

Representative Payee Survey

Form Approved
OMB No. 3206-0208

Show any address change next to your address below.

United States Office of Personnel Management Retirement Surveys and Students Branch 1900 E St., NW Washington DC 20415-3562				
Claim Number	For Agency Use Only			
	I	II	III	IV
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beneficiary's Name	Case Name			
Survey Period	Date			

The purpose of this questionnaire is to ensure that Federal retirement benefit payments are being used in the best interests of the beneficiary named above. The Office of Personnel Management (OPM) has approved you as payee because it has determined that the beneficiary is not capable of handling his or her own affairs. We thank you for accepting this responsibility. Please read the instructions below before completing this form and return the completed form in the enclosed envelope or in your own envelope to the address shown above. **Please return the completed form within 30 days after the date of this survey or we will have to stop paying these benefits.** We appreciate your cooperation.

Instructions For Completing the Survey Form

We have provided information for each question. Please read this information before completing the appropriate oval. If this form is stapled or damaged, delays in processing may occur. If you need another form or have any questions, please call (202) 606-0249. Individuals calling from outside the Washington DC area can call our Retirement Information Office toll free at 1-888-767-6738. You can also write OPM at the address shown above.

1. If you answer NO, you must return all payments received after the death of the beneficiary to the U.S. Treasury Department.
2. If you answer YES, please complete the entire survey.
3. If the beneficiary does not live with you, we need to know where and with whom he or she is living.
4. If you are not receiving payment on behalf of a child, answer "Not Applicable." For the purpose of this survey, a child is:
 - an unmarried minor (under age 18) child,
 - an unmarried disabled child, **even if he or she is over age 18, or**
 - an unmarried full-time student under age 22 attending an accredited institution. *Deleted*
5. Earnings may be considered in determining whether the beneficiary is capable of self-support. Do not include Social Security benefits.
6. Answer YES if you gave any of the annuity:
 - to another person or to an institution to decide how to use the money, or
 - to the beneficiary to decide how to use the money.
7. and 8. are self-explanatory.
9. Please enter the **beneficiary's** Social Security Number (NOT your Social Security Number).

Public Burden Statement

We estimate providing this information takes an average 20 minutes per response, including the time for reviewing instructions, getting the needed data, and reviewing the requested information. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, OPM Forms Officer (3206-0208), Washington, DC 20415-7900. The OMB number 3206-0208 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.



For greater accuracy in processing your form, please complete the questions in a black felt tip pen or black ink pen. When entering numbers inside the boxes, try not to write the number outside or touching the box.

Date of Death

1. Is the beneficiary named on the front side of this form still living?
 Yes No (If no, please indicate date of death.)

□□ / □□ / □□□□

2. Are you currently the representative payee for the above named annuitant.
 Yes No (Please provide a name and address of responsible person in the remarks section below.)

3. Where does the beneficiary live?
 With you.
 In his or her own home.
 Elsewhere. (In the Remarks Section, please provide the name and address of the person or facility caring for the beneficiary.)

4. If you are receiving payment on behalf of a child, including adult disabled dependents, has the child married?
 Yes (Please attach a copy of the marriage certificate.)
 No
 Not applicable

5a. Has the beneficiary earned money during the survey period?
 No Yes (Please enter earnings in 5b. Do not include Social Security Benefits.)

5b. Amount Earned, if yes to Question 5a.
□□□□□ . □□

6. Did you turn over any of the annuity benefits to another person during the survey period?
 No Yes (Please explain in the Remarks Section.)

7. Did you place any of the money in savings for the future needs of the beneficiary?
 No (Please explain in the Remarks Section.)
 Yes (Please list the name and address of the financial institution in the Remarks Section.)

8. Did you spend all of the money on the beneficiary?
 Yes No (Please explain in the Remarks Section.)

9. Beneficiary's Social Security Number □□□□ - □□ - □□□□

Remarks Section (please use a separate sheet of paper if additional space is required).

Signature of representative payee

Daytime phone number including area code
()
Date (MM/DD/YYYY)

Privacy Act

Title 5, chapter 83, U.S. Code, section 8347, and title 5, Chapter 84, U.S. Code, Section 8461, authorize the solicitation of the information to determine if we will be able to continue paying you for the beneficiary. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local, or other charitable or social security administrative agencies to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies, when they are investigating a violation or potential violation of civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Providing this information is voluntary; however, without your signature and all of the information requested, it may be impossible for us to continue to pay you, and we may suspend these benefits.

