

PROPOSED

# REPRESENTATIVE PAYEE REPORT

RRB Claim No.	SSN
Annuitant's Name	
Reporting Period	

**IMPORTANT:** Please complete and return this form in the enclosed envelope within 15 days. You should also read and retain the Statement of Duties and Paperwork Reduction Act/Privacy Act Notices on pages 3 and 4.

1. Does the annuitant live with you?  YES  NO

If NO, enter the name, address and phone number of the persons or institutions with whom the annuitant lived during the reporting period.

NAME	ADDRESS	( ) DAYTIME PHONE
NAME	ADDRESS	( ) DAYTIME PHONE

2. Are you the court appointed guardian or fiduciary guardian of the annuitant? (Note: A court appointed guardian or fiduciary guardian is a person appointed by a court to care for the financial affairs of a minor or incapacitated individual.)

- YES - Attach a copy of the most recent financial accounting documents you submitted to the court and go to item 7. (Do not submit the document appointing you as guardian.)
- NO - Go to item 3.

3. Enter the total amount of railroad retirement benefits received by the annuitant during the reporting period. \$ \_\_\_\_\_

4. Enter the dollar amount of railroad retirement benefits used for the annuitant's expenses during the reporting period. \$ \_\_\_\_\_

5. Enter a breakdown of the total expenses entered in item 4 by the categories listed in Items 5(a) through 5(d).

- a. Room/Board \_\_\_\_\_ b. Clothing/Personal Spending \_\_\_\_\_
- c. Medical/Dental Care \_\_\_\_\_ d. Other \_\_\_\_\_

6. If there were surplus railroad retirement benefits at the end of the reporting period, show how the balance was held.

Cash \$ \_\_\_\_\_ Checking Account \$ \_\_\_\_\_ Savings Account \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_ ; \_\_\_\_\_ \$ \_\_\_\_\_  
(Description) (Amount) (Description) (Amount)

NOTE: If surplus benefits were held in checking or savings accounts, indicate the title or ownership registration of the account below.

- "Beneficiary's name by your name"  "Your name for beneficiary's name"
 Other (describe) \_\_\_\_\_

7. Have you used any of the railroad retirement benefits received by the annuitant during the reporting period for your own expenses or requirements?

YES- Provide the following information:

Amount used \$ \_\_\_\_\_ Explanation of use: \_\_\_\_\_

NO-Go to item 8.

8. During the reporting period, did the annuitant have income from any of the following sources?

YES- Enter an "X" in the appropriate box(es) and provide the requested information.

Social Security \$ \_\_\_\_\_ Amount \_\_\_\_\_ Claim Number \_\_\_\_\_

Public Service Pension \$ \_\_\_\_\_ Amount \_\_\_\_\_ Claim Number \_\_\_\_\_

Work \$ \_\_\_\_\_ Amount \_\_\_\_\_ Workers' Compensation \$ \_\_\_\_\_ Amount \_\_\_\_\_ Claim Number \_\_\_\_\_

NO-Go to Item 9

9. Have you been convicted of a criminal or misdemeanor offense under the statutes administered by the Railroad Retirement Board or Social Security Administration within the past fifteen years, or are charges for such an offense currently pending in a court of law?

- YES- Complete Items 9(a) through 9(f) below.  NO-Read the Certification Statement below, and sign the form in the space provided.

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, please give the location of the court in which charges are pending, and the court docket number, if known.
Location: \_\_\_\_\_ Docket Number: \_\_\_\_\_

CERTIFICATION STATEMENT: I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for 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.

Sign here SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
DAYTIME PHONE ( ) \_\_\_\_\_

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## 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 representative payee for the reporting period shown on the form. The RRB's authority for requesting this information is section 7(b)(6) of the Railroad Retirement Act.

Your obligation to provide the requested information is voluntary. **However, your failure to respond can result in your being asked to complete a more detailed report and it may result in a suspension of benefit payments or your removal as 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~~ <sup>GOVERNMENT ACCOUNTABILITY</sup> for audits, to the Justice Department for collecting overpayments owed to the RRB or the Social Security Administration, to law enforcement agencies and in court proceedings. A complete listing of the persons, organizations and agencies to which the information you give us may be released is available at any office of the RRB.

We estimate this form takes an average of 18 minutes per response to complete, including the time needed 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 the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.

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# Representative Payee Duties

## Use of benefits

You must use the railroad retirement benefits you receive for the annuitant in his or her best interest. To do this you must keep yourself informed of what the annuitant needs.

## Record-keeping requirements

As part of your responsibilities as a representative payee, you must keep careful and accurate records regarding your receipt, disbursement and use of the annuitant's funds. Periodically, you will be asked to complete a report which will include the following questions:

- What was the amount of benefits on hand at the beginning of the year?
- How were the railroad retirement benefits available during the year used for support of the annuitant?
- How much of the railroad retirement benefits did you save for the annuitant?
- How did you invest the savings?
- Where did the annuitant live during the year?
- What was the annuitant's amount of income from other sources during the year?

## Reporting to the RRB

The following changes must be reported by the representative payee to the RRB:

- You are discharged as legal guardian.
- A legal guardian is appointed or guardianship changes.
- You are no longer responsible for the annuitant's care.
- Your address changes.
- You are convicted of a criminal offense.
- The annuitant dies.
- The annuitant is restored to competency by a court.
- The annuitant marries, remarries, or divorces.
- The annuitant leaves your custody and care.
- The annuitant's address changes.
- The annuitant is outside the United States for more than 30 consecutive days.
- The annuitant performs any work, including self-employment.
- The annuitant is convicted of a criminal offense.
- The annuitant begins to receive a public service pension, or there is a change in the amount of the pension.
- An application for social security benefits is filed by the annuitant.
- A student annuitant graduates from high school or ceases full-time school attendance.