



REPRESENTATIVE PAYEE REPORT

INSTRUCTIONS

All representative payees are required to report annually. This is your Representative Payee Report. **You must complete and return the report.** The report will be reviewed by the U.S. Department of Labor and is subject to verification. If you need help completing the report, please contact the office listed above by mail or telephone. **THIS REPORT MUST BE COMPLETED AND RETURNED WITHIN 30 DAYS IN ORDER TO OBTAIN OR RETAIN BENEFITS.**

YOUR JOB AS A REPRESENTATIVE PAYEE

Your job as a representative payee is to use the Black Lung benefits you receive for the personal care and well-being of the beneficiary. You must keep yourself informed of the beneficiary's needs so you can decide how the benefits should be used. **You must** notify the U.S. Department of Labor when the beneficiary changes residence or if you no longer exercise responsibility for the care and welfare of the beneficiary. **You must** report the beneficiary's death, marriage, adoption, employment, or release from an institution. **You must** also report the beneficiary's receipt of any State Workers' Compensation Benefits. If the person for whom you receive benefits is a student or is disabled, you must report any changes in school attendance or disability status.

NOTICE

Whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the use and benefit of the person for whom it is received, is subject to a fine, imprisonment or both.

PAPERWORK/PRIVACY ACT NOTICE

The following statement is made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). This report is authorized by law (30 USC 922 section 20 CFR 725.513). The information you furnish on this form may be routinely disclosed without your consent to another person or Government agency for purposes such as (1) to comply with Federal laws requiring the release of information from our records; or (2) to conduct research and audit activities needed to assure the continuing integrity and improvement of the U.S. Department of Labor representative payee program. Other routine disclosures of this information are listed in the Federal Register, which will be made available upon request.

PUBLIC BURDEN STATEMENT

We estimate that it will take an average of 10 minutes per response to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the, U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

