POSTADJUDICATIVE ROUTING
(Use for Either Mail or FAX)

SSN & BIC

TO: (Circle One)

PC1 NEPSC	PC2 MATPSC	PC3 SEPSC	PC4 GLPSC	PC5 WNPSC	PC6 MAMPSC	PC7 ODO	PC8 OIO
000-134	135-222, 232-236, 577-584, 596-599, 691-699	223-231, 237-267, 400-428, 587-595, 654-658, 667-675, 681-690, 752-763	268-302, 316-399, 700-728	501-504, 516-524, 526-576, 586, 600-626, 646-647 650-653, 680, 750-751	303-315, 429-500, 505-515, 525, 585, 627-645, 648-649, 659-665, 676-679	DIB (Age less than 55) and ESRD	Foreign

☐ To: (PC FAX Number) _____ _____ -_____ Total # of Pages:____ (including this Cover)

☐ Response to PSC Request for Assistance Attn:

☐ **Additional Action Required** - Check Box Below For Type

☐ Cancel Diary -- Due Date _____

1 ☐ Attorney Fee Agreement
2 ☐ Attorney Fee Petition
3 ☐ Beneficiary Initiated Recomp--POS Exclusion
4 ☐ CDR Mailer - Title II
5 ☐ CDR Mailer - Title XVI
6 ☐ Death
7 ☐ Earnings for Work Deductions/NSMs
8 ☐ HI/SMI Inquiry
9 ☐ HI/SMI - Other
10 ☐ Military Service
11 ☐ Offset--Government Pension
12 ☐ Offset--Public Disability Benefits
13 ☐ Offset--Workers' Compensation
14 ☐ Offset--SSI (For Fax Use Only)
15 ☐ Overpayment--Bankruptcy Petition
16 ☐ Overpayment--Explanation
17 ☐ Overpayment--Other
18 ☐ Questionable Retirement
19 ☐ Reconsideration Request--**Except O/P**
20 ☐ Reconsideration Request--**Overpayment**
21 ☐ Relationship Change
22 ☐ Rep Payee Accounting
23 ☐ Rep Payee Change/SSA-1326
24 ☐ Student
25 ☐ Windfall Elimination (WEP)
26 ☐ Other: (Specify in Detail-Use Attachment If Needed)

☐ **ALL FO/PSC Actions Complete**

If applicable, please check below:

☐ Representative Payee ☐ Black Lung, SSI and Medical Evidence

From: (FO Code) _____ Date: _____ FO Phone: _____ _____ -_____

FO Contact: _____ FO FAX: _____ _____ -_____