REPRESENTATIVE PAYEE EVALUATION REPORT						
REPORT PERIOD		RR EMPLOYEE'S NAME				
FROM:	TO:					
CURRENT RATE	TOTAL YEARLY AMOUNT	RRB CLAIM S NUMBER	SYMBOL PREF	FIX		
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 – INFORMA	TION FROM	1 PAYEE			
DATE CONTACTED PAYEE'S ADDRESS						
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			ımber 	
2. CUSTODY						
(a) Did the annuitant live alone or with someone other than the payee throughout the report penod? Yes Complete 2 (b) and 3 No Go to 4						
(b) Name of Custodian	Address of Custodian		Relationship	Dates of	Reason for	
	· <u>·</u>		to Annuitant	Residence	Change	
				·		
3. DEMONSTRATION OF CONC				<u> </u>		
(a) How did the payee learn of the annuitants needs?						
(b) Did the payee maintain co with the annuitant?	ntact	ype of contact a	and frequency:	No Exp	olain ————————————————————————————————————	
(c) Did the payee provide the annuitant with funds for personal spending?	☐ Yes Show to ☐ Directly to annuito ☐ To custodian	to whom funds were given: No Explain itant				
4. USE OF BENEFITS						
(a) Has the payee turned ove checks or the full amount payments to another party	of the 🔲 Directly to annuita	o whom funds v ant	vere given:	□ No		
(b) Has the payee used any of the railroad retirement benefits						
(c) What dollar amount was used for the annuitant's care and maintenance?						
(d) Was this dollar amount pai another party?	d to	om:			☐ No	

4. USE OF BENEFITS (contin	nued)						
(e) What amount was used If less than \$20, or more	for the annuitant's clothing? e than \$300, explain	\$					
(f) What amount was used personal spending? If le		\$					
(g) Excluding savings, what expenditures other than personal spending?	t amount was used for maintenance, clothing and	\$	Explain:				
porbonal oponaling.		Total amount [add (c) through (
(h) Total amount of benefits	used	\$					
(i) Did the payee record ex checks, etc.)?	penditures (receipts, cancelled	☐ Yes Verify any unusual or	Yes Verify any unusual or expensive purchases.				
5. CONSERVED FUNDS							
(a) Show the total amount o	of conserved funds	\$					
(b) Show the total amount o	· · · · · · · · · · · · · · · · · · ·	Ψ					
Cash	U.S. Saving	s Bonds 🔲 Other					
☐ Checking account	☐ Savings Acc	count	- -				
(c) How are conserved fund	s designated?						
TYPE OF HOLDING	REGISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER				
(d) Are the funds mingled wi	ith the funds of another person?	☐ Yes Complete 5	(e)				
(e) Are the funds clearly reco	orded as belonging to the annuit	ant?					
6. OTHER INCOME			•				
(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits? Yes Complete 6 (b) and (c) No Go to 7							
(b) Show the types of other i	income.						
☐ Worker's Compensation☐ VA Benefits☐ SS Benefits☐ Public assistance (Explain)☐ Other (Explain)							
(c) Is there another payee fo	r other income?	☐ Yes Complete 6 (d)	No Go to 7				
(d) Name of Other Payee	Address		Phone Number				
•			()				
7. FELONY/MISDEMEANOR CO	ONVICTIONS		,,				
Has the payee been convicted of felony, or misdemeanor offense(s) under the statutes administered by the RRB or							
SSA, within the past fifteen years or are charges for such offenses(s) currently pending in a court of law?							
(a) What were the offenses for which you were convicted?							
(b) On what date(s) were you convicted?							
(c) What was/were your sentences(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, please give 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 SIT	UATIONS								
(a) Is the annuitant	aware of entitlement to railroad retir	rement bene	efit?	<u> </u>	Yes	□ No	_		
(b) Did the annuitar	nt participate in decisions on expend	litures?	_		Yes	□ No			
(c) Did the annuitar	nt receive funds for the annuitant?				Yes	No			
(d) Were any large	purchases made for the annuitant?				Yes	☐ No			
(e) Does the annuit	ant have any unmet needs?				Yes	Explain in REMA	RKS		☐ No
(f) Does the annuit	ant live with someone other that the	payee?			Yes	Go to 2		No	
(g) Does the annuit	ant live alone?				Yes	Go to 2 and 3		No	Conclude Interview
2. ANNUITANT NOT IN	PAYEE'S CUSTODY								
(a) Did the payee m	aintain contact with the annuitant?	_	Yes No	<u> </u>		of contact and fr			
(b) Did anyone other than the payee show concern for the annuitant?					vidual, type of c cy in REMARKS				
3. ANNUITANT LIVED	ALONE								
	sible for maintenance s rent and utilities?			☐ Ann ☐ Pay	ee			_	
(b) Who purchased the annuitants food and clothing?		٠	☐ Ann ☐ Pay	ee					
4. REMARKS (Continue on a separate sheet of paper if necessary)									
				·			·		
PART III - INFORMATION FROM CUSTODIAN									
DATE CONTACTED	CUSTODIAN'S NAME	ADDRESS		(PHONE NUMBER ()				
1. CUSTODIAN NOT TH	HE 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		Addres	s				Phone	Num	ber
(c) When did the ann living with the cus					_				

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 \$					
(g) Did the payee show personal concern for the annuitant?	☐ Providing clothing ☐ Other	ently?				
(h) Did the payee provide money for the annuitant's personal use?						
(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)					
(k) Are the funds clearly designated as the annuitant's?	☐ Yes ☐ No					
2. REMARKS (continue on a separate sheet of paper if necessar	y)					
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						
CUSTODIAN SIGNATURE DATE						
PART V - EVALUATION AND ACTION TAKEN						
(continue on a separate sheet of paper if necessary)						
SIGNATURE AND TITLE	FIELD OFFICE	DATE				