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by Michelle Stegman Bailey, Debra Goetz Engler, and Jeffrey Hemmeter

This article evaluates the Homeless with Schizophrenia Presumptive Disability pilot, which provided Supplemental Security Income application assistance and presumptive disability payments to homeless applicants in selected California communities who alleged schizophrenia or schizoaffective disorder. The findings show that, relative to the comparison groups, the intervention led to improved application outcomes.

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by Barbara E. Kritzer and Barbara A. Smith

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HOMELESS WITH SCHIZOPHRENIA PRESUMPTIVE DISABILITY PILOT EVALUATION

by Michelle Stegman Bailey, Debra Goetz Engler, and Jeffrey Hemmeter*

Many homeless individuals with a serious mental illness are potentially eligible for Supplemental Security Income (SSI) payments, but the nature of their impairment poses obstacles to completing the SSI application process. In this article, we evaluate the Homeless with Schizophrenia Presumptive Disability (HSPD) pilot that tested whether providing support during the application process improves SSI application outcomes—such as increasing the allowance rate and shortening the time to award—in selected communities in California. Importantly, the HSPD pilot included a presumptive disability determination that provided up to 6 months of SSI payments before an award. Relative to the comparison groups chosen in the surrounding geographic areas, in an earlier period, and in the same locations, we found that the pilot intervention led to higher allowance rates at the initial adjudicative level, fewer requests for consultative examinations, and reduced time to award. We also discuss policy options for this population.

Introduction

Having a disability is a factor that increases the risk of becoming homeless. In 2009, almost 38 percent of the homeless population had a disability, compared with about 16 percent of the total U.S. population (Department of Housing and Urban Development 2010). Individuals with a serious mental illness are particularly vulnerable to homelessness. Additionally, the nature of mental illness prevents many from applying for assistance. Two serious and chronic mental illnesses—“schizophrenia” and “schizoaffective disorder”—together affect about 1 out of every 100 people (National Alliance on Mental Illness 2012, 2013). Individuals with those disorders face formidable challenges to gaining much needed support, such as adequate housing and treatment, and accessing public benefits.

Supplemental Security Income (SSI)—a potential source of income for this population—is a means-tested program that makes monthly payments to individuals who have limited income and resources and who are aged 65 or older, blind, or disabled. Section 223 of the Social Security Act defines disability

as, “the inability to engage in any substantial gainful activity by reason of a 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.” For this study—the Homeless with Schizophrenia Presumptive Disability (HSPD) pilot—we focused on homeless SSI applicants in specific geographic locations who alleged schizophrenia or schizoaffective disorder.

Many homeless individuals with a serious mental illness are potentially eligible for SSI payments, but

Selected Abbreviations

C1	main comparison group
C2	second comparison group
C3	third comparison group
CE	consultative examination
DDS	Disability Determination Services
HSPD	Homeless with Schizophrenia Presumptive Disability

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Selected Abbreviations—Continued

OQR	Office of Quality Review [SSA]
PD	presumptive disability
SSA	Social Security Administration
SSI	Supplemental Security Income

the nature of their impairment poses obstacles to completing the SSI application process. For an applicant to meet the Social Security Administration's (SSA's) definition of a disability, the evidence presented must be thorough. However, the treatment history of applicants who are homeless and have a serious mental illness may be intermittent, inaccurate, or incomplete, and involve multiple locations and doctors. Additionally, the lack of stable housing makes it difficult for homeless individuals to maintain or safeguard required documentation, such as identification and medical records, and to provide accurate contact information. These complications in turn affect the individual's access to many social services and his or her ability to schedule and keep appointments, such as the consultative examination (CE), that SSA may require to make a disability determination. In most cases, an SSI award for an adult depends on the degree of functional limitation, not solely on a medical diagnosis (Wixon and Strand 2013). The evaluation of a disability on the basis of schizophrenia or schizoaffective disorder requires documentation of the medically determinable impairment(s), consideration of the degree of limitation such impairment(s) may impose on the individual's ability to work, and consideration of whether those limitations have lasted or are expected to last for a continuous period of at least 12 months.

In this article, we assess whether helping individuals in our target population with completing the SSI application process, coupled with providing presumptive disability (PD) payments, helps to improve several programmatic outcomes. Specifically, we compare the processing times and payment outcomes for individuals receiving application assistance and PD payments prior to SSA's final disability determination with individuals not receiving those services in nearby locations, in a prior period, or in the same location and time period. Our results are not causal; however, we find that the intervention is associated with a shorter application process and an increase in SSI payments over a defined follow-up period. We also discuss the implications of our findings for national policy.

The HSPD Pilot

SSA designed the HSPD pilot to address the factors that prevent homeless adults with schizophrenia or schizoaffective disorder from receiving SSI payments. In 2012, SSA's San Francisco Regional Office partnered with community health agencies in San Francisco and Santa Cruz, California, to implement the project. In 2013, SSA expanded the project by bringing onboard an additional community health agency in Los Angeles. These partners—the San Francisco Department of Public Health, the Human Services Agency of San Francisco, the County of Santa Cruz Health Services Agency, and the Los Angeles County Department of Health Services—all had experience with providing services both to individuals with mental illnesses and to those experiencing homelessness. Additionally, all partners were established institutions providing comprehensive and multidisciplinary programs and services to address public-health issues in their communities. They also employed staff experienced in working with individuals in specialized programs who could implement the HSPD interventions by connecting persons in the target population to an array of services to help address their medical, psychological, advocacy, and housing needs. A crucial step for developing the study populations for the project evaluation was identifying individuals who were potentially homeless during the period of interest. For details on the measures used in determining homelessness, see Appendix A.

The HSPD project included two intervention components: SSI application assistance and a PD recommendation. First, the community partners used their established outreach processes to identify homeless individuals who had schizophrenia or schizoaffective disorder, then they helped those individuals with the SSI application process. Throughout the process, community-partner staff helped individuals with a confirmed diagnosis by scheduling and coordinating necessary appointments, gathering medical evidence, and ensuring that the local participating SSA field office received the application.

Second, community-partner staff recommended PD payments for SSI recipients who were homeless and had a confirmed diagnosis of schizophrenia or schizoaffective disorder. The PD policy allows an individual applying for SSI based on a disability to receive payments for up to 6 months prior to SSA's initial disability determination; the existence of certain disabilities "presume" approval for SSI. Generally, the

field office may approve PD payments for persons with conditions that fall under a limited number of specific categories, such as an amputated leg or an allegation of total deafness, for which the evidence strongly reflects that the impairment would meet SSA's definition of a disability. Repayment of any monies received is not required, as long as SSA does not deny the application for nonmedical reasons (SSA 2014b).

For the HSPD pilot, three SSA field offices—San Francisco Downtown, Santa Cruz, and Los Angeles Downtown—authorized PD payments based on a confirmed diagnosis of schizophrenia or schizoaffective disorder (SSA 2014a). Community partners used the PD recommendation form created for this project—the Schizophrenia Presumptive Disability Recommendation Form (SSA-121)—on which licensed physicians or psychologists were required to attest whether the individual's condition met criteria consistent with SSA's medical listings for schizophrenia or schizoaffective disorder. SSA's standard PD process does not require such a recommendation form.

The HSPD Process

To learn more about how the HSPD process was actually implemented, all local partners responded (via e-mail or telephone) to a standard set of questions about their processes. From their responses, we learned that the length of the application process varied with each individual case, but usually took from several days to a few months to complete. During the outreach process, partners identified individuals who potentially met the HSPD pilot criteria and referred them to staff and clinicians for individual case management and professional assessments. The case manager reviewed existing medical records, obtained additional information from treatment providers and family, and scheduled an appointment with a physician or psychologist to further document the nature of the disability. If the assessment indicated that the disability was schizophrenia or schizoaffective disorder, then the physician or psychologist completed the PD recommendation form, certifying that the individual showed certain symptoms and correlated functional limitations and that the applicant's condition was not caused by substance abuse (alcohol or drugs). The case manager submitted the completed SSI application, PD form, and supporting evidence to the participating SSA field office and the Disability Determination Services (DDS) then expedited HSPD cases through the determination process. Additionally, community-partner staff provided assistance

throughout the full adjudication process, when needed.

At each site, the intervention process involved intensive case-management and follow-up services. Staff members conducted face-to-face meetings several times with individuals in the pilot and monitored their cases closely. They reminded individuals of and accompanied them to various appointments, coordinating activities with other members of the team, when needed. They also assisted individuals with finding other support services that could help them with their housing, transportation, and other basic needs.

The pilot operated for 24 months, from April 2012 to April 2014. During that time, SSA and its partners assisted 260 homeless individuals in California with their SSI applications and PD recommendations: 78 in San Francisco, 24 in Santa Cruz, and 158 in Los Angeles.

Data and Methodology

At the outset, we decided that it was not feasible to use a randomized design because of the vulnerability of the homeless population and the obligations of SSA's partners and service providers. Instead, we chose a quasi-experimental design aimed at identifying the effects of application assistance and PD payments on the outcomes of interest. The primary outcomes from the research questions we focused on in this article address the extent to which the pilot had the following effects:

1. Increased SSI allowance rates at the initial adjudicative level (and increased SSI payment receipt after 6 and 12 months)
2. Reduced the need for CEs
3. Reduced the time required to adjudicate the claim (including specific segments of the application process)
4. Reduced appeals
5. Increased total payments
6. Reduced deaths

Specifically, we wanted to compare the outcomes of individuals who received SSI application assistance and PD payments—the treatment group—with the outcomes of individuals in the three comparison groups—main group (C1), second group (C2), and third group (C3). Table 1 summarizes the four groups observed during the pilot evaluation. All individuals included in our analyses met the selection criteria in Appendixes A and B.

Table 1.
Selection criteria for HSPD pilot treatment and comparison groups

Criterion	Treatment group	Comparison group		
		C1	C2	C3
Filing location				
Treatment field office				
Northern California				
San Francisco Downtown	X	X		X
Santa Cruz	X	X		X
Los Angeles Downtown	X	X		X
Nontreatment field office				
Northern California surrounding area ^a			X	
Los Angeles surrounding area ^b			X	
Claim established				
Prior period (April 20, 2010–April 18, 2012)		X		
Pilot period (April 20, 2012–April 18, 2014)	X		X	X
SSI application contained indication of—				
Schizophrenia or schizoaffective disorder ^c	X	X	X	X
Homelessness ^d	X	X	X	X

SOURCES: SSA's Office of Research, Demonstration, and Employment Support and SSA's San Francisco Regional Office.

NOTES: C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

- Northern California surrounding area field offices—Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville.
- Los Angeles surrounding area field offices—Hollywood, University Village, and Wilshire Center.
- Indication of schizophrenia or schizoaffective disorder noted on the SSI application in the allegation text field, or a "2950" primary diagnosis code.
- One indication of homelessness noted as 1) homeless flag on the SSI application, 2) keywords suggesting homelessness in the address field or remarks field on the Field Office Disability Report (SSA Forms 3367 or 3368), 3) emergency shelter listed in the address field on the SSI application, or 4) residence type that indicated transiency.

Treatment Group

Our treatment group consisted of 238 homeless individuals who met the criteria for the pilot, established a claim during the pilot period (April 20, 2012–April 18, 2014), and received assistance. We excluded 22 other applicants from the group for various reasons, including establishing a claim outside the pilot period, applying in a nonparticipating field office, and not having schizophrenia or schizoaffective disorder indicated on the application. We also excluded applicants who applied for Disability Insurance rather than SSI and those who did not meet the criteria for homelessness. For SSA, the date a claim is established is the date on which the agency officially enters the applicant's claim into its records. This is typically later than the date that the applicant filed the claim.

Comparison Groups

In total, our comparison groups consisted of 2,571 individuals. The largest comparison group C1 (with 1,038 members) included individuals who had applied for benefits in the prior 2-year period (April 20, 2010–April 18, 2012). Comparison group C2 (with 676 members) and comparison group C3 (with 857 members) consisted of individuals who had established their claims during the pilot period.

In our main comparison group (C1), SSI applicants alleged either schizophrenia or schizoaffective disorder according to their applications, met the criteria for homelessness, and had applied for SSI payments in *one of the three pilot field offices in the 2 years before the pilot*. Individuals included in C1 did not receive PD payments based on an allegation of schizophrenia or schizoaffective disorder, but may have received some assistance from SSA's community partners.

Comparing individuals in the treatment group with those in comparison group C1 provided us with an estimate of the impact of the PD payments, without the confounding influence of location differences. However, some bias in the results may remain, as there may be year-specific differences between the two groups. Additionally, we note that this does not necessarily separate the effects of the PD payments from the application assistance provided to the target population as part of our designed intervention.

SSI applicants in our second comparison group (C2) alleged schizophrenia or schizoaffective disorder, met the criteria for homelessness, and applied for SSI payments in the *surrounding area field offices during the study period*. Individuals in C2 might have been eligible for PD payments had they received assistance, but they were not in a participating location served by SSA's community partners. Thus, comparing the differences between the treatment group and comparison group C2 should avoid any year-specific distinction and identify the effects of the PD payments along with the assistance given by the providers. However, some selection into those two groups based on location may bias our estimated effect.

Our third comparison group (C3) included SSI applicants who allegedly had schizophrenia or a schizoaffective disorder, met the criteria for homelessness, and had applied for SSI benefits in *one of the three pilot field offices during the pilot period*. Individuals in C3 did not receive the schizophrenia or schizoaffective disorder PD payments or the same application support received by the treatment group. However, they may have been eligible for application assistance and PD payments had the community partners identified them and provided assistance. Alternatively, they may have received some assistance from the partners, but were not considered eligible for PD payments. As with the treatment-to-C2 comparison, the difference between the treatment group and comparison group C3 avoids any year-specific factors.

Estimation Methods

We estimated the unadjusted means and proportions for the outcomes for each study group—treatment, C1, C2, and C3—calculated the difference between the groups, and applied the appropriate statistical tests to determine if the differences were significant. For continuous and binary outcomes, such as benefit amounts or elapsed days, we used a standard two-sample *t*-test (or proportion test) on the equality of means or proportions. Because of the exploratory nature of the study,

we tested at the 10 percent significance level. (We did not use regressions or other means to adjust our estimates for observed characteristics. In future research, we may explore regression-adjusted, difference-in-differences, and propensity-score-based estimates.)

Data Sources

We combined administrative data from three SSA sources—the Structured Data Repository, the Supplemental Security Record, and the Numerical Identification System (Numident)—to answer our research questions. The Structured Data Repository, which includes demographic and programmatic information on SSI applications, was the primary data source for the study. Specifically, this source provided field office codes; alleged diagnosis descriptions; primary diagnosis codes selected by the DDS examiners or medical consultants; CE requests; application dates; appeals data, including decisions at each level of adjudication with corresponding dates; and field office and DDS case processing dates. The Supplemental Security Record provided us with information on current-pay statuses and total SSI payments in the first year after application. The Numident gave us information on deaths that occurred within the first 12 months after applicants had established their claims.

Characteristics of the Treatment and Comparison Groups

Table 2 presents selected demographic, geographic, and disability-related characteristics of the treatment group and three comparison groups. For our analyses, we combined the San Francisco Downtown and Santa Cruz field offices and surrounding area field offices into one Northern California location because of the smaller number of participants in those geographic areas.

Men made up the largest percentage of the treatment and comparison groups (71–76 percent) with no statistically significant differences between those groups. The distribution of ages at the time of application ranged primarily from age 18 to 59. Persons aged 30 to 49 accounted for more than half of all groups combined. At the time of their application, individuals who had applied at the same three treatment field offices in both the prior period (C1) and pilot period (C3) were slightly older, compared with those in the treatment group, with differences significant at the 5 percent and 10 percent levels.

Most of the cases in the treatment group originated in the Los Angeles Downtown field office (about

Table 2.
Selected characteristics of the HSPD pilot treatment and comparison groups (in percent)

Characteristic	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
Number of cases	238	1,038	676	857	...	...	...
Sex							
Men	71.0	74.8	76.3	74.6	-3.8	-5.3	-3.6
Women	29.0	25.2	23.7	25.4	3.8	5.3	3.6
Age							
18–29	22.7	17.2	25.1	18.2	5.4*	-2.5	4.5
30–39	26.9	20.5	22.8	22.1	6.4**	4.1	4.8
40–49	29.8	34.0	26.9	29.9	-4.2	2.9	0.0
50–59	19.7	25.4	22.8	26.3	-5.7*	-3.0	-6.5**
60 or older	0.8	2.8	2.4	3.6	-2.0*	-1.5	-2.8**
Filing location							
Northern California							
San Francisco Downtown field office	26.1	17.7	...	16.0	8.3***	26.1***	10.1***
Santa Cruz field office	9.2	3.0	...	3.6	6.3***	9.2***	5.6***
Los Angeles Downtown field office	64.7	79.3	...	80.4	-14.6***	64.7***	-15.7***
Northern California surrounding area ^a	...	...	42.3	...	...	...	...
Los Angeles surrounding area ^b	...	...	57.7	...	...	...	...
Disability							
Alleged "schizo"	96.6	77.3	75.7	77.4	19.4***	20.9***	19.3***
Schizo"phrenia"	42.4	52.3	65.8	53.9	-9.9***	-23.4***	-11.5***
Schizo"ffective"	54.2	25.4	8.7	23.6	28.8***	45.5***	30.6***
Primary diagnosis, 2950: Schizophrenic, paranoid, and other psychotic disorders	95.0	67.0	56.5	62.7	28.0***	38.4***	32.3***

SOURCE: Authors' calculations using SSA administrative data.

NOTES: C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California surrounding area field offices (C2)—Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville.

b. Los Angeles surrounding area field offices (C2)—Hollywood, University Village, and Wilshire Center.

65 percent), followed by San Francisco Downtown (26 percent), and Santa Cruz (9 percent). These three field offices also managed the cases in comparison groups C1 and C3: Los Angeles Downtown (79–80 percent), San Francisco Downtown (16–18 percent), and Santa Cruz (3–4 percent). We found the differences between the treatment group and comparison groups C1 and C3 statistically significant at the 1 percent level for these field offices. For the surrounding areas in comparison group C2, the percentage of cases from Northern California (42 percent) was

slightly less than those from Los Angeles (58 percent), which reflects the manner in which we chose these field offices for the study.

As would be expected, nearly all cases in the treatment group indicated schizophrenia or schizoaffective disorder in the allegation text field (97 percent), and the majority of those cases had a primary diagnosis code of 2950 (95 percent), indicating schizophrenic, paranoid, and other psychotic disorders. We found some variations of schizoaffective (54 percent) in the allegation text field more often than we found

variations of schizophrenia (42 percent). A small share of the treatment group did not receive a PD payment based on having a primary diagnosis code of 2950 (5 percent). Those individuals had alternative diagnosis codes for disabilities, such as affective disorders, anxiety-related disorders, and substance addiction disorders (alcohol or drugs), although not all received an allowance under those categories (not shown).

A notably smaller percentage of comparison-group cases had an allegation of schizophrenia or schizoaffective disorder (around 77 percent) or a primary diagnosis code of 2950 (ranging from 57 to 67 percent) on which SSA made a disability determination. Differences between the treatment and comparison groups (each significant at the 1 percent level) suggested that under the normal process, an allegation of schizophrenia did not consistently result in a determination based on a diagnosis of schizophrenia. However, we did not examine secondary diagnoses and because schizophrenia may be difficult to document, we may simply have observed that the medical determinations relied on thorough diagnoses of schizophrenia or schizoaffective disorder for the treatment group, but comorbidities for the comparison groups. We also emphasize that this was not a randomized control trial so our comparison groups were subjected to selection bias.

Results for Research Questions

The HSPD evaluation design report identified 10 research questions. However, with the data available, we could not answer two questions concerning cost savings and reductions in homelessness. In this section, we provide the results for the remaining research questions, some of which are combined, and related findings.

The Intervention Led to a Significantly Higher Allowance Rate at the Initial Disability Adjudication Level

The allowance rate for the entire treatment group was 94 percent, ranging from 87 percent in Northern California to 97 percent in Los Angeles (Table 3). Overall, the treatment group saw a higher allowance rate at the initial-decision level than the three comparison groups, with differences of 28 percentage points (C1), 36 percentage points (C3), and 53 percentage points (C2). According to SSA's records, at the national level, 7 percent of PD findings in fiscal years 2012, 2013, and 2014 did not result in an eventual SSI payments

allowance.¹ With a 95 percent ultimate allowance rate for the treatment group, the reversal-of-PD-finding rate for the pilot is in line with the national rate during the same period.

When we reviewed SSI awards at any level, the percentage of individuals in the HSPD pilot with an allowance increased slightly for the treatment group (less than 1 percentage point), rising a little more in comparison groups C3 (3 percentage points) and C2 (5 percentage points). Comparison group C1, which had a longer time for processing appeals, experienced the highest allowance-rate increase (8 percentage points). The difference in allowance rates between the treatment and C1 groups was 28 percentage points at the initial level, falling to 21 percentage points using the allowance rate at any level. We expect the difference to shrink over time, as all appeals are fully processed given the pattern we have observed during the 2-year follow-up period used for comparison group C1; however, we do not expect it to decline too much.

The Intervention Reduced Requests for CEs at the Initial Level of Application

The DDSs requested fewer CEs for cases in the treatment group (4 percent) than for any comparison group. The differential impact was largest when comparing the treatment group to comparison group C2 (31 percentage points). The treatment/comparison group differences remained strong across both regions and were statistically significant at the 1 percent level for nearly all comparisons. Additionally, we observed large differences in CE requests for the Northern California and Los Angeles regions, which were likely attributable to differences in either the intake processes (at the partner, field office, or DDS levels) or in the population characteristics.

The Intervention Reduced the Time Required to Adjudicate the Claim

For the treatment and comparison groups, we compared the processing time for three individual time segments: 1) the earliest filing date to the date the claim was established; 2) the date the claim was established to the date the field office released the case to the DDS; and 3) the date the field office released the case to the DDS to the initial decision. The pilot appeared to have a modest impact on the time between the earliest filing date to the date the claim was established. Compared with the C1 group, the pilot reduced that time by 7 days (from 27 to 20 days); however,

Table 3.
SSI allowance rates and consultative examinations for the HSPD pilot, by location (in percent)

Outcome and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
Number of cases	238	1,038	676	857	...	...	...
Allowed at initial-decision level	93.7	65.8	41.0	58.1	27.9***	52.7***	35.6***
Northern California ^a	86.9	60.9	43.0	45.8	26.0***	43.9***	41.1***
Los Angeles ^b	97.4	67.1	39.5	61.1	30.3***	57.9***	36.3***
Allowance at any level	94.5	73.7	46.3	61.1	20.8***	48.2***	33.4***
Northern California ^a	89.3	73.0	48.3	52.4	16.3***	41.0***	36.9***
Los Angeles ^b	97.4	73.9	44.9	63.3	23.5***	52.5***	34.1***
Consultative examinations requested	4.2	18.2	35.1	11.0	-14.0***	-30.9***	-6.8***
Northern California ^a	7.1	27.9	30.4	19.1	-20.8***	-23.3***	-11.9**
Los Angeles ^b	2.6	15.7	38.5	9.0	-13.1***	-35.9***	-6.4***

SOURCE: Authors' calculations using SSA administrative data.

NOTES: C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California—includes the combined Northern California (San Francisco Downtown and Santa Cruz) field office locations for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville).

b. Los Angeles—includes Los Angeles Downtown field office location for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Hollywood, University Village, and Wilshire Center).

that difference was not significant when comparing the treatment group with the other comparison groups (Table 4).

The average number of days for the second segment—the date the claim was established to the date the field office released the case to the DDS—was only reduced by the pilot in Los Angeles. This was not completely unexpected as there should be little reason for the claim to remain at the field office once it had been established.

For the third segment—from the date the field office released the case to the DDS to the initial decision—the HSPD intervention reduced the processing time by 66 to 77 percent, to 30 days, on average. The processing time averaged 58 days in Northern California and 15 days in Los Angeles for the treatment group. All differences were statistically significant at the 1 percent level. It is important to note that the California DDS had a significant backlog of claims from 2010 to present, resulting in longer processing times for many cases. Treatment cases were not subject to the backlog,

which may have led to larger differences in processing times between treatment and comparison group cases. By contrast, for the comparison groups, it took 86 days, on average, in the same field offices during the prior period (C1), compared with 107 days in the same field offices during the pilot period (C3) and 131 days in the surrounding field offices during the same period (C2).

In addition to these specific segments of the application process, we also looked at two combined time segments or overall time periods. We saw large, statistically significant reductions in the time between the date a claim was established and the individual's first SSI payment. For the treatment group, this averaged just 10 days. For the comparison groups, the average number of days for this measure was significantly higher: C1 (91 days), C2 (144 days), and C3 (106 days). Thus, the pilot reduced the time between the date the claim was established and the applicant's first SSI payment by 3 to 5 months. As would be expected, we find similar results when we look at the time between the

Table 4.
SSI case processing times for the HSPD pilot, by time segment and location

Time segment and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
Individual time segments							
(1) Earliest filing to claim established							
Number of cases	235	1,000	671	839	...	...	...
Total days	20	27	19	35	-7**	1	-15
Northern California ^a	24	24	22	22	0	2	2
Los Angeles ^b	18	27	17	38	-10***	1	-21
(2) Claim established to field office release (to DDS)							
Number of cases	238	1,016	663	836	...	...	...
Total days	6	6	8	8	-1	-2	-3
Northern California ^a	11	4	9	8	7	2	3
Los Angeles ^b	2	6	7	8	-4**	-5***	-6**
(3) Field office release (to DDS) to initial decision							
Number of cases	236	1,014	651	815	...	...	...
Total days	30	86	131	107	-57***	-101***	-77***
Northern California ^a	58	117	132	124	-59***	-74***	-66***
Los Angeles ^b	15	79	130	103	-64***	-116***	-89***
Combined time segments							
(1) Claim established to initial decision							
Number of cases	237	1,038	651	841	...	...	...
Total days	32	90	137	112	-58***	-105***	-80***
Northern California ^a	60	113	139	119	-53***	-79***	-60***
Los Angeles ^b	17	85	136	110	-68***	-119***	-93***
(2) Claim established to first SSI payment							
Number of cases	236	652	276	471	...	...	...
Total days	10	91	144	106	-81***	-134***	-96***
Northern California ^a	16	131	152	134	-115***	-136***	-118***
Los Angeles ^b	7	83	138	102	-76***	-131***	-94***

SOURCE: Authors' calculations using SSA administrative data.

NOTES: The sample sizes differ for each measure because of missing and inconsistent dates. Negative values for the individual time segments and the first combined time segment were set to missing. Negative values for the second combined time segment were set to zero because all of the payment dates are set to the first of the month. The second combined time segment has a significantly smaller sample size because of the smaller number of individuals actually receiving a payment.

C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California—includes the combined Northern California (San Francisco Downtown and Santa Cruz) field office locations for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville).

b. Los Angeles—includes Los Angeles Downtown field office location for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Hollywood, University Village, and Wilshire Center).

date a claim was established and the initial disability decision, although these were somewhat smaller differences, as treatment members tended to receive their first SSI payment before their initial decision.

The Intervention Did Not Have a Significant Impact on the Rate of Appeals

We also wanted to examine whether the intervention would have an effect on the rate of appeals. The percentage of all initially denied cases appealed to the reconsideration level or higher in the comparison groups was between 45 and 50 percent, while the appeal rate in the treatment group was 64 percent; these differences are not statistically significant (Table 5). We caution that the appeal rate for the treatment group was based on only 14 denials at the initial level, whereas each comparison group had more than 300 denials at the initial level. Secondly, we might expect to see a higher appeal rate for the treatment group because the intervention was designed to select cases with a high likelihood of approval, and treatment group members were already connected to representative and advocate resources.

The Intervention Led to an Increased Likelihood of Being in Current-pay Status

To examine the impact of the intervention over time, we analyzed cases at two intervals—6 months and 12 months after the claims were established—to learn whether individuals were in current-pay status.² Individuals in current-pay status were due a payment contingent upon meeting the reporting requirements during the month.

At the 6-month mark, a larger share of the treatment group received an SSI payment (81 percent), compared with those in the comparison groups: C1 (44 percent); C3 (35 percent); and C2 (22 percent). (Table 6). These findings were statistically significant at the 1 percent level, with differences between the treatment and comparison groups ranging from 37 to 59 percentage points. We continued to find statistically significant (albeit somewhat smaller) differences at the 1-year mark. About 74 percent of the treatment group received an SSI payment at 12 months, with differences between the treatment and comparison groups ranging from 23 to 39 percentage points. The share of

Table 5.
SSI denials at the initial level and appeals to the reconsideration level or higher for the HSPD pilot, by location

Outcome and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
Number of cases	238	1,038	676	857	...	...	...
Number denied at the initial level	14	332	367	326	...	...	...
Northern California ^a	11	79	145	82	...	...	...
Los Angeles ^b	3	253	222	244	...	...	...
Appealed to reconsideration or higher (%)	64.3	50.0	46.9	44.8	14.3	17.4	19.5
Northern California ^a	72.7	49.4	45.5	50.0	23.4	27.2*	22.7
Los Angeles ^b	33.3	50.2	47.7	43.0	-16.9	-14.4	-9.7

SOURCE: Authors' calculations using SSA administrative data.

NOTES: C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California—includes the combined Northern California (San Francisco Downtown and Santa Cruz) field office locations for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville).

b. Los Angeles—includes Los Angeles Downtown field office location for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Hollywood, University Village, and Wilshire Center).

Table 6.
SSI payments and current-pay status at the 6- and 12-month marks and mortality rates at the 12-month mark for the HSPD pilot, by location

Outcome and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
At 6 months after claim established							
Number of cases	238	1,038	676	857	...	...	...
Received a payment (%)	81.1	43.8	21.7	35.1	37.3***	59.3***	46.0***
Northern California ^a	72.6	33.5	22.7	19.0	39.1***	49.9***	53.6***
Los Angeles ^b	85.7	46.5	21.0	39.0	39.2***	64.7***	46.7***
In current-pay status (%)	82.8	60.7	42.0	52.0	22.1***	40.8***	30.7***
Northern California ^a	78.6	58.1	42.3	41.1	20.4***	36.3***	37.5***
Los Angeles ^b	85.1	61.4	41.8	54.7	23.7***	43.3***	30.3***
Average cumulative payments (\$)	3,743	1,659	738	1,375	2,084***	3,005***	2,368***
Northern California ^a	3,658	1,127	735	704	2,531***	2,923***	2,954***
Los Angeles ^b	3,789	1,798	740	1,539	1,991***	3,049***	2,250***
At 12 months after claim established							
Number of cases	198	1,038	523	720	...	...	...
Received a payment (%)	74.2	51.0	35.0	47.2	23.3***	39.3***	27.0***
Northern California ^a	66.2	43.3	35.7	27.1	22.9***	30.5***	39.1***
Los Angeles ^b	78.5	53.0	34.5	51.8	25.5***	43.9***	26.7***
In current-pay status (%)	78.3	58.7	42.3	54.2	19.6***	36.0***	24.1***
Northern California ^a	73.5	57.7	42.3	39.9	15.9**	31.3***	33.7***
Los Angeles ^b	80.8	58.9	42.3	57.4	21.8***	38.5***	23.4***
Average cumulative payments (\$)	6,776	3,906	2,512	3,660	2,870***	4,264***	3,116***
Northern California ^a	6,525	3,223	2,447	2,077	3,302***	4,078***	4,448***
Los Angeles ^b	6,908	4,084	2,556	4,019	2,823***	4,351***	2,889***
Death within 12 months (%)	0.0	0.8	0.8	1.3	-0.8	-0.8	-1.3
Northern California ^a	0.0	0.9	0.5	1.5	-0.9	-0.5	-1.5
Los Angeles ^b	0.0	0.7	1.0	1.2	-0.7	-1.0	-1.2

SOURCE: Authors' calculations using SSA administrative data.

NOTES: Average cumulative payments are summed at the individual level and then averaged.

C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California—includes the combined Northern California (San Francisco Downtown and Santa Cruz) field office locations for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville).

b. Los Angeles—includes Los Angeles Downtown field office location for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Hollywood, University Village, and Wilshire Center).

the treatment group who received payments declined in the interval between the 6- and 12-month marks. For the comparison groups, the shares receiving payments rose during that interval.

For all groups, the percentage of individuals in current-pay status was higher than the percentage who actually received a payment. For this measure, the impact of the intervention follows the same trend with the treatment group having a much higher percentage in current-pay status. The differences were not quite as large, but were still statistically significant.³

It was also important to examine why a person who had received the PD payments and subsequent SSI payments would have moved into nonpay status at those same two intervals. The most common reasons were the recipient’s income exceeded the allowable threshold; the recipient was placed in a “failed to cooperate” or “unable to locate” category; the recipient had become an inmate of a penal institution during that time; or his or her payment-status code was missing (Table 7).

When we looked at the most common reasons why some individuals fell into nonpay status at the 6-month mark, we noted several differences between the groups. About 67 percent of persons in the treatment group had income that exceeded federal and state SSI thresholds, compared with 21 to 43 percent in the comparison groups. By contrast, no one in the treatment group “failed to cooperate” or was “unable to locate,” compared with 12 to 29 percent of the comparison groups. The percentage of individuals who were inmates of a penal institution was higher in the treatment group than in the comparison groups in the Los Angeles subset, but not in the Northern California subset. However, the differences for the last reason—payment-status missing—were less consistent and not statistically significant across most group comparisons. The impacts for the most common reasons for nonpay status at the 12-month mark were similar, but generally smaller and less significant.

Table 7.
Selected reasons for nonpay status for the HSPD pilot at the 6- and 12-month marks, by location (in percent)

Reason and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
<i>At 6 months after claim established</i>							
Number of cases	238	1,038	676	857	...	...	...
Number in nonpay status	33	139	42	82	...	...	...
Northern California ^a	13	31	22	22	...	...	...
Los Angeles ^b	20	108	20	60	...	...	...
Income exceeds federal and state SSI threshold	66.7	38.8	21.4	42.7	27.8***	45.2***	24.0**
Northern California ^a	84.6	29.0	18.2	27.3	55.6***	66.4***	57.3***
Los Angeles ^b	55.0	41.7	25.0	48.3	13.3	30.0*	6.7
Failure to cooperate on development of claim, or unable to locate	0.0	11.5	28.6	13.4	-11.5**	-28.6***	-13.4**
Northern California ^a	0.0	16.1	27.3	22.7	-16.1	-27.3**	-22.7*
Los Angeles ^b	0.0	10.2	30.0	10.0	-10.2	-30.0***	-10.0
Inmate of a penal institution	18.2	19.4	7.1	14.6	-1.2	11.0	3.5
Northern California ^a	7.7	19.4	9.1	18.2	-11.7	-1.4	-10.5
Los Angeles ^b	25.0	19.4	5.0	13.3	5.6	20.0*	11.7
Payment-status missing	3.0	20.1	21.4	14.6	-17.1**	-18.4**	-11.6*
Northern California ^a	0.0	25.8	27.3	18.2	-25.8**	-27.3**	-18.2
Los Angeles ^b	5.0	18.5	15.0	13.3	-13.5	-10.0	-8.3

(Continued)

Table 7.
Selected reasons for nonpay status for the HSPD pilot at the 6- and 12-month marks, by location
(in percent)—Continued

Reason and location	Treatment group	Comparison group			Difference between the treatment group and—		
		C1	C2	C3	C1	C2	C3
At 12 months after claim established							
Number of cases	198	1,038	523	720	...	...	...
Number in nonpay status	39	167	46	93	...	...	...
Northern California ^a	15	34	23	22	...	...	...
Los Angeles ^b	24	133	23	71	...	...	...
Income exceeds federal and state SSI threshold	59.0	35.3	32.6	44.1	23.6***	26.4**	14.9
Northern California ^a	73.3	23.5	26.1	36.4	49.8***	47.2***	37.0**
Los Angeles ^b	50.0	38.3	39.1	46.5	11.7	10.9	3.5
Failure to cooperate on development of claim, or unable to locate	2.6	10.2	15.2	11.8	-7.6	-12.7**	-9.3*
Northern California ^a	6.7	17.6	17.4	18.2	-11.0	-10.7	-11.5
Los Angeles ^b	0.0	8.3	13.0	9.9	-8.3	-13.0*	-9.9
Inmate of a penal institution	23.1	21.0	15.2	17.2	2.1	7.9	5.9
Northern California ^a	6.7	14.7	17.4	9.1	-8.0	-10.7	-2.4
Los Angeles ^b	33.3	22.6	13.0	19.7	10.8	20.3	13.6
Payment-status missing	7.7	24.6	17.4	17.2	-16.9**	-9.7	-9.5
Northern California ^a	6.7	38.2	21.7	27.3	-31.6**	-15.1	-20.6
Los Angeles ^b	8.3	21.1	13.0	14.1	-12.7	-4.7	-5.8

SOURCE: Authors' calculations using SSA administrative data.

NOTES: The list of reasons for nonpay status included in this table is not exhaustive, so the percentages may not sum to 100. Individuals may be in nonpay status for reasons not listed here.

C1 = same field office, prior period; C2 = surrounding area field office, pilot period; C3 = same field office, pilot period.

... = not applicable.

* = statistically significant at the 10 percent level.

** = statistically significant at the 5 percent level.

*** = statistically significant at the 1 percent level.

a. Northern California—includes the combined Northern California (San Francisco Downtown and Santa Cruz) field office locations for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Berkeley, Campbell, East Oakland, Gilroy, Oakland Downtown, Salinas, San Francisco Mission, San Jose East, San Jose South, and Watsonville).

b. Los Angeles—includes Los Angeles Downtown field office location for the treatment group and comparison groups C1 and C3 and the surrounding area field office locations for C2 (Hollywood, University Village, and Wilshire Center).

The Intervention Resulted in Larger Cumulative Payments for the Treatment Group

We found large, statistically significant (at the 1 percent level) differences between the cumulative payments received by the treatment and comparison groups at the 6- and 12-month marks (Table 6). After 6 months, average SSI payments for the treatment group totaled about \$3,700, which was \$2,000 to \$3,000 more than the \$700 to \$1,700 received by the comparison groups. Average cumulative payments

for the treatment group were similar between the two regions (Northern California and Los Angeles); however, we saw a large difference between the two regions in average cumulative payments for comparison group C3—individuals who had applied in the same field offices during the same period. Cumulative payments for the C3 group averaged \$704 for recipients in the San Francisco Downtown and the Santa Cruz locations and \$1,539 for those in the Los Angeles Downtown location, leading to a smaller relative

impact for the Los Angeles region. We expect differences between the treatment and comparison groups to lessen as more comparison group cases receive allowances during the appeals process and eventually receive back payments.

The Intervention Did Not Appear to Have a Strong Effect on Mortality

There were no deaths in the treatment group and a very small percentage of individuals in the comparison groups died within 12 months of establishing their claims with SSA. The average mortality rate during that period was less than 1 percent for comparison groups C1 and C2 and just over 1 percent for comparison group C3 (Table 6).

HSPD Case Reviews

SSA's Office of Quality Review (OQR) reviewed almost all (223 of the first 225) treatment cases in the pilot. Of the 215 cases allowed (96 percent), OQR cited deficiencies in 48 percent of the cases, determining that three cases had been incorrectly allowed. Of the eight denied cases, OQR cited four as deficient, with two incorrect denials. The most common deficiency cited was that the cases relied on one piece of medical evidence for establishing disability, which OQR suggested was insufficient for a determination. However, this suggestion does not imply that the DDS made an incorrect determination on these cases.

In response to OQR's review, SSA's San Francisco Center for Disability (SFCD) reviewed 54 of the 108 cases that OQR cited with deficiencies. SFCD concurred with OQR for 33 cases (61 percent), acknowledging the potential for quality issues in the adjudication of those cases and noting the variation in deficiency rate by community partner. SFCD suggested that one piece of medical evidence may be sufficient to adjudicate a claim and that OQR may not have fairly weighed the evidence from third parties, such as case managers, which can be important for the population in this study.

Discussion

Overall, the HSPD pilot appears to have been successful. The group that received the PD payments was more likely to have received an initial allowance and less likely to have required a CE than were the comparison groups. They also received their decisions and first SSI payments sooner than did the comparison groups, along with higher cumulative payment

amounts in the 12 months after establishing a claim. We were not able to observe other important outcomes, such as decreased homelessness, that the pilot was intended to address.

Although the pilot was generally successful, its scalability to the national level is unclear. The community partners who developed the cases had experience working with individuals who were homeless or had mental impairments, largely because of the high volume of similar cases in the target areas and prior involvement with SSA outreach efforts. Although many other locales have similar public-health agencies performing similar functions, it is uncertain how the services provided in the pilot will transfer to other settings.

Our community partners, particularly in Northern California, were somewhat conservative in their diagnoses, signing off on the PD form shown in Appendix C only after careful review to ensure that there was sufficient medical evidence (and the absence of drug abuse or alcoholism), consistent with SSA's medical listings. However, even with experienced partners making careful diagnoses, SSA's OQR reported issues with insufficient medical evidence for many cases.

The requirements for the PD finding followed SSA's medical listings for schizophrenia or schizoaffective disorder. As such, it required the applicant to have medically documented evidence of certain persistent symptoms resulting in increased restrictions or difficulty with specific functions or a history of a chronic schizophrenic, paranoid, or other psychotic disorder. It is unclear whether gathering such information for homeless individuals suffering from schizophrenia or schizoaffective disorder is generally feasible or cost effective, regardless of the legal requirement. One alternative to PD payments may be to require a shorter longitudinal medical history for homeless individuals alleging schizophrenia or schizoaffective disorder and to have SSA conduct a continuing disability review after 2 years that waives the medical improvement review standard. SSA could potentially combine such a policy with two existing fast-track programs—Quick Disability Determination and Compassionate Allowance—to expedite homeless cases. Changing the medical improvement review standard and required longitudinal history would likely require a statutory change. Because this study focused only on a small population of homeless individuals alleging schizophrenia or schizoaffective disorder, the appropriateness of such a policy change for the SSI program as

a whole is unclear. However, regardless of the policy implemented, it may be helpful for all disability adjudicators to receive additional training on the evidentiary requirements for claims with no longitudinal treatment history of a mental impairment or diagnosis, as suggested by SSA's San Francisco Regional Office.

We note that other locales have tested similar interventions. For example, in 1993, SSA initiated the Maryland SSI Outreach Project in the city of Baltimore, which also successfully awarded PD payments to homeless individuals meeting certain impairment criteria. Some of the recommendations from that project continue to be appropriate. For example, as the HSPD pilot demonstrated, replicating similar outreach projects would require SSA to work closely with organizations that are capable of both diagnosing and supporting homeless individuals with mental impairments (National Alliance to End Homelessness 2015).

The SSI/Social Security Disability Insurance (SSDI) Outreach, Access and Recovery (SOAR) project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2001 aimed to increase access to federal disability benefits for adults who are homeless or at risk of being homeless and have a mental illness, medical impairment, and/or a co-occurring substance abuse disorder. SOAR programs have helped increase the award rate and reduce the time from application to decision for this vulnerable population. SAMHSA continues to fund the SOAR Technical Assistance Center, which facilitates state- and local-based SOAR programs (SAMHSA, n.d.). Based on experiences from the SOAR projects, the authors of a National Academy of Social Insurance (NASI) report suggested three policy changes: 1) expanding the list of acceptable medical sources for DDS examiners, 2) allowing individuals who have been homeless for at least 6 months and who have schizophrenia to qualify for PD payments, and 3) modifying SSA's processes to address the needs of homeless adults (Perret, Dennis, and Lassiter 2008). The authors also recommended that SSA improve its tracking of residential statuses and assign homeless cases to field office and DDS staff who have received additional training in working with this population.

As we noted earlier, detailed and longitudinal medical evidence often does not exist for the homeless population, whose records are sporadic or difficult to obtain. The authors of the NASI report suggest that professionals, such as licensed social workers, certified nurse practitioners, or certified physician assistants,

should be able to provide evidence that is weighed as heavily as other evidence provided by physicians and psychologists. These individuals are often more likely to provide treatment for this population, making them better at providing the necessary information.

Although we did not conduct a formal cost-benefit analysis, the PD recommendation reduced the time spent by SSA to develop a case, and fewer CEs also clearly reduced costs for the agency. One study suggests that a CE for mental health impairments costs over \$235 (Wittenburg and others 2012). However, the exams and tests required for a CE can vary and the costs in California in particular may differ from this average. The HSPD pilot demonstrated that the number of CEs requested for the treatment group was 14 percentage points less than the number requested for comparison group C1. A back-of-the-envelope calculation suggests that in the absence of the pilot, SSA would have requested an additional 33 CEs for the treatment group, which translates to a potential savings of about \$7,755. This, combined with the higher initial allowance rate and reduced number of appeals for the treatment group, indicates that other administrative savings were likely as well. SSA incurred few administrative costs for the PD payments other than the fixed cost of setting up the process. We did not consider one-time cost items, such as staff training. SSI payments to individuals did not provide a cost in this setting because it is SSA's mission to administer such payments.

The results presented in this study are from a quasi-experimental design and are not causal in nature. The demographic characteristics presented in Table 2 suggest the treatment group is somewhat different from the comparison groups. In future work, policy analysts could use more rigorous statistical techniques that would control for these differences and provide estimates that are more robust than those presented here.

Finally, we note that many individuals in the treatment group also filed an application in the prior period, and those applications were initially included in the comparison groups. To avoid double counting these treatment group members, we removed their prior applications from the comparison groups. As noted in the report on the Maryland SSI Outreach Project, helping qualified individuals to receive SSI payments the first time they apply is likely more cost effective than granting an award after the second or third application.

Appendix A:
Identification of Homeless Individuals

A crucial step to developing comparison groups for the HSPD pilot evaluation was identifying individuals who were potentially homeless during the period of interest. The community partners identified the individuals in the treatment groups as homeless (a criterion for participating in the pilot). For uniformity, we used the same selection process for both the treatment and comparison groups in our analyses. This inevitably meant removing some treatment group members from the analysis who did not have a clear indication of homelessness in SSA’s administrative data. The five selection criteria for identifying homelessness follow:

1. Homeless flag on the SSI application.
2. A residence type of “transient” listed as the most recent residence type, with a start date on or before the date that the SSI claim was established in SSA’s records. The five transient data files from 2010 to 2014 came from SSA’s Office of Systems.

3. Residential address field contained a word or phrase from Keyword Set A1 or Keyword Set A2.
4. Residential address field contained the name of an emergency shelter from the Department of Housing and Urban Development’s (HUD’s) list of emergency shelters in California. Organization names and program names were pulled from HUD’s list, a few abbreviations were removed (ERT and STAR), and shelter names were shortened, for example, MSC-South Shelter was shortened to MSC.
5. Remarks section in the Field Office Disability Report (SSA Form 3367) or Disability Report—Adult (SSA Form 3368) contained a word from Keyword Set A1.

Keyword Set A1					(9 elements)
HOMELESS	HOMELSS	HOMLES	SHELTER	TRANSCIENT	
HOMELES	HOMLESS	HOME LESS	TRANSIENT		

Keyword Set A2			(32 elements)
CAR	FRIEND	522 S SAN PEDRO (JWCH)	
TRUCK	NEIGHBOR	2707 S GRAND (DPSS)	
IN VAN	SOFA	1122 N VINE (SSA office)	
BUS	COUCH SURF	GENERAL DELIVERY	
TRAIN	YMCA	3804 S BROADWAY (New Image Emer.Shelt.)	
UNDER A BRIDGE	YWCA	3126 SHATTUCK (Homeless Action Center)	
UNDER THE BRIDGE	DOUBLED UP	890 HAYES ST (Walden House)	
ON THE STREET	SALVATION ARMY	815 BUENA VISTA WEST (Walden House)	
IN THE STREET	UNITED WAY		
STREETS OF	CATHOLIC CHARITIES		
CAMPING	FIELD OFFICE		
TENT	SSA		

NOTE: CAR, BUS, TRAIN, and SSA all have leading and trailing blank spaces.

Department of Housing and Urban Development's California Emergency Shelter List (241 elements)

Alpha Center	Compass Family	Emmanuel Baptist Mission	HOPWA
Angel Step Inn	Compton Welfare Rights Organization	Episcopal Community Services	Hospitality House
Angel's Flight	Comunidad Cesar Chavez	Essence of Light	House of Ruth
Antelope Valley Domestic Asian Women's	Continuum HIV Day Services	Family Crisis	Huckleberry House
Assistance for Homeless Families	Covenant House	Family Shelter	Inglewood Winter Shelter
Beacon Light Mission	CPAF	Family Transitions	Inland Valley Council
Bell Shelter	Crisis Shelter	First Presbyterian Church	Integrated Recovery
Bethel AME Church	Crossroads	First To Serve	James M. Wood Site
Beyond Shelter	Crossroad's	Footsteps	Jenesse Center
Bridge to Home	Daybreak	Free Spirit	Jesus Mary and Joseph
Cal Works	Defensa de Mujeres	Freedom House	Jovenes
California Hispanic Commission On Alcohol	Demontfort House	Fresh Start	Jump Start
Calworks Family Voucher	Department of Public Health	Fresh Start Ministries	JWCH
Casa Libre	Dept. of Public Health	Friends Research	La Casa de las Madres
Catholic Charities	Diamond Youth	Front Street	LA County Department
Center for Homeless Women	Dolores House	General Relief	LA Family Housing
Center for Human Rights and Constitutional Law	Dolores Street	Good Shepherd Center	LA Gay & Lesbian Community
Center for the Pacific Asian Family	Domestic Violence	Gospel Missions of America	LA Homeless Services
Central City Hospitality	Doors of Hope	Gower Youth	LA House of Ruth
Chicana Service Action	Downtown Mental Health	GR Homeless Assistance	LA Mission
Children of the Night	DPH	Grace Resource	La Posada
CHP	DPSS	Hamilton Family	LA Youth Network
Chronically Homeless Program	East L.A. Bilingual	Harbor Interfaith	LAHSA
Cold Weather Shelter	East San Gabriel Valley Coalition	Harm Reduction	LAMP Community
Community Action Board	Emergency Housing	Haven Hills	LAMP Village
Compass Community Services	Emergency Overnight	HCFP	Lancaster Community
	Emergency Per Diem	HCHV	Languille
	Emergency Shelter	Home At Last	Lark Inn for Youth
	Emergency Youth Shelter	Homeless Services	Larkin Street Youth
		Hope Harbor	Los Angeles County
			Los Angeles Family Housing

Continued

Department of Housing and Urban Development's California Emergency Shelter List—Continued

Los Angeles Gay & Lesbian Community	Panama CDBG	Sanctuary	The Bible Tabernacle
Los Angeles Homeless Services	Panama Hotel YRP	Santa Cruz Comm	The Restoration Foundation
Los Angeles House of Ruth	PATH	Satellite Housing Center	TSP Motel Vouchers
Los Angeles Mission	PATH Westside	Shelter Resident Services	Union Rescue Mission
Los Angeles Youth Network	Paul Lee Loft	short term lodging	Upward Bound
Lutheran Social Services	People Assisting the Homeless	Short-Term Lodging	Valley Oasis
Main Street Emergency	People in Progress	Sienna House	VOA Rotary House
Men's Emergency Shelter	Peregrinos De Emaus	Single Room Occupancy	Volunteers of America
Men's Guest Services	Pomona Neighborhood	Single Women Guest Services	Walden House
Mental Health Per Diem	Project Re-Connect	Sojourn Services	Watts Labor Community Action Committee
Metropolitan	Providence Foundation	South Bay Alcoholism	Westside Access
Midnight Mission	Providence Shelter	South Los Angeles Winter	Whittier Area First Day
MJB	Proyecto Pastoral	Southern CA Alcohol	Whittier Area Interfaith Council
MSC	Rainbow House	Southern California Alcohol	WINGS
New City Emergency	Rainbow Services	Special Service For Groups	Winter Shelter Program
New Directions	Raphael House	St. Joseph	Women & Children's Crisis
New Image	Rebele Family	St. Vincent de Paul	Women and Children
New Life	Recovery From Homelessness	St. Vincent's Cardinal	Women and Children's Crisis
Next Door	Recuperative Care-Bell Shelter	Stabilization Units	Women in Need Growing Strong
NLCS	Restoration House	Su Casa	Women's and Children
Ocean Park Community Center	River Street Shelter	Swords to Plowshares	Women's Emergency
OPCC	Rosalie House	Taft House	Year Round Program
Our House Shelter	Safe House	Temporary Emergency Shelter	Year Round Shelter
Our Saviour Center	Salvation Army	Tenderloin Health	YWCA
Overnight Beds for Men	Samoshel	Testimonial Community Love	Zahn Emer
Paget Center	San Fernando Valley Rescue		
Pajaro Valley Shelter	San Francisco Interfaith Council		

NOTE: The emergency shelters names were all capitalized in the search process, similar to the keyword lists.

**Appendix B:
Identification of Schizophrenia
and Schizoaffective Disorder**

The evaluation of the HSPD pilot required identifying SSI applicants who allegedly had, or had been diagnosed with, schizophrenia or schizoaffective disorder. We apply this same identification process to the treatment group for consistency. To be included in the evaluation, each case must have met at least one of the following criteria:

1. *Allegation description of schizophrenia or schizoaffective disorder*

We mined the allegation text field for root words and various misspellings of “schizo” found in Keyword Set B1 (below). From this list, we searched again for root words more specific to “schizophrenia” and “schizoaffective” found in Keyword Set

B2 and Keyword Set B3 to differentiate these two categories. The second search picked up one invalid observation, which we removed. Lastly, we used a “sounds like” function to search the text field for “schizophrenia” and “schizoaffective,” to catch any additional common misspellings. This last procedure did not find any additional observations.

2. *Primary diagnosis code: 2950*

We flagged any observations with a “2950” primary diagnosis code as a potential indicator of schizophrenia or schizoaffective disorder. The “2950” impairment code covers the Mental Disorder listing 112.03: Schizophrenic, Paranoid, and Other Psychotic Disorders. We included any individuals who received a denial based on this code, in addition to those who were approved, to capture as many individuals as possible who may have schizophrenia or schizoaffective disorder.

Keyword Set B1					(153 elements)
SCHIZO	SCHIFO	SCHRIP	SCHZRO	SCZO	
SCCHIZ	SCHIGO	SCHRIZ	SCHZYSO	SEHIZ	
SCGZIO	SCHILO	SCHRIZO	SCICO	SHCIO	
SCHCIZ	SCHINO	SCHRO	SCISO	SHCIZ	
SCHEDSO	SCHIO	SCHROP	SCITO	SHCIZO	
SCHEDZO	SCHIOZO	SCHRZ	SCITSZER	SHHIZ	
SCHCIZ	SCHIP	SCHRZO	SCITZO	SHIZO	
SCHENR	SCHIRO	SCHSO	SCIXO	SHRIZ	
SCHENZ	SCHISO	SCHTIZ	SCIZ	SKHIZ	
SCHENZO	SCHITS	SCHTZ	SCIZO	SKISO	
SCHEO	SCHITZ	SCHY	SCIZSO	SKITI	
SCHETS	SCHIX	SCHYCO	SCJIOZ	SKITO	
SCHETZ	SCHIZ	SCHYDZO	SCKYSO	SKITS	
SCHEZ	SCHIZA	SCHYSO	SCYO	SKITT	
SCHEZA	SCHIZE	SCHYTS	SCYTZA	SKITZ	
SCHEZE	SCHIZH	SCHYTSO	SCYZ	SKIZ	
SCHEZI	SCHNIO	SCHYTZ	SCYZO	SKYS	
SCHEZO	SCHNIZ	SCHYZ	SCZ	SKYTZ	
SCHHIZ	SCHNOZ	SCHYZO	SCZE	SQIZO	
SCHI	SCHOZ	SCHZ	SCZH	SSCHIO	
SCHICHO	SCHOZO	SCHZE	SCZHIO	SSCHIZO	
SCHICO	SCHRE	SCHZIO	SCZHO	SSHIZ	
SCHICZO	SCHREN	SCHZIT	SCZI	SXHIZ	
SCHIDZO	SCHREZ	SCHZIZ	SCZIO	SZCHI	
SCHIEZO	SCHRIOZ	SCHZO	SCZIZ	SZCHIO	

Continued

Keyword Set B1—Continued			
SZCHOZ	SZIO	SDCHIZ	PSYCHITZO
SZCHSO	SZIS	PSYCHOPHERN	PSYCHITSO
SZCIO	SZITSO	PSYCHOPHREN	PHYCHOPHRENIA
SZCO	SZIZH	PSYCHROPHREN	CHIZOPHRENIA
SZHIO	SZO	SKETSAPHRENK	ESQUISOFRENIA
SZHIZ	SZYO	SISOPHRENIA	SCHOPHRENIC
SZHO	SQUIZO	PSYZOPHREN	SCKITZOEFFECTIVE

Keyword Set B2			<i>(16 elements)</i>
PHREN	PHEN	PRENIC	PHREHIA
FREN	PHRAN	PREHIA	PRANIA
PHERN	PRHEN	PHRREN	PHRONIA
FERN	PRENIA	PHEREN	PHINEA

Keyword Set B3				<i>(25 elements)</i>
ZOAFFE	ZOEFFE	SOAFFE	SOEFFE	ZAFFE
ZOAFE	ZOEFE	SOAFE	SOEFE	ZAFE
ZO AF FE	ZO EFFE	SO AF FE	SO EFFE	ZEFFE
ZO-AFFE	ZO-EFFE	SO-AFFE	SO-EFFE	ZEFE
ZO-AFE	ZO-EFE	SO-AFE	SO-EFE	OAFECTIVE

Social Security Administration

Form Approved
OMB No. 0960-0793

Schizophrenia Presumptive Disability Recommendation Form

The claimant named below has filed for a period of disability and/or disability payments due to schizophrenia or schizoaffective disorder. If you complete this form, the claimant may be able to receive early payments. (This is not a request for an examination, but for existing medical information.)

Medical Release Information		
<input type="checkbox"/> Form SSA-827, "Authorization to Release Medical Information to the Social Security Administration," is attached. <input type="checkbox"/> I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State agency any medical records or other information regarding my treatment for mental health/chemical dependency.		
Claimant Signature (Required only if Form SSA-827 is NOT attached)	Date	
Claimant Information		
Name (Please Print)	Claimant's SSN	Phone Number
Address	Date of Birth	Medical Source's Name

For Presumptive Disability, the claimant's condition must meet the criteria noted in Section 1 or Section 2. Please check all applicable boxes.

Section 1 (Must meet criteria in Group A and Group B)	
Group A Medically documented persistence, either continuous or intermittent, of <u>one</u> or more of the following: <input type="checkbox"/> Delusions or hallucinations <input type="checkbox"/> Catatonic or other grossly disorganized behavior <input type="checkbox"/> Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following: a. Blunt affect b. Flat affect c. Inappropriate affect <input type="checkbox"/> Emotional withdrawal and/or isolation	Group B Resulting in at least <u>two</u> of the following: <input type="checkbox"/> Marked restriction of activities of daily living <input type="checkbox"/> Marked difficulties in maintaining social functioning <input type="checkbox"/> Marked difficulties in maintaining concentration, persistence, or pace <input type="checkbox"/> Repeated episodes of decompensation, each of extended duration
Section 2	
Medically documented history of a chronic schizophrenic, paranoid, or other psychotic disorder of at least 2 years duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and <u>one</u> of the following: <input type="checkbox"/> Repeated episodes of decompensation, each of extended duration; or <input type="checkbox"/> A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or <input type="checkbox"/> Current history of 1 or more years inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.	

Remarks: (Please use this space if you lack sufficient room in the above sections or to provide additional information that you believe would support a presumptive disability finding).

Diagnostic Certification (Required)

The claimant is *capable* of managing benefits. The claimant is *incapable* of managing benefits.

The disturbance is *not* due to the direct physiological effects of substance use or a general medical condition, or due to a psychiatric condition other than *schizophrenia* or *schizoaffective disorder*. Supporting medical evidence will be forwarded to the disability adjudicative component.

I declare under penalty of perjury that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Physician or Licensed Psychologist Name (Please Print)	License Number
Address	Phone Number
Signature	Date

Please provide all evidence necessary (i.e., medical records, psychiatric evaluation reports, list of prescribed psychotropic medication, and so forth) to support a diagnosis of schizophrenia or schizoaffective disorder.

Field Office Use Only

Meets Presumptive Disability Criteria: YES NO Field Office Unit:

SPECIAL TERMS USED IN THE FORM

WHAT WE MEAN BY “MARKED”

Where we use "marked" as a standard for measuring the degree of limitation, it means more than moderate but less than extreme. A marked limitation may arise when several activities or functions are impaired, or even when only one is impaired, as long as the degree of limitation is such as to interfere seriously with the individual's ability to function independently, appropriately, effectively, and on a sustained basis.

WHAT WE MEAN BY “ACTIVITIES OF DAILY LIVING”

“Activities of daily living” include adaptive activities such as cleaning, shopping, cooking, taking public transportation, paying bills, maintaining a residence, caring appropriately for your grooming and hygiene, using telephones and directories, and using a post office. In the context of an overall situation, we assess the quality of these activities by their independence, appropriateness, effectiveness, and sustainability. We will determine the extent to which the individual is capable of initiating and participating in activities independent of supervision or direction.

WHAT WE MEAN BY “SOCIAL FUNCTIONING”

“Social functioning” refers to the capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. The individual may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. The individual may exhibit strength in social functioning by such things as his or her ability to initiate social contacts with others, communicate clearly with others, or interact and actively participate in group activities. We also need to consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers.

WHAT WE MEAN BY “CONCENTRATION, PERSISTENCE, OR PACE”

“Concentration, persistence, or pace” refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings. In addition, major limitations in this area can often be assessed through clinical examination or psychological testing. Wherever possible, however, a mental status examination or psychological test data should be supplemented by other available evidence.

WHAT WE MEAN BY “REPEATED EPISODES OF DECOMPENSATION”

“Episodes of decompensation” are exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace. Episodes of decompensation may be demonstrated by an exacerbation in symptoms or signs that would ordinarily require increased treatment or a less stressful situation (or a combination of the two). Episodes of decompensation may be inferred from medical records showing significant alteration in medication; or documentation of the need for a more structured psychological support system (e.g., hospitalizations, placement in a halfway house, or a highly structured and directing household); or other relevant information in the record about the existence, severity, and duration of the episode.

The term “repeated episodes of decompensation, each of extended duration” means three episodes within 1 year, or an average of once every 4 months, each lasting for at least 2 weeks. If the individual experiences more frequent episodes of shorter duration or less frequent episodes of longer duration, we use judgment to determine if the duration and functional effects of the episodes are of equal severity.

WHAT WE MEAN BY “BASIC WORK ACTIVITIES”

“Basic work activities” are the abilities and aptitudes necessary to do most jobs. Examples include: (1) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (2) capacities for seeing, hearing, and speaking; (3) understanding, carrying out, and remembering simple instructions; (4) use of judgment; (5) responding appropriately to supervision, coworkers, and usual work situations; and (6) dealing with changes in a routine work setting.

WHAT WE MEAN BY “MINIMAL LIMITATION OF ABILITY TO DO BASIC WORK ACTIVITIES”

A limitation is minimal if the impairment (or combination of impairments) has such a minimal effect on the individual that it would not be expected to interfere significantly with the individual’s ability to do basic work activities.

Privacy Act Statement Collection and Use of Personal Information

Section 1110(b)(1) [42 U.S.C. § 1310(b)(1)] and 1631(a)(4)(B) [42 U.S.C. § 1383(a)(4)(B)] of the Social Security Act and 20 C.F.R. 416.933 authorize us to collect this information. We will use the information you provide to make a determination on your disability claim.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate or timely decision on your disability claim or on the named individual’s disability claim.

We rarely use the information you provide on this consent form for any purpose other than for the reasons explained above. We also may disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To a congressional office in response to an inquiry from that office made at the request of the subject of a record;
2. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
3. To comply with Federal laws requiring the release of information from Social Security records to other agencies (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs); and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

A complete list of routine uses for this information is available in our System of Records Notice entitled, Disability Insurance and Supplemental Security Income Demonstration Projects and Experiments System, 60-0218. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this collection is 0960-0793. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

Notes

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¹ Available internally at SSA only at http://pmr.ssahost.ba.ssa.gov/rpt_SplashMsg.aspx.

² We removed individuals without the 12-month follow-up period for the 12-month measures. This restriction removed about 20 percent of the treatment group and C2 and C3 groups for these measures. All individuals had 6 months of follow-up services at the time of analysis.

³ We hypothesized that the higher percentage of individuals in current-pay status, but who were not receiving a payment, was due to retroactively updating the payment status codes.

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PUBLIC PENSION STATEMENTS IN SELECTED COUNTRIES: A COMPARISON

by Barbara E. Kritzer and Barbara A. Smith*

Increases in longevity, changes in pension structure, and the shift to greater individual responsibility for retirement saving make it important for governments to provide workers with information about their public retirement benefits. Public pension statements are one way governments can do this. In this article, we compare public pension statements in Canada, Sweden, and the United States. For each of those countries, we briefly describe the public pension program and discuss the origins and content of the public pension statement. We conclude with an assessment of the information provided in the three countries' respective public pension statements.

Introduction

Retirement income security has become an important concern for workers in countries around the world. More responsibility for retirement saving is being placed on individual workers as governments make changes to their public pension systems—such as reducing benefit levels and increasing the retirement age—in response to the rapid aging of the population and employers shift from defined benefit to defined contribution plans. In most countries, life expectancy is increasing, with people spending more years in retirement. A longer retirement requires greater savings and resources to pay for the extra consumption and health-care costs of these additional years.

With the increases in longevity and the changes in pension structure, it is important that governments provide workers with information about their public retirement benefits and any changes to the programs that would affect those benefits. Public pension programs provide the foundation for retirement income for many workers, so it is essential that those workers know how much they will receive.

Public pension statements are one way countries can provide workers with information about their retirement programs. These statements contain an

individual's earnings record and past contributions as well as estimates of future retirement benefits. Statements may also contain information about future changes to the programs.

In this article, we compare public pension statements in three countries: Canada, Sweden, and the United States. For each country, we discuss the origin of the public pension statement, its contents, how often it is mailed out, to which population groups it is sent, and how its effectiveness is evaluated.

In the first section, we present brief descriptions of the retirement income systems in each of the three countries. Next, we provide a comparison of the public pension statements in each country, followed by

Selected Abbreviations

CPP	Canada Pension Plan
FRA	full retirement age
FY	fiscal year
NDC	notional defined contribution [Sweden]
SOC	<i>Statement of Contributions</i> [Canada]
SPA	Swedish Pension Agency
SSA	Social Security Administration

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detailed descriptions of those statements. Finally, we assess the content of the three countries' public pension statements and discuss the role of evaluating the effectiveness of those statements.

Description of the Public Pension Systems in Canada, Sweden, and the United States

In this section, we focus on the public pension part of the retirement income systems in the three countries under study and provide some information on the other components of those systems.¹

Canada

Canada's retirement income system consists of (1) the Old-Age Security (OAS) program, which provides a universal benefit;^{2,3} (2) the Canada Pension Plan (CPP), which provides an earnings-related benefit; (3) employer-provided registered pension plans; (4) individual savings options, such as personal registered retirement savings plans; and (5) tax-free savings accounts. The CPP covers all of Canada except the province of Quebec, which has a parallel plan—the Quebec Pension Plan (QPP)—with similar contribution and benefit provisions.

The CPP provides an earnings-related old-age pension at age 65. The employee and the employer each contribute 4.95 percent of the employee's earnings a month; in 2016, the maximum annual earnings used to calculate contributions are \$54,900. Pensioners receive a reduced benefit from ages 60 to 64. Workers who remain in the labor force after age 65 (and do not claim a benefit) receive an 8.4 percent increase in benefits for every subsequent year of work up to age 70. In addition, workers may collect a CPP retirement pension and continue working. Beginning in 2012, CPP retirees who work must continue contributing from ages 60 to 64 and may choose to contribute from ages 65 to 70. (Previously, once individuals began receiving an old-age benefit, they could continue working but would have to stop contributing.) These additional contributions finance the Post-Retirement Benefit (PRB), which is paid when the individual fully retires. (The retiree receives a combined benefit when he or she stops working.) Earnings-related old-age benefits are adjusted quarterly according to changes in the consumer price index.

The CPP and QPP have the following special measures:

- a general drop-out provision that allows periods of low or no earnings to be excluded from the CPP/QPP benefit calculation;

- a child-rearing provision that covers parents who stopped working or received lower earnings in order to raise their children up to age 7; and
- a pension-sharing provision that allows spouses and common-law partners to share pension benefits.

A CPP survivor benefit is paid to a widow(er) or common-law partner (same sex or opposite sex) and children younger than age 18 (age 25 if a student). A surviving spouse younger than age 35 who does not have dependent children or a disability is not eligible for benefits. The deceased worker must have contributed during the lesser of 10 years or one-third of the years in which contributions could have been made; the minimum contribution period is 3 years. An income-tested OAS survivor benefit is paid to low-income widow(er)s aged 60–64 who are residents of Canada and have resided in the country for at least 10 years after reaching age 18.

Sweden

Sweden's retirement income system consists of (1) the two-pillar national pension (the notional defined contribution [NDC] and the mandatory individual account [premium pension]),^{4,5} (2) occupational pensions, and (3) personal pensions.

In 1999, Sweden introduced the national pension for workers born after 1954. There is a gradual transition from the old earnings-related social insurance system to the NDC and the premium pension system for persons born between 1938 and 1953.

The NDC scheme provides an earnings-related benefit that represents the largest share of retirement income. The NDC is a pay-as-you-go (PAYG) program in which a worker and employer contribute a combined 16 percent of that worker's earnings each month to his or her "hypothetical account," which contains all contributions made during that individual's working life plus "interest." The annual notional interest rate is equal to the growth of average earnings. Benefits are adjusted annually according to changes in wages.

Credit is given for periods of time when workers were receiving some social insurance benefits (such as unemployment), years they spent at home taking care of children, and time they spent in active military service and in pursuing higher education. The NDC scheme provides a flexible retirement age—as early as age 61—and incentives to work longer. The NDC pension is calculated by dividing the amount credited to a worker's account by the average life expectancy of that worker's cohort at the time of retirement. This

means that as life expectancy rises, younger workers will need to work longer for a comparable benefit.

An automatic-balancing mechanism is applied if the system is in imbalance (liabilities are greater than assets). If that happens, both the notional interest rate and the indexation of current benefits are reduced temporarily to bring the system back into balance (Sundén 2009).

The premium pension scheme, on the other hand, is provided through privately managed individual retirement accounts, funded by combined employer and employee monthly contributions of 2.5 percent of earnings. Accountholders may choose up to five investment funds at a time and may switch from one fund to another. Those who do not make a choice are assigned to a default fund. At retirement, a worker may choose between a fixed or variable annuity. A voluntary survivor benefit is also available. The retirement age is the same as that for the NDC: flexible, beginning at age 61.

The NDC scheme does not provide a survivor benefit to the deceased worker's survivors. (Under that scheme, when an insured person dies before reaching the retirement age, his or her NDC account balance is distributed to the accounts of his or her birth cohort.) A survivor benefit is paid to the deceased worker's surviving spouse or partner under the premium pension scheme if the insured person elected coverage for that benefit.

United States

The U.S. retirement income system consists of (1) Social Security;⁶ (2) employer-provided pensions and retirement savings plans; and (3) individual savings options, such as individual retirement accounts and personal retirement savings.

Social Security benefits are based on the average of the worker's 35 highest years of earnings. The earnings are adjusted for increases in the national average wage prior to age 60. Both the employee and the employer contribute 6.2 percent of the employee's earnings a month; the maximum annual earnings used to calculate contributions are \$118,500 in 2016. Full Social Security retirement benefits are paid to individuals at age 66 (gradually rising to age 67 by 2027) with at least 10 years of coverage (40 quarters).⁷ Quarters of coverage are based on the insured person's annual earnings. In 2016, the minimum amount of earnings to receive 1 quarter of coverage is \$1,260. That amount is adjusted annually to reflect past

increases in national average wages. Reduced benefits are paid to individuals who claim from age 62 to the full retirement age (FRA). Also, from age 62 to the FRA, if an individual works and receives a retirement benefit, that individual's benefit amount is subject to an earnings test. Claiming of Social Security benefits may be deferred until age 70. An 8 percent increase is paid for each year (up to age 70) an insured worker defers claiming benefits beyond the FRA.

A spousal benefit is paid to the spouse of an insured worker beginning at age 62 or at any age if the spouse is caring for a disabled child or a child younger than age 16 who must be receiving Social Security benefits on the worker's record. To be eligible, a divorced spouse must be currently unmarried and have been married for at least 10 years. A spouse is not eligible if he or she receives or is entitled to receive a higher Social Security benefit based on his or her own earnings record. The spouse's benefit is 50 percent of the insured worker's retirement benefit; the spouse's benefit is also reduced for individuals younger than the FRA.

A survivor benefit is paid if the deceased worker is insured; that is, if the worker has 40 quarters of coverage or if he or she is younger than age 42 and has a minimum of 6 quarters of coverage and total quarters equal to at least his or her age minus 21. Individuals eligible for survivor benefits include a widow(er) aged 60 or older who was married to the insured worker at least 9 months prior to his or her death and a surviving divorced spouse if the marriage lasted at least 10 years and the surviving spouse did not enter the marriage after attaining age 60 or has not remarried. A widow(er) or surviving divorced spouse is eligible at any age if he or she is caring for a child receiving benefits as a survivor on the worker's record and that child is younger than age 16 or disabled. Other individuals eligible for survivor benefits include a disabled widow(er) or surviving divorced spouse aged 50 or older with a disability that started before or within 7 years of the insured worker's death; an unmarried child younger than age 18 (age 19 if a full-time elementary or secondary student and no age limit if disabled before age 22); and a dependent parent aged 62 or older who has not remarried since the insured worker's death and who is at least 50 percent dependent on the deceased worker at the time of his or her death. These rules also apply to same-sex marriages. Note that Social Security benefits are adjusted annually according to changes in the cost of living.

Overview of Public Pension Statements in Canada, Sweden, and the United States

In this section, we describe the main features of the public pension statements in the three countries under study and highlight both the similarities and the differences between their respective statements. (See Appendices A, B, and C for sample statements from each of the three countries. For a comparison of public pension statements in selected European Union countries, refer to Appendix D.)

Canada: Statement of Contributions

Since the inception of the CPP in 1966, there has been a legislative requirement to send workers a *Statement of Contributions (SOC)*⁸ on request. In Canada, every person aged 18 or older who earns a wage or salary and has contributed to the CPP is eligible to receive an *SOC*. There is no requirement that CPP initiate such mailings.

Contents. For statement recipients aged 30 or older, the *SOC* includes information on their contributions, pensionable earnings, retirement pension (with the benefit receivable at age 65 listed before that receivable at age 60), disability benefit, survivor benefit (varies by age of the recipient), and the lump-sum benefit payable upon those individuals' death. For statement recipients aged 18–29, the *SOC* only includes information on their contributions and pensionable earnings, omitting information on the retirement pension, disability benefit, survivor benefit, and lump-sum death benefit.⁹

The *SOC* provides recipients with information on the amount of benefits they or their survivors can expect to receive in the event of retirement, disability, or death. The information on earnings enables recipients to validate the accuracy of the data and make any necessary changes. Since 1984, the CPP has been able to correct over 1 million worker accounts, with the majority of corrections concerning earnings.

Frequency. Although there is no legislative requirement to send out *SOCs*, the CPP began mailing them out in the mid-1980s because it noticed that very few were being requested. There is no pattern as to when the CPP mails *SOCs* to people of different ages. At times, the budget limits the number of *SOCs* that can be sent out; on other occasions, the number of *SOCs* to mail out comes directly from the Canadian Parliament. In addition, when any new pension legislation directly affects certain groups of workers, the CPP sends an *SOC* to those workers most affected by the new rules to provide them with information on any

changes. Beginning in 2002, the CPP initiated “Smart *SOC*,” an approach that focused on mailing the public pension statement to new contributors to the plan; workers who were approaching retirement age (who, depending upon the year could be aged 50–54, 59–60, or 59–64); and workers who were eligible for a CPP retirement pension but had not yet applied. The last mass mailing of *SOCs* occurred in 2013. Since then, the CPP has been encouraging Canadians to access the online *SOC* or request that a printed version be mailed to them.¹⁰ The requested *SOCs* do not include inserts with information pertinent to different age groups (Service Canada staff, personal communication with the authors, September 11, 2015). Table 1 provides a chronological account of the *SOC* mailings from 1966 through the present.

Targeting specific population groups. *SOC* inserts were created for each target age group. Different information was sent to individuals new to the labor market and just beginning to contribute to the CPP, to persons nearing retirement, and to older individuals who had not yet applied for benefits. Although inserts are no longer included with the printed *SOC* that is mailed out, this information is still available in the online *SOC*.

Previously, rather than receiving a standard *SOC*, new contributors to the CPP received a welcome letter that introduced the CPP and contained valuable information about the plan. A slightly truncated version of the *SOC* was sent to individuals in the 18–29 age range. The truncated version did not include estimates for retirement, disability, and survivor benefits.

SOCs mailed to individuals aged 59–64 included a letter with information relevant to preretirees and an insert promoting online application for a CPP retirement pension. Older participants who had not yet applied for benefits were sent an *SOC*, a letter inviting them to apply for benefits, a simplified application, and an information sheet detailing the support documents required.

Online Access. The *SOC* has been available online since 2005. The creation of the online *SOC* was part of two government initiatives—Modernizing Services for Canadians and Information on the Retirement Income System—to provide services and information electronically. All workers who have contributed to the CPP are able to access information on their earnings, contributions, and estimated benefits and view a copy of their *SOC* by creating a My Service Canada account.

The use of the online *SOC* is encouraged through targeted mailing of promotional inserts in existing

mass mailings, promotional messages within standard correspondence with workers, and through the Service Canada website home page.

Surveys. The Canadian government commissioned five surveys from 1999 through 2006 that either focused directly on the *SOC* or included questions about the statement. The purpose of most of the surveys was to assess the public’s awareness of the *SOC*, evaluate its impact on attitudes, and determine the usefulness of information provided. Four of the surveys focused on specific age cohorts and one survey covered workers who were eligible

for a retirement benefit but had not yet applied. The 1999 survey applied only to younger workers who received the truncated version of the *SOC*. The 2002/2003 survey asked respondents for their views on the *SOC*’s content, frequency of delivery, and mode of delivery. However, the 2005 survey was conducted primarily to understand workers’ use of the Internet and of the government’s online services. The 2006 survey asked workers about their experience with the CPP and included several questions about the *SOC*. Table 2 compares some of the responses to certain questions.

Table 1.
Canada’s Statement of Contributions: Chronology of statement mailings, 1966–the present

Time period	Development
1966	Canadian Pension Plan (CPP) was required by law to send the <i>Statement of Contributions (SOC)</i> to individuals upon request.
1984	CPP began proactive mailing to inform workers about their benefits because few workers were requesting the <i>SOC</i> . ^a
1987	Significant changes were made to Canada’s pension legislation. Workers who received an <i>SOC</i> in the 1984–1986 period received an updated <i>SOC</i> .
After 1987	<i>SOCs</i> were sent out every 4 or 5 years to eligible workers.
1990s	<i>SOCs</i> were sent to younger workers with information regarding the security of their contributions, in response to media articles that the CPP was going broke.
1997	The Minister of Finance stated that <i>SOCs</i> should be sent out yearly when feasible.
1999	<i>SOCs</i> were sent to 3 million workers aged 18–28 and to 85,000 individuals aged 65 or older who were eligible for a CPP Old-Age Security pension.
2000	<i>SOCs</i> were sent to 10 million workers (included most age groups).
2001	<i>SOCs</i> were sent to all 13 million eligible workers (all age groups except the oldest) in accordance with the Minister of Finance’s 1997 announcement.
After 2001	Budget money for the <i>SOC</i> program targeted smaller mailings and the creation of an online <i>SOC</i> . The “Smart <i>SOC</i> ” approach was adopted. ^b <i>SOCs</i> were mailed to new earners, workers nearing retirement age, and those eligible for a CPP Old-Age Security pension but had not applied.
2005	<i>SOCs</i> were made available online. <i>SOC</i> mailings to workers aged 55–64 included an insert promoting online services. Online applications increased from 2.5 percent to 25 percent of all retirement applications from 2005 through 2010.
2010	<i>SOCs</i> were sent to 1.3 million workers aged 59–70, along with a letter and an insert explaining the recent changes and how those workers might be affected.
2012	No <i>SOCs</i> were sent out because of budgetary reasons.
2013	The CPP conducted the last mass mailing of <i>SOCs</i> to new, young earners; workers aged 59–64; and those aged 70 or older who had not already applied for their CPP retirement pension.
2014 to the present	Since 2013, Canadians have been encouraged to access online <i>SOCs</i> or request printed <i>SOCs</i> .

SOURCE: Gregg Zentner (personal communication with the authors via e-mails and internal memoranda from Service Canada, 2011–2013).

a. From the late 1970s to the early 1980s, less than one-half of 1 percent of workers had actually requested an *SOC*.

b. Under Smart *SOC*, Service Canada mailed statements to selected groups of workers based on their life stage and increased emphasis on using the Internet to view or request *SOCs*.

Table 2.
Surveys on the Canadian Statement of Contributions: Selected results by survey year

Variable	1999 ^a	2001	2002/2003	2005	2006
Number surveyed	801	1,200	1,218	1,211	820
Ages and age group(s) surveyed	18–29	30–49; 50–70	18–24; 25–34; 55–64	18–30; 55–59; 63	59–60; 70–80
Received the SOC	52% (ages 18–24); 79% (ages 25–29)	83%	83%	33% (ages 18–30); 85% (ages 55–59 and 63)	85% (ages 59–60); 54% (ages 70–80)
Read the SOC ^b	68%	78%	75%	70% (ages 18–30); 81% (ages 55–59 and 63)	75% (ages 59–60); 39% (ages 70–80)
Found the SOC easy to understand ^b	75%	90%	87%	--	--
Found the SOC useful	32% (ages 18–24); 44% (ages 25–29)	73%	71% (ages 25–34 and 55–64)	--	--

SOURCE: Gregg Zentner (personal communication with the authors via e-mails and internal memoranda from Service Canada, 2011–2013).

NOTE: -- denotes data not available.

a. The 1999 survey applied only to younger workers who received the truncated version of the *Statement of Contributions (SOC)*.

b. Among respondents who received the SOC.

In addition to the summary results shown in Table 2, further survey findings include the following responses, some of which were limited to one survey:

- In 1999, approximately 75 percent of respondents who read the *SOC* stated that they kept both the *SOC* and the insert and that they checked their personal benefit and contribution information.
- In 2001, 81 percent of respondents said the information was important to them personally.
- In 2002/2003, 70 percent of respondents stated that having read the *SOC* and CPP informational insert, they had a better understanding of the CPP and the services it provides and were more likely to plan for their retirement. Sixty-three percent of respondents who read the *SOC* stated that they would like to receive an *SOC* every year, and 73 percent said they preferred to receive this information by regular mail.
- In 2005, 81 percent of the older respondents and 70 percent of the youngest respondents who recalled receiving a *SOC* said that they read it and filed it with their personal records.
- In 2006, 67 percent of respondents aged 70–80 knew they were eligible to receive a CPP pension.

Sweden: Orange Envelope

Sweden's public pension statement, the *Orange Envelope*,¹¹ was introduced in 1999 to coincide with the introduction of the new multipillar pension system.¹² At the same time, the government launched a separate public information campaign to educate workers about the new system. The statement is called the *Orange Envelope* because once a year the Swedish Pension Agency (SPA) sends it by mail in a bright orange envelope; the color orange was chosen to distinguish it from other types of government mail. According to the law, anyone with pension rights (that is, anyone who has contributed to the system) during the previous year must receive a statement (Nyqvist 2008).

Contents. The *Orange Envelope* provides personal information on the NDC and premium pension accounts (called the national public pension): (1) the value of each account (including the changes in value since the last statement), (2) pension credits for each account (based on information from 2 years before), (3) administrative and fund fees charged for each account, and (4) the amount received for the survivor bonus for each account (the pension balance of workers who have died before reaching the age of retirement, which is distributed among the surviving

members of their birth cohorts). For the premium pension account, there is also a breakdown by fund, the allocation of each fund that the accountholder chooses, and the actual distribution.

Until 2011, the statement presented estimates under two scenarios: (1) 0 percent wage growth (personal and national average income) for the NDC account plus a 3.5 percent annual rate of return for the premium pension; and (2) 2 percent wage growth for the NDC account plus a 5.5 percent annual rate of return for the premium pension. The higher assumption was removed beginning in 2011 because surveys indicated that it was too confusing. Table 3 presents a chronology of major changes to the *Orange Envelope*.

Targeting specific population groups. Since 2007, there have been three different basic versions of the *Orange Envelope* (with some variation, by population subgroup). The first version is geared to general pension savers (insured persons who have been

contributing to social security); the second version is for new pension savers (new entrants to the labor force); and the third version is for old-age pensioners (fully or partially retired). The new pension savers receive almost the same version as the one for general pension savers; new savers receive a separate insert with general information on choosing funds, while the general savers receive specific information about their premium pension choices.

There are also three different variations of the *Orange Envelope* sent to pensioners. The most common variation contains a statement of expected pension payments for the next year, the status of the individual's premium pension account, and a statement with the previous year's pension payments and tax deductions (which is also sent to the Tax Authority). The second variation applies to pensioners who are still working and paying contributions who also receive information on their pension credits for the

Table 3.
Sweden's *Orange Envelope*: Chronology of major changes, 1999–the present

Year of statement	Major content changes	Number of pages
1999 ^a	Pension rights based on 1995, 1996, and 1997 earnings records	4
2000	Expanded information on pension rights back to 1960	8
2001	Added information on the credit for pursuing higher education or military service	4
2002	Added premium pension information	6
2005	Eliminated much of the general information	6
2006	Introduced a separate statement for citizens turning age 22 in 2006, with an explanation of how the system works	6
2007	Introduced three different statements targeting specific population groups; began promoting the Minpension website	6
2009	Added two graphics: a pyramid to describe the three pillars and "piggy banks" to emphasize the importance of saving	6
2011	Eliminated the forecast of benefits using 2 percent growth in wages so that there would be only one assumption, 0 percent growth in wages; included an insert to explain the decrease in benefits for that year	6
2012	Added a transitional retirement age to forecast benefits and a graph and text to explain the relationship between increasing life expectancy and retirement age; increased the font size and added more white space; included a separate insert announcing that forecasts are available online for the total pension (national, occupational, and private)	6
2013	Redesigned the first page to announce that the <i>Orange Envelope</i> is available online and individuals may opt out of receiving a paper copy	6
2014	Eliminated the "piggy bank" graphics (because of the limited space in the shorter length) and redesigned the entire statement; provided access codes to online information and stressed the importance of all three pillars of the retirement income system.	4

SOURCES: SPA (2002–2014); Nyqvist (2008); Arne Paulsson (personal communication with the authors via e-mails, 2011–2015).

a. First *Orange Envelope*.

previous year. The third variation applies to pensioners who have drawn only their premium pension who also receive a statement of their pension payments for the next year.¹³

The statement provides projected benefit amounts for workers at different ages, depending on the age of the insured worker. For example, the statement for workers aged 60 or older provides projected benefit amounts for additional ages from 61 to 70 (the specific ages used vary according to the age of the insured worker). All statements provide a transitional age to emphasize the effect of increasing life expectancy on retirement age (the age at which the insured worker must retire in order to receive the same benefit amount that he or she would have received at age 65 if there had been no increase in life expectancy since 1995). (Parliament passed the pension reform law in 1995, and the pension reform was implemented in 1999.)

Online access. Workers can access pension information on all three components (national, occupational, and private pensions) of Sweden's retirement income system, including a combined projected pension through PensionsMyndigheten, which links to the Minpension website.¹⁴ According to the Minpension website, to date, about 96 percent of the occupational pension providers and about 90 percent of the private pension providers are linked to its website. At the beginning of 2014, common standards for forecasting pensions were introduced for all three components. Each individual must have his or her own password

to access the site. Individuals can also opt out of receiving the paper copy of the statement. Because of the 2014 advertising campaign that focused on accessing the information online, 120,000 new users registered, bringing the total number to 2.1 million; as of July 2015, there were 2.3 million users. Mobile phone users may download an "App" to their iPhone or Android, which enables online access.

The SPA also supplements the pension information in the *Orange Envelope*. The PensionsMyndigheten website makes available a detailed explanation of the most recent statement plus some other basic information regarding the country's retirement income system. The Minpension website provides a toolkit with links to additional information. Local SPA offices offer meetings with individuals at age 60 who live in the area. The purpose of those meetings is to provide more detailed information about pensions, discuss the effects of retirement at different ages, and describe the application process. The SPA advertises these meetings locally and on its website.

Surveys. About 1 week after individuals should have received the *Orange Envelope* in the mail, the SPA follows up with a survey that has been conducted every year since 1999.¹⁵ The survey involves about 2,000 phone interviews from a random sample of members of specific population groups: general pension savers, new pension savers, and old-age pensioners.

Table 4 provides selected survey results for the *Orange Envelope*, from 2007 through 2014, for each

Table 4.
Surveys on Sweden's *Orange Envelope*: Results by specific population subgroup and selected survey years 2007–2014 (in percent)

Selected survey question	General pension savers			New pension savers			Old-age pensioners		
	2008	2011	2014	2007	2011	2014	2008	2011	2014
Received the envelope	89	94	95	74	88	82	89	95	94
Opened the envelope	78	83	82	78	79	79	78	96	95
Read all of the contents ^a	14	15	21	...	14	14	14	28	33
Read part of the contents ^a	...	71	68	...	59	69	...	62	61
Did not read any of the contents ^a	...	13	10	...	26	16	...	10	6
Found the contents easy to understand ^{a,b}	57	58	64	43	62	69	57	58	69
Found the contents difficult to understand ^{a,c}	20	12	9	28	17	9	20	12	8

SOURCE: SIFO (2011–2014).

NOTE: ... = not applicable.

a. Among respondents who opened the envelope.

b. "Easy" includes "easy" and "very easy."

c. "Difficult" includes "rather difficult" and "very difficult."

of the three specific population groups. The share of respondents who acknowledged receiving the envelope and opening it has increased over time. During the same period, the portion of respondents that found the statement difficult to understand decreased, and the portion that found it easy to understand increased. In 2014, from 64 percent (general savers) to 69 percent (new savers and pensioners) of respondents found the *Orange Envelope* easy to read.

More recent results from the 2014 survey include the following:

- Most respondents (81 percent) thought the information provided was sufficient.
- Most (89 percent) would consider using the Internet to obtain more information about their pensions.
- A small portion (12 percent) would use the online version instead of a hard copy of the statement, compared with about half (51 percent) who would not do so.

Based on the results of each annual survey, the contents and/or format of the statement has changed over time. For example, the word count in the 2005 statement was half that of the 2002 statement. Table 3 shows content and format changes to the *Orange Envelope*, from the first statement in 1999 through 2014.

National advertising campaign. Every year, to raise public awareness about the *Orange Envelope* and its contents, the SPA conducts a national advertising campaign using a variety of media (television, newspapers, billboards, and so forth) that follow the annual mailing of the statement from February through March. The message has been different each year (refer to the accompanying box for selected themes from past annual media campaigns in Sweden). Banks and insurance companies often conduct their own media campaigns that coincide with the government campaign. Those companies often use the same “orange trademark” as that used by the government to advertise pension insurance and pension savings accounts (Nyqvist 2008). At the same time, reports on the public pension system, including the projected level of benefits, often appear in the various news media (Larsson, Paulsson, and Sundén 2011).

United States: Social Security Statement

The Social Security Administration (SSA) is required by law¹⁶ to send out the *Social Security Statement*, the public pension statement of the United States. The Omnibus Budget and Reconciliation Act of 1989

Themes of selected past annual media campaigns for the *Orange Envelope*

- There is a new pension system and this is where you find information about it. (1999)
- Your pension consists of three parts: the national public pension, the occupational pension, and possible private savings. (2000)
- The entire lifetime is counted. (2002)
- This year your *Orange Envelope* contains something extraordinarily valuable. (2003)
- Have you accumulated more or less than the average Svensson? (2004)
- Pictures of sliced carrots describe the different components of the national pension system. (2005)
- Piggy banks (emphasizing the importance of savings) correspond to the change in the design and format of the statement. (2009)
- Forecasts are available for everybody. (2014)

SOURCES: Nyqvist (2008); Arne Paulsson (personal communication with the authors via e-mails, 2011–2015).

(OBRA 89) amended the Social Security Act to require SSA to issue estimated benefit and earnings statements beginning in 1995. OBRA 89 mandated that SSA send statements to workers aged 60 or older in fiscal years (FYs) 1995–1999 and to workers aged 25 or older in FY 2000 and subsequent FYs. SSA modified this schedule so that statements were sent to increasingly younger groups of workers in FYs 1996–1999.

All workers in the United States who have a Social Security number, have wages or net earnings from self-employment, and are not currently receiving Social Security benefits are eligible to receive a *Social Security Statement*. Currently, SSA is sending the *Statement* to workers aged 25, 30, 35, 40, 45, 50, 55, and 60 or older who have not created a **my Social Security** account to access the *Statement* online.

Contents. Legislation determines the basic content of the *Statement*. OBRA 89 specified that *Statements* contain the worker’s earnings history; the Social Security and Medicare taxes paid by the worker; an estimate of potential retirement benefits at the early retirement age of 62, at the FRA, and at age 70; estimates of disability, survivor, and other auxiliary benefits potentially payable on the worker’s account; and a description of benefits payable under Medicare. In addition, the first page of the *Statement* contains a message from the Social Security commissioner.

In FY 2000, when SSA began sending *Statements* to all eligible workers aged 25 or older, a paragraph was added that encouraged the recipient to think about the advantages and disadvantages of retiring early. A list of publications on topics related to retirement benefits also appeared.

The Social Security Protection Act of 2004 mandated the addition of sections on the windfall elimination provision (WEP) and the government pension offset (GPO) to the *Statement* beginning in 2007. WEP and GPO determine how pensions earned through work not covered by Social Security affect receipt of Social Security benefits. Other changes to the *Statement* included adding the agency's website address to the first page and expanding the discussion of how benefit amounts are calculated.

Frequency. From FY 2000 to March 2011, SSA mailed *Statements* annually to all eligible workers aged 25 or older. In FY 2010, SSA sent out 151 million *Statements*, which equates to over 12.5 million mailed every month, or about 415,000 each day. Workers received their *Statement* approximately 3 months before their birthday.

In March 2011, after several years of increasing budget constraints, SSA suspended *Statement* mailings in order to conserve funds. In February 2012, the agency resumed targeted mailings, sending printed *Statements* to eligible workers aged 60 or older. In July, SSA resumed first-time mailings to eligible workers at age 25. However, in October, in response to an increasingly difficult budget situation, the agency suspended all *Statement* mailings, including on-request mailings.

In September 2014, SSA resumed mailing printed *Statements* to workers at ages 25, 30, 35, 40, 45, 50, 55, and those aged 60 or older who had not created a **my Social Security** account to access the *Statement* online. The partial restoration of mailed *Statements* was made possible by an improved budget.

Targeting specific population groups. SSA began sending out special age-targeted inserts with the *Social Security Statements*. Beginning in October 2000, the first such insert, *Thinking of retiring?*, was sent to individuals aged 55 or older. It contains information about the effects of claiming Social Security benefits at age 62, at the FRA, or at age 70, and the effects of working after claiming benefits—as well as the implications of each option for the beneficiary and his or her survivors. The insert also contains information on applying for Medicare, and

it lists websites and phone numbers providing more information about Social Security benefits, retirement planning, investment options, and housing and health issues.

In February 2009, SSA began sending an insert to workers aged 25–35, *What young workers should know about Social Security and saving*. This insert describes the future finances of Social Security, the nonretirement benefits provided by Social Security (such as disability and survivor benefits), and the importance of saving to supplement Social Security benefits. It also lists websites providing information about saving and investing.

Online access. In May 2012, SSA launched an online version of the *Social Security Statement* to provide workers with immediate access to their earnings records, estimated benefit amounts, and related information. Although the print version is mailed only to eligible workers aged 25 or older, the online *Statement* is available to all individuals aged 18 or older. An individual must set up a **my Social Security** account in order to have access to the online *Statement*.

The online *Statement* includes links to other information, such as an insert for workers aged 55 or older, and to other online services and tools. In the first week after its launch, more than 130,000 individuals visited the SSA website and viewed their online *Statements*. In the first 6 months of FY 2015, online *Statements* were viewed 20.2 million times.

Surveys. As the agency was implementing the *Social Security Statement*, it sought to measure the *Statement's* effect on public awareness of and knowledge about Social Security. SSA identified this objective in its strategic plans and commissioned surveys to assess the *Statement's* impact.

Strengthening public understanding of Social Security programs was one of the five goals of SSA's *Strategic Plan 1997–2002: Keeping the Promise*, issued in September 1997. In 1998, as part of that strategic plan, SSA established the Public Understanding and Management System, under which it commissioned the Gallup Organization to conduct six surveys from 1998 through 2004 to evaluate the agency's outreach efforts, including the *Statement*.

The first survey, conducted in 1998, was a baseline study to determine what the public knew about Social Security. It found Americans relatively well informed about basic program facts. Respondents recognized the three primary benefits (retirement, disability, and survivor); they understood the tax used to support

Social Security; they knew how those taxes were being used and how benefits were calculated; and they understood the challenges to long-term program finance posed by an aging population. However, Americans were less informed about specific program facts. Only 38 percent knew that the FRA in 1998 was 65, and only 46 percent knew that the early retirement age was 62. Those who stated they had received the *Social Security Statement* were better informed than those who did not recall receiving the *Statement*.

The 2001 Gallup survey found a significant increase in the number of respondents who knew about the relationship between Social Security benefits and earnings, how benefits were financed, that benefits increased automatically as the cost of living rises, and that the FRA was increasing. Slightly more than half of the respondents reported receiving the *Statement*. Respondents who reported receiving the *Statement* were more knowledgeable about the program than those who did not.

In 2008, SSA commissioned Abt SRBI to survey the public about the *Social Security Statement* and how well it provided information about SSA programs, aided financial planning, and verified earnings. A baseline survey was conducted in 2008 with follow-up surveys in 2009 and 2010. The 2010 survey found that 62 percent of respondents recalled seeing their benefit information, and 45 percent recalled seeing their earnings history. Twenty-two percent of respondents aged 55 or older reported reading the special insert, *Thinking of retiring?* Thirty percent of all respondents and 42 percent of respondents aged 55 or older reported using the *Statement* for financial planning. Seventy percent of respondents thought the information in the *Statement* was useful for retirement planning. Fifty-four percent expressed overall satisfaction with the *Statement's* information about savings and investment. The surveys found that the *Statement* was most effective in the verification of earnings, with about 95 percent of respondents reporting that their personal information was correct. Table 5 provides a chronology of the developments of the *Social Security Statement*.

National advertising campaign. SSA promotes the online *Statement* as part of the *my Social Security* national marketing campaign and the *Campaign for a Secure Retirement*. The agency uses a variety of methods including public service announcements, billboards, seminars, webinars, exhibits at conferences, outreach to advocacy groups, and advertisements posted on Facebook.

Comparison of the Public Pension Statements in Canada, Sweden, and the United States

In this section, we provide an overview of some similarities and differences between the public pension statements in all three countries (Table 6). Each of the countries is required by law to provide a statement. Sweden is the only country that must provide the statement to all active workers every year; in Canada, the requirement is to mail a statement upon request; in the United States, the requirements (which groups receive the mailings and the mailing frequency) have changed over the years. The Swedish and U.S. statements include special inserts or mailings to target groups and provide projected benefit amounts at different ages. Canada does not include any special inserts when it mails the *SOCs* (Service Canada staff, personal communication with the authors, September 11, 2015).¹⁷ Canada and the United States also provide projections for disability and survivor benefits.¹⁸ All three countries provide online projections, but only Sweden offers a projection that includes each of the three pillars of the retirement income system.

All three countries conduct or have conducted surveys regarding the statement. Sweden's survey is administered annually, after the *Orange Envelope* has been mailed. Over time, the number of survey questions has increased and new topics have been added, such as online access. The results of the Swedish surveys indicate increasing awareness of and knowledge about the information in the statement. Both the United States and Canada have conducted a series of surveys, but not on an annual basis. In the United States, the results include a rise in the number of respondents who were aware of program facts. In Canada, a relatively high percentage of respondents acknowledged receiving and reading the *SOC*.

Changes to the statement format and content in both Sweden and the United States have originated from different sources. In Sweden, the statement has been modified regularly based on the results of their annual survey. In fact, over time, the *Orange Envelope* has evolved from 10 dense pages to 4 pages with a lot of "white space." Not only the length but also the content has changed. The changes to the U.S. *Social Security Statement* have been mainly related to content. The first *Statement* reflected significant design changes (focus-group tested) from its predecessor, the *Personal Earnings and Benefit Estimate Statement*, including fewer pages. In addition, laws

Table 5.
U.S. Social Security Statement: Chronology of major developments, 1939–to present

Time period	Development
1939	The 1939 Amendments to the Social Security Act required the Social Security Board (SSB) to maintain records of wages paid to individuals, and, on request, to provide individuals with information on their wages.
1940	The SSB established regulations governing the revision of wages by individuals.
1962	The Social Security Administration (SSA) initiated the “leads” program, under which it sends information on benefit entitlements to older insured workers who have not yet claimed benefits.
1970s to early 1980s	SSA engaged in internal discussions on providing workers of all ages with benefits and earnings statements, and began doing so automatically as well as on request.
Early 1980s	SSA began sending benefit estimates to workers on request, under a little-publicized program.
1981	The National Commission on Social Security, appointed by President Carter, recommended that SSA provide information on Social Security benefits to workers, at a minimum; to those who request it; and ideally, to all workers automatically.
August 1988	Senator Moynihan introduced a bill mandating that SSA issue earnings and benefits statements. The same day, SSA Commissioner Hardy announced that the agency would begin providing the <i>Personal Earnings and Benefit Estimate Statement (PEBES)</i> on request.
1989	The Omnibus Budget Reconciliation Act of 1989 (OBRA 89) amended the Social Security Act to require SSA to issue “Social Security account statements” and to begin sending them automatically according to a set schedule. OBRA 89 also specified the information to be included in those statements. SSA modified these specifications, going beyond legislative requirements.
1994	SSA began test mailings of the <i>PEBES</i> to plan for future workloads. Questionnaires and focus groups gathered input and feedback on the wording and design of the <i>PEBES</i> .
Fiscal year (FY) 1995	SSA began phasing in automatic mailing of earnings and benefit statements to continue through FY 1999.
1996	SSA pretested its online <i>PEBES</i> .
1997	SSA began national testing of the online <i>PEBES</i> . Concerns raised by the media and Congress about the privacy of earnings records caused SSA to suspend the online <i>PEBES</i> .
1999	The <i>PEBES</i> was redesigned and renamed the <i>Social Security Statement</i> .
FY 2000	SSA began mailing <i>Social Security Statements</i> to workers aged 25 or older. The agency sent out 134.7 million <i>Statements</i> .
October 2000	SSA began mailing a special insert— <i>Thinking of retiring?</i> —to workers aged 55 or older.
2007	SSA added sections to the <i>Social Security Statement</i> on the windfall elimination provision (WEP) and the government pension offset (GPO), as mandated by the Social Security Protection Act of 2004. ^a
February 2009	SSA began mailing special inserts— <i>What young workers should know about Social Security and saving</i> —to workers aged 25–35.
March 2011	SSA Commissioner Astrue testified before Congress, stating that to conserve funds, the agency would have to temporarily suspend mailing the <i>Social Security Statement</i> . Work began on developing an online <i>Statement</i> .
2012	In February, SSA resumed annual mailings of printed <i>Social Security Statements</i> to all workers aged 60 or older; in May, the agency launched an online version of the <i>Statement</i> accessible to workers of all ages; in July, it conducted a one-time mailing of <i>Statements</i> to workers aged 25; and in October, SSA suspended <i>Statement</i> mailings.
September 2014	SSA resumed annual mailings of printed <i>Social Security Statements</i> to workers aged 25, 30, 35, 40, 45, 50, 55, and 60 or older who had not yet established a <i>my Social Security</i> account to access their <i>Statement</i> online.

SOURCE: Adapted from Smith and Couch (2014).

a. The WEP and the GPO determine how pensions earned through work not covered by Social Security affect receipt of Social Security benefits.

Table 6.
A comparison of public pension statements in Canada, Sweden, and the United States

Comparison category	Canada	Sweden	United States
Retirement ages	65 (full) 60 (early) Up to 70 (deferred)	Flexible beginning at age 61; no upper limit	66 ^a (full) 62 (early) Up to 70 (deferred)
Legal basis	2011 law	Part of the 1999 pension reform law	1989 law
Year of first mailing	1984	1999	1995 ^b
Frequency	Last mass mailing occurred in 2013; <i>Statement of Contributions (SOCs)</i> can still be requested	Yearly (from February through March)	Yearly for persons aged 60 or older; every 5 years for those younger than age 60
Current recipients	Persons aged 18 or older who earn a wage or salary and have contributed to the CPP can request SOCs	Anyone aged 28 or older who has contributed during the previous year; with no contributions, at ages 22, 30, 40, 50, 60, and 64	Persons aged 25, 30, 35, 40, 45, 50, 55, and 60 or older who have not yet set up an online account
Special insert or mailing	Inserts not included with requested SOCs	New entrants to the labor force, workers already in the labor force, and old-age pensioners	Persons aged 25–35 and those aged 55 or older
Ages for pension projections	60, 65, and 70	61 and 70 ^c	62, 66 or 67, ^a and 70
Online access	Since 2005	Since 2004	Since 2012
Forecasts for other types of public pensions	Disability and survivors	None	Disability and survivors
Surveys	1999–2006	Annual	1998–2004; 2008–2010

SOURCES: Authors' compilation using pension statement data from this article.

a. The full retirement age is currently 66 and is gradually rising to age 67 by 2027.

b. The *Social Security Statement* was first mailed out in 1999 (fiscal year 2000). Its predecessor, the *Personal Earnings and Benefit Estimate (or PEBES)*, was first mailed out in 1995.

c. An additional age is provided that represents the increase in life expectancy—how long an individual must work to receive the same pension amount that he or she would receive at age 65 if life expectancy had remained unchanged. The pension is based on life expectancy of the individual's cohort. These rules apply to individuals born in 1954 or later. Special transition rules apply to those born between 1938 and 1953.

mandated that certain information be included in the *Social Security Statement*. Finally, the content of the Social Security commissioner's message changed when new commissioners took office. By contrast, Canada does not conduct regular reviews of the contents and format of the *SOC*. It only makes changes when new relevant legislation has been enacted or if a high-level appeal proves that the information provided in the *SOC* has been misleading (Service Canada staff, personal communication with the authors, September 11, 2015).

In Sweden, a national advertising campaign is conducted each year to correspond with the mailing of the *Orange Envelope*. The United States includes the *Social Security Statement* as part of the **my Social Security** national marketing campaign. Canada, on the other hand, does not conduct any national advertising campaigns. It does, however, provide information about the online *SOC* in Service Canada's walk-in centers and on public websites (Service Canada staff, personal communication with the authors, September 11, 2015).

Conclusion

As we have noted in this article, increases in life expectancy and changes to public and private pensions have emphasized the importance of governments providing workers with pertinent information about the public pension system and the benefits those workers can expect to receive. Adequately informing workers about their public pension benefits involves three aspects: (1) providing the appropriate content in a clear and understandable way, (2) ensuring that the content is easily accessible and readily available to the public, and (3) regularly evaluating both the content and the way in which that material is offered to the public so that the information and the way it is disseminated remain relevant in changing economic and demographic contexts. The countries reviewed here have taken different approaches to these three aspects of providing information to the public. The differences can offer insights to improving the statements in each of the three countries.

Our review of the public pension statements in Canada, Sweden, and the United States found that all three countries provide estimates of expected retirement benefit amounts. Canada and the United States also provide a record of earnings so that recipients of the public pension statement can verify that their earnings record is accurate. Surveys in the three countries indicated that the public found the statements useful and easy to understand. The U.S. *Social Security Statement* provides links to interactive retirement planning tools and cites additional retirement-related SSA publications. The Canadian *SOC* provides a hyperlink to Service Canada, but gives no additional information on where to find explanations of various aspects of the program. The Swedish *Orange Envelope* includes a web address and instructions on how to set up an online account to access specific information, as well as how to obtain information in person. For individuals who do not have a computer or are not computer literate, the methods of access discussed here may be problematic.

We also found that in general, all three countries have similar demographics, but have different experiences in making changes to their public pension systems to address the financial pressures caused by aging populations. The Social Security Amendments of 1983 gradually raised the retirement age in the United States from age 65 to 67. In the late 1990s, Canada changed the benefit formula, the contribution rates, and how the reserve fund was invested, while

Sweden switched from a pay-as-you-go public pension system to a two-pillar (NDC and premium pension) system. In addition, both Canada and Sweden set up automatic-adjustment mechanisms to keep their systems in balance.

In all three countries, the governments could consider making changes to their statements to better inform workers of the general financial state of the public pension programs. In the United States, the results of a recent Gallup (2015) poll showed that 51 percent of workers surveyed did not believe that Social Security benefits would exist when they reach retirement age. At one time, the *Social Security Statement* included a note stating that should the trust fund reserve balances reach zero, there would still be enough revenue from contributions to fund some 77 percent of a worker's benefit; SSA might consider including such information once again. Both Canada and Sweden might also consider adding some general statements regarding the positive financial state of their respective systems. In Canada, the CPP Investment Board (2015) announced that the most recent actuarial report indicated that the CPP is projected to be sustainable over the next 75 years. In Sweden, a special insert was included in the *Orange Envelope* when the automatic-adjustment mechanism was applied and benefits were temporarily reduced. Sweden might consider adding a note to the *Orange Envelope* stating the yearly status of the system.

In addition, information on benefits paid to family members is important. Both the Canadian and the U.S. statements include projected survivor benefit amounts. However, in Sweden, the NDC plan does not provide survivor benefits and the premium pension only provides survivor benefits if the insured worker purchased voluntary survivor insurance. The *Orange Envelope* does include pension credit "from deceased contributors," with no explanation. (It is the "survivor bonus" described earlier.) The United States also has spousal and children's benefits linked to the insured worker's earnings record. It would be helpful if an explanation was included in the *Social Security Statement* on how the age at which a worker claims his or her own retirement benefits affects that worker's family benefit levels.

An important aspect of disseminating information to the public is ensuring that the public receives the information—that the information is provided in a way that is accessible and accords with how the public would like to receive it. Sweden mails out

a public pension statement every year, and recent surveys found that almost all of the respondents acknowledged receiving the statement. A 2002/2003 Canadian survey found that 63 percent of respondents who read the *SOC* wanted to receive it every year, and 73 percent wanted to receive it by mail. A 2010 SSA-commissioned survey conducted by Abt SRBI found that 79 percent of respondents preferred to receive the *Social Security Statement* by mail, with 14 percent preferring online access.

Despite the public preference for mailed statements, Canada recently suspended the regular mailing of its *SOCs*, and the United States has limited the number of *Social Security Statements* it mails. In FY 2010, the United States mailed annual *Statements* to all eligible workers aged 25 or older. Now it mails *Statements* annually to workers aged 25, 30, 35, 40, 45, 50, 55, and 60 or older who have not yet set up an online account. All three countries offer the public access to online statements. However, in the United States, there were only slightly more than 34 million visits to the online *Statement* in FY 2015. That corresponds to about 17 million unique users, compared with the 150 million workers who received a mailed *Statement* in FY 2010. As of 2011, the online *SOC* in Canada had received 1 million hits, likely corresponding to fewer unique users, compared with 13 million *SOCs* that were mailed out in the 2001–2002 period (Gregg Zentner, personal communication with the authors via e-mails and internal memoranda from Service Canada, 2011–2013).

It is expensive to disseminate public pension statements by mail. Thus, it is understandable that Canada decided to stop regular mailings of the *SOCs* (available only on request) and that the United States has limited the number of *Social Security Statements* it mails. However, because recipients prefer receiving mailed statements, Canada might consider whether mailing

SOCs every 5 years to its select population groups—new entrants, those approaching retirement, and those eligible but not yet claiming pensions—is a viable option. Both Canada and the United States might also consider commissioning surveys and research to determine how best to encourage the public to use the online statements and to identify low-cost alternative ways of providing information about pensions to the public.

All three countries conduct or have conducted evaluations of their public pension statements, with each country taking a different approach. Sweden conducts annual evaluations, with the questions focused primarily on whether the *Orange Envelope* recipients read and understood the information. Canada commissioned several surveys from 1999 through 2006 that targeted different age groups; the surveys focused on whether the *SOC* recipients read and understood the information. By contrast, the *Social Security Statement* evaluations in the United States attempt to assess how much the public understands about Social Security benefits and programs. Surveys conducted from 1998 through 2004 are tied to SSA's strategic-plan objective of improving public knowledge about Social Security. Those surveys asked specific questions about Social Security benefits and programs, enabling the agency to determine that public knowledge about various aspects of Social Security was indeed increasing. Given the switch in Canada and the United States to greater reliance on online provision of public pension statements, it would be interesting for those countries to evaluate how much the public currently knows about benefits and programs and the degree to which the change from mailed statements to online provision has had on the public's understanding of public pension benefits.

Appendix A:
Canada—Statement of Contributions



Government of Canada / Gouvernement du Canada

**Your Canada Pension Plan
Statement of Contributions**

Client Name

Date of Birth

Date of Statement

Year	Your total contributions (\$)	Your pensionable earnings (\$)	Year	Your total contributions (\$)	Your pensionable earnings (\$)
<p>B - Below Basic Exemption CQ - CPP/QPP CS - Credit Split M - Maximum P - Post-Retirement Q - Quebec Pension Plan S - Self-Employed</p>					

The maximum **retirement pension** at age 65 this year is \$ _____ per month.

Estimated monthly benefits:

Retirement pension

\$ PER MONTH

- If your pension were to begin next month, you could receive a **retirement pension** of _____ \$
- If you were 65 today, based on your average pensionable earnings since age 18 or January 1, 1966, you could receive a **retirement pension** of _____ \$
- If you apply at the age of 60, you could receive a **retirement pension** of _____ \$
- If you apply at the age of 70, you could receive a **retirement pension** of _____ \$

Disability benefits

- If you have a severe and prolonged disability that prevents you from working, as defined by the CPP, you could be eligible to receive a **disability benefit** of _____ \$
- Each of your dependent children, as defined by CPP, could receive a **disabled contributor child benefit** of _____ \$

In the event of your death

- Your survivor age 65 or older could receive a **survivor pension** of _____ \$
- Your survivor age 45 to 65, or if under 45 and disabled, or if under 45 with dependent children, could receive a **survivor pension** of _____ \$
- For a **survivor** aged 35 to 45 (who is not disabled or does not have dependent children), the monthly pension would be reduced for each month the survivor is under 45 at the time of the contributor's death by _____ \$
- Each of your dependent children, as defined by CPP, could receive a **deceased contributor child benefit** of _____ \$
- Your estate could receive a **one-time death benefit** payment of _____ \$



MAKE SURE YOUR STATEMENT OF CONTRIBUTIONS IS ACCURATE

If your information on the front of this Statement is incorrect or missing, the amount of your benefits could be affected.

The benefit estimates in the lower section of your *Statement of Contributions* are **estimates only**. They do not take into account future earnings and contributions. In addition, they do not take into account all provisions of the Canada Pension Plan (CPP) that may affect the amount of your future benefits.

To correct your date of birth

If you are not receiving a CPP or Old Age Security (OAS) benefit or pension, the date of birth on your Statement is the date of birth registered on your Social Insurance Number (SIN) record. If this date is incorrect, call the Social Insurance Registration office toll-free number at 1-800-206-7218 (select option 3) to determine how to correct it. If you are calling from outside of Canada, the number is 506-548-7961 (long distance charges apply). For more information on the Social Insurance Number program, visit servicecanada.gc.ca.

If you are receiving a CPP or OAS benefit or pension, the date of birth on your Statement is the date of birth recorded at the time of your benefit or pension application. If this date is incorrect, contact us toll-free at 1-800-277-9914, if you use a TTY machine call 1-800-255-4786. If you are calling from outside of Canada or the United States, call 613-990-2244.

If the person named on this statement is deceased

Send a copy of the death certificate or funeral director's statement of death **and** the Social Insurance Number card to the Social Insurance Registration office at the address below. If you do not have the card, write the deceased individual's SIN on the copy of the proof of death document. The SIN can continue to be used for estate purposes.

**Social Insurance Registration
PO Box 7000
BATHURST NB E2A 4T1**

For more information on the Social Insurance Number program, visit servicecanada.gc.ca, or call the Social Insurance Registration office toll-free at **1-800-206-7218** (select option 3).

To correct your contributions and pensionable earnings

If you were employed and your contributions are not included or are incorrect on your Statement, please write to the address below. Please include a copy of your T4 slip(s), **or** any other information you can provide indicating your employer, earnings and/or your contributions to the Canada Pension Plan for the year(s) in question.

If you were self-employed, please send any information you can provide such as, a copy of your T1 Income Tax Return and/or your Notice of Assessment for the year(s) in question to the address below :

**Contributor Client Services
Canada Pension Plan
PO Box 9750 Station T
OTTAWA ON K1G 3Z4**

**For more information about the Canada Pension Plan
visit
servicecanada.gc.ca**

or call toll-free: 1-800-277-9914
If you use a TTY machine, call 1-800-255-4786

Demo Person

SWEDISH
PENSIONS AGENCY

Annual Statement 2014

Your National Public Pension

According to our forecast, this is how much you will receive as national public pension per month before tax. The amount may vary depending on when you decide to retire.

age 61	age 65	age 68 and 3 month	age 70
SEK 10 300	SEK 13 100	SEK 16 000	SEK 18 500

Do you have a pension from different sources?

In addition to the national public pension, most employees also have a pension from their employer. Some also have private pension savings.

National Public Pension
+
Occupational pension
+
Private pension
=

Your entire pension

Log in and see your entire pension
www.pensionsmyndigheten.se/B3
Use electronic identification or your personal code

27346

2014

You have earned this much towards your National Public Pension

Your Pension Credits

Changes during 2013 in SEK	Income pension	Premium pension	
Value 2012-12-31	854 596	106 942	
Pension credit for 2012	57 264	8 947	
From deceased contributors	603	560	
Administration and fund fees	- 277	- 985*	
Change in value	-10 382	8 709**	
Value 2013-12-31	901 804	124 173	Totally earned to the national public pension
			SEK 1 025 977

* Including SEK 716 discount on fund fee for 2012.

** Including SEK 135 as interest on your pension credit for 2012.

Your Premium Pension

Premium pension account 2013-12-31	Value, SEK	Change in value, per cent	Fund fee, per cent	Chosen allocation, per cent	Current allocation, per cent
Equity Fund Sverige	50 626	22	0,29	40	41
Equity Fund Global	31 156	22	0,51	25	25
Interest Fund Sverige	27 863	3	0,13	25	22
Generation Fund	14 528	13	0,20	10	12
Total	124 173	17	0,30	100	100
<i>The average pension saver</i>		21	0,31		

Mutual Fund Fee. Keep in mind that high fees mean worse performance for your savings.

Fund transfers. In order to increase safety, all fund transfers, from 20th February 2014, take place with electronic identification or Mobile BankID. You can also switch funds using a form that you order from the Swedish Pensions Agency and which will be sent to your registered address.

②

How much will you get per month?

Forecast for your National Public Pension

Retirement age	age 61	age 65	age 68 and 3 month	age 70
Amount SEK/month	10 300	13 100	16 000	18 500

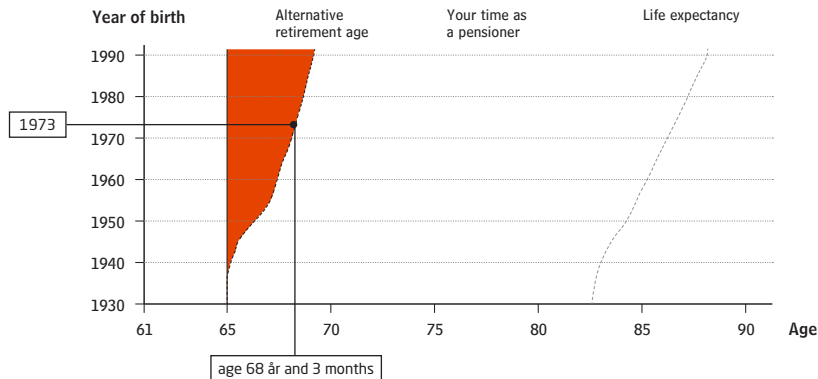
Your national public pension from age 65 (SEK 13 100 per month before tax) is estimated at SEK 9 800 in income pension and SEK 3 300 in premium pension. The pension will be paid out for the rest of your life.

We calculated as follows. The forecast is based on the SEK 1 025 977 you have earned towards your national public pension so far and your annual income until you retire. We have assumed that you will have the same pensionable income per year as in 2012, that is SEK 303 300.

The forecast is calculated in today's value. This means that you can compare the amounts in the forecast with your current earnings. The forecast is developed in accordance with the pension industry forecast standard. Read more on www.pensionsmyndigheten.se/prognosstandard.

Why 68 years and 3 months? The life expectancy in Sweden is rising. You, who were born in 1973 need to work until the age of 68 years and 3 months to receive the same pension amount you would have received at age 65 if life expectancy had remained unchanged. Your pension is calculated as your account value divided by the average remaining life expectancy of your age class.

When is the best time for you to retire? At www.pensionsmyndigheten.se/B3, you can obtain forecasts that also include your occupational pension and possible private pension. The forecasts make it easier for you to plan and make the right decisions about your future. The forecasts are generated by Minpension.se, a collaboration between the Swedish Pensions Agency and the private pension companies.



2013-12-05

Decision about your Pension Credits

The decision regarding your pension credits concerns 2012 since it is based on your latest established declared income.

Demo Person (eng)
Vägen 14
123 45 Landsorten

Pension credit for income pension		Pension credit for premium pension		Your total pension credits 2012
SEK 57 264	+	SEK 8 947	=	SEK 66 211

Basis for calculation of your pension credits

Pensionable income: SEK 303 300

Pensionable amount:
child years SEK 54 600

This provides a pension basis of: SEK 357 900

To request a reconsideration of the decision

The regulations that are the basis for the decision are to be found in chapters 59–61 of the Social Insurance Code (2010:110). If you want the decision to be reconsidered, please write to the Pensionsmyndigheten, Box 304, 301 08 Halmstad. Indicate the decision that you want reconsidered, how you want it changed and why. Write also your name, Swedish personal ID number, address and telephone number. If you engage a legal representative you must enclose an original power of attorney. Swedish Pensions Agency must receive the letter at the latest on 31st December 2014 or, if you have not been informed before 1st November 2014, within two months from the day you receive notice of the decision.

Contact information

Swedish Pensions Agency, www.pensionsmyndigheten.se, customer service 0771-776 776



You can also visit our service offices, see www.pensionsmyndigheten.se/servicekontor



Your payment would be about
\$1,705 a month
at full retirement age

WANDA WORKER
456 ANYWHERE AVENUE
MAINTOWN, USA 11111-1111

January 2, 2015

Your Social Security Statement

Are you thinking about retirement? Are you ready for retirement?

We have tools that can help you!

- Estimate your future retirement benefits at socialsecurity.gov/estimator
- Apply for retirement, spouse's, Medicare, or disability benefits at socialsecurity.gov/applyforbenefits
- And once you receive benefits, manage your benefits at myaccount.socialsecurity.gov

Your *Social Security Statement* tells you about **how much you or your family would receive** in disability, survivor, or retirement benefits. It also includes our record of your lifetime earnings. Check out your earnings history, and **let us know right away if you find an error**. This is important because we base your benefits on our record of your lifetime earnings.

Social Security benefits are **not intended to be your only source of income when you retire**. On average, Social Security will replace about

To view your *Social Security Statement* online anytime create a **my Social Security** account today!



my Social Security
myaccount.socialsecurity.gov

40 percent of your annual pre-retirement earnings. You will need other savings, investments, pensions, or retirement accounts to live comfortably when you retire.

To see your *Statement* online anytime, create a **my Social Security** account at myaccount.socialsecurity.gov.

Carolyn W. Colvin
Acting Commissioner

Follow the Social Security Administration at these social media sites.



Your Estimated Benefits

*Retirement	You have earned enough credits to qualify for benefits. At your current earnings rate, if you continue working until...	
	your full retirement age (67 years), your payment would be about.....	\$ 1,705 a month
	age 70, your payment would be about	\$ 2,115 a month
	age 62, your payment would be about	\$ 1,186 a month
*Disability	You have earned enough credits to qualify for benefits. If you became disabled right now, your payment would be about.....	\$ 1,688 a month
*Family	If you get retirement or disability benefits, your spouse and children also may qualify for benefits.	
*Survivors	You have earned enough credits for your family to receive survivors benefits. If you die this year, certain members of your family may qualify for the following benefits:	
	Your child.....	\$ 1,266 a month
	Your spouse who is caring for your child.....	\$ 1,266 a month
	Your spouse, if benefits start at full retirement age.....	\$ 1,688 a month
	Total family benefits cannot be more than	\$ 3,077 a month
	Your spouse or minor child may be eligible for a special one-time death benefit of \$255.	
Medicare	You have enough credits to qualify for Medicare at age 65. Even if you do not retire at age 65, be sure to contact Social Security three months before your 65th birthday to enroll in Medicare.	
	* Your estimated benefits are based on current law. Congress has made changes to the law in the past and can do so at any time. The law governing benefit amounts may change because, by 2033, the payroll taxes collected will be enough to pay only about 77 percent of scheduled benefits.	
	We based your benefit estimates on these facts:	
	Your date of birth (please verify your name on page 1 and this date of birth).....	April 5, 1955
	Your estimated taxable earnings per year after 2015	\$42,540
	Your Social Security number (only the last four digits are shown to help prevent identity theft).....	XXX-XX-1234

How Your Benefits Are Estimated

To qualify for benefits, you earn “credits” through your work — up to four each year. This year, for example, you earn one credit for each \$1,220 of wages or self-employment income. When you’ve earned \$4,880, you’ve earned your four credits for the year. Most people need 40 credits, earned over their working lifetime, to receive retirement benefits. For disability and survivors benefits, young people need fewer credits to be eligible.

We checked your records to see whether you have earned enough credits to qualify for benefits. If you haven’t earned enough yet to qualify for any type of benefit, we can’t give you a benefit estimate now. If you continue to work, we’ll give you an estimate when you do qualify.

What we assumed — If you have enough work credits, we estimated your benefit amounts using your average earnings over your working lifetime. For 2015 and later (up to retirement age), we assumed you’ll continue to work and make about the same as you did in 2013 or 2014. We also included credits we assumed you earned last year and this year.

Generally, the older you are and the closer you are to retirement, the more accurate the retirement estimates will be because they are based on a longer work history with fewer uncertainties such as earnings fluctuations and future law changes. We encourage you to use our online Retirement Estimator at www.socialsecurity.gov/estimator to obtain immediate and personalized benefit estimates.

We can’t provide your actual benefit amount until you apply for benefits. **And that amount may differ from the estimates stated above because:**

- (1) Your earnings may increase or decrease in the future.
- (2) After you start receiving benefits, they will be adjusted for cost-of-living increases.

- (3) Your estimated benefits are based on current law. **The law governing benefit amounts may change.**
- (4) Your benefit amount may be affected by **military service, railroad employment or pensions earned through work on which you did not pay Social Security tax.** Visit www.socialsecurity.gov to learn more.

Windfall Elimination Provision (WEP) — In the future, if you receive a pension from employment in which you do not pay Social Security taxes, such as some federal, state or local government work, some nonprofit organizations or foreign employment, and you also qualify for your own Social Security retirement or disability benefit, your Social Security benefit may be reduced, but not eliminated, by WEP. The amount of the reduction, if any, depends on your earnings and number of years in jobs in which you paid Social Security taxes, and the year you are age 62 or become disabled. For more information, please see *Windfall Elimination Provision* (Publication No. 05-10045) at www.socialsecurity.gov/WEP.

Government Pension Offset (GPO) — If you receive a pension based on federal, state or local government work in which you did not pay Social Security taxes and you qualify, now or in the future, for Social Security benefits as a current or former spouse, widow or widower, you are likely to be affected by GPO. If GPO applies, your Social Security benefit will be reduced by an amount equal to two-thirds of your government pension, and could be reduced to zero. Even if your benefit is reduced to zero, you will be eligible for Medicare at age 65 on your spouse’s record. To learn more, please see *Government Pension Offset* (Publication No. 05-10007) at www.socialsecurity.gov/GPO.

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings	Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1971	195	195	1996	27,605	27,605
1972	513	513	1997	29,479	29,479
1973	928	928	1998	31,264	31,264
1974	1,609	1,609	1999	33,262	33,262
1975	2,288	2,288	2000	35,333	35,333
1976	2,933	2,933	2001	36,373	36,373
1977	3,731	3,731	2002	36,858	36,858
1978	5,002	5,002	2003	37,800	37,800
1979	6,417	6,417	2004	39,557	39,557
1980	7,851	7,851	2005	40,916	40,916
1981	9,467	9,467	2006	42,611	42,611
1982	10,773	10,773	2007	44,157	44,157
1983	12,029	12,029	2008	44,677	44,677
1984	13,394	13,394	2009	43,466	43,466
1985	14,570	14,570	2010	43,643	43,643
1986	15,543	15,543	2011	43,619	43,619
1987	17,043	17,043	2012	43,545	43,545
1988	18,323	18,323	2013	42,540	42,540
1989	19,458	19,458	2014	Not yet recorded	
1990	20,760	20,760			
1991	21,874	21,874			
1992	23,359	23,359			
1993	23,865	23,865			
1994	24,791	24,791			
1995	26,051	26,051			

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:

You paid: \$59,192
Your employers paid: \$60,975

Estimated taxes paid for Medicare:

You paid: \$14,261
Your employers paid: \$14,261

Note: Currently, you and your employer each pay a 6.2 percent Social Security tax on up to \$118,500 of your earnings and a 1.45* percent Medicare tax on all your earnings. If you are self-employed, you pay the combined employee and employer amount, which is a 12.4 percent Social Security tax on up to \$118,500 of your net earnings and a 2.9* percent Medicare tax on your entire net earnings.

*If you have earned income of more than \$200,000 (\$250,000 for married couples filing jointly), you must pay 0.9 percent more in Medicare taxes.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from **last year** may not be shown on your *Statement*. It could be that we still were

processing last year's earnings reports when your *Statement* was prepared. Your complete earnings for last year will be shown on next year's *Statement*. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings on which you pay Social Security taxes each year. The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, **all** of your earnings are taxed for Medicare.)

Call us right away at 1-800-772-1213 (7 a.m.–7 p.m. your local time) if any earnings for years **before last year** are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)

Some Facts About Social Security

About Social Security and Medicare...

Social Security pays retirement, disability, family and survivors benefits. Medicare, a separate program run by the Centers for Medicare & Medicaid Services, helps pay for inpatient hospital care, nursing care, doctors' fees, drugs, and other medical services and supplies to people age 65 and older, as well as to people who have been receiving Social Security disability benefits for two years or more. Medicare does not pay for long-term care, so you may want to consider options for private insurance. Your Social Security covered earnings qualify you for both programs. For more information about Medicare, visit www.medicare.gov or call **1-800-633-4227** (TTY **1-877-486-2048** if you are deaf or hard of hearing).

Retirement — If you were born before 1938, your full retirement age is 65. Because of a 1983 change in the law, the full retirement age will increase gradually to 67 for people born in 1960 and later.

Some people retire before their full retirement age. You can retire as early as 62 and take benefits at a reduced rate. If you work after your full retirement age, you can receive higher benefits because of additional earnings and credits for delayed retirement.

Disability — If you become disabled before full retirement age, you can receive disability benefits after six months if you have:

- enough credits from earnings (depending on your age, you must have earned six to 20 of your credits in the three to 10 years before you became disabled); and
- a physical or mental impairment that's expected to prevent you from doing "substantial" work for a year or more or result in death.

If you are filing for disability benefits, please let us know if you are on active military duty or are a recently discharged veteran, so that we can handle your claim more quickly.

Family — If you're eligible for disability or retirement benefits, your current or divorced spouse, minor children or adult children disabled before age 22 also may receive benefits. Each may qualify for up to about 50 percent of your benefit amount.

Survivors — When you die, certain members of your family may be eligible for benefits:

- your spouse age 60 or older (50 or older if disabled, or any age if caring for your children younger than age 16); and
- your children if unmarried and younger than age 18, still in school and younger than 19 years old, or adult children disabled before age 22.

If you are divorced, your ex-spouse could be eligible for a widow's or widower's benefit on your record when you die.

Extra Help with Medicare — If you know someone who is on Medicare and has limited resources and income, Extra Help is available for prescription drug costs. The Extra Help can help pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or to apply, visit www.socialsecurity.gov or call **1-800-772-1213** (TTY **1-800-325-0778**).

Receive benefits and still work...

You can work and still get retirement or survivors benefits. If you're younger than your full retirement age, there are limits on how much you can earn without affecting your benefit amount. When you apply for benefits, we'll tell you what the limits are and whether work would affect your monthly benefits. When you reach full retirement age, the earnings limits no longer apply.

Before you decide to retire...

Carefully consider the advantages and disadvantages of early retirement. If you choose to receive benefits before you reach full retirement age, your monthly benefits will be reduced.

To help you decide the best time to retire, we offer a free publication, *When To Start Receiving Retirement Benefits* (Publication No. 05-10147), that identifies the many factors you should consider before applying. Most people can receive an estimate of their benefit based on their actual Social Security earnings record by going to www.socialsecurity.gov/estimator. You also can calculate future retirement benefits by using the Social Security Benefit Calculators at www.socialsecurity.gov.

Other helpful free publications include:

- *Retirement Benefits* (No. 05-10035)
- *Understanding The Benefits* (No. 05-10024)
- *Your Retirement Benefit: How It Is Figured* (No. 05-10070)
- *Windfall Elimination Provision* (No. 05-10045)
- *Government Pension Offset* (No. 05-10007)
- *Identity Theft And Your Social Security Number* (No. 05-10064)

We also have other leaflets and fact sheets with information about specific topics such as military service, self-employment or foreign employment. You can request Social Security publications at our website, www.socialsecurity.gov, or by calling us at **1-800-772-1213**. Our website has a list of frequently asked questions that may answer questions you have. We have easy-to-use online applications for benefits that can save you a telephone call or a trip to a field office.

You also may qualify for government benefits outside of Social Security. For more information on these benefits, visit www.benefits.gov.

If you need more information — Contact any Social Security office, or call us toll-free at **1-800-772-1213**. (If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**.) If you have questions about your personal information, you must provide your complete Social Security number. If you are in the United States, you also may write to the Social Security Administration, Office of Earnings Operations, P.O. Box 33026, Baltimore, MD 21290-3026. If you are outside the United States, please write to the Office of International Operations, P.O. Box 17769, Baltimore, MD 21235-7769, USA.



Thinking of retiring?

www.socialsecurity.gov

Some things to consider

Retirement can have more than one meaning these days. It can mean that you have applied for Social Security retirement benefits or that you are no longer working. Or it can mean that you have chosen to receive Social Security while still working, either full or part-time. All of these choices are available to you. Your retirement decisions can have very real effects on your ability to maintain a comfortable retirement.

If you retire early, you may not have enough income to enjoy the years ahead of you. Likewise, if you retire late, you'll have a larger income, but fewer years to enjoy it. Everyone needs to try to find the right balance, based on his or her own circumstances.

We hope the following information will help you as you plan for your future retirement and consider your retirement options.

Avoid a Medicare Penalty Sign Up at Age 65

Even if you don't plan to receive monthly benefits, be sure to sign up for Medicare *three months before* turning age 65. If you don't sign up for Medicare Part B (medical insurance) when you're first eligible, your coverage may not start right away and you may have to pay a late enrollment penalty for as long as you have it. You can apply online. Visit www.socialsecurity.gov/medicareonly for information and to apply.

What is the best option for you?

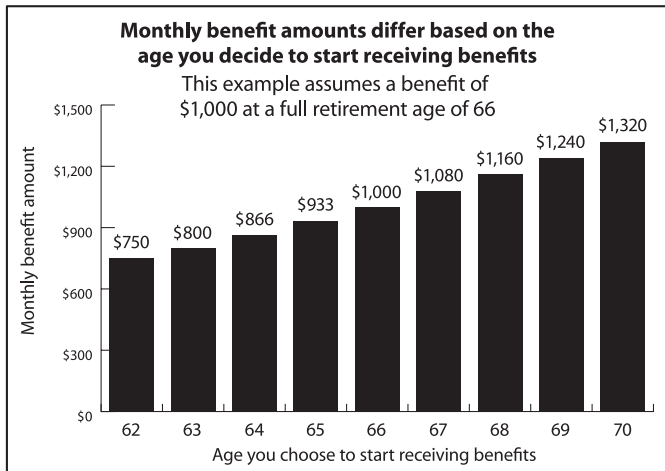
Everyone's situation is different. That is why Social Security has created several retirement planners to help you decide what would be best for you and your family. Social Security has an online calculator that can provide immediate and accurate retirement benefit estimates to help you plan for your retirement.

The online Retirement Estimator is a convenient, secure, and quick financial planning tool. It uses your own earnings record information, thereby eliminating any need to manually key in years of earnings information. The estimator also will let you create "what if" scenarios. You can, for example, change your "stop work" date or expected future earnings to create and compare different retirement options. To use the Retirement Estimator, go to our website at www.socialsecurity.gov/estimator.

There is one more thing you should remember as you crunch the numbers for your retirement. You may need your income to be sufficient for a long time, because people are living longer than ever before, and generally, women tend to live longer than men. For example:

- The typical 65-year-old today will live to age 83;
- One in four 65-year-olds will live to age 90; and
- One in ten 65-year-olds will live to age 95.

Once you decide on the best age for you to actually retire, remember to complete your application *three months before* the month in which you want retirement benefits to begin.



It's so easy to apply online for benefits

The easiest way to apply for Social Security retirement benefits is to go online at www.socialsecurity.gov/applyforbenefits. If you do not have access to the Internet, you can call **1-800-772-1213** (TTY number, **1-800-325-0778**) between 7 a.m. and 7 p.m., Monday through Friday, to apply by phone. You also can apply at any Social Security office. To avoid having to wait, call first to make an appointment.

Receiving benefits while you work

When you reach your full retirement age, you can work and earn as much as you want and still receive your full Social Security benefit payment. If you are younger than full retirement age and if your earnings exceed certain dollar amounts, some of your benefit payments during the year will be withheld.

This does not mean you must try to limit your earnings. If we withhold some of your benefits because you continue to work, we will pay you a higher monthly benefit amount when you reach your full retirement age. In other words, if you would like to work and earn more than the exempt amount, you should know that it will not, on average, reduce the total value of lifetime benefits you receive from Social Security—and may actually increase them.

Here is how this works: after you reach full retirement age, we will recalculate your benefit amount to give you credit for any months in which you did not receive some benefit because of your earnings. In addition, as long as you continue to work, we will check your record every year to see whether the additional earnings will increase your monthly benefit.

Many people can continue to work and still receive retirement benefits. If you want more information on how earnings affect your retirement benefits, ask for *How Work Affects Your Benefits* (Publication No. 05-10069), which has current annual and monthly earnings limits, and is available on our website.

Retirement age considerations

Full retirement age

For persons born during the years 1943-1954, the full retirement age is 66. If you were not born in this period, you can find your full retirement age on page 2 of your *Social Security Statement*.

Retiring early

If you've earned 40 credits (credits are explained on page 2 of your *Statement*), you can start receiving Social Security benefits at 62 or at any month between 62 and full retirement age. However, your benefits will be reduced based on the number of months you receive benefits before you reach full retirement age.

If your full retirement age is 66, benefits will be reduced:
25 percent at age 62;
20 percent at age 63;
13½ percent at age 64; or
6⅔ percent at age 65.

Delaying retirement

You may decide to wait beyond your full retirement age before choosing to receive benefits. If

so, your benefit will be increased by a certain percentage for each month you don't receive benefits between your full retirement age and age 70. This table shows the rate your benefits increase if you delay retiring.

Year of birth	Yearly increase rate
1941 - 1942	7.5%
1943 or later	8.0%

Rules that may affect your survivor

If you are married and die before your spouse, he or she may be eligible for a benefit based on your work record. If you start benefits before your full retirement age, we cannot pay your surviving spouse a full benefit from your record. Also, if you wait until after your full retirement age to begin benefits, the surviving spouse benefits based on your record will be higher.

Need more information?

You can find answers to frequently asked questions about Social Security, learn about factors that could affect your benefits, and much more by visiting Social Security online at www.socialsecurity.gov.

If you do not have access to the Internet, you can get information about Social Security by calling **1-800-772-1213 (1-800-325-0778)** for the deaf or hard of hearing) or by visiting a local Social Security office.

Other useful websites

www.mymoney.gov

This website contains calculators for financial planning and information on money-related matters, such as retirement planning and starting a small business.

www.dol.gov/ebsa/pdf/nearretirement.pdf

Have you determined how much money you will need in retirement? There are many tools available to help you, such as the *Taking the Mystery Out of Retirement Planning Workbook* available at this link.

www.sec.gov/investor/seniors.shtml

Are you looking for information about the investment options available to you as you enter retirement? The Securities and Exchange Commission has a wealth of information on different investment products and topics available at this website.

www.usa.gov/topics/seniors.shtml

This website has a variety of resources for seniors on topics including retirement planning, housing, and health.



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Appendix D

A comparison of public pension statements in selected European Union countries

Comparison category	Austria	Belgium	Germany	United Kingdom
Retirement age	65 (men) and 60 (women); gradually rising to 65 (women) from 2024 to 2033	65 (men and women)	65 and 4 months; gradually rising to 67 (men and women) by 2029	65 (men) and 62 (women); gradually rising to 65 (women) by 2018; to age 66 from 2019 to 2020 and to age 67 from 2026 to 2028 (men and women)
Legal basis	Beginning in 2014, statements were sent to all insured workers; previously, statements were provided upon request	Mandatory for private-sector employees at age 55; voluntary for public-sector employees	Mandatory	None; administrative function of the government
Frequency	No information	Summary reviews provided annually; entire work history provided every 5 years	Provided every 3 years	Provided upon request
Current recipients	All insured persons born after 1954 with at least 1 month of contributions	Private-sector employees; expected to send to public-sector employees in the near future	Insured employees and self-employed persons aged 55 or older	Persons residing in the country who are at least 4 months younger than the State Pension Age (retirement age)
Basis of calculating an old-age pension	Contributions paid for workers who retire at the normal retirement age	Actual gross salaries for actual working period and notional salaries for equivalent periods for workers who retire at the normal retirement age (adjusted calculations for early and deferred retirement are provided upon request)	Average earnings in the past 5 years; 1 percent and 2 percent annual increase in income	Current value for workers who retire at the normal retirement age (adjusted calculations for early and deferred retirement are provided upon request)
Online access	Yes	Yes	Yes	Yes
Forecasts for other types of public pensions	None	None	Disability and spouse's pensions	None
Integrated information	None	None	None	Yes
Additional information	Internet, call center, contact provider	Internet, contact in person and by phone	Internet, informational pamphlets, contact in person and by phone ^a	Internet ^b

SOURCE: European Union (2013).

NOTE: Based on answers to country surveys.

a. In addition to the public pension statement, insured workers aged 27 or older who have at least 5 years of contributions receive a pension communication document that contains information on how pensions are calculated; a projected old-age pension based on the insured worker's average earnings in the past 5 calendar years; contribution history (both employer and employee); the current full disability pension amount; and the effect of future adjustments on that pension.

b. The government provides facilities for personal communication.

Notes

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¹ In this section, the source of information is either U.S. Social Security Administration (SSA 2014) or (SSA, forthcoming) unless otherwise noted.

² OAS is a nearly universal pension financed by general revenue. Its clawback feature (also called a recovery tax) reduces or eliminates the OAS benefit for higher earners. In 2013, about 6 percent of all OAS beneficiaries were affected by either a reduced or no benefit, depending on the income level.

³ Guaranteed Income Supplement, an income-tested benefit, is provided to low-income OAS pensioners.

⁴ The different components of retirement income systems are often described as pillars. For example, first-pillar pensions in Organisation for Economic Co-operation and Development (OECD) countries are often pay-as-you-go public pension systems, and second-pillar pensions could consist of mandatory occupational pensions or of mandatory or voluntary individual accounts.

⁵ The guarantee pension, funded from general revenue, is a guaranteed income-tested benefit (income tested only against the national earnings-related pension—the NDC and premium pension) paid at age 65 to residents with no or a low earnings-related pension.

⁶ An old-age Supplemental Security Income (SSI) payment is made to individuals at age 65 with low income and limited resources. The means test (associated with SSI eligibility) is based on earned and unearned income, including benefits. Benefits are adjusted automatically according to changes in the cost of living.

⁷ Quarters of coverage are based on the insured worker's annual earnings. In 2016, the minimum amount of earnings to receive 1 quarter of coverage is \$1,260. This amount is adjusted annually to reflect past increases in average wages.

⁸ Unless otherwise noted, the source of information on the Canadian *SOC* is Gregg Zentner (personal communication with the authors via e-mails and internal memoranda from Service Canada, 2011–2013).

⁹ Included in CPP's proactive mailings in the 1980s was a Terms and Conditions (TC) document that described CPP coverage and contributions as well as eligibility and payments for all benefits including those for old-age, disability, and survivors. The TC also provided information on

appeals; international agreements; and special situations, such as the division of pension credits and the childcare drop-out provision. Although the intention in the beginning was to send a TC document along with the very first *SOC* a worker received, more recent mailings have not included that document.

¹⁰ As of 2011, the online *SOC* website had received 1 million hits, likely corresponding to fewer unique users, compared with 13 million *SOCs* that were mailed out in the 2001–2002 period (Gregg Zentner, personal communication with the authors via e-mails and internal memoranda from Service Canada, 2011–2013).

¹¹ Unless otherwise noted, the source of information on the *Orange Envelope* is Arne Paulsson (personal communication with the authors via e-mails, 2011–2015).

¹² For details of the Swedish national public pension program, refer to the section that provides a description of the public pension systems in the three countries.

¹³ The 2010, 2011, and 2014 *Orange Envelopes* that were sent to pensioners also contained an information sheet explaining that pensions were reduced because of the automatic-balancing mechanism. An automatic-balancing mechanism is applied if the system is in imbalance (assets and liabilities are not equal). Both the notional interest rate and the indexation of current benefits are reduced (temporarily) in order to bring the system back into balance.

¹⁴ PensionsMyndigheten (<http://www.pensionsmyndigheten.se>) is an SPA website devoted to retirement, which provides an individual access to a password-protected personal retirement page. In addition to accessing the information from the *Orange Envelope*, an individual may apply for an old-age pension on this website. Minpension (<http://www.minpension.se>) is an independent company comprising a public/private partnership—50 percent government and 50 percent private providers (Paulsson 2008).

¹⁵ The SPA contracts out the survey. Before the SPA was created (in 2010), the Swedish Social Insurance Agency was in charge.

¹⁶ Unless otherwise noted, the source of information on the *Social Security Statement* is Smith and Couch (2014).

¹⁷ Until 2012, Canada sent out mass mailings with targeted inserts. The information formerly contained in those inserts continues to be available online.

¹⁸ Sweden's disability program is administered by a different agency than the one that administers the old-age and survivor program. There are no survivor benefits per se under the NDC program, and survivor benefits under the premium pension are available if the insured worker purchased voluntary survivor insurance.

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