

SHIP OR STATION

SSC NTC GREAT LAKES IL

BY PSD, NTC, GREAT LAKES, IL

97JAN21 : NOT ELIGIBLE FOR REENLISTMENT DUE TO: PERSONALITY DISORDER

*[Signature]*  
D E GREBA, PN2, USN, BYDIR  
BY DIRECTION OF OFFICER IN CHARGE

97JAN21 : I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED THAT I AM NOT ELIGIBLE FOR REENLISTMENT AND THAT AN ENTRY TO THAT EFFECT HAS BEEN MADE IN MY SERVICE RECORD.

WITNESSED: *[Signature]*  
D E GREBA, PN2, USN, BYDIR

*[Signature]*  
(SIGNATURE)

97JAN21 : ARMED FORCES IDENTIFICATION CARD NO. 565-53-1418, LIBERTY CARD, MESS PASS, GENEVA CONVENTION CARD, AND ANY OTHER CARD OR PASS THAT MAY BE USED TO BENEFITS OR PRIVILEGES TO WHICH MEMBER AND HIS/HER DEPENDENTS ARE NOT ENTITLED AFTER SEPARATION OBTAINED FROM MICHAEL ANTHONY MANN OR HIS/HER SERVICE RECORD AND DESTROYED THIS DATE.

*[Signature]*  
D E GREBA, PN2, USN, BYDIR  
BY DIRECTION OF OFFICER IN CHARGE

97JAN21 : I DO/DO NOT DESIRE TO ENROLL IN HEALTH CARE INSURANCE PROVIDED IN NAVMILPERSCOMINST 1760.1.

WITNESSED: *[Signature]*  
D E GREBA, PN2, USN, BYDIR

*[Signature]*  
(SIGNATURE)

NAME (Last, First, Middle)  
MANN, MICHAEL ANTHONY

SSN

BRANCH AND CLASS  
USN



**ADMINISTRATIVE REMARKS**

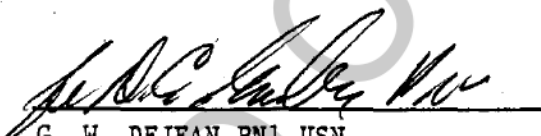
NAVPER 1070/613

S/N 0106-12-010-6991

SSC NTC GREAT LAKES IL

BY PERSUPP DET NTC GREAT LAKES, IL

97JAN21 : , MICHAEL ANTHONY MANN WAS SEPARATED FROM NAVAL SERVICE THIS DATE.  
STATUS: DISCHARGED THE MEDICAL AND DENTAL HEALTH TREATMENT  
RECORDS FOR MEMBER WERE FORWARDED TO THE DEPARTMENT OF VETERANS AFFAIRS IN  
ST. LOUIS, MO

  
G. W. DEJEAN PN1 USN  
BY DIRECTION OF OFFICER IN CHARGE

NAME (Last, First, Middle)

MANN, MICHAEL ANTHONY

SSN

BRANCH AND CLASS

USN



**ADMINISTRATIVE REMARKS**

NAVPER 1070/613

S/N 0106-LZ-010-6991

SSC NTC GREAT LAKES IL

BY PERSUPP DET NTC GREAT LAKES, IL

97JAN21 : SUBJ: PRE-SEPARATION ACKNOWLEDGEMENT OF INDEBTEDNESS TO NAVY RELIEF SOCIETY.

REF: (A) MPA 105/88 OR ALL NAVY MSG WITH GUIDELINES CONCERNING SUBJECT  
(B) PAYPERSMAN PART 7, CHAPTER 7  
(C) SDSPROMAN PART 7, CHAPTER 7

IN RESPONSE TO REFERENCE (A) AND IN ACCORDANCE WITH PROVISIONS OF REFERENCES (B) AND (C), I UNDERSTAND THE FOLLOWING DECLARATION:

"I, MICHAEL A MANN, DO/DO NOT HAVE ANY ACCOUNT OF INDEBTEDNESS TO THE NAVY RELIEF SOCIETY. FURTHER, I UNDERSTAND THAT PRIOR TO MY SEPARATION DATE OF 97JAN21 I WILL MAKE ARRANGEMENTS TO REPAY ANY LOAN OR MONIES RECEIVED BY ME FROM THE NAVY RELIEF SOCIETY."

Michael A. Mann  
(SIGNATURE)

WITNESSED:

D E Greba  
D E GREBA, PN2, USN, BYDIR

97JAN21 : I HAVE BEEN COUNSELED CONCERNING THE VA DENTAL OUTPATIENT ELIGIBILITY REQUIREMENTS. I UNDERSTAND THAT THE APPLICATION FOR VA DENTAL OUTPATIENT TREATMENT MUST BE MADE WITHIN 90 DAYS OF DISCHARGE/SEPARATION FROM ACTIVE DUTY. I FURTHER UNDERSTAND THAT IF A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WERE COMPLETED WITHIN 90 DAYS OF DISCHARGE/SEPARATION FROM ACTIVE DUTY, I WILL NOT BE ELIGIBLE FOR VA DENTAL OUTPATIENT TREATMENT.

Michael A. Mann  
(SIGNATURE)

WITNESSED:

D E Greba  
D E GREBA, PN2, USN, BYDIR

NAME (Last, First, Middle)

MANN, MICHAEL ANTHONY

SSN

BRANCH AND CLASS

USN

