MCS Claimant Address Data (CADR): Screen Package

Table of Contents

MCS

MCS SYSTEM MENU

Ln	0	1	2	3	4	5	6	7	8
No	1	2345678901234567890123456789012345678901234567890123456789							0

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 1 C  MCS                        MCS SYSTEM MENU                         MENU SC0  1
 2 0
 3 L
 4 U      NH SSN: 999999999        CL SSN: 999999999     FIELD OFFICE: XXX
 5 M
 6 N      SELECT: 9        1=ESTABLISH      2=UPDATE     3=QUERY.
 7 *
 8 O     *SELECT THE DESIRED FUNCTION: 99
 9 N      1=PRE-INTERVIEW                     15=SSN CORRECTION
10 E      2=1418 SSACCS UPDATE                16=ONLINE TICKLE REQUEST
11        3=NEW CLAIM                         17=ARCHIVAL RETRIEVAL
12 R      4=CLAIM UPDATE/INQUIRY              18=INTERNET
13 E      5=CLAIMS DEVELOPMENT                19=TOTALIZATION
14 S      6=CLAIMS CLEARANCE                  20=CLAIMANT DELETION
15 E      7=CASE MOVEMENT                     21=EARNINGS COMP REQUEST
16 R      8=SUSPENSION EVENTS                 22=EARNINGS COMP DETERMINATION
17 V      9=APPEALS                           23=DECISION INPUT
18 E     10=FUTURE USE                        24=CASE QUERY
19 D     11=FILING FOR SELF                   25=NOTICE DISPLAY
20       12=TICKLE REQUEST                    26=PROCESS STATUS LIST
21       13=GENERAL MESSAGE REQUEST           27=MANAGEMENT OVERRIDE
22       14=INTERFACE                         28=AUTOMATED SSA-101.
23      **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24      **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
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SCREEN FR
MSOM

MCS

CLAIM UPDATE 2

Ln	0									8
No	1	2345678901	2345678901	2345678901	2345678901	2345678901	2345678901	2345678901	23456789	0

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 1 C   MCS                                  CLAIM UPDATE 2                        UPD2 SM1   1
 2 0     NH: SSSSSSSSS   SSSSS SSSSSSSSSS      CL: SSSSSSSSS    SSSSS SSSSSSSSSS
 3 L
 4 U   SELECT SCREEEN OR ENTIRE CLAIM WILL BE SHOWN: 99
 5 M    1=APPL-RSDHI           19=WORK-WORK HISTORY       37=HIRS-HEALTH INS U.S. RES
 6 N    2=CCMD-CONTACT METHOD  20=EARN-EARNINGS           38=HIHI-HEALTH INSURANCE
 7 *    3=LSDP-MISC LSDP        21=NHMS-NH MIL SERVICE     39=HIGP-HEALTH GP PLAN
 8 O    4=ABBD-ABBREV DIB       22=NHMR-NH MIL/FED/RET     40=HI19-HEALTH INS T19
 9 N    5=IDEN-IDENTIFICATION   23=NHRR-NH RR EMPLOYMENT   41=MEDI-MISC MEDICARE
10 E    6=IDN2-IDENT 2          24=DEME-WORK DEDUCTS/MOE   42=BMAR-BEN MARRIAGE
11      7=ADDB-ADD BENEFITS     25=WEPX-WINDFALL ELIM EXC  43=DCIC-DEPENDENT CIC
12 R    8=CHD1-CHILD ID 1       26=NPAR-NH DEP PARENT      44=CLMS-CL MIL SERVICE
13 E    9=CLLG-CLIENT LANG      27=CPAR-CL DEP PARENT      45=CLMR-CL MIL/FED/RET
14 S   10=CREL-CHILD REL        28=DISB-DISAB INFO         46=CLRR-CL RR EMPLOYMENT
15 E   11=CHD2-CHILD ID 2       29=WPMU-WC/PDB MENU        47=SPRR-SP RR EMPLOYMENT
16 R   12=CHPE-CHILD POT ENT    30=HIKD-HI/DIAL/TRANSP     48=GPMU-GPO MENU
17 V   13=STUD-STUDENT ENT      31=ESRD-END STG RENAL      49=REP1-REP PAYEE 1
18 E   14=NHID-NH IDENT         32=CLCZ-U.S. CITIZENSHIP   50=CUST=CUST OF BEN
19 D   15=DECD-DECEASED INFO    33=CADR-CLAIMANT ADDRESS   51=CHNG-RECORD OF CHANGE
20     16=NHAB-NH ADD BEN       34=ADDR-APL MAILING ADDR   52=RMKS-REMARKS
21     17=NAMR-NH MARRIAG       35=CLAD-CLIENT ADDRESS     53=CROC-CASE REC OF CHG
22     18=DEPC-NH DEP CHILD     36=CLLP-CLIENTLAWFULPRES   54=CONTINUE NEW CLAIM
23     ***************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)*****************
24     ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
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CLAIMANT MAILING ADDRESS

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Ln 0                 1         2         3         4         5         6         7         7 8
No 1  2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789 0
 1 C  MCS                       CLAIMANT MAILING ADDRESS                      CADR SC9 0
 2 0  NH: SSSSSSSSS SSSSS SSSSSSSSS        CL: SSSSSSSSS SSSSS SSSSSSSSS
 3 L
 4 U
 5 M
 6 N  *ADDRESS 1: PPPPPPPPPPPPPPPPPPPPPP     ADDRESS 2: PPPPPPPPPPPPPPPPPPPPPPP
 7 *   ADDRESS 3: PPPPPPPPPPPPPPPPPPPPPP     ADDRESS 4: PPPPPPPPPPPPPPPPPPPPPPP
 8 O  *CITY: PPPPPPPPPPPPPPPPPPPPPPPP          STATE: PP        ZIP: PPPPP
 9 N  STATE & COUNTY CODE: PPPPPP              COUNTY: XXXXXXXXXXXXXX
10 E
11    COUNTRY: PPPPPPPPPPPPPPPPPPPPPP              CONSULAR CODE: PPP
12 R  FOREIGN POSTAL ZONE: PPPPPPPPPPPPPP
13 E
14 S  *BANK ACCOUNT (Y/N): X                  *DIRECT EXPRESS (Y/N): X
15 E
16 R  DIRECT DEPOSIT ROUTING TRANSIT NUMBER: 999999999     ACCOUNT TYPE (C/S): A
17 V  DEPOSITOR ACCOUNT NUMBER: 99999999999999999
18 E
19 D  DOMESTIC PHONE: PPPPPPPPP              FOREIGN PHONE: PPPPPPPPPPPPPPP
20    ENTER PHONE CODE: P     1=HOME     2=WORK        3=NONE      4=UNKNOWN
21                            5=OTHER    6=ATTORNEY    7=MOBILE.
22                                                  TRANSFER TO: XXXX
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)****************
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
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SCREEN FR
MSOM

- Claimant Address Data (CADR) screen

  This screen is used to capture information about the claimant's mailing address and direct deposit information. It will be required for all claim types and will propagate to the RPS screens, if applicable. The screen allows for input of type of account (Bank Account or Direct Express), direct deposit routing and transit numbers (RTN), type of account (DDC), check digit code (CDC), and bank account number (DAN).