

<div style="display: flex; align-items: center; padding: 5px;"><div>Department of Veterans Affairs</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW</div> <div style="font-size: 0.8em; margin-top: 5px;">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.</div>	VA DATE STAMP DO NOT WRITE IN THIS SPACE	
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.		
1. VETERAN'S NAME (First, Middle Initial, Last) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="flex: 1; border-right: 1px solid black; padding: 0 10px;">Jãñe</div><div style="flex: 0.1; text-align: center; border-right: 1px solid black; padding: 0 5px;">ø</div><div style="flex: 1; padding: 0 10px;">Doé</div></div>		
2. SOCIAL SECURITY NUMBER <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">4</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">7</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div></div>	3. VA FILE NUMBER (If applicable) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">7</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">4</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div></div>	4. DATE OF BIRTH (MM/DD/YYYY) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div></div>
5. VA INSURANCE POLICY NUMBER (If applicable) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">7</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">4</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">4</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">7</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div></div>		
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street <div style="border-bottom: 1px solid black; display: inline-block; width: 800px;">123 Somestreet</div> Apt./Unit Number <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;"> </div> City <div style="border-bottom: 1px solid black; display: inline-block; width: 400px;">Sometown</div> State/Province <div style="border-bottom: 1px solid black; display: inline-block; width: 50px;"> </div> Country <div style="border: 1px solid black; padding: 0 5px; margin: 0 5px;">U S</div> ZIP Code/Postal Code <div style="border-bottom: 1px solid black; display: inline-block; width: 100px;">66002</div> - <div style="border-bottom: 1px solid black; display: inline-block; width: 50px;"> </div> <input type="radio"/> I AM HOMELESS OR AT RISK OF HOMELESSNESS		
7. TELEPHONE NUMBER (Include Area Code) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">0</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">0</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div></div> Enter International Phone Number (If applicable) <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> </div>		
8. E-MAIL ADDRESS (Optional) <div style="border-bottom: 1px solid black; display: inline-block; width: 800px;">josie@example.com</div>		
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)		
9. CLAIMANT'S NAME (First, Middle Initial, Last) <div style="border-bottom: 1px solid black; display: inline-block; width: 800px;"> </div>		
10. SOCIAL SECURITY NUMBER (If applicable) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">1</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">2</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">3</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">4</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">5</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">6</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">7</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">8</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">9</div></div>	11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div></div>	
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13. TELEPHONE NUMBER (Include Area Code) <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 5px;"><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;">-</div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div><div style="border: 1px solid black; padding: 0 5px; margin: 0 2px;"> </div></div> Enter International Phone Number (If applicable) <div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"> </div>		
14. E-MAIL ADDRESS (Optional) <div style="border-bottom: 1px solid black; display: inline-block; width: 800px;"> </div>		
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.) <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"><div style="width: 33%;"><input type="radio"/> COMPENSATION</div><div style="width: 33%;"><input type="radio"/> PENSION/SURVIVORS BENEFITS</div><div style="width: 33%;"><input checked="" type="radio"/> FIDUCIARY</div><div style="width: 33%;"><input type="radio"/> EDUCATION</div><div style="width: 33%;"><input type="radio"/> VETERANS HEALTH ADMINISTRATION</div><div style="width: 33%;"><input type="radio"/> VETERAN READINESS AND EMPLOYMENT</div><div style="width: 33%;"><input type="radio"/> LOAN GUARANTY</div><div style="width: 33%;"><input type="radio"/> LIFE INSURANCE</div><div style="width: 33%;"><input type="radio"/> NATIONAL CEMETERY ADMINISTRATION</div></div>		

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