



## Department of Defense HAVANA Act Checklist for Former Employees or Dependents of Former Employees

### Applicants that are Former DoD Employees

- Visit the Defense Civilian Personnel Advisory Center HAVANA Act website at <https://www.dcpas.osd.mil/havana-act-benefits-program> to download the Department of Defense (DD) 3220 Form ELIGIBILITY QUESTIONNAIRE FOR HAVANA ACT PAYMENTS.
- Complete Section I of the DD3220 and please ensure to provide a valid email address. All communication regarding this request will be sent to the email address that is provided.
- Section II of the DD 3220 Form must be completed and signed by a currently board-certified physician from the American Board of Psychiatry and Neurology (ABPN), the American Osteopathic Board of Neurology and Psychiatry (AOBNP), the American Board of Physical Medicine and Rehabilitation (ABPMR), or the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR).
- Obtain Standard Form 50 Notification of Personnel Actions and other additional information to validate that you are a former employee of the Department of Defense who, on or after January 1, 2016, becomes injured by reason of a qualifying injury incurred while an employee of the Department of Defense. Additional supporting documentation may include, copies of travel orders, statements from the former DoD Component, etc. To obtain information on how to request documents contained in your Official Personnel Folder, you may visit the National Personnel Records Center at <https://www.archives.gov/personnel-records-center/civilian-non-archival>.
- Submit the completed and signed DD 3220 Form with supporting documentation to the DoD HAVANA Act mailbox: [dodhra.mc-alex.dcpas.mbx.dod-havana-act@mail.mil](mailto:dodhra.mc-alex.dcpas.mbx.dod-havana-act@mail.mil). Please indicate on the email sent that you are filing as a former DoD employee.

### Applicants that are Dependents of a Former DoD Employee

- Visit the Defense Civilian Personnel Advisory Center HAVANA Act website at <https://www.dcpas.osd.mil/havana-act-benefits-program> to download the Department of Defense (DD) 3220 Form ELIGIBILITY QUESTIONNAIRE FOR HAVANA ACT PAYMENTS.
- Complete Section I of the DD3220 and please ensure to provide a valid email address. All communication regarding this request will be sent to the email address that is provided.
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Medicine and Rehabilitation (ABPMR), or the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR).

- Obtain supporting documentation that validates that you were a family member of a former employee of the Department of Defense who, on or after January 1, 2016, accompanied the employee, while an employee of the Department of Defense, to an assigned duty location and were injured by reason of a qualifying injury to the brain your status as a dependent of a former DoD employee at the time and location of the claimed incident. Acceptable supporting documentation may include copies of travel orders, statements from the spouse's former Component, marriage certificate, birth certificate, etc.
- Submit the completed and signed DD 3220 Form and supporting documentation to the DoD HAVANA Act mailbox: [dodhra.mc-alex.dcpas.mbx.dod-havana-act@mail.mil](mailto:dodhra.mc-alex.dcpas.mbx.dod-havana-act@mail.mil). Please indicate on the email sent that you are filing as a dependent of a former DoD employee.

### **Applicants Applying for Base Plus Payments**

- Applicants that are applying for a Base Plus payment must also include one of the following:
  - Workers' compensation claim number assigned by Office of Workers' Compensation Programs; or
  - Documentation from the Social Security Administration supporting that you have been approved to receive Social Security Disability payments; or
  - Documentation from the Social Security Administration supporting that you have been approved to receive Supplemental Security Income payments; or
  - Documentation from a neurologist or physician certified by the American Board of Psychiatry and Neurology (ABPN) or the American Board of Physical Medicine and Rehabilitation (ABPMR) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP) or the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR) that has certified that the individual requires a full-time caregiver for activities of daily living, as defined by the Katz Index of Independence of Daily Living.