

**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 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 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 only 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**

**1. MBR Annual Report Information**

Closed Year	Earnings Amount	Nonservice Months	LMETY Year

**2. Closed Year Posted Earnings--As shown on the SEQY/DEQY**

Covered Earnings	Noncovered Earnings	Posted SWP	Countable AET Earnings

Do the posted earnings and special wage payment (SWP) information from the DEQY for the closed year agree with the Annual Report information from the MBR/Claims file?

Yes  No  (Explain in the space below the development needed to resolve the discrepancy)

**General Guidelines for Field Review Evidence--see QRM 8400ff**

**Wages**--Get W2 forms for the closed year and the subsequent year, unless DEQY agrees with beneficiary's allegation.

If earnings for closed year are significantly lower than the years before and after, ask the reason for the decline.

**Corporate Officer**--close or family corporation--In addition to the 795, if possible get a copy of resignation from office, if applicable, and the corporate minutes accepting the resignation. If the questionable retirement issue is still not resolved, get copies of tax returns and any other available evidence.

**Self-Employment**--Certify or make copies of schedules C or F and SE for closed year and subsequent year, if filed.

**Special wage/SEI payments**--If material to payment for the closed year, get evidence showing the amount, date of payment, and type of payment.

**Nonservice Months--Closed Year is LMETY Year--Alleged NSM Material to Payment for Closed Year**

Wages--Get evidence of NSM from the beneficiary or the employer.

Self-employment--Get names/phone/address of people who can support the NSM allegations, and contact for verification.

**CONSOLIDATED REVIEW**

Resolve any differences between the desk review & the field review

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

**FIELD REVIEW**

**Earnings in the AET Review Period**

**and** Date of Contact: \_\_\_\_\_

1. **Wages**--List beneficiary's employment allegations for two years before closed year through date of interview.

Employer Name	Address	Year(s) Employed	Amount of Earnings	
			Closed Year	Subsequent Year

Was beneficiary a **corporate officer** or related to a corporate officer in any of the above firms?

Yes \_\_\_\_\_ (Complete a 795 per QRM 8404) No \_\_\_\_\_

2. **Self-employment**: List beneficiary's self-employment allegations for two years before closed year through date of interview.

Name & Address of Business	Type of Business	Date Started	Date Ended	Reason Ended--i.e. Transferred or Dissolved

If sold or transferred, give the name and address of the present operator and relationship to beneficiary:

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

3. Did beneficiary receive any special wage/SEI payments in or after the closed year for work in a prior period where no work was actually done in the period received?

Employer/Payer	Amount Received	Type of Payment	Date Received

4. If **LMETY** not used before the closed year, enter the alleged closed year **nonservice months**.

Check wage blocks for months of earnings under the AET limit. Check NESE blocks for months of no substantial services.

Wages	NESE	Months	Wages	NESE	Months	Wages	NESE	Months
		January			May			September
		February			June			October
		March			July			November
		April			August			December

**PART II -- ANNUAL REPORT INFORMATION**

**DESK REVIEW**

- 1. Was the beneficiary required to give AET information for the closed year? Yes  No
- 2. Was AET information given or (beginning with 1996 closed year) were the earnings available on SSA records? Yes  No
- 3. If yes, was AET information given or were the earnings on SSA records by the later of April 30 of the sample year or the last day of the sample month. (QRM 8075)? Yes  No
- 4. If yes, did SSA process AET information by the later of April 30 of the sample year or the last day of the sample month? Yes  No

**FIELD REVIEW**

- 1. Did the beneficiary give AET information to SSA for the closed year? Yes  No
- 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**

Countable AET Earnings Established by Review	If LEMETY is Closed Year, NSM from 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.

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REVIEWER'S SIGNATURE

DATE