

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/lnx/0202602572>

GN 02602.572 - Exhibit - Centenarian Worksheet - Third Party Interview
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