

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

Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
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 https://www.va.gov/find-forms/ .		
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) <div>Jane Doe</div>		
2. SOCIAL SECURITY NUMBER <div>1 2 3 - 4 5 - 6 7 8 9</div>	3. VA FILE NUMBER (If applicable) <div></div>	4. DATE OF BIRTH (MM/DD/YYYY) <div>1 2 - 3 1 - 1 9 6 9</div>
5. VA INSURANCE POLICY NUMBER (If applicable) <div></div>		
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street <div>123 Some St.</div> Apt./Unit Number <div></div> City <div>Sometown</div> State/Province <div></div> Country <div>U S</div> ZIP Code/Postal Code <div>12345 - </div> <input type="radio"/> I AM HOMELESS OR AT RISK OF HOMELESSNESS		
7. TELEPHONE NUMBER (Include Area Code) <div> - - </div> Enter International Phone Number (If applicable) <div></div>		
8. E-MAIL ADDRESS (Optional) <div>USE EMAIL ON FILE</div>		
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)		
9. CLAIMANT'S NAME (First, Middle Initial, Last) <div></div>		
10. SOCIAL SECURITY NUMBER (If applicable) <div> - - </div>	11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) <div> - - </div>	
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street <div></div> Apt./Unit Number <div></div> City <div></div> State/Province <div></div> Country <div></div> ZIP Code/Postal Code <div> - </div>		
13. TELEPHONE NUMBER (Include Area Code) <div> - - </div> Enter International Phone Number (If applicable) <div></div>		
14. E-MAIL ADDRESS (Optional) <div></div>		
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.) <input type="radio"/> COMPENSATION <input type="radio"/> PENSION/DIC/SURVIVORS BENEFITS <input type="radio"/> FIDUCIARY <input type="radio"/> EDUCATION <input type="radio"/> VETERANS HEALTH ADMINISTRATION <input type="radio"/> VETERAN READINESS AND EMPLOYMENT <input type="radio"/> LOAN GUARANTY <input checked="" type="radio"/> LIFE INSURANCE <input type="radio"/> 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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SECTION V - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)	
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
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SECTION VI - CERTIFICATION AND SIGNATURE	
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanied by VA Form 21-0972, <i>Alternate Signer Certification</i> or Section VII is completed.	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.	
19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Jane Doe - Signed by digital authentication to api.va.gov	19B. DATE SIGNED <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">2</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">3</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin: 0 5px;">1</div> </div>
SECTION VII - 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 valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , or VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> , indicating the appropriate representative is of record with VA or included with this application.	
20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
20B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	20C. DATE SIGNED <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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 what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, 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 .	