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**DATE:**

**SS NO:**

**RRB CLAIM NO. OR DATE OF BIRTH**

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

---

**Date of Application**
**Date of Decision**

**SSA decision is**

- ☐ ALLOWANCE FROM
- ☐ DISABILITY CONTINUES
- ☐ DENIAL BECAUSE
- ☐ CESSATION FROM
- ☐ PENDING. SEE REMARKS

**REMARKS**

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**☑ ATTACHMENTS (identify):**

**☐ REMARKS CONTINUE**

**5 RRB reply- ☐ NO CONFLICT ☐ CONFLICT**

**DATE _____________________**

**REMARKS**

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**☐ Attachments (identify):**

**☐ REMARKS CONTINUE**

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Form SSA-415 (5-84) Prior editions may be used until supply is exhausted