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.

1. IDENTIFYING AND REVIEW INFORMATION

A. Study ID Code: _____	B. NH's SSN:_____
C. Sample Month: _____	D. Review Amount: $_____

E. Review Amount Determined by OQR: $_____

F. Explanation of Review Amount Changes, if OQR Determination is different: _____

G. Type of Interview: ☐ Telephone ☐ Other _____

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:_____	Name: _____
	Address: _____	Address: _____
	Phone: (___) _____	Phone: (___) _____
__	2. Name/Address/Phone	3. Payee Name/Address/Phone
	Name:_____	Name: _____
	Address: _____	Address: _____
	Phone: (___) _____	Phone: (___) _____
__	2. Name/Address/Phone	3. Payee Name/Address/Phone
	Name:_____	Name: _____
	Address: _____	Address: _____
	Phone: (___) _____	Phone: (___) _____
__	2. Name/Address/Phone	3. Payee Name/Address/Phone
	Name:_____	Name: _____
	Address: _____	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

2. DECEASED/NON-SAMPLED NUMBER HOLDER

A. Number Holder Information ☐ Deceased NH ☐ Non-sampled NH

B. Other Names and SSNs Shown in File/Numident ☐ N/A

1. Other Names: _____

2. Other SSNs: _____

C. Date of Birth

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

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 ☐ N/A

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

_____

TELEPHONE REVIEW

2. DECEASED/NON-SAMPLED NUMBER HOLDER	Consolidated Review
A. Number Holder Information ☐ Deceased NH ☐ Non-sampled NH	A. Number Holder Information
B. Other Names and SSNs Used ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain)	B. Other Names/SSNs
C. Date of Birth ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain)	C. Date of Birth
Evidence Obtained in Field Review:	
D. Date of Death ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain)	D. Date of Death
Evidence Obtained in Field Review:	
E. Eligible Children ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain)	E. Eligible Children

DESK REVIEW

2. DECEASED/NON-SAMPLED NUMBER HOLDER

F. Marital History of NH

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:

_____

TELEPHONE REVIEW

2. DECEASED/NON-SAMPLED NUMBER HOLDER

F. Marital History of NH

☐ 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

2. DECEASED/NON-SAMPLED NUMBER HOLDER

G. Computation Information

1. Work Issues	Explanation
☐ Wages	_____
☐ Self-Employment	_____
☐ Lag Wages/SEI	_____
☐ Gaps	_____
☐ Annual Reports	_____
☐ Duplicates/Incompletes	_____
☐ 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 (PPD) ☐ 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: _____

TELEPHONE REVIEW

2. DECEASED/NON-SAMPLED NUMBER HOLDER	Consolidated Review
G. Computation Information	G. Computation Information
1. Work Issues ☐ Beneficiary Agrees With DR Summary _____ ☐ Beneficiary Disagrees With DR Summary: Explain: _____	1. Work Issues
Evidence Obtained in Field Review: _____	
2. Military Service ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	2. Military Service
Evidence Obtained in Field Review: _____	
3. Railroad Employment ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	3. RR Employment
4. Prior Period(s) of Disability ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	4. Prior Period(s) of Disability

DESK REVIEW

3. SPOUSE/SURVIVING SPOUSE/PARENT ☐ Spouse ☐ Parent

A. Identity ☐ TELEPHONE ☐ OTHER _____

1. Name: _____ 2. SSN (BOAN): _____

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

1. Other Names: _____

2. Other SSNs: _____

C. Date of Birth/U.S. Citizenship/Alien Status

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. U.S. Citizenship/Alien Status Established by Desk Review: _____

Remarks:

_____

TELEPHONE REVIEW

3. SPOUSE/SURVIVING SPOUSE/PARENT	Consolidated Review
A. Identity ☐ Spouse ☐ Parent 1. Existence Verified by: ☐ Telephone: _____ 2. SSN Verified by: ☐ SSN Card ☐ Medicare Card ☐ Other: _____	A. Identity
B. Other Names and SSNs Used ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	B. Other Names/SSN's
C. Date of Birth and U.S. Citizenship/Alien Status ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	C. DOB and U.S. Citizenship/Alien
Evidence Obtained in Field Review: _____	

DESK REVIEW

3. SPOUSE/SURVIVING SPOUSE/PARENT

D. Application

1. Date Claim Filed: _____

2. MOE and MOEL Option Code: _____ | _____

3. MOE Determined by Desk Review: _____

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

1. Claim Number on ☐ Non-sampled ☐ Sampled SSN _____

2. Scope of Review ☐ Non-sampled ☐ Sampled SSN
☐ Full Review ☐ Limited Review ☐ Not in Scope of Review

F. Potential Entitlement on Own SSN: ☐ N/A

☐ Wages	_____
☐ Self-Employment	_____
☐ Lag Wages/SEI	_____
☐ Gaps	_____
☐ Duplicates/Incompletes	_____
☐ 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
(Explain)

_____

2. Unadjudicated Claims Issues: ☐ NONE APPLY

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

(Explain)

_____

TELEPHONE REVIEW

3. SPOUSE/SURVIVING SPOUSE/PARENT	Consolidated Review
D. Application ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	D. Application
E. Multiple Entitlement ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	E. Multiple Entitlement
F. Potential Entitlement on Own SSN ☐ N/A ☐ Beneficiary Agrees With DR Summary _____ ☐ Beneficiary Disagrees With DR Summary Explain: _____	F. Potential Entitlement
Evidence Obtained in Field Review: _____	
G. Other Claims Activity ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	G. Other Claims Activity

DESK REVIEW

3. 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:

_____

TELEPHONE REVIEW

3. 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 5 on page 30

DESK REVIEW

3. 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

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)

- ☐ 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 No Exemptions for GPO Apply, Enter Pension Information:

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:

_____

TELEPHONE REVIEW

3. SPOUSE/SURVIVING SPOUSE	Consolidated Review
I. Government Pension Offset ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	I. GPO
Evidence Obtained in Field Review: _____	

DESK REVIEW

3. SPOUSE/SURVIVING SPOUSE

J. Child-in-Care (CIC) ☐ N/A

COMPLETE TO ESTABLISH CHILD IS IN THE BENEFICIARY'S CARE

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

☐ YES (Complete Below) ☐ NO

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

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:

_____

TELEPHONE REVIEW

3. SPOUSE/SURVIVING SPOUSE	Consolidated Review
J. Child-In-Care ☐ N/A	J. Child-In-Care
1. Child-In-Care Under 16 or Mentally Disabled, Living with Beneficiary ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	
a. If CIC, describe the nature and extent of parental control/responsibility: _____	
b. If CIC, Verification of Child's Existence and Residence ☐ Phone Verification ☐ Other Existence Verified by _____ Residence Verified by _____	
2. Child-In-Care 16 or Older & Physically Disabled, Living w/ Beneficiary ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	
a. If CIC, describe the nature/frequency of personal services and extent beneficiary's presence required because of the child's disability: _____	
b. If CIC, Verification of Child's Existence and Residence ☐ Phone Verification ☐ Other Existence Verified by _____ Residence Verified by _____	
c. If CIC, child's description of the nature/frequency of personal services: _____	
3. Child, as Described in 1. or 2. Above, Not Living with the Beneficiary ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	
a. If CIC, SSA-781 Obtained from Beneficiary: ☐ Yes ☐ No	
b. Verification of Child's Existence and Child-in-Care (QRM 3612): ☐ Custodian ☐ School ☐ Child ☐ Other _____	

DESK REVIEW

3. SPOUSE/SURVIVING SPOUSE

K. Current DWB or Deemed DWB Entitlement ☐ N/A

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:

_____

TELEPHONE REVIEW

3. SPOUSE/SURVIVING SPOUSE	Consolidated Review
K. Current DWB or Deemed DWB Entitlement	K. Current DWB Entitlement
1. Period(s) of Disability ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	1. Period(s) of Disability
2. Disability-Related Work Information ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	2. Disability-Related Work Info
Evidence Obtained in Field Review: _____	

DESK REVIEW

4. CHILD

A. Identity

1. BIC	2. Name	3. SSN (BOAN)
___	_____	_____
___	_____	_____
___	_____	_____
___	_____	_____

B. Application

1. BIC	2. Type of Benefit	3. Date Claim Filed	4. Month of Entitlement
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____
___	_____	_____	_____

5. Month of Entitlement Determined by Desk Review

BIC ___	MOE _____	BIC ___	MOE _____
BIC ___	MOE _____	BIC ___	MOE _____

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 _____ _____ ☐ NO

(Explain)

_____

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

☐ Unprocessed Application ☐ Deemed Filing ☐ Delayed Claim
☐ Protective Filing ☐ Open Application ☐ Misinformation
☐ Partial Adjudication ☐ Potential Entitlement on Another Parent's SSN

Explain:

_____

TELEPHONE REVIEW

4. CHILD			Consolidated Review
A. Identity			A. Identity
1. BIC	2. Existence Verified By	3. SSN Verified By	
___	_____	_____	
___	_____	_____	
___	_____	_____	
___	_____	_____	
B. Application ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____			B. Application
C. Multiple Entitlement ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____			C Multiple Entitlement
D. Other Claims Activity ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____			D. Other Claims Activity

DESK REVIEW

4. CHILD

E. Date of Birth

1. BIC: _____ | a. Date of Birth and Proof Code on MBR Printout: _____ | ___

b. Place of Birth: _____ | 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. U.S. Citizenship/Alien Status Established by Desk Review: _____

2. BIC: _____ | a. Date of Birth and Proof Code on MBR Printout: _____ | ___

b. Place of Birth: _____ | 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. U.S. Citizenship/Alien Status Established by Desk Review: _____

3. BIC: _____ | a. Date of Birth and Proof Code on MBR Printout: _____ | ___

b. Place of Birth: _____ | 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. U.S. Citizenship/Alien Status Established by Desk Review: _____

4. BIC: _____ | a. Date of Birth and Proof Code on MBR Printout: _____ | ___

b. Place of Birth: _____ | 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. U.S. Citizenship/Alien Status Established by Desk Review: _____

TELEPHONE REVIEW

4. CHILD	Consolidated Review
E. Date of Birth and U.S. Citizenship/Alien Status ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	E. DOB and U.S. Citizenship/Alien Status
Evidence Obtained in Field Review: _____	

DESK REVIEW

4. CHILD

F. Relationship and Dependency

1. BIC: _____ | a. Type of Child Relationship: _____

b. Child Adopted or Equitably Adopted by Someone other than NH: ☐ YES ☐ NO

c. Deemed Dependency: ☐ YES (Go to d.) ☐ NO Support Period: _____
Dependency Requirement(s) that Applies: ☐ Living With ☐ Contributions ☐ ½ 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 NH: ☐ YES ☐ NO

c. Deemed Dependency: ☐ YES (Go to d.) ☐ NO Support Period: _____
Dependency Requirement(s) that Applies: ☐ Living With ☐ Contributions ☐ ½ 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 NH: ☐ YES ☐ NO

c. Deemed Dependency: ☐ YES (Go to d.) ☐ NO Support Period: _____
Dependency Requirement(s) that Applies: ☐ Living With ☐ Contributions ☐ ½ 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 NH: ☐ YES ☐ NO

c. Deemed Dependency: ☐ YES (Complete d.) ☐ NO Support Period: _____
Dependency Requirement(s) that Applies: ☐ Living With ☐ Contributions ☐ ½ Support

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

_____

e. Evidence Needing Verification:

_____

TELEPHONE REVIEW

4. CHILD	Consolidated Review
F. Relationship and Dependency ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	F. Relationship and Dependency
Evidence Obtained in Field Review: _____	

DESK REVIEW

4. 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 ☐ N/A

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:

_____

TELEPHONE REVIEW

4. CHILD	Consolidated Review
G. Marriage ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	G. Marriage
Evidence Obtained in Field Review: _____	
H. School Attendance ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	H. School Attendance
Evidence Obtained in Field Review: _____	

DESK REVIEW

4. CHILD

I. Current DAC Entitlement ☐ N/A

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 Claims Folder/MCS Screens:

_____

d. Evidence Needing Verification:

_____

3. Potential Entitlement on Own SSN: ☐ CURRENTLY ENTITLED

☐ Wages	_____
☐ Self-Employment	_____
☐ Lag Wages/SEI	_____
☐ Gaps	_____
☐ Duplicates/Incompletes	_____
☐ Other	_____
☐ Insured Status Met	_____

TELEPHONE REVIEW

4. CHILD	Consolidated Review
I. Current DAC Entitlement	I. Current DAC Entitlement
1. Period(s) of Disability ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	1. Period(s) of Disability
2. Disability-Related Work Information ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary (Explain) _____	2. Disability-Related Work Info
Evidence Obtained in Field Review: _____	
3. Potential Entitlement on Own SSN ☐ Beneficiary Agrees With DR Summary _____	3. Potential Entitlement
☐ Beneficiary Disagrees With DR Summary: Explain: _____	
Evidence Obtained in Field Review: _____	

DESK REVIEW

5. PARENT

A. Relationship

1. Type of Parent Relationship: ☐ Natural Parent ☐ Step-Parent ☐ Adoptive Parent

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

_____

3. Evidence Needing Verification:

_____

B. 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:

_____

C. Other

1. Beneficiary Married after NH's Death: ☐ YES ☐ 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

TELEPHONE REVIEW

5. PARENT	Consolidated Review
A. Relationship ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	A. Relationship
Evidence Obtained in Field Review: _____	
B. One-Half Support ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	B. One-Half Support
Evidence Obtained in Field Review: _____	
C. Other ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	C. Other

DESK REVIEW

6. PAYMENT FOR THE SAMPLE MONTH

A. Underpayment on Sampled SSN Needed to Be Addressed: ☐ N/A ☐ YES (Explain) ☐ NO

_____

B. Recovery of Overpayment in Sample Month: ☐ N/A ☐ YES (Explain) ☐ NO

_____

C. SMI Determination

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

☐ N/A ☐ 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 Withholding/Deductions (e.g., Medicare Premiums, Voluntary Tax Withholding, Alien Tax, Garnishment, Treasury Offset Program, etc.): ☐ YES (Explain) ☐ NO

_____

TELEPHONE REVIEW

6. PAYMENT FOR THE SAMPLE MONTH	Consolidated Review
A. Underpayment on Sampled SSN ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	A. Underpayment
B. Recovery of Overpayment in Sample Month ☐ N/A ☐ Beneficiary Agrees With DR Summary ☐ Beneficiary Disagrees With DR Summary: (Explain) _____	B. Overpayment
C. SMI Determination ☐ N/A ☐ 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

DESK REVIEW

7. 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 desk review indicate that an unresolved representative payee issue exists (need for payee change, etc.) for a sampled beneficiary(ies)?

☐ YES BIC: ___ (Explain)

☐ NO BIC: ___ (Explain)

_____

TELEPHONE REVIEW

7. 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) _____	A. Fugitive Felon
Evidence Obtained in Field Review: _____	
B. Criminal Activities If any of the criminal activities listed in 7.B of the desk review summary are involved, discuss and resolve below. _____	B. Criminal Activities
C. Representative Payee There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for a sampled beneficiary(ies). ☐ YES BIC: (Explain) ☐ NO BIC: (Explain) _____	C. Representative Payee.

CASE SUMMARY

7. 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:	☐ 2.A.	☐ 2.B.	☐ 2.C.	☐ 2.D.	☐ 2.E.	☐ 2.F.	☐ 2.G.
Spouse/Parent:	☐ 3.A.	☐ 3.B.	☐ 3.C.	☐ 3.D.	☐ 3.E.	☐ 3.F.	☐ 3.G.
	☐ 3.H.						
Spouse:	☐ 3.I.	☐ 3.J.	☐ 3.K.				
Child:	☐ 4.A.	☐ 4.B.	☐ 4.C.	☐ 4.D.	☐ 4.E.	☐ 4.F.	☐ 4.G.
	☐ 4.H.	☐ 4.I.					
Parent:	☐ 5.A.	☐ 5.B.	☐ 5.C.				
Payment for SM:	☐ 6.A.	☐ 6.B.	☐ 6.C.	☐ 6.D.			
Additional Issues:	☐ 7.A.	☐ 7.B.	☐ 7.C.				

Additional Development/Findings/Remarks:

_____

Signature of Reviewer(s):

Desk Reviewer _____	Date: _____
Field Reviewer _____	Date: _____
Consolidated Reviewer _____	Date: _____

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 manage 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.

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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at** www.socialsecurity.gov. **Office are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments on our time estimate to this address, not the completed form.***