

<b>Statement Regarding Patient's Capability to Manage Benefits</b>	RRB Claim Number:	
	Employee's SS Number:	
	Employee's Name:	
	Beneficiary's SS Number:	
	Beneficiary's Name:	
<b>Print the name, address, and telephone number of the Physician/Medical Officer in the space below.</b>		<b>RRB Information</b>
Name:	Office Number:	
Address:	Date Released:	
Telephone Number:	U. S. RAILROAD RETIREMENT BOARD	

**Paperwork Reduction Act and Privacy Act Notices**

This report is authorized by Section 7 of the Railroad Retirement Act, as amended (45 U.S.C. 231f). While you are not required to respond, your cooperation will help us decide whether any railroad retirement benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Although we cannot reimburse you for your services, your cooperation in completing and returning this statement will be appreciated. Please answer all items as completely as possible. If you need more space, you may use Item 8 for this purpose. For your convenience we have enclosed an envelope requiring no postage.

We estimate this form takes an average of 6 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 & Compliance, Railroad Retirement Board, 844 N. Rush St., Chicago, Illinois 60611-1275.

<b>Patient Name and Address - Please Print</b>	
1.	
<b>Physician's Statement</b>	
2. Provide the date of your most recent examination.  Month                      Day                      Year	3. In your opinion, is the patient able to manage benefit payments in the patient's best interest?  <input type="checkbox"/> Yes -- Go to Item 9 <input type="checkbox"/> No -- Go to Item 4
<p><b>NOTE:</b> <i>The ability to manage benefit payments in the patient's best interest is the ability to understand and act on the ordinary affairs of life, such as providing for one's own adequate food, housing, clothing, etc., and the ability, in spite of physical impairment, to manage funds. The physical ability to endorse checks is not sufficient to indicate the ability to manage benefit payments.</i></p>	
4. Do you expect the patient to recover sufficiently to handle benefit payments in the patient's best interest?  <input type="checkbox"/> Yes _____ Expected date of recovery <input type="checkbox"/> No <input type="checkbox"/> Undetermined	

