

SECTION IV - OPTIONAL INFORMAL CONFERENCE

16. 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

☐ Call me between 12:00 p.m. - 4:30 p.m. ET

☐ Call my representative between 8:00 a.m. - 12:00 p.m. ET

☐ Call my representative between 12:00 p.m. - 4:30 p.m. ET

17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW.

17A. REPRESENTATIVE'S NAME (First, Last)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

-

-

+WWW-WXXXXXXXXXXXXXXXXXXXXXWWW

17C. REPRESENTATIVE'S E-MAIL ADDRESS

See attached page for representative email

SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEALS SYSTEM

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 entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO OPT-IN, THE CIRCLE BELOW **MUST** BE MARKED.

☒ OPT-IN FROM SOC/SSOC

NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW

19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary - include your name and file number on each additional sheet. **IMPORTANT:** You **may only** list issues for the benefit type selected in Section III. A separate form is required for each benefit type.

19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
<div>Example 1: Service connection for left knee</div> <div>Example 2: Earlier effective date for hearing loss</div> <div>Example 3: Reimbursement for non-VA emergency care</div> <div>Example 4: Denial of entitlement to VR&E benefits and services</div> <div>Example 5: Entitlement to Service-Disabled Veterans Insurance</div>	<div>MM/DD/YYYY</div> <div>MM/DD/YYYY</div> <div>MM/DD/YYYY</div> <div>MM/DD/YYYY</div> <div>MM/DD/YYYY</div>
<div>123456789</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div> <div>left eye</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div>SOC/SSOC Date: 04-30-2020</div> <div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
<div>right eye</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>2</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
<div>left ear</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>3</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
<div>right ear</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div>SOC/SSOC Date: 05-15-2019</div> <div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>4</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
<div>migraines</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>5</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
<div>left knee</div> <div>Area of Disagreement:</div> <div>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>	<div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>6</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>
	<div><div><div><div>0</div><div>1</div></div><div>-</div><div><div><div>0</div><div>7</div></div><div>-</div><div><div><div>1</div><div>9</div><div>0</div><div>0</div></div></div></div></div></div>

VA FORM 20-0996, APR 2021

Page 4

[illegible][illegible][illegible]

A. Specific Issue(s)	B. Area of Disagreement	C. Date of Decision	D. SOC/SSOC Date
lupus	<p>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX</p>	1900-01-14	09-23-2020
cooties	<p>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX</p>	1900-01-15	