

**Centenarian Development Worksheet**  
**Telephone Interview**

Centenarian: \*

SSN: xxx-xx-

Advanced Telephone Call Date: \*

Date letter sent: \*

F/u letter sent: \*

**If the Centenarian is Alive:**

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| 1. Date of Interview:                          | *                            |                             |  |
| 2. Date of Birth Correct?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| 3. Address correct?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| 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. ID questions(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             |                             |  |
| 10. REMARKS:                           |  |                             |  |

**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 15 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