

# 2024 CONGRESSIONAL INQUIRIES GUIDE



Securing today  
and tomorrow

SOCIAL SECURITY ADMINISTRATION

Office of the Deputy Commissioner for Legislation and Congressional Affairs



We publish *The Congressional Inquiries Guide* to assist congressional offices with Social Security related matters, and I am pleased to provide you with the latest version. This *Guide* includes an overview of the programs we administer, descriptions of benefits, and agency contact information.

In addition, we offer many services and a wealth of information online at [www.ssa.gov](http://www.ssa.gov). Please consider encouraging people to sign up for a free online *my* Social Security account, which provides:

- personalized estimates of future benefits based on actual earnings;
- access to their earnings history Statement;
- online applications for benefits and to replace a Social Security Number card;
- the ability to change current account information such as a change of address; and,
- much more.

Our goal is to ensure that everyone who needs our services can access them. Our dedicated and knowledgeable employees are ready to support your staff as we work together to serve your constituents. Please do not hesitate to contact us.

Martin J. O'Malley  
Commissioner

# SOCIAL SECURITY ADMINISTRATION (SSA) REFERENCE GUIDE



Securing today  
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SSA Headquarters Address	Commissioner of Social Security 6401 Security Boulevard Baltimore, MD 21235
Legislative Issues	Deputy Commissioner for Legislation and Congressional Affairs 250 E Street, SW, 8 <sup>th</sup> Floor Washington, DC 20254 Office: 202-358-6030 Fax: 202-358-6074
Critical Case Issues	Director Legislative and Constituent Services Staff 3211 Altmeyer 6401 Security Boulevard Baltimore, MD 21235 Office: 410-965-3930 Fax: 833-410-1632 Email: <a href="mailto:olca.ccrs.criticalcase@ssa.gov">olca.ccrs.criticalcase@ssa.gov</a>
Member Services	SSA Liaison Office B245 Longworth House Building Washington, DC 20515 Office: 202-225-3133 Fax: 202-225-3144
Hearings Issues with the Office of Hearings and Operations	Deputy Commissioner for Hearings Operations 7 <sup>th</sup> floor Altmeyer 6401 Security Boulevard Baltimore, MD 21235 Office: 410-965-6006 Fax: 833-964-2258
SSA Toll-Free 800 Number	1-800-772-1213
Office of Analytics, Review, and Oversight	Deputy Commissioner for Analytics, Review, and Oversight Office of Appellate Operations Claimant & Public Assistance Branch 6401 Security Boulevard Baltimore, MD 21235 Office: 877-670-2722 Fax: 833-763-0405
Telephone Device for the Deaf	1-800-325-0778
Medicare Toll-Free 800 Number	1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048)
SSA's Internet Address	<a href="http://www.ssa.gov">www.ssa.gov</a>
Processing Centers Addresses and Telephone Numbers	See pages 10 through 13
Office of Central Operations, Office of Disability Operations, Office of Earnings and International Operations Addresses and Telephone Numbers	See page 13
Regional Offices Addresses and Telephone Numbers	See pages 14 and 15
Medicare and Medicaid Issues	See pages 43 through 47

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## INTRODUCTION TO THE GUIDE

This guide is designed to:

- Offer an overview of SSA's benefit programs and other related Federal and State benefit programs which your constituents may be eligible for;
- Describe the various stages of a constituent's claim after applying for benefits;
- Inform you which office has jurisdiction over a claim at each processing stage; and,
- Assist you in determining which of our offices can respond to a claims-related inquiry.

Congressional offices may request additional copies of this *Congressional Inquiries Guide* at the following URL: [www.ssa.gov/legislation/congguide.html](http://www.ssa.gov/legislation/congguide.html)

## SSA HEADQUARTERS AND DISTRICT OF COLUMBIA ADDRESSES

Our headquarters is in Woodlawn, Maryland (suburban Baltimore). We have 10 regional offices and more than 1,000 field offices located throughout the 50 states, the District of Columbia, and the U.S. territories. You may contact any of our offices for assistance on any Social Security-related issue. We have provided addresses and telephone numbers for your use throughout this guide. If you would prefer to contact our headquarters office, here are the points of contact.

### ADDRESS FOR LETTERS:

#### COMMISSIONER

Commissioner of Social Security  
6401 Security Boulevard  
Baltimore, MD 21235

#### LEGISLATIVE ISSUES

Deputy Commissioner for Legislation  
and Congressional Affairs  
250 E Street, SW  
Washington, DC 20254

#### Telephone Numbers

Office: 202-358-6030  
Fax: 202-358-6074

#### CRITICAL CASE ISSUES

Our Legislative and Constituent Services Staff handles claims and administrative matters of interest from Members of Congress and their staffs. Address critical case correspondence to:

Director  
Legislative and Constituent Services Staff  
3211 Altmeyer  
6401 Security Boulevard  
Baltimore, MD 21235

#### Telephone Numbers

Office: 410-965-3930  
Fax: 833-410-1632  
Email: [olca.ccrs.criticalcase@ssa.gov](mailto:olca.ccrs.criticalcase@ssa.gov)

#### SSA LIAISON OFFICE ON CAPITOL HILL

Our Liaison Office on Capitol Hill is located at B245 Longworth House Building. The telephone number is 202-225-3133; the fax number is 202-225-3144. The office is open 8:30 a.m. to 5:00 p.m. Monday through Friday. The office is fully equipped to ensure quick access to information for Members of Congress, initiate claims-related activities, and respond to inquiries from Members on behalf of their constituents.





## SPECIAL MESSENGER SERVICE TO BALTIMORE FROM CAPITOL HILL

A special messenger service, which provides daily deliveries to SSA, is available from both the Senate and the House of Representatives. All letters intended for delivery using this expedited service should be addressed to: Social Security Administration, Baltimore, Maryland 21235. The envelope should bear the legend: SPECIAL MESSENGER SERVICE TO SSA-BALTIMORE. Letters from the Senate should be either hand delivered to the main window of the Senate Post Office, B 17 Senate Dirksen Office Building or inserted in an interoffice envelope addressed to the Postmaster and placed in the “inside” mail. Address letters from the House of Representatives to the Postmaster and place in the “inside” mail.

## DISABILITY HEARINGS

The Office of Hearings Operations has jurisdiction for all cases that have reached the hearings level. Address correspondence concerning cases pending before an Administrative Law Judge to:

Deputy Commissioner for Hearings Operations  
7<sup>th</sup> floor Altmeyer  
6401 Security Boulevard  
Baltimore, MD 21235

Telephone Numbers  
Office: 410-965-6006  
Fax: 833-964-2258

The Office of Appellate Operations has jurisdiction for all cases that have reached the Appeals Council. Address correspondence concerning cases pending before the Appeals Council to:

Deputy Commissioner for Analytics,  
Review, and Oversight  
Claimant & Public  
Assistance Branch  
6401 Security Boulevard  
Baltimore, MD 21235

Telephone Numbers  
Office: 877-670-2722  
Fax: 833-763-0405  
Email: [DCARO.OAO.CPAB.Wkld@ssa.gov](mailto:DCARO.OAO.CPAB.Wkld@ssa.gov)

## INFORMATION TO INCLUDE WITH INQUIRIES

If the constituent you are inquiring for has applied or is receiving Social Security benefits or Supplemental Security Income (SSI) payments, please include the constituent’s Social Security claim number. The claim number is the nine-digit Social Security number (SSN) of the worker on whose earnings record Social Security benefits have been applied for or are being paid. SSA maintains a secure email link with Congressional offices, so the SSN will be secure. (**NOTE:** This may not be the SSN of the person receiving the benefits. For example, a woman receiving widow’s benefits should provide her deceased spouse’s name and SSN.)

## PRIVACY ACT RESTRICTIONS

Under the Privacy Act, we may disclose information in our records about an individual to a Member of Congress only at the request of the subject individual. We can provide non-tax return information (e.g., status of claims, etc.) to individual Members of Congress or staff based on a written or oral request, which specifies that the source of the request is an inquiry from the subject individual. If the information requested is tax return information (e.g., earnings), we may disclose this information only when we receive a dated authorization signed by the subject individual within 120 days of the request.

If the source for the Member of Congress’ request is an inquiry from a third party (e.g., someone other than the subject individual), we can provide the information to the Member of Congress only if the subject individual consents in writing.

**NOTE:** Under 42 U.S.C. 1306, SSA may only disclose records in accordance with the agency’s regulations. Please refer to 20 CFR 401.170(b).



## HOW WE WILL HANDLE YOUR INQUIRY

When we receive a congressional inquiry, we determine which agency office is in the best position to reply. For example, if an inquiry concerns a retirement claim, we may refer the inquiry to the Processing Center (PC) that has the claim records, because that office is in the best position to respond. Pages 10 through 15 identify our PCs and regional offices and explain how to determine which office has jurisdiction of a particular SSN.

We respond to inquiries as quickly as possible; however, sometimes we must gather the information necessary to fully respond or wait for the action related to your inquiry. If we cannot fully reply within 15 workdays after we receive a congressional inquiry, we provide an interim response. In cases where we expect lengthy delays before any change in status, we provide an interim response indicating the processing stage of the claim or issue (e.g., pending in the Appeals Council) and explain we will notify you once we complete the action.

## SSA'S INTERNET FEATURES

We recently launched our redesigned website at [ssa.gov](https://www.ssa.gov). Many of the most visited sections of our site are live with a more user-friendly and task-based approach. This improved self-service capability allows many people to skip calling or visiting an office, which allows our staff focus on those visitors who require in-person service. We will continue to unveil new pages and improvements based on feedback from the public.

Visitors to our site can use interactive tools to conduct a variety of business with Social Security:

- Benefits
  - Check eligibility for benefits using our new benefit eligibility screener at <https://www.ssa.gov/prepare/check-eligibility-for-benefits>.
  - Find out the correct full retirement age at <https://www.ssa.gov/benefits/retirement/planner/ageincrease.html>.
  - Use our online benefit calculators at <https://www.ssa.gov/benefits/calculators/>.
  - Apply or begin an application for Social Security benefits at <https://www.ssa.gov/apply>.
  - Start an application for Supplemental Security Income (SSI) and establish a protective filing date at <https://www.ssa.gov/benefits/ssi/start.html>.
  - Print or download a current Benefit Verification Letter for proof of benefits.
- Appeals
  - Appeal a medical decision at <https://www.ssa.gov/apply/appeal-application-decision>.
  - Return to a saved appeal at <https://secure.ssa.gov/iApplsRe/restart>.
  - Appeal a non-medical decision at <https://secure.ssa.gov/iApplNMD/start>.
  - Appeal an application decision at <https://www.ssa.gov/apply/appeal-application-decision>.
  - Check the status of an application or appeal at <https://www.ssa.gov/apply/check-application-or-appeal-status>.
- SSN card transactions at <https://www.ssa.gov/ssnumber>
  - Request an SSN for the first time.
  - Start an application for an updated SSN card.
  - Learn whether they are eligible to request a replacement SSN card online.



- Payments
  - Repay overpaid benefits at <https://www.ssa.gov/manage-benefits/repay-overpaid-benefits>.
  - Request to withhold income taxes from benefit payments at <https://www.ssa.gov/manage-benefits/request-withhold-taxes>.
  - View their benefit payment schedule at <https://www.ssa.gov/manage-benefits/view-benefit-payment-schedule>.
- Social Security record
  - Find out whether they are able to request a name change online at <https://www.ssa.gov/personal-record/change-name>.
  - Update their contact information at <https://www.ssa.gov/personal-record/update-contact-information>.
  - Update an incorrect birthday at <https://www.ssa.gov/personal-record/update-incorrect-birthday>.
  - Update the sex identification marker in their record at <https://www.ssa.gov/personal-record/update-sex-identification>.
- Medicare
  - Apply for Medicare at <https://www.ssa.gov/benefits/medicare/> or help with Medicare Prescription Drug Plan costs at <https://www.ssa.gov/benefits/medicare/prescriptionhelp.html>.
  - Return to a saved application at [secure.ssa.gov/iClaim/rib](https://secure.ssa.gov/iClaim/rib).
  - Check the status of a Medicare application at <https://www.ssa.gov/apply/check-application-or-appeal-status>.
  - Request a replacement Medicare Card using a *my* Social Security account.
- Accessibility
  - Get help receiving information for individuals who are blind or visually impaired at <https://www.ssa.gov/people/blind/>.

Visitors can also sign up for a *my* Social Security account at <https://www.ssa.gov/myaccount>. With a *my* Social Security account, individuals can:

- Start or change direct deposit;
- Request a replacement SSA-1099;
- Get a personalized *Social Security Statement*, which includes earnings information and estimates of future benefits;
- Access a retirement calculator; and,
- Request a replacement Medicare card.

We offer online services for others who may need to work with us, including businesses, governments, organizational payees, and third parties.

- [Business Services Online \(BSO\)](https://www.ssa.gov/bso/bsowelcome.htm) at [www.ssa.gov/bso/bsowelcome.htm](https://www.ssa.gov/bso/bsowelcome.htm) provides ongoing opportunities for employers to correct errors before, during, and after the development and submission of their wage reports by providing the following services:
  - Verify that employee names and SSNs match our records by using the Social Security Number Verification Service (SSNVS) application before submitting wage reports;
  - Create, save, resume, print, and submit Forms W-2/W-2c online;



- View status, error, and notice information for W-2/W-2c reports;
- Acknowledge receipt of a notice from Social Security asking the employer to resubmit W-2 data; and,
- For rejected W-2 reports, request a one-time 15-day extension beyond the normal 45-day resubmittal deadline.
- Government to Government Services Online at [www.ssa.gov/gso/gsowelcome.htm](http://www.ssa.gov/gso/gsowelcome.htm) allows authorized governmental organizations to conduct business with and submit confidential information to SSA.
- Electronic Records Express [www.ssa.gov/ere/](http://www.ssa.gov/ere/) provides electronic options for submission of health or school records for disability claims.
- Organizations can file a Representative Payee Accounting Report as an organization at [www.ssa.gov/payee/form/index.htm](http://www.ssa.gov/payee/form/index.htm).
- Representative Payees who are blind or visually impaired can select or change the way information is received [www.ssa.gov/people/blind/](http://www.ssa.gov/people/blind/).

Our website dedicated to Congressional offices is available at [www.ssa.gov/legislation](http://www.ssa.gov/legislation). This page includes information about our legislative program, legislative research, and other pertinent Congressional activities. It includes:

- Legislative summaries from the 112th through the current Congress;
- Chronology of enacted SSA-related legislation;
- Legislative proposals to Congress;
- Agency testimony before the 112th through the current Congress;
- Reports to Congress;
- Program fact sheets; and,
- Laws and regulations.

## MONTHLY NEWSLETTER

The Social Security Update is a monthly newsletter covering important, current topics. Although it is written primarily for the advocate audience, anyone can subscribe to the newsletter at [www.ssa.gov/news/newsletter](http://www.ssa.gov/news/newsletter)

We frequently add new features to the website. Check our web page to find the newest services available online at [www.ssa.gov](http://www.ssa.gov).

## CONGRESSIONAL NEWSLETTER

We release issues of our Congress-focused newsletter, Congressional Update, periodically throughout the year. The newsletter is sent to Social Security staffers and posted on our website at [www.ssa.gov/legislation/other.html](http://www.ssa.gov/legislation/other.html).

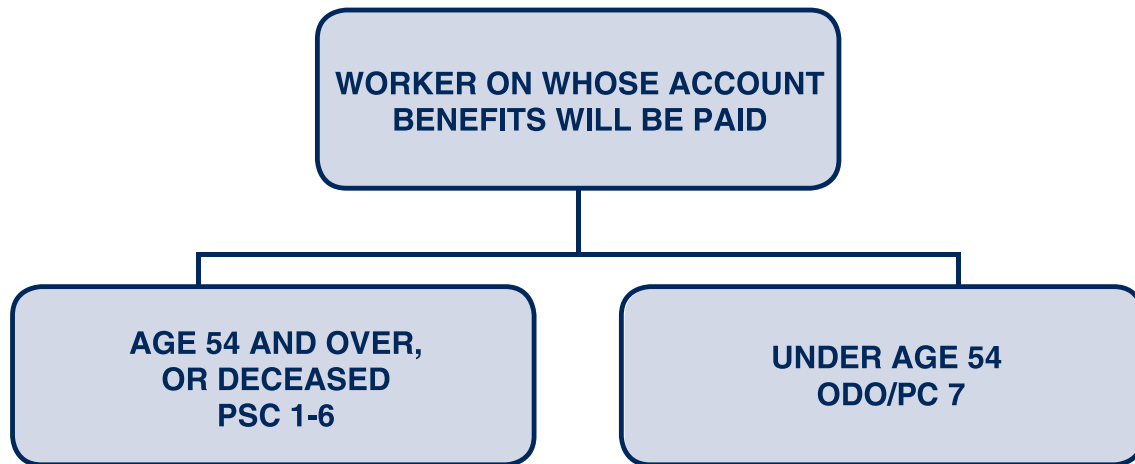


## PROCESSING CENTER (PC) JURISDICTION

If you wish to call or write a PC about a claim, you must first determine which PC has jurisdiction of that claim. SSA determines PC jurisdiction by the type of claims and account number of the worker on whose record the claims-related inquiry is made. This is not always the SSN of the person making the claim.

The Office of Disability Operations (ODO) PC 7 handles most, but not all, claims for disabled workers and their families. However, the age of the worker also determines PC jurisdiction. Please refer to the following chart to identify the PC jurisdiction of a Social Security record.

**NOTE:** Please see page 13 for information on records under the jurisdiction of our Office of Earnings and International Operations (OEIO) PC 8.





## PROCESSING CENTER TELEPHONE NUMBERS

Each PC is divided into several operating components, each handling a specific range of Social Security numbers. To determine which number to call, find the first three digits of the worker's Social Security number on the chart below and use the corresponding telephone number.

**NOTE:** SSN assignments below are for PCs 1-6 only. Please contact ODO (PC 7) regarding disability claims for claimants under age 54 and OEIO (PC 8) for records with international issues. See page 14 for contact information for ODO (PC 7) and OEIO (PC 8).

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First Three Digits of the SSN	Telephone Numbers
-------------------------------	-------------------

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<b>NORTHEASTERN (PC 1)</b>	Office: 718-557-3500 Fax: 718-557-3570
001 – 134 729 805 – 808	

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<b>MID-ATLANTIC (PC 2)</b>	Office: 215-597-8050 Fax: 215-597-0371
135 – 222 232 – 236 577 – 584 596 – 599 691 – 699 809 – 826	

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<b>SOUTHEASTERN (PC 3)</b>	Office: 205-801-2600 Fax: 205-801-2622
223 – 231 237 – 267 400 – 428 587 – 595 654 – 658 667 – 675 681 – 690 730 752 – 763 766 – 804	

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<b>GREAT LAKES (PC 4)</b>	Office: 312-575-6930 Fax: 312-575-6931
268 – 302 316 – 399 700 – 728 731	

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## Processing Center Telephone Numbers (continued)

First Three Digits of the SSN	Telephone Numbers
<b>WESTERN (PC 5)</b>	Office: 510-970-1772 Fax: 510-970-1771
501 – 504	
516 – 524	
526 – 576	
586	
600 – 626	
646 – 647	
650 – 653	
680	
733 – 751	
764 – 765	
827 – 867	
<b>MID-AMERICA (PC 6)</b>	Office: 816-936-5320 Fax: 816-936-5322
303 – 315	
429 – 500	
505 – 515	
525 & 585	
627 – 645	
648 – 649	
659 – 665	
676 – 679	
732	
868 – 899	

## PROCESSING CENTER JURISDICTION BY SOCIAL SECURITY NUMBERS (SSN)

For reference, the following is a sequential list of the first three-digits of SSN assignments and the corresponding PC jurisdiction.

**NOTE:** SSN assignments below are for PCs 1-6 only. Please contact ODO (PC 7) regarding disability claims for claimants under age 54 and OEIO (PC 8) for records with international issues.

First Three Digits of the SSN	Processing Center
001 – 134	Northeastern
135 – 222	Mid-Atlantic
223 – 231	Southeastern
232 – 236	Mid-Atlantic
237 – 267	Southeastern
268 – 302	Great Lakes
303 – 315	Mid-America
316 – 399	Great Lakes
400 – 428	Southeastern
429 – 500	Mid-America
501 – 504	Western
505 – 515	Mid-America
516 – 524	Western
525	Mid-America
526 – 576	Western



First Three Digits of the SSN	Processing Center
-------------------------------	-------------------

577 – 584	Mid-Atlantic
585	Mid-America
586	Western
587 – 595	Southeastern
596 – 599	Mid-Atlantic
600 – 626	Western
627 – 645	Mid-America
646 – 647	Western
648 – 649	Mid-America
650 – 653	Western
654 – 658	Southeastern
659 – 665	Mid-America
667 – 675	Southeastern
676 – 679	Mid-America
680	Western
681 – 690	Southeastern
691 – 699	Mid-Atlantic
700 – 728	Great Lakes
729	Northeastern
730	Southeastern
731	Great Lakes
732	Mid-America
733	Western
750 – 751	Western
752 – 763	Southeastern
764 – 765	Western
766 – 804	Southeastern
805 – 808	Northeastern
809 – 826	Mid-Atlantic
827 – 867	Western
868 – 899	Mid-America

## PROCESSING CENTER (PC) ADDRESSES

If you wish to write to a PC handling your inquiry, you may do so at the address shown below:

### ***Northeastern PC (1)***

Social Security Administration  
Northeastern Processing Center  
P.O. Box 4000 – Jamaica, NY 11431  
[NY.ARC.PCO.IE.NEPC@ssa.gov](mailto:NY.ARC.PCO.IE.NEPC@ssa.gov)

### ***Mid-Atlantic PC (2)***

Social Security Administration  
Mid-Atlantic Processing Center  
P.O. Box 3429 – Philadelphia, PA 19123  
[PHI.ARC.PCO.I.and.E.Cong@ssa.gov](mailto:PHI.ARC.PCO.I.and.E.Cong@ssa.gov)

### ***Southeastern PC (3)***

Social Security Administration  
Southeastern Processing Center  
1200 Reverend Abraham Woods, Jr. Boulevard  
Birmingham, AL 35285  
[Sepsc.econgressional@ssa.gov](mailto:Sepsc.econgressional@ssa.gov)

### ***Great Lakes PC (4)***

Social Security Administration  
Great Lakes Processing Center, I & E Staff  
P.O. Box 7614 – Chicago, IL 60680  
[GLPSC.Cong@ssa.gov](mailto:GLPSC.Cong@ssa.gov)

### ***Western PC (5)***

Social Security Administration  
Western Processing Center  
Inquiries and Expediting Unit, R3  
P.O. Box 2346 – Richmond, CA 94802  
[SF.WNPSC.I.E@ssa.gov](mailto:SF.WNPSC.I.E@ssa.gov)

### ***Mid-America PC (6)***

Social Security Administration  
Mid-America Processing Center  
P.O. Box 15487 – Kansas City, MO 64106  
[MAMPSC.Inq.and.Exp.Sec@ssa.gov](mailto:MAMPSC.Inq.and.Exp.Sec@ssa.gov)





## OFFICE OF CENTRAL OPERATIONS (OCO)

OCO includes two Program Centers: Office of Disability Operations (ODO) PC 7 and Office of Earnings and International Operations (OEIO) PC 8.

## OFFICE OF DISABILITY OPERATIONS (ODO) – (PC 7)

The Congressional Liaison Staff in ODO has jurisdiction of all congressional inquiries in PC 7. The staff can be reached at 410-966-9996 or email at [OCO.CLS@SSA.GOV](mailto:OCO.CLS@SSA.GOV). You may also fax your request to 410-966-9730 or 410-966-7640.

If you wish to write to ODO (PC 7) regarding any record under their jurisdiction, you may do so at the address shown below:

Patrice Stewart  
Associate Commissioner  
for Central Operations  
Office of Disability Operations, CLS  
P.O. Box 32928  
Baltimore, MD 21241

## OFFICE OF EARNINGS AND INTERNATIONAL OPERATIONS (OEIO) – PC 8

OEIO processes all actions on a record where at least one claimant or beneficiary: (1) resides outside the United States or (2) is filing for or receiving a totalization benefit from one of the countries listed on page 52. You can reach OEIO (PC 8) by phone at 410-965-0160, by email [OCO.OEIO.DIO.TPWU@ssa.gov](mailto:OCO.OEIO.DIO.TPWU@ssa.gov) or via fax at 410-966-6032.

If you wish to write to OEIO regarding any record under their jurisdiction, you may do so at the address shown below:

Patrice Stewart  
Associate Commissioner  
for Central Operations  
Office of Earnings and International Operations, TPWU  
P.O. Box 17759  
Baltimore, MD 21235

## OFFICE OF EARNINGS AND INTERNATIONAL OPERATIONS (OEIO) – EARNINGS

OEIO maintains records of workers' earnings, furnishes earnings statements, and resolves individual and employer earnings' problems. You can reach OEIO by phone at 410-966-8454, by email [OCO.OEIO.DEBS.Controls@ssa.gov](mailto:OCO.OEIO.DEBS.Controls@ssa.gov), or via fax at 410-966-1637.

If you wish to write to OEIO regarding any record under their jurisdiction, you may do so at the address shown below:

Patrice Stewart  
Associate Commissioner  
for Central Operations  
Office of Earnings and International Operations  
P.O. Box 33000  
Baltimore, MD 21290



## SSA REGIONAL OFFICES

If you wish to call or write to a regional office about a claim or any other SSA-related issue, please refer to the following lists for the appropriate address or telephone number. The states and territories served by each regional office are on page 15.

## REGIONAL OFFICE TELEPHONE CONTACTS

Regional Office	Contact Person	Telephone Number
Boston – Region 1	LaShonda Downing	617-565-2881 Fax: 833-914-1971
New York – Region 2	Everett Lo	212-264-2500 Fax: 833-914-1786
Philadelphia – Region 3	Shawn Fordham	215-597-3747 Fax: 833-914-2038
Atlanta – Region 4	Patti Patterson	404-562-5500 Fax: 833-928-2398
Chicago – Region 5	Doug Nguyen	312-575-4050 Fax: 833-914-1889
Dallas – Region 6	Sarah Schultz-Lackey	214-767-3407 Fax: 833-914-1778
Kansas City – Region 7	John Powell	816-936-5740 Fax: 833-914-1962
Denver – Region 8	Shayla Hagburg	303-844-0687 Fax: 303-844-1888
San Francisco – Region 9	Patricia Raymond	510-970-8430 Fax: 510-970-8218
Seattle – Region 10	Shayla Hagburg	303-844-0687 Fax: 303-844-1888



## REGIONAL OFFICE ADDRESS AND SERVICE AREAS

Regional Office	Mailing Address	Service Area
Boston	Office of the Regional Commissioner Social Security Administration 15 New Sudbury Street JFK Federal Building, Room 1900 Boston, MA 02203	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
New York	Office of the Regional Commissioner Social Security Administration Room 40-120, 26 Federal Plaza New York, NY 10278	New Jersey, New York, Puerto Rico, U.S. Virgin Islands
Philadelphia	Office of the Regional Commissioner Social Security Administration 300 Spring Garden Street P.O. Box 8788 Philadelphia, PA 19101	Delaware, Maryland, Pennsylvania, District of Columbia, Virginia, West Virginia
Atlanta	Office of the Regional Commissioner Social Security Administration Suite 22T64, Sam Nunn Atlanta Federal Center 61 Forsyth Street SW Atlanta, GA 30303	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Chicago	Office of the Regional Commissioner Social Security Administration Harold Washington Social Security Center 10 <sup>th</sup> Floor, 600 West Madison Street P.O. Box 8280 Chicago, IL 60661	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Dallas	Office of the Regional Commissioner Social Security Administration Suite 500 1301 Young Street Dallas, TX 75202	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Kansas City	Office of the Regional Commissioner Social Security Administration Attention: Public Affairs Room 1027, Richard Bolling Federal Building 601 East 12 <sup>th</sup> Street Kansas City, MO 64106	Iowa, Kansas, Missouri, Nebraska
Denver	Office of the Regional Commissioner Social Security Administration 1961 Stout Street Denver, CO 80294	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
San Francisco	Office of the Regional Commissioner Social Security Administration Frank Hagel Federal Building 1221 Nevin Avenue P.O. Box 4201; RPAO/6 <sup>th</sup> Floor Richmond, CA 94804	Arizona, California, Hawaii, Nevada, Guam, American Samoa, Northern Mariana Islands
Seattle	Office of the Regional Commissioner Social Security Administration Suite 2900, Mail Stop 301 701 5 <sup>th</sup> Avenue Seattle, WA 98104	Alaska, Idaho, Oregon, Washington



## **SOCIAL SECURITY TRUST FUNDS**

The Social Security trust funds are financial accounts in the U.S. Treasury (Treasury). There are two separate Social Security trust funds; the Old-Age and Survivors Insurance (OASI) Trust Fund pays retirement and survivors benefits, and the Disability Insurance (DI) Trust Fund pays disability benefits. For Medicare, the Hospital Insurance (HI) trust fund pays for inpatient hospital and related care, and the Supplementary Medical Insurance (SMI) trust fund pays for physician and outpatient services and prescription drug benefits. Medicare provides benefits to most people at age 65 and, anyone who is receiving Social Security disability benefits for 24 months or longer. The Centers for Medicare & Medicaid Services administers the Medicare program.

Social Security and Medicare taxes, premiums, and other income are deposited in the trust funds, and Social Security and Medicare benefits are paid from them. The only purposes for these accounts are to pay benefits and to administer the programs.

The trust funds hold money not needed to pay benefits and administrative costs and, by law, invested in special Treasury bonds guaranteed by the U.S. Government. Treasury pays a market rate of interest to the Trust Funds on the bonds they hold, and when those bonds reach maturity or are needed to pay benefits, the Treasury redeems them.

Income to the combined Old Age, Survivors, and Disability Insurance (OASDI) Trust Funds amounted to \$1,221.8 billion for calendar year 2022, and the cost of the program was \$1,243.9 billion. Therefore, the asset reserves of the combined OASDI Trust Funds decreased by \$22.1 billion, reaching \$2,829.9 billion at the end of December 2022. Interest on the invested asset reserves of these combined funds was \$66.4 billion in calendar year 2022. Cost exceeded non-interest income in 2022 by \$88.5 billion.

Social Security expenditures exceeded non-interest income in 2010 for the first time since 1983 and have remained higher since then. According to the intermediate assumptions in the 2022 Social Security Trustees Report, the annual cost for the OASDI program will continue to exceed total income (including interest) starting in 2021 and throughout the rest of the projection period. Projected cash deficits (excluding interest income) grow rapidly because retirement of the baby-boom generation will increase the number of beneficiaries much faster than subsequent lower-birth generations increase the number of covered workers. The Trustees project that combined OASDI reserves will become depleted in 2035, at which point tax income would be sufficient to pay about 80 percent of scheduled benefits, decreasing gradually to about 74 percent in 2096.

## **SOCIAL SECURITY CONTRIBUTIONS**

Contributions to the Social Security trust funds are made by employees, their employers, and self-employed workers based on earnings in work covered under the Social Security program. The maximum amount of earnings covered under Social Security increases each year to keep pace with changes in average wages in our economy. The current Social Security contribution rate and maximum covered earnings amounts are in Appendix A.

Generally, the Social Security contribution rate is the same for employees and employers. Employers pay 6.2 percent of the OASDI tax, and the rate for self-employed people remains at 12.4 percent. Self-employed workers can deduct a percentage of their net earnings before computing their Social Security contributions and can take one-half of their self-employment contributions as an income tax deduction, much as employers are now able to deduct the contributions they make with respect to their employees' wages as a business expense.

Individuals working for more than one employer during a year could have Social Security contributions in excess of the maximum amount deducted from their wages. If that happens, the worker may claim a refund of the excess employee contributions on their Federal income tax return.

## SOCIAL SECURITY COVERAGE

Most earnings from employment and self-employment are “covered” for Social Security purposes and credited to an individual’s earnings record. Beginning with the first dollar paid, we cover almost all wages, up to yearly threshold amounts, from employment covered under Social Security. However, we cover self-employment income only if it represents net earnings of \$400 or more in a year. In addition, the wages from some kinds of employment are covered only if they exceed a certain threshold amount. This threshold increases automatically as wage levels rise.

To be eligible for a Social Security benefit a person needs a certain number of “credits,” the basic measure of a person’s work under the Social Security program. A person’s total covered yearly earnings from both wages and net earnings from self-employment are used to credit quarters of Social Security coverage. The amount needed for a credit increases automatically each year based on the change in average wages. (See Appendix A for the current figure.) A worker cannot receive more than four credits for any calendar year.

## WORK CREDIT UNDER FOREIGN SOCIAL SECURITY PROGRAMS (TOTALIZATION AGREEMENTS)

A person may have worked in another country and contributed towards benefits under a foreign social security program. Such a worker, along with their dependents or survivors, may be eligible for monthly benefits under the U.S. program.

- The worker must have earned at least six U.S. credits but not enough credits to be eligible for regular U.S. Social Security benefits.
- The worker must have worked in a country with which the United States has a Totalization Agreement in effect. To preclude dual coverage, the Totalization Agreements generally assign coverage to the country where the worker is employed. In many cases, the worker and their dependents or survivors can qualify for partial monthly U.S. Social Security benefits based on the worker’s limited U.S. earnings. (See Appendix A for a listing of the countries with which the United States has a Totalization Agreement. Inquirers should also consult the listing at [www.ssa.gov/international/status.html](http://www.ssa.gov/international/status.html), since Totalization Agreements come into force from time to time.)

## THE SOCIAL SECURITY STATEMENT

The *Social Security Statement (Statement)* is a concise personal record of the earnings on which workers have paid Social Security taxes and a summary of the estimated benefits those workers and their families may receive resulting from those earnings. The *Statement* is a valuable financial planning tool providing workers age 18 and older with important individualized information regarding their earnings, tax contributions, and estimates for future retirement, disability, and survivors’ benefits.

Individuals may now obtain their *Statement* online by creating a *my Social Security* account online at [www.ssa.gov/mystatement](http://www.ssa.gov/mystatement). Any individual over the age of 18 with a valid email address, SSN, and U.S. mailing address may create an account. Upon creating a *my Social Security* account, the user will have access to an online display of their earnings history, benefit estimates, and access to printing or saving an electronic copy of their *Statement*. The Social Security Statement is accompanied by fact sheets tailored to a person’s age group and earnings situation.

We now mail the *Statement* to workers attaining age 60 and over who are not receiving Social Security benefits and who are not registered for a *my Social Security* account. Those workers over age 60 will receive a *Statement* every year unless they apply for benefits or registered for a *my Social Security* account. We encourage everyone to create a secure *my Social Security* account online to immediately access their *Statement*, at any time.

## CORRECTING SOCIAL SECURITY EARNINGS RECORDS

If an earnings statement appears to be incorrect, workers should call our national 800 number at 1-800-772-1213. An agent will explain what evidence and actions are necessary to correct our records.



## **OBTAINING A SOCIAL SECURITY NUMBER (SSN) AND CARD ONLINE OR IN PERSON**

To obtain an SSN, an individual must file an application for a Social Security Card (Form SS-5) with us and submit certain evidence. This can be done by visiting [www.ssa.gov/ssnumber](http://www.ssa.gov/ssnumber), where a series of questions will be asked to determine if an individual can complete the Social Security Card application online, or if they can start the process online, then bring any required documents to a local Social Security field office or Card Center to complete the application. By using this service an individual may never need to visit an office, and if they do need to visit an office to complete the application, it will save them a lot of time by starting the application process online. Additionally, U.S. citizens who have a *my Social Security* account can also submit certain replacement Social Security card requests online. See page 20 for more information about the availability of this online replacement card application. The public can also obtain a paper application at any Social Security office, by calling our toll-free number at 1-800-772-1213, or online at [www.ssa.gov/online/ss-5.html](http://www.ssa.gov/online/ss-5.html). Form SS-5 serves as an application for an original SSN or replacement card. The form includes instructions on how to complete it and what evidence to submit. If an individual is unable to use our online services they can take or mail a signed Form SS-5 application along with the original or certified copy of the required evidence to any Social Security office. Individuals applying on behalf of someone else—for example, a parent on behalf of a child—must submit evidence of their own identity. Generally, the applicant should receive the card in the mail within two weeks from the date we receive the completed application and verify all required evidence with the custodian of the record. In some cases, verifying documents could take several weeks to over a month. To find a Social Security office or Social Security Card Center serving your area go to: [secure.ssa.gov/apps6z/FOLO/fo001.jsp](http://secure.ssa.gov/apps6z/FOLO/fo001.jsp)

To obtain an original SSN and card, an applicant must complete an application and submit at least two original pieces of evidence (or copies certified by the custodian of the record) to establish age, identity, and U.S. citizenship or lawful immigration/work authorization status. All applicants age 12 and older applying for an original SSN must have a mandatory in-person interview at a Social Security office or Social Security Card Center. Applications for children under age 18 must include the SSN of each parent unless the parent does not have an SSN, or the SSN is unknown. In certain situations, applicants who are refugees, asylees, parolees, or victims of severe forms of trafficking may present only one piece of evidence. Applicants without current U.S. work authorization must prove they have a valid non-work reason for requesting the card. Valid nonwork reasons are: 1) a Federal statute or regulation requires an SSN to obtain a benefit to which a person is otherwise entitled or 2) State or local law requires an SSN to receive public assistance to which a person, legally in the U.S., is otherwise entitled.

## **ENUMERATION AT BIRTH (EAB)**

Through our (EAB) program, we offer parent(s) the opportunity to apply for an SSN for their newborns as part of the birth registration process. EAB is available in each state, the District of Columbia, and Puerto Rico. When hospital representatives, birthing center representatives, or midwives ask the parents for birth certificate information to register the child's birth, they also ask if the parents want an SSN for the child. If the parents agree, the state's vital statistics office sends us an electronic record of the data we need to assign an SSN and issue the card. Most states submit EAB data to us within 30 days of birth. If a parent chooses to file the SSN application at a local Social Security office rather than through EAB, they must provide at least two original pieces of evidence (or copies certified by the custodian of the record) to establish age, identity, and U.S. citizenship for the child along with proof of identity for themselves. Additionally, the law requires us to verify the birth record. This verification could add up to two weeks to the time it takes us to issue a card.





## **ENUMERATION AT ENTRY (EAE)**

Through our (EAE) program, we offer noncitizens seeking lawful permanent resident status the opportunity to apply for an SSN as part of the immigrant visa application process. The noncitizen completes the immigrant visa application (Form DS-230 or the electronic DS-260) at a Department of State (DoS) office in their home country and indicates on the application they would like an SSN. If DoS approves the visa, DoS transmits the identifying data from the application to the Department of Homeland Security (DHS). DHS electronically forwards this information to us when the applicant is admitted to the United States for permanent residence. Once we receive the data from DHS, we assign an SSN and issue the card.

Through our Enumeration Beyond Entry (EBE) program, we coordinated with DHS and the United States Citizenship and Immigration Services (USCIS) to offer noncitizens who are lawfully present in the United States and recently granted temporary work authorization, an automated process to obtain an SSN. Under the program, any noncitizen applying to USCIS to obtain temporary work authorization via the Application for Employment Authorization (Form I-765) may request an SSN or replacement card. Once USCIS approves the request for work authorization, USCIS sends SSA the information needed to assign the SSN or issue a replacement card.

All other noncitizens—and legal permanent residents who do not apply through EAE—must submit a Form SS-5 to us and provide two pieces of evidence establishing age, identity, and DHS-issued documentation of lawful immigration or work authorization status. We must verify DHS documents before assigning an SSN. Once we receive DHS verification, we will assign the SSN, and the noncitizen will receive the card within two weeks.

## **ENUMERATION BEYOND ENTRY (EBE)**

Through our EBE program, we coordinate with DHS and the United States Citizenship and Immigration Services (USCIS) to offer noncitizens who are lawfully present in the United States and recently granted temporary work authorization or granted lawful permanent residence status, an automated process to obtain an SSN. Under the program, any noncitizen applying to USCIS to obtain temporary work authorization via the Application for Employment Authorization (Form I-765) may request an SSN or replacement card. Once USCIS approves the request for work authorization, USCIS sends SSA the information needed to assign the SSN or issue a replacement card.

All other noncitizens—who do not apply through EAE—must use the online process at [www.ssa.gov/ssnumber/](http://www.ssa.gov/ssnumber/) or submit a Form SS-5 to us and provide two pieces of evidence establishing age, identity, and DHS-issued documentation of lawful immigration or work authorization status. We must verify DHS documents before assigning an SSN. Once we receive DHS verification, we will assign the SSN, and the noncitizen will receive the card within two weeks.

## **OBTAINING A REPLACEMENT SOCIAL SECURITY CARD**

In many cases, even if individuals lose their card, they may not need a replacement as simply knowing their Social Security number (SSN) may be enough. If a replacement card is necessary, the law requires us to limit individuals to 3 replacement cards in a year and 10 during a lifetime. There are a few exceptions to these limits (e.g., legal name changes and certain changes in noncitizens' work authorization status). In addition, individuals may not be affected by these limits if they can prove they need the card to prevent significant hardship.

If an individual is applying for an SSN for someone else (e.g., a parent on behalf of a child), the person filing the application must also submit evidence of their identity. The replacement card will have the same name and SSN as the original card.





Individuals whose U.S. citizenship is established in our records can replace a lost or stolen card by completing an application and submitting evidence of identity. Individuals whose U.S. citizenship has not been recorded in our records must submit evidence of U.S. citizenship or current lawful immigration/work authorization status. We do not automatically receive information about changes in citizenship or immigration status. We verify DHS-issued evidence with DHS before issuing the replacement card. Individuals assigned an SSN for a valid non-work reason must provide a new (different) valid non-work reason and supporting evidence.

Noncitizens, either residing outside the country who are seeking lawful permanent resident status or lawfully present in the U.S. now applying for temporary work authorization, and who have already been assigned an SSN (e.g., during a previous stay in the U.S.) may apply for a replacement card through EAE or EBE as provided for on pages 19. Once DHS admits the noncitizen into the U.S. for permanent residence or approves the request for work authorization, DHS electronically sends us certain information we need to issue the replacement card.

## **OBTAINING A REPLACEMENT SOCIAL SECURITY CARD ONLINE**

If a replacement card is necessary, U.S. citizens who have an unexpired driver's license or State I.D. from a participating state and jurisdiction can complete a replacement Social Security card request online, with a [my Social Security](#) account without the need to visit an office. This online application leverages the secure authentication protocols in the [my Social Security](#) portal and includes additional identity verification and security features. As of October 1, 2022, 46 states and the District of Columbia are participating in the online replacement card service. We anticipate continued expansion to the four remaining non-participating states: Alaska, New Hampshire, Oklahoma, and West Virginia. Additionally, in Delaware, Nevada, and Wisconsin, this service is available only if the individual has a driver's license.

We recently added a new feature to our online replacement card service that allows certain U.S. citizens to request a "name-change" SSN replacement card. This new feature is only available to individuals with a marriage certificate issued from Arkansas, Georgia, Missouri, South Dakota, or Wyoming, but we have plans to expand to other states in the future. The public is still required to provide information from their state issued driver's license (DL) or I.D. issued from any participating state or jurisdiction. Sign up for a [my Social Security](#) account at [www.ssa.gov/myaccount/](http://www.ssa.gov/myaccount/).

## **CHANGING OR CORRECTING SSA'S RECORD AND OBTAINING A CORRECTED SOCIAL SECURITY CARD**

An individual who needs to correct or change the information shown in our records (e.g., due to a name change, change in citizenship, or to correct the date of birth or name) must complete an application for a Social Security card, prove their identity, establish the reason for the change, and provide supporting evidence. Foreign-born U.S. citizens whose citizenship has not been recorded in our records and all noncitizens must submit evidence of U.S. citizenship or current lawful immigration or work authorization status. We do not automatically receive information about changes in U.S. citizenship or immigration status. We verify DHS-issued evidence with DHS. Individuals previously assigned an SSN for a valid non-work reason must also provide a new (different) valid non-work reason. If the individual does not have a new (different) valid non-work reason for the card, we will correct the information in our records but will not issue an updated card.

## **ASSIGNMENT OF A NEW SSN FOR VICTIMS OF HARASSMENT, ABUSE OR LIFE ENDANGERMENT (INCLUDING DOMESTIC VIOLENCE), AND SSN MISUSE**

We may assign a new SSN to a victim of harassment, abuse, or life endangerment if the individual provides third-party evidence to substantiate the allegations. The local Social Security office will work closely with local shelters, police, the courts, treating facilities, and other sources of evidence to assist the victim in obtaining supporting third party documentation of harassment, abuse, or life endangerment.



In addition, we may assign a new SSN to an individual who is a victim of SSN misuse, which means the SSN has been used with criminal or harmful intent and the individual has been subjected to economic or personal hardship. We require third -party evidence to substantiate an individual’s allegation of SSN misuse. However, an individual should consider changing their SSN only as a last resort because getting a new SSN may adversely affect an individual’s ability to interact with Federal agencies, State agencies, and employers, because the individual’s records may be under their former SSN. We understand the distress and economic hardship SSN misuse and identity theft causes victims. To assist individuals who suspect their identities have been stolen, we provide online and in offices, up-to-date information about what steps to take to help alleviate and prevent future SSN misuse by working with credit bureaus, law enforcement agencies – including referrals to our own Inspector General for possible fraud investigations – and the Federal Trade Commission.

## **SOCIAL SECURITY CARD CENTERS**

We established Card Centers in metropolitan areas with a high concentration of SSN requests to streamline and improve the integrity and stewardship of the SSN assignment process. Individuals who live in the service area of a Card Center and need an original or replacement card must apply at the Card Center rather than their local field office. Constituents should use our office locator at [secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp) to find out if they live in a Card Center service area.

We have opened seven Card Centers in the following locations:

- Orlando, Florida;
- Twin Cities (Minneapolis, St. Paul), Minnesota;
- Bronx, New York;
- Brooklyn, New York;
- Manhattan, New York;
- Queens, New York; and,
- Philadelphia, Pennsylvania.



## SOCIAL SECURITY BENEFITS

Social Security provides partial replacement of earnings lost due to the retirement, death, or disability of a worker.

### RETIREMENT INSURANCE BENEFITS: ENTITLEMENT

Monthly benefits are payable to a retired, fully insured worker as early as age 62. Additional benefits are payable to the following family members of a retired worker:

- A spouse age 62 or older (if certain duration-of-marriage requirements are met);
- A spouse at any age, if they are taking care of the worker's unmarried child who is under age 16 or disabled;
- A former spouse age 62 or older if the marriage lasted at least 10 years and the former spouse is unmarried; or,
- Unmarried children of the worker up to age 18 (or 19 if attending an elementary or secondary school full time), or age 18 or older if they became disabled before reaching age 22.

**NOTE:** Benefits are payable to the former spouse of a fully insured worker (age 62) who has not filed for retirement benefits if the couple was married for at least 10 years and divorced for at least 2 years.

The total number of credits a worker needs to qualify for retirement benefits depends on their age. Workers who become age 62 in 1991 or later require 40 credits.

In general, once a person has credit for 10 years of work (or 40 credits), they are "fully insured" for retirement and survivors' benefits. Individuals must be fully insured to receive a retirement benefit. The benefit amount is determined by the amount of a person's average indexed earnings over their working lifetime.

**NOTE:** Social Security benefits are not payable to:

- people convicted of a crime and who are currently confined for more than 30 days;
- confined individuals who are found not guilty by reason of insanity or a similar finding; or,
- certain fugitive felons.

### SURVIVORS' INSURANCE BENEFITS: ENTITLEMENT

Monthly benefits are payable to entitled survivors as follows:

- An unmarried widow/widower at age 60 or older (if certain duration-of-marriage requirements are met);
- An unmarried surviving divorced spouse at age 60 or older whose marriage lasted at least 10 years;
- An unmarried widow/widower or surviving divorced spouse at any age if caring for an entitled child of the deceased who is under age 16 or is receiving Social Security disability benefits;
- An unmarried disabled widow/widower or unmarried disabled surviving divorced spouse at age 50 or older (whose marriage lasted at least 10 years);
- Unmarried children of the worker up to age 18 (or 19 if attending an elementary or secondary school full time), or age 18 or older if they became disabled before attainment of age 22; and,
- A dependent parent age 62 or older who has not remarried (with some exceptions) since the worker died.

**NOTE:** Remarriage after attainment of age 60 (or age 50 if disabled) is disregarded for purposes of eligibility. Benefits can be paid to a surviving entitled child and to a widow/widower or surviving divorced spouse who is caring for an entitled child (under the age of 16 or disabled) of the deceased worker if the worker had at least 6 credits during the 13-quarter period ending with the calendar quarter in which the worker died, became entitled to retired-worker benefits, or was entitled to disabled-worker benefits. Otherwise, the number of credits required for survivors' benefits is based on the worker's age when they died.



## WORK CREDITS

The total number of credits needed to be insured for survivors' benefits depends on when the deceased worker was born as shown in the table below.

**NOTE:** This table does not apply to surviving children and certain widows with child-in-care benefits as described above.

### PEOPLE BORN IN 1930 OR LATER

Age	Credits Needed
28 or younger	6
29	7
30	8
31	9
32	10
33	11
34	12
35	13
36	14
37	15
38	16
39	17
40	18
41	19
42	20
43	21
44	22
45	23
46	24
47	25
48	26
49	27
50	28
51	29
52	30
53	31
54	32
55	33
56	34
57	35
58	36
59	37
60	38
61	39
62 or older	40

Once a worker accumulates 40 credits, they are permanently insured for retirement and survivors' benefits.

## LUMP-SUM DEATH PAYMENT

A lump-sum death payment of \$255 may be paid upon the death of a person who has worked long enough to be insured under the Social Security program. The amount is set by law. This one-time payment is made, based on priority order, to a spouse who was living with the worker at the time of death,



to a spouse entitled to or eligible for widow(er)'s benefits, or to a child who, in the month of death, is eligible for a Social Security benefit based on the worker's record. Under certain circumstances, a dependent parent of the worker could also be eligible for a lump-sum death payment. A person must file for the lump-sum death payment within two years of the worker's death.

## **DISABILITY INSURANCE BENEFITS: ENTITLEMENT**

Monthly Social Security Disability Insurance (SSDI) benefits are payable to an insured person under full retirement age who meets the definition of disability in the Social Security Act. The definition of disability is the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. A person will not be considered disabled if drug addiction or alcoholism would be a contributing factor material to our determination that the person is disabled.

SGA is the ability to do significant physical or mental work for pay or profit. A person can engage in work at an SGA level even if the work is part-time and if no profit results. (See Appendix A for SGA guidelines on the amount of earnings used to evaluate SGA.)

We may also pay SSDI benefits to individuals who are statutorily blind. The law provides a specific definition of blindness. Statutory blindness is defined as central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that has a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered as having a central visual acuity of 20/200 or less. Special work rules apply to individuals who receive SSDI payments based on statutory blindness.

**NOTE:** The definition of blindness is the same for SSDI and SSI benefits. However, the 12-month duration requirement is not required for SSI. If the individual has a visual impairment that is not statutory blindness, as defined above, the individual may still be eligible for benefits based on disability.

For more information on qualifications for SSDI, see [www.ssa.gov/benefits/disability/qualify.html](http://www.ssa.gov/benefits/disability/qualify.html).

## **WORKER WHO BECOMES DISABLED AT AGE 31 OR LATER:**

A worker must generally meet two covered-work requirements to qualify for SSDI benefits.

*First requirement:* A worker must have 1 credit of Social Security coverage for each calendar year after reaching age 21 and before the year they become disabled. The worker must have a minimum of 6 credits and may have a maximum of 40 credits.

*Second requirement:* A worker disabled at age 31 or later must have 20 credits during the 40-quarter (10-year) period ending with the calendar quarter in which they become disabled.

**NOTE:** The second requirement does not apply to workers applying for benefits due to statutory blindness.

## **WORKER WHO BECOMES DISABLED PRIOR TO AGE 31:**

There are special provisions to the work credit requirement for workers disabled before age 31. These workers need fewer credits of work because they have been in the work force for a relatively short time.

A worker disabled before age 24 must have at least 6 credits covered by Social Security during the 3-year period ending with the quarter in which the disability begins.

A worker disabled between ages 24 through 30 must have credit for work under Social Security in at least half of the calendar quarters beginning with the quarter after age 21 and ending with the quarter in which the disability begins. If the number of total quarters is an odd number, the next lower even number is used.

## EXPEDITED CASE PROCESSING

Certain individuals meet expedited processing criteria:

- Terminal Illness (TERI) cases – We will expedite a claim if there is an allegation of a terminal illness, or we identify a terminal illness. Once designated as a TERI case, the claim is expedited at each step including all administrative appeal levels.
- Military Casualty/Wounded Warrior (MC/WW) cases – We expedite claims filed by current or former military service personnel who: 1) sustained an illness, injury, or wound; 2) allege a physical or mental impairment, regardless of how or where the impairment occurred; and 3) sustained the impairment while on active-duty status on or after October 1, 2001. One of the ways we ensure expedited processing is by flagging the claim for easy identification and tracking at the time of filing. This flag stays on the claim through all levels of adjudication. Additionally, we collaborate with the Department of Defense and have improved access to MC/WW medical records through a nationwide medical information sharing initiative. Time to access medical records has been reduced from several weeks to days, improving our ability to make quicker decisions. For more information on our initiative, see [www.ssa.gov/woundedwarriors/](http://www.ssa.gov/woundedwarriors/).
- Veterans with a Veterans Affairs (VA) disability compensation rating of 100% permanent and total (P&T) receive expedited processing. One of the ways we ensure expedited processing is by flagging the claim for easy identification. As with MC/WW, this flag stays on the claim through all levels of adjudication.
- Compassionate Allowances (CAL) is a way of quickly identifying diseases and other medical conditions that clearly meet our disability standards based on minimal objective medical evidence. There are 266 CAL conditions as of August 15, 2022. When an individual applying for benefits alleges a CAL condition, we expedite disability processing. We continue to evaluate conditions to expand the CAL list. For more information on Compassionate Allowances, including a list of the current CAL conditions, see [www.ssa.gov/compassionateallowances/](http://www.ssa.gov/compassionateallowances/).
- Quick Disability Determination (QDD) process identifies initial level cases where a favorable disability determination is highly likely and medical evidence is readily available. Cases identified for QDD receive accelerated processing, often resulting in favorable determinations in a matter of days rather than months. For more information on this initiative, see [www.ssa.gov/disabilityresearch/qdd.htm](http://www.ssa.gov/disabilityresearch/qdd.htm).

## TRIAL WORK PERIOD (TWP)

Special rules make it possible for people receiving Social Security disability benefits to work and still receive monthly payments until they can work on a regular basis.

The TWP period allows an individual to test their ability to work for at least nine months. During the TWP, an individual will receive their full Social Security benefits regardless of how high earnings might be as long as they are reporting work activity and has a disabling impairment. The TWP continues until they have worked 9 months within a rolling 60-month period. (See Appendix A for guidelines on the amount of earnings used to determine a TWP month.)

After the TWP, an individual has 36 months during which they can work and still receive benefits for any month their earnings are not “substantial.” No new application or disability decision is needed for them to receive a Social Security disability benefit during this period.

If a disability benefit ceases, an individual may participate in one of Social Security’s work incentive programs to help ease the transition to work without the sudden loss of benefits:  
[www.ssa.gov/redbook](http://www.ssa.gov/redbook).



## CONTINUING DISABILITY REVIEWS (CDR)

After deciding an individual is disabled, we have an obligation to periodically reevaluate the impairment to determine whether the disability continues. To fulfill this obligation, we conduct a CDR and recontact the individual to obtain updated medical and work information. Generally, these reviews occur about every 3 years but depending on the nature and severity of an individual's impairment, the review can be as early as 6 to 18 months after the initial approval if improvement is expected. If no medical improvement is expected, the review can be once every five to seven years. Before we find the disability has ended from a medical standpoint, the evidence must show the individual's medical condition has improved to the point they are no longer disabled.

## VOCATIONAL REHABILITATION AND THE TICKET TO WORK PROGRAM

We reimburse State Vocational Rehabilitation Agencies for the cost of services provided to disabled and blind beneficiaries who go to work as a result of these services. Beginning in 2001, we implemented the Ticket to Work program to provide vocational rehabilitation services, employment services, and other support services to beneficiaries who want to go to work. Beneficiaries may choose to receive services from the State Vocational Rehabilitation Agencies or from other providers called Employment Networks. Employment Networks have two choices for payment. They can choose "Outcome Payments" for every month in which a beneficiary does not receive benefits because of work or earnings, or they can choose "Milestone Payments" in addition to reduced Outcome Payments for assisting a beneficiary to achieve milestones on the way to self-sustaining employment.

State Vocational Rehabilitation Agencies can choose between reimbursement for services provided to a beneficiary or choose to be paid under one of the two payment systems under this program.

More information about the Ticket to Work program is available at [www.ssa.gov/work/](http://www.ssa.gov/work/).

## SOCIAL SECURITY BENEFIT AMOUNT

When a worker is insured, the benefit amount is based on the earnings covered by Social Security over the worker's lifetime. The earnings are adjusted (indexed) to reflect the growth of average wages over a worker's lifetime. After the earnings are indexed, the worker's average indexed monthly earnings (AIME) is determined by adding the highest years of earnings over their working life and then dividing by the number of months in the years used. For retirement benefits, we use 35 years for workers born in 1929 or later; for disability or survivors' benefits we use the highest years before the disability began or the year of death is used. The AIME is the basis for determining the Primary Insurance Amount (PIA). (See Appendix A for the current PIA formula which is adjusted each year to reflect wage growth in the economy.)

The PIA is the amount a worker may receive at full retirement age or may receive before full retirement age if disabled. The full retirement age is 66 for workers born January 2, 1943 to January 1, 1954 and gradually increases two months per year for workers born January 2, 1954 through January 1, 1960. The full retirement age is 67 for all workers born in and after 1960. The PIA also determines the amount of benefits payable to the survivors of a worker and to the family of a living worker. Actual benefits payable to a worker and their family can be reduced for several reasons. The principal reasons for such reductions are:

- A retirement beneficiary applies for benefits before full retirement age. The benefit payable is reduced to consider the longer time it will be paid.
- A beneficiary is entitled to a pension for work not covered by Social Security.
- A disability beneficiary is receiving workers' compensation or certain public disability benefits.
- A beneficiary is entitled to more than one benefit from Social Security. When this occurs, the beneficiary is generally paid only an amount equal to the higher of the two benefits.
- Benefits to the family of a beneficiary are generally limited to a maximum amount no matter how many beneficiaries are entitled on that record. The worker's PIA determines the family maximum benefit amount. (See Appendix A for how we calculate the family maximum benefit amount.)





## REPRESENTATIVE PAYMENT FOR RETIREMENT, SURVIVORS', AND DISABILITY INSURANCE BENEFICIARIES

All legally incompetent beneficiaries (as determined by a court of law) and most minor children are required to have their benefits paid through a representative payee. Further, if we have an indication a beneficiary has a mental or physical condition preventing them from managing or directing someone else to manage benefits, SSA must make a capability determination. We will evaluate all available evidence, including lay and medical evidence, and determine whether the beneficiary could manage or direct the management of their own funds. If the beneficiary is found incapable, we will select the best suitable individual or organization to serve as the representative payee for the beneficiary. The local Social Security office is responsible for making the final capability determination in most cases.

This representative payee will receive the benefit checks and administer them on behalf of the beneficiary; ensuring their basic needs of food, clothing, and shelter are met. The payee is responsible for handling all correspondence and reporting events that affect benefit payment, including requests for information and audits in a timely manner. In addition, some representative payees are required to report annually on how they spend the beneficiary benefits. We use these reports to monitor how the payee spent or saved the benefits on behalf of the beneficiary and identify situations where representative payment may no longer be appropriate, or the payee may no longer be suitable.

Due to a 2018 change in the law (Public Law 115-165), and concurrence by the Court, we no longer require the following payees to complete the annual report:

- Natural or adoptive parents of a minor child beneficiary who primarily reside in the same household as the child;
- Legal guardians of a minor child beneficiary who primarily reside in the same household as the child;
- Natural or adoptive parents of a disabled adult beneficiary who primarily reside in the same household with the beneficiary; and,
- Spouse of a beneficiary.

State mental institutions that participate in our onsite review program also do not have to file the annual report.

## COST OF LIVING ADJUSTMENT (COLA)

The law provides an annual COLA for Social Security beneficiaries when the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), as determined by the Bureau of Labor Statistics at the Department of Labor, has increased relative to the CPI-W used in the last COLA determination. We generally announce the COLA, if any, in October. Any increase is effective for December and paid in January.

In December, we mail notices with the new benefit amounts. Beneficiaries and representative payees can view and save their COLA notices using the online Message Center within their *my* Social Security account. Beneficiaries can also choose to stop receiving paper notices.



## ADDITIONAL REQUIREMENTS FOR ELIGIBILITY FOR SOCIAL SECURITY BENEFITS FOR NONCITIZENS

Current law permits payment of Social Security benefits to noncitizens living in the U.S. only if they are lawfully present in the country. Anyone living in the U.S. who applies for Social Security benefits on or after December 1, 1996 must provide evidence that they are a U.S. citizen, U.S. national, or an alien lawfully present in the U.S., as determined by the Attorney General. The law does not affect people living outside the U.S. and does not affect people who were receiving benefits before December 1, 1996.

## QUESTIONS ABOUT SOCIAL SECURITY CLAIMS

The following chart describes the various stages a person's claim may be in after they file for retirement, survivors', or disability benefits. If you wish to inquire about a retirement, survivors', or disability claim, you may contact the office with jurisdiction or our regional office (see pages 10-15).

Situation	Office With Jurisdiction
1. No decision has been made on application	Claimant's local Social Security office
2. Claimant disagrees with determination	Claimant's local Social Security office
3. Beneficiary is undergoing a continuing disability review	Beneficiary's local Social Security office
4. Problem concerns a payment after claim has been approved	Claimant's local Social Security office or PC (See pages 10-13 for PC jurisdictional breakdown, addresses, and telephone numbers)
5. Problem concerns a payment after claim has been approved for a disabled worker under age 54* or a family member of such a worker	Office of Central Operations Baltimore, MD 21241 (See telephone contact shown on page 13)
6. Claimant has requested reconsideration of the initial determination or a review of a decision resulting from a CDR	Claimant's local Social Security office
7. Claimant has requested a hearing on the reconsidered determination	Claimant's hearing office
8. Claimant has requested the Appeals Council to review the hearing decision	Office of Appellate Operations, SSA 5107 Leesburg Pike Falls Church, VA 22041-3255 703-605-8000
9. Claimant has filed a civil suit in Federal District Court	Federal District Court

\*Although disability benefits to disabled workers can continue until full retirement age, claim materials are transferred to the appropriate retirement and survivors' PC (1 through 6) when the individual reaches age 54.

## SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM

The SSI program provides basic support to aged, blind, or disabled individuals who have limited income and resources based on national uniform eligibility standards. A maximum Federal monthly payment level (called the "Federal Benefit Rate") applies nationwide, and most states supplement that amount for their residents in recognition of the variations in living costs from one state to another and the special needs of some individuals. (See Appendix A for SSI Federal payment levels.) In some states, SSA administers the supplement pursuant to an agreement with the state and includes the supplement with the monthly Federal SSI payment. Other states administer their own supplement programs and provide the supplement separately. The amount of supplementation varies from state to state.



## SSI ELIGIBILITY

To be eligible for SSI based on age, an individual must be at least 65 years old. Eligibility for SSI also depends on the income and resources of the individual or couple and, in the case of a disabled child, the income and resources of the child's parents. An individual's or couple's income will affect benefit payments and couples are paid a special rate. (See Appendix A for SSI Federal payment levels.)

To be eligible for SSI, resources may not exceed \$2,000 for an individual or \$3,000 for a couple. Not everything a person owns is a resource and not all resources count against the statutory limit. A home in which the applicant lives is not counted as a resource. In most situations, one automobile does not count. Household goods and personal effects are not counted, and a burial fund up to \$1,500 for each individual and spouse and burial plots for an individual and their immediate family can be excluded. There are also additional, more specific, exclusions that may apply to an individual's income and resources.

In determining the benefit amount payable to an individual or couple, we consider both earned and unearned income, which includes in-kind assistance in the form of food and shelter. We call this in-kind support and maintenance. Each month we exclude the first \$20 of unearned income, the first \$65 of earned income, and \$1 of every \$2 of earned income over \$65. Any portion of the \$20 exclusion not applied against unearned income may be used to exclude additional earned income.

We also exclude certain other earned income, such as work expenses of the blind, impairment-related work expenses of the disabled, and income or resources set aside under a plan for achieving self-support for both blind and disabled individuals. We can also exclude the first \$60 of unearned income per quarter or the first \$30 of earned income per quarter if it is received infrequently or irregularly.

## SSI ELIGIBILITY FOR ADULTS BASED ON DISABILITY OR BLINDNESS

The definition of disability for adults (individuals age 18 or over) is the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. A person will not be considered disabled if drug addiction or alcoholism would be a contributing factor material to our determination that the person is disabled. SGA is the ability to do significant physical or mental work for pay or profit. We ordinarily consider a person who is earning more than a certain monthly amount (net of impairment-related work expenses) to be engaging in SGA. A person can engage in work at an SGA level even if the work is part-time and if no profit results. (See Appendix A for SGA guidelines on the amount of earnings used to evaluate SGA.)

We may also pay SSI benefits to individuals who are statutorily blind. The law provides a separate definition of blindness. Statutory blindness is defined as central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that has limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered as having central visual acuity of 20/200 or less. The definition of blindness is the same for SSI and SSDI benefits. However, the 12-month duration requirement does not apply for statutory blindness under SSI.

If the individual has a visual impairment that is not statutory blindness, as defined above, the individual may still be eligible for benefits based on disability. Special work rules apply to individuals who are statutorily blind.

For more information on eligibility for SSI, visit [www.ssa.gov/ssi/text-eligibility-ussi.htm](http://www.ssa.gov/ssi/text-eligibility-ussi.htm).

## SSI ELIGIBILITY FOR CHILDREN BASED ON DISABILITY OR BLINDNESS

A child (e.g., individual under age 18) who has a medically determinable physical or mental impairment or combination of impairments can receive SSI benefits based on disability if the child meets all the following requirements:

- The child must not be working at SGA level. The SGA earnings amount changes every year.
- The child's physical or mental impairment or combination of impairments must result in marked

and severe functional limitations. A child may also be found to have statutory blindness, which is, defined the same as for adults.

- The physical or mental impairment(s) must have lasted or be expected to last for a continuous period of not less than 12 months or be expected to result in death. The 12-month duration requirement is not required for statutory blindness under SSI.

## **SSI ELIGIBILITY FOR CHILDREN IN FOSTER CARE**

Disabled youth receiving Title IV-E Federal foster care benefits usually cannot become eligible for SSI until foster care payments have stopped. Ineligibility for SSI is due to the amount of the IV-E benefit. Eligibility for foster care payments in most states ends at the attainment of age 18. These youths need the income support and health services that result from SSI eligibility to ease the transition to independent living. We will accept an SSI application from a youth up to 180 days before their foster care eligibility will end. A claimant may file an SSI application as a disabled youth transitioning out of foster care if they live in a foster care situation and:

- Alleges blindness or disability;
- Appears likely to meet all the non-medical eligibility requirements when foster care payments terminate;
- Expects the foster care payments to cease within 180 days of the application filing date; and,
- Is within 180 days of losing foster care eligibility.

## **INSTITUTIONALIZATION**

Individuals who live in public institutions (e.g., such as state hospitals, prisons, or jails) are not eligible for SSI. If an SSI recipient lives in a hospital, nursing home, or other medical treatment facility and Medicaid is paying more than half of the cost of care, their SSI payment is limited to \$30 a month. There are exceptions to these general rules. An individual must reside in the institution throughout a month to be either ineligible for SSI or subject to the \$30 payment limit.

## **CONTINUING DISABILITY REVIEWS (CDR)**

After an individual has been receiving benefits based on disability or blindness, we have an obligation to periodically reevaluate whether the disability continues. To fulfill this obligation, we conduct a CDR and recontact the beneficiary for updated information. Before we find the disability has ended from a medical standpoint, the evidence must show an individual's medical condition has improved to the point where the individual can engage in SGA. Generally, these reviews occur about every 3 years, but depending on the nature and severity of an individual's impairment, the review can be as early as 6 to 18 months after the initial approval if improvement is expected. If no medical improvement is expected, the review can be done once every five to seven years.

## **AGE 18 REDETERMINATIONS**

In accordance with P.L. 104-193, for children receiving SSI benefits based on disability, we must redetermine their eligibility for benefits in the month prior to age 18 using the adult disability rules. The medical improvement review standard used in CDRs does not apply to these redeterminations.

## **REDETERMINATIONS OF NON-MEDICAL ELIGIBILITY**

We periodically contact beneficiaries so we can review the non-medical factors of eligibility (e.g., such as income and resources). These reviews, which we call redeterminations, ensure beneficiaries are still eligible for SSI and receiving the correct payment amount. The frequency with which we perform redeterminations varies according to the circumstances of each case. In addition, we may perform a redetermination if a beneficiary reports a change that could affect his or her eligibility for SSI, payment amount, or we become aware of such a change.



## REPRESENTATIVE PAYMENT FOR SSI RECIPIENTS

All legally incompetent recipients (as determined by a court of law) and most minor children are required to have their payments paid through a representative payee. Further, if we have an indication the recipient has a mental or physical condition preventing them from managing or directing someone else to manage payments, we must make a capability determination. This means we will evaluate all available evidence including lay and medical evidence and determine whether the recipient has the ability to manage or direct the management of their own payments. The local Social Security office is responsible for making the final capability determination in most cases. If the recipient is found incapable, we will select the best suitable individual or organization to serve as the representative payee for the recipient. Most SSI recipients under age 18 will also require a representative payee.

This representative payee will receive the SSI payments and administer them on behalf of the recipient; ensuring their basic needs of food, clothing, and shelter are met. The payee handles all correspondence and forms received from us and will be responsible for completing requests for information, audits, and benefit reviews in a timely manner. In addition, some representative payees are required to report annually on how they spend the beneficiary payments. We use these reports to monitor how the payee spent or saved the payments on behalf of the beneficiary and identify situations where representative payment may no longer be appropriate, or the payee may no longer be suitable.

Due to a 2018 change in the law (Public Law 115-165), we no longer require the following payees to complete the annual report:

- Natural or adoptive parents of a minor child beneficiary who primarily reside in the same household as the child;
- Legal guardians of a minor child beneficiary who primarily reside in the same household as the child;
- Natural or adoptive parents of a disabled adult beneficiary who primarily reside in the same household with the beneficiary; and,
- Spouse of a beneficiary.

State mental institutions that participate in our onsite review program also do not have to file the annual report.

## COST OF LIVING ADJUSTMENT (COLA)

The law provides an annual COLA to SSI recipients each January if the CPI-W as determined by the Bureau of Labor Statistics at the Department of Labor has increased relative to the CPI-W used in the last COLA determination. This COLA is the same as the one that applies to Social Security benefits.

## LIMITED ELIGIBILITY FOR NONCITIZENS FOR SSI PAYMENTS

In general, only certain noncitizens are eligible for SSI payments. Noncitizens who may be eligible to receive SSI payments include, but are not limited to:

- Persons lawfully admitted for permanent residence (LAPR) with qualified quarters of coverage;
- Certain immigrants subject to battery or extreme cruelty;
- Veterans or active-duty members of the U.S. Armed Forces or spouses or children of service members;
- Canadian-born American Indians who are in the U.S. under Sec. 289 of the Immigration and Nationality Act (INA);



- Noncitizen American Indians who are members of Federally recognized Indian tribes under section 4(e) of the Indian Self Determination and Education Assistance Act; or,
- Certain parolees from Afghanistan or Ukraine.

The following noncitizens are generally only eligible for up to seven years of benefits from the date of entry in the U.S. or date of status granted:

- Admitted to the U.S. as a refugee under Sec. 207 of the INA.
- Granted asylum under Sec. 208 of the INA.
- Having their deportation withheld under Sec. 243(h) or Sec. 241(b)(3) of the INA.
- Admitted as Cuban/Haitian entrants under Sec. 501(e) of the Refugee Education Assistance Act.
- Admitted as Amerasian immigrants.
- Admitted as Iraqi and Afghan immigrants with special immigrant status based on service to the United States.
- Determined to be victims of a severe form of trafficking under the Trafficking Victims Protection Act of 2000.

## QUESTIONS ABOUT SSI CLAIMS

The following chart describes the various stages a person's claim may be in after they file for SSI benefits. If you wish to inquire about an SSI claim, you may contact the office listed under "Office with Jurisdiction," SSA's regional office, or our headquarters (see the SSA Reference Guide in the front of the Guide).

Situation	Office with Jurisdiction
1. No decision has been made on application	Claimant's local Social Security office
2. Claimant disagrees with initial determination on application	Claimant's local Social Security office
3. Recipient is undergoing a continuing disability review	Recipient's local Social Security office
4. Problem concerns a payment after claim has been approved	Claimant's local Social Security office
5. Claimant has requested reconsideration of the initial determination	Claimant's local Social Security office
6. Claimant has requested a hearing on the reconsidered decision or a review of a decision resulting from a CDR	Claimant's hearing office
7. Claimant has requested the Appeals Council to review the hearing decision	Office of Appellate Operations, SSA 6401 Security Boulevard Baltimore, MD 21235
8. Claimant has filed a civil suit in Federal District Court	Federal District Court





## APPLYING FOR BENEFITS

Anyone who believes they may be eligible for any type of Social Security benefit or Supplemental Security Income (SSI) should apply. A person should not delay filing an application because required evidence is not immediately available. Benefits could be lost if an application is not filed timely.

The application process does not require a visit to one of our local offices. In fact, your constituents can file for Social Security retirement, disability, Medicare, and spouse's benefits on the Internet at [www.ssa.gov/onlineservices](http://www.ssa.gov/onlineservices). They may also file in person, by mail, or by telephone. An applicant may call Social Security's toll-free number (1-800-772-1213) to schedule an in person or telephone appointment. People can also get started with the SSI application process at [www.ssa.gov/benefits/ssi/start.html](http://www.ssa.gov/benefits/ssi/start.html). By using this website, applicants can make sure they do not lose potential benefits.

Potentially eligible people residing outside the United States have the option of applying at a United States Foreign Benefits Unit or online. Except for certain limited situations involving children and students residing abroad, and residents of the Northern Mariana Islands, persons outside of the United States are not eligible for SSI.

## WHO SHOULD APPLY

Anyone age 18 or older may file for benefits. Anyone who is physically or mentally incapacitated may have someone else file on their behalf. A parent or guardian should apply on behalf of children under age 18.

## WHEN TO APPLY

Anyone who thinks they may be eligible for Social Security or SSI benefits should apply as soon as possible. Anyone under full retirement age who is planning to stop or reduce work and file for Social Security benefits should apply for those benefits three months before the retirement date. Anyone planning to continue working and file for Social Security benefits should contact us no later than January of the year they plan to retire or the year they attain full retirement age.

We can pay unreduced Social Security benefits retroactively for up to six months to retirees who have attained full retirement age and their family members who are also eligible for unreduced benefits. However, disability claimants and anyone entitled to spouse's or child's benefits based on the earnings record of a person entitled to disability benefits may be paid retroactively up to 12 months. There is no retroactivity for applications for benefits reduced due to age, except survivors' benefits, which can be paid retroactively to the month of death if the claimant files in the month after the month of death. A claimant must file for the lump-sum death payment within two years of the worker's death.

An application for SSI benefits is effective on the first day of the month following the date on which the claimant filed or the month in which the individual first becomes eligible, whichever is later. There is no retroactivity for SSI applications.

**NOTE:** Claimants can now complete the entire disability application process online, which may include filing for SSI. Claimants can also electronically sign their medical release for the initial application and any appeals. Claimants may contact us by phone at 1-800-772-1213 or in person to schedule an appointment to complete the SSI application.

## RECORDS NEEDED FOR RETIREMENT, SURVIVORS', AND DISABILITY INSURANCE BENEFITS

The employees in any Social Security office can advise an applicant of the evidence needed for a particular claim for benefits. Each claimant must prove their identity, U.S. citizenship or lawful alien status, and that they have met all the requirements to be entitled to the benefit claimed. The chart below summarizes the evidence usually required in claims for benefits. However, we may require additional evidence in some cases.



# HOW TO APPLY FOR BENEFITS



Securing today  
and tomorrow

Evidence to be Submitted by Claimant								
Beneficiary	Relationship				Dependency or Support (Situations)	School Attendance (if Child is 18-19 & Not Disabled)	Child in Care	Death of Worker
	Age	Marriage	Divorce	Parent-Child				
Insured Person	X							
Spouse (62 or over)	X	X						
Spouse Under 62 (Child in Care)	X	X		X			X	
Divorced Spouse (62 or over)	X	X	X					
Child	X			X	X	X		In survivor claims
Widow (er) (60 or over, 50 or Over if Disabled)	X	X						X
Surviving Divorced Spouse	X	X	X					X
Widow (er) Under 62 or Surviving Divorced Mother or Father (Children in Care)	X	X	X	X			X	X
Parent	X			X	X			X
Lump-Sum Death Payment:								
A. Surviving Spouse Living in the Same Household		X						X
B. Eligible Surviving Spouse (excluding Divorced Spouse)	X	X						X
C. Eligible Children	X			X	X	X		X

In disability claims, the Disability Determination Services (DDS) in each state obtains medical reports and other necessary evidence to evaluate the claimant's impairment(s) based on Social Security law and regulations. A signed medical release, along with the name, address, and telephone number of each source of information is provided so the DDS can request evidence to determine if the individual is blind or disabled. Health Information Technology (health IT) is used to secure records from providers with an existing health IT partnership; means of mail or fax are used for all other sources.

**NOTE:** Health IT utilizes technologies such as software, computer hardware and infrastructure to record, store, protect and retrieve clinical, administrative, or financial information. Social Security uses health IT to request, receive and analyze medical records in a fully automated manner. Health IT provides faster access to records, which translates to faster disability decisions.



## RECORDS NEEDED FOR SUPPLEMENTAL SECURITY INCOME BENEFITS

An individual may apply for SSI in any Social Security office. While Social Security employees will assist in obtaining the necessary documents, it is helpful if the applicant provides as much of the following information as possible:

- Their Social Security card or number;
- Proof of age (preferably a public birth or religious record established before age five);
- Proof of U.S. citizenship or noncitizen status (e.g., U.S. birth certificate or naturalization or other immigration documents);
- Proof of income (e.g., payroll stubs or tax returns);
- Proof of resources (e.g., bank statements and insurance policies);
- Proof of living arrangements (e.g., rent receipts or information about household costs); and,
- In disability claims, the claimant must inform us about or submit all evidence known to the claimant that relates to whether or not the claimant is blind or disabled. The Disability Determination Services (DDS) in each state help to develop the evidence of record and make disability determinations at the initial and reconsideration levels of the administrative review process.

## ACCEPTABLE RECORDS

The records needed to establish eligibility for benefits should be original or certified documents bearing the seal of the agency or other organization from which they were obtained. Photocopies usually are not acceptable, but a copy of an original record or extract from a record may be accepted if it is certified to be true and exact by the official custodian of the record. Documents in foreign languages are acceptable. We will return all documents.

- **Evidence of age:** Generally, evidence must be a public record of birth established before age five or a religious record established before age five, which shows the date of birth. If such a record does not exist, the interviewer will suggest other documents that may be acceptable evidence.
- **Evidence of U.S. citizenship or noncitizen status:** Evidence is a domestic birth certificate or other birth record or naturalization certificate for citizens or appropriate immigration documents for noncitizens. Persons born outside the United States who are members of Federally recognized American Indian tribes or Canadian Indian First Nations should bring proof of such membership. In addition, noncitizens that served in the U.S. Armed Forces should bring their discharge papers or other proof of military service.
- **Evidence of marriage:** Evidence may be the original marriage certificate or a certified copy of the public or religious record of the marriage. Social Security may recognize a common-law marriage for benefit purposes if it is recognized under state law. Social Security staff in local offices can provide information on whether a State recognizes common-law marriages and will assist in developing necessary evidence.
- **Evidence of divorce or annulment:** Evidence must be a certified copy of the divorce or annulment decree.
- **Evidence of parent-child relationship:** The type of evidence needed will depend on the child's relationship to the worker. For example, a birth certificate is usually sufficient for a natural legitimate child. An amended long-form birth certificate and, where the date of adoption is material, court or child welfare records should suffice for an adopted child.

## SSA'S APPEALS PROCESS

Each time we decide a Social Security benefit or SSI claim, we send a written notice to the claimant and to the representative, if applicable. Generally, if the claimant does not agree with the determination, they have a right to appeal.

There are three levels in the administrative review (e.g., appeals) process. It is important to note the claimant usually has only 60 days from the date they receive a notice to appeal the determination or decision. After the claimant receives an initial determination, the administrative review levels are:

### 1. RECONSIDERATION

Generally, a reconsideration is a complete review of a claim, examining all evidence submitted when the original claim was made, plus any additional evidence the claimant submits, or we obtain since the initial determination. To ensure the claimant receives a new and independent determination, the new review is completed by persons other than those who made the original determination. The procedures for reconsideration of an SSI claim vary depending on whether the appeal is of an initial determination on an SSI claim or whether the appeal is on a determination made during a post eligibility review.

### 2. HEARING

If the claimant disagrees with the reconsideration determination, they may request a hearing. An administrative law judge, (ALJ) in our Office of Hearings Operations (OHO), who had no part in the initial or reconsideration determination, holds hearings. Additionally, the Appeals Council may assume responsibility for a hearing request, and in that circumstance, an administrative appeals judge would conduct the hearing and issue a decision. We conduct hearings in person, via video conferencing (VTC) technology, MS Teams Technology, and in certain very limited circumstances, by telephone. We have National Hearing Centers in Falls Church, Virginia; Albuquerque, New Mexico; Chicago, Illinois; Baltimore, Maryland; and St. Louis, Missouri, where judges adjudicate only electronic cases and hold hearings exclusively by VTC. At a hearing, the judge looks fully into the issues and questions the claimant and any witnesses. The claimant and their appointed representative may question the witnesses, present evidence, and examine the evidence that constitutes or will constitute the evidence of record. Evidence is defined in our regulations at 20 CFR 404.1513 and 416.913 as anything the claimant or anyone else submits to us, or that we obtain that relates to the claim. All testimony is made under oath or affirmation unless the judge finds an important reason to excuse the witness from taking an oath or affirmation.

A claimant may “waive” the hearing and ask the judge to decide the case based on the evidence of record without an oral hearing. However, a judge may schedule and hold a hearing notwithstanding the waiver if the judge believes that a personal appearance and testimony by a party to the hearing is necessary to decide the case. The judge may also issue a decision without holding an oral hearing if the decision is fully favorable to the claimant and all the parties on every issue. Certain attorney advisors in OHO may conduct specific prehearing proceedings and, if appropriate, issue fully favorable decisions based on the written record without an oral hearing.

In certain very limited circumstances, the judge may dismiss a request for hearing. For example, the judge may issue a dismissal based on a failure of the claimant, and any appointed represented, to appear at the time and place set for the hearing

### 3. APPEALS COUNCIL (AC)

If a claimant disagrees with the hearing decision, they may ask for a review of that decision by the AC. The claimant may also appeal an order dismissing the request for hearing. Additionally, the AC may decide to review a hearing decision or dismissal on its own motion, without a request for review from the claimant. The AC, headquartered in Baltimore, MD and Falls Church, VA, is composed of Administrative Appeals Judges and Appeals Officers. The AC may grant, deny, dismiss the request for review. In filing a request for review, the claimant may present a written statement,

submit additional evidence and ask to appear before the AC to present oral arguments. The AC will grant the request to appear if it determines a significant question of law or policy is presented or oral arguments would be beneficial in rendering a proper decision. If the AC decides to deny the claimant's request for review or dismiss the request, the AC sends a notice explaining its action to the claimant and appointed representative, if any, and the hearing decision becomes the agency's final decision. If the AC grants the request for review, the AC may issue its own decision or remand the case to the hearing level for further processing.

If the claimant disagrees with the AC's final action, the claimant may bring a civil action in Federal District Court within 60 days of receiving the AC's notice of action taken.

## RIGHT TO REPRESENTATION

A qualified individual, either an attorney or non-attorney, may represent the claimant at any step of proceedings before us. To appoint a representative, the claimant must provide a written, signed notice stating they want the person to be a representative. A representative who is not an attorney must also sign the statement. It is not necessary for an attorney to sign the appointment, but the agency strongly encourages it. The form is available at any Social Security office and online at [www.ssa.gov/online/ssa-1696.pdf](http://www.ssa.gov/online/ssa-1696.pdf) or [secure.ssa.gov/ssa1696/front-end/](http://secure.ssa.gov/ssa1696/front-end/).

On the claimant's behalf, an appointed representative may obtain the same information available to the claimant. The representative may also submit evidence, make statements about facts and law, appear at non-medical appointments or interviews on behalf of a claimant if they are unable to do so, and make any request or give any notice concerning the proceedings.

We send the appointed representative notices and requests for information or evidence and a copy of any administrative action, determination, or decision sent to the claimant.

## REPRESENTATIVE FEES AND AUTHORIZATION PROCESSES

If a representative intends to charge and collect a fee from the claimant for services provided before the agency, the representative seek for our authorization by submitting either a fee agreement or a fee petition. These methods are mutually exclusive.

- A fee agreement is a written statement signed by both the claimant and representative specifying the fee the representative expects to charge and collect, and the claimant expects to pay for services the representative provides in pursuing the claimant's benefit rights before the agency. Unless excepted from the fee agreement process, we will approve an agreement if it is signed and filed with us before the date we make the first favorable determination or decision on the claim; the claim results in past due benefits; and the fee specified is no more than the lesser of 25 percent of past-due benefits or \$7,200 (or a higher amount we set and announce in the Federal Register).
- A fee petition is a written request for authorization of a fee signed by the representative. The fee petition provides information necessary for us to set a reasonable fee for the services provided. The representative files the petition with the agency after their services have ended on a claim, matter, or issue. The petition must include the date services began and ended, the amount of the requested fee as a dollar figure, a list of the services provided, and the time spent on each service. The representative must send the claimant a copy of the fee petition.

A representative does not need to request our authorization of a fee for services provided before the agency in either of the following situations;

1. A court authorizes a fee for the representative based on their actions as the claimant's legal guardian or court-appointed representative.

2. An entity or a Federal, State, county, or city government agency pays from its funds the representative's fees and expenses, and both of the following conditions apply:
  - The claimant and any auxiliary beneficiaries are not liable to pay, directly or indirectly, a fee or any expenses to the representative or someone else; and
  - The representative submits to us a written waiver of the right to charge and collect a fee and any expenses from the claimant and any auxiliary beneficiaries.

## **DIRECT PAYMENT OF REPRESENTATIVE FEES**

We withhold up to 25 percent of past-due benefits resulting from the first favorable determination or decision in claims involving attorneys or eligible non-attorney representatives who have not waived their fee or waived direct payment of their fee. To be eligible for direct payment, a non-attorney representative must possess a bachelor's degree or have equivalent qualifications; secure and maintain professional liability insurance; pass a criminal background check; pass an examination testing knowledge of the Social Security Act, the regulations, and our current policies and procedures; and demonstrate ongoing completion of qualified courses of continuing education.

We will assess 6.3 percent of the amount of the fee payable from past-due benefits but not more than \$113 per case for the processing costs involved in making direct payments of the fees. We adjust the assessment fee periodically based on the cost of living. The representative cannot charge or collect this assessment from the claimant.

## **REGISTRATION OF APPOINTED REPRESENTATIVES FOR DIRECT PAYMENT AND ACCESS TO ELECTRONIC SERVICES**

To receive direct payment of representative fees, attorneys and eligible non-attorneys must complete a registration form (Form SSA-1699, Registration for Appointed Representatives Services and Direct Payment) and fax the completed form to the Office of Earnings and International Operations in the Office of Central Operations at 1-877-268-3827. This form is available at [www.ssa.gov/forms/ssa-1699.pdf](http://www.ssa.gov/forms/ssa-1699.pdf). Representatives must update this form each time their personal, professional, or business affiliation information changes. In order to seek direct payment on individual claims, representatives must provide in each case certain financial information needed to process the payment, by either completing Section 5 of form SSA-1696 (Representative Status, Affiliation, and Certifications) or any other writing containing the required information. These additional requirements are necessary to comply with the Internal Revenue Code and the Debt Collection Improvement Act of 1996 and enable us to issue a Form 1099-MISC to each representative who received a direct payment of \$600 or more in the previous calendar year. Representatives who are eligible and wish to receive direct payment of their fee must also enroll with Appointed Representative Services (ARS) and access their claimant's electronic records via ARS. Instructions for enrolling with ARS can be found at [www.ssa.gov/ar](http://www.ssa.gov/ar).

## **CIVIL RIGHTS COMPLAINTS**

Anyone who believes the agency or one of our employees has discriminated against them on the basis of race, color, national origin, religion, sex (including sexual orientation and gender identity), disability, age, parental status, or retaliation in any program or activity we conducted may file a complaint of discrimination in the form of a civil rights complaint. Any person who believes we discriminated against any specific class of persons in any program or activity we conduct and who is a member of that class or the appointed representative of a member of that class may file a complaint of discrimination. Please note it is not discrimination for us to apply the criteria set forth in the Social Security Act, 42 U.S.C. §§ 423 or 1382, other Federal laws, or regulations, to determine eligibility for benefits administered by the agency. The only way to dispute a determination or decision on a claim for benefits is to file an appeal of that determination or decision.

A person may file a discrimination complaint in person, by telephone, by letter, or by submitting a Discrimination Complaint Form (Form SSA-437-BK). Discrimination Complaint Forms are available from the Social Security website at [www.ssa.gov/online/forms.html](http://www.ssa.gov/online/forms.html).



**Our Office of the General Counsel (OGC) is the agency office responsible for investigating, informally resolving, rendering decisions, and enforcing and monitoring compliance. OGC will investigate the complaint as appropriate. Complaints and inquiries may be submitted to:**

**SSA Office of the General Counsel**  
**Office of General Law, Division 3**

**Email inquiries to:** [program.complaint.intake@ssa.gov](mailto:program.complaint.intake@ssa.gov)

**AGENCY PROCESSES FOR ADDRESSING ALLEGATIONS OF UNFAIRNESS, PREJUDICE, PARTIALITY, BIAS, MISCONDUCT, OR DISCRIMINATION BY AN ADMINISTRATIVE LAW JUDGE (ALJ) IN THE ADMINISTRATIVE PROCESS**

Social Security Ruling (SSR) 13-1p

(available at [http://www.ssa.gov/OP\\_Home/rulings/oasi/33/SSR2013-01-oasi-33.html](http://www.ssa.gov/OP_Home/rulings/oasi/33/SSR2013-01-oasi-33.html)) sets forth three separate processes for addressing complaints of bias or misconduct. Claimants may use one, two, or all three processes set forth in SSR 13-1p.

One of these procedures provides that the Office of Hearings Operations' (OHO) Division of Quality Service (DQS) receives, tracks, reviews, and monitors all complaints of ALJ bias or misconduct. DQS will work with the appropriate agency components to investigate complaints.

Complaints, representatives, and other specified sources including members of Congress may file direct complaints. In order for a complaint to be investigated, the claimant, the claimant's representative, another party to the hearing, someone authorized to act on the claimant's or another party's behalf, or another individual who was present at the hearing must submit the complaint in writing. The complaint must be received within 180 days of the date of the action complained of or the date that the complainant became aware of such conduct. The complaint should contain specific information about the conduct, including where and when it occurred, and whether there were any witnesses. Send complaints to:

Address: Office of Hearings Operations  
Division of Quality Service  
6401 Security Boulevard  
Baltimore, MD 21235

Fax: (833) 769-0252

Email: [OHO.OEOHR.DQS@ssa.gov](mailto:OHO.OEOHR.DQS@ssa.gov)

We will review all complaints. A review typically includes an audit of the entire hearing recording, if available, and an examination of the complaint, the hearing decision, and any other relevant documentation. For complaints that require further investigation, the ALJ that is the subject of the complaint will be given an opportunity to respond to the complaint before a final decision regarding the merits is made. For substantiated complaints, appropriate action will be taken. In addition, DQS will follow its prescribed acknowledgment procedure to ensure responsiveness to the person making the complaint and compliance with Privacy Act requirements.

SSR 13-1p also provides two other procedures related to ALJ bias and misconduct complaints. One involves procedures for filing a civil rights complaint, as discussed on page 38 of this guide. Finally, the ruling sets forth the procedures related to complaints received in conjunction with an appeal to the Appeals Council.

The ALJ complaint process is not an additional or alternative way to appeal a decision or dismissal and it is not a substitute for requesting Appeals Council review. Instead, the complaint process provides an additional tool to ensure all claimants receive fair and unbiased treatment in the handling of their claims. In addition, this process provides all claimants with the opportunity to raise any complaints regarding alleged ALJ bias or misconduct.





## BENEFIT PAYMENTS

In general, we process retirement claims in four to eight weeks; disability claims usually take longer. We will notify the applicant in writing about our decision. If we approve the claim, the notice will provide the monthly benefit amount and the start date. A claimant who has applied for Social Security benefits can check their status online using their *my Social Security* account.

For Social Security beneficiaries who filed their claims on or after May 1, 1997, when we pay benefits is determined by the date of birth of the worker on whose earnings entitlement is based:

Worker born on:	Date Paid
1 <sup>st</sup> –10 <sup>th</sup> day of the month	2 <sup>nd</sup> Wednesday of the month
11 <sup>th</sup> –20 <sup>th</sup> day of the month	3 <sup>rd</sup> Wednesday of the month
21 <sup>st</sup> –31 <sup>st</sup> day of the month	4 <sup>th</sup> Wednesday of the month

Claimants entitled to benefit payments prior to May 1, 1997 continue to receive their payments on the third of each month. To ensure beneficiaries can count on a reliable payment date, once a date is assigned, it will generally not change. Social Security benefits received in a given month represent payment for the preceding month.

Supplemental Security Income (SSI) benefits are normally delivered on the first day of the month and represent payment for the current month. Benefits may be scheduled for delivery up to three days earlier if the normal delivery date falls on a Saturday, Sunday, or holiday.

A beneficiary who does not receive a payment within three mail delivery days of the scheduled delivery date, or whose check is lost or stolen, should call Social Security at 1-800-772-1213. Required information includes giving the name of the person to whom the missing payment is due, the person's telephone number and address, the date of the payment, and the name and the Social Security number of the person on whose earnings the benefit is being paid. (For example, a woman receiving widow's benefits should provide her deceased spouse's name and Social Security number.) A person with financial difficulties, who does not receive a Social Security benefit due in a particular month, may request expedited or immediate payments.

## ELECTRONIC PAYMENT

By law, the Department of Treasury (Treasury) requires all beneficiary payments to be made via electronic payment unless there is a valid reason for not doing so. According to Treasury's regulations, individuals who apply for Social Security benefits on or after May 1, 2011 must receive their payments electronically. In addition, current beneficiaries should have switched to electronic payments before March 1, 2013. Those beneficiaries who receive their payments electronically avoid the inconvenience and problems of getting checks cashed and are less likely to have their payments lost, stolen, destroyed, or forged.

Treasury will automatically exempt the following individuals from the electronic payment mandate:

- Individuals born prior to May 1, 1921 and receiving payment by check on March 1, 2013;
- Individuals receiving a type of payment not eligible for deposit to a Direct Express® card account. In such cases, Treasury will not make those payments by electronic funds transfer, unless and until such payments become eligible for deposit to a Direct Express® card account;
- Individuals ineligible for a Direct Express® card because of suspension or cancellation of the individual's card by the financial agent;
- Individuals who filed a waiver request with Treasury certifying payment by electronic payment would impose a hardship because of inability to manage an account at a financial institution



or a Direct Express® card account due to a mental impairment, and Treasury has not rejected the request; or,

- Individuals who filed a waiver request with Treasury certifying payment by electronic payment would impose a hardship because of the inability to manage an account at a financial institution or a Direct Express® card account due to the individual living in a remote geographic location lacking the infrastructure to support electronic financial transactions, and Treasury has not rejected the request.

Treasury will electronically deposit funds directly into a bank's depository account (e.g., checking account, savings account, or prepaid card account). Alternatively, beneficiaries may choose to have their payments made via Direct Express®. The Direct Express® card is a debit card beneficiaries can use to access their benefits. It is safer and more convenient than paper checks, and anyone receiving Social Security or SSI benefits can enroll in this program. There are no enrollment fees or minimum balance requirements to open or use a Direct Express® account. Individuals already receiving benefits can create a *my Social Security* account and start or change direct deposit online. They can also sign up at a bank, credit union, or savings and loan, or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). We encourage beneficiaries to arrange electronic payment through SSA's website at [www.ssa.gov/onlineservices/](http://www.ssa.gov/onlineservices/).

## OVERPAYMENTS

An overpayment occurs if a person receives more benefits than were due or a payment to which they were not entitled. In general, the overpaid person must repay the overpayment. For Social Security benefits, if we do not receive full refund, we may withhold full benefits until we recover the overpayment. If full benefit withholding will cause a hardship, the overpaid person may request that SSA withhold part of the benefit until we collect the overpayment. Generally, we require repayment within 12 months but may extend the repayment period in certain circumstances to 36 months or longer. If the individual incurred an SSI overpayment, the overpayment may be recovered by withholding no more than 10 percent of the individual's total monthly income. If the overpaid individual is not currently entitled to Social Security or SSI benefits, the overpayment may be recovered by external means such as withholding the amount due from the individual's Federal income tax refunds.

The person may appeal the overpayment decision or request a waiver. SSA may waive the overpayment if the person can show they were not at fault in causing the overpayment and repayment would deprive them of income needed for ordinary living expenses or repayment would be unfair for some other reason. If recovery of an overpayment cannot be waived, we request full refund.

## UNDERPAYMENTS

An underpayment occurs if a person does not receive the full benefits due or if an incorrect (lesser) benefit amount was paid. We usually pay the underpayment in a single check. In cases where the underpaid beneficiary is deceased, payments are made to specified relatives or, in the case of Social Security benefits but not SSI benefits, the individual's estate. Although a person generally does not need to file a request to receive underpaid benefits, in the case of an underpayment due to a deceased person, we may require a written request from a survivor or executor.

## GARNISHMENT, ATTACHMENT, AND LEVY OF SOCIAL SECURITY BENEFITS

Under current law, Social Security benefits or the future right to benefits are not assignable or transferable. With certain exceptions, benefits are not subject to execution, levy, attachment, garnishment, or to other legal process, or to insolvency or bankruptcy law.

Current exceptions are withholding benefits for court-ordered child support or alimony, court-ordered victims' restitution, Internal Revenue Service (IRS) levy, administrative offset under the Debt Collection Act of 1996, and for voluntary withholding for Federal income tax purposes.



## TAXATION OF BENEFITS

Beneficiaries with sources of income in addition to their Social Security benefits may be subject to Federal income taxes on up to 85 percent of their benefits. Taxation of Social Security benefits applies to taxpayers whose adjusted gross income, plus any tax-exempt income and one-half of their Social Security benefits, exceeds certain income thresholds.

Up to 50 percent of Social Security benefits are included in taxable income for individual tax filers with incomes from \$25,000 through \$34,000 and for joint tax filers with incomes from \$32,000 through \$44,000. Up to 85 percent of Social Security benefits are included in the portion of taxable income, which exceeds \$34,000 for individual tax filers and \$44,000 for joint tax filers. The thresholds are not indexed; therefore, they do not change from year to year. Revenues from taxation of benefits are credited to the Social Security and Medicare Trust Funds. Refer inquiries relating to taxation of benefits to the IRS, which administers this income tax provision.

## WITHHOLDING FROM BENEFITS FOR INCOME TAX LIABILITY

Effective with retroactive benefit payments issued in January 1999 and regular monthly benefit payments issued in February 1999, a beneficiary may elect to have a portion of their Social Security benefits withheld in anticipation of income tax liability. The withholding rates set by the IRS are 7 percent, 10 percent, 12 percent, or 22 percent. Because of IRS regulations, no other percentage or flat dollar amounts are acceptable. A signed IRS Voluntary Withholding Report (Form W-4V) is required for a withholding request to be valid. The form can be obtained by calling the IRS at 1-800-829-3676. Form W-4V is also available at [www.ssa.gov/online/#other](http://www.ssa.gov/online/#other).

## EARNINGS TEST

The basic purpose of Social Security is to provide continuing income to workers and their families when the workers' earnings stop or are reduced because of retirement, disability, or death. Because Social Security benefits are intended as a partial replacement of earnings, we generally reduce benefits if people younger than their full retirement age earn over a certain limit. The measure used to decide whether we must reduce or stop benefits is called the "earnings test." (See Appendix A for earnings test information.)

## MEDICARE

The Medicare program, authorized in 1965 under Title XVIII of the Social Security Act, is a health insurance program for the aged and disabled. It generally covers certain preventive services and medically necessary care related to a diagnosis or treatment of an illness or injury. With a few exceptions, it does not cover long-term care. Since 1965, the Medicare law has been amended many times. For example, it was amended in 1972 to include individuals who are entitled to Social Security disability benefits after a two-year waiting period and included those with End-Stage Renal Disease (ESRD). In 1997, the law was amended to establish Medicare Part C, now known as Medicare Advantage, which provides beneficiaries with a broader array of health plan choices through privately managed plans. In 2003, the law was amended to establish Part D, which covers outpatient prescription drugs through private insurers, to add several new preventive services, and to require beneficiaries with higher incomes pay more for a statutory level to pay a higher share of their Part B premiums.

### PARTS A AND B — ORIGINAL MEDICARE BENEFITS

**Part A (Hospital Insurance)** helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, labs tests, surgery, and home health care. It is financed almost completely by the Federal Insurance Contribution Act (FICA) and Self-Employment Contributions Act (SECA) taxes.

**Part B (Supplementary Medical Insurance)** helps cover services from doctors and other health care providers, outpatient care, durable medical equipment, home health care, and many preventive services. It is financed by monthly premiums paid by the beneficiary and by general revenue from the Federal Government.

People who get Social Security benefits are automatically covered by Part A with no premium and Part B when they reach age 65 or have been entitled to disability benefits for 24 months. However, Part B is optional and may be declined. People who reach age 65 (and meet citizenship and residence criteria) and are not getting Social Security benefits, have to apply for Medicare if they want it.

People who have higher incomes and who have Part B may have their premium adjusted. This adjustment, effective January 2007, is the Income-Related Monthly Adjustment Amount (IRMAA). We determine the beneficiary's premium adjustment amount based on the individual's or couple's tax filing status and Modified Adjusted Gross Income (MAGI), which is the adjusted gross income from the tax return plus tax-free exempt interest income. Beneficiaries with incomes above the statutory level pay a larger percentage of the full cost of the Part B premium. The higher the beneficiary's income, the greater the amount of the Part B premium. Since 2007, the income levels have been indexed annually to the Consumer Price Index (CPI).

The chart in Appendix A shows the income thresholds and related Part B premium.

### PARTS C AND D — ADDITIONAL OPTIONS FOR MEDICARE BENEFICIARIES

**Medicare Advantage (also known as Part C)** is an alternative to Original Medicare. These bundled plans include Part A, Part B, and usually Part D. Medicare Advantage (MA) plans can charge different amounts for certain services and may offer extra coverage or reduced out-of-pocket expenses.

**Part D** is an optional benefit that helps cover the costs of prescription drugs. Part D is available to everyone with Medicare. To get Medicare prescription drug coverage, people must join plans approved by Medicare. Beneficiaries usually pay separate monthly premiums for Part D.

SSA administers a Medicare prescription drug low-income subsidy program known as "Extra Help" to assist Medicare beneficiaries with limited income to pay for Medicare prescription drug coverage.

Effective January 2011 higher income beneficiaries with Medicare Part D or MA prescription drug coverage pay an IRMAA. Like Part B, IRMAA for Part D uses an individual's or couple's tax filing status and MAGI, the adjusted gross income from the tax return plus tax-exempt interest income to

determine the extra amount due. Beneficiaries are required to have IRMAA withheld from benefit payments regardless of how the beneficiary pays for prescription drug coverage.

Individuals can enroll in Part C or Part D (or change plans) when their Medicare eligibility begins, between October 15<sup>th</sup> and December 7<sup>th</sup> of each year, and other times if they qualify for a Special Enrollment Period (like moving out of a plan's service area).

Between January 1<sup>st</sup> and March 31<sup>st</sup>, individuals enrolled in MA plans may switch to a different MA plan in addition to being able to drop Original Medicare. If they switch to Original Medicare during this period, the beneficiary has until March 31<sup>st</sup> to enroll in a Medicare Prescription Drug Plan to add drug coverage.

## ELIGIBILITY

Most Americans age 65 or older who have paid into the Social Security or Railroad Retirement Board (RRB) systems while working, or who receive survivors' benefits, are entitled to premium-free coverage under Medicare Part A. Individuals under age 65 who have been receiving Social Security or RRB disability benefits for at least 24 months, and most individuals who have ESRD, are also entitled to premium-free Medicare Part A. As of July 1, 2001, the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA) waived the 24-month waiting period for Medicare coverage for people with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's Disease. Effective 2010, the Affordable Care Act extended entitlement to Medicare Part A to certain individuals diagnosed with asbestos-related illness linked to exposure to environmental health hazards declared a public health emergency under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980. The Consolidated Appropriations Act of 2021 extended entitlement to Medicare Part B, to cover immunosuppressive drugs for certain kidney transplant patients. People who are 65 or older, but did not pay Social Security taxes for the required number of quarters, may buy Part A for a monthly premium, but they must also enroll in Part B.

## ENROLLMENT

People who get Social Security or RRB benefits are automatically enrolled in Part A (with no premium) and Part B when they reach age 65 or have been entitled to disability benefits for 24 months. However, Part B is optional and may be declined.

People who reach age 65 (and meet citizenship and residence criteria) and are not getting Social Security benefits have to apply for Medicare if they want it. Individuals may apply for Medicare online at [ssa.gov/benefits/medicare](https://ssa.gov/benefits/medicare) or by visiting a Social Security office.

Effective January 2023, the Consolidated Appropriations Act of 2021 changed the effective date for some enrollments in the Initial Enrollment Period (IEP) and General Enrollment Period (GEP). The IEP starts 3 months before the month a person turns 65 and continues through 3 months after. Generally, Medicare entitlement will start the first day of the month in which the individual becomes age 65. If an individual enrolls during the last 3 months of the IEP, coverage starts the first day of the month after a person signs up. Enrollment in Part B after the end of the IEP may result in a delay in Part B coverage and a possible late enrollment penalty.

The GEP runs from January 1<sup>st</sup> through March 31<sup>st</sup> each year for people who are eligible for Part B but did not enroll during the IEP. Beneficiaries who enroll during the GEP will have their Medicare Part B coverage start the first day of the month after they sign up. A 10 percent penalty will be added to their Part B premium for each full 12-month period that the person was eligible for Part B but did not sign up for it.



There is also a Special Enrollment Period (SEP) for individuals who have previously declined coverage during their IEP because they were covered under a group health plan, either from their own or their spouse's (or a family member's if disabled) current employment.

These individuals can enroll in Part B anytime they are enrolled in a group health plan or large group health plan based on current employment, or during the eight-month period that starts the month after the employment ends or the coverage ends, whichever happens first.

Beginning January 1, 2023, individuals who miss an enrollment period because of certain exceptional circumstances may be able to sign up for Medicare during an SEP.

### *2023 Part B Coverage Changes*

The following table compares when Part B coverage started prior to 2023 to when it starts currently:

When a Person Enrolls	Part B Coverage Begins Currently	Part B Coverage Begins 2024
GEP—Any month	July 1	The month after enrollment
IEP—First, second, or third month	Month person turns 65	Month person turns 65*
IEP—Fourth month (birthday month)	The month after enrollment	The month after enrollment*
IEP—Fifth month	Two months after enrollment	The month after enrollment
IEP—Six or seventh month	Three months after enrollment	The month after enrollment

\* - No change

### **MEDICARE FEE-FOR-SERVICE (FFS) COVERAGE APPEALS**

Initial determinations on Medicare FFS claims must be made within 45 days. Beneficiaries and, in most cases, providers and suppliers are parties to the initial claim determination and have appeal rights. Providers and suppliers may represent beneficiaries; however, they must waive the right to receive payment for such representation and, in certain cases, must waive the right to receive payment for the actual item or service delivered.

The first level of Medicare FFS coverage appeals is a redetermination by a Medicare Administrative Contractor; the second level is a reconsideration by a Qualified Independent Contractor; the third level is an Administrative Law Judge (ALJ) hearing within the Office of Medicare Hearings and Appeals in the United States Department of Health and Human Services (DHHS); the fourth level is a review by the Medicare Appeals Council which is part of the Departmental Appeals Board (DAB) of DHHS; and the fifth level is a judicial review in Federal District Court.

To appeal a denied claim to either an ALJ or Federal District Court, the amount of money remaining in controversy must meet certain thresholds. For calendar year 2023, the amount in controversy must be at least \$180 for an ALJ hearing and at least \$1,850 for judicial review in Federal District Court.

### **QUESTIONS ABOUT MEDICARE BENEFITS**

Although SSA processes applications for enrolling in Medicare and handles certain Medicare entitlement appeals, the Centers for Medicare & Medicaid Services (CMS) has primary responsibility for administering the Medicare program. For questions, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## **MEDICAID**

States administer Medicaid with Federal financial participation. Each state sets its own guidelines regarding eligibility and benefits in accordance with Federal law and regulations. States make direct payment to providers of services or to managed care plans on behalf of eligible individuals. States must cover categorically low-income individuals who meet certain criteria including children, pregnant women, a parent or caretaker relative, people who have a disability, are blind, or age 65 or over, including people eligible for SSI. SSI benefits are not available in Puerto Rico, Guam, and the U.S. Virgin Islands, however the aged, blind, or disabled maybe eligible for Medicaid coverage. States also have the option to include individuals receiving only a state supplementation of SSI, although their income would prohibit any Federal SSI benefit.

In most states, individuals participating in work incentive programs under SSI are covered under Medicaid as if they received regular SSI disability benefits. In addition to the categorically needy, a state may elect to cover other groups that share characteristics of the categorically needy and the medically needy. Effective in 2014, the Affordable Care Act provided states a new opportunity to expand Medicaid eligibility group for low-income adults. For more information about Medicaid or the changes made in the Affordable Care Act, please contact the Office of Legislation at the Centers for Medicare & Medicaid Services at 202-690-6726 or visit [Medicaid.gov](https://www.Medicaid.gov).

## **FINANCIAL ASSISTANCE FOR LOW-INCOME PERSONS ELIGIBLE FOR MEDICARE (“MEDICARE SAVINGS PROGRAMS,” OR MSP)**

Persons covered under Part A of Medicare who meet certain income and resource criteria are eligible for assistance with costs they otherwise would have to pay under the Medicare program. The programs available are:

### **QUALIFIED MEDICARE BENEFICIARY (QMB)**

Medicare beneficiaries with assets not exceeding the Part D low-income subsidy standard resource limit (see page 47) and income at or below 100 percent of the Federal Poverty Level (FPL) are eligible for Medicaid to pay their Part B premium and all Medicare cost-sharing (e.g., deductibles, co-insurance, and co-payments).

### **SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)**

Medicare beneficiaries with assets not exceeding the Part D low-income subsidy standard resource limit (see Medicare Prescription Drug Low-Income Subsidy, below) and income that exceeds 100 and less than 120 percent of FPL are eligible for Medicaid to pay their Part B premium but not Medicare cost-sharing.

### **QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWI)**

Medicare beneficiaries who lose their Medicare Part A benefits due to their return to work who otherwise are not eligible for Medicaid may be entitled to purchase Part A benefits and are eligible for Medicaid to pay their Part A premium only. The 2022 resource limits are \$4,000 for an individual and \$6,000 for a married couple and income at or below 200 percent of federal poverty guidelines.

### **QUALIFYING INDIVIDUALS (QI)**

Medicare beneficiaries with assets not exceeding the Part D low-income subsidy standard resource limit (see Medicare Prescription Drug Low-Income Subsidy, below) and income at least 120 and less than 135 percent of federal poverty guidelines are eligible for Medicaid to pay their Part B premium but not Medicare cost-sharing. Unlike the Federal-State cost-shared QMB and SLMB programs, the QI program is funded by Federal discretionary appropriations.



**NOTE:** Income levels vary from year to year. Slightly higher income amounts are allowed in Alaska and Hawaii and there are state variations in income and resources. The resource limits may vary in some states and may also include a burial exclusion of \$1,500 for each individual. For updated information about income and resource levels, please see [www.medicare.gov/basics/costs/help/medicare-savings-programs](https://www.medicare.gov/basics/costs/help/medicare-savings-programs)

**NOTE:** States may apply certain income and/or resource disregards for MSP under 1902(r)(2) of the Act, effectively raising the income and/or resource limits

**NOTE:** Most states administer their Medicaid and Medicare Savings Programs locally through public assistance offices. Individuals should contact State or local welfare, social service, or public health agencies to apply for these programs. For information on how to apply for Medicaid in each state visit [healthcare.gov](https://www.healthcare.gov). For information on eligibility for Medicaid in each state visit [Medicaid.gov](https://www.Medicaid.gov).

## **MEDICARE PRESCRIPTION DRUG LOW-INCOME SUBSIDY (EXTRA HELP)**

Assistance under the Medicare Prescription Drug Program (Part D) is available to individuals with limited incomes and resources. Depending on the individual's income, resources, and household size, an individual can qualify for a full or partial Medicare Part D subsidy. For 2022, the standard resource limits are \$9,470 for an individual and \$14,960 for a married couple. The alternate resource limits are \$15,510 for an individual and \$30,950 for a couple. These limits include the burial exclusion amounts of \$1,500 for individuals and \$3,000 for couples. Individuals and couples with incomes at or below 135 percent of the federal poverty guidelines and resources at or below \$9,470 for individuals or \$14,960 for couples may be eligible for full subsidies (e.g., no premiums and minimal co-pays). Individuals and couples with income above 135 percent and below 150 percent and resources at or below \$15,510 for individuals or \$30,950 for couples may be eligible for partial subsidies and less help with co-pays. Individuals eligible for SSI or the Medicare savings programs described above will be automatically eligible for full subsidies. The resource limits are adjusted each year to reflect the annual percentage increase in the Consumer Price Index (CPI).

When a person files an application for Extra Help, we will send information from the Extra Help application to the state, unless the applicant tells us not to. Individuals eligible for SSI, eligible for full Medicaid coverage, or covered under one of the Medicare Savings Programs as a QMB, SLMB, or QI are automatically eligible for Extra Help.

Individuals may get more information and apply online for Extra Help at [www.ssa.gov/extrahelp](https://www.ssa.gov/extrahelp), or call us at our toll-free number (1-800-772-1213) or TTY (1-800-325-0778) and arrange to file with a Social Security representative. The application includes questions about the Medicare-eligible individuals and their income, resources, and family size. Individuals will not generally be asked to provide proof of these eligibility factors as we will electronically match the information provided with available databases.





## **BLACK LUNG**

The Black Lung benefits program initially established by the Federal Coal Mine Health and Safety Act of 1969 provides for payment of monthly cash benefits to a coal miner who is totally disabled due to pneumoconiosis and to any eligible survivors and dependents. There are two types of Black Lung cash benefits: Part B benefits and Part C benefits.

Part B Black Lung applies to all miners who filed for benefits before July 1973 and all survivors whose claims were filed prior to January 1, 1974. Prior to September 26, 1997, we administered the claims and paid benefits to all miners and survivors entitled under Part B as well as all claims filed within six months of the death of a miner or widow who was entitled to Part B Black Lung benefits at the time of death. Effective February 2003, the Black Lung Consolidation of Administrative Responsibility Act transferred complete responsibility for the Part B Black Lung program from SSA to the Department of Labor (DOL) effective February 2003. However, we continue to maintain responsibility for any hearing, administrative review, and judicial review commencing before the enactment of the law. Congressional offices may inquire about Part B Black Lung claims by calling DOL at 202-693-0948.

Part C Black Lung claims include all new miners' claims and most survivor claims filed since January 1, 1974. Receipt of Part C Black Lung benefits by a Social Security disability beneficiary is treated the same as workers' compensation or public disability benefits for offset purposes. Direct Part C inquiries to DOL.



## RAILROAD RETIREMENT BENEFITS

Under the Railroad Retirement Act, administered by the Railroad Retirement Board (RRB), annuities are payable to workers and families in the event of retirement, disability, or death. Retirement annuities are payable as early as age 60, and age and length of service determine points of eligibility. Individuals with railroad employment who are approaching retirement age should check with the RRB because of the financial advantages of retiring at certain points. Disability annuities are possible for individuals who become permanently disabled and have at least 10 years of railroad employment, individuals with 5 to 9 years of railroad employment if at least 5 years were performed after 1995 and meet certain Social Security earnings requirements or have at least 20 years of service and become occupationally disabled (e.g., unable to perform their regular jobs).

Annuities are payable to certain family members, including survivors, who meet conditions similar to those established for Social Security benefits. A lump sum may be payable because of the death of a worker if there is no survivor immediately eligible to receive a monthly annuity.

Law coordinates the Railroad Retirement and Social Security programs. Credit for railroad employment after 1936 is transferred to Social Security when a worker retires, becomes disabled, or dies and has less than 10 years of railroad service and less than 5 years of railroad service accrued after December 31, 1995. When a claim for benefits is filed, railroad credits are combined with any Social Security credits the worker earned. Eligibility for and the amount of the Social Security benefit are based on the combined credits.

Direct inquiries to the RRB to:  
Railroad Retirement Board  
844 North Rush Street  
Chicago, IL 60611  
Phone: 312-751-4300  
Fax: 312-751-4650

The Washington, District of Columbia RRB office address is:  
Railroad Retirement Board  
Suite 500  
1310 G Street, NW  
Washington, DC 20005  
Phone: 202-272-7742  
Fax: 202-272-7728

# SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS



Securing today  
and tomorrow

## SPECIAL BENEFITS FOR CERTAIN WORLD WAR II VETERANS

We may pay special benefits to certain World War II veterans. These include Filipino veterans who served in the active U.S. military from September 16, 1940 through July 24, 1947 and Filipino veterans who served in the organized military of the Philippines from July 26, 1941 through December 30, 1946 while those forces were in the service of the U.S. Armed Forces. The special veterans' benefits are payable for months in which qualified veterans live outside the United States.

By law, the amount of the monthly special veteran's benefits cannot be more than 75 percent of the current SSI Federal benefit rate. To calculate the monthly amount for special veterans' benefits, we take 75 percent of the current SSI Federal benefit rate and subtract the amount of any other benefit income the veteran receives for the month. The SSI Federal benefit rate for 2024 is \$943. The veteran's total other monthly benefit income must be less than \$707.25 (75 percent of \$943) in order for them to receive special veterans' benefits. Other benefit income typically means any recurring payments received on a regular basis, such as annuities, pensions, and retirement or disability benefits.

To qualify for special veterans' benefits, veterans must meet all the following requirements:

- Be age 65 or older as of December 14, 1999;
- Be a World War II veteran as described above;
- Be eligible for SSI for December 1999;
- Be eligible for SSI for the month you apply for special veterans' benefits; and,
- Have other benefit income less than 75 percent of the current SSI Federal benefit rate.

In order for the veteran to be eligible to receive payments, they must reside outside the United States. This benefit is not paid to the veteran's dependents or survivors.

For more information on this program, contact a local Social Security office.

In the Philippines, contact:  
Social Security Administration  
1201 Roxas Boulevard  
Ermita, 0930 Manila  
Telephone: 632-301-2000, Ext. 9  
Email: [fbu.manila@ssa.gov](mailto:fbu.manila@ssa.gov)



## 2024 SOCIAL SECURITY AND SUPPLEMENTAL SECURITY INCOME INFORMATION

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### 1. Social Security Contribution Rate:

		OASDI	HI
Employer and Employee each	7.65%	6.20	1.45
Employee*	7.65%	6.20	1.45
Self-employed	15.30%	12.40	2.90

\*The Affordable Care Act increased the HI tax by 0.9 percent for single filers with wages above \$200,000 and joint filers with wages above \$250,000; and imposes a 3.8 percent surtax on unearned income for individuals and couples with respective Modified Adjusted Gross Income above \$200,000 and \$250,000, beginning in January, 2013.

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### 2. Credit for Work Covered Under Social Security

\$1,730 is needed for one credit.

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### 3. Supplemental Security Income Full Federal Payment Levels:

\$943 for individuals, \$1,415 for eligible couples, and \$472 for an essential person (a person who meets certain conditions and has continuously lived in the home of a qualified individual).

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### 4. Maximum Covered Earnings:

\$168,000 is the maximum FICA covered earnings amount for Old Age, Survivors and Disability Insurance.

Hospital Insurance	No Limit
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### 5. Earnings Test:

The retirement earnings test is eliminated beginning with the month in which the beneficiary reaches full retirement age (FRA). Individuals who are FRA or older will not have their Social Security benefits reduced because of earnings. In the calendar year in which a beneficiary reaches FRA, Social Security benefits are reduced \$1 for every \$3 of earnings above the limit allowed by law (\$59,520 in 2024). The reduction is applied only to those months prior to attainment of FRA. For years before the year the beneficiary attains FRA, the reduction in benefits is \$1 for every \$2 of earnings over the annual exempt amount of \$22,320 for 2024.

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### 6. Primary Insurance Amount (PIA):

For workers who reach age 62, become disabled, or die in 2024, the PIA is equal to:

90% of the first \$1,174 of Average Indexed Monthly Earnings (AIME), plus  
 32% of AIME over \$1,174 through \$7,078 plus  
 15% of AIME over \$7,078

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7. Family Maximum:

For workers who reach age 62, or die in 2024, the family maximum is equal to:

- 150% of the first \$1,500 of PIA, plus
- 272% of PIA over \$1,500 through \$2,166, plus
- 134% of PIA over \$2,166 through \$2,825, plus
- 175% of PIA over \$2,825

**NOTE:** In disability cases, the family maximum is limited to 85% of the AIME, but not less than the PIA or more than 150% of the PIA.

8. Substantial Gainful Activity (SGA) Amounts:

- \$1,550 month
- \$2,590 month statutorily (blind)

9. Trial Work Period Amount:

- \$1,110 month

10. Totalization agreements in effect as of October 1, 2020. (Inquirers should also consult the listing at [www.ssa.gov/international/status.html](http://www.ssa.gov/international/status.html), since new agreements come into force from time to time.)

Australia	Germany	Norway
Austria	Greece	Poland
Belgium	Hungary	Portugal
Brazil	Iceland	The Slovak Republic
Canada	Ireland	Slovenia
Chile	Italy	Spain
The Czech Republic	Japan	Sweden
Denmark	Korea (South)	Switzerland
Finland	Luxembourg	The United Kingdom
France	The Netherlands	Uruguay

**Medicare Monthly Premium Amounts (2024)**

Part A, Hospital Insurance, Fully Insured	\$0
Part B, Medical Insurance, Fully Insured	\$174.70

Individuals who are not fully insured but have 30-39 credits pay Part A monthly premiums of \$278.00.

Individuals who are not fully insured and have less than 30 credits pay Part A monthly premiums of \$505.00.

**NOTE:** The statutory “hold harmless provision” prevents a Medicare Part B beneficiary’s Social Security benefit from decreasing because of an increase in the Part B Premium. Therefore, the dollar increase in the monthly Part B premium is limited to the dollar increase in the beneficiary’s monthly Social Security benefit.



## IRMAA Tables, Medicare Part B Premium Year 2024

1. Tax Filing Status: Single, head of household or qualifying widow(er) with dependent child:

If modified adjusted gross income (MAGI) reported for 2022 (or 2021 if 2022 was not available) was:	Then the Part B Premium* is:
More than \$103,000 but less than or equal to \$129,000	\$244.60
More than \$129,000 but less than or equal to \$161,000	\$349.40
More than \$161,000 but less than or equal to \$193,000	\$454.20
More than \$193,000 but less than \$500,000	\$559.00
More than \$500,000	\$594.00

\* Plus, any applicable surcharges for late enrollment, minus any Medicare Advantage adjustment

2. Tax Filing Status: Married, filing jointly:

If MAGI in 2022 (or 2021 if 2022 was not available) was:	Then the Part B Premium* is:
More than \$206,000 but less than or equal to \$258,000	\$244.60
More than \$258,000 but less than or equal to \$322,000	\$349.40
More than \$322,000 but less than or equal to \$386,000	\$454.20
More than \$386,000 but less than \$750,000	\$559.00
More than or equal to \$750,000	\$594.00

\* Plus, any applicable surcharges, minus any Medicare Advantage adjustment.

3. Tax filing Status: Married, Filing Separately:

If MAGI in 2022 (or 2021 if 2022 was not available) was:	Then the Part B Premium* is:
More than \$103,000 but less than \$397,000	\$559.00
More than or equal to \$397,000	\$594.00

\* Plus, any applicable surcharges, minus any Medicare Advantage Reduction.



## IRMAA Tables, Part B for Immunosuppressive Drugs Year 2024

### 1. Tax Filing Status: Single:

If modified adjusted gross income (MAGI) reported for 2023 (or 2022 if 2023 was not available) was:	IRMAA Amount:	Total Monthly Premium Amount:
More than \$103,000 but less than or equal to \$129,000	\$68.70	\$171.70
More than \$129,000 but less than or equal to \$161,000	\$171.70	\$274.70
More than \$161,000 but less than or equal to \$193,000	\$274.70	\$377.70
More than \$193,000 but less than \$500,000	\$377.70	\$480.70
More than \$500,000	\$412.10	\$515.10

### 2. Tax Filing Status: Married, filing jointly:

If modified adjusted gross income (MAGI) reported for 2023 (or 2022 if 2023 was not available) was:	IRMAA Amount:	Total Monthly Premium Amount:
More than \$206,000 but less than or equal to \$258,000	\$68.70	\$171.70
More than \$258,000 but less than or equal to \$322,000	\$171.70	\$274.70
More than \$322,000 but less than or equal to \$386,000	\$274.70	\$377.70
More than \$386,000 but less than \$750,000	\$377.70	\$480.70
More than \$750,000	\$412.10	\$515.10

### 3. Tax filing Status: Married, Filing Separately:

If MAGI in 2023 (or 2022 if 2023 was not available) was:	IRMAA Amount:	Total Monthly Premium Amount:
More than \$193,000 but less than \$500,000	\$377.00	\$480.70
More than or equal to \$500,000	\$412.10	\$515.10



