

**RSI/DI QUALITY REVIEW CASE ANALYSIS - SAMPLED NUMBER HOLDER**

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.

This information collection meets the 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.

See Revised PRA

**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. NH's Address/Phone

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

J. Payee Name Address/Phone

Name:

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

II. NUMBER HOLDER

A. Identity

Type of Interview

- Face-to-Face
- Telephone
- Desk Review only

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 NH 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

II. NUMBER HOLDER

Consolidated Review

A. Identity (SAMPLED NUMBER HOLDER)

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

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary

(Explain) \_\_\_\_\_

C. Application

C. Application

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary.

(Explain) \_\_\_\_\_

D. Multiple Entitlement Involved

D. Multiple Entitlement

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary.

(Explain) \_\_\_\_\_

II. NUMBER HOLDER

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

YES (Complete Below)  NO

Total Amount of Overpayment: \$ \_\_\_\_\_

F. Underpayment on Sampled SSN 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

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

II. NUMBER HOLDER

Consolidated Review

E. Recovery of Overpayment in SM/Review Period

E. Recovery of Overpayment in SM/Review Period

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary

(Explain) \_\_\_\_\_

F. Underpayment on Sampled SSN

F. Underpayment on Sampled SSN

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary

(Explain) \_\_\_\_\_

G. Payment Amount(s)

G. Payment Amount(s)

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary

(Explain) \_\_\_\_\_

H. Date of Birth

H. Date of Birth

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary

(Explain) \_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Development/Findings/Remarks:

II. NUMBER HOLDER

NUMBER HOLDER NEVER MARRIED

I. Marital History of Sampled 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. NUMBER HOLDER

I. Marital History of Sampled Number Holder

Number Holder Agrees With Marital History in DR Summary

Number Holder 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. NUMBER HOLDER

J. 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/PRVIPRE  
From \_\_\_\_\_ To \_\_\_\_\_ ALG/PRVIPRE

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. NUMBER HOLDER

Consolidated Review

J. Computation Information

J. Computation info.

1. Work Issues

1. Work Issues

Number Holder Agrees With DR Summary

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

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

2. Military Service

2. Military Service

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_  
\_\_\_\_\_

Evidence Obtained in Field Review: \_\_\_\_\_  
\_\_\_\_\_

3. Railroad Employment

3. RR Employment

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_

4. Prior Period(s) of Disability

4. Prior Period(s) of Disability

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_  
\_\_\_\_\_

II. NUMBER HOLDER

J. Computation Information

5. Windfall Elimination Provision

COMPLETE FOR LIVING NUMBER HOLDER BORN JANUARY 2, 1924 OR LATER

a. NH has 30 or More Special Minimum Coverage Years.

YES (Go to II.K.)  NO

b. NH Is Entitled to a Pension or Lump Sum in Lieu of a Monthly Periodic Pension Based on Work After 1956 Not Covered by Social Security. Note: A Lump Sum as Described Above Qualifies as a Pension Under This Provision.

YES  NO

(1) Date of First Eligibility to Pension:

Month \_\_\_\_\_ Year \_\_\_\_\_ (If Prior to 1986, Go to II.K.)

(2) Date of First Entitlement to Pension:

Month \_\_\_\_\_ Year \_\_\_\_\_ (If Prior to 1986, Go to II.K)

(3) Agency or Organization from Which the Pension Is Received.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(4) Period(s) of Employment Upon Which the Pension Is Based. (Include Both Employment Covered and Not Covered by Social Security.)

From (Month, Year): \_\_\_\_\_ To (Month, Year): \_\_\_\_\_

From (Month, Year): \_\_\_\_\_ To (Month, Year): \_\_\_\_\_

(5) Period(s) of Employment After 1956 Not Covered by Social Security That Is Used to Determine the Pension.

From (Month, Year): \_\_\_\_\_ To (Month, Year): \_\_\_\_\_

From (Month, Year): \_\_\_\_\_ To (Month, Year): \_\_\_\_\_

(6) Proof of the amount of the pension is needed for the first month the claimant is concurrently entitled to the pension and the Social Security benefit

Monthly Amount: \$ \_\_\_\_\_

II. NUMBER HOLDER

Consolidated Review

J. Computation Information

J. Computation info.

5. Windfall Elimination Provision

5. WEP

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain and Obtain Verification, If Necessary)

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Development/Findings/Remarks:

II. NUMBER HOLDER

K. Nonmedical Disability Information

NOT APPLICABLE

1. Period(s) of Disability

a. Date Disability Application Filed: \_\_\_\_\_

b. Current Alleged Onset Date: \_\_\_\_\_

c. Current Established Onset Date: \_\_\_\_\_

d. Prior Established Onset Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

2. Disability Related Work Information

a. Earnings After Current Alleged Onset Date

YES  NO (Go to II.K.3.)

b. SGA Determination in File (SSA-820/SSA-821)

YES  NO

3. Worker's Compensation/Public Disability Benefit (WC/PDB)

a. NH Filed for WC/PDB

YES (Complete Below)  NO

Employer

Insurance Carrier

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

b. WC/PDB Affects Review Period Payment

YES (Complete Below)  NO

Describe Evidence in File and Type of Payments Received: \_\_\_\_\_

4. Child Care Dropout Years

Child Care Dropout Apply in Computation of Benefits

YES (Complete Below)  NO

Describe Documentation in Claims Folder/MCS Screens: \_\_\_\_\_

FIELD/TELEPHONE REVIEW

II. NUMBER HOLDER

Consolidated Review

K. Nonmedical Disability Information

K. Nonmedical DIB Information

NOT APPLICABLE

1. Period(s) of Disability

1. Period(s) of Disability

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Disability Related Work Information

2. Disability Related Work Information

Date Number Holder Last Worked: \_\_\_\_\_

IF THIS DATE IS LATER THAN CURRENT ALLEGED ONSET DATE LISTED IN II.K1.b. ON PAGE 12, SECURE AN SSA-820/SSA-821 AND VERIFICATION AS APPROPRIATE.

3. Worker's Compensation/Public Disability Benefits (WC/PDB)

3. WC/PDB

Number Holder With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Child Care Dropout Years

4. Child Care Dropout Years

a. Years the NH Lived with His/Her Child or Spouse's Child Under Age 3 Since 1950:

None or Enter Years: \_\_\_\_\_

b. Years in II.K.4.a Above in Which the NH Did Not Work.

Development/Findings/Remarks:

II. NUMBER HOLDER

L. SMI Determination

NOT APPLICABLE

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

YES

NO (Explain)

M. 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 (Explain)

NO

N. Criminal Activities

NH Not Involved in Any Criminal Activities Listed Below

Deportation

Subversive Activities

Offenses Against the National Security (Hiss Act)

Imprisonment for a Felony

NH 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 \_\_\_\_\_

O. Representative payee

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

YES (Explain)

NO

FIELD/TELEPHONE REVIEW

II. NUMBER HOLDER

Consolidated Review

L. SMI Determination

L. SMI Determination

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

M. Misinformation/Contact With SSA Prior to DCF

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

(Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

N. Criminal Activities

N. Criminal Activities

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. Representative Payee

O. Representative Payee

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

YES (Explain)

NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. NUMBER HOLDER

P. 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.

Section A

Section B

Section C

Section D

Section E

Section F

Section G

Section H

Section I

Section J

Section K

Section L

Section M

Section N

Section O

Additional Development/Findings/Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reviewer(s)

Date: \_\_\_\_\_

Desk Reviewer

Date: \_\_\_\_\_

Field Reviewer

Date: \_\_\_\_\_

Consolidated Reviewer



*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***