

# Representative Payee Survey

Show any address change next to your address below.

U.S. Office of Personnel Management Retirement Surveys & Students Branch 1900 E Street, NW - Room 2309 Washington, DC 20415-3563	
Date	Claim number
Survey period	Case name
	Beneficiary's name

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.

## Retirement Surveys and Students Branch

### Instructions For Completing the Survey Form

We have provided information for each question. Please read this information before you respond. If you need another form or have 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. Department of the Treasury.
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.**
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).

1. Is the beneficiary named on the front side of this form still living?	Date of Death (mm/dd/yyyy)												
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate the date of death.) _____													
2. Are you currently the representative payee for the above named annuitant?													
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide a name and address of the person responsible in the Remarks Section below.)													
3. Where does the beneficiary live?													
<input type="checkbox"/> With you. <input type="checkbox"/> In his or her own home. <input type="checkbox"/> 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?													
<input type="checkbox"/> Yes (Please attach a copy of the marriage certificate.) <input type="checkbox"/> No <input type="checkbox"/> Not applicable													
5a. Has the beneficiary earned money during the survey period?	5b. Amount Earned, if yes to Question 5a.												
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please enter earnings in 5b. Do not include Social Security benefits.)	<b>\$</b>												
6. Did you turn over any of the annuity benefits to another person during the survey period?													
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain in the Remarks Section.)													
7. Did you place any of the money in savings for the future needs of the beneficiary?													
<input type="checkbox"/> No (Please explain in the Remarks Section.) <input type="checkbox"/> 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?													
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain in the Remarks Section.)													
9. Beneficiary's Social Security Number													
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**Remarks Section (Please use a separate sheet of paper if additional space is required.)**

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**Warning:** Any intentionally false statement in this response or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature of representative payee	Date (mm/dd/yyyy)
Daytime phone number (including area code)	Email address
Social Security number or Taxpayer Identification number	

**Privacy Act and Public Burden Statement**

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. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number. 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.

We estimate completing this form takes approximately 20 minutes. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management, Retirement and Benefits Publications Team (3206-0208); Washington, DC 20415-3430. The OMB number, 3206-0208, is currently valid. OPM may not collect this information, and you are not required to respond, unless the number is displayed.