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

Department of Veterans Affairs

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.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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)																									
WWWWWWW	WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW																								
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																									
W W W - W W - W W W W W W W W W W W W W										9															
5. VA INSURAN	ICE P	DLICY	NUME	BER (If applic	cable)																			
w w v	/ W	W	W	W	wv	v w	WV	v w	wv	v w	W	W													
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)																									
No. & Street																									
Apt./Unit Number City WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW																									
State/Province NY Country US ZIP Code/Postal Code WWWWWWWWWWWWW -																									
I AM HOMELESS OR AT RISK OF HOMELESSNESS																									
7. TELEPHONE NUMBER (Include Area Code)																									
Enter International Phone Number (If applicable) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW																									
8. E-MAIL ADDI	RESS (Option	nal)																						
See attached page for veteran email																									
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)																									
9. CLAIMANT'S NAME (First, Middle Initial, Last)																									
иммимими	WWWW	WWWW	WWWW	WWWW	WWWW	WWWW	WWWWWW	7 V	V WV	WWWW	WWWW	WWWW	WWWW	WWWWW	WWW	WWW	WWWW	WWWV	WWW	IWWW	WWWWW	MWWN	WWWW	WWW	WW
10. SOCIAL SE	CURI	TY NU	MBER	(If ap	plicabl	e)				1	1. DA	TE OF	BIRT	H (MM/E	D/YY	YY)	(If ap	oplicat	ole)						
w w	W -	- W	W	-	W۱	w w	/ W				0	5 -	_ 0	8	-[1	9	7	2						
12. CURRENT	MAILII	NG AE	DRES	S (Nu	ımber,	street o	or rural ro	ute, City	y or P.O.	Box, S	tate a	nd ZIF	Code	and Co	untry	')									
No. & Street WWWW	WWWW	WWWW	WWWW	WWWW	WWWW	WWWWW	WWWWWW	IWWWW	WWWWWW	WWWW	WWW	WWWW	WWW V	WWWWW	WWW	WWW	IWWW	WWWW	WWW	WWW	WWWW	WWWW	IWWW	WWW	
Apt./Unit Num	oer _						City	WWWW	WWWWW	WWWW	WWWW	IWWWI	WWW	WWWWW	WWW	WWW	WWW	WWWW	WWW	IWWW	WWWW	WWW	WWW		
State/Province M I Country U S ZIP Code/Postal Code WWWWWWWWWWWW -																									
13. TELEPHON	13. TELEPHONE NUMBER (Include Area Code)																								
Enter International Phone Number (If applicable) + WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW																									
14. E-MAIL ADDRESS (Optional)																									
See attached page for claimant email																									
									CTIO																
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 VETERANS HEALTH ADMINISTRATION VETERAN READINESS AND EMPLOYMENT LOAN GUARANTY LIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION																									

VA FORM APR 2021 **20-0996** Page 3

$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	
---	--

SECTION IV - OPTIONAL INFORMAL CONFERENCE	CE							
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 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 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) p.m 4:30 p.m. ET							
Call my representative 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 REPRESENTA	TIVE'S CONTACT INFORMATION BELOW.							
17A. REPRESENTATIVE'S NAME (First, Last)								
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	WWWWWWWWWWWWWWWW							
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW								
See attached page for representative email								
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 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 REVIE	EW .							
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Re 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 Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY							
123456789	SOC/SSOC Date: 04-30-2020							
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	W 0 1 - 0 1 - 1 9 0 0							
left eyee								
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	W 0 1 - 0 2 - 1 9 0 0							
right eye								
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	W 0 1 - 0 3 - 1 9 0 0							
left ear	SOC/SSOC Date: 05-15-2019							
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	W 0 1 - 0 4 - 1 9 0 0							
right ear								
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	W 0 1 - 0 5 - 1 9 0 0							
migraines								
Area of Disagreement:	W 0 1 - 0 6 - 1 9 0 0							
left knee								
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	W 0 1 - 0 7 - 1 9 0 0							

VA FORM 20-0996, APR 2021 Page 4

\mathbb{W}	WWWWWWWWWWWWWW
--------------	----------------

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)									
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)								
right knee									
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 0 8 - 1 9 0 0								
left foot									
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 0 9 - 1 9 0 0								
right foot	SOC/SSOC Date: 01-08-2021								
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 0 - 1 9 0 0								
left hand									
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 1 - 1 1 - 1 9 0 0								
right hand									
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 2 - 1 9 0 0								
fever									
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 3 - 1 9 0 0								
SECTION VII - CERTIFICATION AND SIGNATURE									
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan <i>Certification</i> or Section VIII is completed.	ied by VA Form 21-0972, Alternate Signer								
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)	20B. DATE SIGNED								
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 2 - 0 3 - 2 0 2 1								
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN.	ATURE								
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 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 s 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 interest, the administration of VA program and delivery of VA benefic verification of identity and states.	cement, congressional communications, the United States is a party or has an 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.

Page 5 VA FORM 20-0996, APR 2021

Veteran Email:

Claimant Email:

Representative Email:

Additional Issues

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