

RSI/DI QUALITY REVIEW CASE ANALYSIS – AUXILIARY/SURVIVOR

NOTE TO REVIEWER: In opening the interview, 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. 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 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.

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.**

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. Review Amount Determined by QR: \$ _____
- F. Explanation of SCL Changes, if Any: _____
- G. Type of Interview: Face-to-Face Telephone
- 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: _____	Name: _____ Address: _____
_____	Phone: (____) _____ Name: _____ Address: _____	Phone: (____) _____ Name: _____ Address: _____
_____	Phone: (____) _____ Name: _____ Address: _____	Phone: (____) _____ Name: _____ Address: _____
_____	Phone: (____) _____	Phone: (____) _____

- Beneficiary Entitled in Closed Year and Subject to Annual Earnings Test (Complete SSA-4281/SSA-4659)
- Additional Beneficiaries In Scope of Review (Complete Separate SSA-2931)

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

A. Number Holder Information

Deceased Number Holder Nonsampled Number Holder

B. Other Names and SSNs Shown in File/Numident

1. Other Names: _____

2. Other SSNs: _____

C. Date of Birth NOT APPLICABLE

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

2. Place of Birth: _____

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: _____

E. Are there any eligible children of the NH who have not filed for benefits?

YES (Explain) NO

FACE-TO-FACE/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER	Consolidated Review
<p>A. Number Holder Information</p> <p><input type="checkbox"/> Deceased NH <input type="checkbox"/> Nonsampled NH</p> <p>B. Other Names and SSNs Used</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p> <p>C. Date of Birth <input type="checkbox"/> NOT APPLICABLE</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p> <p>Evidence Obtained in Field Review: _____</p>	<p>A. Number Holder Information</p> <p>B. Other Names/SSNs</p> <p>C. Date of Birth</p>
<p>D. Date of Death <input type="checkbox"/> NOT APPLICABLE</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p> <p>Evidence Obtained in Field Review: _____</p>	<p>D. Date of Death</p>
<p>E. Eligible Children</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain) _____</p>	<p>E. Eligible Children</p>

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

F. 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: _____

FACE-TO-FACE/TELEPHONE REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

F. 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:

DESK REVIEW

II. DECEASED/NONSAMPLED NUMBER HOLDER

G. Computation Information

Explanation

1. Work Issues

- Wages _____
- Self-Employment _____
- Lag Wages/SEI _____
- Gaps _____
- Annual Reports _____
- Other _____

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. If MS prior to 1957, NH Receives/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 5 or more years of railroad work alleged? YES NO

4. Prior Period(s) of Disability NONE

a. PPD Shown on MBR: Date of Onset: _____ Term Date: _____

b. Documentation in File: _____

c. PPD Established by Desk Review: Date of Onset: _____ Term Date: _____

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE/PARENT

A. Identity

1. Name: _____

2. SSN (BOAN): _____

B. Other Names and SSNs Shown in Claims Folder/Numident

1. Other Names: _____

2. Other SSNs: _____

C. Date of Birth/Citizenship

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

2. Place of Birth: _____

3. MN: _____ FN: _____

4. Applications Filed 12/1/96 or Later: U.S. Citizen/National Lawfully-Present Alien

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

6. Evidence Needing Verification: _____

7. Date of Birth Established by Desk Review: _____

8. Citizenship/Alien Status Established by Desk Review: _____

Remarks:

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE/PARENT

D. Application

- 1. Date Claim Filed: _____
- 2. DOE and MOEL Option Code: _____
- 3. DOE Determined by Desk Review: _____

E. Multiple Entitlement Involved: YES (Complete Below) NO

- 1. Claim Number on Non-sampled SSN: _____
- 2. Scope of Review on Non-sampled SSN:
 Full Review Limited Review Not in Scope of Review

F. Potential Entitlement on Own SSN: NOT APPLICABLE (Go to III.G)

- Wages _____
- Self-Employment _____
- Lag Wages/SEI _____
- Gaps _____
- Other _____
- Military Service _____
- Foreign Work _____
- Insured Status Met _____

G. Other Claims Activity

1. Did the beneficiary ever file for any other benefits (including SSI)?

YES (Explain) NO

2. Unadjudicated Claims Issues: NONE APPLY

- Unprocessed Application Deemed Filing
- Protective Filing Open Application
- Partial Adjudication Other Potential Entitlement (Leads)
- Delayed Claim Misinformation

(Explain) _____

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE/PARENT	Consolidated Review									
<p>D. Application</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary</p> <p>(Explain) _____</p> <p>E. Multiple Entitlement</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary</p> <p>(Explain) _____</p> <p>F. Potential Entitlement on Own SSN <input type="checkbox"/> NOT APPLICABLE</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p>_____</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary:</p> <table border="0"><thead><tr><th>Year</th><th>Amount on E/R</th><th>Amount Alleged</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p><input type="checkbox"/> Evidence Obtained in Field Review: _____</p> <p>G. Other Claims Activity</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary</p> <p>(Explain) _____</p>	Year	Amount on E/R	Amount Alleged	_____	_____	_____	_____	_____	_____	<p>D. Application</p> <p>E. Multiple Entitlement</p> <p>F. Potential Entitlement</p> <p>G. Other Claims Activity</p>
Year	Amount on E/R	Amount Alleged								
_____	_____	_____								
_____	_____	_____								

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE/PARENT

H. 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/PARENT

H. 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:

NOTE: For Parent Review continue at Part V on page 30

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

I. Government Pension Offset

COMPLETE IF SPOUSE/SURV SPOUSE WAS ENTITLED/FILED DECEMBER 1, 1977 OR LATER.

1. Spouse/Surviving Spouse is Entitled to a Government Pension Based on His/Her Own Earnings.

- YES NO (Go to III.J.)

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

a. Name of Agency: _____

b. Address: _____

3. Date First Entitled to Pension: _____ 4. Date First Eligible: _____

5. GPO Exception Met (Check Any that Apply and Go to I.7.)

- Date First Eligible Prior to 12/01/82 and Entitlement Requirements in Effect in 01/77 Met
- For Benefits 12/82 or Later, First Eligible Prior to 07/83 and One-Half Support Met
- For Benefits 12/84 or Later, Would Have Been Eligible in 11/82 or 6/83 but Payment Delayed
- Federal Employee Filed an Election for Coverage under Social Security or Mandatory Coverage Applies or Worked under Covered Federal Employment for at Least 60 Months before DOE
- For Benefits 1/95 or Later, Receives a Military Pension Based on Non-Covered Reserve Service
- State/Local Govt. Employee Filed for Social Security Prior to 4/04 or Retired from Govt. Service Prior to 7/04 AND Last day of Work Covered under Social Security
- State/Local Govt. Employee Filed for Social Security After 3/04 or Retired from Govt. Service After 6/04 AND Last 60 Months of Work (less if last work prior to 3/09) Covered under Social Security

6. If None of the Exceptions in I.5 are met:

a. Amount of Pension: \$ _____ b. Frequency of Payment: _____

c. Amount of Offset in Sample Month: \$ _____

d. Monthly Benefit After Offset: \$ _____

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

8. Evidence Needing Verification:

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE

Consolidated Review

I. Government Pension Offset

I. GPO

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain)

Evidence Obtained in Field Review:

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

J. Child-in-Care

NOT APPLICABLE (Go to III.K)

COMPLETE TO ESTABLISH THAT A CHILD OF THE NH IS IN THE BENEFICIARY'S CARE

1. Child-in-Care Under Age 16 or Mentally Disabled, Beneficiary Exercises Parental Control

YES (Complete Below) NO (Go to J.2)

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

b. Child-in-Care is Living with the Beneficiary

Child-In-Care is Not Living with Beneficiary (Explain)

2. Child-in-Care Age 16 or Older and Physically Disabled, Beneficiary Performs Personal Services

YES (Complete Below) NO (Go to J.3)

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

b. Child-in-Care is Living with the Beneficiary

Child-In-Care is Not Living with Beneficiary

c. Nature and Frequency of Personal Services:

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

4. Evidence Needing Verification:

FACE-TO-FACE/TELEPHONE REVIEW

III. SPOUSE/SURVIVING SPOUSE	Consolidated Review
<p>J. Child-In-Care <input type="checkbox"/> NOT APPLICABLE</p> <p>1. Child-In-Care Under 16 or Mentally Disabled, Living with Beneficiary</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary (Explain)</p> <p>_____</p> <p>a. If CIC, describe the nature and extent of parental control/responsibility:</p> <p>_____</p> <p>b. If CIC, Verification of Child's Existence and Residence</p> <p><input type="checkbox"/> Child Observed in Home (in person or by phone)</p> <p><input type="checkbox"/> Child Not Observed in Home</p> <p style="text-align: center;">Existence Verified by Residence Verified by</p> <p style="text-align: center;">_____ _____</p> <p>2. Child-In-Care 16 or Older & Physically Disabled, Living w/ Beneficiary</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary (Explain)</p> <p>_____</p> <p>a. If CIC, describe the nature/frequency of personal services and extent beneficiary's presence required because of the child's disability:</p> <p>_____</p> <p>b. If CIC, Verification of Child's Existence and Residence</p> <p><input type="checkbox"/> Child Observed in Home (in person or by phone)</p> <p><input type="checkbox"/> Child Not Observed in Home</p> <p style="text-align: center;">Existence Verified by Residence Verified by</p> <p style="text-align: center;">_____ _____</p> <p>c. If CIC, child's description of the nature/frequency of personal services:</p> <p>_____</p> <p>3. Child, as Described in 1. or 2. Above, Not Living with the Beneficiary</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary (Explain)</p> <p>_____</p> <p>a. If CIC, SSA-781 Obtained from Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Verification of Child's Existence and Child-in-Care (QRM 3612):</p> <p><input type="checkbox"/> Custodian <input type="checkbox"/> School <input type="checkbox"/> Child <input type="checkbox"/> Other _____</p>	<p>J. Child-In-Care</p>

DESK REVIEW

III. SPOUSE/SURVIVING SPOUSE

K. Current DWB or Deemed DWB Entitlement

NOT APPLICABLE (Go to IV.)

1. Period(s) of Disability

a. Established Onset Date: _____

b. Date of Entitlement: _____

c. Disabled Before End of Prescribed Period: _____

YES

NO (Explain)

d. Prior or Current Entitlement to SSI/SSP Benefits: YES (If Yes, go to e.)

NO

e. Waiting Period(s) Reduced by SSI/SSP Credit: _____

YES

NO (Explain)

2. Disability-Related Work Information

a. Earnings After Current Established Onset Date: _____

YES (Complete Below) NO

b. Disability-Related Work Issues

Explanation

Trial Work Period _____

Substantial Gainful Activity _____

Unsuccessful Work Attempt _____

Cessation _____

Extended Period of Eligibility _____

Termination _____

Expedited Reinstatement _____

Other _____

c. Evidence/Documentation in File: _____

d. Evidence Needing Verification: _____

DESK REVIEW

IV. CHILD

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. Date of Entitlement Determined by Desk Review

BIC	___	DOE	_____	BIC	___	DOE	_____
BIC	___	DOE	_____	BIC	___	DOE	_____

C. Multiple Entitlement Involved

YES (BIC ___ Claim Number ___) NO

(BIC ___ Claim Number ___)

(BIC ___ Claim Number ___)

(BIC ___ Claim Number ___)

D. Other Claims Activity

1. Did any child beneficiary ever file for any other benefits (including SSI)?

YES (BIC(s) ___ (Explain) ___) NO

2. Unadjudicated Claims Issues: BIC(s): _____ NONE APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Unprocessed Application | <input type="checkbox"/> Deemed Filing | <input type="checkbox"/> Delayed Claim |
| <input type="checkbox"/> Protective Filing | <input type="checkbox"/> Open Application | <input type="checkbox"/> Misinformation |
| <input type="checkbox"/> Partial Adjudication | <input type="checkbox"/> Potential Entitlement on Another Parent's SSN | |

Explain: _____

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD	Consolidated Review															
<p>A. Identity</p> <table border="0"><tr><td data-bbox="180 289 261 321">1. BIC</td><td data-bbox="358 289 667 321">2. Existence Verified By</td><td data-bbox="737 289 980 321">3. SSN Verified By</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	1. BIC	2. Existence Verified By	3. SSN Verified By	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>A. Identity</p>
1. BIC	2. Existence Verified By	3. SSN Verified By														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<p>B. Application</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain)</p> <p>_____</p>	<p>B. Application</p>															
<p>C. Multiple Entitlement</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain)</p> <p>_____</p>	<p>C Multiple Entitlement</p>															
<p>D. Other Claims Activity</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain)</p> <p>_____</p>	<p>D. Other Claims Activity</p>															

DESK REVIEW

IV. CHILD

E. Date of Birth

- 1. BIC: _____ a. Date of Birth and Proof Code on MBR Printout: _____
b. Place of Birth: _____ c. MN: _____ FN: _____
c. Applications Filed 12/1/96 or Later: U.S. Citizen/National Lawfully-Present Alien
d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
f. Date of Birth Established by Desk Review: _____
g. Citizenship/Alien Status Established by Desk Review: _____
- 2. BIC: _____ a. Date of Birth and Proof Code on MBR Printout: _____
b. Place of Birth: _____ c. MN: _____ FN: _____
c. Applications Filed 12/1/96 or Later: U.S. Citizen/National Lawfully-Present Alien
d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
f. Date of Birth Established by Desk Review: _____
g. Citizenship/Alien Status Established by Desk Review: _____
- 3. BIC: _____ a. Date of Birth and Proof Code on MBR Printout: _____
b. Place of Birth: _____ c. MN: _____ FN: _____
c. Applications Filed 12/1/96 or Later: U.S. Citizen/National Lawfully-Present Alien
d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
f. Date of Birth Established by Desk Review: _____
g. Citizenship/Alien Status Established by Desk Review: _____
- 4. BIC: _____ a. Date of Birth and Proof Code on MBR Printout: _____
b. Place of Birth: _____ c. MN: _____ FN: _____
c. Applications Filed 12/1/96 or Later: U.S. Citizen/National Lawfully-Present Alien
d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
f. Date of Birth Established by Desk Review: _____
g. Citizenship/Alien Status Established by Desk Review: _____

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD	Consolidated Review
<p>E. Date of Birth and Citizenship/Alien Status</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain _____</p> <p><input type="checkbox"/> Evidence Obtained in Field Review: _____</p>	<p>E. DOB and Citizenship/Alien</p>

DESK REVIEW

IV. CHILD

F. Relationship and Dependency

1. BIC: _____ a. Type of Child Relationship: _____
b. Child Adopted or Equitably Adopted by Someone other than Number Holder: YES NO
c. Deemed Dependency: YES (Go to d.) NO Support Period: _____
Dependency Requirement(s) that Applies: Living With Contributions 1/2 Support
d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
2. BIC: _____ a. Type of Child Relationship: _____
b. Child Adopted or Equitably Adopted by Someone other than Number Holder: YES NO
c. Deemed Dependency: YES (Go to d.) NO Support Period: _____
Dependency Requirement(s) that Applies: Living With Contributions 1/2 Support
d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
3. BIC: _____ a. Type of Child Relationship: _____
b. Child Adopted or Equitably Adopted by Someone other than Number Holder: YES NO
c. Deemed Dependency: YES (Go to d.) NO Support Period: _____
Dependency Requirement(s) that Applies: Living With Contributions 1/2 Support
d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____
4. BIC: _____ a. Type of Child Relationship: _____
b. Child Adopted or Equitably Adopted by Someone other than Number Holder: YES NO
c. Deemed Dependency: YES (Go to d.) NO Support Period: _____
Dependency Requirement(s) that Applies: Living With Contributions 1/2 Support
d. Evidence/Documentation of Relationship/Dependency in Claims Folder/MCS Screens:

e. Evidence Needing Verification: _____

FACE-TO-FACE/TELEPHONE REVIEW

IV. CHILD	Consolidated Review
<p>F. Relationship and Dependency</p> <p><input type="checkbox"/> Beneficiary Agrees With DR Summary</p> <p><input type="checkbox"/> Beneficiary Disagrees With DR Summary: (Explain _____</p> <p><input type="checkbox"/> Evidence Obtained in Field Review: _____</p>	<p>F. Relationship and Dependency</p>

DESK REVIEW

IV. CHILD

G. 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 NO (If Yes, Claim Number): ____

H. School Attendance

NOT APPLICABLE

1. BIC(s): ____

2. Name and Address of School: ____

3. Full-Time Attendance or Deemed Full-Time Attendance in Sample Month: YES NO

(If NO, Explain) ____

4. School is "Educational Institution": YES NO

(If NO, Explain) ____

5. Student Beneficiary Paid by Employer: YES NO

(If YES, Explain) ____

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

7. Evidence Needing Verification:

DESK REVIEW

IV. CHILD

I. Current DAC Entitlement

NOT APPLICABLE (Go to V.)

1. Period(s) of Disability:

a. BIC(s): _____

b. Established Onset Date: _____

c. Disabled before Age 22 or Re-Entitled & Disabled Within Applicable Timeframe: YES NO

(Explain) _____

2. Disability-Related Work Information:

a. Earnings After Current Established Onset Date: YES (Explain) NO

b. Disability-Related Work Issues

Explanation

Trial Work Period _____

Substantial Gainful Activity _____

Unsuccessful Work Attempt _____

Cessation _____

Extended Period of Eligibility _____

Termination _____

Expedited Reinstatement _____

Other _____

c. Evidence/Documentation in File: _____

d. Evidence Needing Verification: _____

3. Potential Entitlement on Own SSN:

CURRENTLY ENTITLED (Go to V.)

Wages _____

Self-Employment _____

Lag Wages/SEI _____

Gaps _____

Other _____

Insured Status Met _____

DESK REVIEW

V. PARENT

Relationship

1. Type of Parent Relationship: Natural Parent Stepparent Adoptive Parent

2. Evidence/Documentation of Relationship in Claims Folder/MCS Screens:

3. Evidence Needing Verification:

J. One-Half Support

1. Support Period: _____

2. Proof of Support Filed Timely: YES NO

(Explain) _____

3. One-Half Support Met: YES NO

(Explain)

4. Evidence/Documentation of Support in Claims Folder/MCS Screens:

5. Evidence Needing Verification:

K. Other

1. Beneficiary Married after Number Holder's Death: YES (Complete Below) NO

a. Parent's Spouse is a Title II Beneficiary: YES NO

b. If Yes, Spouse's Claim Number: _____

2. Beneficiary Entitled to RIB Equal to/Exceeds Parent Original Benefit Amount: YES NO

FACE-TO-FACE/TELEPHONE REVIEW

V. PARENT

Consolidated Review

I. Relationship

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

Evidence Obtained in Field Review:

J. One-Half Support

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain

Evidence Obtained in Field Review:

K. Other

Beneficiary Agrees With DR Summary

Beneficiary Disagrees With DR Summary:

(Explain) _____

I. Relationship

J. One-Half Support

K. Other

VI. PAYMENT FOR THE SAMPLE MONTH

A. Underpayment on Sampled SSN Needed to Be Addressed:

- YES (Explain) NO

B. Recovery of Overpayment in Sample Month:

- YES (Explain) NO

C. SMI Determination NOT APPLICABLE

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

- YES NO (Explain)

D. Payment Amount(s)

1. BIC	2. Amount of CMA/SM Check	3. Sample Month	4. Payment Cycle Indicator (CYI)
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

5. Payment Combined with Other Benefit: YES NO

6. Check Amount Affected by Other Withholding (e.g., Medicare C/D Premiums, Voluntary Tax Withholding, Garnishment, Treasury Offset Program, etc.):

- YES (Explain) NO

FACE-TO-FACE/TELEPHONE REVIEW

VI. PAYMENT FOR THE SAMPLE MONTH

Consolidated Review

A. Underpayment on Sampled SSN

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary:
(Explain) _____

A. Underpayment

B. Recovery of Overpayment in Sample Month

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary:
(Explain) _____

B. Overpayment

C. SMI Determination

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary:
(Explain) _____

C. SMI Determination

D. Payment Amount

- Beneficiary Agrees With DR Summary
- Beneficiary Disagrees With DR Summary:
(Explain) _____

D. Payment Amount

VII. ADDITIONAL ISSUES

A. Fugitive Felon

BICs over Age 12: _____

Are there any unsatisfied felony warrants for arrest or for violations of probation/parole?

YES (Complete below) NO

Evidence/Documentation in Claims Folder/MCS Screens:

Evidence Needing Verification:

B. Criminal Activities

BICs _____

Not Involved in Criminal Activities Listed Below

BICs _____

Are Involved in Criminal Activities Listed Below

Homicide of NH

Subversive Activities

Removal (formerly Deportation)

Confined for a Criminal Offense

Offenses Against the National Security (Hiss Act)

Disability Determination Based on a Condition That Occurred During the Commission of a Felony After October 19, 1980

Disability Determination Based on a Condition That Occurred During Confinement for a Felony Conviction

Evidence/Documentation in Claims Folder/MCS Screens:

Evidence Needing Verification: _____

C. Representative Payee

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

YES (BIC _____ Explain) NO

(BIC _____ Explain)

FACE-TO-FACE/TELEPHONE REVIEW

VII. ADDITIONAL ISSUES

Consolidated Review

A. Fugitive Felon

All beneficiaries state/desk review summary shows that there are no unsatisfied felony warrants for arrest or for violations of probation/parole.

YES NO (Explain)

Evidence Obtained in Field Review:

B. Criminal Activities

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

C. Representative Payee

There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for a sampled beneficiary.

YES (BIC Explain) NO
(BIC Explain)

A. Fugitive Felon

B. Criminal Activities

C. Representative Payee.

CASE SUMMARY

VII. ADDITIONAL ISSUES

D. 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.

Number Holder: II.A. II.B. II.C. II.D. II.E. II.F. II.G.

Spouse/Parent: III.A. III.B. III.C. III.D. III.E. III.F. III.G.
 III.H.

Spouse: III.I. III.J. III.K.

Child: IV.A. IV.B. IV.C. IV.D. IV.E. IV.F. IV.G.
 IV.H. III.I.

Parent: V.A. V.B. V.C.

Payment for SM: VI.A. VI.B. VI.C. VI.D.

Additional Issues: VII.A. VII.B. VII.C.

Additional Development/Findings/Remarks:

Signature of Reviewer(s):

Desk Reviewer

Date: _____

Field Reviewer

Date: _____

Consolidated Reviewer

Date: _____