

Statement of Care and Responsibility for Annuitant		Annuitant Name								
		Rep Payee Name								
		RRB Claim Number								
1.	Enter the date the annuitant began living with you.	Month	Day	Year						
2.	<p>a. If the annuitant is not living with you, provide the date the annuitant stopped living with you and complete Item 2b.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Month	Day	Year				<p>b. Provide the name, address, and telephone number of the person with whom the annuitant is living.</p>		
Month	Day	Year								
3.	<p>a. Do you believe the annuitant is now capable of managing or directing the management of benefits in his or her best interest?</p> <p>By capable we mean the beneficiary:</p> <ul style="list-style-type: none"> • Is able to understand and act on the ordinary affairs of life, such as providing food, housing, clothing, etc., and • Is able, in spite of physical impairments, to manage funds or direct others on how to manage them. 	<p><input type="checkbox"/> Yes – Go to Item 4</p> <p><input type="checkbox"/> No – Go to Item 3b</p>								
	<p>b. Provide a brief explanation.</p>									
4.	How often does the representative payee visit the annuitant?	_____								
5.	<p>a. Does the representative payee pay toward the annuitant's care and maintenance?</p> <p><input type="checkbox"/> Yes – Go to Item 5b <input type="checkbox"/> No – Go to Item 6</p>									
	<p>b. Enter how much the representative payee pays.</p>	\$ _____								
	<p>c. Indicate the frequency of the payments listed in Item 5b above.</p>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____								
6.	<p>a. Does the annuitant have any unmet personal needs at this time?</p> <p><input type="checkbox"/> Yes – Go to Item 6b <input type="checkbox"/> No – Go to Item 7</p>									
	<p>b. Enter any unmet personal needs.</p>									

7.	a. Does the representative payee give you any instructions for the annuitant's care?	<input type="checkbox"/> Yes - Go to Item 7b	<input type="checkbox"/> No - Go to Item 8
	b. Explain what those instructions are.		
8.	a. Are there other relatives or friends who have provided support and/or shown interest in the annuitant?	<input type="checkbox"/> Yes - Go to Item 8b	<input type="checkbox"/> No - Go to Item 9
	b. Enter the name and relationship.		
	Name	Relationship	
9.	Enter the name and telephone number of the person you would contact in case of an emergency.		
	Name:	Area Code	Telephone Number
10.	Remarks You may use this section if additional space is needed for explaining any answers to the questions.		
11.	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.		
	Name and Telephone Number	Area Code	Telephone Number
	Signature and Date	Month	Day
	Mailing Address (Number and Street, Apt. No., P.O. Box)		
	City	State	ZIP Code