

STEWARDSHIP AET WORKBOOK

NUMBER HOLDER'S NAME	NUMBER HOLDER'S SSN
BENEFICIARY'S NAME AND BIC	X-REFERENCE CLAIM NUMBER
SAMPLE MONTH AND YEAR	CLOSED YEAR

NOTE TO QR ANALYST: In opening the interview, explain that **their** case is one of a small number selected by chance for review, and that the purpose of **doing** this review is to find out how well the Social Security program is working. **Advise** that this 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, **explain** that the Social Security Administration is authorized by law to review the entitlement of beneficiaries **from time to time**.

Paperwork Reduction Act Statement - This information collection meets the clearance 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. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

DESK REVIEW

PART I - CLOSED YEAR EARNINGS, NON-SERVICE MONTHS, AND SWP

1. MBR Annual Report Information

Closed Year	Earnings Amount	Non-Service Months	LMETY

2. Closed Year Posted Earnings **Posted to** the SEQY/DEQY

Covered Earnings	Non-covered 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 **on the MBR/Claims file?**

Yes No (If No, describe the development needed to resolve the discrepancy.)

PART II - ANNUAL REPORT PROCESSING

1. Did the beneficiary file an annual report for the closed year? Yes No
2. Were earnings for the closed year available on SSA records? Yes No
3. If Yes, **did the NH provide** AET information or were earnings **posted by the later** of **either** April 30 of the **sampled** year or the last day of the sample month? Yes No
4. If Yes, did SSA process AET information by the later of **either** April 30 of the **sampled** year or the last day of the sample month? Yes No

PHONE REVIEW

Date of Beneficiary Contact:

PART I - CLOSED YEAR EARNINGS, NON-SERVICE MONTHS AND SWP

1. **Wages - List beneficiary's employment allegations for the two years before the closed year through the date of the interview.** (Obtain W-2 forms for the closed year and subsequent year, unless the DEQY agrees with the beneficiary's allegation. If earnings for the closed year are significantly lower than the years before and after, ask the reason for the decline.)

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

2. **Self-Employment - List beneficiary's self-employment allegations for the two years before the closed year through the date of the interview.** (Certify or make copies of schedules C or F and SE for closed year and subsequent year, if filed.)

Name & Address of Business	Type of Business	Date Started	Date Ended	If Ended, Reason Ended

If business **was** sold or transferred, give the name, address, and phone number of the present operator and **their** relationship to the beneficiary:

PHONE REVIEW

3. Special Wage/SEI Payments - List any special wage/SEI payments received by the beneficiary in or after the closed year for work performed in a prior period. (If material to payment for the closed year, obtain evidence showing the amount, date of payment, and type of payment.)

Employer/Payer	Amount Received	Type of Payment	Date Received

4. Non-service Months - If LMETY not used before the closed year, enter the alleged closed year non-service months. Check the Wages block if the beneficiary earned under the monthly AET limit in wages and/or the SE block if beneficiary was SE and did not render substantial services. (If alleged NSMs are material to payment for the closed year, obtain evidence of wage NSMs from the beneficiary or the employer. If SE, obtain the contact information (including the name, phone number, and address) of any individuals with information in reference to the SE and contact them for verification.)

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

PART II - ANNUAL REPORT INFORMATION

- 1. Did the beneficiary give AET information to SSA for the closed year? Yes No
- 2. If yes, when?

CONSOLIDATED REVIEW

Resolve any differences between desk review and field review findings:

CASE SUMMARY

Countable AET Earnings Established by QR	If LMETY is Closed Year, NSM Established by QR

Do the payment adjustments **(if any)** made by SSA through the later of **either** April 30 of the sampled year or the last day of the sample month accurately reflect information for the closed year?

Yes No (Explain):

If there are any AET **deficiencies that** affect payment for the closed year, summarize **below**, code the error, and prepare the SSA-93 for corrective action.

REVIEWER'S SIGNATURE	DATE
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