

PROPOSED

REPRESENTATIVE PAYEE EVALUATION REPORT

REPORT PERIOD FROM: TO:		RR EMPLOYEE'S NAME		
CURRENT RATE	TOTAL YEARLY AMOUNT	RRB CLAIM NUMBER	SYMBOL	PREFIX
PAYEE'S NAME		EE'S CLAIM NUMBER		
PAYEE'S PHONE NUMBER ()		ANNUITANT'S NAME		

We estimate this form takes between 24 and 31 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form including suggestions for reducing completion time to: Chief of Information Resources Management, Railroad Retirement Board, 844 N Rush St, Chicago IL 60611-2092.

PART I - INFORMATION FROM PAYEE

DATE CONTACTED	PAYEE'S ADDRESS			
1. GUARDIANSHIP STATUS				
(a) Does the annuitant now have a legal guardian?		<input type="checkbox"/> Yes Complete 1(b) <input type="checkbox"/> No Go to 2.		
(b) Guardian's Name	Guardian's Address	Guardian's Phone Number ()		
2. CUSTODY				
(a) Did the annuitant live alone or with someone other than the payee throughout the report period?		<input type="checkbox"/> Yes Complete 2(b) and 3. <input type="checkbox"/> No Go to 4.		
(b) Name of Custodian	Address of Custodian	Relationship to Annuitant	Dates of Residence	Reason for Change
3. DEMONSTRATION OF CONCERN				
(a) How did the payee learn of the annuitant's needs?				
(b) Did the payee maintain contact with the annuitant?				
<input type="checkbox"/> Yes - <u>Indicate</u> type of contact and frequency		<input type="checkbox"/> No - Explain why not.		
<input type="checkbox"/> Visits				
<input type="checkbox"/> Phone				
<input type="checkbox"/> Letters				
(c) Did the payee provide the annuitant with funds for personal spending?				
<input type="checkbox"/> Yes - <u>Indicate</u> to whom funds were given		<input type="checkbox"/> No - Explain why not.		
<input type="checkbox"/> Directly to annuitant				
<input type="checkbox"/> To custodian				
<input type="checkbox"/> Other: <u>Indicate</u>				
4. USE OF BENEFITS				
(a) Has the payee turned over checks or the full amount of the payments to another party?		<input type="checkbox"/> Yes - <u>Indicate</u> to whom funds were given <input type="checkbox"/> No		
<input type="checkbox"/> Directly to annuitant				
<input type="checkbox"/> To custodian				
(b) Has the payee used any of the railroad retirement benefits for his/her own use?		<input type="checkbox"/> Yes Amount used: <u>Indicate</u> <input type="checkbox"/> No Explanation of use: <u>Indicate</u>		
(c) What dollar amount was used for the annuitant's care and maintenance?		\$ <u>Indicate</u>		
(d) Was this dollar amount paid to another party?		<input type="checkbox"/> Yes <u>Indicate</u> to whom: <u>Indicate</u> <input type="checkbox"/> No		

4. USE OF BENEFITS (continued)			
(e) What amount was used for the annuitant's clothing? If less than \$20, or more than \$300, explain.		\$ _____	
(f) What amount was used for the annuitant's personal spending? If less than \$300, explain.		\$ _____	
(g) Excluding savings, what amount was used for expenditures other than maintenance, clothing and personal spending?		\$ _____ Explain: _____	
(h) Total amount of benefits used.		Total amount [add (c) through (g)] \$ _____	
(i) Did the payee record expenditures (receipts, cancelled checks, etc.)?		<input type="checkbox"/> Yes - Verify any unusual or expensive purchases. <input type="checkbox"/> No - Explain importance of record keeping.	
5. CONSERVED FUNDS			
(a) ^{Enter} Show the total amount of conserved funds		\$ _____	
(b) ^{How ARE} Show the total amount of conserved funds held? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Cash <input type="checkbox"/> Checking account <input type="checkbox"/> U.S. Savings Bonds <input type="checkbox"/> Savings Account <input checked="" type="checkbox"/> Other: _____ </div>			
(c) ^{The} How are conserved funds designated?			
TYPE OF HOLDING →	REGISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER
(d) Are the funds mingled with the funds of another person?		<input type="checkbox"/> Yes - Complete 5 (e) <input checked="" type="checkbox"/> No - Go to 6.	
(e) Are the funds clearly recorded as belonging to the annuitant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. OTHER INCOME			
(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits?		<input type="checkbox"/> Yes - Complete 6 (b) and (c) <input checked="" type="checkbox"/> No - Go to 6.	
(b) ^{What} Show the types of other income.			
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Public assistance (Explain) <input type="checkbox"/> VA Benefits <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> SS Benefits </div>			
(c) Is there another payee for other income?		<input type="checkbox"/> Yes Complete 6 (d) <input type="checkbox"/> No Go to 7	
(d) Name of Other Payee	Address	^{Telephone} Phone Number (____) _____	
7. FELONY/MISDEMEANOR CONVICTIONS			
Has the payee been convicted of ^{felony} or misdemeanor offense under the statutes administered by the RRB or SSA, within the past fifteen years or are charges for such offenses currently pending in a court of law?		<input type="checkbox"/> Yes - Answer questions 7 (a) through (f) below. <input checked="" type="checkbox"/> No	
(a) What were the offenses for which you were convicted?			
(b) On what date(s) were you convicted?			
(c) What was/were your sentence(s)?			
(d) If imprisoned, when were you released?			
(e) If probation was ordered, when did or will the probation end?			
(f) If charges are currently pending, ^{enter} show the location of the court in which the charges are pending, and the court docket number, if known.			
8. REMARKS (Continue on a separate sheet of paper if necessary)			

PART II - INFORMATION ABOUT ANNUITANT

DATE CONTACTED

1. ALL CUSTODY SITUATIONS

- (a) Is the annuitant aware of entitlement to railroad retirement benefit? ☐ Yes ☐ No
- (b) Did the annuitant participate in decisions on expenditures? ☐ Yes ☐ No
- (c) Did the annuitant receive funds for the annuitant? ☐ Yes ☐ No
- (d) Were any large purchases made for the annuitant? ☐ Yes ☐ No
- (e) Does the annuitant have any unmet needs? ☐ Yes ☒ Explain in REMARKS ☐ No
- (f) Does the annuitant live with someone other than the payee? ☐ Yes ☒ Go to 2 ☐ No
- (g) Does the annuitant live alone? ☐ Yes ☒ Complete 2 and 3 ☐ No Conclude Interview

2. ANNUITANT NOT IN PAYEE'S CUSTODY

- (a) Did the payee maintain contact with the annuitant? ☐ Yes ☒ Show type of contact and frequency.
☐ _____
☐ _____
☐ _____
☐ No ☒ Explain in REMARKS
- (b) Did anyone other than the payee show concern for the annuitant? ☐ Yes ☒ Identify individual, type of contact and frequency in REMARKS. ☐ No

3. ANNUITANT LIVED ALONE

- (a) Who was responsible for maintenance expenses such as rent and utilities? ☐ Annuitant ☐ Payee ☒ Other: _____
- (b) Who purchased the annuitant's food and clothing? ☐ Annuitant ☐ Payee ☒ Other: _____

4. REMARKS (Continue on a separate sheet of paper if necessary)

PART III - INFORMATION FROM CUSTODIAN

DATE CONTACTED

CUSTODIAN'S NAME

ADDRESS

Telephone NUMBER

() -

1. CUSTODIAN NOT THE PAYEE

- (a) Did the annuitant live with the custodian during the entire report period? ☐ Yes ☒ Complete 1(e) ☐ No ☒ Complete 1(b), (c), and (d)

(b) Identify the other known custodians.

Name

Address

Phone Number

(c) When did the annuitant begin living with the custodian?

PART III (Continued)

1. CUSTODIAN NOT THE PAYEE (continued)

(d) Why was the annuitant's custody changed?

(e) Whom would the custodian notify in cases of emergency?

☐ Payee

☐ Other: Charge

Explain in REMARKS

(f) Did the custodian change for the care and maintenance of the annuitant?

☐ Yes Enter amount charged \$

☐ No

(g) Did the payee show personal concern for the annuitant?

☐ Yes - Visit How frequently?

☐ Provided clothing

☐ Other: Indist

☐ No

(h) Did the payee provide money for the annuitant's personal use?

☐ Yes - Enter amount provided \$

☐ No

(i) Does the custodian hold and control the annuitant's personal use funds?

☐ Yes Go to 1(i) BOLD

☐ No

(j) Are the annuitant's funds mingled with the funds of other person?

☐ Yes Go to 1(k) BOLD

☐ No

(k) Are the funds clearly designated as belonging to the annuitant?

☐ Yes

☐ No

2. REMARKS (Continue on a separate sheet of paper, if necessary)

Paperwork Reduction Privacy Act Notice

Federal agencies may not collect or sponsor and respondents are not required to respond to a collection of information unless it displays a valid OMB number. This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The information requested on this form is used by the Railroad Retirement Board (RRB) to conduct an accounting of your performance as a representative payee for the report period shown on the front of this form. The RRB's authority for requesting this information is Section (b) (6) of the Railroad Retirement Act.

Please complete and return this form in the enclosed envelope within 15 days. Your obligation to provide the requested information is voluntary. However, your failure to respond may result in a suspension of benefit payments or, ultimately, your removal as a representative payee.

The information you provide on this form may be disclosed without your approval to the individual or institution you identified in question number one. Such information may also be disclosed without your approval to the General Accounting Office for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, to law enforcement agencies and in court proceedings.

A complete listing of the persons, organizations and agencies to which the information you have may be released is available at any office of the RRB, if you wish to see it.

PART IV - CERTIFICATION

I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or withholding information to cause payment of benefits by the RRB, I affirm that to the best of my knowledge, the information I have given is true, complete and correct.

PAYEE SIGNATURE _____ DATE _____

RELATIONSHIP TO ANNUITANT _____

CUSTODIAN SIGNATURE _____ DATE _____

PART V - EVALUATION AND ACTION TAKEN

(continue on a separate sheet of paper if necessary)

SIGNATURE AND TITLE

FIELD OFFICE

DATE