

CESSATION OR CONTINUANCE OF DISABILITY OR BLINDNESS DETERMINATION AND TRANSMITTAL

1. A. SOCIAL SECURITY NUMBER BIC

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing public law 93-233.

1. B. TYPE CLAIM (DIB, FZ, DWB, CDB, ESRD, HIB) 1. C. OTHER ENTITLEMENT (TITLE II, TITLE XVI) 2. A. NAME OF PAYEE (IF ANY) 3. WE'S NAME (IF CDB OR DWB CLAIM) B. NAME OF DISABLED OR BLIND INDIVIDUAL 4. DATE OF BIRTH 5. DATE DISABILITY BEGAN C. ADDRESS 6. DO ADDRESS 7. DO CODE DDS CODE 8. A. INITIAL B. RECON C. DHU D. HEARING E. APPEALS COUNCIL F. U.S. DISTRICT COURT G. REOPENING

9. UPON CONSIDERATION OF ALL FACTS, IT IS DETERMINED: [] DISABILITY [] IMPAIRMENT SEVERITY (EPE MEDICAL REVIEW ONLY) Table with columns for A. CONTINUES, B. CEASED, C. PERIOD OF DISABILITY TERMINATED, D. EPE BEGIN MONTH, E. EPE REINSTATEMENT ALLOWED, F. EPE REINSTATEMENT DENIED, G. EPE SUSP. AFTER REINSTATEMENT, H. EPE BENEFIT TERMINATION MONTH, I. 301 CASE, J. BLINDNESS, (1)CONTINUES, BEGAN, (a)DISABLED FOR CASH PURPOSES, (b)NOT DISABLED FOR CASH BENEFITS PURPOSES SINCE, (2)CEASED, (3) CEASED, OTHER IMPAIRMENT BEGAN

10. BASIS FOR DETERMINATION A. MEDICAL/MEDICAL VOC. B. WORK - NO IRWE C. WORK - IRWE INVOLVED D. OTHER (Explain in item 24.) 11. REASON FOR CESSATION CODE: 12. REASON FOR CONTINUANCE CODE: MEDICAL LIST NO. 13. CHECK IF ATTACHING A CONTINUATION SHEET. 14. CHECK IF VOCATIONAL RULE MET CITE RULE 15. VOCATIONAL BACKGROUND 16. OCC. YEARS 17. EDUC. YEARS 18. SPECIAL USE

19. VR ACTION. A. SC IN B. SC OUT C. PREV. REF. D. RE-REF 20. WHY REVIEW WAS MADE - CODE: 21. PRIMARY DIAGNOSIS: BODY SYSTEM CODE NO. 22. SECONDARY DIAGNOSIS: CODE NO. 23. DIARY A. TYPE B. MONTH YEAR C. REASON

24. REMARKS 301 Case MULTIPLE IMPAIRMENTS CONSIDERED 24.A. COMBINED MULTIPLE NONSEVERE-SEVERE 24.B. COMBINED MULTIPLE NONSEVERE-NONSEVERE

25. DISABILITY EXAMINER/CLAIMS REP. 26. DATE 27. PHYSICIAN OR MEDICAL SPEC. SIGNATURE 28. DATE 29. LETTER/PARAGRAPH NUMBER 30. PHYSICIAN OR MEDICAL SPEC. NAME (STAMP, PRINT, OR TYPE) 30.A. SPEC. CODE 31. SSA REPRESENTATIVE 32. SSA CODE 33. DATE 34. LIST NUMBER A. B. C. D. E. F. 35. FOLDER SENT TO