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

VA DATE STAMP DO NOT WRITE IN THIS SPACE **Department of Veterans Affairs**

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

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. **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) Jane 4. DATE OF BIRTH (MM/DD/YYYY) 2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 1 2 3 4 | 5 | - | 6 7 9 2 1 1 6 9 5. VA INSURANCE POLICY NUMBER (If applicable) 6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) 123 Some St. Street Apt./Unit Number City Sometown 12345 State/Province Country S ZIP Code/Postal Code I AM HOMELESS OR AT RISK OF HOMELESSNESS 7. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 8. E-MAIL ADDRESS (Optional) USE EMAIL ON FILE SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) 9. CLAIMANT'S NAME (First, Middle Initial, Last) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 10. SOCIAL SECURITY NUMBER (If applicable) 3 4 5 6 7 9 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) Street Apt./Unit Number City ZIP Code/Postal Code State/Province 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) **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 O VETERANS HEALTH ADMINISTRATION O VETERAN READINESS AND EMPLOYMENT C LOAN GUARANTY ● LIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION

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SECTION IV - OPTIONAL INFORMAL CONFEREN	CE
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HI PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one associated with this request for Higher-Level Review.)	
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional art	nd may delay a decision.
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:	schedule the informal conference. Contact attempts
Call me between 8:00 a.m 12:00 p.m. ET) p.m 4:30 p.m. ET
	between 12:00 p.m 4:30 p.m. ET
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA	TIVE'S CONTACT INFORMATION BELOW.
17A. REPRESENTATIVE'S NAME (First, Last)	
AZD, DEDDECENTATIVES TELEPHONE NUMBER (Include Area Code)	
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)	
17C. REPRESENTATIVE'S E-MAIL ADDRESS	
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL	S SYSTEM
18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following	
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	ety, and any associated hearing requests, from the
OPT-IN FROM SOC/SSOC	THIS, THE GINGLE BLEGW MOOT BE IMMUNICED.
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.	
SECTION VI - ISSUES FOR HIGHER-LEVEL REVIE	EW .
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. R issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional shee 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
left shoulder	
	1 2 - 0 1 - 1 9 2 0

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)												
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)											
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SECTION VII - CERTIFICATION AND SIGNATURE												
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan		hy \	\/Δ F	orm	21-0	1972	Δlte	rnate	Sign	ner		
Certification or Section VIII is completed.	iicu	Бу	VAI	OIIII	21-0		, And	mate	- Oigi	101		
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.												
20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Jane Doe	20B.	. DA		SIGN	ED		1 1				_	
- Signed by digital authentication to api.va.gov		0	2	<u> </u>	0	3	<u> </u>	2	0	2 1	<u> </u>	
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	AT	UR	E									
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										/etera	ns	
appropriate representative is of record with VA or included with this application.	iiiiia	<i>iii</i> i	πορ	7 030	man	VC, 11	IGIOC	illing i	110			
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)												
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C.	DA	TE S	SIGNE	D	_		_			_	
				_								
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false.	subn	niss	ion (of an	y sta	teme	ent o	r evid	lence	of a		
												

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.

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