



STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The 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 required to obtain or retain benefits. VA uses your SSN to identify your claim 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. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). 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 this 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

| | | |
|--|---------------------|-------------|
| FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (<i>Type or print</i>) | SOCIAL SECURITY NO. | VA FILE NO. |
| | | C/CSS - |

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

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 (<i>Include Area Code</i>) | |
| | 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.)