RAILROAD RETIREMENT BOARD O.M.B. NO. 3220-0151 **REPRESENTATIVE PAYEE EVALUATION REPORT** RR EMPLOYEE'S NAME **REPORTING PERIOD** FROM: TO: CURRENT RATE TOTAL YEARLY AMOUNT **RRB CLAIM NUMBER** PAYEE'S NAME PAYEE'S TELEPHONE 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. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. 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? Yes - Complete 1(b) No - Go to 2 (b) Guardian's Name Guardian's Address Guardian's Telephone Number 2. CUSTODY (a) Did the annuitant live alone or with someone Yes - Complete 2(b) and 3 No - Go to 4 other than the payee throughout the reporting period? Relationship Dates of Reason for (b) Name of Custodian Address of Custodian to Annuitant Residence Change **3. DEMONSTRATION OF CONCERN** (a) How did the payee learn of the annuitant's needs? (b) Did the payee maintain contact No - Explain why not. Yes - Indicate type of contact and enter frequency. with the annuitant? Visits: _ Telephone Calls: ______ Letters: (c) Did the payee provide the Yes - Indicate to whom the funds were given. □ No - Explain why not. annuitant with funds for Annuitant personal spending? Custodian Other: _ **4. USE OF BENEFITS** (a) Has the payee turned over Yes - Indicate to whom the funds were given. D No checks or the full amount of the Directly to annuitant payments to another party? To custodian Yes - Enter amount used. □ No - Explanation of use. (b) Has the payee used any of the railroad retirement benefits \$_ for his/her own use? \$_ (c) What dollar amount was used for the annuitant's care and maintenance? (d) Was this dollar amount paid to Yes - Enter to whom. No another party?

UNITED STATES OF AMERICA

FORM G-99C (01-09)

FORM APPROVED

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.)? 	 Yes [Verify any unusual or expensive purchases.] No [Explain importance of record keeping.] 				
5. CONSERVED FUNDS					
(a) Enter the total amount of conserved funds.	\$				
(b) How are the total amount of conserved funds held? Cash U.S. Savings Be Checking account Savings Account					
(c) How are the conserved funds designated?					
TYPE OF HOLDING REGISTRATION	NAME AND ADDRESS OF BANK ACCOUNT NUMBER				
(d) Are the conserved funds mingled with the funds of another p	erson? Q Yes - Complete 5(e) No - Go to 6				
(e) Are the conserved funds clearly recorded as belonging to the	annuitant? Yes No				
6. OTHER INCOME					
(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits?	The Yes - Complete 6(b) and (c) I No - Go to 7				
(b) Indicate the type(s) of other income. Image: Worker's Compensation Image: Public assistance (Explain) Image: Other income.	ts S Benefits				
(c) Is there another payee for other income?	Yes - Complete 6(d) D No - Go to 7				
(d) Name of Other Payee Address	Telephone Number				
	()				
7. CRIMINAL OFFENSE/MISDEMEANOR CONVICTIONS					
Has the payee been convicted of a criminal or misdemeanor offense under the statutes administered by the RRB or SSA within the past fifteen years, or are charges for such an offense currently pending in a court of law?	Yes - Complete 7(a)-(f) No - Go to 8				
(a) What was/were the offense(s) 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 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	.)				
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INFORMATION ADOUT ANNUUTANT

	PART II - INFORMA	TION ABOL	JT ANNUIT/	ANT		
DATE CONTACTED:	-					
1. ALL CUSTODY SITU	JATIONS					
(a) Is the annuitant a	ware of entitlement to railroad retirement	benefit?	Yes 🖸	No		
(b) Did the annuitan	t participate in decisions on expenditur	res?	Yes 🖸	No		
(c) Did the annuitant	receive funds?		Yes 🖸	No		
(d) Were any large p	ourchases made for the annuitant?		Yes 🗋	No		
(e) Does the annuita	int have any unmet needs?		Yes - Explain i	n REMARKS	🗋 No	
(f) Does the annuita	nt live with someone other than the pa	ayee?	Yes - Go to 2		🔲 No	
(g) Does the annuita	nt live alone?		Yes - Complet	te 2 and 3	🗋 No	[Conclude Interview]
2. ANNUITAN'T NOT IN	PAYEE'S CUSTODY					
(a) Did the payee ma with the annuitan	t?	alls:			lo - Explain wh	y not.
	Letters:					
(b) Did anyone other concern for the a	· than the payee show nnuitant?		Yes - Identify in type of contact, frequency in RI	, and	No No	
3. ANNUITANT LIVED	ALONE					
	sible for maintenance s rent and utilities?	. ā	Annuitant Payee Other:			
(b) Who purchased t food and clothing		ā	Annuitant Payee Other:			
4. REMARKS (Continue	on a separate sheet of paper, if nece	ssary.)				
		•.				
	PART III - INFORM	ATION FRO	M CUSTOD	IAN		
DATE CONTACTED	CUSTODIAN'S NAME	AD	DRESS		TELEPHONE N	IUMBER
				()	_=
1. CUSTODIAN NOT TI				<u> </u>		
(a) Did the annuitant during the entire	live with the custodian	Yes - Go to 1	(e)	No - Compl	lete 1(b), (c), a	and (d)
-	known custodian(s). Use the REMAR	KS section on th	ne next page, if i	necessary.		
Name	9	Address			Telephone Nu	mber
(c) When did the anr living with the cus	uitant begin					

	PART	III (Co	ntinued)		ŗ
1. CI	USTODIAN NOT THE PAYEE (continued)		· · · · · · · · · · · · · · · · · · ·	-	
(d) Explain why the annuitant's custody changed, then go to 2 , REMARKS.				
(e) Whom would the custodian notify in cases of emergency?		Payee Other:		Explain in REI
(f)	Did the custodian charge for the care and maintenance of the annuitant?	Q	Yes - Enter amount charged.		No
(g)) Did the payee show personal concern for the annuitant?	D	Yes - Indicate how. Visited - How frequently? Provided clothing Other:		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?	۵	Yes	D	No
(j)	Are the annuitant's funds mingled with the funds of another?		Yes	Q	No
(k)	Are the funds clearly designated as belonging to		Yes		No
2. RE	otice is given under the Paperwork Reduction Act of 1995 and the I	essary.) Inction Act/	Privacy Act Notices of 1974. The information requested or	n this form is	s used by the Rai
2. RE	MARKS (Continue on a separate sheet of paper, if nece	essary.) ection Act// Privacy Act as a represe Railroad Retioner owever, you our approva agencies in	Privacy Act Notices of 1974. The information requested or ntative payee for the reporting period s rement Act of 1974. In failure to respond may result in a su to the individual or institution you ider office for audits, to the Justice Departm court proceedings.	shown on the uspension o stified in que sent for colle	e front of this fon f benefit paymer stion number on icting overpayme
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