

POS / Direct Deposit: Screen Package

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POS

POS MENU

Ln	0	1	2	3	4	5	6	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0123456789012345678901234567890123456789012345678901234567890123456789	0
1	C	POS 4.0			POS MENU				PEMUSM50
2	0	AUTHORIZER: SSSSSSSSSS	SSSSSSSSSS		FIELD OFFICE: SSS			MOD: SS	
3	L								
4	U	*SELECT: <u>X</u>	1=ESTABLISH		5=FUTURE USE				
5	M		2=UPDATE		6=FUTURE USE				
6	N		3=QUERY		7=PIA RECOMP RETRIEVAL				
7	*		4=FUTURE USE		8=FUTURE USE.				
8	0								
9	N	*NH SSN: <u>XXXXXXXXXX</u>		PIC: <u>XXX</u>					
10	E								
11									
12	R	UNIT: <u>XXXXXX</u>							
13	E								
14	S	BENEFICIARY SAME AS REPORTER (Y/N): <u>A</u>							
15	E	REPORTER FIRST NAME: <u>XXXXXXXXXX</u>		REPORTER LAST NAME: <u>XXXXXXXXXXXXXXXXXXXXXX</u>					
16	R	RELATIONSHIP TO BENEFICIARY: <u>XXXXXXXXXXXXXXXXXXXXXX</u>							
17	V								
18	E	REPORTER DAYTIME PHONE: <u>XXXXXXXXXX</u>							
19	D								
20									
21									
22									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

SCREEN FR
MSOM

POS

POS SELECTION LIST

Ln	0	1	2	3	4	5	6	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0	1	2	3	4	5	6	
1	C	POS SELECTION LIST							PESL	
2	0	NH SSN: SSSSSSSSS		NH NAME: SSSSS		SSSSSSSSSS				
3	L	1=ADDR/DIR DEP/TEL		11=CHILD RELATIONSHIP		21=ALIEN TAX WITHHOLDING				
4	U	2=NAME CORRECTION		12=NONRECEIPT		22=FOREIGN ACTIONS				
5	M	3=DEATH/RESSURRECT		13=WORK REPORTS		23=CITIZENSHIP				
6	N	4=MARRIAGE/DIVORCE		14=HEALTH INS ENROLLMENT		24=LAWFUL PRESENCE				
7	*	5=MISC SUSP/TERM/REINST		15=HEALTH INS REPLACMNT CARD		25 CERT OF ELECTION				
8	0	6=DISABILITY CESSATION		16=HMO DISENROLLMENT		26=STUDENT				
9	N	7=PROVISIONAL PAYMENTS		17=PAY CYCLE		27=GOVT PENSION OFFSET				
10	E	8=CDR SUSPEND/RESUME		18=PIA RECOMPS		28=AUTHORIZED REP				
11		9=DEV REP SUSP/REINSTATE		19=MILITARY SERVICE UPDATE		29=LANGUAGE				
12	R	10=CHILD IN CARE ISSUES		20=VOLUNTARY TAX WITHHOLDING		30=SPECIAL NOTICE OPTION				
13	E									
14	S	PIC	LAF	DE	SSI	PSC	BENEFICIARY	NAME	DOB	SELECT ALL: XX XX
15	E	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
16	R	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
17	V	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
18	E	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
19	D	SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
20		SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
21		SSS	SS	S	SSS	SS	SSSSSSSSSSS	S	SSSSSSSSSSSSS	SSSSSSSS XX XX XX XX XX XX
22		MORE (Y/N): A								
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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