STEWARDSHIP AET WORKBOOK

NOTE TO QR ANALYST: In opening the interview, ask if the beneficiaries received an appointment letter. If the letter was not received, explain that this case is one of a small number selected by chance for review, and that the purpose of this review is to find out how well the social security program is working. Stress that this case was not selected because there was any question about it. Tell them that the review consists of asking questions about their entitlement to social security benefits, and that we may need to talk to others who may have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement beneficiaries.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

IDENTIFYING INFORMATION

SAMPLE NUMBER HOLDER	NUMBER HOLDER SSN	
BENEFICIARY'S NAME	BENEFICIARY'S SSN	BIC
SAMPLE MONTH AND YEAR	CLOSED YEAR	

PART I -- CLOSED YEAR EARNINGS, NSM AND SWP

DESK REVIEW

Closed Year	Earnings Amount	Nonservice Months	LMETY Year						
2. Closed Year Posted E	CarningsAs shown on the	e SEQY/DEQY							
Covered Earnings	overed Earnings Noncovered Earnings Posted SWP Countable AET								
closed year agree with t	and special wage payment he Annual Report informations the space below the a	nation from the MBR/C	laims file?						
General Guidelines for	r Field Review Evidence	esee QRM 8400ff							
peneficiary's allegation.	r the closed year and the sur		-						
resignation from office, if	or family corporationIn a applicable, and the corporasue is still not resolved, get	ate minutes accepting the	resignation. If the						
Self-Employment Certifyear, if filed.	Ty or make copies of schedu	lles C or F and SE for clo	sed year and subsequent						
Special wage/SEI payme amount, date of payment,	entsIf material to payment and type of payment.	for the closed year, get e	evidence showing the						
Nonservice MonthsClo Year	sed Year is LMETY Year	Alleged NSM Materia	al to Payment for Closed						
	NSM from the beneficiary of mes/phone/address of peop		ISM allegations, and						
CONSOLIDATED RE	EVIEW								
		% & the field review							

PART I (continued)--CLOSED YEAR EARNINGS, NSM AND SWP

FIELD REVIEW

WagesLis	st bene	ficiary's	s emplo	yme	ent allegation	ons fo	r two	years bef	ore c	losec	l year th	rough date	e	
of interview														
Employer	Employer Name				Address				Year(s)			Amount of		
Zimprojer	loyer Name A			Address			Employed		Closed Year Su			bsequent Yea		
s beneficiar	-	_				_		officer in	any c	of the	above f	irms?		
S	_ (Co	mplete	a 795 p	er (QRM 8404)		No							
Self-emplo	yment	: List b	eneficia	ary's	self-emplo	ymer	nt alle	gations fo	r two	yea	rs before	closed ye	ear	
through dat	e of int	terview	•											
ame & Address of Business		inoss.	Type of Business			Date Started		г	Noto E	Ended	Reason Endedi.e.			
		18111088	13	ype (of Dusiness		Dai	e Started	L	ale I	inded	Transferred		or Dissolve
sold or transf	ferred,	give th	e name	and	address of	the p	resen	t operator	and 1	relati	onship t	o benefici	iary:	
Did benefic	ciary re	ceive a	ny spec	ial v	wage/SEI p	ayme	nts in	or after th	ne clo	sed	year for	work in a		
prior period	l where	no wo	rk was	actu	ıally done i	n the	perio	d received	1?					
Employer/Payer		Amount Received				Typo	Type of Dayment				Date Received			
Employed/I ayer		Amount Received			Type of Payment			11	Date Received					
If LMETY	not use	ed befor	re the c	lose	d vear, ente	er the	alleg	ed closed	vear	nons	ervice n	nonths.		
Check wage					-		_		-				ıs	
of no substa					<u> </u>									
Wages N	ESE	Months	3		Wages	NE	ESE	Months			Wages	NESI	Е	Months
		January			*****			May						September
		Februa	ry					June						October
		March			I	1		July	- 1	1		1		November

August

April

December

PART II -- ANNUAL REPORT INFORMATION

DESK REVIEW Yes No 1. Was the beneficiary required to give AET information for the closed year? 2. Was AET information given or (beginning with 1996 closed year) were the No earnings available on SSA records? 3. If yes, was AET information given or were the earnings on SSA records by the Yes No later of April 30 of the sample year or the last day of the sample month. (QRM 8075)? 4. If yes, did SSA process AET information by the later of April 30 of the sample Yes No year or the last day of the sample month? FIELD REVIEW Yes No 1. Did the beneficiary give AET information to SSA for the closed year? 2. If yes, when? **CONSOLIDATED REVIEW** Do the payment adjustments, if any, made by SSA through the later of April 30 or the last day of the sample month accurately reflect information for the closed year? Yes No (Resolve any differences between the desk review and field review) PART III -- REVIEW FINDINGS FOR THE CLOSED YEAR If LEMETY is Closed Year, NSM from Review Countable AET Earnings Established by Review Do the consolidated reviews show any AET discrepancies which affect payment for the closed year? Yes No If yes, summarize here, code the error, and prepare the SSA-93 for corrective action. DATE **REVIEWER'S SIGNATURE**