
Glossary

administrative law judge (ALJ). An official of the Social Security Administration's (SSA's) Office of Hearings and Appeals who is specially qualified by education and experience to hold hearings and make independent decisions regarding eligibility for SSA programs on the basis of all evidence and testimony. ALJs conduct impartial hearings and issue decisions to claimants who have appealed previous determinations by SSA. See also **administrative review process**.

administrative review process. The procedures followed by the Social Security Administration (SSA) in determining one's rights under Title II and Title XVI of the Social Security Act. The administrative review process consists of several steps, which must usually be requested in the following order within certain time periods: initial determination, reconsideration, decision of the administrative law judge, and a review by SSA's Appeals Council.

age. In tables showing beneficiaries in current-payment status, the age classification is based on the beneficiary's current age. In tables showing awards, age is the beneficiary's age in the month of entitlement.

allowance. A determination by the Disability Determination Services, an administrative law judge, or the Appeals Council that an applicant meets the medical definition of disability under the law. See also **disability**.

allowance rate. The percentage of allowed disability applications in a given time period calculated as the number of medically allowed applications divided by the total number of applications with a medical decision. At the hearing level, allowance rates are computed either as a percentage of dispositions (including dismissals) or as a percentage of decisions (excluding dismissals). In this publication, hearing level allowance rates are computed as a percentage of dispositions. An allowance rate provides a narrower view of the disability program than does an award rate because it excludes nonmedical determinations from its base.

Appeals Council. The organization within the Social Security Administration's Office of Hearings and Appeals that makes the final decision in the administrative review process. See also **administrative review process**.

auxiliary benefit. A monthly benefit payable to a spouse or child of a retired or disabled worker (dependents benefit) or to a survivor of a deceased worker (survivors benefit).

average. See **mean**.

average current earnings. Earnings used to determine whether the workers' compensation or public disability benefit offset applies. Average current earnings are defined as the highest of the following:

- The average monthly earnings used to figure a person's Social Security disability benefit.
- The average monthly earnings from any work covered by Social Security that a person did (including self-employment) during the 5 highest consecutive years after 1950.
- The average monthly earnings from work or self-employment during the year a person became disabled or in the highest year of earnings that a person had during the 5-year period just before that person became disabled. (Divide the total year's earnings by 12 to get the average current earnings.)

All earnings covered by Social Security, including amounts above the maximum taxable by Social Security, may be used when figuring average current earnings. See also **workers' compensation and public disability benefit offset**.

average indexed monthly earnings (AIME). The amount of earnings used in determining the primary insurance amount (PIA) for most workers who attain age 62, become disabled, or die after 1978. A worker's actual past earnings are adjusted by changes in the average wage index to bring them up to their approximately equivalent value at the time of eligibility for benefits. If the person attained age 62, became disabled, or died before 1979, the **average monthly wage** is used to calculate the PIA. See also **primary insurance amount**.

average monthly wage (AMW). The dollar amount used in calculating a person's monthly primary insurance amount (PIA) if that person attained age 62, became disabled, or died before 1979. The AMW is determined by dividing the total earnings in the "computation years" by the number of months in those same years. If the person attained age 62, became disabled or died after 1978, **average indexed monthly earnings** are used to calculate the PIA. See also **primary insurance amount**.

average wage index. The average amount of total wages for each year after 1950, including wages in noncovered employment and wages in covered employment in excess of the Social Security contribution and benefit base. Those average yearly amounts are used to index the earnings of most workers who first become eligible for benefits in 1979 or later and to make automatic adjustments in the contribution and benefit base, bend points, earnings test exempt amounts, and other wage-indexed amounts.

award. An administrative determination that an individual is entitled to receive monthly benefits or a lump-sum death payment. Awards can represent not only new entrants to the benefit rolls but also persons already on the rolls who become entitled to a different type of benefit. See also **conversion of benefits**.

award rate. The percentage of awarded applications in a given time period calculated as the number of awarded applications divided by the total number of applications decided, including technical denials and dismissals. An award rate provides a broader view of the program than does an allowance rate because an award rate includes as its base all applications decided.

bend points. The dollar amounts defining the average indexed monthly earnings or primary insurance amount brackets in the benefit formulas. See also **average indexed monthly earnings** and **primary insurance amount**.

beneficiary. A person who is entitled to Social Security benefits. The Social Security benefit may be either in current-payment status or withheld.

benefits in force. The sum of the number of persons with benefits in current-payment status and the number of persons with benefits withheld.

benefit termination. See **termination**.

benefits withheld. See **withholding**.

blind. Blindness, for Social Security purposes, means either central visual acuity of 20/200 or less in the better eye with the use of a correcting lens, or a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle of 20 degrees or less (tunnel vision).

child's benefit. A monthly benefit payable to the children of a retired or disabled worker or of a deceased worker who died either fully or currently insured. Benefits are payable to unmarried children under age 18 (up to age 19 if attending elementary or secondary school full time) and to disabled children aged 18 or older who became disabled before age 22. Under certain circumstances, benefits can be paid to stepchildren, grandchildren, or adopted children. Benefits for disabled children may be continued if they marry certain other Social Security beneficiaries.

closed period award. An administrative determination that an individual is entitled to receive benefits for a limited period of time. The determination is usually made after the period of entitlement has ended.

cost-of-living adjustment (COLA). The annual increases in benefits, effective for December, reflecting the increase in the cost of living. The benefit increase equals the percentage increase in the consumer price index for urban wage earners and clerical workers (CPI-W) measured from the average over July, August, and September of the preceding year to the average for the same 3 months in the current year. If the increase is less than one-tenth of 1 percent, when rounded, there is no automatic increase for the current year; the increase for the next year would reflect the increase in the cost of living over a 2-year period. See also **consumer price index**.

concurrent claim. A claim for both Title II (Social Security) and Title XVI (Supplemental Security Income) benefits.

consumer price index (CPI). A measure of the average change in prices over time for a fixed group of goods and services; also considered a relative measure of inflation. The CPI-U is the price index for all urban consumers. The CPI-W is the price index for urban wage earners and clerical workers. In this report, all references to the CPI refer to the CPI-W.

continuing disability review (CDR). A periodic review to determine if a disabled individual is still medically eligible to receive benefits.

conversion of benefits. An award of benefits to persons already on the rolls whose benefits in one category are terminated but who become entitled to another type of benefit. Two frequent events causing conversions are the attainment of full retirement age by a disabled worker or a disabled widow(er) and the death of a retired or disabled worker. See also **award**.

covered earnings and employment. All wages and self-employment income creditable for Social Security purposes. Most employment and self-employment is covered under the program. In a few situations, the employer elects coverage, for example, religious orders under a vow of poverty, foreign affiliates of U.S. employers, or state and local governments. Since July 1991, coverage is mandatory for state and local employees who are not participating in a public employee retirement system.

current payment. Benefits paid for a given month, with or without deductions (provided the deductions are less than a full month's benefit). The amounts shown are before the deduction of Medicare Part B (Supplementary Medical Insurance) premiums. Benefits in current-payment status at the end of a month are usually payable the following month.

dependents benefit. See **auxiliary benefit**.

diagnostic group. Classification of impairments, by body system, that identifies the medical condition(s) on which disability-related benefits are based. Before 1985, the coding of the primary and secondary diagnoses for Social Security and Supplemental Security Income claimants was in accordance with the *International Classification of Diseases: 9th Revision, Clinical Modification, 4th ed.*, using 4-digit ICD-9 codes. In 1985, the Social Security Administration (SSA) implemented a revised method to determine and enter impairment codes in administrative records. This revised approach provides for a modified impairment coding system, generally using 3 digits (followed by zero), loosely based on the ICD-9 codes. For research purposes, the ICD-9 codes and SSA impairment codes are, typically, not identical. However, the diagnostic groupings shown in the statistical tables closely parallel the major ICD-9 disease classifications. Although the ICD-9-CM is no longer used in the medical community, SSA has not converted the coding system to reflect the *International Classification of Diseases: 10th Revision, Clinical Modification* (ICD-10-CM). See also **Listing of Impairments**.

disability. The inability to engage in substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment that can be expected to result in death or to last for a continuous period of not less than 12 months. (Special rules apply for workers aged 55 or older whose disability is based on blindness. The 12-month requirement does not apply to SSI beneficiaries who are blind.)

Individuals are considered to be disabled only if their physical or mental impairment(s) are of such severity that they are not only unable to do their previous work but cannot—because of their age, education, or work experience—engage in any other kind of SGA that exists in the national economy, regardless of whether such work exists in the immediate area in which they live, or whether a specific job vacancy exists for them, or whether they would be hired if they applied for work.

The SGA criterion does not apply to children under age 18 in the Supplemental Security Income program. The standard for them is a medically determinable physical or mental impairment that results in marked and severe functional limitations.

Disability Determination Service (DDS). The state agency responsible for developing medical evidence and rendering the initial determination and reconsideration on whether a claimant is disabled or a beneficiary continues to be disabled within the meaning of the law.

Disability Insurance (DI) Trust Fund. See **trust funds**.

disabled adult child. A disabled person aged 18 or older—a son, daughter, or eligible grandchild of a retired, deceased, or disabled worker—whose disability began before age 22.

disabled adult child's benefit. A monthly benefit payable to a disabled adult child.

disabled widow(er)'s benefit. See **widow(er)'s benefit**.

disabled-worker benefit. A monthly benefit payable to a disabled worker who has not reached full retirement age and who is insured for disability. Before November 1960, disability benefits were limited to disabled workers aged 50 to 64.

drug addiction and alcoholism (DA&A). Conditions that, if determined a contributing factor material to the determination of disability, will prevent entitlement to disability benefits or mandate removal of persons from the program rolls.

dual entitlement. The entitlement of a beneficiary to both a worker (primary) benefit and a higher secondary benefit. The primary benefit is paid in full, but the secondary benefit is paid only in the amount by which it exceeds the primary benefit. If the two benefits are financed from the same trust fund, the beneficiary is usually represented only once in the statistics—as a retired-worker or a disabled-worker beneficiary—and the benefit amount recorded is the larger amount associated with the secondary benefit. If the benefits are paid from different trust funds, then the beneficiary is represented twice, with the respective benefit amounts recorded for each type of benefit.

duration. A factor in the determination of disability. To be eligible for benefits, a claimant must have a disability that has lasted, or is expected to last, at least 12 months or is expected to end in death. See also **sequential evaluation process**.

earnings test. The provision requiring the withholding of benefits if nondisabled beneficiaries under full retirement age have earnings in excess of certain exempt amounts.

entitlement. The state of meeting the applicable requirements for receipt of benefits, including the filing of an application. An entitlement can be retroactive to before the month of application for benefits and, thus, precede the date of award. The retroactive period can be 12 months for disabled workers, their spouses and children, and disabled widow(er)s. The maximum retroactive period for other types of beneficiaries is 6 months.

equals listing. A determination that a medical condition is equal in severity to the criteria in the Listing of Impairments.

expedited appeals process. This process permits an individual to go directly to a federal district court after review of the initial determination without first completing the administrative review process, if the only dispute is whether an applicable provision of the Social Security Act is constitutional. See also **administrative review process**.

expedited reinstatement of benefits. A provision of the Ticket to Work and Work Incentives Improvement Act. Effective January 1, 2001, if a person's Social Security or SSI disability benefits have ended because of earnings from work and he or she becomes unable to work again within 60 months because of his or her impairment, he or she would be able to request reinstatement of benefits, including Medicare and Medicaid, without filing a new application.

extended period of eligibility (EPE). The 36-month period after the completion of a trial work period for beneficiaries who continue to have a disabling condition and work. Monthly benefits are continued for 3 months after the trial work period and are then suspended if earnings are above the substantial gainful activity level. If earnings drop below the substantial gainful activity level during the EPE, monthly benefits may be resumed without a new application and disability determination. Medicare coverage continues throughout the EPE. See also **trial work period** and **substantial gainful activity**.

father's benefit. A monthly benefit payable to a widower or surviving divorced father if (1) the deceased worker on whose earnings record the benefit is paid was either fully or currently insured at the time of her death and (2) an entitled child of the worker is in his care and is under the age of 16 or disabled.

federal court review. When an individual disagrees with the Social Security Administration's final decision, he or she may request judicial review by filing a civil action in a federal district court. See also **administrative review process**.

federally administered Supplemental Security Income (SSI). Federal SSI payments and state supplementation payments issued by the Social Security Administration on behalf of states. (This report does not cover state supplementation payments that are state administered.)

full retirement age (FRA). The age at which a person may first become entitled to unreduced retirement benefits. Beginning in 2000, the FRA for a worker or spouse born in 1938 or later, or a widow(er) born in 1940 or later, will gradually increase from age 65 until it reaches age 67 in 2022. The higher FRA affects the benefit amount of persons who choose to receive reduced benefits. Also known as the normal retirement age (NRA).

government pension offset (GPO). A law that affects spouse's or widow(er)'s benefits. Benefits are subject to reduction by any government pensions payable to the spouse on the basis of his or her own earnings in noncovered employment. The offset reduces the Social Security benefit amount by two-thirds of the amount of the government pension.

hearing. The level following reconsideration in the administrative review process. The hearing is a *de novo* procedure at which the claimant, the claimant's representative, or both may appear in person, submit new evidence, examine the evidence used in making the determination under review, give testimony, and present and question witnesses. The hearing is on the record but is informal and nonadversarial.

Hospital Insurance (HI) Trust Fund. See **trust funds**.

husband's benefit. A monthly benefit payable to a husband or a divorced husband (aged 62 or older) of a retired or disabled worker. See also **spouse's benefit**.

impairment-related work expense (IRWE). The costs of items or services that a disabled person needs to work. The expenses, when paid by the beneficiary, are deducted from his or her gross earnings when determining if the work is considered substantial gainful activity.

initial determination. The first decision made in determining eligibility for, and entitlement to, benefits. A Social Security field office employee makes the decision on nonmedical factors such as insured status, substantial gainful activity, income, and resources. If the nonmedical factors are met, a state Disability Determination Services employee makes the decision on the medical factors. See also **administrative review process**.

insured status. The state or condition of having sufficient quarters of coverage to meet the eligibility requirements for retired-worker or disabled-worker benefits or to permit the worker's spouse and children or survivors to establish eligibility for benefits in the event of the beneficiary's disability, retirement, or death. See also **quarters of coverage**.

Listing of Impairments. Issued by the Social Security Administration and used to identify medical conditions for purposes of determining disability. See also **diagnostic group**.

Master Beneficiary Record (MBR). The MBR contains the data needed to administer the Social Security benefit program. The MBR contains a record for each person who (1) is currently entitled to benefits, (2) is no longer receiving benefits but received them in the past, or (3) filed a claim for benefits but was denied (though the person may be appealing that decision).

maximum family benefit. The maximum monthly amount that can be paid on a worker's earnings record. Whenever the total of the individual monthly benefits payable to all the beneficiaries entitled on one earnings record exceeds the maximum, each dependent's or survivor's benefit is proportionately reduced to bring the total to within the maximum. Benefits payable to divorced spouses or surviving divorced spouses are not reduced under the family maximum provision.

mean. An arithmetic mean is the sum of the observed data divided by the number of observations. Compare with **median**.

median. A median is a figure that falls in the exact middle of a ranking of numbers in ascending or descending order. Compare with **mean**.

medical listings. The common term for the **Listing of Impairments**. See also **diagnostic group**.

Medicare. A nationwide, federally administered health insurance program that covers the cost of hospitalization, medical care, and some related services for most people over the age of 65, for people receiving Social Security Disability Insurance benefits for 2 years, and for people with end-stage renal disease. Medicare consists of two separate but coordinated programs—Part A (Hospital Insurance) and Part B (Supplementary Medical Insurance).

Medicare eligibility based on disability. Medicare benefits are available 2 years after the disabled worker, disabled widow(er), or disabled adult child becomes eligible for benefits.

meets listing. A physical or mental impairment that meets the criteria in the Listing of Impairments and is sufficient to establish disability. This determination is made at the third step in the sequential evaluation process. See also **sequential evaluation process**.

monthly benefit. In this report, "monthly benefit" refers to the monthly benefit credited (MBC), which is derived as follows:

1. Subtract the Medicare premium from the monthly benefit amount (MBA).
2. Round the result down to the nearest whole dollar.
3. Add back the Medicare premium to the rounded result from 2 above.

For example, if a monthly benefit amount is \$968.20 and the corresponding Medicare premium is \$135.50, then the MBC is \$967.50 ($\$968.20 - \$135.50 = \832.70 rounded down to $\$832.00 + \$135.50 = \$967.50$).

monthly benefit amount (MBA). The amount payable after reduction, if necessary, for age, family maximum, and other reasons but before any deduction for Medicare (Part B) premiums.

mother's benefit. A monthly benefit payable to a widow or surviving divorced mother if (1) the deceased worker on whose earnings record the benefit is paid was either fully or currently insured at the time of his death and (2) an entitled child of the worker is in her care and is under age 16 or disabled.

nonsevere impairment. An impairment that does not significantly limit a person's physical or mental ability to perform basic work activities.

Old-Age and Survivors Insurance (OASI) Trust Fund. See **trust funds**.

Old-Age, Survivors, and Disability Insurance (OASDI). The programs under the Social Security Act that pay for (1) monthly benefits to retired workers and their spouses and children and to survivors of deceased insured workers (OASI) and (2) monthly benefits to disabled workers and their spouses and children and for rehabilitation services provided to the disabled (DI).

other work. Work that exists in the national economy, other than the work a person has done previously.

parent's benefit. A monthly benefit payable to a dependent parent (aged 62 or older) of a deceased, fully insured worker.

period of disability. A continuous period of at least 5 months, during which a person is entitled to disability benefits.

poverty thresholds. The poverty thresholds are a series of income levels, with different values for family units of different sizes, below which the family units are considered poor. The thresholds are used mainly for statistical purposes in calculating official poverty population figures. They are issued annually by the Census Bureau in the Current Population Reports series. The thresholds are adjusted annually for price changes using the annual average consumer price index for all urban consumers (CPI-U).

prevalence. The percentage of a population receiving benefits at a specified time. For Social Security disability benefits, prevalence is expressed as a percentage of the population insured for Disability Insurance.

primary insurance amount (PIA). The monthly amount payable to a retired worker who begins to receive benefits at full retirement age or to a disabled worker who has never received a retirement benefit reduced for age. This amount, which is derived from the worker's average monthly wage or average indexed monthly earnings, is also used as a base for computing all types of benefits payable on the basis of one individual's earnings record.

prototype process. A disability redesign model being tested in 10 states that represent about 20 percent to 25 percent of the national disability claims workload. Implementation of the Prototype Process began on October 1, 1999, in Alabama, Alaska, Colorado, Louisiana, Michigan, Missouri, New Hampshire, Pennsylvania, and in parts of California and New York (expanded to all of New York in April 2001). This model includes

- use of a single decision maker—a new position that gives the disability examiner authority to determine eligibility without requiring physician input in most cases,
- use of a predecision claimant conference,
- use of an enhanced decision explanation, and
- elimination of the reconsideration step of the appeals process.

provisional benefits. An individual whose prior disability entitlement terminated because of SGA and who requests expedited reinstatement (EXR) may receive up to 6 months of cash payments and Medicare benefits while a decision is being made.

public disability benefit (PDB). A benefit paid under a federal, state, or local government law or plan that pays for conditions that are not job related. Examples are civil service disability benefits, military disability benefits, state temporary disability benefits, and state or local government retirement benefits that are based on disability. See also **workers' compensation and public disability benefit offset**.

quarters of coverage (QC). The crediting of coverage needed for insured status. A worker receives 1 quarter of coverage (up to a total of 4) for a designated amount of annual earnings reported from employment or self-employment. This dollar amount is subject to annual automatic increases in proportion to increases in average earnings. For amounts in years 1939 to present, see *Annual Statistical Supplement to the Social Security Bulletin* Table 2.A7. No more than 4 quarters of coverage may be credited for any calendar year, and no quarter of coverage is credited after the quarter in which death occurred or for a quarter entirely included in a period of disability. See also **insured status**.

reconsideration. An independent reexamination of all evidence on record related to a case. It is based on the evidence submitted for the initial determination plus any further evidence and information that the claimant or the claimant's representative may submit in connection with the reconsideration. Different employees than the ones who made the initial determination make a reconsideration determination. See also **administrative review process**.

relevant past work. Work that a person did before filing for disability benefits.

representative payee. A person designated by the Social Security Administration to receive monthly benefit checks on behalf of a beneficiary who is unable to manage his or her own funds. A beneficiary under age 18 is generally considered incapable of managing benefit payments, and a representative payee will be selected to receive benefits on the beneficiary's behalf.

retired-worker (old-age) benefit. A monthly benefit payable to a fully insured retired worker aged 62 or older.

secondary benefit. An additional monthly benefit payable to a spouse or child of a retired or disabled worker, or to a survivor of a deceased worker who also receives a primary benefit as a disabled or retired worker. See also **dual entitlement**.

self-employment. Operation of a trade or business by an individual or by a partnership in which an individual is a member.

sequential evaluation process. The five-step process used in determining whether an individual meets the definition of disability as defined in the law.

spouse's benefit. A monthly benefit payable to a spouse or a divorced spouse of a retired or disabled worker under one of the following conditions:

1. The spouse is aged 62 or older or has an entitled child of the worker in his or her care who is under age 16 or is disabled, or
2. The divorced spouse is aged 62 or older and was married to the worker for 10 years before the divorce became final, or
3. The spouse is a deemed spouse (including a divorced deemed spouse) who entered into an invalid ceremonial marriage in good faith.

state agency. A common term for Disability Determination Services, the state agency that makes the initial and reconsideration determinations of whether a claimant is disabled or a beneficiary continues to be disabled within the meaning of the law.

statutory blindness. See **blind**.

student benefit. Child's benefit payable to a full-time unmarried elementary or secondary school student aged 18–19. Student benefits end at age 19 or the month after the last month of full time attendance, whichever is first. See also **child's benefit**.

substantial gainful activity (SGA). Describes a level of work activity that is productive and yields or usually yields remuneration or profit. The Social Security Administration's regulations establish a dollar amount to indicate whether a person's work is substantial.

Supplemental Security Income (SSI). A federal program for low-income aged, blind, and disabled individuals who meet income and resource requirements. It replaced the former federal/state programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled. SSI is funded by general tax revenues, not Social Security taxes.

survivors benefit. See **auxiliary benefit**.

suspended benefit. See **withholding**.

technical entitlement. Occurs when a beneficiary is entitled to benefits on more than one earnings record but is eligible to receive payments on only one earnings record. There are two types of technical *entitlement*:

- *Simultaneous technical entitlement.* Beneficiary is entitled to the same type of benefit on more than one earnings record.
- *Potential dual entitlement.* Beneficiary is entitled to different types of benefits and the secondary benefit amount exceeds the primary benefit, but reduction for age or family maximum causes the primary benefit to exceed the secondary benefit amount.

termination. Cessation of payment of a specific type of benefit because the beneficiary is no longer entitled to receive it. For example, benefits might terminate as a result of the death of the beneficiary, the recovery of a disabled beneficiary, or the attainment of age 18 by a child beneficiary. In some cases, the individual may become immediately entitled to another type of benefit (such as the conversion of a disabled-worker benefit at full retirement age to a retired-worker benefit).

Title II benefits. Refers to benefits administered by the Social Security Administration under the federal Old-Age and Survivors Insurance Trust Fund and federal Disability Insurance Trust Fund. See also **trust funds**.

Title XVI benefits. Refers to benefits administered by the Social Security Administration under the Supplemental Security Income program. See also **Supplemental Security Income**.

trial work period (TWP). A 9-month trial work period during which monthly benefits continue for beneficiaries who are still disabled but return to work. If the disability ends after completion of the trial work period, monthly benefits are continued for an additional 3 months, and then entitlement is terminated. A disabled beneficiary would exhaust the trial work period only if services were performed in any 9 months within a period of 60 consecutive months. For a discussion of procedures when the disabling condition continues, see **extended period of eligibility**.

trust funds. Separate accounts in the Treasury in which are deposited the taxes received under the Federal Insurance Contributions Act and the Self-Employment Contributions Act, contributions resulting from coverage of state and local government employees, any sums received under the financial interchange with the railroad retirement account, voluntary hospital and medical insurance premiums, and transfers of federal general revenues. Funds not withdrawn for current monthly or service benefits, the financial interchange, and administrative expenses are invested in interest-bearing federal securities, as required by law; the interest earned is also deposited in the trust funds.

- *Old-Age and Survivors Insurance (OASI).* The trust fund used for paying monthly benefits to retired-worker (old-age) beneficiaries and their spouses and children and to survivors of deceased insured workers, including most disabled adult children and disabled widow(er)s.
- *Disability Insurance (DI).* The trust fund used for paying monthly benefits to disabled-worker beneficiaries and their spouses and children and for providing rehabilitation services to the disabled.
- *Hospital Insurance (HI).* The trust fund used for paying part of the costs of inpatient hospital services and related care for aged and disabled individuals who meet the eligibility requirements.
- *Supplementary Medical Insurance (SMI).* The trust fund used for paying part of the costs of physician's services, outpatient hospital services, and other related medical and health services for voluntarily enrolled aged and disabled individuals.

usual work. See **relevant past work**.

vocational considerations. Age, education, and work experience, which are considered at the final step of the sequential evaluation process.

wages. All payment for services performed for an employer. Wages do not have to be cash. The cash value of all compensation paid to an employee in any form other than cash is also considered wages (unless the form of payment is specifically not covered under the Social Security Act).

widow(er)'s benefit. Monthly benefit payable to a widow(er) or surviving divorced widow(er) of a worker fully insured at the time of death, if he or she is (1) aged 60 or older or (2) aged 50–59 and has been disabled throughout a waiting period of 5 consecutive calendar months that began no later than 7 years after the month in which the worker died or after the end of his or her entitlement to benefits as a widowed mother or father.

A surviving divorced widow(er)'s marriage to a worker must have lasted 10 years before the divorce became final. Effective for benefits payable after December 1983, benefits are continued for disabled widow(er)s and surviving divorced widow(er)s who remarry after the age of first eligibility for benefits.

Effective January 1991, benefits may be payable to a deemed widow(er), including a divorced deemed widow(er). A deemed widow(er) is a person who entered into an invalid ceremonial marriage in good faith.

wife's benefit. A monthly benefit payable to a wife or divorced wife of a retired or disabled worker. See also **spouse's benefit.**

withholding. Temporarily stopping benefit payments until the condition or conditions causing the suspension are known to have ended. The suspension does not affect eligibility for Medicare benefits.

work credits. See **quarters of coverage.**

worker. A person who has earnings creditable for Social Security purposes on the basis of services for wages in covered employment or on the basis of income from covered self-employment.

workers' compensation and public disability benefit offset. A requirement that reduces the benefits to a disabled worker and dependents if the worker also receives workers' compensation (WC) or other public disability benefits (PDB). The reduction continues until the month the worker reaches full retirement age or the month the WC/PDB payments stop, whichever comes first.