

VETERAN NAME:

Submitted by:

FILE NUMBER:

## RAMP OPT-IN ELECTION

### **RETURN THIS PAGE ONLY IF YOU WANT TO PARTICIPATE IN RAMP**

**(DO NOT complete this form if you wish to remain in the current legacy appeals process)**

Once you have read and understood the attached VA letter, please indicate your election by completing and returning this notice with the coversheet provided to the address noted below.



DEPARTMENT OF VETERANS AFFAIRS  
EVIDENCE INTAKE CENTER  
PO BOX 4444  
JANESVILLE WI 53547-4444  
OR  
FAX TO: 844-531-7818

**By completing this form, I elect to participate in RAMP.** I am withdrawing all eligible pending compensation appeals in their entirety, and any associated hearing requests, to participate in VA's RAMP initiative and have my eligible appeals proceed under the new process described in the Appeals Modernization Act. *I understand that I cannot return to the current (legacy) appeals system for the issues withdrawn.* I also acknowledge that, in the event I want the Board to review my claim, the Board will not consider my appeal under the new process until no earlier than October 2018.

**I elect the following review option (select only one):**

#### **Supplemental Claim**

I elect to have all eligible issues currently on appeal processed as a **supplemental claim**. I would like to submit *or* have already submitted new and relevant evidence in support of my claim for benefits. I understand that I have 30 days from the date of my election to submit additional evidence or notify VA of evidence that VA can assist in gathering.

#### **Higher-Level Review**

I elect to have all eligible issues currently on appeal reviewed in the **higher-level review** process. I understand that this review will be based upon the evidence submitted to VA as of the date of this election and VA will not seek additional evidence on my behalf as part of the higher-level review.

Place a check in the box below if you would like a **one-time** telephonic 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.)

#### **Informal Conference**

Representative/Org. \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Claimant or Authorized Representative Signature

\_\_\_\_\_  
Date

# NOTICE

## Appeals Resource Center

Please place this cover sheet on top of any information or documents you send in response to this letter. Failure to do so may delay review of the material you submit.

### Section completed by VA personnel:

**VA File Number** *(or Social Security Number)*

**Last Name**

**First Name**

Access to these records is limited to: AUTHORIZED PERSONS ONLY.

Information may not be disclosed from this file unless permitted by all applicable legal authorities, which may include the Privacy Act; 38 U.S.C. §§ 5701, 5705, 7332; the Health Insurance Portability and Accountability Act; and regulations implementing those provisions, at 38 C.F.R. §§ 1.460 – 1.599 and 45 C.F.R. Parts 160 and 164.

Anyone who discloses information in violation of the above provisions may be subject to civil and criminal penalties.

Appeals Resource Center/397

