

## EMERGENCY FAMILY MEMBER TRAVEL (EFMT) FORM

### PRIVACY ACT STATEMENT

**AUTHORITY:** 37 U.S.C., Chapter 8, Subchapter III, § 481h. Travel and transportation allowances: transportation of designated individuals incident to hospitalization of members for treatment of wounds, illness, or injury; Joint Travel Regulation, Chapter 3, TDY Travel, Part D: Medical Travel, Section 0332, Designated Individual and Non-Medical Attendant Traveling to a Wounded, Ill, or Injured Service Member or Civilian Employee; and Air Force Instruction 36-3002, Casualty Services.

**PURPOSE:** Information is collected to reimburse expenses and/or book travel on your behalf by the United States Air Force.

**ROUTINE USE:** Information may be disclosed for any of the DoD "Blanket Routine Uses."

**DISCLOSURE:** Voluntary; however, failure to provide Personally Identifiable Information (PII) may result in the delay of travel or financial reimbursement.

**SORN(s):** F036 AF PC R, Casualty Files

**EFMT Program.** The Air Force provides not more than one round-trip transportation every 60 days and lodging and per diem for up to 30 days (unless an extension has been requested) for not more than three designated travelers traveling to the medical facility of an eligible Air Force member (described in The Joint Travel Regulations who is hospitalized and is placed in a Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI) casualty status (also includes Not Seriously Injured (NSI) if wound/injury occurred in an operation or area designated by the SECDEF as a combat operation or combat zone. EFMT eligibility: An active-duty Service Member, a Reserve Component member on active duty, a Service Academy cadet or midshipman paid under 37 U.S.C. §209(d), a Senior Reserve Officers' Training Corps (SROTC) cadet paid under 37 U.S.C. §209(d), a retired Service Member who is seriously ill or seriously injured, or a civilian employee who becomes critically ill or is seriously wounded while on official duty at an unaccompanied duty station and is subsequently medevac'd to another medical facility may be eligible for a Designated Individual (10 U.S.C. § 1599b; 22U.S.C. § 4081). If the attending physician or surgeon and the commander or head of the military medical facility in charge of the Service Member determine in writing that the presence of a designated individual is necessary for the Service Member's/civilian employee's health and welfare; a traveler is authorized the standard travel and transportation allowances in Chapter 2.

### Injured/Ill Airman's Information

Rank:	Name (Last, First, MI):	SSN:
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Unit:

**Initial EFMT Request (30-Days).** Complete the following information and transmit to HQ AFPC/DPFCS, via email to [afpc.casualty@us.af.mil](mailto:afpc.casualty@us.af.mil).

	Casualty Assistance Representative	Unit Commander	Family Liaison Officer
Rank/Name:			
Installation:			
Comm Phone:			
DSN Phone:			
Email:			

### Contingency Operation Information

Was illness or Injury sustained in support of an overseas contingency named operation?

No       Yes      If Yes, Name of Operation:

**NOTE:** The above Operation Information must be completed to ensure the appropriate funding is utilized to pay for EFMT.

### Attending Physician Section

**NOTE:** EFMT also includes Not Seriously Injured (NSI) if the Airman is suffering from a wound or injury incurred in an operation or area designated by the Secretary of Defense as a combat operation or combat zone, who is hospitalized in a medical facility in the United States for treatment of that wound, injury or illness. (*JTR, Chap 3, Table 3-19*).

**Service Member's Current Casualty Status (refer to Casualty Status definitions on Page 7) An AF Form 570 is required for EFMT request.**       VSI       SI       NSI (see Note Page 7)

Name/Address of Hospital:	Hospital Phone #:
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Diagnosis/Prognosis of Member:

### Attending Physician Emergency Family Member Travel (EFMT) Certification

Based on 37 U.S.C., Chapter 8, Subchapter III, § 481h, AFI 41-210 and AFI 36-3002; I, certify that the below three designated individuals are needed at the Airman's bedside to aid in recovery and/or to make life changing decisions on behalf of the Airman identified in section 2.

- |    |               |
|----|---------------|
| 1. | Relationship: |
| 2. | Relationship: |
| 3. | Relationship: |

## EMERGENCY FAMILY MEMBER TRAVEL (EFMT) FORM

Attending Physician Name  
and Grade if Military:

Attending Physician  
Signature:

**Medical Treatment Facility Certification**

**MTF/CC Acknowledgment:** "I have confirmed that there are no more than a total of three authorized travelers between the EFMT and Non-Medical Attendant (NMA) programs. I have determined that the presence of the above individuals will contribute to the health, welfare, recovery and/or aid in end of life decisions of the concerned service member."

**NOTE: "EFMT Start Date"** is usually the official date the member was placed in a **VSI, SI casualty status and hospitalized.**

I,  Concur  Nonconcur With the Attending Physician's recommendation regarding EFMT. EFMT Start Date:

MTF/CC Name/Rank:

MTF/CC Signature:

**Emergency Family Member Travel (EFMT) Initial Request Date Range:** Start: End:

Action Officer (AO)  
Name/Rank/Position:

AO Signature:

**Designated Traveler Information.** Airmen may have up to three Designated Individuals visit him or her at a medical facility. Designated Travelers receive the eligible travel and transportation allowances specified in JTR, Chapter 2. This page must be completed for all travelers to include new and Exception to Policy (ETP) travelers.

Injured/III Airman's Information:

**Designated Traveler**

**Designated Traveler**

Name (Last, First MI):		
Relationship:		
SSN:		
Birth Date:		
Home Address:		
Phone #:		
Email Address:		
Bank Name:		
Account #:		
Routing #:		
Passport #:		
<b>Designated Traveler</b>		
Name (Last, First MI):		
Relationship:		
SSN:		
Birth Date:		
Home Address:		
Phone #:		
Email Address:		
Bank Name:		
Account #:		
Routing #:		
Passport #:		

**EMERGENCY FAMILY MEMBER TRAVEL (EFMT) EXTENSION REQUEST**

**EFMT Extension Section. (all EFMT Extensions are done in 30 day increments)**

**By approving this EFMT Extension Request, MTF/CCs confirm that "there are no more than a total of three authorized travelers between the EFMT and NMA programs without Secretarial approval. Additionally, MTF/CCs certify that the Airman remains in an authorized casualty and inpatient status and that the continued presence of the individuals listed below will contribute to the health, welfare, and/or aid in end of life decisions of the concerned service member."**

**NOTE:** All EFMT Requests require justification from the Physician or MTF/CC validating the need for the continued presence of designated travelers at bedside. Justification must address the questions found on the Instructions For Use page. Submit EFMT Extension Requests NLT two weeks prior to expiration of the previous 30-Day EFMT Invitation Travel Order (ITO) authorization to ensure no lapse in the travelers funded authorization.

Injured/III Airman's Information:

EFMT Ext:

1.	Relationship:	EFMT Start / End Date:
2.	Relationship:	EFMT Start / End Date:
3.	Relationship:	EFMT Start / End Date:

**Attending Physician Emergency Family Member Travel (EFMT) Extension Justification.**

**NOTE: Justification MUST outline specific medical conditions and reason the Airman requires above individuals travel authorization be extended.**

Attending Physician  
Name/Grade, if Military:

Attending Physician  
Signature:

Treating Medical Facility Name, City, State:

MTF/CC Name/ Grade:

MTF/CC Signature:

AFPC AO Office Symbol:

Decision:

**Emergency Family Member Travel (EFMT) Extension Date Range:**

Start:

End:

AO Name/ Grade:

Action Officer  
Signature:

**EMERGENCY FAMILY MEMBER TRAVEL (EFMT) DESIGNATED TRAVELER ADDENDUM**

**Designated Traveler Addendum.** Use to add designated traveler if less than three initially traveled or to change designated travelers after each 60 day EFMT increment.

Injured/III Airman's Information:

1.	Relationship:	EFMT Start / End Date:
2.	Relationship:	EFMT Start / End Date:
3.	Relationship:	EFMT Start / End Date:

**If any of the individuals listed in Section 3 are replacing a traveler previously authorized EFMT travel they must be identified below.**

1.	Relationship:
2.	Relationship:
3.	Relationship:

**Attending Physician Addendum Traveler Justification.**

**Note: Justification MUST outline specific medical conditions and reason the Airman requires the above individuals at bedside.**

**Note: "EFMT Start Date" is usually the official date the member was placed in a VSI, SI casualty status and hospitalized.**

Attending Physician  
Name, Grade if Military:

Attending Physician  
Signature:

Medical Treatment Facility Name, City, State:

**Medical Treatment Facility Designated Traveler Addendum Certification**

**MTF/CC Acknowledgment:** "I have confirmed that there are no more than a total of three authorized travelers between the EFMT and Non-Medical Attendant (NMA) programs without Secretarial approval. I have determined that the presence of the above individuals will contribute to the health, welfare, recovery and/or aid in end of life decisions of the concerned service member.

I,  Concur  Nonconcur With the Attending Physician's recommendation regarding EFMT.

MTF/CC Name/Grade:

MTF/CC Signature:

## EMERGENCY FAMILY MEMBER TRAVEL (EFMT) EXCEPTION TO POLICY (ETP) REQUEST

**EFMT Exception to Policy. Use this section to request more than the allowed three designated individuals.**

**NOTE:** All EFMT ETP requests require justification from the Attending Physician and concurrence of the MTF/CC substantiating the presence of additional travelers at bedside. Justification must address the questions found on AF Form 4455 **Instructions for Use page (Page 7)**.

Injured/Ill Airman's Information:

ETP Traveler Name:	Relationship:
ETP Traveler Name:	Relationship:
ETP Traveler Name:	Relationship:
ETP Traveler Name:	Relationship:

**Attending Physician EFMT Exception to Policy Justification.**

**Note:** Justification **MUST** outline specific medical conditions and reason the Airman requires more than the initial three individuals at bedside.

	TRAVELER	TRAVELER	TRAVELER	TRAVELER
TYPE:				
STATUS:				
TRAVELER SELECTED BY:				
RELATIONSHIP:				
NAME:				
SSN:				
BIRTH DATE:				
HOME ADDRESS:				
PHONE #:				
EMAIL ADDRESS:				
BANK NAME:				
ACCOUNT #				
ROUTING #:				
	TRAVELER	TRAVELER	TRAVELER	TRAVELER
TYPE:				
STATUS:				
TRAVELER SELECTED BY:				
RELATIONSHIP:				
NAME:				
SSN:				
BIRTH DATE:				
HOME ADDRESS:				
PHONE #:				
EMAIL ADDRESS:				
BANK NAME:				
ACCOUNT #:				
ROUTING #:				

Physician Name and Grade if Military:	Attending Physician Signature:
Treating Medical Facility Name, City, State:	
<b>MTF/CC EFMT Exception to Policy decision:</b>	
<p><b>By signing this EFMT Exception to Policy Request, MTF/CC certifies that the Airman remains in an authorized casualty and inpatient status and that the presence of the individuals listed above contributes to the health, welfare, recovery and/or aid in end of life decisions of the concerned service member.</b></p> <p>I, <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur with the Attending Physician's EFMT ETP recommendation.</p>	
MTF/CC Name/Grade:	MTF/CC Signature:
AFPC AO Office Symbol:	Decision:
<b>Emergency Family Member Travel (EFMT) ETP Date Range:</b>	Start: <span style="float: right;">End:</span>
AO Name/Grade:	Action Officer Signature:

## AF FORM 4455 INSTRUCTIONS FOR USE/NOTE SECTION

**General.** Please read these instructions carefully prior to filling out this form. All highlighted fields are required and must be completed prior to submission. Fields with RED borders are mandatory and must be filled out before the MTF/CC can e-sign. Route completed form to HQ AFPC/DPFCS via email, afpc.casualty@us.af.mil.

**EFMT Program.** Defines and explains the eligibility criteria for the Emergency Family Member Travel (EFMT). The Joint Travel Regulations (Chapter 2 & 3) guide travel and Per Diem entitlements for all travelers regardless of affiliation to the Air Force. Eligibility, travel and Per Diem questions should be elevated to AFPC/DPFCS.

**Initial EFMT Request (30-Days).** Complete all highlighted fields. Failure to fill out required fields will delay processing of request. Designated Traveler(s) Information must be fully provided. Electronic Funds Transfer (EFT) information although optional, is highly encouraged. Failure to provide EFT information will significantly delay reimbursement and travelers will not be able to receive an advance.

**Designated Traveler Information.** This section will contain all the designated travelers' information to arrange and reimburse travel upon termination of EFMT. Failure to provide all information will delay prompt travel arrangements and reimbursement. The designated traveler information page will be used to collect any information of any designated travelers list within the EFMT request.

**Designated Traveler Addendum.** Only use this section if swapping out or replacing travelers listed in Section 2b of this form for EFMT Extension and Exception to Policy Requests, or requesting higher level approval for additional travelers through an Exception to Policy.

**EFMT Extension Request.** This section requests the designated traveler(s) funding authorization to be extended beyond the initial 30 days and completed in 30-day increments. The attending physician's justification for EFMT extension must outline specific medical condition(s) and reason(s) the service member requires individual(s) travel authorization extended. Questions 1 – 3 are required with all justifications; Questions 4 -5 are required as applicable.

Q1: What extenuating circumstances make the presence of the additional traveler(s) at bedside beneficial?

Q2: How is the requested additional traveler(s) vital to the care, health and/or recovery of the member?

Q3: How long will the traveler be staying at bedside and providing support? Provide duration and expected date range.

Q4: Did any travelers return home? Annotate which traveler(s) remain at bedside in the justification section. For example, spouse and mother remain bedside; father went home 18 January 2019.

Q5: Were any travelers replaced with a different traveler? If so, was this swap on, before, or after day 61?

The MTF/CC certification section must be signed by the commander or designee on G-Series orders.

**EFMT Exception to Policy (ETP) Request.** This section requests more than the allowed three designated individuals. An ETP request must be accompanied with page 2, Designated Traveler information. Failure to provide all information will delay prompt travel arrangements and reimbursement. Questions 1 – 3 are required with all justifications; Questions 4 -5 are required as applicable.

Q1: What extenuating circumstances make the presence of the additional traveler(s) at bedside beneficial?

Q2: How is the requested additional traveler(s) vital to the care, health and/or recovery of the member?

Q3: How long will the traveler be staying at bedside and providing support? Provide duration and expected date range.

Q4: Did any travelers return home? Annotate which traveler(s) remain at bedside in the justification section. For example, spouse and mother remain bedside; father went home 18 January 2019.

Q5: Were any travelers replaced with a different traveler? If so, was this swap on, before, or after day 61?

The MTF/CC concurrence section must be signed by the commander or designee on G-Series orders.

**Casualty Status Definitions.** References: DoDI 1300.18, Department of Defense (DoD) Personnel Casualty Matters, Policies, and Procedures, AFI 36-3002 Casualty Services, AFI 41-210 Health Services Tricare Operations and Patient Administration Functions.

**Very Seriously Ill or Injured (VSI):** Casualty status of a person whose illness/injury is such that medical authority declares it more likely than not that death will occur within 72 hours.

**Seriously Ill or Injured (SI):** Casualty status of a person whose illness/injury requires medical attention, and medical authority declares that death is possible, but not likely within 72 hours, and/or the severity is such that it is permanent and life-altering.

**Not Seriously Ill or Injured (NSI):** Casualty status of a person whose illness/injury requires medical attention may or may not require hospitalization, and medical authority classifies as less severe than SI.

**NOTE:** EFMT also includes Not Seriously Injured (NSI) if the Airman is suffering from a wound or injury incurred in an operation or area designated by the Secretary of Defense as a combat operation or combat zone, who is hospitalized in a medical facility in the United States for treatment of that wound or injury (JTR, Chap 3, Table 3-19).