

EMERGENCY PARTIAL PAYMENT PACKET

1. GENERAL.

An emergency partial payment is appropriate when a claimant residing in Government assigned quarters, Public Private Venture (PPV) housing located within the perimeter of the installation (CONUS) or for OCONUS, all quarters, wherever situated, (except when the claimant is considered a local inhabitant), has suffered a significant, compensable loss of items that are needed for daily living, and can demonstrate a need for immediate funds to replace some of those items (e.g., food, clothes, baby items, etc.). These instructions are designed to answer your questions regarding who can file, where to file and how to file a request for an emergency partial payment of a claim with the government for damage or loss sustained to your personal property incident to service and caused by a disaster. **Reading these instructions carefully and answering all questions will ensure the most expeditious processing of your request. Remember, it's your claim. You, the claimant, are in the best position to provide the specific information necessary for a successful request for payment.**

2. WHO MAY FILE A REQUEST FOR AN EMERGENCY PARTIAL PAYMENT?

a. Proper Claimant. The Military Personnel and Civilian Employees' Act (PCA) covers all active duty members and reservists on active duty. The PCA also applies to Department of the Navy (DON) Federal civilian employees. Reservists or retired members may only claim for damages under the PCA if loss or damage to their personal property occurred while they were on active duty.

b. Power of Attorney (POA). A legal representative who has been designated as such by a POA may file a request for emergency partial payment on behalf of the claimant. If your POA is lost due to the disaster, inform the claims personnel so that they can work with you to get verification of the POA.

3. WHAT FORMS WILL I NEED TO FILE?

The form for use in filing your request for an emergency partial payment of a claim for damages caused by a disaster is the specialized **DD Form 1842, *Claim for Loss of or Damage to Personal Property Incident to Service***. A copy is attached to this instruction.

When completing this form, ensure blocks 1 – 18 are completed. Describe the extent of the damages in the space available in block 10 or on an

additional piece of paper. Please ensure your SSN number is entered correctly and legibly. The SSN is used to deposit funds into your military pay account.

4. WHAT IF I HAVE PRIVATE INSURANCE?

You must file with your insurance company if you have a private insurance policy that may cover all or part of your loss. If you are filing for an emergency partial payment while you wait for your insurance company to respond, you will be required to provide a final accounting of what your insurance company paid for your loss. You will be required to reimburse the Government for any payments made that are later covered by your insurance company. Include a copy of any correspondence you have had with your insurance company when you file your claim after you have received an emergency partial payment.

5. WHERE DO I FILE MY REQUEST FOR EMERGENCY PARTIAL PAYMENT OF MY CLAIM?

You can turn your request for emergency partial payment in to your local Legal Service Provider, usually located within the local Naval Legal Service Office or Staff Judge Advocate's office. Upon receipt of this package, the Legal Service Provider will provide you with a standard claims package which must be submitted within 3 months from the date of the disaster.

6. WHAT IF I DON'T FILE THE FOLLOW UP CLAIM?

If you file a claim for an emergency advance payment for your loss, you must file the standard claims package within 3 months from the date of the emergency payment. If you feel you need more than 3 months to file your claim, you must consult with the Personnel Claims Unit Norfolk (PCUN) or its Pearl Harbor (PH) detachment for the Pacific region. If you do not file your supplemental claim within 3 months, and you do not receive an extension of time from the PCUN, the emergency partial payment will be recouped from your pay. Routine disaster-related claims where emergency partial payment is not made must be filed within 2 years of the date of the disaster giving rise to your claim. When you submit your request for an emergency partial payment, you acknowledge that any amount advanced will be deducted from the total adjudicated value of your loss. Your failure to file the supplemental claim will require you to pay back the entire amount advanced to you.

The only exception to this rule is when the emergency partial payment request is for food loss only. If you agree to accept the amount established by the Personnel Claims Unit Norfolk (PCUN) for your family size, you need not submit a supplemental claim.

7. HOW DO I GET PAID?

Once your advance has been approved, a payment voucher is forwarded to the Defense Finance and Accounting Service (DFAS). DFAS will electronically deposit the money directly into the account where you receive your military pay.

8. ADDITIONAL INFORMATION.

It is important that you take every opportunity possible following a disaster to document your loss in cases where the disaster destroyed property in your assigned quarters. In circumstances where damage is severe, such as flooding, you may be granted limited access to your quarters. It is recommended that you photograph the damage to the property in your quarters. When photographing valuable items, photographing the brand name will assist in substantiating your claim. For example, it is not unusual to find a stereo system in the average home, however if you owned an expensive Bose stereo system you should photograph the item and ensure the Bose label is present in the photograph. The same concept is true for furniture. For example, a photograph of a sofa doesn't necessarily show the brand if you owned a Lazy-boy so photograph the tag as well, when possible.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	

10. CIRCUMSTANCES OF LOSS OR DAMAGE *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

I estimate the total value of my loss will be \$ _____. I understand that any amount advanced to me will be in partial payment of my claim and will not constitute final settlement of the claim. I acknowledge my responsibility to file an itemized claim for all my damages as soon as possible. I also acknowledge my understanding that if the amount advanced exceeds the amount allowed following the final adjudication of my itemized claim, I will be required to pay the difference to the United States, either voluntarily or involuntarily through checkage of my pay. I acknowledge that payment is only for the damage and/or loss of personal property and that any inconveniences arising from the loss are not payable under the Military Personnel and Civilian Employees Claims Act.

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>	18. DATE SIGNED <i>(YYYYMMDD)</i>
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PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS		
<input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
		d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

DD FORM 1842, MAY 2000 PREVIOUS EDITION IS OBSOLETE. **DD FORM 1842 (BACK), MAY 2000**

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

<p>23. DENIAL (<i>X if applicable</i>)</p> <p>The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.</p>	<p>24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>)</p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>		
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
25. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)