



Discrepancy Referral Form

TO: SSA Program's Control Unit
Post Office Box 19112
Springfield, Illinois 62794-9112

Date: _____

FROM: Caseworker Name: _____
Caseload Number: _____

Phone Number: _____

THE FOLLOWING PROBLEM(S) ARE REFERRED FOR RESOLUTION (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> SSN/Enumeration | <input type="checkbox"/> QMB |
| <input type="checkbox"/> Item 60 Claim Number Problem | <input type="checkbox"/> Renal Case |
| <input type="checkbox"/> SMIB Buy-In | <input type="checkbox"/> SLIB Buy-In |
| <input type="checkbox"/> HIB Buy-In | <input type="checkbox"/> SLIB Backdate |
| <input type="checkbox"/> SSI Appeal Code Problem | <input type="checkbox"/> SSI Exclusion Code: |
| <input type="checkbox"/> SSA Exclusion Code: | <input type="checkbox"/> Code 01 <input type="checkbox"/> Code 02 |
| <input type="checkbox"/> Code 01 <input type="checkbox"/> Code 02 | <input type="checkbox"/> Code 03 <input type="checkbox"/> Code 05 |
| <input type="checkbox"/> Code 03 <input type="checkbox"/> Code 04 | <input type="checkbox"/> Code 09 |
| <input type="checkbox"/> BENDEX-SSA Check Date: _____ | <input type="checkbox"/> SDX-SSI Check Date: _____ |

CASE NAME: _____

CASE I.D. #: _____

CLIENT NAME: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

SEX: _____

DESCRIPTION OF PROBLEM/DISCREPANCY

- This client has drawn SSA Benefits under more than one claim number. The numbers are _____
- This client does not appear on the BENDEX Report for the case shown, and he/she has an SSN in Form 552 Item 60.
- This client may have more than ONE SSN. The numbers are _____
- This client has a non-validation tag. K L M N
- Another person may be using this client's SSN for employment purposes.
- Other: _____

ATTACHMENTS/DOCUMENTATION FROM CASE RECORD

Please check all that apply and attach a **PHOTOCOPY** of each:

- | | |
|---|--|
| <input type="checkbox"/> SSN Card | <input type="checkbox"/> AWVS Printout |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> SSA Benefits Award Letter | <input type="checkbox"/> SSI Benefits Award Letter |
| <input type="checkbox"/> SSA-561-U2 (Reconsideration) | <input type="checkbox"/> HA-501-U5 (Hearing Request) |
| <input type="checkbox"/> SSA-795 (HIB Application) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HCFA-2728-U4 (Renal Verification) | |
| <input type="checkbox"/> HCFA-1600 (Request of Claim Number Verification) | |

To identify an additional person on this case, which may also require clarification/other action by the SSA Program's Control Unit, please use an additional IL444-1925 Form.