Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

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

Use this form to request a SUPPLEMENTAL CLAIM of the decision you received that you disagree with. A **SUPPLEMENTAL CLAIM** is a new review of an issue(s) previously decided by the Department of Veterans Affairs (VA) based on submission of new and relevant evidence. For additional information on the **SUPPLEMENTAL CLAIM** process or other decision review options such as a higher-level review and appeal to the Board of Veterans' Appeals, visit https://www.va.gov/decision-reviews/.
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Submit your **SUPPLEMENTAL CLAIM** request to the local VA office or processing center identified on your decision notification letter. It is important that you keep a copy of all completed forms and materials you give to VA. This form has several key components, which, when filled out completely and accurately, will decrease the amount of time it takes to process your **SUPPLEMENTAL CLAIM** request. This form may only be submitted for review of an issue(s) related to one benefit type *(Compensation, Pension/Survivors Benefits, Fiduciary, Insurance, Education, Loan Guaranty, Vocational Rehabilitation & Employment, Veterans Health Administration, or National Cemetery Administration).* If you would like to file for multiple benefit types, you must complete a separate **SUPPLEMENTAL CLAIM** request form for each benefit type.

You may contact your accredited representative (attorney, claims agent, and Veterans Service Organizations (VSOs) representative) to assist you in completing this request form. If you have not already selected a representative, or if you want to change your representative, a searchable database of VA-recognized VSOs, VA-accredited attorneys, claims agents, and VSO representatives is available at https://www.va.gov/ogc/apps/accreditation/index.asp. Contact your local VA office for assistance with appointing a representative or visit www.ebenefits.va.gov.

You can also ask VA to help you fill out the form by contacting us at the number provided on your decision notification letter or at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials (decision notification letter, etc.), and complete as much of the form as you can.

SPECIFIC INSTRUCTIONS FOR DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

Part I - Claimant's Identifying Information

Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this request incomplete if other information in Part I, such as the claimant's address and telephone number, is excluded. This request form may only be completed for review of an issue(s) related to one benefit type. **Select only one benefit type in Item 12.** If you would like to file for multiple benefit types, you must complete a separate **SUPPLEMENTAL CLAIM** request for each benefit type.

Part II - Information to identify the issues for SUPPLEMENTAL CLAIM

The purpose of this section is for you to identify, in item 13A, each issue decided by VA that you would like VA to review as a **SUPPLEMENTAL CLAIM**. Please refer to your decision notification letter(s) for a list of adjudicated issues. You should also enter the date of VA's decision notice letter for each issue, if possible. Only those issue(s) that you list on this form will be considered as part of your **SUPPLEMENTAL CLAIM**. For those issues you do not list on this form, you will still have ***one*** year from the date of the decision notification letter to file a **SUPPLEMENTAL CLAIM** for those issues to maintain eligibility for the earliest effective date for any granted benefits , or to have them reviewed in a different lane.

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. If you are filing this form to opt-in to the modernized review system for any issues decided in the SOC or SSOC, you must provide notice to VA of your decision to leave the legacy appeal process for those issues. To do so when using this form, please check the box for "**OPT-IN** from SOC/SSOC" in item 13 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 13A as instructed above. Your selection of the **SUPPLEMENTAL CLAIM** option does not prevent you from changing the review option under the modernized review system (in accordance with applicable procedures) before VA renders the supplemental claim decision on an issue.

Please note that by checking the "OPT-IN from SOC/SSOC" box in item 13 you are acknowledging the following: I elect to participate in the modernized review system. I am withdrawing all eligible appeal issues listed on this form in their entirety, and any associated hearing requests, from the legacy appeals system to seek review of those issues in VA's modernized review system. I understand that I cannot return to the legacy appeals process for the issue(s) withdrawn.

Part III - New and Relevant Evidence

For your **SUPPLEMENTAL CLAIM** application to be complete, you must submit additional evidence that is **NEW AND RELEVANT** to support granting the benefit(s) sought or you must identify existing relevant records that you would like VA to obtain. (**NEW** evidence means information not previously submitted to VA, and **RELEVANT** evidence means information that tends to prove or disprove a matter at issue.)

If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it. List all relevant evidence in the custody of a VA medical center (VAMC) or other Federal department or agency in PART II of this application in item 14.A and 14.B. VA will retrieve relevant records from a Federal facility or VAMC, that you adequately identify and authorize VA to obtain. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence.

VA will make every reasonable effort to obtain relevant records **not held** by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records from current or former employers. Please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form. The form is available at www.va.gov/vaforms.

Part IV - Certification and Signature

Please be sure to sign this **SUPPLEMENTAL CLAIM** application, certifying that the statements on the form are true and correct to the best of the claimant's or authorized representative's knowledge and belief.

For Compensation claims: If you are filing for review of an issue more than one year after VA provided notice of our decision, please visit www.va.gov/disability-evidence to review the 38 U.S.C. 5103 information regarding evidence necessary to substantiate your claim. Then, check the "**5103 Notice Acknowledgement**" box in item 16.A. to confirm your receipt of this information. If you cannot review the information online and would like the information mailed to you, do not check the box in item 16.A. and VA will send you this notice through the mail or other electronic communication.

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 following VA systems of records published in the Federal Register: 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records -VA; 55VA26 Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records -VA; and 36VA29, Veterans and Armed Forces Personnel Programs of Government Life Insurance -VA. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claims file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

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.

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 2/28/2022

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

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

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER *(If applicable)*

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*
Month – Day – Year

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)*

9. 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 –

10. TELEPHONE NUMBER *(Include Area Code)*

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/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ INSURANCE ☐ VETERANS HEALTH ADMINISTRATION
☐ VOCATIONAL REHABILITATION 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.*

Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **OPT-IN from SOC/SSOC**

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE

PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain **non-federal records,** please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS?

LIST BELOW ANY **VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES** THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: *You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.*

15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS

PART IV - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature ***will not*** be accepted unless at the time of submission of this claim 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 POA is of record with VA.

16. **I CERTIFY THAT** the statements on this form are true and correct to the best of my knowledge and belief.

COMPENSATION BENEFIT CLAIMS ONLY:

☐ **5103 NOTICE Acknowledgment** - I certify I have received the notice to this application titled, ***Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits*** as provided at ***www.va.gov/disability-evidence***.
If the box is not checked, VA will send you this information through an electronic communication or written correspondence sent to the address on file with VA if your application is being submitted more than one year after VA provided notice of our decision for any issue listed in item 13.

16A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE *(Sign in ink)*	16B. DATE SIGNED
16C. NAME OF VA AUTHORIZED REPRESENTATIVE *(Please Print)*	

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

17. **I CERTIFY THAT** by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

17A. SIGNATURE OF ALTERNATE SIGNER *(Sign in ink)*	17B. DATE SIGNED
17C. NAME OF ALTERNATE SIGNER *(Please Print)*	

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.