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/yaforms.

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)												
Jane Doe												
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)												
1 2 3 - 4 5 - 6 7 8 9	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)												
No. & Street 123 Some St.												
Apt./Unit Number City Sometown												
State/Province Country US ZIP Code/Postal Code 12345 -												
O 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)												
	1											
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)												
To: SSSI E SESSIATI NOMBER (II approach)												
12. 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												
State/Province Country ZIP Code/Postal Code -												
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 VETERANS HEALTH ADMINISTRATION												
O VETERAN READINESS AND EMPLOYMENT O 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 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 Call me between 12:00 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 REPRESENTATIVE'S CONTACT INFORMATION BELOW.									
17A. REPRESENTATIVE'S NAME (First, Last)									
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 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 REVII 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 sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate	ets, 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								
left shoulder									
	1 2 - 0 1 - 1 9 2 0								

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Co	ntin	uec	d)								
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 accompar <i>Certification</i> or Section VIII is completed.	ied b	y V	ΆF	orm	21-0	1972,	, Alte	ernat	e Sig	gner	
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.	DAT	ΓE S	IGNE	D	_					
- Signed by digital authentication to api.va.gov	0) :	2	_	0	3	<u></u>	2	0	2	1
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	ATU	RE									
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 Claimappropriate representative is of record with VA or included with this application.										Vete	rans
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)											
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. [DAT	ES	IGNE	D		1_				
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false.	ubmi	issic	on o	of an	y sta	teme	ent c	or evi	idend	ce of	a
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than	what	has	s be	en a	utho	orize	d un	der t	he P	rivac	y
Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enform epidemiological or research studies, the collection of money owed to the United States, litigation in which interest, the administration of VA programs and delivery of VA benefits, verification of identity and status,	ceme the l and p	ent, Jnite pers	cor ed s	ngres State nel a	ssion es is admir	nal co a pa nistra	omm arty c ation	nunic or has n) as	ation s an iden	ıs,	
the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitar	ion a	ınd l	Em	ployi	ment	Rec	cords	s - V/	A,		

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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