



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
<OFFICE NAME>
<OFFICE ADDRESS>
<CITY, STATE, ZIP CODE>
WWW.RRB.GOV

Form Approved
OMB No. 3220-0176

PROPOSED

OFFICE HOURS: 9:00 AM TO 3:30 PM
MONDAY THROUGH FRIDAY

TOLL-FREE NUMBER: 1-877-772-5772

RRB Claim No.:
Annuitant's Name:

IMPORTANT: Complete and return this form in the enclosed envelope within 15 days.
Read the Paperwork Reduction Act and Privacy Act Notices on the next page.

CHECK OR ENTER THE CORRECT ANSWER

1. Does the child live with you on a full-time basis? → Yes - Go to Item 6
 No - Complete Items 2, 3, 4, 5, and 6
2. Provide the nearest estimate of the percentage of time that the child lives with you. → 75% (3 weeks per month)
 50% (2 weeks per month)
 Less than 50% (less than 2 weeks per month)

3. Provide the name, address, and daytime telephone number of your child's residence.

Name: _____

Address: _____

City, State, and ZIP Code: _____

Daytime Telephone Number: () _____

4. How often do you visit your child? Daily Weekly Monthly
 Holiday Yearly Other - _____

5. Who is responsible for making decisions regarding the child? _____

6. Certification – I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

Signature _____ Date _____

Relationship to Annuitant or Title _____ ()
Daytime Telephone Number _____

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Use enclosed envelope to return this form to the address shown at left. Fold properly (right above Item 5) so address appears in envelope window.

Paperwork Reduction Act and 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 a review of your performance as representative payee. 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 can result in you being asked to complete a more detailed report and it may result in a suspension of benefit payments or, ultimately, 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 Item 3. Such information may also be disclosed without your approval to the Government Accountability Office 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, if you wish to see it.

We estimate this form takes an average of 5 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 North Rush Street, Chicago Illinois 60611-2092.