

Uneffectuated Medical Cessation

TO: DDS_____ FROM: FO_____ DATE:_____

Disabled Individual: _____

SSN: _____ BIC: _____

This case is an uneffectuated medical cessation (UMC). The DDS made the cessation prior to 01/01/2006. Per DI 13015.265 and DI 28075.200, SSA/DDS should set aside the cessation determination and process a new CDR determination. Upon completion, return ALL completed CDRs to the FO (including T2 and T16 continuance cases). Place this flag on top of the folder. Reverse the "To" and "From" annotations.

FO Contact:

CR Name: _____

CR Phone Number: _____