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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 VA DATE STAMP DO NOT WRITE IN THIS SPACE

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 <a href="https://www.va.gov/find-forms/">https://www.va.gov/find-forms/</a> .											
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)											
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW											
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)											
W W W - W W W W W W W W W W W W W W W W											
5. VA INSURANCE POLICY NUMBER (If applicable)											
w w w w w w w w w w w w w w w w w w											
6. 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 WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW											
State/Province NY Country US ZIP Code/Postal Code WWWWWWWWWWWWW -											
● I AM HOMELESS OR AT RISK OF HOMELESSNESS											
7. TELEPHONE NUMBER (Include Area Code)											
Enter International Phone Number (If applicable) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW											
8. E-MAIL ADDRESS (Optional)											
See attached page for veteran email											
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)											
9. CLAIMANT'S NAME (First, Middle Initial, Last)  WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW											
10. SOCIAL SECURITY NUMBER (If applicable)  11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)											
W W W - W W W W W W W W W W W W W W W W											
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 www.www.www.www.www.www.www.www.www.ww											
State/Province M I Country U S ZIP Code/Postal Code WWWWWWWWWWWWW -											
13. TELEPHONE NUMBER (Include Area Code)											
Enter International Phone Number (If applicable)											
14. E-MAIL ADDRESS (Optional)											
See attached page for claimant email  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/DIC/SURVIVORS BENEFITS FIDUCIARY  © EDUCATION  VETERANS HEALTH ADMINISTRATION  VETERAN READINESS AND EMPLOYMENT  LOAN GUARANTY LIFE INSURANCE  NATIONAL CEMETERY ADMINISTRATION											
U VETERAN READINESS AND EMPLOYMENT UDAN GUARANTY ULIFE INSURANCE UNATIONAL CEMETERY ADMINISTRATION											

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SECTION IV - OPTIONAL INFORMAL CONFERENCE											
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 my representative between 8:00 a.m 12:00 p.m. ET  Call my representative 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)											
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW											
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	TATTATTAT										
17C. REPRESENTATIVE'S E-MAIL ADDRESS	VV VV										
See attached page for representative email											
SECTION V - ISSUES FOR HIGHER-LEVEL-REVIE	EW										
18. If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By subm review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s)	itting this form, I agree to participate in the modernized in 18A in their entirety, and any associated hearing withdrawn.										
INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Rel issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separate for	, if necessary - include your name and file number on										
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. 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										
123456789 SOC/SSOC Date: 04-30-202											
Area of Disagreement:	0 1 - 0 1 - 1 9 0 0										
left eyee											
Area of Disagreement:	0 1 - 0 2 - 1 9 0 0										
right eye											
Area of Disagreement:	0 1 - 0 3 - 1 9 0 0										
left ear	SOC/SSOC Date: 05-15-2019										
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 1 - 0 4 - 1 9 0 0										
right ear											
Area of Disagreement:	0 1 - 0 5 - 1 9 0 0										
migraines											
Area of Disagreement:	0 1 - 0 6 - 1 9 0 0										
left knee											
Area of Disagreement:	0 1 - 0 7 - 1 9 0 0										

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SECTION V - ISSUES FOR HIGHER-LEVEL REVIEW (Co	ntinued)									
18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)									
right knee										
Area of Disagreement:	0 1 - 0 8 - 1 9 0 0									
left foot										
Area of Disagreement:	0 1 - 0 9 - 1 9 0 0									
right foot	SOC/SSOC Date: 01-08-2021									
Area of Disagreement:	0 1 - 1 0 - 1 9 0 0									
left hand										
Area of Disagreement:	0 1 - 1 1 - 1 9 0 0									
right hand										
Area of Disagreement:	0 1 - 1 2 - 1 9 0 0									
fever										
Area of Disagreement:	0 1 - 1 3 - 1 9 0 0									
SECTION VI - CERTIFICATION AND SIGNATURE										
<b>NOTE:</b> This section is <b>MANDATORY</b> 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.

19B. DATE SIGNED 19A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) 2 0 2 1 2 

#### **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. 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.

20A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)																										
20B	SIC	SNAT	TURE	OF V	A AU	THOF	RIZED	REF	PRES	ENTA	ATIVE	(Sig	n in ir	ık)				2	0C. I	DATE	SIGN	<b>IED</b>				
																										Т

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.

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#### **Veteran Email:**

#### **Claimant Email:**

### **Representative Email:**

#### Additional Issues

A. Specific Issue(s)	B. Area of Disagreement	C. Date of Decision	D. SOC/SSOC Date
lupus	WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1900-01-14	09-23-2020
cooties	WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	1900-01-15	