

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

Jane	<input type="checkbox"/>	Doe
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[illegible]

No. &
Street 123 Some St.

Apt./Unit Number						City	Sometown
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State/Province			Country	U	S	ZIP Code/Postal Code	1	2	3	4	5	-					
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			-				-					Enter International Phone Number (If applicable)	
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USE EMAIL ON FILE

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[illegible][illegible]

State/Province			Country			ZIP Code/Postal Code						—				
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- - Enter International Phone Number (If applicable)

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

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.)

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 my representative between 12:00 p.m. - 4:30 p.m. ET

17A. REPRESENTATIVE'S NAME (First, Last)

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18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in 18A 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 I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.

18B. DATE OF VA DECISION NOTIFICATION
LETTER (REQUIRED)

MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY
MM/DD/YYYY

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Year	2000	2001	2002
1999	1999	1999	1999

Page 5