OMB Control No. 2900-0862 Respondent Burden: 15 minutes Expiration Date: 4/30/2024

Department of Veterans Affairs

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 5. Use this form to request a Higher-Level Review of a decision you received. A Higher-Level Review is a new review of an issue(s) previously decided by VA based on the evidence of record at the time of the prior decision. For more information call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

| | decision. For more information call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION I - VETERAN'S IDENTIFICATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form. | | | | | | | | | | | er | | | | | | | | | | | | | | | | | | | | | |
| 1. VI | 1. VETERAN'S NAME (First, Middle Initial, Last) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ja | Jäñe Doé | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. S | 2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | _ | 4 | 5 | _ | 6 | 7 | 8 | 9 | | | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | | 1 | 2 | 2 _ | 3 | | 1 _ | 1 | 9 | 6 | 9 |
| 5. V | . VA INSURANCE POLICY NUMBER (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. & Street 123 Main St Suite #1200 Box 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Apt./Unit Number City New York | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. TE | LEF | OHO | NE N | UMB | ER (I | nclud | e Are | a Coc | de) | | | | _ | | | | | | | | | | | | 0 | 0.44 | 44 | 0 | | | | |
| Enter International Phone Number (If applicable) +34-555-800-1111 ex2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. E-MAIL ADDRESS (Optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| See attached page for veteran email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. CI | _AIN | /IAN | Γ'S N | AME | (First | t, Mid | dle In | itial, L | _ast) | | | | | | | | | | | | | | | | | | | | | | | |
| _ [] | 3e | tt | У | | | | | | | | | | | <u> </u> | Вос | ÷ | | | | | | | | | | | | | | | | |
| 10. | SO | CIAL | SEC | URIT | Y NU | MBE | R (If a | applic | able) | | | | | | | 11 | . DAT | E OF | BIRTH | H (MM | /DD/\ _ | /YYY | ') (If a | appl | icable, | | | | | | | |
| 8 2 9 - 3 4 - 7 5 6 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | RREN | IT M | AILIN | G AE | DRE | SS (N | lumbe | er, str | eet o | r rural | route | e, Cit | y or P | O. Bo | x, St | tate a | nd ZIF | Code | and (| Count | ry) | | | | | | | | | | |
| No Str | . & eet | 45 | 56 | Fi | rs | t | St | Аp | t | 5 I | Зох | 1 | | | | | | | | | | | | | | | | | | | | |
| Api | i./Ur | nit Nu | ımbe | - | | | | | | | City | Ι | Det | cro | it | | | | | | | | | | | | | | | | | |
| Sta | te/F | rovir | nce | N | 1 1 | | С | ountry | y | U | S | | ZI | P Cod | e/Pos | tal C | ode | 4 | 807 | 0 | 1 | ' |] - | _ | | | | | | | | |
| 13. 7 | ELI | EPHO | ONE | NUM | BER | (Inclu | ıde Aı | ea Co | ode) | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | 5 | ; ; | 5 | _ [| 8 | 1 | 1 | -[| 1 | 1 | 0 | 0 | Ent | er Inte | ernat | tional | Phone | e Numb | oer (If | appli | cable |) | | | | | | | | | |
| 14. E | -MA | AIL A | DDR | ESS | (Opti | onal) | | | | | | | | | | | | | | | | | | | | | | | | | | , |
| See attached page for claimant email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION III - BENEFIT TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.) COMPENSATION PENSION/SURVIVORS BENEFITS FIDUCIARY EDUCATION VETERANS HEALTH ADMINISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (|) \ | /ETE | RAN | REA | DINE | SS A | ND E | MPL | ОҮМІ | ENT | | | | O r | OAN. | GUA | RAN | ΓΥ (| LIF | E INS | URAN | NCE | | N | IOITAI | IAL C | ΕN | IETER' | Y ADI | INIS | RAT | ION |

VA FORM APR 2021 **20-0996**

| SECTION IV - OPTIONAL INFORMAL CONFERENCE | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 6. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER FOR THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one informal conference by telephonic communication associated with this request for Higher-Level Review.) | | | | | | | | | |
| 16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and may delay a decision. | | | | | | | | | |
| 16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. Contact attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE: | | | | | | | | | |
| Call me between 8:00 a.m 12:00 p.m. ET | | | | | | | | | |
| | between 12:00 p.m 4:30 p.m. ET | | | | | | | | |
| 7. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW. 7A. REPRESENTATIVE'S NAME (First, Last) | | | | | | | | | |
| Helen Holly | | | | | | | | | |
| 17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code) | | | | | | | | | |
| 5 5 5 - 8 0 0 - 1 1 1 1 x2 | | | | | | | | | |
| 17C. REPRESENTATIVE'S E-MAIL ADDRESS | 1 | | | | | | | | |
| See attached page for representative email | COVETEM | | | | | | | | |
| SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL 18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following | issues decided in a Statement of the Case (SOC) or | | | | | | | | |
| Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entire legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO O | | | | | | | | | |
| OPT-IN FROM SOC/SSOC | | | | | | | | | |
| NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn. | -14/ | | | | | | | | |
| SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW. 19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. RO | | | | | | | | | |
| issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheet each additional sheet. IMPORTANT : You may only list issues for the benefit type selected in Section III. A separa | ts, if necessary - include your name and file number on | | | | | | | | |
| 19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED) | 19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED) | | | | | | | | |
| Example 1: Service connection for left knee Example 2: Earlier effective date for hearing loss | MM/DD/YYYY MM/DD/YYYY | | | | | | | | |
| Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services | MM/DD/YYYY MM/DD/YYYY | | | | | | | | |
| Example 5: Entitlement to Service-Disabled Veterans Insurance | MM/DD/YYYY | | | | | | | | |
| tinnitus | SOC/SSOC Date: 04-30-2020 | | | | | | | | |
| Area of Disagreement: Rating | 0 1 - 0 1 - 1 9 0 0 | | | | | | | | |
| left eye | | | | | | | | | |
| | 0 1 - 0 2 - 1 9 0 0 | | | | | | | | |
| and other cases | | | | | | | | | |
| right eye | | | | | | | | | |
| | 0 1 - 0 3 - 1 9 0 0 | | | | | | | | |
| left ear | SOC/SSOC Date: 05-15-2019 | | | | | | | | |
| | 0 1 - 0 4 - 1 9 0 0 | | | | | | | | |
| | | | | | | | | | |
| right ear | | | | | | | | | |
| | 0 1 - 0 5 - 1 9 0 0 | | | | | | | | |
| migraines | | | | | | | | | |
| | 0 1 - 0 6 - 1 9 0 0 | | | | | | | | |
| | | | | | | | | | |
| left knee | | | | | | | | | |
| | 0 1 - 0 7 - 1 9 0 0 | | | | | | | | |

VA FORM 20-0996, APR 2021

| SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED) | 19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED) | | | | | | | | |
| right knee | | | | | | | | | |
| | 0 1 - 0 8 - 1 9 0 0 | | | | | | | | |
| left foot | | | | | | | | | |
| | 0 1 - 0 9 - 1 9 0 0 | | | | | | | | |
| right foot | SOC/SSOC Date: 01-08-2021 | | | | | | | | |
| | 0 1 - 1 0 - 1 9 0 0 | | | | | | | | |
| left hand | | | | | | | | | |
| | 0 1 - 1 1 - 1 9 0 0 | | | | | | | | |
| right hand | | | | | | | | | |
| | 0 1 - 1 2 - 1 9 0 0 | | | | | | | | |
| fever | | | | | | | | | |
| Area of Disagreement: Service connection | 0 1 - 1 3 - 1 9 0 0 | | | | | | | | |
| SECTION VII - CERTIFICATION AND SIGNATURE | ■ | | | | | | | | |
| NOTE: This section is MANDATORY and completion is required to process your claim unless accompand <i>Certification</i> or Section VIII is completed. | ied by VA Form 21-0972, Alternate Signer | | | | | | | | |
| I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief. | | | | | | | | | |
| , | 20B. DATE SIGNED | | | | | | | | |
| Betty D Boop - Signed by digital authentication to api.va.gov | 0 2 - 0 3 - 2 0 2 1 | | | | | | | | |
| SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN. | ATURE | | | | | | | | |
| I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief. | | | | | | | | | |
| NOTE : A representative's signature will not be accepted unless at the time of submission of this request a Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Cla appropriate representative is of record with VA or included with this application. | | | | | | | | | |
| 21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last) | | | | | | | | | |
| | | | | | | | | | |
| 21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink) | 21C. DATE SIGNED | | | | | | | | |
| PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false. | submission of any statement or evidence of a | | | | | | | | |
| DRIVACY ACT NOTICE. VA will not displace information collected on this form to any source other than | what has been outherized under the Drivesy | | | | | | | | |

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

VA FORM 20-0996, APR 2021 Page 5

Veteran Email:

12345678901234567890123456789012345678901234567890123456789012345678901234567890 1234567890123456789_123456789012345678901234567890123456789012345678901234567890 123456789012345678901234567890123456789_12345678901234567890@bobbytablesemail.com

Claimant Email:

09845812017584936834751947843y6083475-

924709348156802374y698134y5984389347y8914hekjdnfjkdh8445678901234567890123456789012 34567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789_claimant@email.com

Representative Email:

98765432109876543210987654321098765432109876543210987654321098765432109876543210 9876543210987654321_98765432109876543210987654321098765432109876543210 987654321098765432109876543210987654321_98765432109876543210@hellohellenholly.com

Additional Issues

| A. Specific Issue(s) | B. Area of Disagreement | C. Date of Decision | D. SOC/SSOC Date | | | | |
|----------------------|-------------------------|---------------------|------------------|--|--|--|--|
| lupus | | 1900-01-14 | 09-23-2020 | | | | |
| cooties | Service connection | 1900-01-15 | | | | | |