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

Department of Veterans Affairs

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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. **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) Jäñe Doé 4. DATE OF BIRTH (MM/DD/YYYY) 2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 1 | 2 | 3 | -4 | 5 | -6 7 7 3 2 2 1 6 9 9 8 5 4 6 5. VA INSURANCE POLICY NUMBER (If applicable) 5 4 3 2 1 1 2 3 4 5 CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) 123 Somestreet Street Apt./Unit Number City Sometown 66002 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) 5 | 5 | 5 | - | 8 | 0 | 0 | - | 1 | 1 8. E-MAIL ADDRESS (Optional) josie@example.com 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) 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

VA FORM 20-0996 Page 3 APR 2021

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		
	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) [Helen Holly		
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)		
+6-555-800-1111		
17C. REPRESENTATIVE'S E-MAIL ADDRESS		
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)	
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: 08-01-2020	
	0 1 - 0 1 - 1 9 0 0	
left knee		
right knee		
	0 1 - 0 3 - 1 9 0 0	
PTSD		
	0 1 _ 0 4 _ 1 9 0 0	
	0 1 = 0 4 = 1 9 0 0	
Traumatic Brain Injury		
	0 1 - 0 5 - 1 9 0 0	
right shoulder		
	0 1 - 0 6 - 1 9 0 0	

VA FORM 20-0996, APR 2021 Page 4

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)		
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)	
SECTION VII - CERTIFICATION AND SIGNATURE		
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanied by VA Form 21-0972, <i>Alternate Signer Certification</i> or Section VIII is completed.		
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) Jäñe ø Doé	20B. DATE SIGNED	
- Signed by digital authentication to api.va.gov	0 2 - 0 3 - 2 0 2 1	
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE		
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 valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , or VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> , indicating the 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 submission of any statement or evidence of a material fact, knowing it to be false.		
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than		
Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enfor epidemiological or research studies, the collection of money owed to the United States, litigation in which	rcement, congressional communications,	
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 published in the Federal Register. Your obligation to respond is voluntary.	tion and Employment Records - VA,	

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.

Page 5 VA FORM 20-0996, APR 2021