

**100% Perm & Total Case Flag  
TERI Procedures Apply**

**NAME** \_\_\_\_\_

**SSN** \_\_\_\_\_

**CLAIM TYPE: Title II** \_\_\_\_\_ **Title XVI** \_\_\_\_\_ **Concurrent** \_\_\_\_\_

**DATE CLAIM FILED (Initial)** \_\_\_\_\_

**DATE CLAIM SENT TO DDS** \_\_\_\_\_

**DATE APPEAL SENT TO DDS** \_\_\_\_\_

**DATE APPEAL SENT TO ODAR** \_\_\_\_\_

**DATE APPEAL SENT TO AC** \_\_\_\_\_

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unit Code:** \_\_\_\_\_ **P&T**

**DO NOT REMOVE THIS FLAG UNTIL ALL ADJUDICATIVE ACTIONS ARE COMPLETE  
AND THE APPEALS PROCESS IS EXHAUSTED.**