

## 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 aspects 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
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#### 1. GUARDIANSHIP STATUS

(a) Does the annuitant now have a legal guardian?       Yes **Complete 1 (b)**       No **Go to 2**

(b) Guardian's Name	Guardian's Address	Guardian's Phone Number (      )      -      -      -      -
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#### 2. CUSTODY

(a) Did the annuitant live alone or with someone other than the payee throughout the report period?       Yes **Complete 2 (b) and 3**       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 annuitants needs?

(b) Did the payee maintain contact with the annuitant?       Yes      **Show type of contact and frequency:**       No      Explain

<input type="checkbox"/> Visits	_____	_____
<input type="checkbox"/> Phone	_____	_____
<input type="checkbox"/> Letters	_____	_____

(c) Did the payee provide the annuitant with funds for personal spending?       Yes      **Show to whom funds were given:**       No      Explain

<input type="checkbox"/> Directly to annuitant	_____	_____
<input type="checkbox"/> To custodian	_____	_____
<input type="checkbox"/> _____	_____	_____

#### 4. USE OF BENEFITS

(a) Has the payee turned over checks or the full amount of the payments to another party?       Yes      **Show to whom funds were given:**       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?       Yes      Amount used: \_\_\_\_\_       No      Explanation of use: \_\_\_\_\_

(c) What dollar amount was used for the annuitant's care and maintenance?      \$ \_\_\_\_\_

(d) Was this dollar amount paid to another party?       Yes      **Show to whom:** \_\_\_\_\_       No





### 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 \_\_\_\_\_ Explain in REMARKS

(f) Did the custodian change for the care and maintenance of the annuitant?  Yes \$ \_\_\_\_\_  No

(g) Did the payee show personal concern for the annuitant?  Yes  Visits. How frequently? \_\_\_\_\_  
 Providing clothing  
 Other \_\_\_\_\_  
 No

(h) Did the payee provide money for the annuitant's personal use?  Yes \$ \_\_\_\_\_  No

(i) Does the custodian hold and control the annuitant's personal use funds?  Yes Go to 1 (j)  No

(j) Are the annuitant's funds mingled with the funds of other persons?  Yes Go to 1 (k)  No

(k) Are the funds clearly designated as the annuitant's?  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 1980 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 7 (b) (6) of the Railroad Retirement Act of 1974.

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