

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

<b>Department of Veterans Affairs</b>	<b>VA DATE STAMP</b> <b>DO NOT WRITE IN THIS SPACE</b>	
<b>DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW</b>		
<b>INSTRUCTIONS:</b> 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 <a href="http://www.va.gov/vaforms">www.va.gov/vaforms</a> .		
<b>SECTION I - VETERAN'S IDENTIFICATION INFORMATION</b>		
<b>NOTE:</b> 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.		
<b>1. VETERAN'S NAME (First, Middle Initial, Last)</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">Jane</div> <div style="border: 1px solid black; padding: 2px 10px;">Doe</div> </div>		
<b>2. SOCIAL SECURITY NUMBER</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> </div>	<b>3. VA FILE NUMBER (If applicable)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div>	<b>4. DATE OF BIRTH (MM/DD/YYYY)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> </div>
<b>5. VA INSURANCE POLICY NUMBER (If applicable)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div>		
<b>6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>No. &amp; Street</b> <div style="border: 1px solid black; padding: 2px 10px;">123 Some St.</div> </div> <div style="width: 15%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;"> <b>Apt./Unit Number</b> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> <div style="width: 20%;"> <b>City</b> <div style="border: 1px solid black; padding: 2px 10px;">Sometown</div> </div> <div style="width: 60%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;"> <b>State/Province</b> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> <div style="width: 15%;"> <b>Country</b> <div style="border: 1px solid black; padding: 2px 5px;">U S</div> </div> <div style="width: 60%;"> <b>ZIP Code/Postal Code</b> <div style="border: 1px solid black; padding: 2px 10px;">12345</div> - <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> </div>		
<input type="radio"/> I AM HOMELESS OR AT RISK OF HOMELESSNESS		
<b>7. TELEPHONE NUMBER (Include Area Code)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> <div style="width: 10%; text-align: center;">-</div> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> </div> <div style="margin-top: 5px;">       Enter International Phone Number (If applicable) <div style="border: 1px solid black; padding: 2px 10px;"></div> </div>		
<b>8. E-MAIL ADDRESS (Optional)</b> <div style="border: 1px solid black; padding: 2px 10px;">USE EMAIL ON FILE</div>		
<b>SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)</b>		
<b>9. CLAIMANT'S NAME (First, Middle Initial, Last)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div>		
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<b>14. E-MAIL ADDRESS (Optional)</b> <div style="border: 1px solid black; padding: 2px 10px;"></div>		
<b>SECTION III - BENEFIT TYPE</b>		
<b>15. SELECT ONLY ONE</b> (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;"> <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 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 checked="" type="radio"/> LIFE INSURANCE</div> <div style="width: 33%;"><input type="radio"/> NATIONAL CEMETERY ADMINISTRATION</div> </div>		

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.)

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

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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.

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

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.

19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)

MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

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Page 5