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

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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

	for the Deaf (TDD), the Federal relay number is 711. VA forms are available at <u>www.va.gov/vaforms</u> .																														
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.											er																				
1. VET	1. VETERAN'S NAME (First, Middle Initial, Last)											_																			
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																															
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7. TELEPHONE NUMBER (Include Area Code)																															
Enter International Phone Number (If applicable) +34-555-800-1111 ex2																															
8. E-MAIL ADDRESS (Optional)																															
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SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)																															
9. CLA	IMAN ⁻	T'S N	AME	(First	, Mid	ldle In	itial, La	ıst)																							
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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 **20-0996**

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 my representative between 12:00 p.m 4:30 p.m. ET Call my representative between 12:00 p.m 4:30 p.m. ET Call my representative between 12:00 p.m 4:30 p.m. ET The 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) 5 5 5 - 8 0 0 - 1 1 1 1 17C. REPRESENTATIVE'S E-MAIL ADDRESS h h o I I y @ e x a m p I e . c o m SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEALS SYSTEM	SECTION IV - OPTIONAL INFORMAL CONFERENCE	iΕ									
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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 accompan								
Certification or Section VIII is completed.	,							
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.	20B. DATE SIGNED							
20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Jane Z Doe	0 1 - 0 1 - 2 0 2 0							
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN								
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, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, 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 interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitat 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)	rcement, congressional communications, the United States is a party or has an and personnel administration) as identified in tion and Employment Records - VA,							
ask for this information. We estimate that you will need an average of 15 minutes to review the instruction form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is disp collection of information if this number is not displayed. Valid OMB control numbers can be located on the	ns, find the information, and complete the played. You are not required to respond to a							

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www.reginfo.gov/public/do/PRAMain.