

[Date]

[Recipient Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Supplemental Claim Filing Instructions and Next Steps

Dear [Recipient Name],

We have received your request to file a Supplemental Claim regarding [Case/Claim Number]. To proceed with your request, please follow the instructions outlined below.

Step 1: Provide New and Relevant Evidence

A Supplemental Claim requires the submission of "New and Relevant" evidence that was not previously considered in your prior decision. Please attach any documentation, medical records, or statements that support your claim.

Step 2: Complete the Required Forms

Ensure that [Form Name/Number] is completed in its entirety. Ensure all signature fields are signed and dated. Incomplete forms may result in processing delays.

Step 3: Submission Methods

You may submit your supplemental evidence and forms via the following methods:

- Online: [Insert Web Link]
- By Mail: [Insert Mailing Address]
- In Person: [Insert Office Address]

What Happens Next?

Once we receive your supplemental information:

1. **Review:** An adjudicator will review the new evidence to determine if it changes the previous decision.
2. **Development:** We may contact you if additional information or an exam is required.
3. **Decision:** You will receive a formal decision letter by mail once the review is complete. This process typically takes [Number] days.

If you have any questions regarding these instructions, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Organization Name]