

## Representative Payee Application

Use this form to apply to become the representative payee for a member of MFPRSI who can no longer handle his or her personal affairs. If you are approved as representative payee, you may be required to account to MFPRSI for the use of payments. You will be required to report to MFPRSI at the time of the member's death and return any necessary payments not due to the member.

Upon receipt of your application MFPRSI will process it as quickly as possible. If you have questions, please contact us at the address or phone number listed above.

<u>Representative Payee Information</u>			
First Name	Last Name		
Street Address	City	State	Zip
Email		Phone	

<u>Member Information</u>		
First Name	Last Name	Last 5 Digits of SSN
Name of the person with whom the member lives	Phone of the person with whom the member lives	
Address of the person with whom the member lives		

**Does the member have a court-appointed legal representative?**    Yes     No

If yes, complete the following Legal Representative Information section.

<u>Legal Representative Information</u>			
If you are the legal representative for the member listed on this application, please forward a certified copy of your appointment papers.			
First Name	Last Name		
Street Address	City	State	Zip
Phone			

## Representative Payee Application

Does the member have any close relatives that have an interest in the member? Yes  No

If yes, provide the following information:

\_\_\_\_\_  
 Name of close relative

\_\_\_\_\_  
 Phone of close relative

\_\_\_\_\_  
 Address of close relative

**Explain why you should be the representative payee for the member.**

\_\_\_\_\_  
**Please describe your relationship with this member and the nature of the entity you represent (e.g., social service agency).**

\_\_\_\_\_  
 Are you the legal payee for the member's Social Security checks, etc.? Yes  No

**Please provide additional information that is appropriate under the circumstances of this application:**

Please read the following information carefully before signing this form:

**I understand that:**

- I must use all payments made to me as the representative payee for the member's current needs or (if not currently needed) save them for his/her future needs.
- I may be held personally liable for repayment if I misuse the payments or if I am at fault for any overpayment of benefits.

**I agree to:**

- Provide information regarding the use of the payments if requested by MFPRSI.
- Notify MFPRSI when the member dies, leaves my custody or otherwise changes his/her living arrangements or when I no longer have responsibility for his/her care and welfare.
- Comply with the conditions for returning checks that the member is not due (e.g. checks received following the member's death).
- Notify MFPRSI promptly if I can no longer act as representative payee or if the member no longer needs a representative payee.

**Representative**

**Payee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_