

# Representative Payee Survey

Show any address change next to your address below.

U.S. Office of Personnel Management Retirement Surveys & Students Branch 1900 E Street, NW - Room 2416 Washington, DC 20415-0001	
Date	Claim number
Survey period	Case name
	Annuitant's name

The purpose of this questionnaire is to ensure that Federal retirement benefit payments are being used in the best interests of the annuitant named above. The Office of Personnel Management (OPM) previously approved you as the Representative Payee because a determination was made that the annuitant was incapable of handling his or her own affairs. The information below may assist you while completing the survey:

- If you are a court-appointed fiduciary for the annuitant and are required to make an annual accounting to the court, OPM may be able to accept your annual accounting in lieu of the Representative Payee Survey (RI 38-115). If you do elect to submit an annual accounting in lieu of this Representative Payee Survey, please ensure that the accounting completely addresses all the following survey questions.
- If you are completing this form on behalf of an organization, please provide your organization's Taxpayer Identification Number (TIN) in the designated area.
- The annuitant's earnings may be considered in determining his or her continued eligibility for benefits and/or may affect their status as an individual incapable of self-support. Do not include Social Security benefits, Federal retirement and/or survivor benefits. Report only earned income for the annuitant.
- For the purpose of this survey, a child is either an unmarried minor (*under age 18*), or an unmarried disabled dependent child (*determined to be disabled prior to age 18, even if he or she is now over age 18*).
- If the annuitant is deceased, you are required to return all payments received after the death of the annuitant to the U.S. Department of the Treasury.

Please read and respond to each question in the space provided. The completed form can be returned in the enclosed envelope to the address shown in the upper right-hand corner of this notice. **Please return the completed form within 30 days after the date of this survey or we will have to stop paying these benefits.** We appreciate your cooperation.

If you need another form or have questions, please call (202) 606-0249. Individuals calling from outside the Washington, DC area can call our Retirement Information Office toll free at 1-888-767-6738. You can also go to [www.opm.gov](http://www.opm.gov) for additional information or write to OPM at the address shown above.

**Retirement Surveys and Students Branch**

The survey pertains to the benefits you received as Representative Payee for \_\_\_\_\_ (Annuitant's name)  
from \_\_\_\_\_ (mm/dd/yyyy) through \_\_\_\_\_ (mm/dd/yyyy). It also includes any money you reported as saved from a  
previous reporting period.

1. Is the annuitant listed above still living? If no, provide date of death and return all payments received after death to the U.S. Department of Treasury.

Yes  No (Please indicate the date of death.) Date of Death (mm/dd/yyyy) —▶

2. Are you currently serving as the Representative Payee for the above-named annuitant?

Yes  No (Please provide a name and address of the person responsible.)

3. Are you, or anyone else, currently serving as either a Representative Payee, or Court-Appointed Conservator, Guardian or Fiduciary for any other Federal agency for the annuitant listed above? If yes, please explain:

4. Have you been dismissed as a Representative Payee or convicted of a felony or crime related to misuse of funds? (This does not apply to Organizational Representative Payees.)

Yes (Please explain the felony.)  No

5. Have you (the Representative Payee) filed for bankruptcy during this survey period?

Yes (Please explain the bankruptcy.)  No

6. Where does the annuitant live?

With you  In his or her own home  Elsewhere (Please provide the name and address of the person/facility caring for the annuitant.)

7. If you are receiving payment on behalf of a child, including an adult disabled dependent, has the child married? Or if you are receiving payment on behalf of a surviving spouse, have they re-married prior to age 55?

Yes (Please attach a copy of the marriage certificate.)  No  Not Applicable

8. Has the child or adult disabled dependent earned money during the survey period?

Yes (Please enter earnings in 8a. Do not include Social Security benefits or any annuities.)

No

8a. Amount Earned (e.g. W-2 wages), if yes to Question 8.

\$

8b. Where does the annuitant work, if yes to Question 8?

9. Did you turn over any of the annuity benefits to another person during the survey period?

Yes (Please explain below.)  No

10. How much did you receive in annuity benefits during the reporting period?

\$

11. How much was spent on food, housing, and clothing during the reporting period?

\$

12. How much of the benefits paid were spent on other things, such as education, medical, recreational, or personal items?

\$

13. Was this decision to spend or save the annuitant's benefits made only by you?

Yes  No (Please explain below.)

14. How much did you save from the previous reporting period? \$

15. Did you save any of the money for the future needs of the annuitant this survey period?

Yes (Please provide account information below.)  No (Please explain below.)

16. Where are the annuity payments deposited and saved? Specify the type of account (checking, savings, etc.), who has access to the account, and the name on the account.

17. What is the current balance in the account? \$

18. Annuitant's Social Security Number

**Warning:** Any intentionally false statement in this response or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

Signature of Representative Payee	Daytime phone number (including area code)	Date (mm/dd/yyyy)
Email address	Organization Taxpayer Identification Number	

**Privacy Act Statement**

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on RI 38-115, pursuant to Title 5 U.S. CFR, Parts 8347(a) and 8461(g), which discuss the law and regulations relating to the payment of retirement benefits. OPM is authorized to collect your Social Security Number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** This form is used to collect information about how the monies OPM has paid to a representative payee have been used or conserved for the benefit of the incompetent annuitant. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at [www.opm.gov/privacy](http://www.opm.gov/privacy). **Consequences of Failure to Provide Information:** Failure to provide this information would hamper OPM's efforts to oversee the payment of annuities to persons who are charged with using the money for the benefit of someone else.

**Public Burden Statement**

We estimate completing this form takes approximately 20 minutes. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management, Retirement Services Publications Team (3206-0208), Washington, DC 20415-0001. The OMB number, 3206-0208, is currently valid. OPM may not collect this information, and you are not required to respond, unless the number is displayed.