

VA DATE STAMP
DO NOT WRITE IN THIS SPACE



Department of Veterans Affairs

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	W	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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2. VETERAN'S SOCIAL SECURITY NUMBER

$$\boxed{W} \boxed{W} \boxed{W} - \boxed{W} \boxed{W} - \boxed{W} \boxed{W} \boxed{W} \boxed{W}$$

3. VA FILE NUMBER (If applicable)

W	W	W	W	W	W	W	W	W
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4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month Day Year

1 **2** - **3** **1** - **1** **9** **6** **9**

5. VETERAN'S SERVICE NUMBER (If applicable)

W	W	W	W	W	W	W	W	W
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6. INSURANCE POLICY NUMBER (If applicable)

[illegible]

7. CLAIMANT'S NAME (First, Middle Initial, Last) (If **other** than veteran)

[illegible]

8. CLAIMANT TYPE:

☒ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☐ OTHER (Specify) _____

9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

[illegible][illegible]

State/Province	N	Y	Country	W	W	ZIP Code/Postal Code	W	W	W	W	W	-				
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10. TELEPHONE NUMBER (Include Area Code)

+03-555-800-1111

11. E-MAIL ADDRESS (Optional)

See attached page for veteran email

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

☒ COMPENSATION ☐ PENSION/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ LIFE INSURANCE ☐ VETERANS HEALTH ADMINISTRATION
☐ VETERAN READINESS AND EMPLOYMENT ☐ LOAN GUARANTY ☐ EDUCATION ☐ NATIONAL CEMETERY ADMINISTRATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR **SUPPLEMENTAL CLAIM**. *Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.*

☐ Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☒ **OPT-IN from SOC/SSOC**

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
XX XX	2000-01-08 SOC/SSOC Date: 04-30-2020
XX XX	1900-01-06 SOC/SSOC Date: 02-24-2021
XX XX	1989-03-07 SOC/SSOC Date: 04-30-2020
XX XX	1930-10-20 SOC/SSOC Date: 05-30-2016
XX XX	2007-01-19 SOC/SSOC Date: 01-02-2012
XX XX	1999-12-29 SOC/SSOC Date: 08-13-2019
XX XX	1920-04-02 SOC/SSOC Date: 11-19-2019

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[illegible]

A. Specific Issue(s)	B. Date of Decision	C. SOC/SSOC Date
<p> WWWW WWWW WWWW WWWW WWWW </p>	2018-08-17	03-20-2021
<p> WWWW WWWW WWWW WWWW WWWW </p>	2013-09-11	08-24-2020

A. Name and Location	B. Date(s) of Records
<p>XX XX XX XX XX XX XX XX</p>	<p>2020-07-19, 2018-03-06 to 2019-02-12</p>
<p>XX XX XX XX XX XX XX XX</p>	<p>2018-03-06, 2018-01-15</p>
Veteran indicated they will send evidence documents to VA.	

Signature of veteran claimant or representative:

WW W
WW
- Signed by digital authentication to api.va.gov