

Bendex Data Exchange Information Sheet

BENDEX DATA EXCHANGE INFORMATION		TODAYS DATE 12/03/1999	
		BENDEX DATE 12/03/1999	
YANCEY	COUNTY (00)		
AID PROGRAM/CATEGORY	MIC		
DISTRICT	999		
INDIVIDUAL ID NO.	XXXXXXXXXXQ		
CASEHEAD/PAYEE NAME	XXXXXXXX XXXXXX		
CASE ID	XXXXXXXXXX .	CASE NO	XXXX DATE CURRENT ENTIT 07/1995
BENEFICIARY	XXXXXXXX X XXXXX	CURRENT CLAIM NO. XXX-XX-XXXX A	
CURRENT PAYMENT AMT	202.00	DDI N	CROSS REFR SSN - - BIC
GROSS AMT PAYABLE	202.90	PCI 1	DUAL ENTIT SSN - - BIC
NET MONTHLY BEN AMT	202.00		TRIP ENTIT SSN - - BIC
RETRO PAYMENT AMT	.00		
GARNISHMENT AMT	.00		
SSA INFORMATION		SSA EFFECTIVE DATE 12/01/1999	
BENEFICIARY IN CURRENT PAY STATUS.			
INITIAL DATE OF ENTITLEMENT--07/1995			
BENEFITS IF PAYABLE ARE BEING PAID TO OTHER THAN BENEFICIARY			
PROOF OF BIRTH--YES			
DATE OF DISABILITY ONSET--N/A			
BENEFICIARY'S OWN SSN--XXX-XX-XXXX			
PRIOR BENEFIT AMOUNT REPORTED AS 198.00			
DATE OF BIRTH XX/XX/XXXX MATCHES SSA RECORDS.			
FOR WORKER			
PLEASE INSURE THAT THE DATA DISPLAYED ABOVE IS PROPERLY REFLECTED ON FORMS DSS-8125 AND DMA-5008 AND DSS-8590.			

Figure 605-4