

NOTICE OF DISABILITY DETERMINATION AND TRANSMITTAL

2

- 1**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> COORDINATION | <input type="checkbox"/> INITIAL |
| <input type="checkbox"/> INFORMATION | <input type="checkbox"/> RECONSIDERATION |
| <input type="checkbox"/> CONSULTATIVE | <input type="checkbox"/> CONTINUING |

DATE:
SS NO:

Railroad Retirement Board
844 Rush St.
ATTN.: Division of Disability Benefits
Chicago, IL 60611

RRB CLAIM NO. OR
DATE OF BIRTH

NAME OF APPLICANT (AND ADDRESS
IF RRB CLAIM NO. NOT SHOWN)

3

Date of Application
Date of Decision

- 4** SSA decision is
- ALLOWANCE FROM
 - DISABILITY CONTINUES
 - DENIAL BECAUSE
 - CESSATION FROM
 - PENDING. SEE REMARKS

REMARKS

ATTACHMENTS (identify):

REMARKS CONTINUE

5 RRB reply- NO CONFLICT CONFLICT

DATE _____

REMARKS _____

Attachments (identify):

REMARKS CONTINUE

Social Security Administration
Great Lakes Program Service Center
ATTN.: DPB Disability Specialist
P.O. Box 87755
Chicago, IL 60680-0955