

# MCS Claimant Address Data (CADR): Screen Package

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MCS

MCS SYSTEM MENU

Ln	0	1	2	3	4	5	6	7	7	8
No	1	2345678901234567890123456789012345678901234567890123456789012345678901234567890								0
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: <u>99</u>								
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) *****								

SCREEN FR  
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MCS

CLAIM UPDATE 2

Ln	0	1	2	3	4	5	6	7	7	8
No	1	2345678901234567890123456789012345678901234567890123456789012345678901234567890	0							0
1	C	MCS			CLAIM UPDATE 2				UPD2 SM1	1
2	0	NH: SSSSSSSSS	SSSSS	SSSSSSSSSS	CL: SSSSSSSSS	SSSSS	SSSSSSSSSS			
3	L									
4	U	SELECT SCREEN 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=NPAP-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) *****								

# MCS

## CLAIMANT MAILING ADDRESS

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0	
1	C	MCS	CLAIMANT MAILING ADDRESS						CADR SC9		0
2	0	NH: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSSS</u>				CL: <u>SSSSSSSSSS</u> <u>SSSSS</u> <u>SSSSSSSSSSS</u>					
3	L										
4	U										
5	M										
6	N	*ADDRESS 1: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 2: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>					
7	*	ADDRESS 3: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>				ADDRESS 4: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>					
8	0	*CITY: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>				STATE: <u>PP</u>		ZIP: <u>PPPPP</u>			
9	N	STATE & COUNTY CODE: <u>PPPPPP</u>				COUNTY: <u>XXXXXXXXXXXXXXXXXX</u>					
10	E										
11		COUNTRY: <u>PPPPPPPPPPPPPPPPPPPPPPPP</u>				CONSULAR CODE: <u>PPP</u>					
12	R	FOREIGN POSTAL ZONE: <u>PPPPPPPPPPPPPPPP</u>									
13	E										
14	S	*BANK ACCOUNT (Y/N): <u>X</u>				*DIRECT EXPRESS (Y/N): <u>X</u>					
15	E										
16	R	DIRECT DEPOSIT ROUTING TRANSIT NUMBER: <u>999999999</u>				ACCOUNT TYPE (C/S): <u>A</u>					
17	V	DEPOSITOR ACCOUNT NUMBER: <u>9999999999999999</u>									
18	E										
19	D	DOMESTIC PHONE: <u>PPPPPPPPPP</u>				FOREIGN PHONE: <u>PPPPPPPPPPPPPPPP</u>					
20		ENTER PHONE CODE: P    1=HOME    2=WORK    3=NONE    4=UNKNOWN									
21		5=OTHER    6=ATTORNEY    7=MOBILE.									
22						TRANSFER TO: <u>XXX</u>					
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

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).