SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0780

Centenarian Development Worksheet
Telephone Interview

Centenarian: * **SSN: xxx-xx-**
Advanced Telephone Call Date: *
Date letter sent: *
F/u letter sent: *

If the Centenarian is Alive:

1. Date of Interview: *
2. Date of Birth Correct? ☐ YES ☐ NO
3. Address correct? ☐ YES ☐ NO
4. Payee needed? ☐ YES ☐ NO
5. Change of payee needed? ☐ YES ☐ NO
6. Special message posted: ☐ YES
7. ID questions(s) used to establish identity:

If the Centenarian is Deceased:

1. Date of Death (mm/dd/yyyy): *
2. Proof of Death type: *
3. Proof of Death posted to EVID? ☐ YES (mandatory)
4. Date of Termination action: *
5. Was a payee involved? ☐ YES ☐ NO
6. Possible FRAUD involved? ☐ YES ☐ NO
7. OIG referral? ☐ YES ☐ NO
   If no OIG referral, explain in REMARKS
8. Estimated amount of overpayment: *$
9. Special Message posted: ☐ YES
10. REMARKS:

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 15 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*