

Exhibit 2 - Attached by OAO staff

ODAR

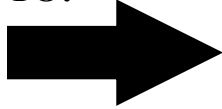
CLAIMANT'S NAME _____

SUBSEQUENT

SOCIAL SECURITY NUMBER _____

CLAIM FLAG

TO:



HEARING OFFICE:

FIELD OFFICE:

(CITY, STATE AND HO CODE)

(CITY, STATE AND FO CODE)

(FAX #)

(FAX #)

APPEALS COUNCIL ON _____; THE APPEALS COUNCIL TOOK THIS FOLLOWING ACTION.

ACTION TAKEN

(DATE)

- DENIAL OF REQUEST FOR REVIEW
 - DISMISSAL OF REQUEST FOR REVIEW
 - REMAND TO AN ALJ (SEE BELOW)
 - FULLY FAVORABLE DECISION (SEE BELOW)
 - PARTIALLY FAVORABLE OR UNFAVORABLE
-

**ACTION
REQUIRED**

IF REMAND TO ALJ:

FO: STOP PROCESSING CLAIM: SEND CLAIM TO:
(HO ADDRESS)

IF FULLY FAVORABLE DECISION:

- FO: STOP PROCESSING CLAIM.
SEND CLAIM FILE TO: (EFFECTUATING
COMPONENT)

IF PARTIALLY FAVORABLE OR
UNFAVORABLE DECISION:

- FO OR HO: CONSIDER APPEALS
COUNCIL DECISION IN ADJUDICATING
SUBSEQUENT CLAIM.
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