REPRESENTATIVE PAYEE EVALUATION REPORT								
REPORTING PERIOD		RR EMPLOYEE'	S NAME					
FROM: TO:								
CURRENT RATE TOTA	AL YEARLY AMOUNT	Y AMOUNT RRB CLAIM NUMBER						
PAYEE'S NAME	PAYEE'S TELEPHO	NE NUMBER	ANNUITANT'	S NAME	JAME			
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	(a) Does the annuitant now have a legal guardian? Yes - Complete 1(b) I 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 other than the payee throughout the reporting period?								
(b) Name of Custodian	Address of Custodian	Address of Custodian		Dates of Residence	Reason for Change			
3. DEMONSTRATION OF CONCERN								
(a) How did the payee learn of the annuitant's needs?								
(b) Did the payee maintain contact with the annuitant?	Visits: Telephone Calls:	icate type of contact and enter frequency.			No - Explain why not.			
(c) Did the payee provide the annuitant with funds for personal spending?	 Yes - Indicate to wh Annuitant Custodian Other: 		-	No - Explain why not.				
4. USE OF BENEFITS								
(a) Has the payee turned over checks or the full amount of the payments to another party?	 Yes - Indicate to wh Directly to annuit To custodian 		e given.	🗋 No				
(b) Has the payee used any of the railroad retirement benefits for his/her own use?	Yes - Enter amo \$	ount used.			ation 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 - Enter to w	hom.		🗋 No				

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: Total amount [add (c) through (g)]						
(h) Total amount of benefits used.	\$						
 (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 Bo Checking account Savings Accourt							
	Other:						
(c) How are the conserved funds designated?	<u> </u>						
TYPE OF HOLDING REGISTRATION	NAME AND ADDRESS OF BANK ACCOUNT NUMBER						
(d) Are the conserved funds mingled with the funds of another person? 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? Yes - Complete 6(b) and (c) No - Go to 7 							
 (b) Indicate the type(s) of other income. Worker's Compensation VA Benefits SS Benefits Public assistance (Explain) Other: 							
(c) Is there another payee for other income?	Yes - Complete 6(d) I 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?							
(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	л.)						

INFORMATION ADOLIT ANNULTANT

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DATE CONTACTED: 1. ALL CUSTOPY STUATIONS (a) Is the annulant aware of entitlement to relinear terimenet benefit? Yes No (b) Did the annulant aware of entitlement to relinear terimenet benefit? Yes No (c) Did the annulant participate in decisions on expanditures? Yes No (d) Were any large purchases made for the annulant? Yes No (e) Does the annulant law any unnet needs? Yes - Explain in REMARKS No (f) Does the annulant live with someone other than the payee? Yes - Go to 2 No (g) Does the annulant live with someone other than the payee? Yes - Go to 2 No (a) Were any large purchases made for the canulant? Yes - Go to 2 No (g) Does the annulant live with someone other than the payee? Yes - Complete 2 and 3 No Somethed? (a) Did the payee matchin contact Yes - Indicate type of contact and enter frequency. No - Explain why not. With the annulant? Yes - Indicate type of contact. No - Explain why not. (b) Did anyone other than the payee show concern for the annulant? Yes - Manulant No - Monulant No - Monulant (b) With was responsible for maintenance expenses such as rent and utilities? Other: Other: Other:	PART II - INFORMATION ABOUT ANNUITANT											
(a) Is the annultant avare of entitlement to railcoad retirement benefit? Yes No (b) Did the annultant participate in decisions on expenditures? Yes No (c) Did the annultant receive funds? Yes No (d) Were any large purchases made for the annultant? Yes No (e) Does the annuitant have any unmet needs? Yes - Go to 2 No (f) Does the annuitant live atone? Yes - Complete 2 and 3 No (g) Does the annuitant live atone? Yes - Complete 2 and 3 No (a) Did the payse maintain contact Yes - Indicate type of contact and enter frequency. No - Explain why not. (b) Did anyone other than the payse show concern for the annuitant? Yes - Identity individual, type of contact, and enter frequency in REMARKS. No (a) Who was responsible for maintenance expenses such as rent and utilities? Annuitant Payse Other: Annuitant Payse Other: (b) Who purchased the annuitant's food and clothing? Other: Annuitant Payse Other: Other: 4. REMARKS (Continue on a separate sheet of paper, if necessary.) TELEPHONE NUMBER (,,,,,,,	DATE CONTACTED:											
(b) Did the annuitant receive funds? Yes No (c) Did the annuitant receive funds? Yes No (d) Were any large purchases made for the annuitant? Yes No (e) Does the annuitant have any unmet needs? Yes No (f) Does the annuitant live with someone other than the payee? Yes Yes No (g) Does the annuitant live alone? Yes Yes No Conclude (a) Did the payee maintain contact Yes 'Yes No No Enclude (a) Did anyone other than the payee show concern for the annuitant? 'Yes 'Yes 'No Explain why not. (b) Did anyone other than the payee show concern for the annuitant? 'Yes 'Yes 'One: No (a) Who was responsible for maintenance expenses such as rent and utilities? 'Onher: 'Onher: 'Onher: (b) Who purchased the annuitant's 'Annuitant 'Payee 'Other: 'ILEPHONE NUMBER (b) Who purchased the annuitant's 'Annuitant 'Payee 'Other: 'ILEPHONE NUMBER (b) Who purchased the annuitant's 'Annuitant 'Payee 'Other: 'ILEPHONE NUMBER (c) USTODIAN NOT THE PA	1. ALL CUSTODY SITU	JATIONS										
(c) Did the annuitant receive funds? Yes No (d) Were any large purchases made for the annuitant? Yes No (e) Does the annuitant have any unmet needs? Yes - Explain in REMARKS No (f) Does the annuitant live with someone other than the payee? Yes - Complete 2 and 3 No (g) Does the annuitant live alone? Yes - Complete 2 and 3 No Conclude? 2. ANNUTANT NOT IN PARE'S CUSTODY (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No - Explain why not. (a) Did anyone other than the payee show Visits:	(a) Is the annuitant a	ware of entitlement to ra	ailroad retiremer	it benefit?		Yes		No				
(d) Were any large purchases made for the annuitant? Yes No (e) Does the annuitant have any unmet needs? Yes - Explain in REMARKS No (f) Does the annuitant live with someone other than the payee? Yes - Complete 2 and 3 No (g) Does the annuitant live alone? Yes - Complete 2 and 3 No Conclude Interview 2. ANNUTANT NOT IN PARCE'S CUSTODY (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No - Explain why not. (a) Did anyone other than the payee show Yes - Identify individual, No No (b) Did anyone other than the payee show Yes - Identify individual, No No (b) Did anyone other than the payee show Yes - Identify individual, No No (b) Who was responsible for maintenance Annuitant Payee Other:	(b) Did the annuitan	t participate in decisio	ns on expendit	ures?		Yes		No				
(e) Does the annultant live with someone other than the payee? Yes - Explain in REMARKS No (f) Does the annultant live with someone other than the payee? Yes - Go to 2 No (g) Does the annultant live alone? Yes - Complete 2 and 3 No 2. ANNUTANT NOT IN PAYEE'S CUSTODY (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No - Explain why not. (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No - Explain why not. (b) Did anyone other than the payee show Yes - Identify individual, type of contact, and frequency in REMARKS. No (b) Did anyone other than the payee show Yes - Identify individual, type of contact, and frequency in REMARKS. No (b) Did anyone other than the payee show Yes - Identify individual, type of contact, and frequency in REMARKS. No (a) Who was responsible for maintenance Payee Payee Other: (b) Who purchased the annuitant's Payee Other: Other: (b) Who purchased the annuitant's Payee Other: (Detertion on a separate sheet of paper, if necessary.)	(c) Did the annuitant	t receive funds?		Ę		Yes		No				
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(g) Does the annuitant live alone? Yes - Complete 2 and 3 No Conclude Interview 2. ANNUITANT NOT IN PAYEE'S CUSTODY (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No No Excertised and the payee maintain contact (a) Did the payee maintain contact Yes - Indicate type of contact and enter frequency. No No Excertised and the payee maintain contact (b) Did anyone other than the payee show Yes - Identify individual, type of contact, and frequency in REMARKS. No No 3. ANNUITANT LIVED ALONE (a) Who was responsible for maintenance expenses such as rent and utilities? Annuitant No No (b) Who purchased the annuitant's food and clothing? Other: Other: 4. REMARKS (Continue on a separate sheet of paper, if necessary.)	(e) Does the annuitant have any unmet needs?		[Yes - E	Explain	in REM	/ARK	s 🗖	No		
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with the annuitant? Visits: Telephone Calls:	2. ANNUITANT NOT IN	PAYEE'S CUSTODY	,									
Visits:			Yes - Indicate	type of contact a	and	l enter fr	requenc	y.		No - Expla	in wh	ıy not.
Letters: (b) Did anyone other than the payee show concern for the annuitant? Yes - Identify individual, type of contact, and frequency in REMARKS. 3. ANNUITANT LIVED ALONE (a) Who was responsible for maintenance Payee expenses such as rent and utilities? (b) Who purchased the annuitant's (c) Who purchased the annuitant's (b) Who purchased the annuitant's (c) When did the annuitant bive with the custodian during the entire reporting period? (c) When did the annuitant bive with	with the annuitar	nt?	Uisits:									
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(b) Who purchased the annuitant's food and clothing? Payee (c) Who purchased the annuitant's food and clothing? Other:			[Payee							
4. REMARKS (Continue on a separate sheet of paper, if necessary.)			[Payee							
DATE CONTACTED CUSTODIAN'S NAME ADDRESS TELEPHONE NUMBER () () () 1. CUSTODIAN NOT THE PAYEE () () (a) Did the annuitant live with the custodian during the entire reporting period? Yes - Go to 1(e) No - Complete 1(b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary.	4. REMARKS (Continue	e on a separate sheet	of paper, if nec									
DATE CONTACTED CUSTODIAN'S NAME ADDRESS TELEPHONE NUMBER () () () 1. CUSTODIAN NOT THE PAYEE () (a) Did the annuitant live with the custodian during the entire reporting period? Yes - Go to 1(e) No - Complete 1(b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary.												
I. CUSTODIAN NOT THE PAYEE (a) Did the annuitant live with the custodian during the entire reporting period? Image: Complete 1 (b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary. Image: Complete 1 (b), (c), and (d) Image: Complete 1 (b), (c	PART III - INFORMATION FROM CUSTODIAN											
(a) Did the annuitant live with the custodian during the entire reporting period? Image: Yes - Go to 1(e) Image: No - Complete 1(b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary. Image: Telephone Number Image: Name Address Telephone Number (c) When did the annuitant begin Image: Telephone Number	DATE CONTACTED	CUSTODIAN'S	S NAME		AD	DRESS				TELEPHO	NE N	IUMBER
(a) Did the annuitant live with the custodian during the entire reporting period? I Yes - Go to 1(e) No - Complete 1(b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary. Name Address Telephone Number (c) When did the annuitant begin I Remain the section of the									()		
during the entire reporting period? Yes - Go to 1(e) No - Complete 1(b), (c), and (d) (b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary. Name Address Telephone Number (c) When did the annuitant begin	1. CUSTODIAN NOT THE PAYEE											
Name Address Telephone Number (c) When did the annuitant begin Image: Constraint of the annuitant begin Image: Constraint of the annuitant begin	$1 V_{00}$ Go to $1(a)$ $1 V_{00}$ Complete $1(b)$ (a) and (d)											
(c) When did the annuitant begin	(b) Identify the other known custodian(s). Use the REMARKS section on the next page, if necessary.											
	Name Address			Address						Telepho	ne Nur	mber

PART III (Continued)							
1. CUSTODIAN 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 REMARKS					
(f) Did the custodian charge for the care and maintenance of the annuitant?	Yes - Enter amount charged. No \$						
(g) Did the payee show personal concern for the annuitant?	 Yes - Indicate how. Visited - How frequently? Provided clothing Other: 						
(h) Did the payee provide money for the annuitant's personal use?	Yes - Enter a						
 Does the custodian hold and control the annuitant's personal use funds? 	Yes	🗋 No					
(j) Are the annuitant's funds mingled with the funds of another?	Yes	🗋 No					
(k) Are the funds clearly designated as belonging to the annuitant?							
2. REMARKS (Continue on a separate sheet of paper, if necess	ary.)						
Paperwork Reduction Act/Privacy Act Notices This notice is given under the Paperwork Reduction Act of 1995 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 reporting 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. 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, and to law enforcement agencies in court proceedings. A complete listing of the persons, organizations, and agencies to which the information you have given us may be released is available at any office of the RRB, if you wish to see it.							
PART IV – 0	CERTIFICATION	1					
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 DATE							
(Continue on a separate sheet of paper, if necessary.)							
SIGNATURE AND TITLE	FIELD OFFICE	DATE					
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