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

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.											
1. VETERAN'S NAME (First, Middle Initial, Last)											
Jane Z 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 8 7 6 5 4 3 2 1 2 - 3 1 - 1 9 6	9										
5. VA INSURANCE POLICY NUMBER (If applicable)											
9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9											
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)											
No. & Street USE ADDRESS ON FILE											
Apt./Unit Number City											
State/Province Country ZIP Code/Postal Code 66002 -											
O I AM HOMELESS OR AT RISK OF HOMELESSNESS											
7. TELEPHONE NUMBER (Include Area Code)											
5 5 5 - 8 0 0 - 1 1 1 1 1 Enter International Phone Number (If applicable)											
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)											
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)											
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 O PENSION/SURVIVORS BENEFITS O FIDUCIARY O EDUCATION O VETERANS HEALTH ADMINISTRATION	ı										
O VETERAN READINESS AND EMPLOYMENT OLOAN GUARANTY OLIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION	ON										

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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 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										
Call my representative between 8:00 a.m 12:00 p.m. ET	betwee	en 12:0	00 p.n	n 4	:30 p.	m. ET	-			
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA 17A. REPRESENTATIVE'S NAME (First, Last)	TIVE'S	CON	TACT	INFO	ORMA	TION	BELO	OW.		
Helen Holly										
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)										
+6-555-800-11	11									
17C. REPRESENTATIVE'S E-MAIL ADDRESS										
							_			
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL 18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following				a Sta	ateme	nt of t	he Ca	se (S	OC) o	or
Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entire legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO O	ety, and	d any a	associ	iated	hearii	ng red	uests	, from	n thé	
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										
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Reissues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheet each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate	s, if ne	cessa	ry - in	clude	your	name	and t			
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		DD/YY								
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 MM/DD/YYYY									
Example 5: Entitlement to Service-Disabled Veterans Insurance		DD/YY								
	SOC	C/S	SOC	Da	ate	: 0	8-0	1-2	202	0
tinnitus	0	1	_	0	1	_[1 9	9 () ()
				•		Г	4 (\ \ \ \	
left knee	0	1	-	0	2		1 9	9 (0 0	
right knee	0	1	_	0	3	_	1 9	9 () ()
			1	_						
PTSD	0	1	-	0	4		1 9	9 (0 0	
Traumatic Brain Injury	0	1	_	0	5	_ [1 9	9 (0 ()
Traumatic Brain injury							- '		-	
						_				
right shoulder	0	1	-[0	6	_[1 9	9 () ()
			_							

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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 accompanied by VA Form 21-0972, Alternate Signer						
Certification or Section VIII is completed.	illed by VAT offit 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) Jane Z Doe	20B. DATE SIGNED					
- Signed by digital authentication to api.va.gov						
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 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					
DENALTY. The law resulting as a second resulting include a first importance to a hard facility of						
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 programs and delivery of VA benefits, verification of identity and status,	rcement, congressional communications, the United States is a party or has an					

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.

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