

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0780**Centenarian Development Worksheet**
3rd Party Contact

Centenarian: *

SSN: xxx-xx-____

Date letter sent to 3rd party: *

F/u letter sent: *

-
1. Date of interview with 3rd party: *
 2. Name of nursing home/facility: *
 3. Name of 3rd party: *
 4. Title of 3rd party: *
-

If the Centenarian is Alive:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Date of Birth Correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Change of facility? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Name of new facility: | * | |
| 4. Payee needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Change of payee needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Special message posted: | <input type="checkbox"/> YES | |
| 7. Document (s) used to establish identity: | | |

If the Centenarian is Deceased:

- | | | |
|--|--|-----------------------------|
| 1. Date of Death (mm/dd/yyyy): | * | |
| 2. Proof of Death type: | * | |
| 3. Proof of Death posted to EVID? | <input type="checkbox"/> YES (mandatory) | |
| 4. Date of Termination action: | * | |
| 5. Was a payee involved? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Possible FRAUD involved? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. OIG referral? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If no OIG referral, explain in REMARKS | | |
| 8. Estimated amount of overpayment: | * \$ | |
| 9. Special Message posted: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. REMARKS: | | |

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Section History

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Link to this section:
<http://policynet.ba.ssa.gov/poms.nsf/lrx/0202602572>

GN 02602.572 - Exhibit - Centenarian Worksheet - Third Party Interview
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