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The Impact of Lexical Complexity on the Public’s Understanding of Governmental Communication

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The Impact of Lexical Complexity on the Public’s Understanding of Governmental Communication

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ABSTRACT

Government documents are a necessary part of life for citizens, but the complexity of language and specific jargon can make them substantially challenging to comprehend. Guidelines have been put forth to improve readability of such documents, but the government has lagged in implementing these recommendations. Therefore, the current research aims to determine if modified documents: a) are easier to read; b) are easier to comprehend; and c) require less assistance to understand than the original, unmodified documents. To accomplish this, three focus groups were conducted. Each group read an original government document and one that was modified for readability. Data analysis included descriptive statistics, sign tests, effect sizes, paired sample t-tests, and qualitative explanations to determine outcomes. Results indicated that all documents were significantly more readable with moderate to large effect sizes found. Significant differences were not found, however, for improved comprehension and less required assistance to understand. Future steps should be taken to determine more feasible and parsimonious ways to improve readability and perhaps more importantly, comprehension.

Key words: government documents; readability; comprehension; social security
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CHAPTER I: INTRODUCTION

“Think like a wise man, but communicate in the language of the people.” - William Butler Yeats

Introduction

Written communication has been around for millennia, yet individuals still struggle to write effectively. Written communication is most effective when the reader and the writer understand the information in the same way. “You will often find that what fouls the channels of communication is their mutual assumption that they are using the same words to mean the same things” (Mccaskey, 1999, 123). The reason for the use of plain language is to “cut down on the cognitive processing difficulties experienced by the reader” (Cornelius, 2010, 171).

In an attempt to make government officials more effective communicators, the United States Congress passed the Plain Writing Act in 2010 (111th Congress, 2010). When Representative Braley introduced an early version of the bill in 2007, he said “Writing documents in plain language will increase government accountability and will save Americans time and money. Plain, straightforward language makes it easy for taxpayers to understand what the federal government is doing and what services it’s offering” (Cheek, 2011, 1). The Plain Writing Act’s definition of “plain writing” is similar to the Center for Plain Language’s definition of plain language. “The Plain Writing Act defines “plain writing” to mean writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject of field and the intended audience” (Cheek, 2011, 2). The problem is, although there is a law for the use of plain language, government lags behind in implementing the practices of plain language. In 2014, the Center for Plain Language graded governmental organizations for compliance with
the law, and found several that missed the mark, and more that could still use improvement (Straub, 2015, 6).

According to the Federal Plain Language Guidelines, “the first rule of plain language is: write for your audience” (Federal Plain Language Guidelines, 2011, 1). Reflecting back on the quote from the Irish poet, William Butler Yeats, using the language of the people is exactly what the Plain Language Guidelines mean. Put another way, “What’s your biggest challenge as a writer? It’s figuring out, from the mass of possibilities, exactly what your points are- and then stating them coherently, with adequate reasoning and support” (Garner, 2001, 7). The Social Security Administration’s audience consists of over 6,151,000 people who are receiving benefits as of January 2017. Of those receiving benefits, 4,863,000 are receiving Supplemental Security Income disability benefits (Social Security Administration, 2017). Supplemental Security Income is a needs-based (welfare-type) benefit for those who are either disabled or aged 65 or older and who have low resources and little to no work history (Boursiquot, 2013, 1). Having little work history can be an indication that the group of people may have more difficulty in their reading abilities- requiring even more simplified writing. Research by McLaughlin, Speirs and Shenassa “has demonstrated the impact of reading disability on high school graduation, college enrollment, and earnings as an adult” (McLaughlin, M., Speirs, K, Shenassa, E., 2014, 380). According to the US Census Bureau, 14.2 percent of the disabled who receive income-based assistance have cognitive difficulty (Boursiquot, 2013, 5). Because a large portion of individuals who the Social Security Administration needs to communicate with have cognitive difficulties, the Plain Writing Act’s guidelines are especially important.
The Social Security Administration communicates information about Supplemental Security Income, Retirement, Survivor’s, and Disability benefits, in addition to Medicare benefits to beneficiaries (those in the general public who get benefits or are trying to get benefits) through the use of letters, sometimes nearly 25 pages in length. “The employees of the Social Security Administration communicate daily with members of the public, local government agencies, advocacy groups, Congressional offices, and even the White House” (Social Security Administration Plain Writing, n.d.). The letters that are sent are supposed to conform to the Plain Writing Act of 2010. Some of the guidelines in the Plain Writing Act of 2010 “dictate the organization of text, paragraph length, writing style, word selection and sentence length” (Harvilla, 2014, 1). The Social Security Administration’s use of form letters of nearly 25 pages in length does not conform to the spirit of the guidelines of the Plain Writing Act of 2010. The Federal Plain Language Guidelines state “Complexity is the greatest enemy of clear communication. You may need to be especially inventive to translate complicated provisions into more manageable language” (Federal Plain Language Guidelines, 2011, 50). “Our complex programs are often hard to explain. However, we strive to simplify the language we use in our written communications” (Social Security Administration Plain Writing, n.d.).

In an attempt to make communication more transparent, the Social Security Administration puts together pamphlets for the general public to gain a better understanding of the programs. Unfortunately, some of these publications are lengthy themselves. The Medicare publication clocks in at about 4000 words, the Supplemental Security Income publication at nearly 2300 words, and the publication Understanding the Benefits at close to 5500 words. (ssa.gov/publications) The publication “What you need to know when you get Supplemental
Security Income” is a staggering 6880 words. Social Security has a pamphlet called “Snapshot”, which tries to sum up the basics of all programs under the umbrella of Social Security that is a more reasonable 1776 words.

Statement of problem and purpose of study

This research sought to determine if the recommended practices in the Plain Writing Act of 2010 are being implemented within the Social Security Administration. This paper examined the impact of lexical complexity (the use of complex words or phrasing) on the public's understanding of governmental communication.

Additionally, this research sought to gain insight into the public’s perception of what government documents need to say. This research also looked to see if modification of government documents and the use of the Flesch-Kincaid readability test makes a measurable difference in comprehension.

A modified version of three publications from the Social Security Administration were compared in terms of complexity of syntax and lexical choice to three unmodified publications from the Social Security Administration using the Flesch-Kincaid readability measurement tool, which is readily available on Microsoft Word (Microsoft, 2017). Additionally, the documents were compared for understanding by several focus groups of various educational backgrounds to determine comprehension, perspectives on readability, and whether or not support would be sought to understand the materials. Education level, age-range, gender, and race were collected as demographic data. Based on results of this research, recommendations are shared to increase the comprehension of governmental communication with potential and current clients as a means of making interactions more effective and efficient.
Significance of study

The goal of this study was to identify readability of government documents as a barrier to comprehension and determine an effective way to improve understanding for the general public. Because many citizens who need to understand Social Security documents, particularly those who receive SSI, are disabled, elderly, or lack a formal education, readability and comprehension of documents is critical in order to appropriately serve this population. Results from this pilot study identify and explain barriers to comprehension for Social Security documents and will hopefully influence others to research effective ways to change publications so they are more accessible. Not only can improved readability benefit consumers, but also employees and agencies as a whole, as they can be more efficient and productive without responding to queries regarding comprehension.
CHAPTER II. LITERATURE REVIEW

Introduction

The first section of the literature review examines the conceptualization of measuring readability, also known as Plain English. In addition, it discusses the challenges associated with simplifying governmental communication for public consumption. The second section discusses ways to identify and measure readability, and the third section includes a review of case studies that have modified readability. The literature review ends with an examination of gaps in the research and provides rationale for addressing these limitations in order to appropriately serve citizens.

Review and critique of literature

The Plain Language Movement, (aka the Plain English Movement) looks to provide the general public a way to better understand complex ideas by providing “best practices” to writers. Best practices include writing clearly and directly to your audience, and utilizing a logical order to content (Center for Plain Language, 2014-2016). “You achieve Plain English when you use the simplest, most straightforward way of expressing an idea. You can still choose interesting words, but you’ll avoid fancy ones that have everyday replacements meaning precisely the same thing” (Garner, 2001, xvi).

Petelin provides a literature review on the plain language movement since the 1960s in Australia, the UK and the US. (Petelin, 2010, p. 205). In her review, she looks at how plain language has been a part of politics for years. The idea of using plain language for bureaucratic documents has been around at least since the late 1970s. “Perhaps beginning with President Carter’s comments on bureaucratic paperwork in one of his fireside chats, there has been a
resurgence in the public demand for plain English in our books and documents” (Duffy, 1985, p. 113). Petelin’s review, like many others, does not address reasons that plain language should not be pursued. She does, however, make several examples of how the lack of plain language has potentially aided corruption, from Enron to torture-scandal memos from the Obama administration (Petelin, 2010, p. 206-211). “There has been a blatant disregard of plain language: ‘Don’t say what you mean when you mean to do the unspeakable’” (Petelin, 2010, p. 206). Due to the number or organizations that have differing views on what plain language is or is not, as well as the types of guidelines to use when writing in plain language, Petelin recommends future research could focus on creation of “acceptable and sustainable standards” (Petelin, 2010, p. 214).

Citizens having the access to accurate information is at the core of democracy as information is one of democracy’s equalizers- allowing for informed decision-making, voting, and rule-making. “Patterns of inequality and marginalization across groups holding grievances… play a major role in fueling many conflicts” (World Bank, 2013, p. 147). “It is important, in a democracy, to inform ordinary citizens of their basic rights, and to do so in understandable language” (Cornelius, 2010, p. 171). The plain language movement looks to make it less difficult to understand complex documents, such as legal texts, or scientific documents. “Legal texts are notoriously difficult to understand, and this comprehension difficulty can be attributed in part to the distinct features of legal language, which are not regularly used in other discourse domains” (Cornelius, 2010, p. 172). “Grammatical simplification is not limited to legal texts only, but this operation is used in other domains as well” (Cornelius, 2010, p. 172).
Joseph Kimble, a law school professor, looks at the Plain English Movement and legal writing (Kimble, 1992, p. 1). He notes that since 1979, the American Bar Association has recommended law schools require more writing classes for the law students (Kimble, 1992, p. 5). In spite of the recommendation, law schools have only half-heartedly adhered to this request, putting less experienced legal writing teachers in charge of the writing programs (Kimble, 1992, p. 6). In his writing, Kimble steers away from boxing himself in with a specific definition, however he, like others, provides (rather lengthy) guidelines (Kimble, 1992, p. 11-14). He asks the question “Is it worth the effort?” and answers his own question with “It is if you care about what the reader will understand and how the reader will respond” (Kimble, 1992, p. 22). In spite of all of his references, he does not complete any study, nor does he provide many examples of why not to write in Plain English.

One of the first attempts to get plain language into the law books came in New York State in November of 1978 (American Bar Association, January 1979, p. 37-38). The New York law went “farther than any of the similar laws passed or being considered in 19 other states: Alaska, Arizona, California, Colorado, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont and West Virginia” (American Bar Association, November 1978, p. 1644). The law provided “for [the] use of words that have common everyday meanings in written agreements up to $50,000, covering personal, family or household purposes” (American Bar Association, January 1979 p. 38). The law, however, was not without its critics. Some in the law community believed that the law was poorly drafted, while others at the time the article appeared in the
American Bar Association Journal (about two months into the new law) believed that time was needed to determine if the law was worthwhile.

In his 2013 article, Augustin Mico hypothesizes “the use of plain language in drafting legislation is essential to achieve clarity” (Mico, 2013, p. 435). His study, however, is limited because it relies solely on “arguments put forward by different legal experts and professionals” (Mico, 2013, p. 435). Mico’s qualitative study is a lesson on his opinion. Although Mico focuses some of his attention to critics of plain language, he glosses over the fact that there is no objective standard of plain language.

Rabeea Assy, in contrast to Mico and Petelin, argues that the Plain English Movement has “exaggerated the capacity of plain language to render the law intelligible to the non-lawyer, obscuring the deeper question of legal complexity by focusing solely on language and style” (Assy, September 2011, p. 376). Assy argues that the complexity of the law makes it too difficult to make law “immediately intelligible to the average person” (Assy, September 2011, p. 380). He assumes in his argument that, the plain English movement looks to have the law “speak directly to citizens” (Assy, September 2011, p. 382). His argument, however, is extremely biased, due to his profession as a lawyer and law school faculty member. The law is complex in nature and will still require a lawyer to review the precedent in order to make a proper defense.

In stark contrast to Assy, Kali Jensen argues that the Plain English Movement must “refocus their efforts on providing legal materials that affect the lives of historically disadvantaged groups in plain English” (Jensen, Spring 2010, p. 808). Her article begins with the history of the Plain English Movement, citing a loan repayment note from Citibank that
began to make the idea of plain English more mainstream. She makes note of arguments that are similar to Assy’s; that attorneys will be put out of business are inaccurate because an attorney must be able to communicate directly with the average person (Jensen, Spring 2010, p. 813). Jensen believes that the Plain English Movement as it exists now with the focus on cost-effectiveness, disproportionately impacts minorities (Jensen, Spring 2010, p. 821-822). Jensen’s argument, however is limited, as it simply looks at her opinion, much like Mico’s article.

Of course, the whole idea of the plain language movement hinges on the idea that people do not understand certain texts, and by changing the way a document is written, the audience would then be better able to understand (Cornelius, 2010, 172). Cornelius goes on to quote Candido’s 2009 work, *Supporting the adaptation of texts for poor literacy readers: A text simplification editor for Brazilian Portuguese*, stating “Text simplification involves ‘simplifying lexical and syntactic phenomena, by substituting words that are only understood by a few people with words that are more usual, and by breaking down and changing the syntactic structure of the sentence, respectively’” (Cornelius, 2010, p. 172).

*Concept and Measurement*

Defining readability should not be done without first looking at Rudolf Flesch’s work. His groundbreaking work became the standard of measurement when it comes to figuring out how difficult a text is to read. Since the beginning, “the formula has been put to use in a wide variety of areas. For example, it has been applied to newspaper reports, advertising copy, government publications, bulletins and leaflets for farmers, materials for adult education, and children’s books” (Flesch, June 1948, p. 221). Flesch’s measurement technique is so much a standard that a type of it is even offered on Microsoft Word as an option (Microsoft, 2017). A
disadvantage to the formula that was certainly the case in the 1940s when the formula was introduced was the fact that “the average time needed to test a 100-word sample is six minutes” (Flesch, June 1948, p. 222). Of course now, with the use of a computer, the calculation can be done in seconds.

In 1943, Rudolf Flesch “developed a statistical formula for the measurement of readability” (Flesch, June 1948, p. 221). The scores for readability are given a 0 to 100 range. Zero means that the document is virtually unreadable, and a score of 100 on Flesch’s readability formula means that a “barely functionally literate person” should be able to read and understand a document (Flesch, June 1948, p. 225). Flesch wanted to develop a mathematical formula in order to measure how difficult a text is to read, as previous techniques for measurement were subjective in nature. In his article, *A New Readability Yardstick*, he addresses some of the shortcomings of his formula that he had developed in 1943. He states the length of the average sentence in the formula ends up being (often) overemphasized (Flesch, June 1948, p. 222). In order to correct a prior shortcoming of his original formula, in 1948 Flesch added the average percentage of “personal sentences” to allow for higher readability scores to be given to conversationally written pieces, which tend to be deemed more readable by groups of people surveyed (Flesch, June 1948, p. 223).

The standard that Flesch uses in his study is the McCall-Crabbs Standard Test Lessons in Reading, which at the time was “best and most extensive that can be found” (Flesch, June 1948, p. 223). The McCall-Crabbs Standard test presented various texts of about 150 words, and followed the texts with between eight and ten comprehension questions, which in turn were given a grade that represented a grade level performance of reading (Jacobson, M. D., Kirkland,
E, Selden, R. W., Dec. 1978, 225). A limitation of Flesch’s study is that his formula was not used on “13 of the 376 McCall-Crabbs’ passages that contained poetry or problems in arithmetic” (Flesch, June 1948, p. 223). In this study, by dealing with publications from the Social Security Administration, there will be some arithmetic involved, which is why in addition to utilizing a readability formula, this study will also utilize focus groups.

In his book, *The Art Of Plain Talk: How to say and write what you mean... in English that people understand*, Dr. Rudolf Flesch defines plain talk or plain language as the technique a communicator uses so that people understand what is meant (Flesch, 1951, p. 19). Flesch’s goal with the creation of his book was to make a reference book for those looking to write more clearly, as well as to expand upon his 1948 study. His guidelines provide a foundation for simple writing. In addition, he introduces a simplified version of his readability formula. Flesch’s building block of plain language is not simply using smaller words, in fact it is simplifying context (Flesch, 1951, p. 205). To write more plainly, Flesch advises “first, get rid of empty words and syllables and, second, stick to the subject-predicate-object order” (Flesch, 1951, p. 36). He defines “empty words” as words that add “a little grammar the reader or listener has to cope with” … “prepositions, conjunctions, adverbs” (Flesch, 1951, p. 97).

Again, he uses a mathematical formula to determine the difficulty score for a piece of writing (Flesch, 1951, p. 75, 211-213). His formula is important to this study, as it will be one of the ways that the governmental letters will be evaluated for complexity.

\[
((\text{Average length of sentences } \times 0.1338) + (\text{the number of affixes per 100 words})) - (\text{the number of personal references in 100 words } \times 0.0659) - 0.75 = \text{difficulty score}
\]

Flesch gives meaning to the values for the difficulty score ranging from very easy to very difficult. (Flesch, 1951, p. 75) Using mathematics to score the difficulty a reader has in
understanding allows a writer to check performance. “There is nothing more important to you as
a speaker and writer than that your audience understand you; and on this point you can never be
sure. You are forever guessing. … As long as you are just guessing, you have no way of
knowing whether your guess was good or bad, and whether you are getting better or worse”
(Flesch, 1951, p. 19). Flesch’s readability formula, by his own admission, is one of many
(Flesch, 1951, p. 203).

In their 1978 examination of the McCall-Crabbs Standard Test Lessons in Reading,
Jacobson, Kirkland and Selden look at the revisions that were made to the McCall-Crabbs
Standard in 1961. They look to find if the standard is still fitting (Jacobson, et al., December
1978, p. 224). They conclude that the standard has seen its day, and is no longer the most
use their own (rather large) sample of 22,650 children between fourth and twelfth grade in 60
school districts in Virginia to test the revised McCall-Crabbs Standard Test Lessons in Reading
(Jacobson, et al., Dec. 1978, 226). Their sample is limited in that it only looked at children in a
particular state— in this case Virginia. The group also overstates that the McCall-Crabbs “1961
norms do not accurately describe the performance of today’s student population” (Jacobson, et
al., December 1978, p. 229).

In his 1977 article, Edward Fry looks at his prior readability formula and tries to clarify
and defend what he had done. Additionally, he wants to promote a discussion of readability (Fry,
December 1977, p. 251). At this point in 1977, he had different instructions on what to include in
his readability measurement (Fry, December 1977, p. 242). His goal for his formula was “to aid
teachers and editors to help children or adults read better by giving them material on the proper
difficulty level” (Fry, December 1977, p. 243). He suggests, unlike Flesch, to use syllables rather than affixes as a part of his formula because syllables are easier to determine (Fry, December 1977, p. 246). Fry makes mention of the Singer Eyeball Estimate of Readability and commends the fact that the results of 32 college students judging where a document was between grades one and seven was off by less than one grade level, and took “much less time, an average of only two minutes per paragraph” (Fry, December 1977, p. 247). In 2017, with the use of the computer for making the measurement of readability Fry’s argument of syllables being easier to determine may be true, however it is unnecessary to make the formula easier to do by hand, as most authors will be completing their works on a computer. Unlike Flesch, Fry attempts to put documents into a grade level. Fry expanded his original graph to include college years, however this expansion of the graph, he surmises does not do much in terms of determining if material is more appropriate for college seniors as opposed to sophomores due to the specificity of the subject areas that the college student studies (Fry, December 1977, p. 251).

In his 2002 article, Edward Fry looks at the difference between readability formulas and leveling. Leveling and readability formulas both give a difficulty score, however, leveling also includes some subjective factors (Fry, 2002, p. 286). Leveling looks at the length of the book, appearance and placement of print on the page, the illustrations, the complexity of the concepts, degree of predictability of the text and the proportion of unique or repeated words to familiar words (Rog, Burton, December 2001, p. 348). Fry points out that many of the “traditional [readability] formulas still use only the two traditional inputs of sentence length and vocabulary” (Fry, 2002, p. 287). Given Fry’s background with readability formulas, his work is biased towards the use of readability formulas, as he developed a readability formula of his own in the
1960s and 1970s. Fry promotes the objectivity of readability formulas and downplays the subjectivity of leveling. The subjective nature of leveling comes about, when a document is looked at as more than just the words, instead a document is looked at in conjunction with other associated material- for example a picture or a graph. You cannot measure the impact of a picture included in material with an objective lense. “Often leveling takes a number of "text support" factors into consideration such as the following: Context... Illustrations... Length... Curriculum... Language structure... Judgment... Format” (Fry, 2002, p. 287-289). Fry, however, concedes that including some subjective factors into readability formulas could be done to improve the formulas (Fry, 2002, p. 289). Fry notes that a limitation to leveling is that it is not used outside the classroom (Fry, 2002, p. 289). Subjective factors such as the inclusion of illustrations or graphs in a Social Security document could be important because of the arithmetic involved.

In his book, *Designing Usable Texts*, Duffy criticizes the use of readability formulas, essentially stating that the formulas are simply the most cost effective available options. He states “very few people would disagree with the basic goals of the plain English movement. The problem is how to produce documents that are easy to use and understand. What is plain English? How do we identify whether a text will or will not be plain English for its intended audience?” (Duffy, 1985, p. 113). The use of “readability formulas” as one way to determine if a document meets the standard of plain English is lacking according to Duffy (Duffy, 1985, p. 114). “We can use the formula to predict that text A will be more difficult to comprehend than text B. There is no suggestion that the readers will be able to adequately comprehend either text. The skill of the reader is not referenced except for the implicit assumption that texts A and B are
read by the same individuals. This use of formula is extremely limited because it does not indicate the degree of difficulty an individual will have in comprehending either text” (Duffy, 1985, p. 117). Duffy suggests the use of the “degrees of reading power” approach, which in addition to a readability formula utilizes a cloze test score on a passage (Duffy, 1985, p. 135). A cloze test is where a word is left out of a sentence and the reader is to fill in the missing word—essentially the same as a Mad Libs game but it has to make sense. Duffy’s argument that readability formulas may not be the best predictors of readability has merit, however he does not suggest a more cost effective measure.

In a letter to the editor of *Annals of Emergency Medicine*, Baevsky promotes the use of a readability measure, such as the Flesch-Kincaid tool in patient communication. He notes that such tools are readily available through programs such as Microsoft Word (Baevsky, April, 2008, p. 451). He provides an example of how to slightly change the wording of a document to make it more understandable according to the Flesch-Kincaid measure. In spite of his use of the readability tool, his recommendation of bringing things to the 8th grade level is arbitrary and no evidence is provided to show the appropriate level. Other authors have stated that a 7th grade reading level should be used. Still others think a 5th or 6th grade reading level should be used (DuBay, 2004, p. 1). If government documents are written at a lower grade level, the organization will see a greater benefit because someone who normally reads at a 10th grade level could certainly understand something that was written at a 5th grade level; however someone who normally reads at the 5th grade level is not going to necessarily understand something written at a 10th grade level. It is for this reason that an 8th grade reading level will be the goal for the re-written documents in this study.
Case Studies

Carolyn Paul and Elizabeth Schneider did a case study on the plain language movement within the medical field, specifically, the Treadwell Library of the Massachusetts General Hospital. The start of the use of plain language for the Treadwell Library stemmed from a grant from the Massachusetts Board of Library Commissioners (Paul & Schneider 2006, p. 52). The way that the Treadwell Library implemented the plain language program took the form of a one to two day workshop that included “a variety of teaching techniques including lecture, discussion, and individual and small group exercises” (Paul & Schneider. 2006, p. 53). In this case, they found that the formation of a plain language workshop fostered interdepartmental communication (Paul & Schneider, 2006, p. 56). Although some of the lessons from the Treadwell case study might pertain to other organizations, the lessons that were learned from their case study are somewhat limited, as they focused on only the Treadwell Library and how they utilized a workshop to help teach their employees. The study did not go into detail on the results of the workshop, and did not provide before and after examples. If this study finds that simplification of Social Security documents could lead to better understanding, this case study might provide some guidance on how to implement a plain language workshop for Social Security employees.

Noor Hashim looks at the potential for plain language within the Malaysian government, a two-language country. Hashim specifically looks at if plain language drafting can be done in Malaysian government, not if it should be done (Hashim, 2013, p. 423). Additionally, Hashim’s intent was not to “discuss in length the plain language subject (Hashim, 2013, p. 423). Unlike Paul’s case study, Hashim’s study utilizes tables that show an analysis of the original language
and the suggested rewritten language (Hashim, 2013, p. 426-429). Although the rewritten texts are considerably shorter than the original, and would score markedly higher on a readability measure (such as Flesch’s), the question of whether or not the rewritten material is an accurate depiction of the law remains unanswered. Simply replacing a group of items that were listed in the original provision with “thing” possibly lacks the accuracy necessary when it comes to the law. Hashim makes no attempt to verify the legal standard to which his new material would be held.

By leaving out the idea of verifying the legal standard, Hashim omits a major roadblock that is created when attempting to simplify governmental programmatic language. In this study, each of the rewritten documents were reviewed by a lawyer to see how well the documents conform to the legality aspect. Having someone in the law community essentially sign off on the rewritten documents gives credibility to the study, especially because those in the legal community tend to be more against the implementation of plain language in government.

Barnes looks at whether or not plain language legislation is able to (on its own) end doubt in the meaning of the law (Barnes, Dec. 2010, p. 671). “Despite the confidence of many plain language advocates, debate rages about its effectiveness” (Barnes, Dec. 2010, p. 674). Barnes’ case study is inherently limited due to having to stick with law that is public record. “An attempt to study a single case exhaustively could have been made, but attending to matters beyond the public record would have been difficult” (Barnes, Dec. 2010, p. 679). The cases that were studied did, however, come from both federal and state legislation (Barnes, Dec. 2010, p. 680). Barnes specifically looks at how the definition of certain terms in the legislation causes
disambiguation between the “common” and “legal” definitions. Barnes addresses a gap that was later glossed over by Hashim.

Along a similar vein to Paul, but taking a more organizational structure approach, Pedersen looks at what changes an organization must make when undertaking a plain language program. Pedersen’s approach to the study was to use two interviews, one with the spokesperson for the language project, and the other interview was with two employees within the Danish tax authority (SKAT) (Pedersen, April-June 2014, p. 4). The interviews limit his study, and by not splitting up the interviews into three interviews, the second interview allows for some possible biases to be present. The first interview also is prone to bias, as it is with the spokesperson for the language project. In spite of the potential shortcomings of his interviews, there are similarities to Paul’s findings, in that there were “local as well as central courses” (Pedersen, April-June 2014, p. 5). A difference, however is that he found that “the courses have focused upon the letters rather than on general writing principles” (Pedersen, April-June 2014, p. 5).

In his second interview with the two employees at the payment center, Pedersen notes that although the employees believe that the use of the plain language letters has resulted in “fewer phone calls now than before the changes in the letters began” (Pedersen, April-June 2014, p. 6). In spite of their suspicion, this study did not obtain data to substantiate the fewer calls claim (Pedersen, April-June 2014, p. 6). Unlike Hashim’s rewrite, the interviewees told Pedersen “local committees have been in contact with various central offices to make sure that the new letters meet communicational as well as legal (central) standards (Pedersen, April-June 2014, p. 6).
Pedersen’s study could be a guide to future studies with implementing the plain language guidelines at the Social Security Administration. His interviews with the employees at the payment center could be further substantiated with doing a review of call volume after sending out a specific pamphlet. Does rewriting a publication cause someone to be less likely to need to make a follow-up call? One way that this study will attempt to substantiate this is to directly ask the question (using a likert scale) “How likely is it that, after reading this pamphlet you would have called the Social Security Administration because the information was unclear?”

Campbell looks to see if implementing the New Zealand Bankers’ Association directive that requires the use of plain language in banking documents actually helps people understand the documents better (Campbell, October 1999, p. 339). “Banks will provide customers with the terms and conditions of any banking service. Where this is expressed in writing, banks will use plain language to the extent that it is consistent with the need for legal certainty” (Campbell, October 1999, p. 339). Campbell’s study on the Plain English Movement in New Zealand utilized a preliminary survey of both banking employees, and lawyers as well as 1000 banking customers. Of the 1000 customers, there were 234 responses, of which 24% found difficulty understanding their banking contracts (Campbell, October 1999, p. 340). This result could be skewed due to the possibility that those who responded may have wanted more “plain” documents from the banks for other reasons. Campbell also did not provide a list of the questions asked in the preliminary survey.

In the second part of Campbell’s study, “four documents and two types of comprehension tests were used” (Campbell, October 1999, p. 342). The documents had 4 versions each, for a total of 16 documents (Campbell, October 1999, p. 343). The reason for using several versions of
each document was to allow the researcher to track how making changes to the words, sentence 
structure and document design impacted the end-user’s perception of the documents (Campbell, 
October 1999. P. 343). The sample size was 60, made up of mostly females between 31 and 50 
(Campbell, October 1999, p. 342). Only 10 percent of her sample had no more than a secondary 
education (Campbell, October 1999, p. 342). Campbell completed a “trial run” to familiarize the 
group with the testing procedures (Campbell, October 1999, p. 342). Campbell’s use of a trial 
run and the multiple documents provides credibility to the study. The lack of a diverse group 
completing the study limits the results. An interesting finding in the study is that it seemed that 
the participants read the unadulterated documents at a faster rate than the modified documents. 
Participants stated “I didn’t even feel like trying because all I could think about was how long 
the sentence was and I “lost interest in about ten seconds” (Campbell, October 1999, p. 347). The 
trouble with the study, however is that the people were tested on their ability to recall the 
information on the same day, from the same document, which in spite of reading the information 
on different forms, each form contained the same information. By having the same information, 
it is possible that having read the information in a different way several times, the reader may 
have understood it better simply because it was their last attempt. Despite the survey’s small size 
and troubles, it is incredibly important to this study because it focuses on the end-user and 
whether or not the plain language used actually impacts understanding.

Campbell’s results are rather unsurprising, as it was found that by simplifying the 
documents, the recall rate improved for the subjects in the study. The difference between the 
recall rates of the original version of the letter and the fourth (formatted) version was nearly 10 
percent better.
IMPACT OF LEXICAL COMPLEXITY

Although not specifically dealing with the Plain English or Plain Language Movement, Schoerning examined the use and effect of simplified vocabulary on student achievement in a college microbiology course (Schoerning, 2014, p. 307). The study included 108 college students at 3 different colleges (Schoerning, 2014, p. 312). In addition to the course material, there was a reasoning skills survey as well as a course impressions survey (Schoerning, 2014, p. 316-317). It was found that the “Anglicized vocabulary” resulted in higher and more closely clustered test scores than the “Classical” vocabulary (Schoerning, 2014, p. 318). This is an important aspect to the study of the plain language movement because many guidelines propose the use of simplified vocabulary (Duffy, 1985; Flesch, 1951; Fry, 1977).

Wittenberg and others studied the use of plain language in relation to medications. In their study, they found that through training, providers could follow some plain language guidelines and improve the health literacy for some patients (Wittenberg, E., Goldsmith, J., Ferrel, B., Platt, C. S., November 2015, p. 707). Their study utilized a pre-test and a post-test concerning the training program. Their training program, however, could have been done in a better way, as there were multiple sites and multiple trainers (Wittenberg et al., November 2015, p. 708). Their study looked at six specific plain language guidelines, and each was given a Flesch-Kincaid reading grade-level score (Wittenberg et al., November 2015, p.708). Depending on the drug, there were different levels of success in the implementation of the plain language guidelines. The different levels of success could point to a potential area of study of whether or not the topic itself has an impact on the success of a plain language program.

Instead of only looking at readability tests, Harvilla adds the idea of looking at a reader’s expectation prior to their reading of a text (Harvilla, Summer 2014, p. 18). In her mixed-methods
study, she looked at user expectation, readability and comprehension of the Veterans Affairs website. The study sample, however, was limited to twelve veterans (Harvilla, Summer 2014, p. 31). Due to the small and limited sample, it is clear that there is a need to look farther into reader expectations. She found that a user’s expectation of what a website would look like (the layout and organization) had a direct relationship with their satisfaction. Because Harvilla looks at the end-user, her study is important to this study. With the Social Security Administration, many who live in the United States will be an end user of the publications used by Social Security at some point in their lives. Additionally, Harvilla utilized the Flesch-Kincaid Grade level readability formula to determine the grade level of the GI Bill. Although the GI Bill is something that is administered by the Veterans Administration, the average grade level score was 12.2 (Harvilla, Summer 2014, p. 50).

Summary

The research completed thus far has helped to pave the way for more accessible documents. Nonetheless, gaps in the literature are still apparent. One limitation is that many articles focus on the opinions of the researchers rather than the specific readability guidelines and formulas that have been set forth. Using a standardized way to improve readability and comprehension is necessary in order to reduce subjectivity. Second, much of the research that has been done to modify documents has not considered whether or not the document still meets necessary legal standards. If this is not accomplished, the document may no longer be valid. Therefore, this study looked to utilize common guidelines in the Plain English/Plain Language Movement, as well as the common and easily accessible Flesch reading grade level scores. The study also looked to get the input from a legal professional to make sure that the modified
documents met the same legal standards as the originals. Additionally, this study asked questions concerning the expectations of readers in order to gauge whether or not making the document more readable results in a better end-user view of the Social Security Administration, specifically whether or not the reader would be likely to recontact the Social Security Administration because of confusion arising from the document.

CHAPTER III: METHODS AND DATA ANALYSIS

**Hypotheses**

This study attempted to show whether or not modifying Social Security pamphlets using Plain English principles has an effect on readability, comprehension, and likelihood of recontact. First, it was hypothesized that modified documents will be significantly easier to read than unmodified documents. Second, it was hypothesized that participants would be less likely to contact Social Security employees for assistance with comprehension after reading the modified document than they would be after reading the unmodified document. Third, it was hypothesized that participants would be less likely to contact family or friends for assistance with comprehension after reading the modified document than they would be after reading the unmodified document. Finally, it was hypothesized that the modified documents would result in significantly higher comprehension scores than the unmodified documents.

**Study Design**

Better readability of documents is a key to successful implementation of governmental programs because it has the potential to increase governmental accountability as well as save time and money (Cheek, 2011, p. 1). Because readability formulas have the ability to make it easier for organizations and authors to check their progress when it comes to making their
documents easier to read, the readability formula developed by Rudolf Flesch was central to this study. Due to the Flesch and the Flesch-Kincaid readability formulas being readily available on Microsoft Word, the cost of the study and possible future implementation of recommendations were kept to a minimum. The readability formula was used to obtain a baseline for readability of three documents from the Social Security Administration. Once a baseline was obtained, each document underwent editing and modification in order to bring the newly modified documents to a lower Flesch-Kincaid readability grade level.

One modified document and the same document in its original form were read by three separate focus groups. Focus groups were selected as a means of administering this study for several reasons. Firstly, focus groups allowed for the researcher to make sure that each document was given an equal amount of time to be read. Second, as an observer in the focus group, as Creswell points out, information can be recorded as it occurs, and similar to an interview the researcher is able to guide the line of questioning (Creswell, 2014, p 191). When conducting the focus groups, each group was asked the same questions. The questions posed to the focus groups were intended to spur discussion and specifically intended not to lead the group to giving favorable or unfavorable answers. The questions were:

1. What was your overall experience with reading the material?"
2. Which handout do you like better? Why?
3. Do each of the documents get across the same point?
4. Is there something missing from the modified document?
5. Is there something especially confusing about either document? What might make it less confusing?
6. Do the examples help you understand the material?

The information from the focus groups was used as a supplement to the survey data, a procedure that is recommended by David Morgan in his book, Focus Groups as Qualitative Research. “They are used as a supplementary source of data in studies that rely on some other primary method such as a survey” (Morgan, 1997, p. 2). It was logical to include a focus group as a part of the data collection because as Merton, the inventor of the focus group illustrates, the method was a means to “investigate the subjective experiences of persons who have been involved in particular concrete situations: they have seen a film; heard a radio program; or read a pamphlet, article or book” (Calhoun, 2010, p. 230)

**Sample selection and description of participants**

As Creswell recommends, it is important to identify the population of the study (Creswell, 2014, p. 158). In this study, the population of the focus groups was made up of those who have or could file for benefits from Social Security. In order to obtain participants for the focus groups, the researcher contacted those within the Buffalo State community as well as those at Canisius High School, a local Jesuit high school for boys. The reason for choosing the Buffalo State community is because the focus groups there can be made up of those with some college, and postgraduate education. The reason for implementing a focus group at the high school was to account for those with a high school education. These focus groups were purposeful sample groups, which were selected to give a wide range of educational levels. Demographic data on educational level, age range, race, and gender were collected using self-report surveys that were administered during the focus groups.
**Data collection methods**

The documents used were about Retirement (RIB), Medicare (MED), and Supplemental Security Income (SSI), the three major programs that are administered by the Social Security Administration. The three documents were rewritten to include the information in a more readable manner as measured by the Flesch-Kincaid Readability formula. Like Campbell’s fourth version of documents, this study changed archaic words to more common words, and modified document design (Campbell, October 1999, p. 343). The modified documents utilized the guidelines set forth by the Plain Writing Act, namely by writing directly to the audience, using simple and straightforward terms, and presenting the information in a logical manner (Center for Plain Language, 2014-2016).

In addition to utilizing a readability formula, each re-written document was reviewed by a judge to determine if the document meets the same legal standards as the original. The legal standards are an important aspect to maintain when it comes to governmental organizations. Previous studies have missed answering the question of whether or not the re-written material is an accurate depiction of the law (Hashim, 2013, p. 423).

All documents utilized the same fonts. The layouts were, however, modified into a more logical order and graphs or illustrations were included if appropriate. This is because, as Campbell points out, “aspects of information presentation such as format, layout, typography and graphics are also important for readable, “user-friendly” documents” (Campbell, October 1999, p. 341).

Unlike Campbell’s study, this study improved the document as much as possible to bring the document to at least the next lower Flesch-Kincaid grade level. As previously stated, using a
lower grade level is of greater benefit because someone who normally reads at a 10th grade level could certainly understand something that was written at a 8th grade level; however someone who normally reads at the 8th grade level is not going to necessarily understand something written at an 11th grade level.

In addition to using a reading comprehension test, a survey that asks focus group participants their feelings about the results of the modified documents was used. Asking the participants their feelings about the documents is similar to Campbell’s study (Campbell, October 1999, p. 341). Additionally, the survey asked how likely it would be for the reader to feel the need to call to follow up on the publication because it was difficult to understand, and a reading comprehension test was implemented in order to help determine if the reader understood what was written.

The researcher took notes concerning each focus group’s reactions to the materials on a single page of paper, with one column for reactions about the original document and another column for reactions about the modified document. This is in line with the methods described by Creswell for data recording procedures which “may be a single page with a dividing line down the middle to separate descriptive notes” (Creswell, 2014, 193).

The first focus group was given the modified version of the Supplemental Security Income (SSI) document to begin with. The focus group was made up of undergraduates and their professor. The group was given about 7 minutes to read the modified document and then they answered questions in the survey. The group was then given another 7 minutes to read the unmodified document and answered the same reading comprehension questions again. After completion of the survey, a focus group was administered.
The second focus group at Buffalo State was made up of graduate students in the MPA program and participants were given the original retirement (RIB) document and 7 minutes to read the document. The group subsequently answered survey questions and was given the modified document and the same amount of time to read the second document. Some participants did not complete reading the documents in the allotted time and did not follow the instructions from the researcher for them to stop reading where they were and answer the questions.

The final focus group was a purposeful sample held at Canisius High School and consisted of Juniors and Seniors. The group read documents about Medicare (MED) and consisted of 17 individuals. Nine people were given the modified version of the document first and eight people were given the unmodified version of the document first. They were also given 7 minutes to read the documents, as were the other focus groups.

Data analyses

To assess for readability of the documents and whether or not participants would seek assistance to understand the information, likert scale data were collected and a sign test was run to analyze results. In order to run the sign test, each grade on the likert scale was recorded for the modified document and the unmodified document. If the answer on the likert scale was higher for the modified version of the document than for the unmodified document, the sign was given a +1 indicating that the modified document was more easily read. If there was no change in answers for the modified versus the unmodified, the sign was not counted. If the answer on the likert scale was lower for the modified document and higher for the unmodified document, the sign was given a -1, indicating that the unmodified document was actually easier to read.
Cohen’s $d$ effect sizes were also calculated for significant findings (i.e. $p < .05$) and results were interpreted using the guidelines of 0.2 indicating a small effect, 0.5 representing a moderate effect, and 0.8 showing a large effect (Walker, 2008).

A reading comprehension test was also administered in order to help determine if the reader understood what was written. To assess for significant differences between comprehension of the unmodified versus modified documents, a paired samples t-test was used to compare the mean percentage of correct responses for each document.

By including a survey as a part of the focus group, the researcher was able to make this study a mixed methods approach. In this approach, a researcher is able to obtain both qualitative and quantitative data in the form of personal opinions, which can lead to a “stronger understanding of the problem or question than either by itself.” (Creswell, 2014, p 215).

The SSI focus group was a purposeful sample that consisted of 14 persons ranging in age from 19 years old and under to 40-50 years old. Expectedly for an undergraduate class, 79% of the SSI focus group was made up of people between the ages of 20 and 25. Eighty-six percent of the SSI focus group identified themselves as having at least some college education. Seventy-nine percent of the focus group was also made up of women. The group consisted of 36% who self-identified as black or African American. Twenty one percent identified themselves as being of mixed race, 14% identified themselves as white, 14% self-identified as hispanic, and 7% identified as Asian (See Table 1).

The RIB focus group was also a purposeful sample and consisted of 12 participants who identified themselves as being between the ages of 20 and 60 years old. Eighty-four percent of the RIB focus group consisted of participants under the age of 40. Fifty percent self-identified as
black or African American, 17% self-identified as hispanic, and 17% self-identified as white (See Table 1).

The third and final focus group was a purposeful sample held at Canisius High School and consisted of Juniors and Seniors. The group read documents about Medicare (MED). The group consisted of 17 people. Nine people were given the modified version of the document first and eight people were given the unmodified version of the document first. The entire focus group consisted of males under the age of 19 with some high school education. The group self-identified as 25% white, 19% mixed race, 19% black, 19% native american or alaskan native, 6% asian, 6% non-latino and 6% did not answer (See Table 1).

In terms of readability, the modified SSI document was reported to be significantly more understandable than the unmodified document ($p = 0.035$) and yielded a moderate to large effect size ($d = 0.73$), but results did not indicate significant differences between documents when assessing whether or not participants would seek out assistance from social security ($p = 0.69$) or family/friends ($p = 0.19$). See Tables 2, 3, and 4. For the second group, the modified RIB document was also reported to be significantly more understandable than the unmodified document ($p = 0.0005$) and yielded a large effect size ($d = 2.16$). However, results did not indicate significant differences between documents when assessing whether or not participants would seek out assistance from social security ($p = 0.25$) or family/friends ($p = 0.14$). See Tables 2, 3, and 4. Finally, for the third group, the modified MED document was reported to be significantly more understandable than the unmodified document ($p = 0.02$) and yielded a moderate effect size ($d = 0.61$). Similar to the previous two focus groups, however, results did not indicate significant differences between documents when assessing whether or not
participants would seek out assistance from social security \((p = 0.36)\) or family/friends \((p = 0.34)\). See Tables 2, 3, and 4.

Unlike readability, participants’ comprehension did not significantly differ between the modified SSI document \((M = 0.59, SD = 0.06)\) and the unmodified document \((M = 0.56, SD = 0.05)\), \(t(13) = 0.88, p = 0.40\). In the SSI group, 7 out of a total 96 responses changed between the unmodified to the modified comprehension questions. Four of these responses became correct and 3 became incorrect. The average percentage correct for the unmodified group was 57% and the average correct for the modified group was 60%. See Tables 5 and 6.

In addition, comprehension did not significantly differ between the modified RIB document \((M = 0.63, SD = 0.05)\) and the unmodified document \((M = 0.59, SD = 0.03)\), \(t(13) = 0.96, p = 0.36\). In the RIB group, 16 out of a total 112 responses changed between the unmodified to the modified comprehension questions. Eleven of these responses became correct and 5 became incorrect. The average percentage correct for the unmodified group was 60% and the average correct for the modified group was 66%. See Tables 5 and 6.

Finally, participants’ comprehension in the third group did not significantly differ between the modified MED document \((M = 0.52, SD = 0.07)\) and the unmodified document \((M = 0.51, SD = 0.09)\), \(t(15) = 0.22, p = 0.83\). In the MED group, 6 out of a total 96 responses changed between the unmodified to the modified comprehension questions. Three of these responses became correct and 3 became incorrect. The average percentage correct for the unmodified group was 49% and the average correct for the modified group was 51%. See Tables 5 and 6.
The information gathered from the surveys was backed up by the answers that were given as part of the focus group discussions. Much like the survey data, information that was collected on the focus groups' reactions to the pamphlets showed that the groups had both positive comments and negative comments about each document. Specific key terms were noted about the modified document and about the original document. Terms and ideas that were repeated in each focus group about the modified document were that it could be skimmed, and that the question and answer format was helpful, it was “to the point”. At the same time the focus groups stated that the modified document was “not as in-depth”, “gives the basics, but then directs you to contact Social Security for specifics.” Terms that were repeated for the original document were “informative”, “confusing”, “overwhelming”. Looking at repeated terms, neither document is a clear winner for understanding, as the repeated ideas were split between positive sentiment and negative sentiment for each document.
CHAPTER IV: DISCUSSION

In response to gaps in the literature, this study attempted to show whether or not modifying Social Security pamphlets using Plain English principles had an effect on readability, comprehension, and likelihood of recontact to improve understanding. This was done by modifying the readability of the documents and included a review by a judge to ensure that legal principles were consistent and valid across unmodified and modified documents.

First, it was hypothesized that modified documents would be significantly easier to read than unmodified documents. This hypothesis was supported across all three focus groups. The modified SSI, RIB, and MED documents were reported to be significantly easier to read than the unmodified documents and large effect sizes were found, indicating clinical as well as statistical significance.

Second, it was hypothesized that participants would be less likely to contact Social Security employees and/or family or friends for assistance with comprehension after reading the modified document than they would be after reading the unmodified document. Unlike improvements in readability, however, these hypotheses were not supported. None of the groups reported that they would be significantly less likely to ask for help with the modified rather than with the unmodified document. A potential reason for this is the hypothetical nature of the question. Whereas the readability was rated in real time as the participants reviewed the documents, the questions asking about potential assistance are more vague and likely led to more error in reporting.

Finally, it was hypothesized that the modified documents would result in significantly higher comprehension scores than the unmodified documents. Unfortunately, this was also not
found to be significant for any of the groups. Although the mean percentage of comprehension questions correct increased from the unmodified to the modified documents (see table 6), this was not statistically significant.

Qualitative data were also collected to gather more anecdotal and nuanced responses to the unmodified and modified documents. In the SSI focus group, some people stated that they preferred the original document as opposed to the modified document. Their reasons for preference were that it “explained more” and was “more informative.” Interestingly, however, the person who stated the original document was more informative also stated that the same document was harder to read. Some participants reported that they did not prefer the modified document because it was “not as clear.” When asked for specifics about what made the document less clear, one participant stated that the modified document lacked examples.

Other participants, however, preferred the modified document and stated that it was “filled with questions you might ask” and that it was “cut and dry.” Participants stated that it was “more conversational” and that they liked the question and answer format. At the same time, the participants did not like the lack of examples stating that this “left open more questions.”

In the RIB focus group at Buffalo State, which was made up of graduate students in the MPA program, a blind individual asked for the document in Braille and another individual asked for the document in Spanish, which unfortunately was not something that was prepared by the researcher. It did, however, illustrate the need for research in the area of readability in the person’s language of preference. The requests also bring up the point that readability is not something that is limited to the English language.
Participants in the RIB focus group stated that they found the original document “overwhelming” but at the same time “informative.” Some participants characterized the original document as “confusing” and “hard to conceptualize.” They also stated that the unmodified document was “hard to understand, especially the internet account setup.” At the same time, they stated that the unmodified document was “information packed” and “dense but manageable.” One person stated that it held “too much information and was difficult to understand.”

Members of the group liked the chart in the modified version, and reported that the modified document was “to the point.” Participants also stated that they liked the “what if style questions.” Participants stated the modified document was “much more reader friendly and more visually appealing.” Three out of 15 people stated that the modified document was “straight forward”- using the exact same phrase to describe the document.

The MED group had similar statements to the previous groups when it came to their perceptions of the documents. They stated that the modified document was “more clear” but also “less informative”. One person in the MED focus group stated that the unmodified document was “thorough but too long to read and hard to find what you are looking for.” This statement gives a good first impression, but follows it up with a more negative connotation.

One question that was asked during the MED focus group was whether or not the rereading of the first document had an impact on whether or not they found the second document to be the better document. Of the 14 people that answered, 9 claimed that the re-reading had an impact on their perception of the second document.
Results indicate that overall readability was significantly improved, both statistically and clinically, when the original documents were modified. Additionally, although not significant, overall mean comprehension test scores were higher after reading the modified rather than unmodified documents. The qualitative data indicate the difficulty with improving both readability and comprehension in government documents. Whereas some participants indicated that they preferred the simpler modified documents, those same participants explained that the documents included less information. Therefore, although a standardized approach was used to modify the documents, which addresses a gap in the literature, the process is inherently subjective on some level.
This study attempted to address the feasibility, advantages and disadvantages of the implementation of Plain Language in rewriting government documents. Previous literature shows that there are many advantages to the Plain Language movement, however few authors detailed how difficult it is to rewrite a document in a more readable way. Results from the study confirm that government documents are, indeed, difficult to understand for consumers across educational levels. Additionally, the study shows that the use of recommendations set forward in the Plain Writing Act of 2010 has a positive effect on the Flesch Reading Ease level as well as the Flesch-Kincaid Grade level. While more research has to be done in order to find out whether or not comprehension is also positively affected by the recommendations set forward in the Plain Writing Act of 2010, this research shows that, even though the comprehension test scores were not statistically significant, the trend was in the positive direction for all three groups.

The baseline Flesch-Kincaid tests that were run found that each of the unmodified documents were written at above a grade 10 reading level. Rewriting the documents to a still lower reading level than achieved in this study may result in more statistically significant results. As for the feasibility of using the Flesch-Kincaid test to get a benchmark for government documents, the test can be done in seconds and results can be compared immediately to other documents written by the same agency. By comparing the results of the Flesch-Kincaid test, the government can determine which documents need the most attention and direct focus towards modifying the documents that would result in the largest changes.
It was found that the entire process of rewriting the documents was more arduous than the Plain Writing Act implies. Rewriting documents is not as easy as adding a period here and shortening a word there. The amount of time working on each individual document numbered close to 20 hours. Multiply the amount of time working on just three documents by the tens of thousands of documents put out by the government and it could result in massive costs to taxpayers. In spite of these costs, if comprehension is significantly improved when documents are rewritten at lower grade reading levels, it may be a cost that would turn out being more of an investment over time.

Limitations

This study was limited by the makeup of the focus groups. Specifically, the focus groups did not vary much in age, gender, or education levels. Additionally, the time spent with each of the focus groups was a limiting factor due to the length of the documents. Additional sampling across a broader spectrum of people might have shown a stronger preference to one document over another. Also, additional sampling might have shown more changes in reading comprehension.

The dynamics of the focus groups could also have been a limiting factor, as the number of persons participating in each group lead to some people not answering questions. A few people in each focus group spoke more than others and this could have impacted the results of the focus group information.

Having each of the groups read a document and then read another version of the same document directly after may have had an impact on overall feelings toward the documents. Additionally, it could have impacted validity, as the second document, whether modified or
unmodified, may have been better understood simply because similar information was being read again.

Due to a lack of time available with each of the focus groups, a cloze test was not used in the survey, in spite of Duffy’s recommendation. Duffy suggests the use of the “degrees of reading power” approach, which in addition to a readability formula utilizes a cloze test score on a passage (Duffy, 1985, p. 135). Further research should include a cloze test to further assess reading comprehension, as there was no indication that the readers were able to adequately comprehend either text. This could simply be due to the complexity of the documents themselves.

There could also be several reasons for not finding a statistically significant difference in the likelihood of a person requesting assistance from another party in their understanding the document, including a person not wanting to show that they don’t understand something because of personal pride. Additionally, people may not want help because of cultural background. Also, the study asked participants to show how likely something might happen in the future, rather than something that did happen. This hypothetical question may have led to reader confusion and responses likely included error.

A limitation with using readability scales in government documents is the time that it takes to rewrite a document and the fact that even after a document is rewritten, it is difficult to tell that the rewrite is effective. Each document was rewritten to a lower grade level and took several rewrites and many hours to complete. The writer’s ability to command language is a limiting factor in their ability to write in a way that is easier to read. In spite of documents being written in a lower grade level, it is difficult to determine if the rewrite maintains the integrity of
the document and gets across the same points. This was addressed in this study by having a judge
review the documents to ensure that they were valid, but the process took much back and forth to
accomplish the goal of reducing readability level while also keeping the integrity of the
document.

In spite of these limitations, many of the participants in the focus groups used similar
terms when describing the rewritten document, indicating that it was more accepted and easier to
read. They stated that the modified documents were more colloquial and conversational, and that
they were cut and dry and straight forward.

Future research

Future research could focus on actual Social Security recipients and collect data on stress
to determine if mental state could impact comprehension when the citizen is in a high stakes
situation (e.g., need to apply for SSI following an injury as medical bills mount). Additionally,
the research could focus on call volume or foot traffic related to impaired comprehension of
documents. This could be the first step in additional research looking at the impact of higher
recipient comprehension on government employee efficiency through the use of time analysis
tools.

Future research should look to see the direct monetary costs involved with having
difficult to comprehend documents versus the costs involved with modifying a document so that
it is easier to understand. Research could also be done that looks at how modifying internal
governmental communication affects employee satisfaction and retention rates. Additional
research could also be done on whether or not the modification of internal governmental rules
has any change on street-level bureaucrat productivity.
The way that the government communicates with its employees and citizens should be an ever improving target, and there should be a continued focus on using the methods set forth in the Plain Writing Act for all communication by governmental organizations. Readability measurements and focus groups are relatively inexpensive tools that are readily available to the government. If these resources are taken advantage of and if improving readability of documents is seen as an important goal to meet by the Social Security Administration, great strides can be made with improving communication both within and outside the government. Not only can this improved communication reduce costs over time and potentially improve employee satisfaction, but it will better serve citizens who need it most.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentage of Focus Group 1</th>
<th>Percentage of Focus Group 2</th>
<th>Percentage of Focus Group 3</th>
</tr>
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<tbody>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some high school</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
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<tr>
<td>High School</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Some College</td>
<td>43%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Associate’s degree</td>
<td>21%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>14%</td>
<td>83%</td>
<td>0%</td>
</tr>
<tr>
<td>Post graduate degree</td>
<td>7%</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21%</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td>Female</td>
<td>79%</td>
<td>58%</td>
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<td><strong>Age range</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Under 19</td>
<td>7%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>20-25</td>
<td>79%</td>
<td>50%</td>
<td>0%</td>
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<tr>
<td>25-30</td>
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<td>17%</td>
<td>0%</td>
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<td>30-40</td>
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<td>40-50</td>
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<td>8%</td>
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<td>50-60</td>
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<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>14%</td>
<td>17%</td>
<td>25%</td>
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<td>Black</td>
<td>36%</td>
<td>50%</td>
<td>19%</td>
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<td>Hispanic</td>
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<td>Asian</td>
<td>7%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Non-latino</td>
<td>0%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Native American</td>
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<td>0%</td>
<td>13%</td>
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<td>Native Alaskan</td>
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<td>0%</td>
<td>6%</td>
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<tr>
<td>Mixed race</td>
<td>21%</td>
<td>0%</td>
<td>19%</td>
</tr>
<tr>
<td>Missing</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>


**Table 2**

*Sign Test Analyses of Readability*

<table>
<thead>
<tr>
<th></th>
<th>count</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group 1 (SSI)</td>
<td>8</td>
<td>0.035</td>
<td>0.73</td>
</tr>
<tr>
<td>Focus Group 2 (RIB)</td>
<td>11</td>
<td>0.0005</td>
<td>2.16</td>
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<tr>
<td>Focus Group 3 (MED)</td>
<td>12</td>
<td>0.02</td>
<td>0.61</td>
</tr>
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</table>
Table 3

*Sign Test Analyses of Assistance from Social Security Employees*

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>count</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group 1 (SSI)</td>
<td>4</td>
<td>0.69</td>
</tr>
<tr>
<td>Focus Group 2 (RIB)</td>
<td>9</td>
<td>0.25</td>
</tr>
<tr>
<td>Focus Group 3 (MED)</td>
<td>8</td>
<td>0.36</td>
</tr>
</tbody>
</table>
Table 4

Sign Test Analyses of Assistance from Family/Friends

<table>
<thead>
<tr>
<th>Group Description</th>
<th>Count</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0.19</td>
</tr>
<tr>
<td>Focus Group 2 (RIB)</td>
<td>8</td>
<td>0.14</td>
</tr>
<tr>
<td>Focus Group 3 (MED)</td>
<td>6</td>
<td>0.34</td>
</tr>
</tbody>
</table>
Table 5

*Paired Samples t-test analyses to assess for comprehension*

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Unmodified</th>
<th>Modified</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Focus Group 1 (SSI)</td>
<td>13</td>
<td>0.56</td>
<td>0.05</td>
<td>0.59</td>
<td>0.06</td>
</tr>
<tr>
<td>Focus Group 2 (RIB)</td>
<td>13</td>
<td>0.59</td>
<td>0.03</td>
<td>0.63</td>
<td>0.05</td>
</tr>
<tr>
<td>Focus Group 3 (MED)</td>
<td>15</td>
<td>0.51</td>
<td>0.09</td>
<td>0.52</td>
<td>0.07</td>
</tr>
</tbody>
</table>
Table 6

<table>
<thead>
<tr>
<th></th>
<th>Unmodified</th>
<th>Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>Focus Group 1 (SSI)</td>
<td>15</td>
<td>57%</td>
</tr>
<tr>
<td>Focus Group 2 (RIB)</td>
<td>14</td>
<td>60%</td>
</tr>
<tr>
<td>Focus Group 3 (MED)</td>
<td>16</td>
<td>49%</td>
</tr>
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</table>

Average Percentage of Correct Responses on Comprehension Tests
REFERENCES


doi:10.1111/j.1467-6478.2011.00549.x

http://proxy.buffalostate.edu:2055/science/article/pii/S0196064407016769

http://proxy.buffalostate.edu:2101/ps/i.do?p=LT&u=buffalostate&id=GALE%7CA277270372&v=2.1&it=r&sid=summon&authCount=1


Center for Plain Language (2014-2016) Write Better. Retrieved from:
http://centerforplainlanguage.org/5-steps-to-plain-language/

democracy to work for you State Bar of Michigan.

and Applied Language Studies, 28:2, 171-183. retrieved from
true


113

doi:10.1037/h0057532

Flesch, R. (1951) The Art of Plain Talk: How to say and write what you mean… in English that

of Reading, 21(3), 242-252.


https://support.office.com/en-us/article/Test-your-document-s-readability-85b4969e-e80a-4777-8dd3-f7fc3e8b3fd2#toc342546557
IMPACT OF LEXICAL COMPLEXITY


Plain english law cloudy, say new york lawyers. (1978). American Bar Association Journal, 64(11), 1644-1644


Schoerning, E. (2014) The Effect of Plain-English Vocabulary on Student Achievement and


http://staff.bath.ac.uk/pssiw/stats2/page2/page14/page14.html

Appendix I

Questions for the Medicare Survey:

1. What is the highest grade level of school that you have completed?

   Some High School     High School/GED     Some College   Associates Degree
   Bachelor's Degree     Post Graduate Degree

2. Gender?

   Male                       Female            Non Binary         Prefer not to answer

3. Age range?

   19 or under    20-25    25-30    30-40    40-50    50-60    60-70    over 70

4. Race/ethnicity?

   American Indian or Alaska Native     Asian     Black or African American
   Native Hawaiian or Other Pacific Islander     White     Hispanic or Latino
   Not Hispanic or Latino         Prefer Not to Answer

5. Do you receive social security benefits for yourself or as a representative payee for someone else?

   Yes                      No

Reading comprehension

6. If you are not disabled, you should apply for Medicare benefits at age ______.

7. How many parts of Medicare are there?

8. What are the 3 enrollment periods for Medicare?

9. How much is the penalty if you did not enroll in Medicare Part B and did not have coverage under a group health plan if you enroll in Medicare Part B after 3 years?

10. In what month does Medicare coverage start if you enroll in the General Enrollment Period?

11. If you are disabled, how long do you have to get disability benefits before you get Medicare?
12. How difficult did you find the material to read in the first handout?
1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

13. How difficult did you find the material in the second handout?
1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

14. How likely is it that you would recontact social security because of being confused about the first document?
1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

15. How likely is it that you would recontact Social Security because of being confused about the second document?
1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

16. How likely is it that you would have a friend or family member read the document to help you understand? (Version 1)
1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

17. How likely is it that you would have a friend or family member read the document to help you understand? (Version 2)
1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

18. What was your overall perception of the first document?

19. What was your overall perception of the second document?

20. Have you ever heard of the Plain Language movement?
Yes/No

21. Have you ever used a readability scale when writing a document?
Yes/No
Appendix II

Questions for the SSI Survey

1. What is the highest grade level of school that you have completed?

Some High School    High School/GED    Some College    Associates Degree
Bachelor's Degree    Post Graduate Degree

2. Gender?

Male    Female    Non Binary    Prefer Not to Answer

3. Age?

19 or under 20-25 25-30 30-40 40-50 50-60 60-70 over 70

4. Race/ethnicity?

American Indian or Alaska Native    Asian    Black or African American
Native Hawaiian or Other Pacific Islander    White    Hispanic or Latino
Not Hispanic or Latino    Prefer Not to Answer

5. Do you receive social security benefits for yourself or as a representative payee for someone else?

Yes    No

6. You should apply for benefits ____________months before you want them to start.

7. What does SSI stand for?

a. Social Security Income
b. Supplemental Security Income
c. Social Services Income

8. I am not a US citizen, can I get SSI?    Yes / No

9. Can I get food stamps from Social Security?    Yes / No

10. I have a disabled child and limited income and resources, can I get SSI for the child?

Yes / No
11. What 3 major things do you have to report to social security when receiving SSI?
   a. Name, Social Security Number, Income
   b. Living arrangements, Income, and Social Security Number
   c. Income, Resources, and Living arrangements
   d. Income, Resources, and when the check comes

12. How difficult did you find the material to read in the first handout?
   1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

13. How difficult did you find the material in the second handout?
   1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

14. How likely is it that you would recontact social security because of being confused about
    the first document?
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

15. How likely is it that you would recontact Social Security because of being confused about
    the second document?
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

16. How likely is it that you would have a friend or family member read the document to help
    you understand? (Version 1)
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

17. How likely is it that you would have a friend or family member read the document to help
    you understand? (Version 2)
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

18. What was your overall perception of the first document?

19. What was your overall perception of the second document?

20. Have you ever heard of the Plain Language movement?
    Yes/No

21. Have you ever used a readability scale when writing a document?
    Yes/No
Appendix III

Questions for the Retirement Survey

1. What is the highest grade level of school that you have completed?
   - Some High School
   - High School/GED
   - Some College
   - Associates Degree
   - Bachelor's Degree
   - Post Graduate Degree

2. Gender?
   - Male
   - Female
   - Non Binary
   - Prefer Not to Answer

3. Age?
   - 19 or under
   - 20-25
   - 25-30
   - 30-40
   - 40-50
   - 50-60
   - 60-70
   - over 70

4. Race/ethnicity?
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Prefer Not to Answer

5. Do you receive social security benefits for yourself or as a representative payee for someone else?
   - Yes
   - No

6. You should apply for benefits ____________ months before you want them to start.

7. What age is the earliest retirement age?
   - 55
   - 66
   - 62
   - 63
   - 64
   - 70
   - 57
   - 58
   - 59
   - 60
   - 61

8. What is the latest retirement age?
   - 65
   - 66
   - 67
   - 68
   - 69
   - 70
   - 71
   - 72
   - 73
   - 74
   - 75

9. What percentage of benefits can a spouse get at his or her full retirement age?
   - 0
   - 10
   - 20
   - 30
   - 42.5
   - 37.5
   - 50
   - 32.5
   - 72.5
   - 87
   - 25
10. Should you contact Social Security to apply for Medicare benefits?
   a. I am 63 years and 9 months old.  Yes / No
   b. I am 64 years and 9 months old and I don’t get Social Security benefits. Yes / No
   c. I already get Social Security benefits and am 64 and 9 months old. Yes / No

11. How many parts of Medicare are there?
   1  2  3  4  5  6

12. How difficult did you find the material to read in the first handout?
   1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

13. How difficult did you find the material in the second handout?
   1 – Very difficult • 2 – Difficult • 3 – Neutral • 4 – Easy • 5 – Very easy

14. How likely is it that you would recontact social security because of being confused about the first document?
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

15. How likely is it that you would recontact Social Security because of being confused about the second document?
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

16. How likely is it that you would have a friend or family member read the document to help you understand? (Version 1)
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

17. How likely is it that you would have a friend or family member read the document to help you understand? (Version 2)
   1 – Not probable • 2 – Somewhat improbable • 3 – Neutral • 4 – Somewhat probable • 5 – Very probable

18. What was your overall perception of the first document?

19. What was your overall perception of the second document?

20. Have you ever heard of the Plain Language movement?
   Yes/No

21. Have you ever used a readability scale when writing a document?
   Yes/No
Appendix IV

Consent Form

INFORMED CONSENT

The Impact of Lexical Complexity on the Public’s Understanding of Governmental Communication

NAME AND TITLE OF RESEARCHER: PATRICK JOSEPH LYONS, III GRADUATE STUDENT

Email: lyonsipj01@mail.buffalostate.edu

STUDY LOCATION(S): BUFFALO STATE CAMPUS

PURPOSE OF STUDY

The purpose of this research study is to determine feasibility, advantages and disadvantages to implementing Plain Language in governmental documents.

SUBJECTS

Inclusion Requirements

You are eligible to participate in this study if you are at least 18 years old and can read English.

PROCEDURES

The following procedures will occur:
1. You will read and sign informed consent form. (3 min)
2. You will read a document (6-10 min)
3. You will answer 10 to 15 survey questions (5-10 min)
4. You will read another document (6-10 min)
5. You will answer another set of survey questions (5-10 min)
6. You who participate in the focus group will discuss the overall impression of the documents (10-15 min)

RISKS AND DISCOMFORTS

The possible risks and/or discomforts associated with the procedures described in this study. Please note that no study is truly “no risk” and the lowest category is minimal. Minimal risk.

BENEFITS

You will not directly benefit from participation in this study, although you will be entered into a raffle for a gift card of 25.00 to Wegmans if you choose to participate in the raffle.
CONFIDENTIALITY
Data Storage

Your research records will be stored in the following manner:

**Identifiable information about you will be kept with the study data.**

- Paper records (the surveys) will be kept under lock and key, only accessible to authorized research team members until they can be digitized. After the surveys are digitized, any hard copies will be shredded and disposed of.

- Data will be recorded using typed notes, which will be stored in password protected files on an encrypted thumb drive.
- All data will be retained for at least three years in compliance with federal regulations.

- **IF YOU HAVE QUESTIONS**

- If you have any comments, concerns, or questions regarding the conduct of this research, please contact the researcher at the top of this form. If you are unable to contact the researcher or have general questions about your rights as a participant, please contact Gina Game, IRB Administrator, Sponsored Programs Office/SUNY Buffalo State at gameg@buffalostate.edu.

- **VOLUNTARY PARTICIPATION STATEMENT**

- Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with Buffalo State.

**SIGNATURES**

Your signature documents your permission to take part in this research.

__________________________________________________
Signature of participant

__________________________________________________
Date

___________________________________________________
Printed name of participant

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject.

__________________________________________________
Signature of researcher

__________________________________________________
Date

PATRICK JOSEPH LYONS, III
Social Security and your retirement plan
Social Security is part of the retirement plan of almost every American worker. If you’re among the 96 percent of workers covered under Social Security, you should know how the system works. You should also know how much you’ll receive from Social Security when you retire. This booklet explains:
• How you qualify for Social Security benefits;
• How your earnings and age can affect your benefits;
• What you should consider in deciding when to retire; and
• Why you shouldn’t rely only on Social Security for all your retirement income.
This basic information on Social Security retirement benefits isn’t intended to answer all questions. For specific information about your situation, talk with a Social Security representative.

Your retirement benefits
How do you qualify for retirement benefits?
When you work and pay Social Security taxes, you earn “credits” toward Social Security benefits. The number of credits you need to get retirement benefits depends on when you were born. If you were born in 1929 or later, you need 40 credits (10 years of work).
If you stop working before you have enough credits to qualify for benefits, the credits will remain on your Social Security record. If you return to work later, you can add more credits to qualify. We can’t pay any retirement benefits until you have the required number of credits

How much will your retirement benefit be?
We base your benefit payment on how much you earned during your working career. Higher lifetime earnings result in higher benefits. If there were some years you didn’t work or had low earnings, your benefit amount may be lower than if you had worked steadily.
The age at which you decide to retire also affects your benefit. If you retire at age 62, the earliest possible Social Security retirement age, your benefit will be lower than if you wait. Page 4 explains this policy in more detail.

Online my Social Security account
You can now easily set up a secure online my Social Security account. This allows you to access your Social Security Statement to check your earnings and get your benefit estimates. You can also use your online my Social Security account to request a replacement Social Security number card (available in some states and the District of Columbia). If you receive benefits, you can also:
• Get your benefit verification letter;
• Change your address and phone number;
• Request a replacement Medicare card;
• Request a replacement SSA-1099 or SSA-1042S for tax season; or
• Start or change your direct deposit.
You can create a my Social Security account if you’re age 18 or older, have a Social Security number, a valid U.S. mailing address, and an email address. To create an account, go to www.socialsecurity.gov/myaccount. You’ll need to provide some personal information to confirm your identity; you’ll be asked to choose a username and password; then you’ll be asked for your email address. You’ll need to select how you would like to receive a one-time security code — to a text-enabled cell phone or to the email address you registered.

___(page break)___

— that you will need to enter when you create your account. Each time you sign in with your username and password, we will send a one-time security code to your cell phone or to your email address. The security code is part of our enhanced security feature to protect your personal information. Keep in mind that your cell phone provider’s text message and data rates may apply.

Get personalized retirement benefit estimates
You can use our online Retirement Estimator to get immediate and personalized retirement benefit estimates to help you plan for your retirement. The online Retirement Estimator is a convenient and secure financial planning tool that eliminates the need to manually key in years of earnings information. The estimator will also let you create “what if” scenarios. You can, for example, change your “stop work” dates or expected future earnings to create and compare different retirement options. For more information, read the publication, Online Retirement Estimator (Publication No. 05-10510), or visit our website at www.socialsecurity.gov/estimator.

Full retirement age
If you were born in 1950 or earlier, you already are eligible for your full Social Security benefit. The full retirement age is 66 if you were born from 1943 to 1954. If you were born from 1955 to 1960, the age at which full retirement benefits are payable increases gradually to age 67. The following chart lists the full retirement age by year of birth.

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Full retirement age</th>
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<tbody>
<tr>
<td>1943-1954</td>
<td>66</td>
</tr>
<tr>
<td>1955</td>
<td>66 and 2 months</td>
</tr>
</tbody>
</table>

___(page break)___

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Full retirement age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1956</td>
<td>66 and 4 months</td>
</tr>
<tr>
<td>1957</td>
<td>66 and 6 months</td>
</tr>
</tbody>
</table>
IMPACT OF LEXICAL COMPLEXITY

1958  66 and 8 months
1959  66 and 10 months
1960 and later  67

NOTE: Even though the full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday. See pages 14-15 for more information.

**Early retirement**
You can get Social Security retirement benefits as early as age 62. However, we’ll reduce your benefit if you retire before your full retirement age. For example, if you turn age 62 in 2017, your benefit would be about 25.8 percent lower than it would be at your full retirement age of 66 and 2 months.

Some people will stop working before age 62. But if they do, the years with no earnings will probably mean a lower Social Security benefit when they retire.

NOTE: Sometimes health problems force people to retire early. If you can’t work because of health problems, consider applying for Social Security disability benefits. The disability benefit amount is the same as a full, unreduced retirement benefit. If you’re getting Social Security disability benefits when you reach full retirement age, we convert those benefits to retirement benefits. For more information, read Disability Benefits (Publication No. 05-10029).

**Delayed Retirement**
You can choose to keep working beyond your full retirement age. If you do, you can increase your future Social Security benefits in two ways.

Each extra year you work adds another year of earnings to your Social Security record. Higher lifetime earnings can mean higher benefits when you retire.

Also, your benefit will increase a certain percentage from the time you reach full retirement age, until you start receiving benefits, or until you reach age 70. The percentage varies depending on your year of birth. For example, if you were born in 1943 or later, we’ll add 8 percent to your benefit for each year you delay receiving Social Security benefits beyond your full retirement age.

NOTE: If you decide to delay your retirement, be sure to sign up for Medicare at age 65. In some circumstances, medical insurance costs more if you delay applying for it. Other information about Medicare is on pages 14-16.

**Deciding when to retire**
Choosing when to retire is an important and personal decision. No matter the age you retire, contact Social Security in advance to learn your choices and make the best decision.

Sometimes, your choice of a retirement month could mean higher benefit payments for you and your family.

In deciding when to retire, remember that financial experts say you’ll need 70 to 80 percent of your preretirement income to have a comfortable retirement. Since Social Security replaces only
about 40 percent of preretirement income for the average worker, having pensions, savings, and investments are very important.

Apply for benefits about three months before you want your benefits to start. If you’re not ready to retire, but are thinking about doing so soon, visit Social Security’s website to use our convenient and informative retirement planner at www.socialsecurity.gov/retire.

**Retirement benefits for widows and widowers**

Widows and widowers can begin getting Social Security benefits at age 60, or at age 50, if disabled. Widows and widowers can take reduced benefits on one record, and then switch to full benefits on another record later. For example, a woman can take a reduced widow’s benefit at 60 or 62, and switch to her own full retirement benefit at full retirement age. You need to talk to Social Security about your choices, because the rules may be different for your claim.

**Family benefits**

Benefits for family members If you’re getting Social Security retirement benefits, some members of your family can also get benefits, including:

- Spouses age 62 or older;
- Spouses younger than 62, if they are taking care of a child entitled on your record who is younger than age 16 or disabled;
- Former spouses, if they are age 62 or older (See “Benefits for a divorced spouse” on page 9.);
- Children up to age 18, or up to 19 if full-time students and have not graduated from high school; and
- Disabled children, even if they are age 18 or older.

If you become the parent of a child (including an adopted child) after you begin getting benefits, let us know about the child. Then we’ll decide if the child is eligible for benefits.

**NOTE:** Children’s benefits are available only to unmarried children. Sometimes, we can pay benefits to a disabled child who marries someone also disabled since childhood.

**Spouse’s benefits**

Spouses who never worked or have low earnings can get up to half of a retired worker’s full benefit. If you’re eligible for both your own retirement benefits and spousal benefits, we always pay your own benefits first. If your benefits as a spouse are higher than your own retirement benefit, you’ll get a combination of benefits equaling the higher spouse benefit.

For example: Mary Ann qualifies for a retirement benefit of $250 and a spouse’s benefit of $400. At her full retirement age, she will get her own $250 retirement benefit. We also will add $150 from her spouse’s benefit, for a total of $400. If she takes her retirement benefit before her full retirement age, we’ll reduce both amounts.

If you are at least full retirement age and qualify for your own retirement benefits and also for benefits as a spouse (or divorced spouse), you can choose to restrict your application and apply for one of the benefits and delay applying for the other until a later date.
Under a law passed in 2015, people born on or after January 2, 1954 no longer have this option. If they qualify for both their own retirement and spouse’s (or divorced spouse’s) benefits, they must apply for both benefits. This is called “deemed filing.” If you file for one benefit, you are “deemed” to file for the other one, too, even if you don’t become eligible for it until later. If you’re receiving a pension based on work on which you didn’t pay Social Security taxes, we may reduce your spouse’s benefit. More information on pensions from work not covered by Social Security is on page 13.

If spouses get Social Security retirement benefits before they reach full retirement age, we reduce the benefit. The amount we reduce the benefit depends on when the person reaches full retirement age. For example:
• If full retirement age is 65, a spouse can get 37.5 percent of the worker’s unreduced benefit at age 62;
• If full retirement age is 66, a spouse can get 35 percent of the worker’s unreduced benefit at age 62;
• If full retirement age is 67, a spouse can get 32.5 percent of the worker’s unreduced benefit at age 62.

The benefit increases at later ages up to the maximum of 50 percent at full retirement age. If full retirement age is other than those shown here, at age 62 the benefit will fall between 32.5 percent and 37.5 percent.

Your spouse can get full benefits, regardless of age, if taking care of a child entitled on your record. The child must be under age 16, or disabled (before age 22).

NOTE: Your current spouse can’t get spouse’s benefits until you file for retirement benefits.

Children’s benefits
Your dependent child can get benefits on your earnings record when you start your Social Security retirement benefits. They can get up to half of your full benefit. To be eligible, they must be your biological child, adopted child, or dependent stepchild. (Sometimes, your child could also be eligible for benefits on their grandparent’s earnings.) To get benefits, your child must be:
• Unmarried;
• Younger than age 18;
• 18-19 years old and a full-time student (no higher than grade 12); or
• 18 or older and disabled before age 22.

NOTE: Disabled children whose parents have limited income or resources may be eligible for Supplemental Security Income benefits. For more information, visit our website or contact our toll-free number.
Maximum family benefits
If you have children eligible for Social Security, each will get up to half of your full benefit. But there’s a limit to how much money we can pay to you and your family. This limit varies between 150 and 180 percent of your own benefit payment. If the total benefits due to your spouse and children are more than this limit, we’ll reduce their benefits. Your benefit won’t be affected.

Benefits for a divorced spouse
Your divorced spouse can get benefits on your Social Security record if the marriage lasted at least 10 years. Your divorced spouse must be 62 or older and unmarried. The benefits he or she gets doesn’t affect the amount you or your current spouse can get. Also, your former spouse can get benefits even if you’re not retired. You both must be at least 62 and divorced at least two years.

What you need to know when you’re eligible for retirement benefits

How do you sign up for Social Security?
You can apply for retirement benefits online at www.socialsecurity.gov, or contact our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778). Or you can make an appointment to visit any Social Security office to apply in person.

Depending on your circumstances, you’ll need some or all the documents listed below. Don’t delay in applying for benefits if you don’t have all the information. If you don’t have a document you need, we can help you get it.

Information and documents you’ll need, include:
• Your Social Security number;
• Your birth certificate;
• Your W-2 forms or self-employment tax return for last year;
• Your military discharge papers if you had military service;
• Your spouse’s birth certificate and Social Security number if they’re applying for benefits;
• Your children’s birth certificates and Social Security numbers, if you’re applying for children’s benefits;
• Proof of U.S. citizenship or lawful alien status if you (or a spouse or child applying for benefits) were not born in the United States; and
• The name of your financial institution, the routing number, and your account number for direct deposit.

If you don’t have an account at a financial institution, or prefer getting your benefits on a prepaid debit card, you can get a Direct Express® card. For more information, visit www.GoDirect.org.

You must submit original documents or copies certified by the issuing office. You can mail or bring them to Social Security. We’ll make photocopies and return your documents.
**Right to appeal**
If you disagree with a decision made on your claim, you can appeal it. For an explanation of the steps you can take, read The Appeals Process (Publication No. 05-10041)

You can handle your own appeal with free help from Social Security, or you can choose to have a representative help you. We can give you information about organizations that can help you find a representative. For more information about selecting a representative, read Your Right to Representation (Publication No. 05-10075).

**If you work and get benefits at the same time**
You can continue to work and still get retirement benefits. Your earnings in (or after) the month you reach your full retirement age won’t reduce your Social Security benefits. We’ll reduce your benefits, however, if your earnings exceed certain limits for the months before you reach full retirement age. (See the chart on pages 3-4 to find your full retirement age.)

*Here is how it works:*
If you’re younger than full retirement age, we’ll deduct $1 in benefits for each $2 you earn above the annual limit. In the year you reach your full retirement age, we’ll reduce your benefits $1 for every $3 you earn over an annual limit. This reduction continues until the month you reach full retirement age. Once you reach full retirement age, you can keep working and we won’t reduce your Social Security benefit no matter how much you earn.

If, during the year, your earnings are higher or lower than you estimated, let us know as soon as possible so we can adjust your benefits.

**A special monthly rule**
A special rule applies to your earnings for one year, usually your first year of retirement. Under this rule, you can get a full Social Security check for any month you earn under a certain limit, regardless of your yearly earnings.

If you want more information on how earnings affect your retirement benefit, read How Work Affects Your Benefits (Publication No. 05-10069). This pamphlet has a list of the current annual and monthly earnings limits.

**Your benefits may be taxable**
About 40 percent of people who get Social Security have to pay income taxes on their benefits. For example:
- If you file a federal tax return as an “individual,” and your combined income* is between $25,000 and $34,000, you may have to pay taxes on up to 50 percent of your Social Security benefits. If your combined income* is more than $34,000, up to 85 percent of your Social Security benefits is subject to income tax.
- If you file a joint return, you may have to pay taxes on 50 percent of your benefits if you and your spouse have a combined income* between $32,000 and $44,000. If your combined
income* is more than $44,000, up to 85 percent of your Social Security benefits is subject to income tax.

- If you’re married and file a separate return, you’ll probably pay taxes on your benefits.

At the end of each year, we’ll mail you a Social Security Benefit Statement (Form SSA-1099) showing the amount of benefits you received. Use this statement when you complete your federal income tax return to find out if you must pay taxes on your benefits. Although you’re not required to have Social Security withhold federal taxes, you may find it easier than paying quarterly estimated tax payments.

For more information, contact the Internal Revenue Service’s toll-free telephone number, 1-800-829-3676, to ask for Publication 554, Tax Guide for Seniors, and Publication 915, Social Security and Equivalent Railroad Retirement Benefits.

* On the 1040 tax return, your “combined income” is the sum of your adjusted gross income plus nontaxable interest plus half of your Social Security benefits.

**Pensions from work not covered by Social Security**

If you get a pension from work for which you paid Social Security taxes, that pension won’t affect your Social Security benefits. However, if you get a pension from work not covered by Social Security — for example, the federal civil service, some state or local government employment, or work in a foreign country — we may reduce your Social Security benefit. For government workers, who are eligible for Social Security benefits on the earnings record of a spouse, read *Government Pension Offset* (Publication No. 05-10007) for more information. For people who worked in another country, or government workers who are also eligible for their own Social Security benefits, read *Windfall Elimination Provision* (Publication No. 05-10045).

**Leaving the United States**

If you’re a U.S. citizen, you can travel to, or live in, most foreign countries without affecting your Social Security benefits. There are, however, a few countries where we can’t send Social Security payments. These countries are Azerbaijan, Belarus, Cuba, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Korea, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, and Vietnam. We can make exceptions, however, for certain eligible beneficiaries in countries other than Cuba and North Korea. For more information about these exceptions, contact your local Social Security office. If you work outside the United States, different rules apply in deciding if you can get benefits. For more information, read *Your Payments While You Are Outside The United States* (Publication No. 05-10137).

**A word about Medicare**
Medicare is a health insurance plan for people who are age 65 or older. People who are disabled, or have permanent kidney failure, or amyotrophic lateral sclerosis (Lou Gehrig's disease), can get Medicare at any age.

**When should I apply for Medicare?**
If you’re not already getting benefits, you should contact Social Security about three months before your 65th birthday to sign up for Medicare. You should sign up for Medicare even if you don’t plan to retire at age 65.
If you’re already getting Social Security benefits or Railroad Retirement Board benefits, we’ll contact you a few months before you become eligible for Medicare and send you information. If you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, we’ll automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down.
We will not automatically enroll you in a Medicare prescription drug plan (Part D). Part D is optional and you must elect this coverage. For the latest information about Medicare, visit the website or call the toll-free number listed on the next page.

NOTES: If you don’t enroll in Part B and Part D when you’re first eligible, you may have to pay a late enrollment penalty for as long as you have Part B and Part D coverage. Also, you may have to wait to enroll, which will delay coverage. Residents of Puerto Rico or foreign countries won’t receive Part B automatically. They must elect this benefit.

**Medicare**
Toll-free number: 1-800-MEDICARE
(1-800-633-4227)
TTY number: 1-877-486-2048

**“Extra Help” with Medicare prescription drug costs**
If you have limited income (tied to the federal poverty level) and limited resources, you may qualify for Extra Help to pay for your prescription drugs under Medicare Part D. Social Security’s role in this program is to:
• Help you understand how you may qualify;
• Help you complete the Extra Help application; and
• Process your application.
If you apply for Extra Help, we also will start an application for the Medicare Savings Programs, unless you tell us not to. To see if you qualify or to apply, call Social Security's toll-free number, or visit our website at www.socialsecurity.gov/extrahelp.

Help with other Medicare costs
If you have limited income and resources, your state may pay your Medicare premiums and, in some cases, other “out-of-pocket” medical expenses, such as deductibles and coinsurance. Only your state can decide whether you qualify for help from the Medicare Savings Programs. To find out, call your state or local medical assistance (Medicaid) agency, or social services office.

Medicare has four parts
• Medicare Part A (hospital insurance) helps pay for inpatient hospital care and certain follow-up services.
• Medicare Part B (medical insurance) helps pay for doctors’ services, outpatient hospital care, and other medical services.

Medicare Part C (Medicare Advantage plans) are available in many areas. People with Medicare Parts A and B can choose to receive all their health care services through a private insurance company approved by Medicare to provide this coverage.
• Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

For more information, read Medicare (Publication No. 05-10043).

calling Social Security
There are several ways to contact Social Security, including online, by phone, and in person. We’re here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life’s journey.

Visit our website The most convenient way to conduct Social Security business from anywhere at any time, is to visit www.socialsecurity.gov. There, you can:
• Create a my Social Security account to review your Social Security Statement, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, get a replacement 1099/1042S, and more;
• Apply for Extra Help with Medicare prescription drug plan costs;
• Apply for retirement, disability, and Medicare benefits;
• Find copies of our publications;
• Get answers to frequently asked questions; and
• So much more!

Call us
If you don’t have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you’re deaf or hard of hearing. If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.
Appendix VI

Unmodified Medicare

Medicare
This booklet provides basic information about what Medicare is, who's covered, and some of the options you have for choosing Medicare coverage. For the latest information about Medicare, visit the website or call the toll-free number listed below.

Medicare Website: www.Medicare.gov
Toll-free number: 1-800-MEDICARE (1-800-633-4227)
TTY number: 1-877-486-2048

What is Medicare?
Medicare is our country’s health insurance program for people age 65 or older. People younger than age 65 with certain disabilities, or permanent kidney failure, or amyotrophic lateral sclerosis (Lou Gehrig’s disease), can also qualify for Medicare. The program helps with the cost of health care, but it doesn’t cover all medical expenses or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have original Medicare coverage, you can buy a Medicare supplement policy (called Medigap) from a private insurance company to cover some of the costs that Medicare does not.

A portion of the payroll taxes paid by workers and their employers cover most Medicare expenses. Monthly premiums, usually deducted from Social Security checks also cover a portion of the costs.

The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare program. But, you apply for Medicare at Social Security, and we can give you general information about the Medicare program.

Medicare has four parts
• Medicare Part A (hospital insurance) helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay). Part A also pays for some home health care, and hospice care.

• Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventive services.
• Medicare Part C (Medicare Advantage) includes all benefits and services covered under Part A and Part B. Some plans include Medicare prescription drug coverage (Medicare Part D) and other extra benefits and services.
• Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.
You can get more details about what Medicare covers from Medicare & You (Publication No. CMS-10050). To get a copy, call the toll-free number or go to the Medicare website, www.medicare.gov.

A word about Medicaid

You may think Medicaid and Medicare are the same, but they’re two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income. Each state has its own rules about who’s eligible, and what Medicaid covers. Some people qualify for both Medicare and Medicaid. For more information about the Medicaid program, contact your local medical assistance agency or social services office.

Who can get Medicare?

**Medicare Part A (hospital insurance)**

People age 65 or older, who are citizens or permanent residents of the United States, are eligible for Medicare Part A. You’re eligible for “Part A” at no cost at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- Your spouse (living or deceased, including divorced spouses) receives or is eligible to receive Social Security or railroad retirement benefits; or
- You or your spouse worked long enough in a government job through which you paid Medicare taxes; or
- You are the dependent parent of a fully insured deceased child.

If you don’t meet these requirements, you may be able to get Medicare Part A by paying a monthly premium. Usually, you can purchase this coverage only during designated enrollment periods.

**NOTE:** Even though Social Security’s full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday. You can apply on our website at www.socialsecurity.gov.

Before age 65, you are eligible for Medicare Part A at no cost if:

- You’ve been entitled to Social Security disability benefits for 24 months; or
- You receive a disability pension from the railroad retirement board and meet certain conditions; or
- You receive Social Security disability benefits because you have Lou Gehrig’s disease (amyotrophic lateral sclerosis); or
- You worked long enough in a government job through which you paid Medicare taxes, and you’ve been entitled to Social Security disability benefits for 24 months; or
• You’re the child or widow(er) age 50 or older, including a divorced widow(er), of someone who’s worked long enough in a government job through which Medicare taxes were paid, and you meet the requirements of the Social Security disability program; or
• You have permanent kidney failure and you receive maintenance dialysis or a kidney transplant and
  — You’re eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
  — You’ve worked long enough in a Medicare-covered government job; or
  — You’re the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

**Medicare Part B (medical insurance)**

Anyone who’s eligible for Medicare Part A at no cost can enroll in Medicare Part B by paying a monthly premium. Some people with higher incomes will pay a higher monthly Part B premium. For more information,

read Medicare Premiums: Rules for Higher-Income Beneficiaries (Publication No. 05-10536), or visit www.socialsecurity.gov/medicare/mediinfo.html.

If you’re not eligible for Part A at no cost, you can buy Part B, without having to buy Part A, if you’re age 65 or older and you’re:
• A U.S. citizen; or
• A lawfully admitted noncitizen, who has lived in the United States for at least five years.

You can only sign up for Part B during designated enrollment periods. If you don’t enroll in Part B when you’re first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Read Signing up for Medicare on page 8.

**Medicare Part C (Medicare Advantage plans)**

If you receive your Part A and Part B benefits directly from the government, you have original Medicare. If you receive your benefits from a Medicare Advantage organization or other private company approved by Medicare, you have a Medicare Advantage plan. Many of these plans provide extra coverage and may lower your out-of-pocket costs.

If you have Medicare Parts A and B, you can join a Medicare Advantage plan. With these plans, you can’t have a Medigap policy, because Medicare Advantage plans cover many of the same benefits a Medigap policy covers. This includes benefits like extra days in the hospital after you’ve used days that Medicare covers.

Medicare Advantage plans include:
• Medicare coordinated-care plans;
• Medicare preferred provider organization plans;
• Medicare private fee-for-service plans; and
• Medicare specialty plans.

If you decide to join a Medicare Advantage plan, you use the health card that you get from your Medicare Advantage plan provider for your health care. Also, you might have to pay a monthly premium for your Medicare Advantage plan because of the extra benefits it offers.

You can enroll in a Medicare Advantage plan during your initial enrollment period (as explained under Signing up for Medicare on page 8), the first time you’re eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 – December 7 each year. The effective date for the enrollment is January 1 of the upcoming year. There are also special enrollment periods for some situations.

**Medicare Part D (Medicare prescription drug coverage)**

Anyone who has Medicare Part A or Part B is eligible for Part D (Medicare prescription drug coverage). Part D benefits are available as a stand-alone plan or built into Medicare Advantage. The drug benefits work the same in either plan. Joining a Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage. Some beneficiaries with higher incomes will pay a higher monthly Part D premium. For more information, read Medicare Premiums: Rules for Higher-Income Beneficiaries (Publication No. 05-10536), or visit www.socialsecurity.gov/medicare/mediinfo.html.

If you don’t enroll in a Medicare drug plan when you’re first eligible, you may pay a late enrollment penalty if you join a plan later. You’ll have to pay this penalty for as long as you have Medicare prescription drug coverage. However, you won’t pay a penalty if you have Extra Help (see below), or another creditable prescription drug plan. To be creditable, the coverage must pay, on average, at least as much as Medicare’s standard prescription coverage.

You can enroll during your initial enrollment period (as explained under Signing up for Medicare on page 8), the first time you’re eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 – December 7 each year. The effective date for the enrollment is January 1 of the upcoming year. There are also special enrollment periods for some situations.

Help for some low-income people

If you can’t afford to pay your Medicare premiums and other medical costs, you may be able to get help from your state. States offer programs for people entitled to Medicare who have low income. Some programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance. To qualify, you must have Medicare Part A and have limited income and resources.

You can go online to get more information about these programs from the Centers for Medicare & Medicaid Services website. Visit www.medicare.gov and find the tab titled, “Your Medicare
Costs” and find “Get help paying costs.” You can also visit www.medicare.gov/publications to read Get Help With Your Medicare Costs: Getting Started (Publication No. CMS-10126).

Only your state can decide if you qualify for help under these programs. To find out, contact your state or local medical assistance (Medicaid) agency, social services, or welfare office.

You may also be able to get Extra Help paying for the annual deductibles, monthly premiums, and prescription co-payments related to the Medicare prescription drug program (Part D). You may qualify for Extra Help if you have limited income (tied to the federal poverty level) and limited resources. These income and resource limits usually change each year, and you can contact us for the current numbers.

You automatically qualify and don’t need to apply for Extra Help if you have Medicare and meet one of the following conditions:
• Have full Medicaid coverage;
• Have Supplemental Security Income (SSI); or
• Take part in a state program that pays your Medicare premiums.

For more information about getting help with your prescription drug costs, call Social Security’s toll-free number or visit our website. You can also apply online at www.socialsecurity.gov/extrahelp.

Signing up for Medicare

When should I apply?
If you’re already getting Social Security benefits, or railroad retirement checks, we’ll send you information a few months before you become eligible for Medicare. If you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, we’ll automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down. NOTE: Residents of Puerto Rico or foreign countries won’t receive Part B automatically. They must elect this benefit.

If you’re not already getting benefits, you should contact Social Security about three months before your 65th birthday to sign up for Medicare. You can sign up for Medicare even if you don’t plan to retire at age 65.

After you enroll in Medicare, you’ll receive a red, white, and blue Medicare card showing whether you have Part A, Part B or both. Keep your card in a safe place so you’ll have it when you need it. If your card is lost or stolen, you can apply for a replacement card online by setting up a my Social Security account at www.socialsecurity.gov/myaccount, or call Social Security’s toll-free number. You’ll also receive a Medicare & You handbook (Publication No. CMS-10050) that describes your Medicare benefits and plan choices.

Other enrollment situations
You should also contact Social Security about applying for Medicare if:
• You’re a disabled widow or widower between age 50 and age 65, but haven’t applied for disability benefits because you’re already getting another kind of Social Security benefit;
• You’re a government employee and became disabled before age 65;
• You, your spouse, or your dependent child has permanent kidney failure;
• You had Medicare Part B in the past, but dropped the coverage;
• You turned down Medicare Part B when you first got Part A; or
• You or your spouse worked for the railroad industry.

Initial enrollment period for Part B
When you first become eligible for Medicare Part A, you have a seven-month period (your initial enrollment period) in which to sign up for Part B. If you’re eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65, and ends three months after that birthday. If you’re eligible for Medicare based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or treatment began.
NOTE: If you don’t enroll in Part B when you’re first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.

When does my enrollment in Part B become effective?
If you accept the automatic enrollment in Medicare Part B, or if you enroll during the first three months of your initial enrollment period, your coverage will start with the month you’re first eligible. If you enroll during the last four months, your coverage will start from one to three months after you enroll.

The following chart shows when your Medicare Part B becomes effective:

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<tr>
<th>If you enroll in this month of your initial enrollment period</th>
<th>Then your Part B Medicare coverage starts</th>
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<tr>
<td>One to three months before you reach age 65</td>
<td>The month you reach age 65</td>
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<td>The month you reach age 65</td>
<td>One month after the month you reach age 65</td>
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<td>One month after you reach age 65</td>
<td>Two months after the month of enrollment</td>
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<td>Two or three months after you reach age 65</td>
<td>Three months after the month of enrollment</td>
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General enrollment period for Part B
If you don’t enroll in Medicare Part B during your initial enrollment period, you have another chance each year to sign up during a “general enrollment period” from January 1 through March 31. Your coverage begins on July 1 of the year you enroll. However, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Your monthly premium
will go up 10 percent for each 12-month period you were eligible for Part B, but didn’t sign up for it.

**Special enrollment period for people leaving Part C**
If you’re in a Medicare Part C (Medicare Advantage plan), you can leave that plan and switch to original Medicare from January 1 through February 14. If you use this option, you also have until February 14 to join a Medicare Part D (Medicare prescription drug plan). Your coverage begins the first day of the month after the plan gets your enrollment form.

**Special enrollment period for people covered under an employer group health plan**
If you’re 65 or older and covered under a group health plan, either from your own or your spouse’s current employment, you may have a “special enrollment period” in which to sign up for Medicare Part B. This means that you may delay enrolling in Medicare Part B without having to wait for a general enrollment period and paying the penalty for late enrollment. There are limits, so we strongly advise you to contact the Centers for Medicare & Medicaid Services (CMS) for more information. The CMS contact information is on page 1 of this booklet. The rules allow you to:
- Enroll in Medicare Part B any time while you have a group health plan based on current employment; or
- Enroll in Medicare Part B during the eight-month period that begins the month after the employment ends or the group health coverage ends, whichever happens first.

You can’t enroll using a special enrollment period if your employment or the employer-provided group health plan coverage ends during your initial enrollment period.

When you enroll in Medicare Part B while you’re still in the group health plan, or during the first full month when you are no longer in the plan, your coverage begins either:
- On the first day of the month you enroll; or
- By your choice, on the first day of any of the following three months.

If you enroll during any of the remaining seven months of the “special enrollment period,” your Medicare Part B coverage begins on the first day of the following month.

If you don’t enroll by the end of the eight-month period, you’ll have to wait until the next general enrollment period, which begins January 1 of the next year. You may also have to pay a late enrollment penalty for as long as you have Part B coverage, as described previously.

If you get Social Security disability benefits and have coverage under a large group health plan from either your own or a family member’s current employment, you may also have a special enrollment period. If so, you have premium rights similar to those for current workers age 65 or older. For more information, contact the Centers for Medicare & Medicaid Services.
NOTE: COBRA and retiree health coverage don’t count as current employer coverage.

Choices for receiving health services
Medicare beneficiaries can have choices for getting health care services.

You can get more information about your health care choices from the following publications:
• Medicare & You (Publication No. CMS-10050) — CMS mails this guide to people after they enroll in Medicare and sends them an updated version each year after that.
• Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (Publication No. CMS-02110) — This guide describes how other health insurance plans supplement Medicare and offers some shopping hints for people looking at those plans.

To get a copy of these publications, visit www.medicare.gov/publications, or call the toll-free number, 1-800-MEDICARE (1-800-633-4227). If you’re deaf or hard of hearing, call TTY 1-877-486-2048.

If you have other health insurance
Medicare Part A (hospital insurance) is free for almost everyone. You have to pay a monthly premium for Medicare Part B (medical insurance). If you already have other health insurance when you become eligible for Medicare, is it worth the monthly premium cost to sign up for Part B?
The answer varies with each person and the kind of other health insurance you have. Although we can’t give you “yes” or “no” answers, we can offer information that can help you decide. We can also advise if you’ll be subject to a late enrollment penalty if you delay signing up.

If you have a private insurance plan
Get in touch with your insurance agent to see how your private plan fits with Medicare Part B. This is especially important if you have family members who have coverage under the same policy. And remember, just as Medicare doesn’t cover all health services, most private plans don’t either. In planning your health insurance coverage, keep in mind that most nursing home care isn’t covered by Medicare or private health insurance policies. One important word of caution: For your own protection, do not cancel any health insurance you now have until your Medicare coverage begins.

If you have insurance from an employer-provided group health plan
By law, group health plans of employers with 20 or more employees have to offer current workers and their spouses who are age 65 (or older) the same health benefits as younger workers.
If you or your spouse are still working and covered under an employer-provided group health plan, talk to the personnel office before signing up for Medicare Part B.

If you have a Health Savings Account (HSA)
If you have an HSA when you sign up for Medicare, you can’t contribute to your HSA once your Medicare coverage begins. If you contribute to your HSA after your Medicare coverage starts,
you may have to pay a tax penalty. If you’d like to continue contributing to your HSA, you shouldn’t apply for Medicare, Social Security, or Railroad Retirement Board (RRB) benefits. NOTE: Premium-free Part A coverage begins six months before the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.

If you have health care protection from other plans
If you have TRICARE (insurance for active-duty, military retirees, and their families), your health benefits can change or end when you become eligible for Medicare. This applies for any reason, regardless of age or place of residence. If you’re retired from the military or are a military retiree’s family member, you must enroll in Part A and Part B when first eligible to keep TRICARE coverage. You can find a military health benefits adviser at www.milconnect.dmdc.mil, or call the Defense Manpower Data Center, toll-free at 1-800-538-9552 (TTY 1-866-363-2883) before you decide whether to enroll in Medicare medical insurance (Part B).

If you have health care protection from the Indian Health Service, Department of Veterans Affairs, or a state medical assistance program, contact those offices to help you decide if it’s to your advantage to have Medicare Part B.

**IMPORTANT:** If you have VA coverage and don’t enroll in Part B when you’re first eligible, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.

For more information on how other health insurance plans work with Medicare, visit www.medicare.gov/publications to view the booklet Medicare and Other Health Benefits: Your Guide to Who Pays First (Publication No. CMS-02179), or call the Medicare toll-free number, 1-800-MEDICARE (1-800-633-4227). If you’re deaf or hard of hearing, call TTY 1-877-486-2048.

Contacting Social Security
There are several ways to contact Social Security, including online, by phone, and in person. We’re here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life’s journey.

**Visit our website**
The most convenient way to conduct Social Security business from anywhere at any time, is to visit www.socialsecurity.gov. There, you can:

- Create a my Social Security account to review your Social Security Statement, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, get a replacement SSA-1099/1042S, and more;
- Apply for Extra Help with Medicare prescription drug plan costs;
• Apply for retirement, disability, and Medicare benefits;
• Find copies of our publications;
• Get answers to frequently asked questions; and
• So much more!

Call us
If you don’t have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you’re deaf or hard of hearing. If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.
Supplemental Security Income (SSI)

This booklet explains what Supplemental Security Income (SSI) is, who can get it, and how to apply. For information specific to you, talk with a Social Security representative. The Social Security Administration manages the program, but SSI is not paid for by Social Security taxes. U.S. Treasury general funds, not the Social Security trust funds, pay for SSI.

What is SSI?
SSI makes monthly payments to people who have low income and few resources, and who are:
• Age 65 or older;
• Blind; or
• Disabled.

If you’re applying for SSI, you should also read What You Need To Know When You Get Supplemental Security Income (SSI) (Publication No. 05-11011).

NOTE: Disabled or blind children whose parents have little income or resources may be eligible for Supplemental Security Income benefits as well. The basic SSI amount is the same nationwide. Many states, however, add money to the basic benefit. You can call us to find out the amounts for your state.

1

Rules for getting SSI

Your income and resources
Whether you can get SSI depends on your income and resources (the things you own).

Income
Income is money you receive such as wages, Social Security benefits, and pensions. Income also includes such things as food and shelter. The amount of income you can receive each month and still get SSI depends partly on where you live. You can call us to find out the income limits in your state.

Social Security doesn’t count all of your income when we decide whether you qualify for SSI. For example, we do not count:

- The first $20 a month of most income you receive;
- The first $65 a month you earn from working and half the amount over $65;
- Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps;
- Shelter you get from private nonprofit organizations; and
- Most home energy assistance.

If you’re married, we include part of your spouse’s income and resources when deciding if you qualify for SSI. If you’re younger than age 18, we include part of your parents’ income and resources. And, if you’re a sponsored noncitizen, we may include your sponsor’s income and resources.

If you’re a student, some of the wages or scholarships you receive may not count.

If you’re disabled, but working, Social Security does not count wages you use to pay for items or services that help you to work. For example, if you need a wheelchair, the wages you use to pay for the wheelchair don’t count as income when we decide if you qualify for SSI.

Also, Social Security does not count wages a blind person uses for work expenses. For example, if a blind person uses wages to pay for transportation to and from work, the wages used to pay the transportation cost aren’t counted as income.

If you’re disabled or blind, some of the income you use (or save) for training, or to buy items you need to work, may not count.

**Resources (things you own)**
Resources that we count in deciding if you qualify for SSI include real estate, bank accounts, cash, stocks, and bonds.

You may be able to get SSI if your resources are worth $2,000 or less. A couple may be able to get SSI if they have resources worth $3,000 or less. If you own property that you are trying to sell, you may be able to get SSI while trying to sell it.

Social Security doesn’t count everything you own in deciding whether you have too many resources to qualify for SSI. For example, we do not count:

- The home and land where you live;
- Life insurance policies with a face value of $1,500 or less;
• Your car (usually);
• Burial plots for you and members of your immediate family; and
• Up to $1,500 in burial funds for you and up to $1,500 in burial funds for your spouse.

3

Other rules you must meet
To get SSI, you must live in the United States or the Northern Mariana Islands and be a U.S. citizen or national. In some cases, noncitizen residents can qualify for SSI. For more information read Supplemental Security Income (SSI) For Noncitizens (Publication No. 05-11051).

• If you’re eligible for Social Security or other benefits, you must apply for them. If eligible, you can get SSI and other benefits.
• If you live in certain types of institutions, you may get SSI.
• If you live in a city or county rest home, halfway house, or other public institution, such as a jail or prison, you usually can’t get SSI. But there are some exceptions.
  —If you live in a publicly operated community residence that serves no more than 16 people, you may get SSI.
  —If you live in a public institution mainly to attend approved educational or job training to help you get a job, you may get SSI.
  —If you live in a public emergency shelter for the homeless, you may get SSI.
  —If you live in a public or private institution, and Medicaid is paying more than half the cost of your care, you may get a small SSI benefit.
  —If you have any felony or arrest warrants for escape from custody, flight to avoid prosecution or confinement, or flight escape, you usually can’t get SSI.

4

How to apply for SSI

If you plan to apply for SSI, you can begin the application process and complete a large part of your application by visiting our website at www.socialsecurity.gov/applyforbenefits. You can also call us toll-free at 1-800-772-1213 to ask for an appointment with a Social Security representative.

If you’re a disabled adult intending to file for both SSI and Social Security Disability Insurance, you can now apply online for both benefits at the same time if you meet the following requirements:
• Are between the ages of 18 and 65;
• Have never been married;
• Aren’t blind;
• Are a U.S. citizen residing in one of the 50 states, District of Columbia, or the Northern Mariana Islands; and
• Haven’t applied for or received SSI benefits in the past.
To apply for Social Security and SSI disability benefits online, visit www.socialsecurity.gov/disability. If you cannot apply for SSI online, you can call us toll-free at 1-800-772-1213 to set up an in-office or telephone appointment with a Social Security representative.

Parents or guardians usually can apply for blind or disabled children under age 18. In some cases, other third parties can apply for children.

You should have certain items with you when you apply. Even if you don’t have all of the things listed below, apply anyway. The people in the Social Security office can help you get whatever is needed. Please bring:

- Your Social Security card or a record of your Social Security number;
- Your birth certificate or other proof of your age;
- Information about the home where you live, such as your mortgage or your lease and landlord’s name;
- Payroll slips, bank books, insurance policies, burial fund records, and other information about your income and the things you own;
- The names, addresses, and telephone numbers of doctors, hospitals, and clinics that you have been to, if you are applying for SSI because you are disabled or blind;
- Proof of U.S. citizenship or eligible noncitizen status; and
- Your checkbook or other papers that show your bank, credit union, or savings and loan account number.

If you’re approved for SSI, you must receive your payments electronically. We can make payments via direct deposit, the Direct Express® card program, or an Electronic Transfer Account. For more information, visit www.GoDirect.org.

A note for people who are blind or disabled

If you’re blind or disabled, and working, there are special rules to help you. You may be able to keep getting SSI payments while you work. As you earn more money, your SSI payments may be reduced or stopped, but you may be able to keep your Medicaid coverage.

You may also be able to set aside some money for a work goal or to go to school. In this case, the money you set aside won’t reduce the amount of your SSI.

Blind or disabled people who apply for SSI may get free special services to help them work. These services may include counseling, job training, and help in finding work.

You can get more information in Working While Disabled—How We Can Help (Publication No. 05-10095).
Right to appeal
If you disagree with a decision made on your claim, you can appeal it. The steps you can take are explained in *Your Right To Question A Decision Made On Your Supplemental Security Income (SSI) Claim* (Publication No. 05-11008).

You may handle your own SSI case or appeal with free help from Social Security. You also have the right to have someone represent you. There are rules about who can represent you and what your representative can do. We'll work with your representative as we would work with you. Ask us if you want to find out how you can appoint someone to act on your behalf. You can also find more information about representation in *Your Right To Representation* (Publication No. 05-10075) or on our website at [www.socialsecurity.gov/representation](http://www.socialsecurity.gov/representation).

You may be able to get other help
If you get SSI, you may also be able to get help from your state or county. For example, you may be able to get Medicaid, food, or other social services. Call your local social services department or public welfare office for information about the services available in your community.

**Supplemental Nutrition Assistance Program (SNAP)**

If you get SSI, you may be able to get help to buy food through the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps. If everyone in your home is applying for or getting SSI, you can apply for SNAP at a Social Security office.

If you don’t live in a home in which everyone is applying for or getting SSI, visit [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap) to find out how to apply. For more information about SNAP, read *Supplemental Nutrition Assistance Program (SNAP) Facts* (Publication No. 05-10101). For more information about other nutrition assistance programs that may be available to you, read *Nutrition Assistance Programs* (Publication No. 05-10100).

**Medicaid**

When you get SSI, you may also get Medicaid, which helps pay doctor and hospital bills. Your local social services or medical assistance office can give you information about Medicaid.

**Help paying for Medicare**

If you get Medicare, and have low income and few resources, your state may pay your Medicare premiums and, in some cases, other Medicare expenses such as deductibles and coinsurance. Only your state can decide if you qualify. To find out if you do, contact your state or local Medicaid office. You can get their phone number and more information about these programs
from the Centers for Medicare & Medicaid Services (CMS) by calling the Medicare toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you’re deaf or hard of hearing, call TTY **1-877-486-2048**.

You may be able to get Extra Help paying for annual deductibles, monthly premiums, and prescription copayments related to the Medicare prescription drug program (Part D). You may qualify for Extra Help if you have limited income (tied to the federal poverty level) and limited resources. These income and resource limits change each year and aren’t the same as the SSI income and resource limits. Contact Social Security for the current limits.

You can apply online for Extra Help or get more information at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp). You can also apply or request an application by phone, or you can apply at your local Social Security office.

If you have both Medicaid with prescription drug coverage and Medicare, Medicare and SSI, or if your state pays for your Medicare premiums, you automatically will get this Extra Help, and you don’t need to apply.

You **may be able to get Social Security**

If you have worked and paid into Social Security long enough, you may also be eligible for Social Security benefits while you are receiving SSI. Retirement benefits can be paid to people age 62 or older and their families. Disability benefits go to people with disabilities and their families. Survivors benefits are paid to the families of workers who have died. If you think you may qualify for Social Security benefits, call us to make an appointment to talk with a Social Security representative.

Contacting Social Security

There are several ways to contact Social Security, including online, by phone, and in person. We’re here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life’s journey.

Visit our website

The most convenient way to conduct Social Security business from anywhere, at any time, is to visit [www.socialsecurity.gov](http://www.socialsecurity.gov). There, you can:

- Create a my Social Security account to review your Social Security Statement, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, get a replacement SSA-1099/1042S, and more;
- Apply for Extra Help with Medicare prescription drug plan costs;
• Apply for retirement, disability, and Medicare benefits;
• Find copies of our publications;
• Get answers to frequently asked questions; and
• So much more!

Call us
If you don’t have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you’re deaf or hard of hearing.
If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.
Appendix VIII

Flesch-Kincaid Grade Level

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## IMPACT OF LEXICAL COMPLEXITY

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IMPACT OF LEXICAL COMPLEXITY

(Unmodified SSI Above)

(Modified SSI Above)
Appendix IX

Modified Retirement Handout

Social Security Retirement
This booklet explains:

- How you qualify for Social Security benefits;
- How your earnings and age can affect your benefits;
- What you should consider in deciding when to retire; and
- Why you shouldn’t rely only on Social Security for all your retirement income.

This booklet isn’t intended to answer all questions about retirement. For specific information about your situation, talk with a Social Security representative.

How do I qualify for retirement benefits?
When you work and pay Social Security taxes, you earn "credits" toward Social Security benefits. Most people need 40 credits (10 years of work) to qualify.
If you stop working before you have enough credits to qualify for benefits, the credits will remain on your Social Security record. If you return to work later, you can add more credits to qualify.
But we can’t pay any retirement benefits until you have at least 40 credits.

What is my full retirement age?

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*If you were born on January 1st of any year you should refer to the previous year. (If you were born on the 1st of the month, we figure your benefit (and your full retirement age) as if your birthday was in the previous month.)*

How do my earnings affect my benefits?
Your benefit payment depends on how much you earned during your career. Higher earnings result in higher benefits. If there were some years you didn’t work or earned less, your benefit amount may be lower than if you had worked steadily.

**How does my age affect my benefit?**
You can get retirement benefits as early as age 62 or as late as age 70. If you retire at age 62 (early retirement), your benefit will be lower than if you wait. You might stop working before age 62. But if you do, the years with no earnings will probably mean a lower Social Security benefit. You might choose to keep working beyond your full retirement age. If you do, you can increase future Social Security benefits in two ways.

1. Each extra year you work adds another year of earnings to your Social Security record.
2. If you were born in 1943 or later, we’ll add 8 percent to your benefit for each year you delay receiving Social Security benefits beyond your full retirement age up to the age of 70.

**How do I know what my benefit will be?**
Create an online *My Social Security* account and access your Social Security Statement to check your earnings and get your benefit estimates. To create an account, go to [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) and follow the instructions on the screen. If you do not have access to the internet, call 1-800-772-1213.

**How do I get an estimate of how much I would get if I changed my work?**
You can use our online Retirement Estimator to get personalized retirement benefit estimates to help you plan for your retirement. The Retirement Estimator lets you create “what if” scenarios to see how they change your benefit amount. You can change your “stop work” dates or expected future earnings to compare different retirement options. For more information, visit our website at [www.socialsecurity.gov/estimator](http://www.socialsecurity.gov/estimator).

**Is retirement right for me now?**
Choosing when to retire is an important personal decision. Sometimes, the choice of a retirement month could significantly change the payments for you and your family.

Financial experts say you need 70 to 80 percent of your preretirement income to have a comfortable retirement. Social Security replaces only about 40 percent of preretirement income for the typical worker, having pensions, savings, and investments are very important.

If you’re not ready to retire but are thinking about retiring soon, visit Social Security’s website to use our retirement planner at [www.socialsecurity.gov/retire](http://www.socialsecurity.gov/retire).

**If I want to wait to get Social Security, do I have to do anything else?**
If you decide to delay your retirement, be sure to sign up for Medicare at age 65. In some circumstances, medical insurance costs more if you delay applying for Medicare.
What if I can’t work?
If you can’t work because of health problems and are less than our full retirement age, consider applying for Social Security disability benefits. The disability benefit amount is the same as a full, unreduced retirement benefit. For more information, read Disability Benefits (Publication No. 05-10029).

I have not worked much. Can I get benefits from my spouse?
Yes, and it does not change what your spouse can get. Spouses who have not worked or have low earnings can get up to half of a retired worker’s full benefit. If you’re eligible for both your own retirement benefits and spousal benefits, we always pay your own benefits first. If your benefits as a spouse are higher than your own retirement benefit, you’ll get a combination of benefits equaling the higher spouse benefit.

Your benefit as a spouse depends on when you reach full retirement age. For example:
- If your full retirement age is 66, you can get 35 percent of your spouse’s unreduced benefit at age 62;
- If your full retirement age is 67, you can get 32.5 percent of your spouse’s unreduced benefit at age 62.

The benefit increases over time up to a maximum of 50 percent at full retirement age.

Your spouse can get full benefits, regardless of age, if he or she is taking care of a child who gets benefits from you. The child must be under age 16, or disabled (before age 22).

NOTE: You can’t get spouse’s benefits until your spouse files for retirement benefits. You don’t have to wait until your spouse files if you are looking to file based on your own work.

If you’re receiving a pension based on work where you didn’t pay Social Security taxes, we may reduce your spouse’s benefit.

Can I get a spousal benefit now and take my own benefit later?
Possibly. If you are at least full retirement age and qualify for benefits as a spouse (or divorced spouse), you can choose to apply for benefits on your own or as a spouse and delay applying for the other until a later date.

Under a law passed in 2015, people born on or after January 2, 1954 no longer have this option. If you qualify for both your own retirement benefits and benefits as a spouse (or divorced spouse), you must apply for both benefits. If you file for one benefit, you are “deemed” to have filed for the other one, even if you don’t become eligible until later.

Can my divorced spouse get benefits from me?
Yes, your divorced spouse can get benefits on your Social Security record if the marriage lasted at least 10 years. Your divorced spouse must be 62 or older and unmarried. The benefits he or she gets doesn’t affect the amount you or your current spouse can get. Also, your former spouse can get benefits even if you’re not retired. You both must be at least age 62 and divorced at least two years.

I am a widower. Can I get benefits from my deceased spouse?
Yes, and you can begin getting Social Security benefits at age 60 as a widow. If you are disabled, you can get widows benefits at age 50. Widows and widowers can take reduced benefits on either their own or their spouse’s work history and then switch to full benefits on the other’s work history later. For example, a woman can take a reduced widow’s benefit at 60 or 62, and then switch to her own full retirement benefit at full retirement age. You need to talk to a Social Security worker about your choices because of the complexity.

I have dependent children. Can they get benefits too?
Yes, dependent children can get benefits on your earnings record when you start your Social Security retirement benefits. They can get up to half of your full benefit. To be eligible, they must be unmarried, your biological child, adopted child, or dependent stepchild. To get benefits, your child must be:
• Younger than age 18;
• 18-19 years old and a full-time student (no higher than grade 12); or
• 18 or older and disabled before age 22.
NOTE: Disabled children whose parents have limited income or resources may be eligible for Supplemental Security Income benefits. For more information, visit our website or call 1-800-772-1213.
Sometimes married disabled adult children can get benefits if they marry someone who is also getting disabled adult child benefits. Married disabled adult children that are able to receive benefits are rare, you should talk to a Social Security representative if you think your child might qualify.

Is there a limit to how much my family can get?
Yes. The limit varies between 150 and 180 percent of your own benefit payment. If the total benefits due to your spouse and children are more than this limit, we’ll reduce their benefits. Your benefit won’t be affected.

I want to continue to work. Can I still get retirement benefits?
Yes. You can continue to work and still get retirement benefits, just be sure to let Social Security know about your work because it can change how much you can get. We’ll reduce your benefits if your earnings are higher than the limits for the months before you reach full retirement age. Here is how it works: If you’re younger than full retirement age, we’ll deduct $1 in benefits for each $2 you earn above the annual limit. In the year you reach your full retirement age, we’ll reduce your benefits $1 for every $3 you earn over the annual limit. This reduction continues until the month you reach full retirement age. Once you reach full retirement age, you can keep working and we won’t reduce your Social Security benefit no matter how much you earn.

What if I want to retire mid-year? Do my earnings from the beginning of the year count toward the limits?
There is a special monthly earnings limit that can apply the first year you take benefits. If you keep your earnings below the limit after we start your payments, your earnings from earlier in the year will have no impact.
Do I have to pay taxes on my Social Security benefits?
You might have to pay taxes on your benefits. About 40 percent of people who get Social Security benefits must pay income taxes on them.
At the end of each year, we’ll mail you a Social Security Benefit Statement (Form SSA-1099) showing the amount of benefits you received. You need this statement when you complete your federal income tax return to find out whether you must pay taxes on your benefits.
For more information about taxes, call the Internal Revenue Service’s toll-free telephone number, 1-800-829-3676, to ask for Publication 554, Tax Guide for Seniors, and Publication 915, Social Security and Equivalent Railroad Retirement Benefits.

Can Social Security withhold taxes so I don’t have to pay estimates?
Yes. You can have federal taxes withheld from your benefits. Call Social Security to start having taxes withheld.

I have a pension, does this affect my benefits?
If you get a pension from work for which you paid Social Security taxes, that pension won’t affect your Social Security benefits. On the other hand, if you get a pension from federal civil service, state or local government employment, or work in a foreign country, we may reduce your Social Security benefit.
For government workers who are eligible for benefits as a spouse, read Government Pension Offset (Publication No. 05-10007) for more information.
For people who worked in another country, or government workers who are also eligible for their own Social Security benefits, read Windfall Elimination Provision (Publication No. 05-10045).

Can I travel to or live in a foreign country?
If you’re a U.S. citizen, you can travel to or live in most foreign countries without affecting your Social Security benefits. There are, however, a few countries where we can’t send Social Security payments. These countries are Azerbaijan, Belarus, Cuba, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Korea, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, and Vietnam. We can make exceptions, however, for certain eligible beneficiaries in countries other than Cuba and North Korea. For more information about these exceptions, contact your local Social Security office. If you work outside the United States, different rules apply in deciding whether you can get benefits. For more information, read Your Payments While You Are Outside The United States (Publication No. 05-10137).

What do I do about health insurance?
If you are age 65 or older, you can get Medicare. People who are disabled, or have permanent kidney failure or Lou Gehrig’s disease, can get Medicare at any age.
If you are under the age of 65, you may be able to get insurance from a spouse’s employer, or through the health exchange.

What is Medicare?
Medicare is a health insurance program that is separate from Social Security. Social Security can enroll you in Medicare Part A and Part B. Medicare has four parts
- Medicare Part A (hospital insurance) helps pay for inpatient hospital care and some follow-up services.
- Medicare Part B (medical insurance) helps pay for doctors’ services, outpatient hospital care, and other medical services.
- Medicare Part C (Medicare Advantage plans) are available in many areas. People with Medicare Parts A and B can choose to receive all their health care services through a private insurance company approved by Medicare to provide this coverage.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

For more information, read Medicare (Publication No. 05-10043).

When should I apply for Medicare?
If you’re not already getting benefits, you should call Social Security about three months before your 65th birthday to sign up for Medicare. You should sign up for Medicare even if you don’t plan to retire at age 65.
If you’re already getting Social Security benefits or Railroad Retirement Board benefits, and you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, we’ll automatically enroll you in Medicare Parts A and B. Because you must pay a premium for Part B coverage, you can choose to turn it down.
We will not automatically enroll you in a Medicare prescription drug plan (Part D). Part D is optional and you must elect this coverage. For the latest information about Medicare, visit the website or call the toll-free number listed on the next page.
NOTE: If you don’t enroll in Part B and Part D when you’re first eligible, you may have to pay a late enrollment penalty for as long as you have Part B and Part D coverage. Also, you may have to wait to enroll, which will delay coverage. Residents of Puerto Rico or foreign countries won’t receive Part B automatically. They must elect this benefit.

I have high drug costs. Can I get help paying for my prescriptions?
If you have limited income (tied to the federal poverty level) and limited resources, you may qualify for the Extra Help program to pay for your prescription drugs under Medicare Part D. To see if you qualify or to apply, call Social Security’s toll-free number, or visit our website at www.socialsecurity.gov/extrahelp.

I have trouble paying for Medicare costs. Can I get help paying for my other Medicare costs?
If you have limited income and resources, your state may pay your Medicare premiums and, in some cases, other “out-of-pocket” medical expenses, such as deductibles and coinsurance.
Only your state can decide whether you qualify for help from the Medicare Savings Programs. To find out, call your state or local medical assistance (Medicaid) agency or social services office.

**How do I sign up for Social Security?**

You can apply for retirement benefits online at www.socialsecurity.gov, or call our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778). Or you can make an appointment to visit any Social Security office and apply in person.

Depending on your circumstances, you’ll need some or all the documents listed below. But don’t delay in applying for benefits even if you don’t have all the information. If you don’t have a document you need, we can help you get it. You must submit original documents or copies certified by the issuing office. You can mail or bring them to Social Security. We’ll make photocopies and return your documents.

Information and documents you’ll need, include:

- Your Social Security number;
- Your birth certificate;
- Your W-2 forms or self-employment tax return for last year;
- Your military discharge papers if you had military service;
- Your spouse’s birth certificate and Social Security number if they’re applying for benefits;
- Your children’s birth certificates and Social Security numbers, if you’re applying for children’s benefits;
- Proof of U.S. citizenship or lawful alien status if you (or a spouse or child applying for benefits) were not born in the United States; and
- The name of your financial institution, the routing number, and your account number for direct deposit.

If you don’t have an account at a bank, or prefer getting your benefits on a prepaid debit card, you can get a Direct Express® card. For more information, visit www.GoDirect.org.

**I don’t agree with a decision made on my claim. Can I appeal it?**

If you disagree with a decision made on your claim, you can appeal it. For an explanation of the steps you can take, read The Appeals Process (Publication No. 05-10041) You can do your own appeal with free help from Social Security. Instead, you can choose to have a representative help you. We can give you information about organizations that can help you find a representative. For more information about selecting a representative, read Your Right to Representation (Publication No. 05-10075).

If you want more information on how earnings affect your retirement benefit, read How Work Affects Your Benefits (Publication No. 05-10069). This pamphlet has a list of the current annual and monthly earnings limits.

**How can I contact Social Security?**

There are several ways to contact Social Security, including online, by phone, and in person. We’re here to answer your questions and to serve you. For more than 80 years, Social Security
has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life's journey.

Visit our website. The most convenient way to conduct Social Security business from anywhere at any time is to visit www.socialsecurity.gov.

Call us. If you don’t have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods. We look forward to serving you.
Appendix X

Modified Medicare Handout

Medicare

This booklet provides basic information about what Medicare is. You will learn about who can be covered by Medicare and what options you have for choosing Medicare coverage. For the latest information about Medicare, call 1-800-MEDICARE (1-800-633-4227) TTY number: 1-877-486-2048 or check out Medicare’s website at www.medicare.gov.

What is Medicare?
Medicare is a health insurance program for people age 65 or older. Younger people who get Social Security disability can also get Medicare. People with permanent kidney failure, or people with ALS (Lou Gehrig’s disease), can get Medicare without getting Social Security benefits.

Is Medicare the same as Medicaid?
You may think Medicaid and Medicare are the same, but they’re two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income. Each state has its own rules about what Medicaid covers and who gets it. Some people qualify for both Medicare and Medicaid. For more information about Medicaid, contact your local medical assistance agency or social services office.

If I have Medicare, do I get to choose where I go for my health services?
Yes. Medicare beneficiaries can choose health care providers.
You can get more information about your choices from the following publications:
• Medicare & You (Publication No. CMS-10050) — CMS mails this guide to people after they enroll in Medicare and sends them an updated version each following year.
• Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (Publication No. CMS-02110) — This guide tells you how other health insurance plans supplement Medicare. It also offers shopping hints for people looking at those plans.

To get a copy of these publications, visit www.medicare.gov/publications, or call the toll-free number, 1-800-MEDICARE (1-800-633-4227). If you’re deaf or hard of hearing, call TTY 1-877-486-2048.

I have a Health Savings Account (HSA). Can I still get Medicare?
If you have an HSA when you sign up for Medicare, you can’t contribute to your HSA once your Medicare coverage begins. If you contribute to your HSA after your Medicare coverage starts, you may have to pay a tax penalty. If you’d like to continue contributing to your HSA, you shouldn’t apply for Medicare, Social Security, or Railroad Retirement Board (RRB) benefits. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.
Where can I apply for Medicare?
The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare program, but you apply for Medicare at Social Security. Social Security can only give you general information about the Medicare program. You can apply for Medicare on Social Security’s website at www.socialsecurity.gov. If you prefer, you can call Social Security at 1-800-772-1213 to set up an appointment with your local Social Security office.

What parts of Medicare pay for my health expenses?
• Medicare Part A (hospital insurance) helps pay inpatient care in a hospital or skilled nursing facility (following a hospital stay). Part A also pays some home health care and hospice care.
• Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, medical equipment, and some preventive services.
• Medicare Part C (Medicare Advantage) includes all benefits and services covered under Parts A and B. Some plans include Medicare prescription drug coverage (Medicare Part D) and other extra benefits and services.
• Medicare Part D (Medicare prescription drug coverage) helps cover prescription drug costs.

You can get more details about what Medicare covers from the publication Medicare & You (Publication No. CMS-10050). To get a copy, call the toll-free number or go to the Medicare website, www.medicare.gov.

I am going to be age 65 soon. Can I get Medicare?
If you are 65 or older and a US citizen or permanent resident, you can get Medicare Part A. You get “Part A” at no cost at age 65 if:
• You get or are eligible to get Social Security benefits; or
• You get or are eligible to get railroad retirement benefits; or
• Your spouse (living or deceased, including divorced spouses) gets or is eligible to get Social Security or railroad retirement benefits; or
• You or your spouse worked long enough in a government job through which you paid Medicare taxes; or
• You are a dependent parent of a fully insured deceased child.

I don’t meet all the requirements for Medicare Part A. Can I still get it? Possibly. You may be able to get Medicare Part A by paying a monthly premium.
Can I get Medicare before I turn 65?
Before age 65, you can get Medicare Part A at no cost if:
• You’ve been entitled to Social Security disability benefits for 24 months and you’ve worked and paid enough Medicare taxes; or
• You get a disability pension from the railroad retirement board and meet certain conditions; or
• You get Social Security disability benefits because you have ALS (Lou Gehrig’s disease); or
• You’re the child, widow or widower age 50 or older, including a divorced widow or widower, of someone who’s worked long enough in a government job where Medicare taxes were paid, and you meet Social Security disability program requirements; or
• You have permanent kidney failure and you get dialysis or a kidney transplant and one of the following is true:
  —You’re eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
  —You’ve worked long enough in a Medicare-covered government job; or
  —You’re the child or spouse (including a divorced spouse) of someone (living or deceased) who worked long enough under Social Security or in a Medicare-covered government job.

Am I eligible for Medicare Part B (medical insurance)?
If you are eligible for Medicare Part A at no cost, you can enroll in Medicare Part B by paying a monthly premium.

I have TRICARE, do I have to enroll in Medicare Parts A and B?
Yes. If you retired from the military or are a family member of someone who retired from the military, you must enroll in Parts A and B when you are first eligible to keep TRICARE coverage. You can find a military health benefits adviser at www.milconnect.dmdc.mil, or call the Defense Manpower Data Center, toll-free at 1-800-538-9552 (TTY 1-866-363-2883) before you decide whether to enroll in Medicare medical insurance (Part B).

I have health care protection from the Department of Veterans Affairs, the Indian Health Service, or a state medical assistance program. Do I need Medicare Part B?
If you have health care protection from VA, the Indian Health Service or a state medical assistance program, you should contact the office that administers your plan to help you decide if you should get Medicare Part B.
IMPORTANT: If you have VA coverage and don’t enroll in Part B when you’re first eligible, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.
For more information on how other health insurance plans work with Medicare, visit www.medicare.gov/publications. On that sight, you can view the booklet Medicare and Other Health Benefits: Your Guide to Who Pays First (Publication No. CMS-02179). Or you can call the Medicare toll-free number, 1-800-MEDICARE (1-800-633-4227). If you’re deaf or hard of hearing, call TTY 1-877-486-2048.

**When can I enroll in Medicare Part B?**
You can enroll in Medicare Part B when you first become eligible for Medicare Part A in your initial enrollment period.

**What is an Initial Enrollment Period? (IEP)**
If you are eligible at age 65, your initial enrollment period starts three months before the month you turn 65, and ends three months after the month you turn 65.
If you are eligible for Medicare Part A based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or dialysis treatment began.

**What is a Special Enrollment Period (SEP)?**
The Special Enrollment Period is a time when someone who had coverage under a group health plan through their own or their spouse’s current employment can enroll in Medicare Part B without penalty. The SEP begins when group health coverage ends or employment ends, whichever comes first. The SEP lasts for the eight months after the month when coverage or employment ends.
***Reminder*** COBRA and retirement health plans do not count as group health plans. If you are eligible for Medicare Part A based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or dialysis treatment began.

**What is a General Enrollment Period (GEP)?**
The General Enrollment Period is a time each year when someone who wants Medicare Part B can enroll if they are not in their Initial Enrollment Period or a Special Enrollment Period. The GEP lasts from January 1st through March 31st. If you enroll in the GEP, you probably will have to pay a premium penalty.

**Do I need Medicare Part B?**
No. But if you are not covered under a group health plan through your own or your spouse’s current employment, and you later decide to get Medicare Part B you will have to pay a premium penalty and enroll in a General Enrollment Period (GEP). The key is that the coverage must be through current employment. In other words, a retirement health plan does not count as a group health plan. COBRA also does not count as a group health plan.
If you do have coverage under a group health plan through your own or your spouse’s current employment, you can enroll in a Special Enrollment Period (SEP) and avoid paying the premium penalty.

**My employment is going to end during my IEP. Can I enroll in the SEP?**
No. You can’t enroll using a special enrollment period if your employment or your group health plan ends during your initial enrollment period.

I receive Social Security Disability benefits and I have health insurance through my spouse’s current work. Can I enroll in a SEP?
Yes. Similar rules apply for the SEP. For more information, contact the Centers for Medicare & Medicaid Services.

When does my enrollment in Medicare Part B start?
Automatic enrollment: Medicare Part B becomes effective the first month you can get Medicare Part A.

Initial Enrollment Period:
1. If you enroll in the three months before you can get Medicare Part A, your coverage starts the month you are first eligible for Medicare Part A.
2. If you enroll when you first become eligible for Medicare Part A or any of the next three months, your coverage starts one to three months after.

Special Enrollment Period: When you enroll in Medicare Part B while you’re still in the group health plan, or during the first full month when you are no longer in the plan, your coverage begins either:
1. The first day of the month you enroll; or
2. By your choice, the first day of any of the next three months.

If you enroll during any of the remaining seven months in the SEP your Medicare Part B coverage begins the first day of the next month.

***Note: If you don’t enroll by the end of the SEP, you will have to wait until the next GEP and you may also have to pay a late enrollment penalty.

General Enrollment Period: Your coverage starts July 1st of the year you enroll.

I am not eligible for Medicare Part A without cost. Can I still get Medicare Part B?
If you are 65 or older and you are a U.S. citizen or a lawfully admitted noncitizen who has lived in the US for at least 5 years, you can purchase Medicare Part B.

Does Medicare pay all my health expenses?
No. Medicare helps with the health care costs, but it doesn’t cover all medical expenses or the cost of most long-term care.

Is there a way to get a supplement to pay for some expenses not covered by Medicare?
Yes. You can buy a Medicare supplement policy called Medigap from a private insurance company to cover some costs that Medicare does not.
How is the Medicare program paid for?
Payroll taxes and monthly premiums cover Medicare costs.

Does everyone pay the same amount for Medicare?
No. Some people with higher income will pay more for Medicare Part B. For more information, read Medicare Premiums: Rules for Higher-Income Beneficiaries (Publication No. 05-10536), or visit www.socialsecurity.gov/medicare/mediinfo.html.

I receive Social Security payments. When should I sign up for Medicare?
If you already get Social Security or Railroad payments and you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, you will be automatically enrolled in Medicare Parts A and B a few months before you become eligible.
If you live in Puerto Rico or in a foreign country, you won’t get Part B automatically. If you want Medicare Part B coverage, you will have to sign up through the Social Security Administration.

I don’t get Social Security benefits. When should I sign up for Medicare?
In most cases you should apply three months before your 65th birthday, even if you don’t plan on retiring.

Do I get something that shows I have Medicare?
Yes. You will get a red, white, and blue Medicare card that shows your Medicare coverage. Keep the card safe so you have it when you need to show it to your doctor or hospital.

I lost my Medicare card. What do I do?
You can request a replacement card online by setting up a my Social Security account at www.socialsecurity.gov/myaccount. If you don’t use the internet, call Social Security at 1-800-772-1213 and request a replacement.

What is a Medigap policy?
A Medigap policy is insurance sold by private companies that supplements your Medicare Part A and B. Medigap policies usually don’t cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

What is Medicare Part C (a Medicare Advantage plan)?
A Medicare Advantage plan is a health insurance plan sold by a private company a Medicare contract to provide you with all your Part A and B benefits. Medicare Advantage plans take the place of Original Medicare.

What is Original Medicare?
Original Medicare is the Medicare that you get directly from the government, Medicare Parts A and B.
Do I have to pay for Medicare Part C (Medicare Advantage)?
You might have to pay a monthly premium for your Medicare Part C plan because of the extra benefits it offers.

Should I get a Medicare Advantage plan?
Medicare Advantage plans cover many of the same benefits a Medigap policy covers, so if you have Medigap, you may not need Medicare Advantage.
Many Medicare Advantage plans provide extra coverage that could lower your out-of-pocket costs.

How do I get a Medicare Advantage plan?
You can purchase a Medicare Advantage plan from a private company that has been approved by Medicare.

How can I find out if a Medigap policy or a Medicare Advantage policy is right for me?
You should contact several health insurance companies in your area. Ask the companies what policies are available and compare them with your health needs.

Can I have Medigap and a Medicare Advantage plan at the same time?
Yes, but Medigap policies can't work with Medicare Advantage Plans, so if you have a Medigap policy and join a Medicare Advantage plan, you may want to drop your Medigap policy. Your Medigap policy can't be used to pay your Medicare Advantage Plan copayments, deductibles, and premiums.

How do I use my Medicare Advantage plan?
You use the health card that you get from your Medicare Advantage plan provider for your health care.

When can I enroll in a Medicare Advantage plan?
You can enroll in a Medicare Advantage plan when you first become eligible for Medicare.

You can also enroll during the annual Medicare open enrollment period from October 15 through December 7 each year. Your effective date will be January 1 of the next year. There are also special enrollment periods for some situations.

Can I switch back to Original Medicare?
Yes. If you’re in a Medicare Advantage plan, you can leave that plan and switch to Original Medicare from January 1 through February 14. If you use this option, you also have until February 14 to join a Medicare Part D (Medicare prescription drug plan). Your coverage begins the first day of the month after the plan gets your enrollment form.

Is there a plan that covers my prescription drug costs?
Medicare Part D adds prescription drug coverage to your Medicare. A Part D plan is sold by insurance companies and other private companies approved by Medicare.

**My Medicare Advantage plan has coverage for prescription drugs. Do I need Medicare Part D?**
**No.** Prescription drug coverage under a Medicare Advantage plan follows the same rules as the Medicare Prescription Drug Plans.

**Do I have to enroll in Medicare Part D?**
**No.** Getting a prescription drug plan is voluntary, and you pay extra for the coverage, but if you want to enroll in Medicare Part D later, you may pay a penalty. The late enrollment penalty remains as long as you have Medicare prescription drug coverage.
You may not have to pay the penalty if you had another prescription drug plan or if you are eligible for the Extra Help program.

**I can't afford to pay my Medicare premiums and other medical costs. Can I get help?**
**Possibly.** You may be able to get help from your state. Some state-run programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance. To qualify, you must have Medicare Part A and limited income and resources.

You automatically qualify for Extra Help if you have Medicare and one of the following is true:
- You have full Medicaid coverage;
- You have Supplemental Security Income (SSI); or
- You take part in a state program that pays your Medicare premiums.

Only your state can decide if you qualify for help under the Extra Help program. To find out if you qualify, contact your state or local Medicaid agency, social services office, or welfare office. You can go online to get more information about these programs from the Centers for Medicare & Medicaid Services website, www.medicare.gov. Visit www.medicare.gov/publications to read Get Help With Your Medicare Costs: Getting Started (Publication No. CMS-10126).

**How can I contact Social Security?**
You can contact Social Security online, by phone. We're here to answer your questions and to serve you.

**Visit our website.** The most convenient way to contact Social Security anywhere at any time is to visit www.socialsecurity.gov.

**Call us.** If you don't have access to the internet, you still can get automated services by telephone, 24 hours a day, 7 days a week. You can make an appointment to visit our office. Call us toll-free at 1-800-772-1213 or at our TTY number, 1-800-325-0778, if you're deaf or hard of hearing.
If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods. We look forward to serving you.
Appendix XI

Modified SSI Handout

This booklet gives you a general idea of what you need to know when you get Supplemental Security Income (SSI). For specifics about your case, contact a Social security Representative.

What is SSI?
SSI is a cash benefit for people who have low income and few resources. Although Social Security manages the program, SSI is not paid for by Social Security taxes. US Treasury general funds, not the Social Security Trust funds pay for SSI.

I have a disabled child, can he or she get SSI benefits?
Possibly. Social Security would look at the parent’s income and resources to see if a benefit can be paid.

What are the rules for getting SSI?
You have to live in the United States or the Northern Mariana Islands and be a US citizen or national. You also must be age 65 or older, or disabled or blind to get SSI.

You also have to have resources (the things you own) totaling less than $2000.00 if you are single, or less than 3000.00 if you are married and living together. Your income has limits, but the income limits vary by state, so you should call us to find out what the income limits in your state are. Not all of your income or resources are counted when we figure out if you qualify for SSI. For specifics on your situation, you should call Social Security.

I am not a US citizen, can I get SSI?
In some situations, a non-citizen could qualify for SSI. For more information, read Supplemental Security Income for Noncitizens (Publication No. 05-11051).

Can I still own a car and get SSI?
Yes. In most cases, one vehicle is not counted towards the resource limit. If you have more than one vehicle, the additional vehicles will count towards the resource limit.

I own a home, can I still get SSI?
Yes, as long as you live in the home.

I get very little from Social Security based on my work history, can I get more from SSI?
Possibly, but you must still meet all income and resource guidelines. Contact Social Security to see if you qualify.

**I don’t pay anything for where I live, can I still get SSI?**
Possibly, but the money you would normally have to pay for rent is going to count toward the income limit. You usually cannot get SSI if you live in a public institution like a halfway house, jail or prison.

**I have a prior felony, can I still get SSI?**
If you have any felony or arrest warrants for escape from custody, flight to avoid prosecution or confinement or flight to escape, you usually can’t get SSI.

**How do I sign up for SSI?**
You can start the application for SSI online at www.socialsecurity.gov/applyforbenefits, or call our toll-free number, 1-800-772-1213 (TTY 1-800-325-0778). Or you can make an appointment to visit any Social Security office and apply in person.
Depending on your circumstances, you’ll need some or all the documents listed below. But don’t delay in applying for benefits even if you don’t have all the information. If you don’t have a document you need, we can help you get it. You must submit original documents or copies certified by the issuing office. You can mail or bring them to Social Security. We’ll make photocopies and return your documents.
Information and documents you’ll need, include:
• Your Social Security number;
• Your birth certificate;
• Your W-2 forms or self-employment tax return for last year;
• Your military discharge papers if you had military service;
• Your spouse’s birth certificate and Social Security number if they’re applying for benefits;
• Your children’s birth certificates and Social Security numbers, if you’re applying for children’s benefits;
• Proof of U.S. citizenship or lawful alien status if you (or a spouse or child applying for benefits) were not born in the United States; and
• The name of your financial institution, the routing number, and your account number for direct deposit.
If you don’t have an account at a bank, or prefer getting your benefits on a prepaid debit card, you can get a Direct Express® card. For more information, visit www.GoDirect.org.

**Can I get SSI while I work?**
Possibly, but as you earn more money, your SSI payments may be reduced or stopped.

**Is there a program that helps me go to school or work?**
Yes. The PASS (Plan to Achieve Self Support) program allows you to set aside money for a work goal, like saving up for a Commercial Drivers License. The PASS program also allows you to set aside money to go to school. In these cases, the money you set aside won’t reduce what SSI pays you.

Can I get help finding work?
Blind or disabled people who apply for SSI could get free job counseling, job training and help finding work. You can get more information about how in the publication Working While Disabled- How We Can Help (Publication No. 05-10095)

My SSI stopped because of my earnings. Can I keep my Medicaid?
It depends on two things: 1. The state that you live in and 2. How much you earn. You need to contact your state’s Medicaid office to find out specifics for your case.

I don’t agree with a decision made on my case, what can I do about it?
You have the right to appeal a decision that you don’t agree with. Appealing a decision means that someone who did not look at your case before (a fresh set of eyes) will look at your case again. You can do the appeal on your own or with the help of a representative. There are rules about who can represent you and what your representative can do. If you choose to have a representative, we will work with them just as we would work with you. You can find out more about representation in Your Right To Representation (Publication No. 05-10075). You can find out more about the appeals process in Your Right To Question A Decision Made On Your Supplemental Security Income (SSI) Claim (Publication No. 05-11008).

I was just approved, when do I get paid?
Before you are paid, you get a letter that tells you when and how much your payment is. Your payments start the first full month after you are approved for SSI.

Can I get a paper check?
No. The US Treasury requires your benefits to be paid electronically. You can have your funds sent directly to your bank account.

What do I need to do to get direct deposit?
All you need to start direct deposit is the routing number for the bank and your account number. Once you have your routing and account number, contact your local Social Security office and tell them you want to set up direct deposit.

I don’t have a bank account. Do I still have to have direct deposit?
Yes, direct deposit is required for payments. If you do not have a bank account, the US Treasury and Social Security have teamed up with Direct Express, to allow for payments to go
onto a debit card. If you want to sign up for the Direct Express card, contact your local Social Security office.

**What day do I get paid?**
Your SSI payment is scheduled to come on the first of each month. If the first of the month falls on a weekend or holiday, you get paid the day before the weekend or the holiday.

**Why does the amount of money I get keep changing?**
The amount you get paid depends on money that you get from other places (income) as well as things like if you are paying rent where you live (living arrangements).

SSI payments are correct most of the time, but sometimes income or resource changes are not accurately reported or recorded. If you think you were not paid correctly, you should call or visit your Social Security office- even if it was not your fault that you got paid incorrectly.

Each time your benefits change, you will get a letter from Social Security that will tell you when the change is effective and how the Social Security Administration figured out your new benefit amount.

Sometimes, Congress allows for an increase in benefits to keep up with the cost of living. If there is a Cost of Living increase, it will normally start with your January payment.

When we send you a letter about your benefits and you do not agree with the decision, you have the right to ask us to look at your case again. You can represent yourself, with free help from Social Security, or you can have someone represent you. If you want someone else to represent you, we will work with your representative the same way we would work with you.

**I am having difficulty making ends meet, is there additional assistance available?**
**It depends** on the state or county that you live in. In some cases you may be able to get Medicaid, SNAP (Food Stamps), or other social services. For more information about SNAP, read Supplemental Nutrition Assistance Program (SNAP) Facts (Publication No. 05-10101). For more information about other nutrition assistance programs that may be available to you, read Nutrition Assistance Programs (Publication No. 05-10100).

**Is there any help for doctor and hospital bills that I can get?**
**Yes**, depending on where you live you might also get Medicaid in addition to your SSI. Medicaid helps pay doctor and hospital bills. Your local social services or medical assistance office can give you information about Medicaid.

**I have Medicare and SSI. Can I get help with my Medicare expenses?**
Depending on the state that you live in, you might qualify for help with Medicare expenses. Only your state can decide if you qualify. To find out if you qualify, contact your state or local...
Medicaid office. You can get the phone number for your local Medicaid office by calling Medicare at 1-800-MEDICARE (1-800-633-4227)

**I am having trouble paying for my prescriptions, is there any help for me to pay for them?**

*Yes*, you may qualify through the Extra Help program. The amount of help you can get is tied to income and resource limits. You can apply online or by phone. If you already have Medicaid with prescription drug coverage and Medicare you will automatically be enrolled in the Extra Help program and you don’t need to apply.

**I am over age 62, do I qualify for retirement?**

You may be able to get Social Security if you have worked and paid into Social Security long enough. If you think you may have enough work history you should call Social Security to talk with a Social Security representative.

**How can I contact Social Security?**

There are several ways to contact Social Security, including online, by phone, and in person. We’re here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life’s journey.

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