

Request for Supplementary Service Connection

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request consideration for a supplementary service connection related to [briefly describe the condition or situation]. I believe that my current service connection does not adequately address the full impact of my circumstances.

My service record shows [provide a brief summary of relevant service history or medical conditions]. I have encountered the following challenges that support my request for a supplementary connection: [list specific examples and any supporting documentation].

Given the circumstances, I respectfully ask that my case be reviewed for the additional service connection that I believe is warranted. I have attached [mention any supporting documents, if applicable].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]