

MCS Claimant Address Data (CADR): Screen Package

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MCS

MCS SYSTEM MENU

Ln	0	1	2	3	4	5	6	7	8	
No	1	2345678901234567890123456789012345678901234567890123456789012345678901234567890								
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
MSOM

MCS

CLAIM UPDATE 2

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890	0	1	2	3	4	5	6	7	
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).