

## 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 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 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, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

### DESK REVIEW

#### PART I - CLOSED YEAR EARNINGS, NONSERVICE MONTHS, AND SWP

##### 1. MBR Annual Report Information

Closed Year	Earnings Amount	Non-Service Months	LMETY
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##### 2. Closed Year Posted Earnings - As shown on the SEQY/DEQY

Covered Earnings	Noncovered Earnings	Posted SWP	Countable AET Earnings
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**Do the posted earnings and special wage payment (SWP) information from the DEQY for the closed year agree with the Annual Report information from 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, was AET information given or were the earnings on SSA records by the later of April 30 of the sample year or the last day of the sample month?      Yes      No
4. If Yes, did SSA process AET information by the later of April 30 of the sample year or the last day of the sample month?      Yes      No

## FIELD REVIEW

Date of Beneficiary Contact:

## PART I -- CLOSED YEAR EARNINGS, NSM AND SWP

1. **Wages -- List beneficiary's employment allegations for the two years before the closed year through the date of the interview. (Get 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	Year(s) Employed	Amount of Earnings	
			Closed Year	Subsequent Year

**Was the beneficiary a corporate officer/related to a corporate officer of a close or family corporation listed above?**

 Yes No

(If Yes, complete an SSA-795 per QRM 8044. If applicable, get a copy of resignation from office and the corporate minutes accepting the resignation. If a questionable retirement issue is still not resolved, get copies of tax returns and any other available evidence.)

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

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, get evidence showing the amount, date of payment, and type of payment.)**

Employer/Payer	Amount Received	Type of Payment	Date Received

**FIELD REVIEW**

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 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, get evidence of wage NSMs from the beneficiary or the employer. If SE, get the name/phone/address of people with knowledge & 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 & phone review

**CASE SUMMARY**

Countable AET Earnings Established by QR	If LEMETY is Closed Year, NSM Established by QR
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Do the payment adjustments, if any, made by SSA through the later of April 30 of the sample 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 which affect payment for the closed year, summarize here, code the error, and prepare the SSA-93 for corrective action.

<b>REVIEWER'S SIGNATURE:</b>	<b>DATE:</b>
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## ~~Privacy Act Statement~~ ~~Collection and Use of Personal Information~~

See Revised  
Privacy Act  
Statement

~~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; 60-0059, entitled Earnings Recording and Self-Employment Income 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](http://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 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.**~~