

RSI/DI QUALITY REVIEW CASE ANALYSIS - AUXILIARIES/SURVIVORS

NOTE TO REVIEWER: In opening the interview, ask if the beneficiaries received an appointment letter. If the letter was not received, show the beneficiaries a copy of the letter. Explain that this case is one of a small number collected 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 need to talk to others who 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 of beneficiaries.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM: We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to you local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of you telephone directory.

I. IDENTIFYING AND REVIEW INFORMATION

A. SIC: _____ B. NH's SSN: _____

C. Sample Selection Date (As Shown on SCL): _____

D. Review Amount on SCL: \$ _____

E. SSI Offset Involved in Determining the Sample Dollars YES NO

F. Review Amount Determined by QR: \$ _____

G. Explanation of SCL, Changes, if Any: _____

H. NH's Name (As Shown on MBR): _____

I. Beneficiaries in Scope of Review

1. BIC	2. Name/Address/Phone	3. Payee Name/Address/Phone
_____	Name: _____ Address: _____ _____ Phone: (_____) _____	Name: _____ Address: _____ _____ Phone: (_____) _____
_____	Name: _____ Address: _____ _____ Phone: (_____) _____	Name: _____ Address: _____ _____ Phone: (_____) _____
_____	Name: _____ Address: _____ _____ Phone: (_____) _____	Name: _____ Address: _____ _____ Phone: (_____) _____

Additional Beneficiaries Shown in Remarks (Page 30)

II. DECEASED/NONSAMPLED NUMBER HOLDER

A. Number Holder Information

Deceased Number Holder Nonsampled Number Holder

B. Other Names and Corresponding SSN's Shown in Claims Folder/Numident

1. Other Names: _____

2. Other SSNs: _____

C. Date of Birth/Citizenship NOT APPLICABLE

1. Date of Birth and Proof Code on MBR Printout: _____

2. Place of Birth: _____

(a) Alien Status: Yes No (b) If yes, develop per QRM-3766

3. MN: _____ FN: _____

4. Evidence/Documentation in Claims Folder/MCS Screens: _____

5. Evidence Needing Verification: _____

6. Date of Birth Established by Desk Review: _____

D. Date of Death NOT APPLICABLE

1. Date of Death on MBR: _____

2. Place of Death: _____

3. Evidence/Documentation in Claims Folder/MCS Screens: _____

4. Evidence Needing Verification: _____

5. Date of Death Established by Desk Review: _____

6. If the LSDP is in the scope of review, was it correctly paid?

YES NO (Explain)

FIELD/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

Consolidated Review

A. Number Holder Information

A. Number Holder Information

Deceased NH Nonsampled NH

B. Other Names and SSN's Used in Reporting Earnings

B. Other Names/SSN's

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

C. Date of Birth

NOT APPLICABLE

C. Date of Birth

Beneficiary Agrees With DR Summary:

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

D. Date of Death/LSDP

NOT APPLICABLE

D. Date of Death/LDSP

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

Evidence Obtained in Field Review _____

II. DECEASED/NONSAMPLED NUMBER HOLDER

NUMBER HOLDER NEVER MARRIED

E. Marital History of Number Holder

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

II. DECEASED/NONSAMPLED NUMBER HOLDER

E. Marital History of Number Holder

Beneficiary Agrees With Marital History in DR Summary

Beneficiary Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

Consolidated Review:

II. DECEASED/NONSAMPLED NUMBER HOLDER

F. Computation Information

1. Work Issues

Explanation

- Wages _____
- Self-Employment _____
- Lag Wages/SEI _____
- Gaps _____
- Incomplete Postings _____
- Duplicate/Erroneous Postings _____
- Annual Reports _____
- None Apply _____

2. Military Service

NONE

a. Branch of Service: _____ b. Serial Number: _____

c. Dates of Active Military Duty After September 7, 1939:

From _____ To _____ ALG/PRV/PRE
From _____ To _____ ALG/PRV/PRE

d. NH Receives or is Eligible for Military/Civilian Federal Pension

YES NO

e. Evidence/Documentation in Claims Folder /MCS Screens:

f. Evidence Needing Verification: _____

3. Railroad Employment

NONE

a. Number of Service Months on Earnings Record: _____

b. Were 7 or more years of railroad work alleged?

YES NO

4. Prior Period(s) of Disability

NONE

a. Date DIB Application Filed: _____

b. Latest EOD: _____ Termination Date: _____

c. Prior EOD: _____ Termination Date: _____

II. DECEASED/NONSAMPLED NUMBER HOLDER

Consolidated Review

F. Computation Information

F. Computation info.

1. Work Issues

1. Work Issues

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:
(Complete Below and Obtain an SSA-795)

Year	Amount on E/R	Amount Alleged
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Military Service

2. Military Service

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

3. Railroad Employment

3. RR Employment

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

4. Prior Period(s) of Disability

4. Prior Period(s) of Disability

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

III. SPOUSE/SURVIVING SPOUSE

NOT APPLICABLE

A. Identity

1. Name: _____ 2. SSN (BOAN) _____

B. Other Names and Corresponding SSN's Shown in Claims Folder/Numident

1. Other Names: _____

2. Other SSNs: _____

C. Application

1. Date Claim Filed: _____

2. DOE and MOEL Option Code: _____

3. Was the beneficiary previously entitled to benefits (including SSI) on this or any other SSN?

YES (Explain)

NO

4. Unresolved Claims Issues:

NONE APPLY

Unprocessed Application

Deemed Filing

Protective Filing

Open Application

Partial Adjudication

Potential Entitlement (Leads)

Delayed Claim

Totalization

Explain: _____

5. Month Of Entitlement Determined by Desk Review: _____

D. Multiple Entitlement Involved

YES (Complete Below)

NO

1. Claim Number on Nonsampled SSN: _____

2. Scope of Review of Non sampled SSN: Full Review

Limited Review

Not in Scope of Review

FIELD/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE NOT APPLICABLE

Consolidated Review

A. Identity

A. Identity

1. Existence Verified by:

Observation Other: _____

2. SSN Verified by: SS Card Medicare Card

Other: _____

B. Other Names and SSN's Used in Reporting Earnings

B. Other Names/SSN's

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

C. Application

C. Application

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

D. Multiple Entitlement Involved

D. Multiple Entitlement

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

III. SPOUSE/SURVIVING SPOUSE

E. Recovery of Prior Overpayment in Sample Month/Review Period

YES (Complete Below) NO

Total Amount of Overpayment: \$ _____

F. Prior Underpayment on Sampled SSN Which Needed to Be Addressed

YES (Explain) NO

G. Payment Amount(s)

1. Amount of PMA Check: \$ _____ , for Period: _____

2. Amount of CMA/SM Check: \$ _____ , for Period: _____

3. Payment Combined with Other Benefit

YES NO

H. Date of Birth/Citizenship NOT APPLICABLE

1. Date of Birth and Proof Code on MBR Printout: _____

2. Place of Birth: _____

(a) Alien Status: Yes No (b) If yes, develop per QRM-3766

3. MN: _____ FN: _____

4. Evidence/Documentation in Claims Folder/MCS Screens: _____

5. Evidence Needing Verification: _____

6. Date of Birth Established by Desk Review: _____

Remarks:

FIELD/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

E. Recovery of O/P in SM/Review Period

E. Recovery of Overpayment in SM/Review Period

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

F. Underpayment on Sampled SSN

F. Prior U/P on Sampled SSN

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

G. Payment Amount(s)

G. Payment Amount(s)

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

H. Date of Birth

NOT APPLICABLE

H. Date of Birth

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary

(Explain) _____

Evidence Obtained in Field Review: _____

Development/Findings/Remarks:

III. SPOUSE/SURVIVING SPOUSE

I. Marital History of Spouse/Surviving Spouse

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence/Documentation in Claims Folder/MCS Screens: _____

j. Evidence Needing Verification: _____

III. SPOUSE/SURVIVING SPOUSE

I. Marital History of Spouse/Surviving Spouse

Beneficiary Agrees With Marital History in DR Summary

Beneficiary Disagrees With DR Summary: (Complete Below)

1. Current/Last Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

2. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

3. Prior Marriage to: _____

a. Age/Date of Birth: _____ b. SSN: _____

c. Date of Marriage: _____ d. Type: _____

e. Place of Marriage: _____

f. How Terminated: _____ g. Date Terminated: _____

h. Place Terminated: _____

i. Evidence Obtained: _____

Consolidated Review:

III. SPOUSE/SURVIVING SPOUSE

J. Government Pension Offset

COMPLETE FOR SPOUSES, DIVORCED SPOUSES, SURVIVING SPOUSES, OR SURVIVING DIVORCED SPOUSES ENTITLED OR APPLYING FOR BENEFITS IN OR AFTER DECEMBER 1977.

1. Spouse/Divorced Spouse/Surviving Spouse/Surviving Divorced Spouse Is Eligible For Government Pension Based on His/Her Own Earnings

YES NO (Go to III.K.)

a. Date Last Employed: _____

b. Covered by Social Security on Date in 1.a. Above

YES (GO TO III.K.) NO

2. Agency or Organization From Which Government Pension or Annuity Received.

a. Name of Agency: _____

b. Address: _____

3. Amount of Pension: _____

4. Frequency of Payment: _____

5. Date First Eligible to Pension: _____

6. Date First Entitled to Pension: _____

(IF DATE IN 5 OR 6 ABOVE IS BEFORE 7/1/83, ANSWER 7 BELOW)

7. One-half Support Established

YES NO

8. Spouse/Divorced Spouse/Surviving Spouse/Surviving Divorced Spouse Meets an Exception to Government Pension Offset

YES NO

9. Offset Amount

a. Amount of Offset in Sample Month/Review Period: \$ _____

b. Monthly Benefit Paid (Benefit After Offset): \$ _____

Remarks:

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

J. Government Pension Offset

J. GPO

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain and Obtain Verification, if Necessary)

Development/Findings/Remarks:

GO TO PART V., PAGE 28, IF NO CHILDREN ARE IN THE SCOPE OF REVIEW

III. SPOUSE/SURVIVING SPOUSE

K. Child-In-Care NOT APPLICABLE

COMPLETE THIS SECTION ONLY TO THE EXTENT NECESSARY TO ESTABLISH THAT ONE CHILD OF THE NH IS IN THE BENEFICIARY'S CARE.

1. Child-in Care Is Under Age 16 or Mentally Incompetent, and Living with the Beneficiary.

YES (Complete Below) NO

a. BIC(s) of Child-in-Care: _____

b. Claims Folder Indicates That Parental Control and Responsibility Are Exercised.

YES NO (Explain Below)

2. Child-in-Care Is Disabled, Mentally Competent, and Age 16 or Over.

YES (Complete Below) NO

a. BIC(s) of Child-in-Care: _____

b. Explain Nature of Personal Services Rendered: _____

3. If a child is not living with the beneficiary, describe the living situation of the child and whether the claim folder indicates that the beneficiary exercises parental control and responsibility.

Remarks:

FIELD/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

K. Child-In-Care

NOT APPLICABLE

K. Child-In-Care

1. Child-In Care is Under Age 16 or Mentally Incompetent, and Living with the Beneficiary.

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Enter Name of Child: _____

Observed

Not Observed (Obtain Verification of Existence)

Describe the nature of parental control and responsibility exercised by the beneficiary:

2. Child-In-Care is Disabled, Mentally Competent, Age 16 or over and Living with the Beneficiary

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Enter Name of Child: _____

Observed

Not Observed (Obtain Verification of Existence)

Obtain SSA-795's from the beneficiary and the child describing the nature and frequency of personal service rendered by the beneficiary and to what extent the beneficiaries presence is required because of the child's disability.

3. There is a Child, as Described in 1. or 2. Above, Who is Not Living with the Beneficiary

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Enter Name of Child: _____

Observed

Not Observed (Obtain Verification of Existence)

Complete SSA-781 and Obtain Other Necessary Verification

DESK REVIEW

IV. CHILD

NOT APPLICABLE

A. Identity

1. BIC

2. Name

3. SSN (BOAN)

B. Application

1. BIC

2. Type of Benefit

3. Date Claim Filed

4. Date of Entitlement

5. Was any child beneficiary previously entitled to benefits (including SSI) on this or any other SSN?

YES (BIC(s) _____ Explain Below) NO

6. Unresolved Claims Issues: BIC(s) _____

NONE APPLY

Unprocessed Application

Deemed Filing

Delayed Claim

Protective Filing

Open Application

Partial Adjudication

Potential Entitlement

Explain _____

7. Month of Entitlement Determined by Desk Review:

BIC _____

MOE _____

BIC _____

MOE _____

BIC _____

MOE _____

BIC _____

MOE _____

FIELD/TELEPHONE REVIEW

IV. CHILD

Consolidated Review

A. Identity

NOT APPLICABLE

A. Identity

1. BIC

2. Existence Verified By

3. SSN Verified By

B. Application

B. Application

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Development/Findings/Remarks:

IV. CHILD

C. Multiple Entitlement Involved

YES (BIC _____ Claim Number _____) NO

(BIC _____ Claim Number _____)

(BIC _____ Claim Number _____)

(BIC _____ Claim Number _____)

D. Recovery of Overpayment in Sample Month/Review Period

YES (Complete Below) NO

1. BIC	2. Total Amount of Overpayment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

E. Prior Underpayment on Sampled SSN Needed to be Addressed

YES NO

F. Payment Amount(s)

1. BIC	Amount of PMA Check	Period	Amount of CMA Check	Period
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

Remarks:

IV. CHILD

Consolidated Review

C. Multiple Entitlement Involved

C. Multiple Entitlement

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

D. Recovery of Overpayment in SM/Review Period

D. Recovery of Overpayment in SM/Review Period

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

E. Prior Underpayment on Sampled SSN

E. Prior U/P on Sampled SSN

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

F. Payment Amount(s)

F. Payment Amount(s)

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

IV. CHILD

G. Date Of Birth

1. BIC: _____

a. Date of Birth and Proof Code on N3R Printout: _____

b. Place of Birth: _____ c. MN: _____ FN: _____

d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____

f. Date of Birth Established by Desk Review: _____

2. BIC: _____

a. Date of Birth and Proof Code on N3R Printout: _____

b. Place of Birth: _____ c. MN: _____ FN: _____

d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____

f. Date of Birth Established by Desk Review: _____

3. BIC: _____

a. Date of Birth and Proof Code on N3R Printout: _____

b. Place of Birth: _____ c. MN: _____ FN: _____

d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____

f. Date of Birth Established by Desk Review: _____

4. BIC: _____

a. Date of Birth and Proof Code on N3R Printout: _____

b. Place of Birth: _____ c. MN: _____ FN: _____

d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____

f. Date of Birth Established by Desk Review: _____

IV. CHILD

Consolidated Review

G. Date of Birth

G. Date of Birth

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

IV. CHILD

H. Relationship/Dependency/Support

1. BIC: _____

a. Type of Child: _____

b. Deemed Support: YES NO

c. Support Period: _____

d. Living With: YES NO

e. Contributions: _____

f. 1/2 Support Established:

YES NO

g. Evidence of Relationship: _____

3. BIC: _____

a. Type of Child: _____

b. Deemed Support: YES NO

c. Support Period: _____

d. Living With: YES NO

e. Contributions: _____

f. 1/2 Support Established:

YES NO

g. Evidence of Relationship: _____

2. BIC: _____

a. Type of Child: _____

b. Deemed Support: YES NO

c. Support Period: _____

d. Living With: YES NO

e. Contributions: _____

f. 1/2 Support Established:

YES NO

g. Evidence of Relationship: _____

4. BIC: _____

a. Type of Child: _____

b. Deemed Support: YES NO

c. Support Period: _____

d. Living With: YES NO

e. Contributions: _____

f. 1/2 Support Established:

YES NO

g. Evidence of Relationship: _____

5. Entitled Child Adopted or Equitably Adopted by Someone Other Than Number Holder.

YES (Complete Below)

NO

a. BIC: _____

b. BIC: _____

1. Name of Child: _____

1. Name of Child: _____

2. Date of Adoption: _____

2. Date of Adoption: _____

IV. CHILD

Consolidated Review

H. Relationship/Dependency/Support

H. Relationship/
Dependency/
Support

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

IV. CHILD

I. Marriage

1. Has any child beneficiary ever been married?

YES (Complete Below) NO

a. BIC: _____

b. Current/Last Marriage to: _____

c. Age/Date of Birth: _____ d. SSN: _____

e. Date of Marriage: _____ f. Type: _____

g. Place of Marriage: _____

h. How Terminated: _____ i. Date Terminated: _____

j. Place Terminated: _____

k. Evidence/Documentation in Claims Folder/MCS Screens:

l. Evidence Needing Verification: _____

2. Child's spouse is a Title II Beneficiary

YES (Spouse's Claim Number: _____) NO

J. School Attendance

1. BIC(s): _____ 2. Name of School: _____

3. School Is "Educational Institution" YES NO

(If NO, Explain) _____

4. Student Beneficiary Paid by Employer YES NO

(If YES, Explain) _____

5. Evidence/Documentation in Claims Folder)MCS Screens:

6. Evidence Needing Verification: _____

Remarks:

IV. CHILD

Consolidated Review

I. Marriage

I. Marriage

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

J. School Attendance

J. School Attendance

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review: _____

Development/Findings/Remarks:

V. ADDITIONAL ISSUES

A. SMI Determination NOT APPLICABLE

The SMI Determination, including the premium deduction and penalty amounts (if any), is correct.

YES NO (BIC _____ Explain)

B. Misinformation/Contact With SSA Prior to Date Claim Filed

Would it have been to the number holder's advantage to file for benefits at an earlier date?

YES (BIC _____ Explain) NO

C. Criminal Activities

BIC(s) _____ Not Involved in Any Criminal Activities Listed Below

Homicide Subversive Activities

Deportation Imprisonment for a Felony

Offenses Against the National Security (Hiss Act)

Beneficiary Entitled on Basis of His Own Disability and that Disability Appears to Have Occurred or Was Aggravated by the Commission of a Felony After October 19, 1980, and for which the Person Was Convicted

Evidence Needing Verification: BIC _____

D. Representative payee

Does the claims folder indicate an unresolved representative payee issue (need for payee change, etc.) for the sampled number holder?

YES (BIC _____ Explain) NO
(BIC _____ Explain)

V. ADDITIONAL ISSUES

Consolidated Review

A. SMI Determination

A. SMI Determination

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

B. Misinformation/Contact With SSA Prior to Date Claim Filed

B. Misinformation/Contact With SSA Prior to DCF

If V.B. of the desk review summary is answered YES, did the number holder inquire about filing at an earlier time?

(Explain) _____

C. Criminal Activities

C. Criminal Activities

If any of the criminal activities listed in V.C. of the desk review summary are involved, discuss and resolve below.

D. Representative Payee

D. Representative Payee

There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for the sampled number holder.

YES (BIC _____ Explain) NO

(BIC _____ Explain)

V. ADDITIONAL ISSUES

E. Consolidated Review Summary

Desk and field review findings are in agreement.

Desk and field review findings are not in agreement. Indicate the section(s) where the disagreement exists.

Deceased/Nonsampled Number Holder:

II.A. II.B. II.C. II.D. II.E. II.F.

Spouse/Surviving Spouse:

III.A. III.B. III.C. III.D. III.E. III.F.

III.G. III.H. III.I. III.J. III.K.

Child

IV.A. IV.B. IV.C. IV.D. IV.E. IV.F.

IV.G. IV.H. IV.I. IV.J.

Additional Issues:

V.A. V.B. V.C. V.D.

Additional Development/Findings/Remarks:

Five horizontal lines for additional development/Findings/Remarks.

Signature of Reviewer(s)

Date: _____

Desk Reviewer

Date: _____

Field Reviewer

Date: _____

Consolidated Reviewer

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.