

## REPRESENTATIVE PAYEE EVALUATION REPORT

REPORTING PERIOD FROM: _____ TO: _____		RR EMPLOYEE'S NAME _____
CURRENT RATE _____	TOTAL YEARLY AMOUNT _____	RRB CLAIM NUMBER _____

PAYEE'S NAME _____	PAYEE'S TELEPHONE NUMBER _____	ANNUITANT'S NAME _____
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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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N Rush St, Chicago IL 60611-1275.

### PART I – INFORMATION FROM PAYEE

DATE CONTACTED _____	PAYEE'S ADDRESS _____
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#### 1. GUARDIANSHIP STATUS

(a) Does the annuitant now have a legal guardian?       Yes - **Complete 1(b)**       No - **Go to 2**

(b) Guardian's Name _____	Guardian's Address _____	Guardian's Telephone Number (_____) _____ - _____
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#### 2. CUSTODY

(a) Did the annuitant live alone or with someone       Yes - **Complete 2(b) and 3**       No - **Go to 4**

(b) Name of Custodian	Address of Custodian	Relationship to Annuitant	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?       Yes - Indicate type of contact and enter frequency.       No - Explain why not.

<input type="checkbox"/> Visits: _____	_____	<input type="checkbox"/> No - Explain why not. _____
<input type="checkbox"/> Telephone Calls: _____	_____	_____
<input type="checkbox"/> Letters: _____	_____	_____

(c) Did the payee provide the annuitant with funds for personal spending?       Yes - Indicate to whom the funds were given.       No - Explain why not.

<input type="checkbox"/> Annuitant	_____	<input type="checkbox"/> No - Explain why not. _____
<input type="checkbox"/> Custodian	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

#### 4. USE OF BENEFITS

(a) Has the payee turned over checks or the full amount of the payments to another party?       Yes - Indicate to whom the funds were given.       No

<input type="checkbox"/> Directly to annuitant	_____	<input type="checkbox"/> No
<input type="checkbox"/> To custodian	_____	_____

(b) Has the payee used any of the railroad retirement benefits for his/her own use?       Yes - Enter amount used.       No - Explanation of use.

\$ _____	_____	_____
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(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 whom.       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: _____
(h) Total amount of benefits used.	Total amount [add (c) through (g)]
(i) Did the payee record expenditures (receipts, cancelled checks, etc.)?	<input type="checkbox"/> Yes [Verify any unusual or expensive purchases.] <input type="checkbox"/> 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? <input type="checkbox"/> Cash <input type="checkbox"/> U.S. Savings Bonds <input type="checkbox"/> Checking account <input type="checkbox"/> Savings Account <input type="checkbox"/> Other: _____				
(c) How are the conserved funds designated?				
	TYPE OF HOLDING	REGISTRATION	NAME AND ADDRESS OF BANK	ACCOUNT NUMBER

(d) Are the conserved funds mingled with the funds of another person?	<input type="checkbox"/> Yes - <b>Complete 5(e)</b>	<input type="checkbox"/> No - <b>Go to 6</b>
(e) Are the conserved funds clearly recorded as belonging to the annuitant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. OTHER INCOME**

(a) Did the annuitant have other income which affects entitlement to or use of railroad retirement benefits?	<input type="checkbox"/> Yes - <b>Complete 6(b) and (c)</b>	<input type="checkbox"/> No - <b>Go to 7</b>
(b) Indicate the type(s) of other income. <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> VA Benefits <input type="checkbox"/> SS Benefits <input type="checkbox"/> Public assistance (Explain) <input type="checkbox"/> Other: _____		
(c) Is there another payee for other income?	<input type="checkbox"/> Yes - <b>Complete 6(d)</b>	<input type="checkbox"/> No - <b>Go to 7</b>
(d) Name of Other Payee	Address	Telephone Number (____) _____ - _____

**7. CRIMINAL OFFENSE/MISDEMEANOR CONVICTIONS**

Has the payee ever been convicted of a felony under any statute or a misdemeanor offense under the statutes administered by the RRB or SSA or are charges for such an offense currently pending in a court of law?	<input type="checkbox"/> Yes - <b>Complete 7(a)-(f)</b>	<input type="checkbox"/> No - <b>Go to 8</b>
(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.)**

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**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.  No  
 Visited - How frequently? \_\_\_\_\_  
 Provided clothing  
 Other: \_\_\_\_\_

(h) Did the payee provide money for the annuitant's personal use?  Yes - Enter amount provided.  No \$ \_\_\_\_\_

(i) 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?  Yes  No

**2. REMARKS (Continue on a separate sheet of paper, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_

**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 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 Government Accountability 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 – CERTIFICATION**

*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 cor-*

PAYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO ANNUITANT \_\_\_\_\_

CUSTODIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART V – EVALUATION AND ACTION TAKEN**

(Continue on a separate sheet of paper, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE AND TITLE

FIELD OFFICE

DATE