

eNON-DISABILITY SUMMARY SHEET				<i>Query Date:</i>
<i>Hearing Office:</i>		Input SSN:	BOAN:	<i>Unit:</i>
CASE DETAILS	CASE ANALYSIS	SUPPORTING EVIDENCE	QUERY SUMMARY	RELATED RECORDS

eNON-DISABILITY SUMMARY SHEET - Case Details				<i>Query Date:</i>
<i>Hearing Office:</i>		Input SSN:	BOAN:	<i>Unit:</i>
Hearing Information				
CASE HAS CONGRESSIONAL INTEREST				
<i>General Hearing Information</i>				
<i>Appellant Zip Code:</i>	12345	<i>Hearing Office</i>	X37	
<i>Date Hearing Requested:</i>	01/01/1999	<i>Date of Initial Determination:</i>	01/01/2015	
<i>Date of Reconsideration Determination:</i>	05/05/2005	<i>Date of Revised Initial Determination:</i>	01/01/2013	
<i>Protective Filing Date:</i>	06/06/2006	<i>Date of Entitlement:</i>	01/2017	
<i>Title of Hearing Issue:</i>	Concurrent	<i>Initial Claim or Posteligibility:</i>	Initial Claim	
<i>Reason for Hearing Request:</i>	Age			
<i>Hearing Issue Involves an Overpayment:</i>	NO	<i>Hearing Issue Involves Multiple Records:</i>	YES	
<i>Multiple Records Involved:</i>				
<i>Explain how the multiple records have affected the issue at hearing:</i>				
Advise the claimant that an administrative law judge (ALJ) in the servicing HO will consider the request and notify him or her as to whether the case will be transferred to the requested HO.				
<i>More than one individual involved in the Hearing Request:</i>	NO			
<i>Possible adverse effect of the ALJ's decision on other persons who did not request the hearing:</i>	YES			
<i>Request for Hearing filed timely (within 60 days plus a 5-day mail time):</i>	YES			
<i>Appellant's preferred language:</i>	American Sign Language			
<i>Appointed or Authorized Representative involved with this hearing:</i>	YES	<i>Representative Payee involved:</i>	NO	
<i>Evidence in file that indicates the presence of a processing delay, erroneous input or misinformation by FO/PSC/TSC:</i>				
NO				
<i>All relevant documentation submitted is stored electronically per retention policy:</i>	YES	<i>Stored as of Date:</i>	06/06/2016	
<i>Verified all relevant documentation to the hearing request, either electronic or paper, has been documented or included in the file with an eNDSS Summary Sheet, and printed for ODAR review:</i>				
YES				
<i>Paper Folder Description:</i>				
<ul style="list-style-type: none"> The original claims folder (or MDF) was retrieved and sent with the eNDSS Folder for ODAR review. 				

eNON-DISABILITY SUMMARY SHEET - Case Analysis				<i>Query Date:</i>
<i>Hearing Office:</i>		Input SSN:	BOAN:	<i>Unit:</i>
Case Analysis				
<i>Hearing Request Reason</i>				
You made the wrong determination				
<i>Hearing Issues</i>				
May Social Security change the claimant's date of birth, based on evidence provided and the time limit preventing SSA from changing the DOB due to the resulting overpayment that will be caused.				
<i>Pertinent Case Facts</i>				

eNON-DISABILITY SUMMARY SHEET - Evidence		Query Date:
Hearing Office:	Input SSN:	BOAN:
		Unit:
Supporting Evidence		
<u>Documentation</u>		
<u>Documentation</u>	<u>Date</u>	<u>Repository</u>
Redetermination Summary	10/10/2017	CFRMS
DIB Review Sheet	11/20/2017	NDRED
Notice - Debt Collection Memo	12/20/2016	eView
Bank Statement	12/03/2016	CFRMS
<u>References</u>		
<u>Reference Name</u>		
RS 00201.001 Retirement Benefits - Entitlement Requirements		
RS 00202.020 Spouse's Benefits-Payment		
DI 10105.090 Benefit Information		
<u>Contact Data/VIPr</u>		
Claimant called ten times over three month period		
<u>DMS</u>		
Not overpaid - Will be if we change the DOB		
** AWG INFORMATION *****		
AWG STATUS STATUS DATE MANUAL STOP INIT SELECT INIT ACTIVE AWG		
NOT REFERRED 09/22/2006 09/22/2006		
RECOVERED AMT AWG PROTEST PROTEST DATE		

eNON-DISABILITY SUMMARY SHEET - Query Summary		Query Date:
Hearing Office:	Input SSN:	BOAN:
		Unit:
General Case Information for Queried SSN		
<u>NUMI Information:</u>		
<u>Name:</u>	<u>Age:</u>	
<u>Date of Birth:</u>		
<u>Title 2 Case Data from MBR:</u>		
<u>Claim Number:</u>	<u>Curr Claim Type:</u> DISABILITY	
<u>Pay Status:</u> X7 : Health insurance benefits (HIB)/SMIB terminated	<u>Pay Continuation:</u> No	
<u>Reason for Suspension or Termination:</u> CMARRY : Marriage of Child Beneficiary		
<u>Date of Entitlement</u> Initial: 05/99 Current: 07/01		
<u>Disability Benefit Cessation:</u> 02/13		
<u>Diagnosis Code:</u> 3000 : Anxiety Disorders		
<u>Secondary Diagnosis Code:</u> 3010 : Personality Disorders		
<u>Title 16 Case Data from Current SSID:</u>		
		<u>Record Number:</u> 1
<u>Type of Record:</u> DX : Disabled Individual with Ineligible Spouse		
<u>Pay Status:</u> C01 : Current Pay		
<u>Grant Reimbursement Code:</u> No	<u>Non-DIB Benefit Continuation:</u> No	
Potentially Related SSNs		
<u>XREF:</u>		
<u>DUAL ENTITLEMENT:</u>		
Addresses		
<u>MBR ADDRESS and PHONE:</u>		
	<u>Telephone:</u>	Home
	<u>Phone Change Date:</u> 02/2013	
	<u>Address Change Date:</u> 08/22/2017	
<u>SSR ADDRESS and PHONE:</u>		
	<u>Telephone:</u>	
	<u>Address Change Date:</u>	
MBR Special Messages		
<u>TRANS DT:</u> 07/00		
ATTY FEE AGMNT TYPE A - PAST DU ETHRU 6/00 - JANICE L. JOHNS, ATTY ADVISOR - HO 5056		
Appointed/Authorized Representative		
<u>Appointed Representative Title 2</u>		
<u>App Rep Indicator:</u> There is not an indication of an Appointed Representative on the MBR for the queried individual.		
<u>Authorized Representative Title 16 (from current SSID)</u>		
<u>Auth Rep Indicator:</u> There is not an indication of an Authorized Representative on the SSR for the queried individual.		

Title 2 Denial and Title 16 Appeals Information from the MBR and Current SSR

Title 16 Appeals from the current SSR

<u>Filing Date</u>	<u>Appeal Type</u>	<u>Appeal Level</u>	<u>Appeal Reason</u>	<u>Decision Date</u>	<u>Appeal Decision</u>
11/01/02	Posteligibility	Reconsideration	Living Arrangement	11/01/02	Unfavorable

Overpayment Information from the MBR and the current SSR

Title 2 OP Events with a balance and Appeal/Waiver Transactions

Total Balance (BBAL): \$26858.00

Event ID:	09	OP Event Balance:	\$26,858.00	Initial OP Event Amount:	\$26,858.00
OP Reason:	Benefits paid after marriage		Status:	PSC RECVRY EFFRT	
Trust Fund:	Disability Insurance				
<u>Withheld Primary</u>	<u>Withheld Contingent</u>	<u>Refunded</u>	<u>Waived</u>	<u>Other Adjustments*</u>	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

* Other Adjustments includes consolidations, deletions, and miscellaneous corrections.

Title 2 OP Events with a balance of \$0.00 and Appeal/Waiver Transactions

Event ID:	01	OP Event Balance:	\$0.00	Initial OP Event Amount:	\$417.00
OP Reason:	Duplicate payment issued by the Treasury Department		Status:	CLOSED BEN ADJ	
Trust Fund:	Disability Insurance				
<u>Withheld Primary</u>	<u>Withheld Contingent</u>	<u>Refunded</u>	<u>Waived</u>	<u>Other Adjustments*</u>	
\$417.00	\$0.00	\$0.00	\$0.00	\$0.00	

Event ID:	02	OP Event Balance:	\$0.00	Initial OP Event Amount:	\$11,740.05
OP Reason:	SSI overpayment		Status:	CLOSED BEN ADJ	
Trust Fund:					
<u>Withheld Primary</u>	<u>Withheld Contingent</u>	<u>Refunded</u>	<u>Waived</u>	<u>Other Adjustments*</u>	
\$10,699.05	\$0.00	\$0.00	\$0.00	\$1,041.00	

* Other Adjustments includes consolidations, deletions, and miscellaneous corrections.

SSI OP Sequence Information (OPSO)

<u>Seq.</u>	<u>Date of OP</u>	<u>OP Amt</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Adjustment</u>	<u>XR Seq.</u>	<u>Notice Date</u>	<u>Balance Due</u>
01	12/23/16	\$3,064.00	05/97	05/99			07/09/99	\$2,180.50
02	12/23/16	\$305.05	08/11	08/11			07/26/11	\$305.05
03	12/23/16	\$3,420.34	01/15	12/16			12/21/16	\$3,420.34

Customer Service Record (CSR) Information

Prisoner Update Processing System (PUPS): RECORD PRESENT
Fugitive Felon: RECORD PRESENT
Special Notice Option (SNO): FIRST CLASS MAIL

Hearing Office: eNON-DISABILITY SUMMARY SHEET - Related Record
Input SSN: BOAN: **Query Date:**
Unit:

General Case Information for Queried SSN

NUMI Information:

Name: **Age:**
Date of Birth:

Title 2 Case Data from MBR:

Claim Number: **Curr Claim Type:** DISABILITY
Pay Status: N : Disallowed Claim **Pay Continuation:** No

Title 16 Case Data from Current SSID:

Type of Record: DX : Disabled Individual with Ineligible Spouse **Record Number:** 1
Pay Status: C01 : Current Pay
Grant Reimbursement Code: No **Non-DIB Benefit Continuation:** No

Potentially Related SSNs

XREF:

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