

## Centenarian Development Worksheet Telephone Interview

**Individual:** \*

SSN: xxx-xx-

Advanced Telephone Call Date: \*

Date letter sent: \*

F/u letter sent: \*

If the **Individual** 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 **Individual** 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:

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

**PRIVACY ACT STATEMENT**

**Collection and Use of Information  
Centenarian Development Worksheet  
Telephone Interview**

Section 202(j) of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to determine your benefit eligibility.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision regarding your benefit eligibility.

We rarely use the information for any purpose other than for making a decision regarding benefit eligibility or cessation. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g. to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).
5. We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded and administered benefit programs and for repayment of payment's or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice entitled, Claims Folders Systems, 60-0089. This notice, additional information regarding our programs and systems are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

***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 (OMB) 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 21235-0001.***