

**EXHIBIT 1**

**TO: FO** \_\_\_\_ **FROM: PC** \_\_\_\_ **DATE:** \_\_\_\_\_

**Un-effectuated Medical  
Cessation**

**SSN:** \_\_\_\_\_ **BIC:** \_\_\_\_\_

**Claimant:** \_\_\_\_\_

**This is an un-effectuated medical cessation (UMC) case. The DDS cessation determination was made prior to 01/01/06. This case is being sent to the FO for processing per DI 13015.265.**

**PC Contact:**

**Name** \_\_\_\_\_ **MOD** \_\_\_\_\_

**Phone Number** \_\_\_\_\_