
RSI/DI QUALITY REVIEW CASE ANALYSIS – SAMPLED NUMBER HOLDER

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 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. NH's Name (As Shown on MBR): _____

H. NH's Address/Phone
Address: _____

Phone: () _____

I. Payee Name Address/Phone

Name: _____

Address: _____

Phone: () _____

NH Under FRA and Entitled to RIB in Closed Year (Complete SSA-4281/SSA-4659)

II. NUMBER HOLDER

A. Identity

1. Existence Verified by:

Observation Photo ID

Other:

2. SSN Verified by:

SSN Card Medicare Card

Other:

B. Other Names and SSN's Used

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain)

C. Date of Birth and Citizenship/Alien Status

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain)

Evidence Obtained in Field Review:

Consolidated Review

A. Identity

B. Other Names/SSN's

C. DOB and Citizenship/Alien

DESK REVIEW

II. NUMBER HOLDER

D. Application

- 1. Benefit Type: RIB DIB If DIB, Established Onset Date:
- 2. Date Claim Filed:
- 3. DOE (and MOEL Option Code if RIB):
- 4. DOE Determined by Desk Review:

Remarks:

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. Other Claims Activity

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

YES (Explain) NO

- 2. Does the NH have any eligible children who have not filed for benefits?

YES (Explain) NO

- 3. Unadjudicated Claims Issues: NONE APPLY

- | | |
|--|--|
| <input type="checkbox"/> Unprocessed Application | <input type="checkbox"/> Deemed Filing |
| <input type="checkbox"/> Protective Filing | <input type="checkbox"/> Open Application |
| <input type="checkbox"/> Partial Adjudication | <input type="checkbox"/> Potential Entitlement (Leads) |
| <input type="checkbox"/> Delayed Claim (Explain) | <input type="checkbox"/> Misinformation |

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
<p>D. Application</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>D. Application</p>
<p>E. Multiple Entitlement</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>E. Multiple Entitlement</p>
<p>F. Other Claims F. Activity</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>F. Other Claims Activity</p>

DESK REVIEW

II. NUMBER HOLDER

G. Underpayment on Sampled SSN Needed to Be Addressed

YES (Explain) NO

H. Recovery of Overpayment in Sample Month

YES (Explain) NO

I. SMI Determination

NOT APPLICABLE

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

YES NO (Explain)

J. Payment Amount

1. Amount of CMA/SM Check: \$ _____, Sample Month:

2. Payment Cycle Indicator (CYI):

3. Payment Combined with Other Benefit: YES NO

4. 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

II. NUMBER HOLDER	Consolidated Review
<p>G. Underpayment</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>G. Underpayment</p>
<p>H. Recovery of Overpayment in Sample Month</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>H. Overpayment</p>
<p>I. SMI Determination</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>I. SMI Determination</p>
<p>J. Payment Amount</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>J. Payment Amount</p>

DESK REVIEW

II. NUMBER HOLDER

NUMBER HOLDER NEVER MARRIED

K. 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

K. 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:

DESK REVIEW

II. NUMBER HOLDER

L. Computation Information

1. Work Issues Explanation

- 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 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:

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
<p>L. Computation Information</p> <p>1. Work Issues</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary:</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary:</p> <p>Year Amount on E/R Amount Alleged</p> <p><input type="checkbox"/> Evidence Obtained in Field Review:</p>	<p>L. Computation Information</p> <p>1. Work Issues</p>
<p>2. Military Service</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p> <p><input type="checkbox"/> Evidence Obtained in Field Review:</p>	<p>2. Military Service</p>
<p>3. Railroad Employment</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>3. Railroad Employment</p>
<p>4. Prior Period of Disability</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p>	<p>4. Prior Period of Disability</p>

DESK REVIEW

II. NUMBER HOLDER

L. Computation Information

5. Windfall Elimination Provision

COMPLETE IF NUMBER HOLDER BORN JANUARY 2, 1924 OR LATER

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

YES (Go to II.M.) NO

b. NH is Entitled to a Foreign or Domestic Pension, or Lump Sum in Lieu of a Monthly Periodic Pension, Based on Work After 1956 Not Covered by Social Security.

YES NO (Go to II.M)

(1) Date of First Eligibility to Pension (Month/Year):

(2) Date of First Entitlement to Pension (Month/Year):

(If either date is prior to 1986, go to 5.d.)

(3) Other Exception to WEP Applies: YES
(If Yes, go to 5.d)

NO

c. Information About the Pension

(1) Agency or Organization from Which the Pension Is Received:

Name:

Address:

(2) 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):

(3) 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):

(4) Amount of the Pension for the First Month the Claimant is Concurrently Entitled to the Pension and the Social Security Benefit:

Monthly Amount \$: (Obtain proof if guarantee applies.)

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

e. Evidence Needing Verification:

DESK REVIEW

II. NUMBER HOLDER

M. Current DIB Entitlement

NOT APPLICABLE (Go to II.N.)

1. Period(s) of Disability

a. Current Established Onset Date:

b. Date of Entitlement

c. Prior Period of DIB: YES (Complete Below)

NO

Effect on Current Entitlement: Waiting Period Comps Medicare Other

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:

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER

Consolidated Review

M. Current DIB Entitlement

M. Current DIB Entitlement

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

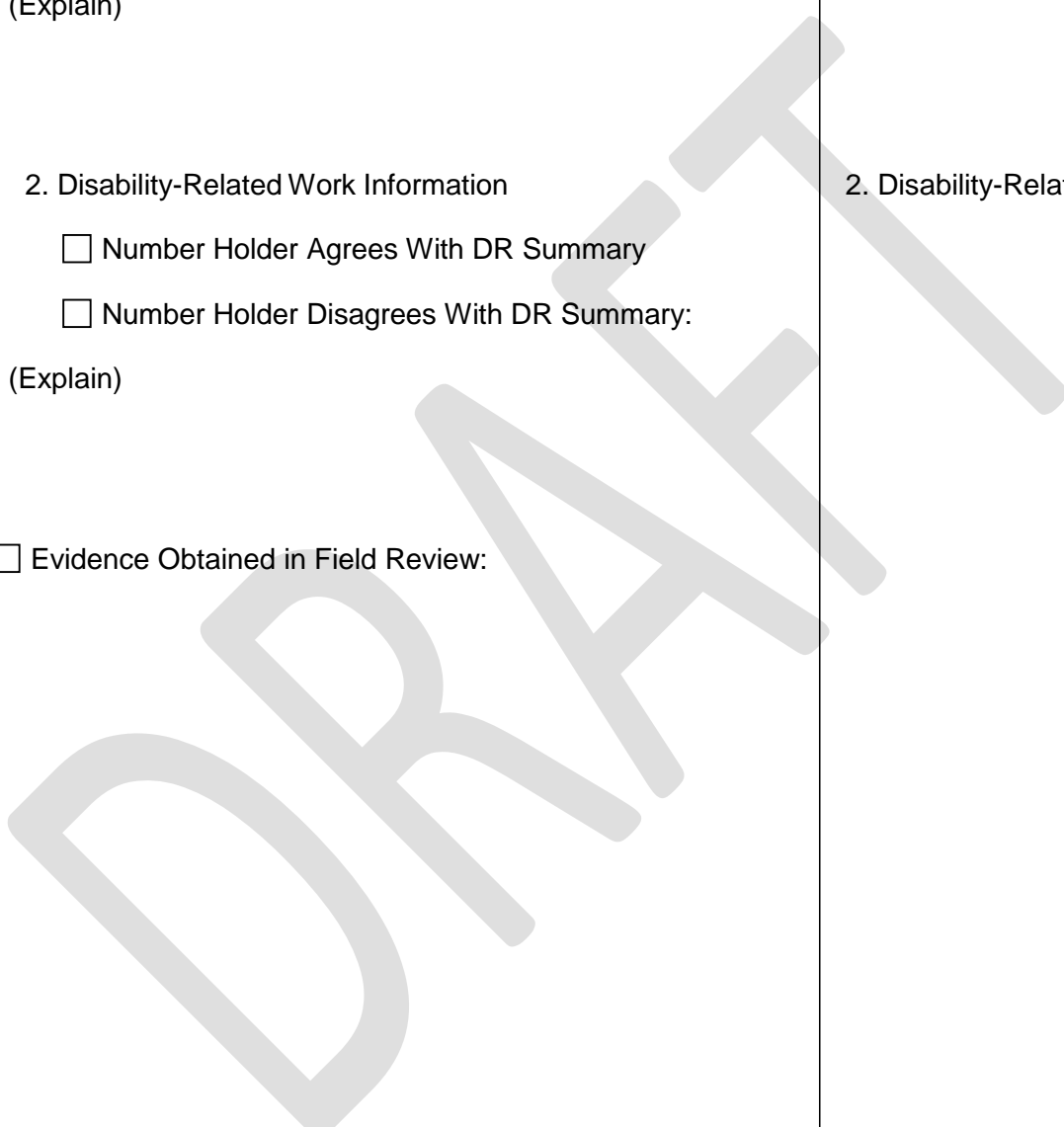
2. Disability-Related Work Info

Number Holder Agrees With DR Summary

Number Holder Disagrees With DR Summary:

(Explain)

Evidence Obtained in Field Review:



DESK REVIEW

II. NUMBER HOLDER

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

a. NH Filed for WC/PDB: YES NO (Go to II.M.4)

b. Status of Claim: Awarded (Complete Below) Denied Pending

c. Employer Name and Address

Payer Name and Address

d. Describe Type of Payments Received:

e. WC/PDB Affects Review Period Payment: YES NO
(Explain)

f. Documentation in Claims Folder/MCS Screens:

g. Evidence Needing Verification:

4. Child-Care Dropout (Less than 3 Regular Drop-Out Yrs): YES NO (Go to II.N)

a. Child Under Age 3 Lived With NH During a Year That NH Had No Earnings:
 YES NO

b. Documentation in Claims Folder/MCS Screens:

c. Evidence Needing Verification:

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER	Consolidated Review
<p>3. Worker's Compensation/Public Disability Benefit (WC/PDB)</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p> <p><input type="checkbox"/> Evidence Obtained in Field Review:</p>	<p>3. WC/PDB</p>
<p>4. Child-Care Dropout Years</p> <p><input type="checkbox"/> Number Holder Agrees With DR Summary</p> <p><input type="checkbox"/> Number Holder Disagrees With DR Summary: (Explain)</p> <p><input type="checkbox"/> Evidence Obtained in Field Review:</p>	<p>4. Child-Care Dropout</p>

DESK REVIEW

II. NUMBER HOLDER

N. Fugitive Felon

a. Are there any unsatisfied felony warrants for NH's arrest or for violations of probation/parole?

- YES NO (Go to II.O)

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

c. Evidence Needing Verification:

O. Criminal Activities

NH Not Involved in Any Criminal Activities Listed Below

Removal (formerly Deportation) Subversive Activities

Offenses Against the National Security (Hiss Act) Confined for a Criminal Offense

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:

P. 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

FACE-TO-FACE/TELEPHONE REVIEW

II. NUMBER HOLDER

Consolidated Review

N. Fugitive Felon

NH states/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:

O. Criminal Activities

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

P. 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

N. Fugitive Felon

O. Criminal Activities

P. Representative Payee

CASE SUMMARY

II. NUMBER HOLDER

Q. 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 Section P

Additional Development/Findings/Remarks:

Signature of Reviewer(s)

Date:

Desk Reviewer

Date:

Field Reviewer

Date:

Consolidated Reviewer

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 228(a), 1614(a) and 1836 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from verifying your eligibility for benefits.

We will use the information to check data for accuracy and to verify documentation used to establish your eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manager their affairs or eligibility for or entitlement to benefits under the Social Security program when the data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual; and
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records..

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0040, entitled Quality Review System; and, 60-0090, entitled Master Beneficiary Record. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.