Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

IMPORTANT: Please read the information below carefully to help you complete this form accurately. Some parts of the form also contain notes or specific instructions for completing that section.

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 the Department of Veterans Affairs (VA) based on the evidence of record at the time VA issued notice of the prior decision. The Higher-Level Reviewer **will not consider any evidence received after the notification date of the prior decision**. A Higher-Level Review may not be requested for the review of a Higher-Level Review decision or a Board of Veterans' Appeals decision. This form must be submitted to VA **WITHIN ONE YEAR OF THE DATE VA PROVIDED NOTICE OF OUR DECISION**. For additional information on the Higher-Level Review process or a list of review options that allow VA to consider new evidence and how to file, visit **www.va.gov/decision-reviews/**.

It is important you keep a copy of all completed forms and materials you give to VA. Filling out this form completely and accurately will decrease the amount of time it takes to process your Higher-Level Review request.

You may contact your accredited representative (attorney, claims agent, and Veterans Service Organization (VSO) representative) to assist you in completing this form. If you have not already selected a representative or if you want to change your representative, a searchable database of VA-recognized VSOs, and VSO representatives as well as, VA-accredited attorneys and claims agents is available at **www.va.gov/ogc/apps/accreditation/index.asp**.

Submit your request for Higher-Level Review to the local VA office or processing center identified on your decision notice letter. You can find mailing address information at **www.va.gov/decision-reviews/higher-level-review/**. You can ask VA to help you fill out this application by contacting us at 1-800-827-1000. Before you contact us, gather the necessary information and materials (decision notification letter, etc.) and complete as much of the form as you can.

You may request to have your Higher-Level Review conducted at either the same or a different office within the agency of original jurisdiction that decided your issue(s). Please note that decisions on certain types of issues are processed at only a single VA office or facility. Accordingly, some issues cannot be reviewed at an office other than the office that originally decided your issue(s).

SPECIFIC INSTRUCTIONS FOR DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

Section I - Veteran's Identification Information

Please note it would assist VA if you provide all the information to identify the veteran in Section I. However, if you provide certain information specific to the veteran such as the last name and Social Security Number or VA file number, VA will be able to identify the veteran and would not necessarily consider this request incomplete if other information in Section I, such as the address and telephone number, is excluded.

If you are homeless or at risk of homelessness, mark the circle in item 6. If you wish to request priority processing for other reasons, you may file **VA Form 20-10207, *Priority Processing Request*,** with this form.

Section II - Claimant's Identification Information (If other than veteran)

If the claimant is different than the veteran, fill out the information in Section II. Without this information, we will be unable to identify the claimant. If you are a healthcare provider or agent or employee of a healthcare provider requesting review of a VA payment decision, you must identify the healthcare provider as the claimant and complete all relevant information in the claimant identification section.

Section III - Benefit Type

This form may only be submitted for review of an issue(s) related to one benefit type: Compensation, Pension/Survivors Benefits, Fiduciary, Life Insurance, Education, Loan Guaranty, Veteran Readiness and Employment, Veterans Health Administration, or National Cemetery Administration. **Select only one benefit type in item 15 (i.e. Compensation)**. If you would like to file for multiple benefit types (i.e. Compensation and Life Insurance), you must complete a separate Higher-Level Review request form for each benefit type. If your disagreement is with a decision by the Veterans Health Administration, even if you are seeking reimbursement for medical expenses or non-VA emergency care, you must select Veterans Health Administration in item 15.

Section IV - Optional Informal Conference

You or your appointed representative may request an informal conference with the Higher-Level Reviewer assigned to complete the review of your issue(s) by marking the circle in item 16A. The sole purpose of the optional telephone contact is to provide the opportunity to identify errors of fact or law in the decision(s) under review. Evidence that was not of record at the time of the decision will not be considered. Choosing this option may delay issuance of a decision. To avoid potential delays, you may submit a written statement that identifies errors of fact or law along with this application form instead of requesting an informal conference.

VA will make two attempts to call you or your representative at the telephone number you provide to VA in order to schedule your informal conference. If you would like VA to call your representative instead of calling you, you must include the representative's name and phone number in items 17A and 17B. In order for VA to speak to your representative on your behalf, a valid ***VA Form 21-22a, Appointment of Individual as Claimant's Representative*** or ***VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative*** must be of record or included with this application. If VA is unable to reach you or your representative after two attempts, the Higher-Level Reviewer will move forward with completing your request for Higher-Level Review and issue a decision.

Section V - SOC/SSOC Opt-In from Legacy Appeals System

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. Your decision notice contains further details. To opt-in to the modernized review system you must submit this form within 60 days from the date of the SOC or SSOC. To do so, mark the circle for “OPT-IN from SOC/SSOC” in item 18 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 19A. Your selection of the Higher-Level Review option does not prevent you from changing the review option (in accordance with applicable procedures) before VA renders the Higher-Level Review decision on an issue.

Section VI - Issues for Higher-Level Review

The purpose of this section is for you to identify, in item 19A, each issue decided by VA that you would like as part of your Higher-Level Review. You may choose to cite a specific area of disagreement for each issue, such as: entitlement to service connection, a higher evaluation, or an earlier effective date. Please refer to your decision notification letter(s) for a list of adjudicated issues. You should enter the date of VA's decision for each issue. Only those issue(s) that you list on this form will be addressed during the Higher-Level Review. For those issues you do not list on this form, you still have one year from the date of the decision notification letter to request a Higher-Level Review, or to have them reviewed through a different review option.

Section VII - Certification and Signature

Please be sure to sign this request for Higher-Level Review, certifying the statements on this form are true and correct to the best of your knowledge and belief. Be sure to sign the form in ink. Forms not signed in ink may be returned. For alternate signer certification please include **VA Form 21-0972, *Alternate Signer Certification***.

Section VIII - Authorized Representative Signature

A VA authorized representative may sign this section in lieu of the veteran or claimant signature in section VII, as long as a valid VA Form 21-22 or VA Form 21-22a, is of record or included with this application.

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

Department of Veterans Affairs

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

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.

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)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

5. VA INSURANCE POLICY NUMBER (If applicable)

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

State/Province

Country

ZIP Code/Postal Code

◯ I AM HOMELESS OR AT RISK OF HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number (If applicable)

8. E-MAIL ADDRESS (Optional)

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 ◯ PENSION/SURVIVORS BENEFITS ◯ FIDUCIARY ◯ EDUCATION ◯ VETERANS HEALTH ADMINISTRATION
◯ VETERAN READINESS AND EMPLOYMENT ◯ LOAN GUARANTY ◯ LIFE INSURANCE ◯ NATIONAL CEMETERY ADMINISTRATION

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 me between 12:00 p.m. - 4:30 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)

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

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17C. REPRESENTATIVE'S E-MAIL ADDRESS

SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEALS SYSTEM

18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following issues decided in a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A 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. TO OPT-IN, THE CIRCLE BELOW **MUST** BE MARKED.

◯ **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 REVIEW

19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary - include your name and file number on each additional sheet. **IMPORTANT**: You **may only** list issues for the benefit type selected in Section III. A separate form is required for each benefit type.

19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
Example 1: Service connection for left knee	MM/DD/YYYY
Example 2: Earlier effective date for hearing loss	MM/DD/YYYY
Example 3: Reimbursement for non-VA emergency care	MM/DD/YYYY
Example 4: Denial of entitlement to VR&E benefits and services	MM/DD/YYYY
Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY
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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)
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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.

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)	20B. DATE SIGNED – –

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 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.

21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)

21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED – –

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.**