RAMP SELECTION

Use this form to seek additional review under RAMP until the new system becomes effective on or after February 14, 2019, at which time you will have to follow the new application requirements outlined in the new appeals system. Filing instructions will be available at https://www.benefits.va.gov/benefits/appeals.

Instruction: Please list the issues you are seeking review of below and on the next page select the type of review you would like from the choices provided. Note that you may select ONLY ONE type of review for all issues identified on this form. See the “RAMP Review Rights” document for information on each review option and mailing instructions.

I would like to seek further review of the following issues (use additional page if necessary):

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

SIGNATURE

DATE SIGNED

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.
I elect to have all issues reviewed under the following option (Check **ONLY ONE** of the boxes below):

- [ ] I am filing a **Supplemental Claim**. I understand that I must submit or identify new and relevant evidence that was not previously considered by the local VA office.

- [ ] I am requesting a **Higher-Level Review** based on the evidence of record at the time of the prior decision.

- [ ] I am requesting a **Higher-Level Review** based on the evidence of record at the time of the prior decision and I am requesting a one-time **informal conference** with the Higher-Level Reviewer. If you have an accredited representative (VSO, attorney, or agent) please include his or her contact information below. (This option may cause some delay in the processing of your higher-level review.)

  
  Representative/Org. _______________________

  Phone Number ___________________________

I am appealing to the Board of Veterans’ Appeals (Board). I understand the Board will not process my appeal under the new system until **no earlier than October 2018**. I would like the following review option:

- [ ] **Direct Review** (Based on the evidence of record at the time of the prior decision; NO evidence submission or hearing request)

- [ ] **Evidence Submission** (Evidence submission within 90 days; NO hearing request)

- [ ] **Hearing** (Hearing with evidence submission allowed) (This option may cause some delay in receiving a decision by the Board.)