

NONMEDICAL CLAIM RECONSTRUCTION FOLDER FLAG

TO: _____ **DATE:** _____

(Hearing Office)

(Address)

CLAIMANT/APPELLANT NAME _____

SSN _____

RECONSTRUCTION OF NONMEDICAL CLAIM

_____ Enclosed is reconstructed claims folder.

(RSI, SSI)

FROM: _____

(Field office contact person and title)

(Field office name and code)

(Field office number)