



Securing today
and tomorrow

Social Security Administration

Tribal Benefits Coordinator Guide



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A Note to Benefit Coordinators

We appreciate the assistance you provide to Social Security beneficiaries and Supplemental Security Income (SSI) recipients. We know sometimes it can be difficult to know when to contact us and who to talk to about benefits.

Disclosure

Disclosure is the release or showing of personal information about an individual to a third party other than the person to whom it pertains or a minor child's parent or legal guardian acting on the minor's behalf. Social Security's privacy regulations allow us to disclose personal information to government agencies (such as Tribal Government, Tribal Health Department, Indian Health Service, or Bureau of Indian Affairs) without an individual's consent when the information is needed to administer the agency's own needs-based program. The agency must justify why they need the information for their program.

In most other cases, clients must consent before Social Security will release information to them. If your client is calling Social Security for information, they must be able to answer several identifying questions, even if giving oral permission for you to receive information. Your client can also provide written consent on Form SSA-3288. Your client can print the form online at www.socialsecurity.gov/forms/ssa-3288.pdf. You may fax or mail a signed SSA-3288 to your local Social Security Office.



Message from the Deputy Commissioner for Operations and Tribal Consultation Official

It is my honor to continue in service as your tribal liaison, bridging Social Security to sovereign tribal nations. As Deputy Commissioner for Operations and Tribal Consultation Official, I am dedicated to leveraging agency resources to serve tribal communities and to strengthening our government-to-government relationships.

This edition of the Tribal Benefits Coordinator Guide includes policy updates and helpful information unique to Native Americans. It is my hope that this guide will provide tribal benefit coordinators with an up-to-date picture of how Social Security serves Indian Country communities.

In August 2017, we appointed Renee Ferguson as the American Indian and Alaska Native Executive Champion to support my commitment to service delivery and outreach initiatives. Under Renee's leadership, we will reinforce the need for building relationships in Native American communities and take a more direct approach to improving cultural awareness across Social Security.

Thank you for your continued support as we continue, together, stepping in the right direction.

Nancy A. Berryhill

Deputy Commissioner for Operations



Message from the American Indian and Alaska Native Executive Champion

I am happy to join the Social Security team to assist the agency with meeting the evolving needs of tribal communities. The Tribal Benefits Coordinator Guide is one way of showing Social Security's commitment to improving access to Social Security programs and building meaningful relationships in Indian Country.

I am committed to providing accurate information to tribal communities by dedicating resources to ensure timely communication on tribal issues. I am committed to strengthening the voice of tribal leaders by enhancing outreach and cultural awareness opportunities throughout Indian Country.

I hope the Tribal Benefits Coordinator Guide will be a resource that you use often. If you have suggestions for improvement or questions concerning the guide, I encourage you to reach out to your local contacts or contact us through our dedicated mailbox at:

SSA.Tribal.Communications@ssa.gov.

I look forward to collaborating with you and thank you for your support.

Renee Ferguson

AIAN Executive Champion

Ways to Reach Us

Apply Online

www.socialsecurity.gov

Your client can apply online for Social Security retirement, spouses, Medicare, disability benefits, or Supplemental Security Income. If you are assisting someone with applying for disability benefits, you may also help them complete the disability report, which is also available online. After the application is complete, your client has several ways to check the status of their application. They can check claim status by:

- Logging in to their [my Social Security](#) account;
- Calling **1-800-772-1213** Monday through Friday 7:00 a.m. through 7:00 p.m.; or
- Contacting their local office.

You can use our online Benefit Eligibility Screening Tool (BEST) at www.benefits.gov/ssa to see which benefits a person might be eligible to apply for. Just answer a series of questions and find out whether they are eligible for retirement, disability, or Supplemental Security Income (SSI) benefits. You can even find out whether they might be eligible for Medicare benefits.

New Online Services Available with a [my Social Security Account](#).

If your clients need proof of their Social Security, Medicare, or SSI benefits let them know that they can get a benefit verification letter online with a [my Social Security](#) account.

You can serve your clients faster because they no longer have to travel to a Social Security office or wait for a letter to be mailed to them. They can get the up-to-date information they need online, perhaps even from a computer in your office.

With [my Social Security](#), those who receive benefits can easily view, print, or save an official letter that includes proof of their benefit amount and type, Medicare start date and with-holding amount, and age.

Send them to: www.socialsecurity.gov/myaccount.

Online Social Security Benefit Application

If you are helping someone apply for Social Security benefits online, there are some things you should know. You cannot electronically sign the application on behalf of the applicant. There are no exceptions to this rule. Only the person you are helping can electronically sign their application and attest to the accuracy of the information provided.

If an applicant wishes to appoint you as their official representative, each applicant must sign a written

notice appointing you to represent them in dealings with Social Security and file it with us. Use Form SSA-1696 (Appointment of Representative) for this purpose. Your client can print the form online at www.socialsecurity.gov/forms/ssa-1696.pdf.

Annotate in the Summary/Remarks section of the online application or disability report: "A Form SSA-1696 (Appointment of Representative) is being forwarded to Social Security on (date)."

Once the applicant files the written notice of appointment with Social Security, we will work with you as the representative, just as we would the applicant. As an appointed representative, you can act on your client's behalf by:

- Getting information from your client's Social Security file;
- Helping get medical records or information to support your client's claim;
- Coming with the applicant to any interview, conference, or hearing with us;
- Requesting a reconsideration, hearing, or Appeals Council review; and
- Helping the applicant and any witnesses prepare for a hearing and questioning any witnesses.

As an appointed representative you will also receive a copy of the decision(s) we make on your client's claims(s).



Telephone Assistance

Your clients can call us 24 hours a day, including weekends and holidays, by calling our toll-free number at **1-800-772-1213**. People who are hearing impaired may call our Text Telephone (TTY) number at **1-800-325-0778**. Automated services are available with a touch-tone phone.

Callers between 7:00 a.m. to 7:00 p.m. Monday through Friday can speak to a representative. Services available include scheduling an appointment, address changes, and signing up for direct deposit of Social Security payments directly to the bank.

Video Service Delivery

www.ssa.gov/open/geospatial.html

Did you know that we have Video Service Delivery (VSD) centers set up in some communities so clients do not have to drive to their local office?

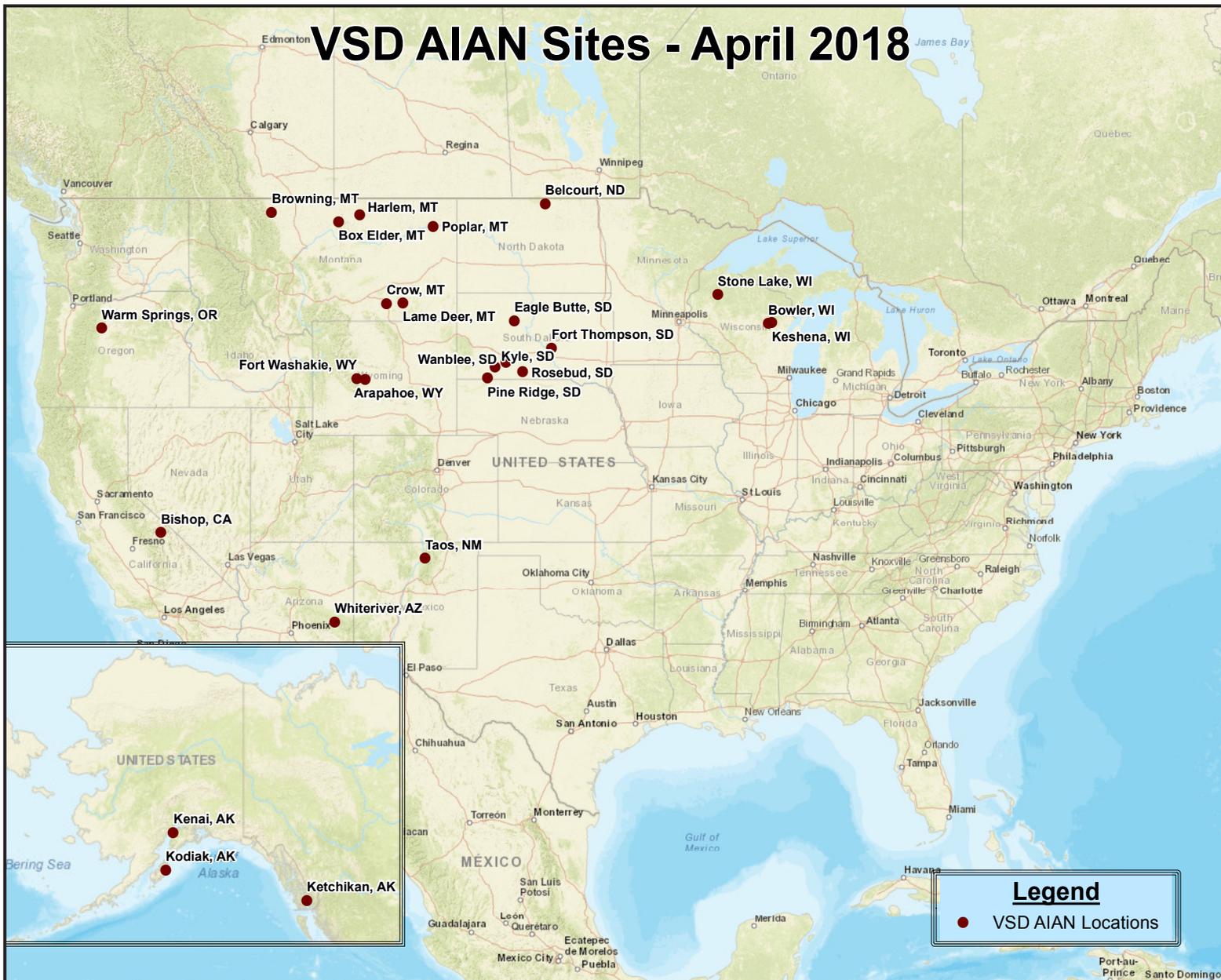
At a VSD center, a person can use the video phone at a designated location where a Social Security employee can see, talk to, and assist them. A client does not have to know how to use a computer for this service.

Find a Social Security Office

www.socialsecurity.gov/locator

There is so much a client can do online, but sometimes a person may want to talk with a Social Security representative face to face. If that is the case, the first step is to visit our online field office locator. You just type in your ZIP code and find the Social Security office closest to you.

National American Indians and Alaska Native (AIAN) Map



For more information on the nearest Social Security field office, resident station and Video Service Delivery (VSD) site, please access SSA's AIAN map, at www.ssa.gov/open/geospatial.html.

A Guide to the Social Security Card

How to apply for an SSN and Replacement Card

Complete an application for a Social Security Card (Form SS-5, available at www.socialsecurity.gov/forms) and show us original documents or certified copies (certified by the issuing agency) proving your U.S. citizenship, age, and identity. Then, take or mail the completed application and documents to the local Social Security office.

Newborns

- Apply at the hospital;
- The state agency will share the baby's information with us and the card will arrive in the parent's mail; or
- If the parent waits and does not file at the hospital, they must have the birth certificate and proper identification when applying at the local office.

New SSN

- File an application in person at the local Social Security office or Social Security Card Center;
- Bring original documents or certified copies proving U.S. citizenship, age, and identity; and
- If the client is not a U.S. citizen, they will need to submit other evidence proving their Native-American status.

Replacement Card

- Complete an application;
- Provide documents proving identity such as a current driver's license, a current state ID, or a current passport. Some tribal IDs can be used for identification purposes, but check with the local office; and
- Provide documents proving the U.S. citizenship (unless already shown in our records).
- All non-citizens must provide document of lawful status for replacement SSN card.
- If the client is not a US citizen, they will need to submit other evidence proving their Native-American Status.
- If applying on behalf of a child, proper identification is needed for parent and child.

Request a Social Security Replacement Card Online

We added a new service delivery option for certain Social Security replacement card requests. Customers can use their [my Social Security](#) account to complete a replacement card

request online, without the need to visit us in person. To be eligible, a person must meet the following:

- Have or create a [my Social Security](#) online account;
- Be a U.S. citizen (with U.S. citizenship status established on their record);
- Be 18 years or older at the time they request the replacement card;
- Request a replacement card themselves that requires no change to their record;
- Have a U.S. mailing address; and
- Have a valid current driver's license, or state-issued non-driver identity card from a participating area. Visit www.socialsecurity.gov/myaccount to find out if your client can apply in their area.

Original Documents Needed

Citizenship – We can only accept certain documents as proof of U.S. citizenship. These include a U.S. birth certificate or a U.S. passport. For individuals applying for a Social Security card for the first time who were born outside the U.S. and are over the age of 12, they must show proof of long-term residency outside the U.S.

Age – If your client has or can obtain a U.S. state-issued birth certificate that recorded their birth before age 5, they must submit it. If not, we can consider other documents, such as their passport, to prove their age.

Identity – We can only accept certain documents as proof of identity. An acceptable document must be current (not expired) and show the name, identifying information (date of birth or age), and preferably a recent photograph. For example, as proof of identity, Social Security must see their:

- Current U.S. driver's license;
- Current state-issued non-driver identification card; or
- Current U.S. passport.

If your client does not have one of these specific documents or they cannot get a replacement for one of them within 10 days, we will ask to see other documents, including:

- Employee ID card;
- School ID card;
- Health insurance card (not a Medicare card);
- U.S. military ID card; or
- Tribal ID for which Social Security has established a precedent regarding its use.

Canadian Born North American Indians

These individuals will need a long form birth certificate, a tribal ID (or other ID), and a blood quantum letter (BQL) to apply

for a new SSN. If applying for a replacement Social Security card, these individuals can use either a long or short form birth certificate, ID (tribal or other), and the BQL. If applying for a child, the accompanying applicant must also submit ID.



A Guide to Retirement

Retirement Benefits

Monthly retirement benefits are paid to workers who are at least age 62 and are insured. Your client becomes insured by paying Social Security taxes. Taxes paid earn credits toward benefits. Generally, a person needs 40 work credits to be insured. For example, in 2018, a person can earn one work credit for each \$1320 earned (the amount to earn a work credit changes each year). The most that a person can earn is four credits per year. Someone earning \$5280 or more in 2018 would earn the maximum of four work credits for the year. For more information about the amount of earnings it takes to earn a Social Security credit, please visit: www.socialsecurity.gov/OACT/COLA/QC.html#qcseries.

The amount Social Security pays is based on how much people earned when they worked, so higher earnings result in higher benefits. We average together their highest 35 years.

Your client can use the Retirement Estimator, at www.socialsecurity.gov/retire/estimator.html to get an estimate of their future retirement benefits.

Please keep in mind that these are just estimates. Your client may be able to work and receive retirement benefits depending on the amount of income they receive. For a full explanation, see our publication, *How Work Affects Your Benefits*, at www.socialsecurity.gov/pubs/EN-05-10069.pdf.

Retirement or disability pensions from work that was not covered by Social Security, such as from a government agency, may reduce your client's Social Security benefit. This is called the *Windfall Elimination Provision*. They can learn more online

at www.socialsecurity.gov/retire2/wep.htm or by calling Social Security.

Family Retirement Benefits

If your client receives Social Security retirement benefits, some of the client's family members may be able to receive benefits. Those members include:

Spouses

Spousal benefits can be paid at age 62 or older. Spouses under age 62 can receive benefits if they are taking care of a child that is entitled on the client's record (the child must be under age 16 or disabled). A divorced spouse age 62 or older can receive spousal benefits if the marriage lasted at least 10 years and they are presently unmarried. If a divorced spouse wants information about benefits, have them contact us.

If your client receives a pension from a government job in which they did not pay Social Security taxes, some or all of their Social Security spouse's, widow's or widower's benefit may be offset due to receipt of that pension. This offset is referred to as the Government Pension Offset, or GPO. They can learn more online at www.socialsecurity.gov/planners/retire/gpo.html or by calling Social Security. Social Security will provide them a complete list of reporting responsibilities when they file for benefits.

Same-Sex Couples

On June 26, 2015, the Supreme Court issued a decision in *Obergefell v. Hodges*, holding that same-sex couples have a constitutional right to marry in all states. As a result, more same-sex couples will be recognized as married for purposes of determining entitlement to Social Security benefits or eligibility for SSI payments.

Social Security is now processing retirement, surviving spouse, and lump-sum death payment claims for same-sex couples, and paying benefits where they are due. We encourage spouses, divorced spouses, and surviving spouses of same-sex marriages or non-marital legal same-sex relationships to apply right away for benefits. We have additional information on our website at: www.socialsecurity.gov/people/Same-SexCouples.

Retirement or disability pensions from work that was not covered by Social Security, such as from a government agency, may reduce your client's Social Security spouse's benefit. This is called the Government Pension Offset. They can learn more online at www.socialsecurity.gov/retire2/wep.htm or by calling Social Security.

Unmarried Children and Grandchildren

More and more parents are finding themselves raising grandchildren. Social Security will pay benefits to grandchildren if the child's natural or adoptive parents are either deceased or disabled.

Under certain circumstances, Social Security may pay benefits to grandchildren or step-grandchildren whose natural or adoptive parents are deceased or disabled when the grandparent providing most of the grandchild's support becomes entitled to their own retirement or disability benefits, or dies. Refer to www.socialsecurity.gov/people/kids/ for additional information.

When your client receives Social Security retirement benefits, his or her children may also qualify for benefits. To qualify for benefits, the child must be:

- Unmarried; and
- Under 18-19 years old and a full time student (no higher than grade 12); or
- 18 or older with a disability that began before age 22.

Filing for Benefits

There are two ways for your client to file an application for benefits. The first is to file online and the second is to file by speaking with a Social Security employee via phone, VSD, or by visiting the local Social Security office.

Applications for Social Security retirement, spouse's, or disability benefits can be filed online. To help your client prepare to apply for benefits, they may want to first check our online benefit planners at www.socialsecurity.gov/planners.

Retirement Chart	
Year of Birth	Full Retirement Age
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

If your client is filing for disability benefits, they can also complete the disability report form online, which collects names, addresses, and phone numbers of all doctors, hospitals, and clinics, along with other important medical data.

The client will also need to electronically sign the medical release Form SSA-827.

Your client can contact us at **1-800-772-1213** (TTY **1-800-325-0778**) or at the local Social Security office to set up an appointment. The questions in the process are the same as filing online, but your client will have a Social Security employee asking the questions and completing the application.

Required Documents

When your client applies for retirement benefits, or an eligible family member applies for benefits on the client's record, there are some documents that they may need to submit. With most applications, we verify age and citizenship. Sometimes we do not need proof because we may have seen the birth certificate in the past and we may not need to see it again. However, if it is needed, we usually require a certified birth certificate. If they were in military service, we may need to see records indicating the dates of active duty. Usually proof of military service (DD Form-214) will tell us what we need to know. And of course, if a family member applies for benefits, we will need to prove the relationship between the applicant and the worker. We will generally use a birth certificate or some other evidence to show the relationship to the worker. Most clients must provide their bank account information as all federal benefits are required to be paid electronically via direct deposit. Eligible clients without bank accounts can be enrolled in the Direct Express® prepaid debit card program. Exceptions to this are granted on a limited basis.

Timeline for Benefits

The timeframe for processing retirement and family benefits ranges from same-day processing to a few weeks, depending upon the complexity of the issues and whether we have to wait for evidence. An application may be filed four months before your client wants their benefits to start.

How Earnings Affect Retirement Benefits

Because retirement benefits are meant to replace part of the earnings a person had before they retired, an individual who works over a set limit may have a reduction in the Social Security benefits they receive. The limit only applies if they are under FRA. To find out a client's FRA, see the "Retirement Age Chart" in the "Retirement" section. Once they reach the age

shown on the chart, they can earn as much as they want and receive retirement payments each month. How much they can earn when they are under FRA depends on the year they reach FRA. The earnings limit generally increases yearly.

Clients reaching FRA in 2018 have a yearly earnings limit of \$45,360. This higher amount applies only to earnings in the months prior to FRA. For example, if FRA is March, we only count the earnings for January and February toward the earnings limit. Earnings after February do not count.

For people who are under FRA for all of 2018, the annual earnings limit is \$17,040. If a person's earnings are over \$17,040, and they are under FRA, we withhold \$1 in benefits for every \$2 of earnings above \$17,040. For people who reach FRA during 2018, we withhold \$1 in benefits for every \$3 of annual earnings over \$45,360.

If a person is younger than FRA the entire year, they are considered retired if their monthly earning are \$1,420 or less in 2018. If a person attains FRA in the current calendar year, they are considered retired if their monthly earning are \$3,780 or less in 2018.

If a person retires mid-year, and they have already earned more than the annual earnings limit, there is a special rule that usually applies in the first year of retirement. If a person is younger than FRA the entire year, they are considered retired if their monthly earnings are \$1,420 or less in 2018. If a person attains FRA in the current calendar year, they are considered retired if their monthly earnings are \$3,748 or less in 2018. If a person is self-employed, we consider how much work they do in their business to determine whether this special rule can apply.

This provision also applies to individuals receiving benefits as a spouse, widow, widower, young mother, young father, parent, or child.



A Guide to Survivors Benefits

Social Security provides help for the families of workers who are deceased. Benefits can be paid to:

- Widows/Widowers;
- Divorced widows/Divorced widowers;
- Children;
- Grandchildren (in some instances);
- Dependent parents (in some instances).

When the worker paid Social Security taxes on their wages, they earned credits toward Social Security benefits for their family members. The number of credits needed depends on the age of the worker when they die. If the worker dies young, fewer credits are needed; but no one needs more than 40 work credits or about 10 years of work. There is a special rule that helps younger workers who have worked for as short a period as one and one-half years in the three years just before death. If the worker had that much work, benefits can still be paid to the worker's children and the spouse who is caring for the children.

Rules for Survivors Benefits

- Reduced widows or widowers benefits can begin as early as age 60.
- Widows and widowers may receive full benefits at age 65 if they were born on or before January 1, 1940.
- Disabled widow's benefits may be payable at age 50.
- If a divorced widow or widower meets Social Security's definition of disability, they can begin receiving benefits as early as age 50.
- Widows or widowers can receive benefits at any age if they are caring for the worker's child who is younger than age 16 or who is disabled and receiving substantial personal care services from the surviving parent.
- The divorced spouse who is caring for a child of the worker can be paid benefits without meeting the 10-year marriage requirement if the child is under 16 years of age or is determined to be disabled and requires personal care.
- Unmarried children of the worker can receive benefits if they are under age 18 or between the ages of 18 and 19 and a full time student (no higher than grade 12).
- Unmarried children of the worker who are age 18 or older can also receive benefits if they became disabled before they were age 22 and remain disabled.
- Under certain circumstances, benefits may also be paid to the worker's adopted children, grandchildren or step-grandchildren.

- Dependent parents may receive benefits if they are age 62 or older and they received at least one-half of their support from the insured worker.
- Spouses who were married to the worker for at least 10 years before they became divorced and are age 60 or older (or aged 50 through 59 if they meet the disability requirements) can receive benefits on the worker's record.

Unmarried Grandchildren

Unmarried dependent grandchildren or step-grandchildren may be eligible to receive benefits from a deceased grandparent's record if both of the child's natural or adoptive parents are deceased or disabled. The child must be:

- Under age 18; or
- 18-19 years old and a full time student (no higher than grade 12); or
- 18 or older with a disability that began before age 22.

Determining the Amount of Benefits

The survivor benefit amount is based on the lifetime average earnings of the person who dies. Social Security uses the worker's basic benefit amount and calculates what percentage the survivors are entitled to. The percentage received depends on the age of the survivors and relationship to the worker. Higher lifetime earnings result in higher benefit amounts.

Here are the Most Typical Situations

A widow or widower, at FRA or older, generally receives 100 percent of the worker's full retirement amount, assuming the worker did not receive a reduced benefit prior to death.

A widow or widower, age 60 or older, but under FRA, receives between 71 to 99 percent of the worker's basic benefit amount.

A widow or widower, any age, who is disabled or has a child younger than age 16 in their care receives 75 percent of the worker's basic amount.

Retirement or disability pensions from work that was not covered by Social Security, such as from a government agency, may reduce your client's Social Security widow's or widower's benefit. This is called the Government Pension Offset. They can learn more online at www.socialsecurity.gov/retire2/wep.htm or by calling Social Security.

A Guide to Disability Benefits

Disability Benefits are for those who have a medical condition or combination of impairments preventing substantial work for at least 12 months, or is expected to result in death. Federal law requires that we use a strict definition of disability even though other programs are able to offer partial or short-term disability.

If your client is still working when they file, we will decide if they are able to perform significant and productive physical or mental work. This is termed the ability to engage in substantial gainful activity (SGA). In 2018, monthly earnings of more than \$1180 or \$1970 for blind earners are considered SGA. The SGA amount changes each year. For self-employed clients, we determine SGA based on three tests, all of which must be considered before we can establish that the self-employed person is not or was not engaged in SGA. In making our decision about your client's work, we also consider their impairment related work expenses and subsidies provided by their employer.

Social Security Disability

We pay benefits through two different programs: the Social Security Disability Insurance (SSDI) program and the SSI program. There are many differences between the two programs, but to be eligible for SSDI, a person must have a current work history based on their age at the time they became disabled.

The SSI program makes cash assistance payments to aged, blind, and disabled persons (including children) who have limited income and resources.

Amount of Benefits

When your client is approved to receive SSDI benefits, cash payments begin with the sixth full month after the date the disability began (with certain limitations on retroactivity).

The amount of the monthly benefit is based on the applicant's average lifetime earnings. Your client's *Social Security Statement* can provide an estimate of how much they would receive if they became disabled.

Benefits for your Client's Family

If your client receives Social Security disability benefits, some of their family members may be able to receive benefits. Those members include:

- Their spouse, if they are age 62 or older;
- Their spouse at any age, if they are caring for the disabled worker's child who is younger than age 16 or disabled;

- Their unmarried child, including an adopted child, or, in some cases, a stepchild, grandchild, or step-grandchild. The child must be younger than age 18, or between the ages of 18 and 19 and a full time student (no higher than grade 12); or
- Their unmarried child, age 18 or older, if they have a disability that started before age 22. The child's disability must also meet the definition of disability for adults.

In some situations, a divorced spouse may qualify for benefits based on their spouse's earnings, if they were married to them for at least 10 years, are not currently married, and are at least age 62. The money paid to a divorced spouse doesn't reduce your client's benefit or any benefits due to a current spouse or children.

The SSI program does not pay benefits to dependents or survivors.

Windfall Elimination Provision

Retirement or disability pensions from work that was not covered by Social Security, such as a government agency, may reduce your client's Social Security benefit. This is called the Windfall Elimination Provision. They can learn more online at www.socialsecurity.gov/planners/retire/wep.html or by calling Social Security. The family's benefits can be affected by factors including their own work and receipt of a government pension. Social Security will provide them a complete list of reporting responsibilities when they file for benefits.



Disability Application Process

Filing Process

The process for filing for Social Security disability or SSI is similar to filing for retirement benefits. The difference is in the added medical decision for the disability. Each state has a Disability Determination Service (DDS) that works with Social Security to make the medical decisions.

Documentation

In preparation for the disability application, it is helpful to gather some information ahead of time, whether your client is filing online, at the Social Security office, or over the phone. Some of the information for adult applications includes:

- Medical information: including names, addresses, and phone numbers of all doctors, hospitals, and clinics Patient ID number(s);
- Approximate dates seen;
- List of current medications;
- Medical records in the client's possession;
- Military records such as the DD-214 if your client was in the military;
- W-2 or self-employment federal tax forms, if your client worked last year;
- Workers' compensation information, including date of injury, claim number, and proof of payment amounts;
- SSN(s) for your client's spouse and minor children;
- Checking or savings account information for direct deposit; and
- Name, address, and phone number of a person who Social Security can contact if we are unable to get in touch with your client.
- Work record, job titles, and duties for the last 15 years.

Childhood Disability Benefits

If your client is applying for childhood disability benefits, Social Security will need to know:

- Any medical records your client already has, including the dates the child was seen or treated and the child's patient ID number(s), if known;
- Medication(s) the child is taking;
- Child's medical assistance number, if any;
- Names, addresses, and phone numbers of any schools the child attended in the past 12 months, including the names of teachers, psychologists, counselors, and speech and other therapists who have seen or treated the child;
- The child's Individualized Family Service Plan (IFSP) or Initial Enrollment Period (IEP), if the child has one; and any other school records that are available;
- Names, addresses, and phone numbers of any social services programs and the name of caseworkers that have information about the child;

- Name, address, and phone number of another adult who helps care for the child and can help us get information, if necessary;
- Names, addresses, and phone numbers of any employers the child has worked for;
- An original or certified copy of the child's birth certificate, if Social Security hasn't seen it recently; and
- Names and SSN for all the children and adults who live in the household.

For SSI childhood disability cases, Social Security also needs:

- Proof of current income for the child and family members living in the household (for example, pay stubs, self-employment tax returns, unemployment, other program benefits, or child support);
- Proof of resources for the child and parents living in the household (for example, bank account statements, life insurance policies, certificates of deposit, stocks, or bonds).

Disability Benefits Evaluation

For an SSI childhood disability determination, the case is evaluated based upon whether it causes marked or severe functional limitations. When the application is submitted to Social Security, it is sent to the DDS to evaluate your client's medical condition. The DDS reviews the case to determine whether the medical condition is severe enough to prevent any substantial work and whether the medical condition has lasted, or is expected to last, at least one year, or is expected to result in death. In a childhood disability determination, the case is evaluated based upon whether it causes marked or severe functional limitations.

Often, the DDS sends additional forms for completion to the client or others who know about the client's disability. Encourage the client to return the information as quickly as possible. Sometimes, the DDS schedules a consultative examination (CE) to determine if the client is eligible. The exam is paid for by Social Security. If your client does not go to the examination, their claim may be denied.

After the DDS makes a decision, the case is returned to the Social Security office for processing. Of course, some cases are processed more quickly and some take longer, especially those involving a CE. If your client is filing an application for SSI, Social Security may need to update their record after the medical decision has been made to determine whether there have been any changes to income, resources, or living arrangements since the application was filed. If the application was for SSI disabled child benefits, Social Security may also ask about parental living arrangements, income, and resources.

Compassionate Allowances

Compassionate Allowances (CAL) are a way to quickly identify diseases and other medical conditions that, by definition, meet Social Security's standards for disability benefits. These conditions primarily include certain cancers, adult brain disorders, and a number of rare disorders that affect children. The CAL initiative helps us reduce waiting time to reach a disability determination for individuals with the most serious disabilities. The Compassionate Allowances program identifies claims where the applicant's disease or condition clearly meets Social Security's statutory standard for disability. By incorporating cutting-edge technology, the agency can easily identify potential Compassionate Allowances to quickly make decisions. Social Security Administration (SSA) uses the same rules to evaluate CAL conditions when evaluating both Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) programs.

SSA receives information from the public, advocacy groups, comments received from the Social Security and Disability Determination Service communities, counsel from medical and scientific experts, research with the National Institutes of Health (NIH), and information received from past public outreach hearings regarding potential CAL conditions. For more information on Compassionate Allowances, go to:

www.ssa.gov/compassionateallowances/index.htm

Receiving Payments

Most clients who get Social Security benefits, must receive their payments electronically. They can do so by signing up for direct deposit, which sends payments into their bank account. Or, they can have benefits deposited into their Direct Express® card account.

Direct deposit is a simple, safe, and secure way to get benefits. If your client wants us to send their payment to a bank or credit union account, they will need the following information when they apply:

- Financial institution's routing transit number;
- Account type (checking or savings); and
- Account number.

Contact their bank to help them sign up for direct deposit; sign up online with a *my Social Security* account; or by calling Social Security at **1-800-772-1213** (TTY **1-800-325-0778**). Switch to direct deposit or Direct Express® debit card by going to www.GoDirect.gov or calling **1-800-333-1795**.

What is the Direct Express Card?

The Direct Express® card is a debit card your client can use to access their payments. And, they don't need a bank account. With the Direct Express® card program, we deposit your client's federal payment directly into their card account. Their monthly funds will be available on their payment day on time, every time.

Clients can use the card to make purchases, pay bills, or get cash at thousands of locations. And most transactions are free. The Direct Express® card is safer and more convenient than paper checks. Anyone receiving benefit payments can enroll even if they don't have a bank account. Clients no longer have to wait for the mail or worry about lost or stolen checks.

Why Should Your Client Sign Up for Electronic Payments?

- **Safety** – There's no risk of lost or stolen checks. When reported promptly, their money is protected, even if their Direct Express® card is lost or stolen.
- **Ease** – Their money is automatically posted to their financial account or to their Direct Express® card account on their payment day each month. Clients won't have to wait for the mail to arrive.
- **Convenience** – They don't need to make a trip to cash or deposit a check. With Direct Express®, they can make purchases anywhere a debit MasterCard® is accepted, or use their card to get cash back with purchases at retail locations, banks, and ATMs throughout the country.

How Does My Client Use the Direct Express Card?

The Direct Express® card is simple and easy to use. They can use it to:

- **Make purchases** – Present their card when paying at any location that accepts MasterCard®. The money is automatically deducted from their account.
- **Get cash** – Get cash at ATMs, banks, or credit unions. Or, get cash back with purchases at many retail locations.
- **Use a mobile app** – The DXSM Direct Express® mobile app (DXSM mobile app) is available on iPhone and Android smartphones that allows Direct Express® Debit MasterCard® card-holders to access their balance and transaction history, locate ATMs, and set up low balance and deposit alerts.

How secure is the Direct Express Card?

The Direct Express® card offers benefits that make it safer and more secure than checks.

- A personal identification number protects your client's account;
- Their card account has federal consumer protection and their money is FDIC-insured; and
- If their card is lost or stolen, it will be replaced.

Are there Any Fees?

There are fees for a limited number of transactions and services. See the chart for more information:

Service	Fee
ATM cash withdrawal, surcharge may apply	\$0.90 each withdrawal*
Monthly paper statement mailed to you	\$0.75 each month
Funds transfer to a personal U.S. bank account	\$1.50 each time
Card replacement	\$4 after one free each year
Overnight delivery of replacement card	\$13.50 each time
International ATM cash withdrawal – currency conversion fee (3%) will be added	\$3 plus 3% for each withdrawal
International transaction outside U.S. – currency conversion fee (3%) will be added	3% for each transaction

**Your clients get one free ATM withdrawal per payment as long as they use an ATM in the Direct Express® network.*

How Can My Client Sign Up for Electronic Payments?

It's quick and easy to get benefits electronically. First, they can contact the Treasury Electronic Payment Solution Contact Center at **1-800-333-1795** or sign up with them at **www.GoDirect.org**. They can also sign up with a personal **[my SocialSecurity](http://my.SocialSecurity.gov)** account. They can create an account if they're age 18 or older, have a SSN, and a valid email and U.S. mailing address.

The client can go to **www.socialsecurity.gov/myaccount** and input some personal information to verify their identity. Then choose a username and password to complete creating their account.

Your client can use their **[my SocialSecurity](http://my.SocialSecurity.gov)** account to get a benefit verification letter, to check their earnings and work record, and in some states request a replacement Social

Security card. If they receive retirement, survivors, or disability benefits, they can also:

- Change their address and phone number;
- Start or change their direct deposit;
- Request a replacement Medicare card; or
- Print a replacement SSA-1099 or SSA-1042S for tax purposes.

Are There Other Options for Electronic Payments?

A third option is an electronic transfer account. This low-cost federally insured account lets your client enjoy the safety, security, and convenience of automatic payments. They can contact us or visit the website at www.eta-find.gov to get information about this program, or to find a bank, savings and loan, or credit union near them that offers this account.

Missing Payments

If your client fails to receive an amount that is set up for direct deposit to their bank, tell us as soon as they find out that it wasn't deposited by calling **1-800-772-1213**. (TTY **1-800-325-0778**) between 7 a.m. and 7 p.m. Monday through Friday.



Wounded Warriors

Military service members can receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the Department of Veterans Affairs (VA) and require a separate application. The expedited process is for military service members who become disabled while on active military duty on or after October 1, 2001, regardless of where the disability occurs.

What Types of Benefits Can People Receive?

Social Security pays disability benefits through two programs: the SSDI program, which pays benefits to your clients and certain members of their family if they are “insured,” meaning that they worked long enough and paid Social Security taxes; and the SSI program, which pays benefits based on financial need. For more helpful information on Wounded Warriors, please visit www.socialsecurity.gov/woundedwarriors.

How Does Military Pay Affect Eligibility for Disability Benefits?

Active duty status and receipt of military pay does not, in itself, necessarily prevent payment of Social Security disability benefits. Receipt of military payments should never stop your clients from applying for disability benefits from Social Security. If they are receiving treatment at a military medical facility and working in a designated therapy program or on limited for duty status, we will evaluate their work activity to determine their eligibility for benefits.

Your clients cannot receive Social Security disability benefits if they engage in substantial work for pay or profit. However, the actual work activity is the controlling factor and not the amount of pay they receive or your military duty status.

How Do People Apply?

They may apply for disability benefits at any time while in military status or after discharge, whether they are still hospitalized, in a rehabilitation program, or undergoing out-patient treatment in a military or civilian medical facility. They may apply online at www.socialsecurity.gov/woundedwarriors, in person at the nearest Social Security office, by mail, or by phone. They may call **1-800-772-1213** (TTY **1-800-325-0778**) to schedule an appointment. We also have a “disability starter kit” available online to help individuals complete their application.

What is Social Security’s Definition of Disability?

By law, Social Security has a very strict definition. To be found disabled:

- Individuals must be unable to do substantial work because of their medical condition(s); and
- Individuals’ medical condition(s) must have lasted, or be expected to last, at least one year or to result in death.

While some programs give money to people with partial disability or short-term disability, Social Security does not.

Can Individuals Receive Benefits for a Past Disability if Their Health Has Improved?

That depends. If we find that a client is disabled under our rules and their application was filed within a specified time frame, we will consider whether they qualify for a closed period of disability. There are specific requirements for a closed period of disability.

The medical evidence must establish that they were unable to engage in substantial work for a continuous period of 12 months, but by the time the disability decision is made, their condition has improved to the point where we find they are no longer disabled.

Your client also must file an application within 14 months after the disability ended. If your client meets the requirements for disability benefits, there is a five-month waiting period before their first monthly benefit can be paid. They can receive up to 12 months of retroactive benefits from the date they file an application with Social Security.

Example: Your client files an application for Social Security disability benefits in December 2010. After reviewing the claim, we find that their disability started on April 15, 2009, and that the condition improved to the point that they were no longer considered disabled as of September 2010. We refer to this as a closed period of disability. Their five-month waiting period begins May 2009, the first full month they are disabled. The months in their waiting period are: May, June, July, August, and September. Thus, the first month for which your client is entitled to disability benefits is October 2009. Your client could potentially receive benefits for October 2009 until September 2010, the month their disability ended.

What Information Does a Person Need to Provide?

To apply for benefits, a person or their representative must provide information and documentation about their age, employment, proof of citizenship, and information regarding all impairments and related treatment. Social Security will make every reasonable effort to help them get the necessary medical evidence.

Important: Individuals should file the application for disability benefits as soon as possible with any documents readily available. Do not delay filing, even if they do not have all the documents mentioned below.

- Original or certified copy of their birth certificate or other proof of age;
- U.S. citizenship or lawful alien status, if foreign born;

- DD Form 214, if discharged from military service;
- W-2 form or income tax return from last year; proof of military pay;
- Workers' compensation;
- SSN(s) of their spouse and minor children;
- Checking or savings account number, if they have one;
- Name, address, and phone number of a contact person, in case they are unavailable; and
- Medical records they have or can easily obtain from all military and civilian sources.

How Long Does it Take?

The length of time it takes to receive a decision on a disability claim can vary, depending on several factors; but primarily on the nature of the disability, how quickly we obtain medical evidence from doctors or other medical sources, and whether it is necessary to send your client for a medical examination in order to obtain evidence to support their claim.

A VA compensation rating of 100 percent permanent and total does not guarantee that you will receive Social Security disability benefits. To be approved for Social Security benefits, you must meet Social Security's definition of "disability". (see page "A Guide to Disability Benefits" on page 9)

What Can People Do To Speed Up The Decision?

They can speed up the decision on their application for benefits by being prepared for their interview. We can take prompt action on their claim if they:

- Let us know right away that their disability occurred while on active military duty;
- Have information available regarding all the doctors they have seen and the address of the military site where their records are kept;
- Notify us of any address changes they have while we are working on their claim; and
- Inform us about any changes in doctors, hospitals, or outpatient clinics where they are receiving treatment.

After we receive your client's application for Social Security disability benefits, we will identify it as a military service member claim and expedite it through all phases of processing, both at Social Security and the DDS. We also expedite disability claims filed online.

Can Family Members Get Benefits?

Certain members of your client's family may qualify for benefits based on your client's work. They include:

- **The spouse**, if they are age 62 or older;
- **The spouse**, at any age, if they are caring for a child of your client's who is younger than age 16 or disabled;
- **An unmarried child**, including an adopted child, or, in some cases, a stepchild, grandchild, or step-grandchild. The child must be younger than age 18, or between the ages of 18 and 19 and a full time student (no higher than grade 12); and
- **An unmarried child**, age 18 or older, if they have a disability that started before age 22. The child's disability also must meet the definition of disability for adults.

Note: *In some situations, a divorced spouse may qualify for benefits based on your client's earnings if they were married to your client for at least 10 years, are not currently married, and are at least age 62. The money paid to a divorced spouse does not reduce your client's benefit or any benefits due to his or her current spouse or children.*

When Do Individuals Get Medicare Coverage?

Individuals will get Medicare coverage automatically after they have received disability benefits for 24 months.

How Does Medicare Affect Service Members' TRICARE?

For service members who are entitled to Medicare Part A (hospital insurance) and Part B (Medical insurance), TRICARE provides Medicare "wraparound" coverage. Medicare is the primary payer for these beneficiaries, and TRICARE serves as a supplement, paying the Medicare deductible and patient cost share.

If a service member is entitled to Medicare Part A based on disability or permanent kidney failure, contact the Department of Defense (DoD) to find out how this may affect their TRICARE benefits. They may need to be enrolled in Medicare Part B to keep their TRICARE coverage. For general information about TRICARE and recent changes in the law, please visit www.socialsecurity.gov/legislation/tricareinfo.html.

People who are awarded retroactive Social Security disability benefits also may become entitled to Medicare Part A for months before they receive the disability award notice. Effective October 2009, TRICARE beneficiaries who are awarded retroactive benefits based on disability or permanent kidney failure do not have to enroll in Part B for those months in the past and can keep their TRICARE coverage as long as they enroll in Part B currently.

Service members should contact the DoD to find out whether they need to enroll in Medicare Part B so they can keep their

TRICARE. The Affordable Care Act (ACA) of 2010 provides for a 12-month Medicare Part B special enrollment period for TRICARE beneficiaries who are entitled to Medicare Part A, but did not enroll in Medicare Part B during their IEP.

What if Service Members Remain on Active Duty?

They may receive Social Security disability benefits and remain on active duty. It is important that they immediately contact Social Security if there is a change in their:

- Military Occupational Specialty code (MOS);
- Air Force Specialty Codes (AFSC); or
- Navy Enlisted Classification (NEC).

A permanent change of station (PCS) move from one duty station to another is also a potential indicator that they may be going back to work and should contact Social Security.

Changes in their work status may affect their Social Security benefits. Tell us right away about any changes in their work or active duty status.

If they are planning to change their PCS, MOS, AFSC, or NEC, they can request a Benefits Planning Query (BPQY) from Social Security. This query contains information about the status of their disability benefits, work history and current work status, health insurance, scheduled medical reviews, and representative payee data.

They can use the BPQY as a tool to help them plan their return to work. They can request this query by calling **1-800-772-1213** (TTY **1-800-325-0778**) or visiting their local field office.

What Should My Client Know About Working?

Social Security has special rules called work incentives that allow your clients to test their ability to return to work.

They also can get help with the education, training, and rehabilitation they need in order to work. For a description of the work incentives and other programs that can help your clients return to the work force, please visit www.ssa.gov/disabilityresearch/wi/generalinfo.htm. For more information, ask us for the publication, *Working While Disabled - How We Can Help* (Publication No. 05-10095) or visit www.socialsecurity.gov/work.

Do Individuals Need to Report Their Work Activity?

Yes. If your client takes a job, it is important that they let us know about it as soon as possible. They should tell us when they start or stop work and if there is a change in their job

duties, hours of work, or rate of pay. Even if they are receiving full pay, they still may qualify for Social Security disability benefits. They may visit their local field office to report their current work activity. They can find the closest office on our website at www.socialsecurity.gov. They can also report work activity to the SSA at **1-800-772-1213**.

Ask the Social Security representative to give your client a receipt showing that they reported their work activity. The work report receipt is for their records and serves as proof that they told us about their current work situation.



Returning to Work

What Happens Next?

When we receive notification that your client has returned to work, we perform a work continuing disability review (CDR). During this review, we look to see whether they are doing substantial work. This is termed the ability to engage in substantial gainful activity (SGA). The SGA amount changes each year and depends on the nature of a person's disability. For the current year's monthly SGA amount, please visit www.socialsecurity.gov/OACT/COLA/sga.html.

When we conduct a work CDR, we ask your client to complete an SSA-821-BK (Work Activity Report Employee). Your client should complete the form and provide as much detail as possible about their job duties.

It is important that they tell us whether they are in a designated work therapy program or whether they are assigned limited duty because of their disability. They may be receiving full military pay, but not performing work duties. Without this information, we cannot properly evaluate their work, and their Social Security benefits may be suspended or terminated.

Work Incentives

Before we determine if their work is SGA, we take in to account work incentives such as Subsidy, Unsuccessful Work Attempts and Impairment Related Work Expenses.

These work expenses may reduce the amount of the wages we consider when we determine SGA.

More information about these and other work incentives is available in the Red Book at www.socialsecurity.gov/redbook.

Trial Work Period (TWP) allows your client to test their ability to work for at least nine months. The months do not need to be consecutive. During the TWP, your client will receive their full Social Security benefits, regardless of how much they earn, as long as they report their work activity and they continue to have a disabling impairment.

To see the amount of monthly earnings that trigger a trial work period, go to www.socialsecurity.gov/OACT/COLA/twp.html. The TWP continues until they have worked nine trial work months within a 60-month period.

Working and Receiving SSI

The SSI employment supports offer ways for you to continue receiving your SSI checks and/or Medicaid coverage while you work. Some of these provisions can increase your net income to help cover special expenses.

Once you receive SSI, we consider that your disability continues until you medically recover, even if you work. If you cannot receive SSI checks because your earnings are too high, your eligibility for Medicaid may continue while you are working. In most cases, if you lose your job or are unable to continue working, you can begin receiving checks again without filing a new application.

Some of the employment supports we consider for SSI recipients are:

- *Blind Work Expenses (BWE)*
- *Impairment-Related Work Expenses (IRWE)*
- *Special SSI Payments for Persons Who Work – Section 1619(a)*
- *Medicaid While Working – Section 1619(b)*
- *Plan to Achieve Self-Support (PASS)*

More information about these work incentives and other work incentives is available in the Red Book at www.socialsecurity.gov/redbook

Extended Period of Eligibility

After the TWP ends, they have 36 months during which they can work and still receive benefits for any month that their earnings are not “substantial.”

During the Extended Period of Eligibility (EPE), their benefits are suspended for any month that they have substantial earnings. However, they will receive a benefit for any month their earnings fall below the substantial level. They do not need a new application or disability determination to receive a Social Security disability benefit during the EPE. More information on work incentives is available at www.socialsecurity.gov/redbook.

Ticket to Work Program

Social Security’s *Ticket to Work* program offers many incentives that can help your client return to work. Under the Ticket program, your client can obtain vocational rehabilitation, training, job referrals, and other employment support services free of charge. These services are provided by Employment Networks, which are private organizations or government agencies (state or local) that have contracts with Social Security to provide employment services and other supports to beneficiaries with disabilities. If your clients are interested in using the Ticket program to go to work or get vocational services, please call **1-866-968-7842**, toll-free.

Work Incentives Planning and Assistance Program

The Work Incentives Planning and Assistance (WIPA) program is a nationwide network of community-based organizations with experts who can answer questions about Social Security’s work incentives and help your client make a decision about working.

WIPA experts, called Community Work Incentive coordinators, provide information and WIPA to people who are receiving Social Security disability benefits and who are currently working or considering work. They can help your client understand how work affects their disability benefits and explain what other federal, state, and local supports there are for people with disabilities who want to work.

To locate the WIPA project nearest your client, call **1-866-968-7842**, toll free.

A Guide to Supplemental Security Income

SSI is a program based on financial need. As stated earlier, it is different than Social Security benefits. Many people who are eligible for SSI may also be entitled to receive Social Security benefits. In fact, the application for SSI is also an application for Social Security benefits. However, SSI and Social Security are different in many ways.

Unlike Social Security benefits, SSI benefits are not based on an individual’s work or a family member’s prior work. SSI payments are paid from federal general revenue funds, which Social Security administers. The distinction is important because rules and regulations for SSI benefits are very different than those for Social Security benefits.

SSI payments can be paid to elders age 65 or older (aged) and to blind or disabled people of any age (including children). Recipients must meet income and resource guidelines. Aged individuals do not have to meet disability guidelines. Disabled clients need to follow the process outlined in the SSI section at www.socialsecurity.gov. DDS will make a decision about the person’s disability. However, if your client is found to be disabled for SSDI, they are also considered disabled for SSI.

In addition, to get SSI, your client must:

- Live in one of the 50 States, the District of Columbia, or the Northern Mariana Islands, or be a child of military parent(s) assigned to permanent duty anywhere outside the U.S. or certain students temporarily abroad;
- Be either a U.S. citizen or national of the U.S., or in one of certain categories of eligible non-citizens; and
- File an application.

SSI Facts

In many States, an individual who receives SSI benefits automatically qualifies for Medicaid. In 2018, the most an SSI recipient can receive is \$750 per month. If both members of a couple qualify, they may receive as much as \$1,125. Payments are made on the first day of the month. If that date falls on a weekend or holiday, the payments are made on the preceding business day.

SSI Income

Because SSI is needs-based, we consider the client’s income, both earned and unearned. We also take into account the income of certain family members living in the same household (i.e. ineligible spouses, parents, stepparents, ineligible children, etc.).

Income is any item a person received in cash or in-kind that can be used to meet his or her need for food or shelter. For SSI purposes, income includes the receipt of any item which can be applied, either directly or by sale or conversion, to meet basic needs of food or shelter (e.g. wages, self-employment, Social Security benefits, pensions, etc.). Although some types of income do not affect the SSI benefit, most income counts. Individual Indian Monies (IIM) paid on Indian lands are not counted in certain cases unless the client receives more than \$2000 per year.

Your client is responsible for reporting any changes in the household's income. These changes must be reported to Social Security as soon as possible by no later than the 10th day of the next month. In most cases, the income reported will not change the SSI payment until two months later unless the income makes the client totally ineligible for SSI.

Income may also include the value of food, shelter or both received from others. This can reduce the SSI payment by up to 1/3 of the FBR plus \$20. For 2018, the FBR is \$750.00. If someone receives food, shelter, or both, the maximum we will count is \$270.00 for 2018.

For couples, the FBR is \$1,125 and the maximum value of food, shelter, or both is \$395.00. For the latest information on SSI living arrangements, go to:

www.socialsecurity.gov/ssi/text-living-ussi.htm.

Resources

As a program based on need, SSI also considers the value of a person's resources, including those of spouses and/or parents living in the same household, as one of the criteria in determining eligibility. An individual (or couple) with countable resources in excess of the statutory limit is not eligible for SSI.

Resources for SSI include, but are not limited to:

- Real estate;
- Bank accounts;
- Cash;
- Stocks and bonds;
- Multiple vehicles;
- Life insurance policies (with a cash surrender value);
- Any other valuable items that could be turned into cash;
- An individual's resource limit is \$2000 and a couple's is \$3000;
- Trusts established under the Indian Gaming Regulatory Act (IGRA).

A child may have up to \$2000 in resources in addition to the parents having \$2000 (one parent household) or \$3000 (two

parent household). Some resources may not count, such as Indian lands and a home that serves as the individual's primary residence. However, clients must report when they sell any property. The money they receive may count as a resource the following month.

Institutions

There are additional rules about getting SSI when a person lives in certain types of institutions and receives SSI. If an institution is involved, your client will need to contact Social Security.

SSI Payments for Children With Disabilities

SSI makes monthly payments to people with low income and limited resources who are 65 or older, or blind, or disabled. Your client's child, if younger than age 18, can qualify if they have a physical or mental condition, or combination of conditions, that meets Social Security's definition of disability for children, and if his or her income and resources fall within the eligibility limits. The amount of the SSI payment is different from state-to-state because some states add to the SSI payment. Your client's local Social Security office can tell them more about their state's total SSI payment.

SSI Rules About Income and Resources

We consider the income of your client's child and resources when deciding if he or she is eligible for SSI. We also consider the income and resources of family members living in the child's household. These rules apply if your client's child lives at home. They also apply if they are away at school, but returns home from time to time and is subject to your client's control.

- If the income and resources of your client's child's or the income and resources of family members living in the child's household, are more than the amount allowed, we will deny the child's application for SSI payments.
- We limit the monthly SSI payment to \$30 when a child is in a medical facility, and health insurance pays for his or her care.

SSI Rules About Disability

- Your client's child must meet all of the following requirements to be considered disabled and, therefore, eligible for SSI;
- The child must not be working and earning more than \$1,180 a month in 2018. (This earnings amount usually changes every year.);

- The child must have a physical or mental condition, or a combination of conditions, that result in “marked and severe functional limitations.” This means that the condition(s) must very seriously limit the child’s activities;
- The child’s condition(s) must have been disabling, or expected to be disabling, for at least 12 months; or the condition(s) must be expected to result in death.

Providing Information About the Condition of Your Client’s Child

When your client applies for SSI payments for their child based on a disability, we will ask your client for detailed information about the child’s medical condition and about how it affects his or her ability to perform daily activities. We also will ask your client to give permission to the doctors, teachers, therapists, and other professionals who have information about the child’s condition to send the information to us.

If your client has any of their child’s medical or school records, they should be sent to us as well. This will help speed up the decision-making process.

What Happens Next?

We send all of the information your client gives us to the DDS office in your client’s state. Doctors and other trained staff in that state agency will review the information, and will request the medical and school records of your client’s child, and any other information needed to decide if the child meets our criteria for disability.

If the state agency can’t make a disability determination using only the medical information, school records, and other facts they have, they may ask your client to take the child for a medical examination or test. We will pay for the exam or test. The state agency may take three to five months to decide if the child meets our criteria for disability.

We May Make Immediate SSI Payments to Your Client’s Child

For some medical conditions, however, we make SSI payments right away, and for up to six months, while the state agency decides if your client’s child has a qualifying disability. The following are some conditions that may qualify:

- Symptomatic HIV infection;
- Total blindness;
- Total deafness;
- Cerebral palsy;
- Down syndrome;
- Muscular dystrophy;
- Severe intellectual disability (child age 4 or older); and

- Birth weight below 2 pounds,10 ounces.

If your client’s child has one of the qualifying conditions, they may get SSI payments right away. If the state agency ultimately decides that the child’s disability is not severe enough for SSI, the client won’t have to pay back the SSI payments that the child received.

SSI Disability Reviews

After your client’s child starts receiving SSI, the law requires that we review the child’s medical condition from time to time to verify that his or her disability still meets our criteria. We must do this review:

- At least every three years for children younger than age 18, depending on the child’s condition; and
- If the child was disabled based on low birth weight, a CDR is normal completed by age one. If we determine their medical condition isn’t expected to improve by their first birthday, we may schedule the review for a later date.

What Happens When Your Client’s Child Turns Age 18?

In the SSI program, a child becomes an adult at age 18, and we use different medical and non-medical rules when deciding if an adult can receive SSI disability payments. For example, we don’t count the income and resources of the client’s parents beginning the month following the month he or she turns 18. We count only the disabled adult and his or her spouse’s income and resources. We use the disability rules under the adult criteria when deciding whether an age 18 child is disabled as an adult.

If your client’s child is already receiving SSI payments, we must review the child’s medical condition when they turn age 18. We usually do this review during the one-year period that begins on the child’s 18th birthday. We will use the adult disability rules to decide whether the 18-year-old is disabled.

Even if the client’s child wasn’t eligible for SSI before his or her 18th birthday because the child’s parent(s) had too much income, or too many resources, they may become eligible for SSI at age 18 as an adult.

For more information, read *Supplemental Security Income* (Publication No. 05-11000).

How Do We Know That Your Client is Still Eligible for SSI?

SSI recipients (or their representative payee) are responsible for reporting any information, which may affect their eligibility or payment amount. However, they do not always report necessary information timely. Therefore, Social Security has established interfaces with federal and state agencies whose

records contain information, which may affect SSI eligibility or payment amount for your clients. They may also require subsequent contacts with your clients.

If your client receives an appointment letter for the review and they are not able to make the scheduled appointment, call us so that we can reschedule the appointment to a time that is more convenient.

If we do the review by mail, we will send a form to complete, sign, and return. When representative payees are involved, they must complete and sign the redetermination form. If the client needs help completing the form, call us. Our staff can assist with filling it out.

Here are some items that may be needed for the period of review:

- Savings account, checking account, or other bank statements regardless of the balance, all accounts should be reported;
- Pay stubs or income tax returns;
- Proof of other income received (e.g., tribal lease payments, per capita payments, trust disbursements, pensions, annuities, unemployment compensation, worker's compensation, etc.);
- Life insurance policies, including any current cash surrender value;
- Burial Contracts; or
- Rent Receipts.

Continuing Disability Review

We review most people's medical conditions every three years unless we believe that the condition will improve sooner. We will send forms to your client or their representative payee to complete. The forms should be returned to the local Social Security office, where they are reviewed and sent to the DDS. The DDS will obtain records to make the determination regarding your client's disability. A notice will be sent to your client once the review is completed. This may take several months. If the medical review determination is not favorable to the beneficiary, refer to the Appeals section for information.

It is very important that the medical review be completed timely. Finding out quickly that the situation has changed, may keep clients from having delayed, missing payments or being paid incorrectly. We can always correct an underpayment situation by paying the additional benefits due, but it may be stressful when a beneficiary finds out that they have received more in benefits than due and are asked to pay it back. Additionally, sometimes the loss of the monthly SSI can result in the loss of state-administered Medicaid.

Child Under Age 18

A CDR is usually done every three years, depending on the child's condition. However, if the child was disabled based on low birth weight, a CDR is normally done by age one. When we do the review, we'll ask the child's payee to show evidence that the child is receiving treatment for their condition. If the child's payee refuses to show us evidence that the treatment is being provided, we may decide to look for a new payee.

Work that they have done during the review period must be documented. If they have reported the work and furnished their pay stubs, this part of the determination will already be completed. If they did not report their work, we will need information about their work history, the pay stubs, as well as the medical information.

When a review is started, the local Social Security office will contact your client or their representative payee for sources of current medical information. It is very important that all the sources be listed so Social Security can get as much medical information as possible. We will also need a completed medical release form SSA-827 medical release to get any additional medical information needed.

SSA will send a yearly informational brochure entitled "*What You Need To Know About Your Supplemental Security Income (SSI) When You Turn 18*" to SSI youths between ages 14 – 17 and their representative payees. This annual brochure provides information on SSI work incentives that primarily affect your (such as the Student Earned Income Exclusion and Section 301) as well as information about common programs and services the family and youth may find helpful such as vocational rehabilitation and the Department of Education's Parent Centers. This brochure is also available online at: www.ssa.gov/pubs/EN-05-11005.pdf

Payment Continuation for Claimant Receiving Unfavorable Determination

Social Security beneficiaries are notified in writing of any decisions. When our decisions are not favorable to them, they are given the chance to request that their payments continue while they make a first level appeal of the decision. Recipients can request payment continuation when they appeal a decision within 10 days of receiving the unfavorable notice.

If the appeal isn't overturned, the claimant could be responsible for repayment. See more information in *Supplemental Security Income* (Publication No. 05-11000).

Slightly different rules apply to medical cessation cases. When appealing medical cessation cases, a person may elect to have benefits continued at both the first and second levels of appeal.

A Guide to Medicare

www.medicare.gov

Most people qualify for Medicare when they turn 65. Others qualify for Medicare based on their disability or have ESRD or ALS.

The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Although CMS is the agency in charge of the Medicare program, your client can apply for Medicare at Social Security, and we can give them general information about the Medicare program.

Medicare has Four Parts:

- Medicare **Part A**, Hospital Insurance;
- Supplemental Medicare **Part B**, Medical Insurance;
- Medicare **Part C** (Medicare Advantage), which was formerly known as “Medicare + Choice”; and
- Medicare **Part D**, Prescription drug coverage.

Part A

Part A is paid for by a portion of Social Security taxes. It helps pay for inpatient hospital care, skilled nursing care, hospice care, and other services.

Part B

Part B is paid for by the monthly premiums of people enrolled and by general funds from the U.S. Treasury. It helps pay for doctor’s fees, outpatient hospital visits, and other medical services and supplies that are not covered by Part A.

NOTE: *If the individual does not enroll in Part B when first eligible for it, they may have to pay a late enrollment penalty for as long as they have Part B coverage. They may also have to wait to enroll, which will delay this coverage.*

Part C

Part C (Medicare Advantage) plans allow the client to choose to receive all health care services through a provider organization. These plans may help lower the cost of receiving medical services, or provide extra benefits for an additional monthly fee. Your client must have both Parts A and B to enroll in Part C. However, since most ITUs do not have contracts with Medicare Advantage plans, enrollment is not a recommended option for someone who primarily utilizes ITUs for their healthcare issues.

Part D

Part D (Prescription drug coverage) is voluntary and the costs are paid for by the monthly premiums of enrollees and Medicare. Unlike Part B, in which individuals are automatically enrolled, your client must choose the plan and enroll themselves, except for those described below under the Extra Help (subsidy) with Medicare Prescription drug coverage.

People who have Medicare and are receiving SSI and/or Medicaid or who participate in the Medicare Savings Programs are deemed eligible for a subsidy. This means they do not have to file an application for Extra Help (subsidy) and will be auto-enrolled with a Prescription drug plan.

NOTE: *Your client may owe a late enrollment penalty if they go without a Medicare Prescription drug plan (Part D), or without a Medicare Advantage plan (Part C) (like an HMO or PPO), or other Medicare health plans that offers Medicare Prescription drug coverage, or without creditable Prescription drug coverage for any continuous period of 63 days or more after your client’s IEP is over. However, if they get Extra Help (subsidy), they don’t pay the late enrollment penalty.*

Medicare Enrollment

If your client is already receiving Social Security benefits, they are automatically enrolled in Medicare Part A and B when they turn age 65. However, because there is a premium for Part B coverage, (\$134.00 for most people in 2018), your client will receive an initial enrollment package by mail a few months before they become eligible for Medicare (in some instances).

If your client is not receiving benefits at 65, they should file online at www.socialsecurity.gov/pgm/medicare.htm or call Social Security for an appointment three months prior to their 65th birthday so we can help them decide if they should sign up for Medicare.

Remember, even someone who does not have enough work credits can apply for Medicare as long as they meet other criteria:

- They must be a U.S. citizen or a lawfully admitted alien who has lived in the U.S. continuously for the five years before they apply for Medicare.
- Your client can apply online for retirement to include Medicare, or can apply Medicare only.
- They can also file for Medicare based on a spouse who has enough work credits. When they apply for Medicare, we can also take an application for retirement benefits, if needed.

If your client’s eligibility for Medicare is based on being disabled, Medicare will begin 24 months after they begin receiving monthly benefits unless they have ALS or ESRD. For example, if a person starts receiving monthly disability

payments in January 2014, they will be eligible for Medicare in January 2016. However, because there is a premium for Part B coverage, your client can choose to refuse Medicare Part B coverage. They will be mailed an initial enrollment package a few months before they become eligible for Medicare.

Effective Date of Part A Enrollment

When your client first becomes eligible for hospital insurance (Part A), they have a seven-month period (the IEP) in which to sign up for medical insurance (Part B). A delay in signing up may cause a delay in coverage and result in higher premiums. If your client is eligible at age 65, their initial enrollment begins three months before their 65th birthday, including the month they turn age 65 and ends three months after that birthday. If your client is eligible for Medicare based on disability or permanent kidney failure, their IEP depends on the date their disability or treatment (dialysis or transplant) began.

Effective Date of Part B Enrollment

If your client has been automatically enrolled or if they take action to sign up for Medicare Part B during the first three months of their initial enrollment period, their medical insurance protection will start with the month they are first eligible.

If your client enrolls during the first three months of their IRP, their Part B will start with the month that they are first eligible. If they enroll during the last four months, their Part B will start from one to three months after they enroll.

The following chart shows when Medicare Part B becomes effective:

If your client enroll in this month of your client's IEP	Part B coverage starts
1st	The month the client becomes eligible for Medicare
2nd	The month the client becomes eligible for Medicare
3rd	The month the client becomes eligible for Medicare
4th	One month after Enrollment
5th	Two months after Enrollment
6th	Three months after Enrollment
7th	Three months after Enrollment

Medicare Savings Programs

When individuals need assistance paying for Medicare Part B (and Part A if the individual is subject to a premium), Medicaid has Medicare Savings Programs that may help, depending on the state that they reside in. Qualified Medicare Beneficiary (QMB) pays the Medicare Part A and B premiums plus deductibles and coinsurance. The Special Low Income Beneficiary (SLMB) and Qualifying Individual (QI) programs pay Medicare Part B premiums for qualified individuals. Each of these programs considers the individual's (or couple's) resources and the specific program for which the individual qualifies is based on where their income falls in an income range. Only your client's state can decide if they qualify for help under these programs.

A Medicaid case manager in the local Office of Public Assistance can determine whether an individual qualifies for one of these Medicaid programs, as well as other Medicaid programs.

It is very important to assist individuals with applications for Medicaid, because IHS, Tribal Health Programs and Urban Indian Health Centers (collectively known as the ITU system) rely on Medicare and Medicaid to supplement their funding.

General Enrollment for Part B

If your client does not enroll during the IEP, they have another chance each year to sign up during a general enrollment period from January 1st through March 31st. The coverage would be effective July 1st following the enrollment. Your client's monthly premium would increase 10 percent for each 12-month period that they were eligible for, but did not enroll in, Medicare Part B.

Special Enrollment Period

If your client is 65 or older and is covered under a group health plan, either from their own or their spouse's current employment, they can have a SEP in which they can sign up for Medicare Part B. This means that they can delay enrolling in Medicare Part B without having to wait for the next general enrollment period and having to pay a late enrollment penalty. The rules allow your client to:

- Enroll in Medicare Part B any time while your client is covered under the Group Health Plan (GHP) based on current employment; or
- Enroll in Medicare Part B during the eight-month period that begins with the month your client's group health coverage ends, or the month employment ends- whichever comes first.

SEP rules do not apply if employment or employment-provided group health plan coverage ends during your client's IEP. An individual may not enroll under SEP while still in their IEP.

People who receive Social Security disability benefits and are covered under a GHP from either their own or a family member's current employment also have a SEP.

Enrollment in Part D – Medicare Prescription Drug Plan

Medicare offers prescription drug coverage to everyone with Medicare. If your client decides not to join a Medicare drug plan when they are first eligible, and they do not have other creditable prescription drug coverage, or they do not get Extra Help (Subsidy), they will likely pay a late enrollment penalty.

To get Medicare prescription drug coverage, your client must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. Visit the Medicare Plan Finder at www.Medicare.gov/find-a-plan to view estimated yearly costs for each plan and your client's costs per prescription drug for each month. For information on joining a plan, your client may visit www.medicare.gov or they may call 1-800-633-4227 (1-800-MEDICARE).

Extra Help (Subsidy) with Medicare Prescription Drug Plan

Your client may be able to get Extra Help (subsidy) to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription drug program. However, they must be enrolled in a Medicare Prescription drug plan to get this Extra Help (subsidy). Your client may file an application for Extra Help (subsidy) online at www.socialsecurity.gov/medicare/prescriptionhelp/.

Individuals that have Medicare and receive SSI and/or Medicaid, or who participate in the Medicare Savings Programs are deemed eligible for a subsidy. This means they do not have to file an application for Extra Help (subsidy) and will be auto-enrolled with a Prescription drug plan.

When a Medicare beneficiary appears to have limited income and resources, but is not deemed eligible for subsidized prescription drug coverage, Social Security will periodically notify the beneficiary about the availability of Extra Help (subsidy). These individuals may file an application for Extra Help (subsidy) online or contact their local field office.

End Stage Renal Disease

For your clients who get Medicare because they have ESRD, there are special rules about when their coverage starts. Medicare A and B begin in the 3rd month after the month that

they begin a regular course of dialysis or in the month after a kidney transplant is received. If your client enters the hospital as an inpatient early to have treatment before the transplant, their Medicare coverage begins in the month that they enter the hospital. Their Medicare coverage ends 36 months after the month that their transplant occurred or 12 months after their dialysis treatment stops.

Application Process

If your client is already receiving Social Security benefits at least four months prior to the month they turn 65, they will automatically be enrolled in Medicare Parts A and B upon turning age 65.

However, because a premium is charged for Part B coverage, your client has the option of refusing the Part B. Your client will receive an initial enrollment package, including the Medicare Card, by mail a few months before they become eligible. To refuse Part B, your client must check the box on the back of the card to indicate that they do not want Part B, sign, and return the card.

If your client is not already getting benefits when they turn 65, they should file online at www.socialsecurity.gov/pgm/medicare.htm or call 1-800-772-1213 (TTY 1-800-325-0778) three months prior to their 65th birthday so we can help them decide if they should sign up for Medicare.

Your client should do this even if they plan to continue working or do not think they have enough work credit under Social Security, because Medicare enrollment period rules are very strict. If your client wants to file for Medicare only, they can call the 800 number listed above between 7:00 a.m. and 7:00 p.m. on business days, or file online.

Our representatives there can make an appointment for them at their local Social Security office. When your client applies for Medicare, we often take an application for retirement benefits, if needed. If your client wants to apply, consider applying for retirement and Medicare benefits online.

If your client's eligibility for Medicare is based on being disabled, entitlement will be effective 24 months after his or her entitlement to monthly benefits begins. As an example, if entitlement to monthly disability payments begins in January 2014, then eligibility for Medicare starts in January 2016. However, because your client must pay a premium for Part B coverage, they will have the option of refusing it. Your client will want to evaluate their health insurance to make an informed decision before refusing Part B since refusing coverage can result in premium penalties. As mentioned earlier, you want to always refer them to the state for the Medicare Savings Programs if it appears they meet income and resource limits and they indicate they cannot afford the premiums.

A Guide to the Appeals Process

Right to Appeal

If your client disagrees with their decision, it can be appealed. When your client asks for an appeal, Social Security will look at the entire decision, not just the part they disagree with. If Social Security made a wrong decision on the case, we will change it.

Your client has 60 days from the date they receive the letter telling them about Social Security's decision to request an appeal. Social Security assumes they received the letter five days after the date on the letter, unless they can show it was received later.

If the appeal is not filed within the 60-day time limit, clients may lose the right to appeal. If your clients have good reason for not appealing within the time limit, Social Security may give more time. To do so, they must make a request in writing, which states the reason for the delay.

Four Levels of Appeal

There are four levels of appeal. If your client is not satisfied with the decision at one level, it may be appealed to the next stage. The levels of appeal are:

- Reconsideration;
- Hearing by an Administrative Law Judge (ALJ);
- Review by the Appeals Council; and
- Federal Court review.

File an Appeal

Your clients or their representative may appeal a disability decision online at <https://secure.ssa.gov/iApplsRe/start>.

Your clients or their representatives can appeal a decision on their Social Security or SSI disability claims by easily completing and submitting online the request for reconsideration or a hearing. To learn more about the disability process, please go to www.socialsecurity.gov/disability.

Your client or their representative may also appeal a non-medical decision by completing and submitting the online request for reconsideration or hearing at <https://secure.ssa.gov/iAppNMD/start>.

Appeals can be filed on many issues. The steps of the appeal process are the same for all appeals; however, the routing of appeal decisions varies depending on the issue involved. This guide includes a description of each of the processes, but focuses on the disability appeal process.

Reconsideration

In most states, the first level of appeal is the reconsideration. A reconsideration is a complete review of the claim by someone other than the individual who made the original decision.

All evidence, plus any additional evidence submitted, will be reevaluated and a new decision will be made.

This review may be completed in the district office, a payment center, or the DDS.

The DDS makes the decision when the claim is denied because of medical reasons. When a decision is made on the reconsideration, Social Security sends a letter explaining the decision. It usually takes about 60 days to receive a decision.

Appeals Hearing

If the client disagrees with the reconsideration, the next level of the appeals process is a hearing before an ALJ. This is the second level of appeal for people in most states.

The judge working the case has had no part in any decision up to this point. The judge notifies the client of the time and place of the hearing. It can be many months before the hearing is scheduled.

Before the hearing, Social Security may ask the client to provide more evidence and to clarify information. The client may appoint a representative. If your client does not wish to come to the hearing, Social Security must be notified in writing. At the hearing, the judge will question your client and any witnesses, such as a vocational expert. Sometimes a video hearing is conducted rather than a face-to-face hearing. The length of time for a hearing decision varies greatly but on average, it is about 526 days.

Appeals Council

If your client disagrees with the hearing decision made by the ALJ, a review by Social Security's Appeals Council (third level) can be requested. The Appeals Council looks at all requests for review, but may deny a request if it believes the hearing decision was correct. If the Appeals Council decides to review the case, the Council will either decide the case itself or issue an order returning your case to the ALJ for further action. The Appeals Council will notify your client by mail of the actions it has taken on the case. In fiscal year 2010, the average processing time for a request for review was about 11 and-a-half months from the date the request was filed until the Appeals Council released its final action. The Council was able to process about two-thirds of its actions in 365 days.

Federal District Court

If your client disagrees with the Appeals Council's decision or if the Appeals Council decides not to review your client's case, they may file a lawsuit in a federal district court. The letter we send them about the Appeals Council's action also will tell them how to ask a court to look at their case.



A Guide for Representative Payees

Representative Payee

Social Security's Representative Payee program provides financial management for beneficiaries who are incapable of managing their Social Security or SSI payments. If you are concerned that someone you know becomes incapable of managing or directing the management of their benefits, Representative payees help people (beneficiaries) by making sure their needs are met. Some of these needs include making sure the housing and utilities are paid on time, food is available, clothing is purchased and personal care items are provided. Currently, more than eight million children and adults who receive monthly payments get help from representative payees.

If your client needs to help another person in managing their money, there are several things that they need to know:

- The first is determining how to apply to be a representative payee;
- The second is learning about the reporting responsibilities;
- The third is understanding how the individual will be expected to account for the money they receive on behalf of the beneficiary;

- Finally, when a person becomes a representative payee, they will need to know what to do when they can no longer serve as representative payee.

Applying to be a Representative Payee

To apply to be a payee for a beneficiary, the individual should contact the Social Security office closest to them to complete an application. Social Security will also verify the identity of the applicant. Social Security offers different options for Representative Payee applicants to complete the application process by video (video service delivery- VSD), over the phone, or in the office. If the face-to-face interview process causes an undue hardship such as distance to an office or VSD, work prevents the applicant from visiting the FO during regular business hours, or the payee applicant is currently serving as a payee, an application over the phone is an option. At this time, we do not offer an online process to apply to be a Representative Payee.

We consider several factors before making a payee determination. We consider how long the applicant and the beneficiary have known each other. We also consider their relationship, the criminal history of the person applying to be the representative payee, if the payee has other types of income, or if the beneficiary owes the payee money. Selecting the right representative payee for an individual that needs assistance is very important to us.

Representative Payee Responsibilities

Once Social Security selects the applicant to be a representative payee, the payee must make sure the beneficiary's day-to-day needs are met. As a payee continues helping, they will be asked to report any changes that could affect the amount of money the beneficiary is due. This list includes some examples of things that may affect the benefit amount. They should report when the beneficiary:

- Moves;
- Starts or stops working;
- Has a medical condition that improves;
- Starts receiving another benefit type or the amount changes;
- Goes to jail for a crime that carries a sentence of more than one month;
- Is a child and custody changes or an adoption takes place;
- Is a stepchild and the parents divorce;
- Gets married;
- No longer needs a payee;
- Dies.

Your client must also tell us if they are no longer responsible for the beneficiary, they move, they no longer want to be

payee, they are convicted of a felony, or if they have violated a condition of their probation or parole.

Responsibilities of Reporting

In addition to the responsibilities listed above, there are special reporting requirements for payees of beneficiaries getting SSI benefits.

They should report when the beneficiary:

- Moves to or from a hospital, nursing home, or correctional facility or other institution;
- If married, when the couple separates or resumes living together;
- Has a change in income or resources;
- Someone moves into or out of the beneficiary's house.

If the representative payee fails to report any of the actions described above to Social Security, the beneficiary may be paid too much money. In that case, the payee may have to return the money the beneficiary was not due and payments may stop. If Social Security determines the representative payee intentionally withheld information in order to continue receiving payments, the representative payee may be criminally prosecuted. Criminal penalties may include fines and imprisonment.

Representative payees for SSI recipients should be aware that savings and other resources are limited to \$2,000 (\$3,000 for a couple) under the SSI program. Keep in mind that interest on savings counts toward that limit.

Accounting Responsibilities

Representative payees are responsible for keeping records and reporting how they spent the beneficiary's benefits by completing a Representative Payee Report (Form SSA-623, SSA-6230, or SSA-6233). The appropriate form will be mailed to the representative payee about once a year. It may be helpful to obtain a copy of Social Security's publication No. 05-10076, "A Guide for Representative Payees", because it contains a worksheet of income and expenses that will be useful when completing the Representative Payee report. This report is also available online at www.socialsecurity.gov/payee.

When a Representative Payee Stops Being a Payee

If the representative payee wishes to stop being a payee, they must notify Social Security immediately. This is important because a new payee will need to be selected as soon as possible. When the representative payee is no longer responsible for the beneficiary's funds, they must return

any benefits, including interest and cash on hand, to Social Security. The funds will be re-issued to the beneficiary or to a new payee.

When Your Client Wants to be Their Own Payee

Your client has the right to receive their own Social Security payment unless Social Security has reason to believe they may spend their money in a way that might hurt them. If your client has a representative payee because of a physical or mental disability, in order to become their own payee, they must show SSA that they are now mentally and physically able to handle their money themselves. You can help your client provide:

- A doctor's statement that there has been a change in their condition and the doctor believes they are able to care for themselves; or
- An official copy of a court order saying that the court believes they can take care of themselves; or
- Other evidence that shows their ability to take care of themselves.

NOTE: *Be advised that if Social Security believes their condition has improved to the point that they no longer need a payee, we may reevaluate their eligibility for benefits. Should you discover a situation where the payee has only been changed on one program (such as SSI), but your client receives benefits from both SSI and Social Security, you will need to contact your local field office to make the correction on the other payment.*

Organizational Payees

Social Security needs the help of qualified organizations to serve as representative payees. SSA pays these people through representative payees who receive and manage payments on behalf of beneficiaries. For a small segment of the population, traditional networks of support are not available, and SSA looks to state, local or community sources to fill the need. These sources are called organizational representative payees.

Organizational representative payees can include social service agencies, institutions, and state or local government agencies. While most people receive their Social Security and SSI payments directly, some need assistance in managing their benefits. Payments to these individuals are paid through a representative payee who receives payment on behalf of the beneficiary and provides for their personal needs. For many beneficiaries, a family member or friend serves as the payee. But for a growing number of individuals, no

one is available to fill this role. In an effort to ensure that beneficiaries who are unable to handle their own benefits have qualified representative payees to act in this capacity, Social Security is recruiting organizations that already provide some case management services, spiritual guidance, or community assistance.

The SSA's Representative Payment program provides assistance to the most vulnerable members of society: the young, the elderly, and the disabled who are unable to manage their Social Security or SSI benefits.

How to Use the Benefits

A representative payee receives and manages the beneficiary's payments and uses them for the care and benefit of the beneficiary. Social Security or SSI benefits are properly used if they are:

- Spent for the beneficiary's current and reasonably foreseeable needs; or
- Saved and invested for the beneficiary, if the current needs are met.

As an organizational representative payee, you will be required to make sure that all the beneficiaries needs are met and good records are maintained.

Training for Organizational Payees

Social Security has designed a lesson plan to provide organizational representative payees with training that will give the organizations an overview of the duties and responsibilities of a representative payee. In addition, a PowerPoint presentation has been designed to accompany the lesson plan.

The lesson plan can be used by Social Security offices to train organizational payees in their area or by organizations for self training.

With the links below, anyone interested can read, print, or download the lesson plan, the guide for organizational payees, as well as the PowerPoint presentation:

Lesson Plan (HTML format 111kb), online at www.socialsecurity.gov/payee/LessonPlan-2005-2.htm;

Guide for Organizational Rep Payees, online at www.ba.socialsecurity.gov/payee/NewGuide/toc.htm;

Organizational Rep Payee Lesson PowerPoint Presentation, online at www.socailsecurity.gov/payee/documents/LPPT-0701.ppt.

There are also two videos available:

“**Training for Organizational Representative Payees 2006**” is a supplement to the lesson plan and PowerPoint presentation. Available at www.socailsecurity.gov/payee/training_ORP.htm;

“**Best Record Keeping Practices for Organizational Representative Payees**” provides assistance to organizational payees on organizing and maintaining financial records. Available at www.socialsecurity.gov/payee/training_RKP.htm.

By working together to serve “our” clients, we can make a difference in their lives.

Incorrect Payments

Overpayments

An overpayment occurs when Social Security pays a beneficiary more than they should have been paid for one or more months. If this happens, we will notify the overpaid person and any representative. Our notice will include the amount of the overpayment, explain how the overpayment occurred, different ways to repay, appeal, and waiver rights. It is very important that your client reads the notice carefully.

Repayment of Overpayments — Social Security Beneficiary

If the beneficiary agrees they have been paid too much and the overpayment amount is correct, there are several ways to repay the benefits. The entire amount of the benefit payment will be withheld monthly until the overpayment has been collected or a person can ask for a lesser amount to be withheld; however, we prefer for the debt to be repaid within 36 months.

If a financial hardship exists, we will look at the repayment amount being requested, review the financial situation, and make a decision. Full withholding of the Social Security benefit starts 30 days after we notified the beneficiary of the overpayment, so it is important that your client contacts Social Security immediately to ask for a lower amount to be withheld from the payment, if needed. If the client receives Social Security benefits and was overpaid SSI benefits, we can withhold the SSI overpayment from the Social Security payment.

Repayment of Overpayments — SSI Beneficiary

If a person is receiving SSI, we generally withhold 10 percent of the payment until the overpaid amount is recovered. A lesser amount can be requested if a financial hardship exists. Deductions from a SSI payment will not start until at least 60 days after we notify the beneficiary of the overpayment. If the person no longer receives SSI payments, then the entire amount of the overpayment is due within 30 days. If payment

cannot be made within 30 days, contact Social Security to work out a repayment plan. If repeated requests for the funds are not answered, then Social Security will collect the overpaid funds from a federal tax refund, wages, or future Social Security or SSI benefits.

Overpayment Appeal Rights

When your clients do not agree that they have been overpaid, or if they believe the amount is incorrect, an appeal can be filed using Form SSA-561. The appeal must be in writing and received by Social Security within 60 days from the date shown on the overpayment letter. The reason that your client disagrees with the decision must be completed on the request form.

Waiver Requests

If beneficiaries or payees do not believe they should have to repay the overpayment, a waiver can be requested. The Form SSA-632 (Request for Waiver) can be found online at www.socialsecurity.gov/online/ssa-632.html or at your client's local Social Security Office and must be submitted. A waiver can be completed at any time, but there are two basic criteria for the waiver to be approved:

- The person was not at fault in causing the overpayment; and
- Paying it back would cause financial hardship.

If the waiver is for an SSI client who is currently receiving benefits, complete pages one, two, and three of the waiver form. The beneficiary or payee should complete the back and submit the form to the local Social Security office. If the overpaid benefits were Social Security benefits, the client must complete the entire form and submit it with proof of household income and expenses. Further instructions are available online. If the waiver is denied, the denial letter explains how to appeal the decision. Before the waiver is denied, a personal conference will be conducted by phone or in person with your client by the local Social Security office. In the case where Social Security needs to contact a financial institution regarding a client's account, the Form SSA-4641 is needed. This form can be found at your client's local Social Security office.

Underpayments for SSI Beneficiaries with a Dedicated Account

Sometimes a large amount of money for past SSI benefits (retroactive benefits) is due. Depending on how much is due, Social Security may require the use of dedicated accounts or payments in installments.

SSI Dedicated Accounts for Children Under Age 18

When disabled children under age 18 are due retroactive payments, and these payments equal at least six times the full SSI federal payment (in 2018, 6 x \$750 = \$4,500), payees are required to open a special account at a financial institution. All past-due payments will be deposited directly into this "dedicated account", and the use of these funds is restricted. A "dedicated account" must be separate from the account used for the regular monthly benefit payment and can only be a checking, savings, or money market account. Other funds cannot be put into the "dedicated account." The title on the "dedicated account" must show that the child owns the funds, including interest. The local Social Security office will explain all of this to the representative payee.

It is very important that the payee remember that this money can only be used for the following expenses:

- Medical treatment; and
- Education or job skills training.

If Social Security gives permission, and the use relates to the child's impairment, the money may also be used for:

- Personal needs or assistance (e.g., in-home nursing care);
- Special equipment;
- Housing modification;
- Therapy or rehabilitation; or
- Other items or services approved by your client's local Social Security office, like legal fees incurred by the child in establishing a claim for disabled child's benefits.

The dedicated account cannot be used for basic monthly maintenance costs such as food, clothing, or shelter. The payee must keep receipts, bank statements, and maintain an expense record for at least two years as verification of expenditures and must be able to explain how any expenditure relates to the child's disability.

SSI Installment Payments for Retroactive Benefits

When past-due benefits exceed three times the SSI federal benefit rate plus the federally administered state supplement, (see www.socialsecurity.gov/oact/cola/SSI.html), Social Security must pay the person in up to three installment payments. The installment payments are made every six months. The first two installments cannot be larger than three times the monthly benefit amount. Any remaining benefits will be paid in a last installment payment. This money does not count as a resource for nine months after it is received. If there is an outstanding debt related to food, clothing, shelter

or medical needs, Social Security may be able to increase the amount being paid in this installment payment.

Reporting Changes

After your client or their family begin to receive Social Security or SSI benefits, their situation may change and they will want to keep in touch with Social Security Administration to report those changes.

Reporting Changes

Changes can be reported by calling **1-800-772-1213** (TTY **1-800-325-0778**) or by contacting the local office. Some changes can be made online. If we do not hear about these changes when they happen, it may cause overpayments or underpayments.

When your client receives Social Security benefits, they should report:

- Changes of mailing address;
- Change of marital status;
- Name change;
- For disability clients, monthly pay stubs should be furnished any time they start or stop a job, including self-employment;
- An increase or decrease in earnings if they receive retirement or family benefits;
- Changes in a direct deposit account;
- Any outstanding felony or arrest warrants for escape from custody, flight to avoid prosecution or confinement, or flight-escape;
- A new child born or adoption of a child who is receiving benefits;
- Leaving the U.S.;
- A change in school enrollment for a child age 18 to 19;

- A child receiving benefits leaves the client's care;
- If receiving disability benefits, an improvement in their medical condition; and
- If they start receiving a retirement or disability pension from a job for which they did not pay Social Security taxes, or if that pension amount changes.

Many services are now available online from Social Security. Please refer to the fact sheet "*What You Can Do Online*" at www.socialsecurity.gov/onlineservices/.

SSI Benefits

Because the SSI program is based on many aspects of income, resources and living arrangement, there are additional changes that must be reported. These changes must be reported by the 10th of the month following the month of change to ensure that SSI payment is correct:

- A change in the number people in the household;
- A change in help with living expenses from family or friends;
- An increase or decrease in things your client owns like money in the bank;
- Entering or leaving an institution such as a hospital, nursing home, prison, or jail;
- Change in school attendance if they are under age 22;
- A sale of their interest in Indian Trust lands;
- Leaving the U.S. for 30 or more days in a row or for a full calendar month;
- Monthly wages must be reported for custodial parents of a child on SSI. They can use the SSI Telephone Wage Reporting system to do this. The local office can provide more information about this convenient program;
- When a situation changes and your client tells us about the change, we can explain how the change affects the benefits received.



Online Resources

Plan Your Benefits

my Social Security is an online account that allows people quick access to their personal Social Security information. People age 18 and over can apply at www.socialsecurity.gov/myaccount.

Your client can go online to request:

- **my Social Security Statement Online**;
- Address and phone number changes;
- Starting or changing direct deposit information;
- Replacement SSA-1099 or SSA-1042s;
- Benefit Verification letter;
- Request replacement Medicare card; and
- Request a replacement Social Security card (certain requirements apply).
- Report wages if your client works and receives Disability Insurance benefits.

my Social Security Statement Online is available after creating a **my Social Security** account. This is a valuable tool your clients can use to track their annual earnings. www.socialsecurity.gov/mystatement

B.E.S.T. screens for Medicare, Disability, Retirement, Survivors, Special Veterans, and SSI benefits. <https://ssabest.benefits.gov/>

Estimate Future Benefits with Social Security's Online Estimator at: www.socialsecurity.gov/retire/estimator.html

Discover Retirement Options and decide when to start benefits. <https://www.socialsecurity.gov/planners/retire/>

Retirement Earnings Test Calculator shows how benefits may be received while working. www.socialsecurity.gov/OACT/COLA/RTeffect.html

Disability Planner describes what is available and how to qualify. www.socialsecurity.gov/planners/disability/

Survivors Planner explains how family members are protected and qualify. www.socialsecurity.gov/planners/survivors

Apply for Benefits

Retirement Benefit Application is easily completed online or in the local Social Security office. www.socialsecurity.gov/retireonline

Spouses' Benefit Application may also be filed online with the choice of processing in a special unit or in the local Social Security office. www.socialsecurity.gov/retireonline

Disability Benefit Application is required in conjunction with the disability and work history report and is processed in the local Social Security office. www.socialsecurity.gov/disabilityonline

Appointment of Representative Form is available online, but must be printed, completed, and signed www.ssa.gov/forms/ssa-1696.html

Online Application Status can be checked for a claim filed electronically. <https://secure.ssa.gov/apps6z/IAPS/applicationStatus>

ACA Enables all U.S. citizens and legal residents to purchase health insurance. www.HealthCare.gov

Medicare for medical and hospitalization insurance. www.socialsecurity.gov/medicare/apply.html

Extra Help (subsidy) with Medicare prescription drug costs is easily applied for online. www.socialsecurity.gov/i1020

Business Services Online provides a suite of services for organizations www.socialsecurity.gov/pgm/business.htm

For More Information

Contact Social Security's AIAN website www.socialsecurity.gov/people/aian

Contact Social Security's Regional Communications Directors www.socialsecurity.gov/agency/rcds.html



Questions and Answers

General

Q. Some of my clients are more comfortable talking on the phone. Can they still call Social Security for assistance?

A. Yes. You or your client can still contact their local office and the national toll free service center at **1-800-772-1213** for assistance. (TTY **1-800-325-0778**).

Q. Can I assist my client in applying for Social Security benefits online?

A. Yes. You can assist your clients in applying for Social Security retirement, spouse's, or disability benefits online. To assist your client in preparing to apply for retirement or spouse's benefits, you may want to first visit our online Retirement Planners at www.socialsecurity.gov/planners/retire.

Q. What can I do to help someone who has no identification?

A. We can occasionally use other documents to prove identity. These documents must be original or certified copies created within the last two years. We suggest gathering as many documents as possible such as tribal ID cards, health insurance cards, medical records, legal papers, and school records to present as proof of identification. Social Security will determine if the documents are acceptable.

Q. How can I tell if my client's document is a certified copy?

A. Legal documents such as birth certificates, court orders, marriage certificates, and divorce decrees must be certified. You can tell that a document is certified if you can feel a raised seal on it. It will also have a stamp that begins, "I hereby certify..." We must see certified copies of all legal documents. We do not accept notarized documents.

Q. May clients use their birth certificate as ID?

A. No. A birth certificate may never be used as identification. However, it is acceptable to establish citizenship.

Q. May clients use a photocopy of their driver's license to get a replacement Social Security card?

A. No. Social Security will not accept a photocopy of any document.

Q. I've heard a lot about identity theft. What can you tell me about that?

A. Sometimes more than one person might use the same SSN either on purpose or by accident. Social Security does

not require people to report a lost or stolen card. Reporting a lost or stolen card to us will not prevent its misuse. However, a person using someone's card or number can get other personal information about that person and apply for credit in their name. So if you suspect someone is using another person's SSN, take these steps to guard against identity theft:

- File a complaint with the Federal Trade Commission;
- Monitor credit reports; and check your *my* Social Security account yearly to ensure income is credited correctly or call toll-free at **1-800-772-1213**. (TTY **1-800-325-0778**)

Q. How can my client notify Social Security that they have changed their address?

A. If your client gets Social Security benefits you can help them change their address online with a my Social Security account. If they can't use the internet, they should call our toll-free number **1-800-772-1213** (TTY **1-800-325-0778**) or visit the local Social Security office.

Retirement

Q. What month do retirement benefits begin?

A. A person can receive reduced retirement benefits beginning the first full month that they are age 62. That means that benefits are not paid for the month a person turns age 62 unless their birthday is on the first or second day of the month. Social Security benefits are paid in the month after the month for which they are due. For example, if a person's 62nd birthday is July 15, the first month they are due a payment is August and they will receive their first payment in the month of September.

Q. Can my client apply for Social Security retirement benefits on the internet?

A. Yes. Anyone can apply for Social Security retirement, spouse's, or disability benefits online; just click on the tab at the top of the page for retirement or disability benefits. They can also call **1-800-772-1213** (TTY **1-800-325-0778**).

Q. What happens if a client wants to work while receiving retirement benefits?

A. The amount your client can earn while receiving Social Security depends on his or her age. Their earnings in (and after) the month your client reaches FRA will not affect their Social Security benefits. However, their benefits are reduced if their earnings exceed certain limits for the months before they reach their FRA. To determine how much their



Questions and Answers

benefit may be reduced, visit our Retirement Planner at www.socialsecurity.gov/retire2/whileworking.htm.

Q. Will client's children be eligible for monthly Social Security payments after my client retires?

A. Monthly Social Security payments may be payable to their children if they are:

- Unmarried, and
 - Under age 18; or
 - 18-19 years old and a full time student (no higher than grade 12); or
 - 18 or older with a disability that began before age 22.
- Adopted children, stepchildren, grandchildren, and step-grandchildren who meet the requirements above may also be eligible for Social Security payments.

Q. Can a child receive benefits on the record of a grandparent?

A. Yes. A dependent grandchild or step-grandchild who meets the requirements above may receive benefits on the record of a grandparent if the child's natural or adoptive parents are deceased or disabled when the grandparent becomes entitled to retirement or disability benefits, or dies. The child must have been living with the grandparent for the previous year and been receiving half of their support from the grandparent.

Q. My client's spouse doesn't have enough work to qualify. Can they qualify on my work record?

A. The answer applies to both husbands and wives. Even if a spouse has never worked under Social Security, when their spouse is FRA they can receive a benefit that is equal to one-half of their FRA. Your client's spouse can begin receiving benefits as early as age 62 if they are also entitled to benefits, but the amount they receive will be reduced for each month that they file early. The spouse may also qualify for benefits before age 62 if they have your client's child, who is under the age of 16 or disabled prior to age 22, in their care.

Q. How does a divorced spouse qualify for benefits?

A. A person can receive benefits as a divorced spouse if they were married to the former spouse for at least ten years; are at least age 62; are unmarried; and is not entitled to a higher benefit on their own work record. The former spouse must also be at least age 62.

Q. Will my client automatically get Medicare benefits if they get Social Security retirement benefits?

A. Medicare Part A (Hospital Insurance) and Medicare Part B (Supplemental Insurance) will automatically begin at age 65 as long as a person is being paid a retirement benefit at least 4 months before they turn age 65.

Filing for Part A — People who are eligible for free Part A can sign up for it at any time once their Initial Enrollment Period (IEP) starts.

Filing for Part B (IEP) — This is the first opportunity a person has to sign up for Part B. The IEP is seven months long. It begins three full calendar months before and ends three full calendar months after, the month the person first becomes eligible for Medicare.

General Enrollment Period (GEP) — This occurs each year from January 1 through March 31. Coverage begins July 1 of the enrollment year.

NOTE: *If the person does not enroll in Part B when first eligible, they may have to pay a late enrollment penalty for as long as they have Part B coverage. They may also have to wait to enroll, which will delay this coverage.*

Special Enrollment Period (SEP) - This is available for individuals who did not enroll in Part B when first eligible (or terminated Part B coverage) because they had group health plan (GHP) coverage based on their own or spouse's (or family member if they are disabled) current employment. These individuals can enroll in Part B anytime while still covered under the GHP or during the eight-month period that begins the month after employment ends or the GHP coverage ends, whichever happens first. Usually, a late enrollment penalty won't occur if the client signs up during a SEP.

NOTE: *The SEP doesn't apply to people with Medicare based on End-Stage Renal Disease (ESRD).*

Q. What income counts toward the Social Security retirement earnings test limit?

A. Wages received for services plus all net earnings from self-employment (minus any net loss from self-employment) for that year are counted. The wages being counted are gross wages - wages before any payroll deductions for income tax, Social Security tax, dues, insurance, or other deductions by the employer. Non-work sources of income do not count as wages for the earnings limit. Examples of income that do not count include: inheritance payments, pensions, income from investments, IRA distributions, interest, 401(k) distributions, and other sources.



Questions and Answers

Note: This only applies to Social Security benefits not SSI – all types of income affect SSI payments.

Note: This test applies to most Retirement, Spouse, and Survivor beneficiaries under FRA.

Q. My client has reached full retirement age and is still working. Should these earnings be reported to Social Security?

A. In the year your client reaches full retirement age, the benefits will be reduced \$1 for every \$3 that they earn over the limit (see www.socialsecurity.gov/retire2/whileworking.htm) until the month they reach full retirement age. If they expect to earn over the limit during countable months, then they should estimate that in the beginning of the year. Social Security will use the earnings reported to determine if benefits were correctly paid.

Earnings post to an individual's record by the end of the year following the year of the earnings. For example, earnings for 2016 will post to an individual's record by the end of 2017.

A Guide to Survivors Benefits

Q. Will my client lose their widow or widowers benefits if they remarry?

A. Generally, they cannot get widows or widowers benefits if they remarry before age 60. But remarriage after age 60 (or age 50 if they're disabled) won't prevent benefit payments.

Q. Will my client's child, who receives survivors benefits, lose entitlement if they are adopted?

A. No. The adoption of a child already entitled to survivors benefits does not terminate the child's benefits.

Q. If my client's mother passed away in April, can they keep the payment that comes in May?

A. Social Security benefits are not pro-rated. To be entitled to a Social Security benefit payment for a given month, the person must be alive the entire month. No benefit is payable for the month of death. So, the payment that comes in May, which pays for the month of April, would not be due.

A Guide to Disability Benefits

Q. How long does it take to be notified of a decision about disability?

A. The length of time that it takes to receive a disability decision is from three to five months or longer. It can vary depending on the nature of the disability, how quickly we

obtain medical evidence, whether or not we need to request a CE, and whether the claim is randomly selected for a quality assurance review of the decision.

Q. What is the difference between the SSDI program and the SSI program?

A. SSDI is financed by Social Security taxes paid by workers, employers, and self-employed people. SSDI requires the worker to have a required amount of taxable work to be eligible for benefits. Disability benefits are payable to blind or disabled workers, widow(er)s, or adults disabled since childhood who meet the definition of disability prior to age 22. The amount of the monthly benefit is based on the average lifetime earnings of the eligible worker.

SSI is financed by general funds of the U.S. Treasury such as personal income taxes, corporate, and other taxes. Benefits are payable to adults or children who are disabled or blind and have limited income and resources. The monthly payment varies up to the maximum federal benefit rate and can be increased by the state in which the client lives or decreased by your client's countable income. The monthly payment will stop if your client's resources exceed the SSI limits (\$2000 for an individual or \$3,000 for a couple).

Q. Why is there a five-month waiting period for SSDI benefits?

A. The five-month waiting period ensures that Social Security is meeting our legal requirement to pay only long-term disability payments to people.

Q. If a person receives SSDI benefits and their condition worsens, can their benefits be increased?

A. No. The Social Security disability benefit is based on the amount of the client's lifetime earnings before the disability began and not the severity of the disability.

Q. Will a person automatically get Medicare?

A. We will automatically enroll a beneficiary in Medicare after they have been entitled to disability benefits for two years. We start counting the 24 months from the month your client became entitled to benefits (this includes any months that back-pay benefits).

A. In addition, people with Amyotrophic Lateral Sclerosis, ALS (or commonly known as Lou Gehrig's disease) get Medicare beginning with the month they become entitled to disability benefits. People with ESRD get Medicare based on when they begin dialysis or receive a transplant, however they are



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not eligible for SEP enrollment. If your client or their family member is working and has a group health plan based on their own work (or based on a family member's work if your client is disabled), since the time they were first eligible for Medicare, then they will qualify for a SEP.

A Guide to Supplemental Security Income

Q. My client received a notice from Social Security saying his SSI case is being reviewed. What does this mean?

A. Social Security reviews every SSI case from time to time to make sure the individuals who are receiving payments should continue to get them. The redetermination verifies the client's income, resources and living arrangements. All of these things can affect the benefit amount. Your client should report any changes in these areas by the 10th of the month following the change.

Q. My client receives SSI benefits. How do they notify Social Security that they have changed their address?

A. Because a change of address for a SSI recipient often requires reevaluation of living arrangements, they cannot complete the change of address online. SSI recipients must report any change in living arrangements by calling our toll-free number, **1-800-772-1213** (TTY **1-800-325-0778**), or by calling or visiting their local office within 10 days after the month the change occurs. If not, the recipient could end up receiving an incorrect payment and having to pay it back.

Q. If my client receives the maximum SSI FBR and their expenses increase, will their payments be increased?

A. No. SSI benefits are based on need, but the maximum FBR is established by law, not monthly expenses.

Q. What is the definition of disability for children filing for SSI?

A. Social Security has a strict definition of disability for children. The child must have a medical condition that results in marked and severe functional limitations. This means that the condition seriously limits the child's daily activities and has lasted or is expected to last at least one year or will end in death.

Q. Can I assist my client in applying for SSI, SSDI, or Medicare at our Tribal Social Services office?

A. Social Security and SSI claims can be filed online if you meet certain requirements. Phone appointments with the local Social Security office can be made by calling **1-800-772-1213**

(TTY **1-800-325-0778**). You can also assist your client if the local Tribal Social Services office receives scheduled visits from Social Security employees. If your client's Tribal Social Services office receives scheduled visits from Social Security employees, they can apply when Social Security visits the office. If there are no scheduled visits, the Tribal Social Services office can help your clients with the Social Security forms and gathering the information they need to complete them. Tribal Social Services offices are gaining more training and knowledge of Social Security programs. They can help clients contact Social Security directly by going online to locate their nearest office to visit or calling by phone.

Q. Is there a way of getting an increase to my client's SSI payments if their IIM monies are not distributed as scheduled?

A. If your client has not received their IIM monies as scheduled, you should have them contact Social Security and let them determine if this will affect their SSI benefit. Remind your client that any changes in income or resources for the household must be reported to Social Security as soon as possible, but no later than the 10th day of the following month. They can call **1-800-772-1213** (TTY **1-800-325-0778**) or their local office.

Q. If my client receives an annual cash allotment from his or her tribe (for whatever reason), does he or she need to report it to Social Security?

A. If your client receives annual cash allotments from his or her tribe while on the SSI program, these monies need to be reported to help avoid overpayment/underpayment situations. The various tribal monies are counted differently; therefore, your client should contact Social Security to see how or if these monies will be counted.

Q. Will my client's annual Tribal or Bureau of Indian Affairs (BIA) cash allotment affect their eligibility for SSI or SSDI cash benefits?

A. Annual Tribal or BIA cash allotments can affect eligibility for SSI only. Report the allotments to Social Security and let us determine if or how they will affect your client's benefits.

Q. Are my client's BIA IIM monies counted differently than their revenue distribution (casino) monies?

A. BIA IIM and revenue distribution can be counted differently depending upon the type of disbursement made to your client. Report these to Social Security for a determination.



Questions and Answers

Q. Do per capita monies impact an SSI payment?

A. Per capita distributions of all funds held in trust by the Secretary of the Interior to members of an Indian tribe are excluded from income and resources. If the funds are not held in trust by the Secretary of the Interior, they will be counted under the income and resource rules. Tribally managed gaming revenue distributed via per capita payments are not excluded from income and resources.

Q. If a person on SSI is institutionalized and Medicaid is not paying 50 percent of the cost of the stay, but Indian Health Service is paying the cost, will the SSI payment be reduced?

A. The payment will not be reduced unless food and shelter is being provided which could cause a reduction to apply.

Q. If an SSI recipient goes into an institution, whose responsibility (the institution, Indian Health Service (IHS) or the client's payee) is it to submit the form that can continue the benefits for 90 days?

A. The client or the client's payee should always report changes to SSA. The client or client's payee has responsibility to submit forms to SSA for temporary continuation of benefits.

AIAN Exclusions

Effective October 1973, per capita distribution payments to members of Indian tribes who are due judgment funds according to a plan of the Secretary of the Interior are excluded from income and resources.

Effective January 1983, Indian judgment funds held in trust or distributed per capita under an approved plan are excluded from income and resources.

Effective August 1983, per capita distributions to members of an Indian tribe of all funds held in trust by the Secretary of the Interior are excluded from income and resources.

Effective February 1988 under the Alaska Native Claims Settlement Act, cash, stock or land received from a native corporation are excluded from income and resources. Up to \$2,000 per year in payments from individual interests in Indian trust lands is excluded from income and the land itself is excluded from resources.

Effective April 2012, per capita payments received by members of the tribes covered by the Tribal Trust Accounting and Management settlement are excluded from income and resources.

Q. Can babies born prematurely receive SSI benefits?

A. Social Security does provide SSI disability benefits to certain low birth weight infants, whether or not they are premature. A child who weighs less than 1200 grams (about two pounds, ten ounces) at birth can qualify for SSI on the basis of low birth weight, if otherwise eligible. A child who weighs between 1200 and 2000 grams at birth (about four pounds six ounces) AND who is considered small for his or her gestational age may also qualify. Contact your local Social Security office for more information.

Q. Will my client's distributions from an Alaska native village or village corporation affect their eligibility for SSI or SSDI cash benefits?

A. Annual distributions from Alaska native villages or village corporations can affect eligibility for SSI. Report the allotments to Social Security and let us determine how they may or may not be counted.

Q. Can my clients go to his or her Tribal Vocational Rehabilitation program to use his or her Ticket to Work?

A. No, they cannot. Currently, only three Tribal VR programs are operating as Social Security Employment Networks (ENs) service providers and can accept their Ticket – they are, Jemez Pueblo, the Moapa Band of Paiute, and the Eastern Shoshone tribes. We are working to streamline the process for all Tribal VR programs to become ENs. All Tribal VR programs are automatically eligible to become EN service providers, and 35-40 of the 87 Tribal VR programs are planning to become ENs once the agreement is available. Please check with your local Tribal VR program about their plans to become an EN.

A Guide to Medicare

Q. How does Medicare and Medicaid work with my client's eligibility for medical services under IHS? Can he or she use all of them at the same time?

A. Medicare and Medicaid can be used at an IHS clinic or reservation hospital for medical service the Indian Health Service does not cover. Additional information about Medicare and Medicaid can be found at the Centers for Medicare & Medicaid Services (CMS) at www.Medicare.gov or www.Medicaid.gov.

Q. Can my client still go to his or her community based IHS clinic or reservation hospital?

A. They can still go to their IHS clinic or reservation hospital. They can also go to a different clinic or hospital that accepts



Questions and Answers

Medicare/Medicaid. For additional information about the IHS please check their Frequently Asked Questions (FAQ) web page at: www.ihs.gov.

Q. How do Medicare and Medicaid work with a client's eligibility for medical services under IHS? Can they use all of them at the same time?

A. Medicare and Medicaid can be used at an IHS clinic or hospital for medical services the IHS does not cover. Additional information about Medicare and Medicaid can be found online at the CMS, website at www.Medicare.gov or www.Medicaid.gov.

Q. If a client did not apply for Medicare when they turned 65, can they apply later?

A. If your client does not sign up for Medicare when they turn 65, they can sign up later during the GEP, which is January 1 through March 31 of each year. However, they may have to pay a Part B late enrollment penalty. If they didn't sign up because they or their spouse were working and they had GHP coverage based on that work, they may be eligible to sign up for Part B during the SEP. Please refer to the Retirement and Disability Q & A's regarding the SEP.

For additional information about the IHS please check their Frequently Asked Questions (FAQ) web page at www.ihs.gov/forpatients/index.cfm/faq.

A Guide to the Appeals Process

Q. What is the web address to file an online appeal for a disability decision?

A. The address is <https://secure.ssa.gov/iApplsRe/start>. To find out more about how to file appeals electronically, view our webcast, "Internet Disability Appeals Application Revitalizations and Attachment Utility Update," at www.socialsecurity.gov/webinars.

Q. What happens after my client files a hearing request?

A. After Social Security receives the request for hearing, a letter is sent to your client from the hearing office assigned to process the appeal. The letter contains the local hearing office's phone number and mailing address. It also explains the right to representation. Your client and any appointed representative will receive a Notice of Hearing at least 75 days prior to the date of the hearing. Your client should read this notice carefully and contact the local hearing office if they have any questions. The notice contains a form asking if they will be present at the hearing. Please make sure your

client returns this form right away. It is critical that your client notifies your local office if they cannot appear at the time the hearing is scheduled.

Q. What can my client do to speed up the hearing process?

A. Submitting any additional information and notifying Social Security if they move or their phone number changes can help save time. Also, if your client wishes to have representation, they should do so as soon as possible. Lastly, it is extremely important that your client attends the hearing.

Q. If my client has a hearing pending, whom do they contact with changes?

A. If changes occur, contact the hearing office processing your client's request of hearing. The local hearing office phone number is located on the letter your client received acknowledging their request for hearing.

A Guide for Representative Payees

Q. What are the duties of a Representative Payee?

A. A payee acts for the beneficiary. A payee is responsible for everything related to benefits that a capable beneficiary would do for themselves. Social Security encourages payees to go beyond just managing finances and to be actively involved in the beneficiary's life.

Q. Is "Power of Attorney" the same as being the Representative Payee?

A. Power of attorney is a legal process where one individual grants a third party the authority to transact certain business for that individual. It does not diminish the rights of the individual and does not usually grant the third party the right to manage the individual's money, bank accounts, property, or possessions. The court does not usually make any decision about the individual's capability or competency when granting Power of Attorney. Power of Attorney is not recognized by the Treasury Department for the purpose of negotiating federal payments such as Social Security or SSI benefits.

If an individual has a Power of Attorney, they would still have to file an application to be the representative payee for beneficiaries' Social Security or SSI benefits.

Q. Can my client's representative payee charge a fee for serving as their payee?

A. Only a qualified organizational payee, who has applied with and been approved in writing by Social Security, can collect a fee for being a payee.



Questions and Answers

Q. What kind of bank account should be set up for the beneficiary?

A. A checking account will provide cancelled checks that have been written for the beneficiary that show how the funds were spent. If the payee pays the bills through the mail, a checking account is better because cashier's checks and money orders have costs. Social Security requires an account be used that minimizes fees and allows the payee to keep good records. The account must be titled so that it is clear to whom the money belongs.

Q. Are there activities that payees must avoid?

A. A representative payee cannot:

- Sign legal documents, other than Social Security documents, on behalf of the beneficiary;
- Have legal authority over earned income, pensions, or any income from sources other than Social Security or SSI;
- Use a beneficiary's money for the payee's personal expenses, or spend money in a way that would leave the beneficiary without necessary items or services such as housing, food or medical care;
- Put a beneficiary's Social Security or SSI funds in their own or another person's account;
- Use funds from a dedicated account for daily living expenses;
- Keep any of the beneficiary's funds once they are no longer the payee;
- Charge the beneficiary for services unless Social Security tells them to do so.

Incorrect Payments

Q. How can my client set up an installment agreement to repay an overpayment?

A. Have your client call us at the toll-free number shown on the overpayment notice and we will set up the billing. If your client no longer has their notice, they may contact us at **1-800-772-1213 (TTY 1-800- 325-0778)**.

Q. What should my client do if they cannot pay this month's payment?

A. If your client has not made a payment in 45 days; they may be selected for the various collection actions we can take, such as garnishing wages and reporting the debt to a credit bureau. It is best to make some payment, even if they can't make the entire payment. If they cannot make any payment, have them call us at the toll-free number shown on the billing statement, or call, or visit the local office.

Q. It's not my client's fault that Social Security paid too much money. Do they still have to pay back the overpayment?

A. If it was not your client's fault that the overpayment happened, and they need all of their current income for needed daily living expenses, they may not have to repay it. They should request a waiver of repayment by completing Form SSA-632 (Request for Waiver) and returning it to the local office. They may use the online form or they may call us at the toll-free number shown on their overpayment notice to obtain the form. A Social Security employee will review the information and let your client know the decision on the waiver request. Before the office can deny a request for waiver, your client will be contacted for a personal conference.

Q. What does my client do if they disagree with the overpayment amount?

A. If your client disagrees with the overpayment amount, they can file an appeal. The appeal must be made in writing within 60 days from the date of the notice they receive. Under certain conditions, an extension of this time frame can be granted. The Form SSA-561 is usually used to file an appeal; however, any written statement signed by your client may be used.

Q. What happens if my client does not repay their overpayment?

A. Social Security can withhold income tax refunds, send a report to the credit bureau, ask employers to garnish wages, collect the overpayment from benefits the client is receiving, or collect benefits they may receive in the future. Overpayments can also be withheld from family benefits paid on the worker's record.

Q. If a person dies before Social Security payment is made, can payment be collected by the estate?

A deceased beneficiary may have been due a Social Security payment at the time of death. The Social Security Act provides that amounts due a deceased beneficiary may be paid to the next of kin or to the legal representative of the estate under priorities established in the law. The priority for payment is as follows:

- To a surviving spouse who was either living in the same household as the deceased at the time of death or who, for the month of death, was entitled to a monthly benefit on the same record as the deceased;
- To a child who, for the month of death, was entitled to a monthly benefit on the same earnings record as the deceased;



Questions and Answers

- To a parent who, for the month of death, was entitled to a monthly benefit on the same earnings record as the deceased;
- To a surviving spouse not entitled on the same earnings record;
- To a child not entitled on the same earnings record;
- To a parent not entitled on the same earnings record; or
- To the legal representative of the deceased person's estate

An underpayment must be paid in this order. If no one qualifies in the first category, then we proceed to the second category, and so on. In order for a payment to be due, the deceased beneficiary must have lived throughout the entire month for which the payment was issued. To claim an underpayment, your client will need to file the Form SSA-1724 at their local office. They may also contact **1-800-722-1213** (TTY **1-800-325-0778**) for instructions. Evidence of relationship or representation may be required.

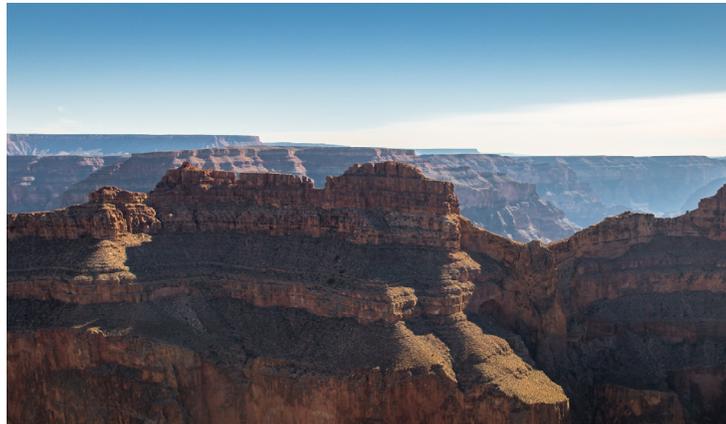
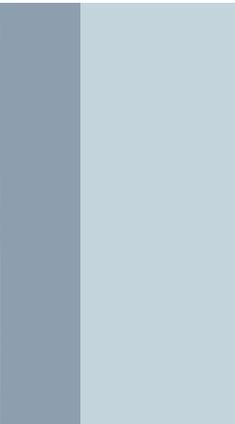
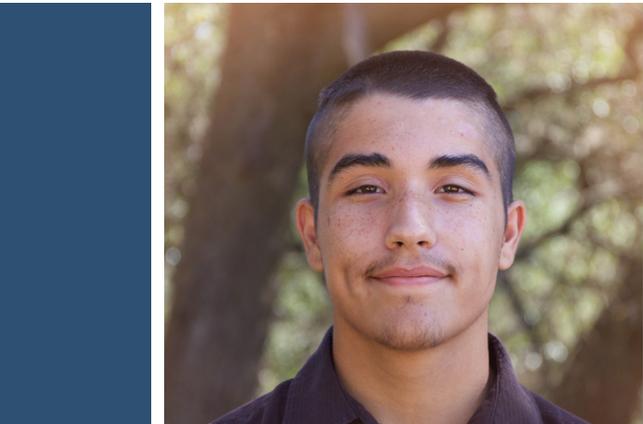
Note: *The SSI underpayment procedures only allow underpayments in limited situations. The underpayment cannot be paid to the estate.*



Acronyms

- ACA** – Affordable Care Act
- AFSC** – Air Force Specialty Codes
- AIAN** – American Indians and Alaska Natives
- ALJ** – Administrative Law Judge
- ALS** – Amyotrophic Lateral Sclerosis
- ATM** – Automated Teller Machine
- BEST** – Benefit Eligibility Screening Tool
- BIA** – Bureau of Indian Affairs
- BPQY** – Benefits Planning Query
- BQL** – Blood Quantum Letter
- CAL** – Compassionate Allowance
- CDR** – Continuing Disability Review
- CE** – Consultative Examination
- DDS** – Disability Determination Services
- DoD** – Department of Defense
- DXSM** – Direct Express Mobile application
- EN** – Employment Network
- EPE** – Extended Period of Eligibility
- ESRD** – End-Stage Renal Disease
- FBR** – Federal Benefit Rate
- FDIC** – Federal Deposit Insurance Corporation
- FRA** – Full Retirement Age
- GEP** – General Enrollment Period
- GHP** – Group Health Plan
- IEP** – Initial Enrollment Period
- IFSP** – Individualized Family Service Plan
- IHS** – Indian Health Service
- IIM** – Individual Indian Monies
- ITU** – Tribal Health Programs and Urban Indian Health Centers
- MOS** – Military Occupational Specialty
- NEC** – Navy Enlisted Classification
- PCS** – Permanent Change of Station
- SEP** – Special Enrollment Period
- SGA** – Substantial Gainful Activity
- SSA** – Social Security Administration
- SSDI** – Social Security Disability Insurance
- SSI** – Supplemental Security Income
- SSN** – Social Security Number
- TBI** – Traumatic Brain Injury
- TTY** – Text Telephone
- TWP** – Trial Work Period
- VA** – Veterans Affairs
- VR** – Vocational Rehabilitation
- VSD** – Video Service Delivery
- WIPA** – Work Incentives Planning and Assistance





Securing today
and tomorrow