



DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

PART I - CLAIMANT'S IDENTIFYING INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER3. VA FILE NUMBER (If applicable)4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)5. VETERAN'S SERVICE NUMBER (If applicable)

6. INSURANCE POLICY NUMBER (If applicable)

7. CLAIMANT'S NAME (First, Middle Initial, Last) (If **other** than veteran)

8. CLAIMANT TYPE:

☐ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☒ OTHER (Specify) www

9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

City

State/Province		
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Country

W	W
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ZIP Code/Postal Code

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10. TELEPHONE NUMBER *(Include Area Code)*

International Phone Number (If applicable) + WWW-XXXXXXXXXXXXXXX

11. E-MAIL ADDRESS (Optional)

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** (If you would like to file for multiple benefit types, you must complete a separate request form for each benefit type.)

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

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR **SUPPLEMENTAL CLAIM**. Please refer to your decision notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach additional sheets of paper, if necessary. Include your name and file number on each additional sheet.)

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 13A 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 I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
XX XX	2000-01-08 SOC/SSOC Date: 04-30-2020
XX XX	1900-01-06 SOC/SSOC Date: 02-24-2021
XX XX	1989-03-07 SOC/SSOC Date: 04-30-2020
XX XX	1930-10-20 SOC/SSOC Date: 05-30-2016
XX XX	2007-01-19 SOC/SSOC Date: 01-02-2012
XX XX	1999-12-29 SOC/SSOC Date: 08-13-2019

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Signature of veteran, claimant, or representative:
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 WWWWWW - Signed by
 digital authentication to api.va.gov