

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"/> Telephone Calls: _____	<input type="checkbox"/> Letters: _____	
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(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"/> Custodian	<input type="checkbox"/> Other: _____	
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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"/> To custodian	
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(b) Has the payee used any of the railroad retirement benefits for his/her own use? Yes - Enter amount used. No - Explanation of use.

\$ _____

(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

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