



SECRETARY OF THE ARMY
WASHINGTON

10 JUN 2026

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2026-10 (Disability Evaluation System: Board Composition and Reserve Component Non-duty-related Procedures)

1. References. For references, see enclosure 1.
2. Purpose. This directive updates board composition standards for the Disability Evaluation System (DES) applicable to all components. It fills gaps in Army Regulation (AR) 635-40 by establishing policy and procedures for Reserve Component (RC)-specific processes for non-duty-related (NDR) disability evaluations, including updated pre-physical evaluation board (PEB) duty-related determinations and line of duty (LOD) eligibility and appeal procedures. It further defines RC command and medical authorities' responsibilities and medical disqualification review steps.
3. Applicability. This directive applies to the Regular Army, Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve. The NDR process applies only to RC Soldiers who are not currently serving on active duty under a single order designating a period of active duty for more than 30 days.
4. Policy. Effective immediately, all Soldiers and referring organizations participating in the RC NDR DES process will comply with this directive. This directive is controlling to the extent it conflicts with other Army policy. For definitions used for the purposes of this policy, see enclosure 2.
 - a. Roles, Board Proceedings, and Appeals. The U.S. Army Physical Disability Agency (USAPDA) serves strictly as the appellate authority for formal physical evaluation board (FPEB) fitness determinations, while the Army Reserve and Army National Guard retain LOD authority and responsibility for medical status determinations. Standard FPEBs will consist of three members, including an active RC member for RC cases, though a physician is not required for informal PEBs involving behavioral health or concussive conditions, and appeal record reviews may be conducted by a single member (O-5/GS-13 or above). RC components must provide written rationale for LOD ineligibility or Integrated DES referral denials and will not deny informal LODs solely because a Soldier is over 180 days post-release from active duty. Key responsibilities and processes are contained in enclosure 3.
 - b. RC NDR Process. This process applies to RC Soldiers who are not on active duty who are medically disqualified, yet do not meet the medical retention standards of chapter 3 of reference 1c, for conditions neither incurred nor aggravated in a qualifying duty status.

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c. RC NDR Timeline. Commands will execute the RC NDR evaluation process strictly within 130 days: an RC medical authority has a maximum of 90 days for the pre-PEB phase (encompassing medical reviews, submission of Soldier-provided evidence, and appeals), then USAPDA has 40 days for the PEB phase, culminating in the fitness determination.

d. All Army commands and agencies involved in the RC NDR LOD and DES processes will evaluate RC Soldiers not serving on active duty when referred to the DES for NDR conditions using the RC NDR process and provide a fitness determination only. Soldier appeals concerning the medical disqualification and NDR determination will occur before the case is forwarded to the RC NDR PEB. Enclosure 4 describes the pre-PEB determination process for RC NDR disability evaluations.

e. Commanders, in coordination with medical and administrative authorities, are responsible for tracking and executing all processes established in this directive.

f. Soldiers undergoing DES evaluation must follow the revised standards for appeals and LOD determinations as prescribed in this directive and referenced ARs.

5. Proponent. The Deputy Chief of Staff, G-1 will incorporate the provisions of this directive into AR 135-175, AR 135-178, AR 600-8-4, and AR 635-40 within 2 years of the date of this directive.

6. Duration. This directive is rescinded on publication of the revised regulations.

Encls



Dan Driscoll

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REFERENCES

- a. Title 10, United States Code, chapter 61
- b. Army Directive 2024-06 (Soldier Appeal of the Formal Physical Evaluation Board Findings and Recommendations), 24 June 2024
- c. Army Regulation (AR) 40–501 (Standards of Medical Fitness), 27 June 2019
- d. AR 135–175 (Separation of Officers), 29 May 2025
- e. AR 135–178 (Enlisted Administrative Separations), 6 June 2025
- f. AR 600–8–4 (Line of Duty Policy, Procedures, and Investigations), 12 November 2020
- g. AR 635–40 (Disability Evaluation for Retention, Retirement, or Separation), 19 January 2017

DEFINITIONS

active status: status of a member of the selected reserve, a reserve component category, who is required to complete a specified number of training days (known as drill periods). This does not include the inactive Army National Guard or inactive Air National Guard on an inactive status list, or in the Retired Reserve.

Casualty and Mortuary Affairs Operations Division (CMAOD): Army's central authority responsible for managing all aspects of casualty reporting, notification, assistance, and mortuary affairs.

Disability Evaluation System (DES): the Department of Defense (DoD) mechanism for determining fitness for duty, separation, or retirement of servicemembers because of disability in accordance with Chapter 61 of Title 10, United States Code.

formal physical evaluation board (FPEB): hearing-based process where a Soldier can personally appear before a board to contest the findings of an informal physical evaluation board (PEB) regarding their fitness for duty and disability benefits.

good cause: legal term denoting adequate or substantial grounds or reason to take a certain action, or to fail to take an action prescribed by law. What constitutes a good cause is usually determined on a case-by-case basis and is thus relative. In general, for acting on Soldier requests within the DES, it will have the meaning of "sufficient justification."

Integrated Disability Evaluation System (IDES) referral memorandum (IDRM): official document used to initiate a Soldier's entry into the IDES when a DA Form 2173 (Statement of Medical Examination and Duty Status) is not available. The memorandum serves as a formal notification to the PEB that the Soldier is being referred for evaluation of fitness and potential disability compensation. The IDRM is equivalent to a line of duty (LOD) determination.

informal physical evaluation board (IPEB): initial stage of the PEB phase of the DES where a Soldier's fitness for continued military service is reviewed without the Soldier being present. It reviews medical evidence submitted by the medical evaluation board (MEB) or the case file submitted by the medical authority in the non-duty-related (NDR) cases, including profiles, treatment records, and command input.

in line of duty (ILOD): means that an injury, illness, or disease was incurred or aggravated while the Soldier was in a duty status and not due to the Soldier's own misconduct.

Integrated Disability Evaluation System: joint DoD/U.S. Department of Veterans Affairs (VA) process by which DoD determines whether ill or injured servicemembers are fit for continued military service, and DoD and VA determine appropriate benefits for servicemembers who are separated or retired for disability.

line of duty investigation: an investigation that documents the circumstances regarding a Soldier's injury, illness, disease, or death, including a Soldier's duty status at the time of the incident, and whether intentional misconduct was involved.

physical evaluation board (PEB): an administrative body that determines a Soldier's fitness for continued military service and eligibility for disability benefits.

physical evaluation board liaison officers (PEBLO): the non-medical case manager who provides information, assistance, and case status updates to the affected servicemember throughout the DES process.

United States Army Physical Disability Agency (USAPDA): organization responsible for managing the Army's Disability Evaluation System (DES) and acts on behalf of the Secretary of the Army.

PHYSICAL EVALUATION BOARD PROCEDURES

1. Roles and Responsibilities.

a. The Commanding General (CG), U.S. Army Physical Disability Agency (USAPDA) (or designee) is the Army's appellate authority for appeals of formal physical evaluation board (FPEB) findings and recommendations. USAPDA's role in the DES RC NDR process is limited to only a determination of fitness.

(1) The CG, USAPDA does not have the authority to grant line of duty (LOD) determination and does not have LOD appeal authority.

(2) USAPDA will not forward LOD appeal requests on behalf of the Soldier.

b. The Chief of Army Reserve or delegate/Director, Army National Guard or delegate will—

(1) Determine the medical status of the Soldier's conditions before the case comes before the PEB or agency appellate board.

(2) Refer the RC Soldier's non-duty-related (NDR) case.

(3) Serve as the component LOD authority with the following responsibilities:

(a) Determine whether the RC Soldier is ineligible for an LOD determination or investigation due to the preponderance of evidence that the RC Soldier was not in a duty status when the condition originated or was permanently aggravated. In this instance, they will provide a memorandum of ineligibility for an LOD determination with rationale.

(b) Provide a written explanation if an Integrated DES referral memorandum (IDRM) is denied.

(c) Do not deny a determination of an informal LOD (ILOD) or prevent an LOD investigation solely due to the Soldier being more than 180 days post-release from active duty.

2. Appeals.

a. Soldiers requesting an FPEB hearing or FPEB appeal hearing are required to submit a written statement of appeal (also called a statement of rebuttal) as part of any appeal submission. It must be received by USAPDA within 6 calendar days of the PEB forwarding its findings to the Physical Evaluation Board Liaison Officer (PEBLO) or RC referring organization (for RC NDR cases). To ensure the Soldier receives the full 6-calendar-day response period, the PEBLO will immediately make the PEB findings and proposed disposition available to the Soldier.

b. For NDR cases, a Soldier's contentions are limited to conditions for which the RC medical authority medically disqualified the Soldier.

c. The written appeal statement will include:

(1) the reasons for disagreement with the PEB determination

(2) the remedy sought

(3) new medical evidence not previously considered by the PEB (Documents already in the case file, including medical information, do not need to be resubmitted.)

(4) any errors identified (Errors include, but are not limited to, misinterpretation or failure to consider relevant medical evidence.)

3. Extensions.

a. Unless an extension is approved, Soldiers' appeal statements must be:

(1) submitted with their election

(2) received at USAPDA no later than the sixth calendar day from when the PEB forwarded its findings to the Soldier's PEBLO, or RC referring organization for an RC Soldier's NDR case (To ensure that the Soldier has the full six calendar-day election period, the PEBLO or RC referring organization will immediately make the PEB findings and proposed disposition available to the Soldier.)

b. The Soldier's request for extension to the election period must be:

(1) based on good cause (for example, the unavailability of legal counsel or due to an Integrated Personnel and Pay System–Army (IPPS–A) approved absence request)

(2) received at USAPDA no later than the sixth calendar day from when the PEB forwarded its findings to the Soldier's PEBLO (or the referring organization for an RC Soldier's NDR case)

4. Board Composition.

a. FPEBs are composed of three members: a presiding officer, personnel management officer, and a physician (military or Department of Defense civilian) assigned to USAPDA. FPEB appeal hearings and record reviews may be composed of one member in the grade of O-5/GS-13, or above.

b. For informal PEBs involving one or more behavioral health and concussive conditions, the physician member is not required.

c. For RC cases, one member of the informal PEB and FPEB is an active RC member regardless of duty status (such as a GS civilian who is a troop program unit (TPU) officer not currently serving on active-duty status).

PRE-PHYSICAL EVALUATION BOARD (PEB) DETERMINATION FOR THE RESERVE COMPONENT NON-DUTY RELATED PROCESS

1. General. Reserve Component (RC) Soldiers not serving on active duty when referred to the DES for non-duty-related (NDR) conditions are evaluated under the RC NDR process, receiving only a fitness determination. Soldier appeals concerning the medical disqualification and NDR determination will occur before the case is forwarded to the RC NDR PEB as set forth in this directive.

2. Pre-PEB Duty Medical Disqualification Determination and Soldier Appeal.

a. The RC medical authority reviews disqualifying medical information, including any additional conditions the Soldier believes fails medical retention standards, and relevant medical evidence provided and sends via email a medical disqualification notification to the Soldier and the commander with a copy of the profile.

b. The Soldier will have 45 days from notification to inform the RC medical authority of any additional conditions the Soldier believes failed medical retention standards and to provide relevant medical evidence to support the claim.

c. The profiling authority will review new and updated evidence submitted by the Soldier and determine whether any of the additional conditions fail medical retention standards. For any conditions determined to fail medical retention standards, the profiling authority will issue an updated Department of the Army Form 3349-SG (Physical Profile Record) and issue an updated notice of medical disqualification to the Soldier. This profiling decision may not be appealed. If the added condition is supported by a favorable line of duty (LOD) determination in accordance with Army Regulation (AR) 600–8–4, the RC medical authority will redirect the case to the duty-related process.

3. Pre-PEB Duty-related Determination for RC Soldier.

a. RC Soldiers who are pending separation, and whose medically disqualifying conditions were determined to be NDR by means other than an appropriate LOD investigation, will obtain a pre-PEB duty-related determination from their RC command for those conditions.

b. This determination will result in one of the following outcomes:

(1) issuance of an IDES referral memorandum (IDRM) in the absence of LOD

(2) completion of formal LOD determination

(3) issuance of a memorandum of ineligibility for an LOD determination or an IDRM

c. Additionally, there must be no previous LOD finding in accordance with AR 600–8–4 that the disqualifying condition was:

- (1) not in LOD-due to own misconduct (NLD-DOM)
- (2) not in LOD-not due to own misconduct (NLD-NDOM)
- (3) not in LOD-existed prior to service-not service aggravated (NLD-EPTS-NSA)

4. Appeal Process.

a. RC Soldiers may appeal the following decisions:

(1) Ineligibility for LOD Determination. Within 30 days of receiving the memorandum of ineligibility, the Soldier will provide medical evidence, duty status documentation, or other information supporting a duty-related connection or aggravation as part of their appeal. The appeal authority will be at the State level for the Army National Guard component (Compo 2) and at the U.S. Army Reserve Command (USARC) or O-6 delegate level for the U.S. Army Reserve component (Compo 3).

(2) LOD determination of NLD-DOM; NLD-NDOM, and NLD-EPTS-NSA. Such determinations will be submitted to the Casualty and Mortuary Affairs Operations Division (CMAOD) at the U.S. Army Human Resources Command (HRC) within 30 days of receipt of the LOD determination.

b. On receipt of the Soldier's appeal, CMAOD may—

- (1) Uphold the ineligibility determination.
- (2) Issue a presumptive LOD determination.
- (3) Direct the component to conduct a formal LOD investigation.

c. The following procedures apply to denials of an IDRM:

(1) The RC medical authority will submit the Soldier's appeal and the denial of an IDRM to CMAOD within 30 days of receipt of the memorandum.

(2) On receipt of the Soldier's appeal, CMAOD may—

- (a) Uphold the ineligibility determination.
- (b) Issue a presumptive LOD determination.
- (c) Direct the component to conduct a formal LOD investigation.

d. The decision of the appeal authority is final.