but his deployment related stressors were not his primary concerns driving his behaviors and subsequent recurring mental health treatment over the years. His stress and anger while in Work-Product were improved through treatment intervention and also from support of his leadership changing his work schedule. Again, his recurring and primary problems were his anxiety and depression caused by his fitness test failures not his deployment that were emphasized in his service treatment records by his providers. The applicant was given adequate mental health treatment contrary to his contention. He received various and different types of mental health treatment in the forms of regular outpatient individual psychotherapy, short-term mental health treatment, clinic health psychology specifically for sleep problems, intensive outpatient program groups, and medication management services from psychiatry prescribers and his primary care manager (PCM). To reiterate, he benefitted from all of these treatments and his symptoms improved.

The applicant's mental health condition did not elevate to unfitting meeting criteria for a separate disability rating. It is acknowledged the IPEB reported his psychotropic medication of Prozac,

used to treat depression, can be associated with weight gain, and his obesity contributes to the severity of his OSA. There were also reports his anxiety and depression also contributed to his insomnia and sleep disturbances that were secondary to his physical condition of hyperthyroidism. Based on these findings and reports, his mental health condition was a contributing or secondary factor but was not a primary or standalone condition sufficient to be demonstrated as unfitting on its own. It is not unusual or uncommon for symptoms from one condition causing symptoms in another condition. It was his condition of OSA with Insomnia Disorder that was found unfitting by the IPEB and his Insomnia Disorder was more directly related to his physical and not mental health condition. The applicant was placed on a temporary profile for 30 days for his mental health condition on 9 Jul 19, after he had expressed suicidal ideation with a plan in response to his stress and frustration with the medical process and military system. With time and stabilization, he no longer needed a profile and was determined fit for duty from a mental health perspective. The applicant was never placed on a permanent profile for his mental health condition. Temporary profiles do not always become permanent. The purpose of a temporary profile is for temporary duty limiting or restriction to allow time for treatment, healing, monitoring, and stabilization. Extensions of a temporary profile may be warranted to allow for more time, but the applicant never received any extensions. His temporary profile achieved its purpose, and he was able to stabilize and no longer had any safety concerns to himself or others. He was also temporarily not worldwide qualified (WWQ) due to his mental health condition, typically coinciding with his temporary profile, but he was deemed WWQ after he achieved stability and his symptoms had improved. His commander's impact statement to the MEB in addition to his mental health providers' assessments and records found no evidence his mental health condition had impaired or impacted his ability to reasonably perform his military duties in accordance with his office, grade, rank, or rating. His last psychiatrist in service had provided an addendum to his MEB Narrative Summary declaring the applicant's mental health condition was not unfitting per regulations and did not interfere with the performance of his duties. The IPEB had reviewed this addendum and also found he did not have any unfitting mental health conditions.

The applicant was consistently given a mental disorder diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood by various medical and mental health providers during service. His C&P examiner opined his Adjustment Disorder had reached the threshold of MDD. A review of the available records finds his Adjustment Disorder was the more appropriate and valid diagnosis for the applicant. Per the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), an Adjustment Disorder is the development of emotional or behavior symptoms in response to an identifiable stressor(s) within three months of the onset of the stressor(s) causing marked distress that is out of proportion to the severity or intensity of the stressors, impacting impairment in the realms of social, occupational, and other important areas of functioning, and once the stressor or its consequences have terminated the symptoms do not persist more than an additional six months. If the condition lasts longer than six months, it would be considered as chronic. The applicant would develop anxiety and depressive symptoms in response to his identifiable stressor of failing a fitness test, which were developed within three months of the onset of his stressor causing him marked distress. His symptoms typically did not last more than six months as most of his treatment iterations were about six months or less. Furthermore, with treatment he was able to process his thoughts and emotions and developed and used coping skills resulting with his symptoms being better managed, reduced, and sometimes would be resolved. The applicant was seen and assessed by multiple mental health providers, during service over several months and sometimes he would meet with the same provider after he returned to treatment. All military providers concurred he had an Adjustment Disorder. His C&P examiner met him one time for a couple of hours for an evaluation. The opinion formed by the C&P examiner that he had MDD rather than Adjustment Disorder does not sufficiently eclipse or supersede the prolonged and countless hours, days, and months of observations, evaluations, and treatment he had received from his military providers. Additionally, one of his mental health

providers had administered psychological testing to him and reported the results in his last treatment notes dated 12 Aug 19. His psychological testing results corroborated and supported his Adjustment Disorder diagnosis and his test results did not find he had MDD, which is a mood disorder. It is noteworthy to address that different providers may have different diagnostic impressions and opinions and sometimes may not agree with another. There are many reasons for disparities in variances in diagnostic impressions among providers and evaluators, some base upon variances in clinical presentation at a given time, different disclosures during a subsequent interview, clinical bias between equally competent providers, or legitimate differences due to new or different observations made over the period of care. Regardless of whether the applicant had an Adjustment Disorder or MDD, neither of these conditions were considered unfitting for continued military service or caused his career termination.

The applicant was given service connection for PTSD with mixed anxiety and depressive disorder effective 7 June 22 by the DVA. There is no evidence he was given a confirmed diagnosis of PTSD during service. He was given a "rule out" for this condition as he had experienced some symptoms of this condition, but did not meet full diagnostic criteria for PTSD. It appeared he met diagnostic criteria for PTSD post-service per his DVA rating and sometimes it may take time for symptoms to appear or meet full diagnostic criteria. There is no evidence his mental health condition of PTSD was unfitting and no evidence this condition impacted his functioning during service.

Liberal consideration is not appropriate to be applied to the applicant's request as this policy is not applicable to medical discharge/retirement and rating requests.

The complete advisory opinion is at Exhibit F.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 8 May 23 for comment (Exhibit G), and the applicant replied on the same date. In his response, the applicant contends his chronic insomnia, sleep deprivation, and daytime sleepiness has contributed to the exacerbation of his mental health conditions. A lot of his mental health conditions were due to the fact he was failing his fitness tests. His weight gain resulted from his maxillary hypoplasia, severe OSA and the combination of pharmaceuticals given for his mental health.

The applicant's complete response is at Exhibit H.

ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor concurs with the analysis and recommendation of the AFPC/DPFDD Advisor. With respect to the applicant's contention his maxillary hypoplasia should have been covered under Title 10 U.S.C., Section 1201, 1203, and 1207 and rated separately, the Medical Advisor opines, while the hypoplasia of the maxilla interfered with the conservative treatment of the applicant's OSA, it alone was not considered an individually ratable or unfitting medical condition. Indeed, there is no specific disability rating designated for this condition in the VASRD. However, it undoubtedly contributed to or led the applicant's OSA to become designated as disqualifying, under Rule 5 of Medical Standards Guide; thus, justifying its referral into the DES and the unfit finding by the PEB.

On the other hand, the Medical Advisor did not find the applicant's Insomnia, individually disqualifying or warranting a separate unfit finding. The Medical Advisor opines the applicant's Insomnia was the combined result of unrelenting concerns [or worries] for possible loss of his Air

Force career, coupled, and the fragmented sleep resulting from inadequately treated OSA. The Mental Health Advisor has captured this interrelationship in the advisory provided. Moreover, the Medical Advisor found insufficient evidence to justify placing the applicant on Duty or Mobility restrictions due to either Insomnia or a mental health condition.

The Medical Advisor acknowledges the applicant's petition for designating his OSA and Insomnia as occurring in a combat zone; however, he has not tabulated the date(s), duration, or location of the applicant's prior deployments. Nevertheless, the Medical Advisor acknowledges the applicant's hypothyroidism may have played a role in development of obesity, which in-turn is also known to contribute to OSA. However, despite the thyroid replacement therapy, initiated in 2012, the applicant continued to fail abdominal circumference measurements as recent as calendar year 2019. The Medical Advisor is aware certain biochemical and toxic exposures, most recently burn pits emissions, have been considered, on a case-by-case basis, for development of thyroid disease. However, given the applicant's congenital maxillary deficiency, his predisposition for developing OSA, regardless of geographic location, the Medical Advisor cannot attribute its first occurrence or causation related to duty in a Combat Zone.

The complete advisory opinion is at Exhibit I.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 7 Aug 23 for comment Exhibit J), and the applicant replied on 8 Aug 23. In his response, the applicant contends the primary effect of his maxillary hypoplasia along with insomnia affecting the treatment of his OSA was not taken into consideration even though it undoubtedly contributed to his OSA becoming designated as disqualifying and should be ratable as a service-aggravated condition and found unfitting. Even though maxillary hypoplasia is not ratable in the VASRD, it can be rated as a malunion of the lower jaw (9904).

Ultimately, he was punished and denied proper treatment he was entitled to which would have allowed him to overcome his OSA issues. He was initially targeted for an administrative separation for failing his Fitness Assessments and his progressive weight gain which were caused by his medical conditions. However, the proposed administrative discharge was rescinded by the discharge authority, and he was processed through the DES.

On 21 Aug 23, the applicant provided another response alleging he was denied proper medical care to which he filed a medical malpractice claim with AF/JAC Medical Law Branch. The Air Force's verdict to withhold care under AFMAN 47-101, *Managing Dental Services*, is unjustified. This was based on a regulation which allows dental providers to abstain from treatment if they are uncertain about completing the treatment before the service member's separation and he was denied care due to his possible administrative discharge. He was undergoing an MEB/Dual Action with a potential for an administrative discharge and needed the oral and maxillofacial surgery (OMFS) surgery to address his severe OSA, which was medically necessary. He was informed this process would take approximately two and half years; this was not an elective surgery as this was the reason his MEB was initiated. The MEB initially returned him to duty; however, this decision was overturned after he filed a congressional. This denial of care is preemptive punishment especially since the dental clinic out-processed him eight months prior to separation. He eventually retired with a 90 percent disability rating from the DVA; however, he is still in need of this surgery to which the DVA will not cover. He was told he now has to pay out-of-pocket for this surgery, the exact surgery needed to correct the medical issue to which he was medically retired. AFMAN 47-101 emphasizes the concept of "Trusted Care" and the aspiration for zero

harm in healthcare provisions and underscores the importance of Dental Treatment Facilities adhering to these principles to consistently provide patients with the highest quality of care.

He provided the initial determination response letter from the AF/JAC Medical Law Branch, dated 8 May 23, which denied his claim. The response indicates the claim was denied due to the applicant not having the retainability to receive the orthodontic care requested.

The applicant's complete responses are at Exhibits K and L.

FINDINGS AND CONCLUSION

1. The application was not timely filed, but it is in the interest of justice to excuse the delay.

2. The applicant exhausted all available non-judicial relief before applying to the Board.

3. After reviewing all Exhibits, the Board concludes the applicant is the victim of an error or injustice. The Board finds a preponderance of the evidence substantiates the applicant's contentions in part. Specifically, the applicant's AF Form 356 indicates the IPEB found the combined effect of his OSA with his co-morbid insomnia disorder unfitting and was incompatible with the rigors of the military service. Due to the applicant's condition of insomnia being treated with medication and being subjected to situational exacerbations which limited him from deploying worldwide, the Board finds an unfit rating for this condition at 10 percent. Therefore, the Board recommends correcting the applicant's records as indicated below. However, for the remainder of the applicant's request, the evidence presented did not demonstrate an error or injustice, thus the Board finds no basis to recommend granting that portion of the applicant's request. The Board agrees with the rationale of the AFRBA Psychological Advisor and did not find his mental health conditions of MDD, PTSD and adjustment disorder unfitting for continued military service or were the cause of his separation. His mental health conditions did not elevate to unfitting meeting criteria for a separate disability rating. His primary and recurring mental health conditions were his anxiety and depression which were caused by his fitness failures and not from his deployment. He received treatment and his symptoms improved. The mere existence of a mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant's military duties were not degraded due to his mental health conditions; a Service member shall be considered unfit when the evidence establishes the member is unable to reasonably perform the duties of his or her office, grade, rank, or rating. Additionally, the Board finds his Category II condition of maxillary hypoplasia was deemed a congenital defect by the DVA and therefore non-compensable nor did the evidence show this condition aggravated his OSA warranting a separate disability rating. The military's DES established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries, which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present at the time of separation and not based on post-service progression of disease or injury to which the DVA can offer compensation. Furthermore, the Board finds his medical condition of OSA with insomnia disorder was not a direct result of armed conflict; while engaged in hazardous service; under conditions simulating war; or caused by an instrumentality of war. No direct causal relationship was established between his combat-related duties and his

unfitting conditions that demonstrated how or when hazardous service or instrumentality of war spurred the contended conditions. Lastly, the Board notes the applicant's contention he did not receive the proper dental surgery before his discharge. However, they agree with the preliminary findings of the AF/JAC Medical Law Branch. The applicant's orthodontic care was non-urgent and he did not have the retainability to receive the lengthy treatment as outlined in AFMAN 47-101 before his separation.

RECOMMENDATION

The pertinent military records of the Department of the Air Force relating to the APPLICANT be corrected to show the following:

a. On 19 November 2019, he was found unfit to perform the duties of his office, rank, grade, or rating by reason of physical disability, incurred while he was entitled to receive basic pay; the diagnosis in his case was Insomnia Disorder (analogous to chronic adjustment disorder), under the Veterans Affairs Schedule for Rating Disabilities (VASRD) code 9499-9440 rated at 10 percent; when combined with his initial disability rating of 50 percent due to Obstructive Sleep Apnea, results in a combined [not added] disability rating of 60 percent. It is noted the degree of impairment was permanent; the disability was not due to intentional misconduct or willful neglect; the disability was not incurred during a period of unauthorized absence; and the disability was not as a direct result of armed conflict or caused by an instrumentality of war and was not combat-related.

b. On 24 February 2020, he was discharged from active duty and on 25 February 2020, he was permanently retired with a compensable percentage for physical disability of 60 percent.

c. His election of the Survivor Benefit Plan option will be corrected in accordance with his expressed preferences and/or as otherwise provided for by law or the Code of Federal Regulations.

However, regarding the remainder of the applicant's request, the Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the application will only be reconsidered upon receipt of relevant evidence not already considered by the Board.

CERTIFICATION

The following quorum of the Board, as defined in DAFI 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2022-01427 in Executive Session on 30 Aug 23:

[redacted] Panel Chair
[redacted], Panel Member
[redacted], Panel Member

All members voted to correct the record. The panel considered the following:

Exhibit A: Application, DD Form 149, w/atchs, dated 25 Mar 22.
Exhibit B: Documentary Evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, AFPC/DPFDD, w/atchs, dated 14 Nov 22.
Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 14 Nov 22.
Exhibit E: Applicant's Response, w/atchs, dated 15 Nov 22.
Exhibit F: Advisory Opinion, AFRBA Psychological Advisor, dated 2 May 23.
Exhibit G: Notification of Advisory, SAF/MRBC to Applicant, dated 8 May 23.
Exhibit H: Applicant's Response, w/atchs, dated 15 May 23.
Exhibit I: Advisory Opinion, AFBCMR Medical Advisor, dated 19 Jul 23.
Exhibit J: Notification of Advisory, SAF/MRBC to Applicant, dated 7 Aug 23.
Exhibit K: Applicant's Response, w/atchs, dated 8 Aug 23.
Exhibit L: Applicant's Response, w/atchs, dated 21 Aug 23.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

[redacted] 8/21/2024

Work-Product

Board Operations Manager, AFBCMR
Signed by: Work-Product