



Office *of the* Inspector General
SOCIAL SECURITY ADMINISTRATION

Informational Report

Subsequent Events Related to Denied
Claimants

A-12-15-15020 | April 2016

OIG Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: April 29, 2016

Refer To:

To: The Commissioner

From: Inspector General

Subject: Subsequent Events Related to Denied Claimants (A-12-15-15020)

The attached final report presents the results of the Office of Audit's review. The Office performed this review to assess claimants' status several years after administrative law judges denied their disability applications.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.



Patrick P. O'Carroll, Jr.

Attachment

Subsequent Events Related to Denied Claimants

A-12-15-15020

April 2016

Office of Audit Report Summary

Background

Claimants who are denied disability benefits at the State disability determination services (DDS) can appeal the decision to a Social Security Administration (SSA) administrative law judge (ALJ).

A claimant who disagrees with an ALJ's decision may request a review by SSA's Appeals Council (AC). The AC may deny, dismiss, or grant the request. If the AC grants the request, it will either (1) issue a decision that affirms, modifies, or reverses the ALJ decision or (2) remand the case to the ALJ with instructions for further review. A claimant who disagrees with the AC decision may file an appeal with a Federal district court. The court may (1) dismiss the case; (2) affirm, modify, or reverse the AC's decision; or (3) remand the case for further review.

In addition, after an ALJ denies a case, the claimant may reapply for benefits, return to work, or another action could occur, including but not limited to, death, imprisonment, homelessness, and/or benefit attainment from another private source/government agency.

Given the variety of possible outcomes, we performed this review to assess claimants' status several years after SSA denied their disability applications.

Summary

We randomly sampled 275 cases from about 190,900 that ALJs initially denied in FY 2011. At the time of our review, 79 claimants (29 percent) were receiving benefits, and another 36 (13 percent) were still awaiting a decision on a new application or appeal for disability benefits. Seventy-five claimants (27 percent) reported earnings in Calendar Year 2011 or later, of which about half reported annual earnings between \$12,400 and \$66,700. In general, these earnings exceeded a threshold used by SSA to determine eligibility for disability benefits. Another 63 claimants (23 percent) were not receiving Agency benefits or reporting earnings. However, some in this category had unsuccessfully appealed or reapplied. The final 22 claimants (8 percent) either were deceased or had unique situations, such as Medicare-only benefits, incomplete records in SSA systems, or children receiving benefits because of a parent's status.

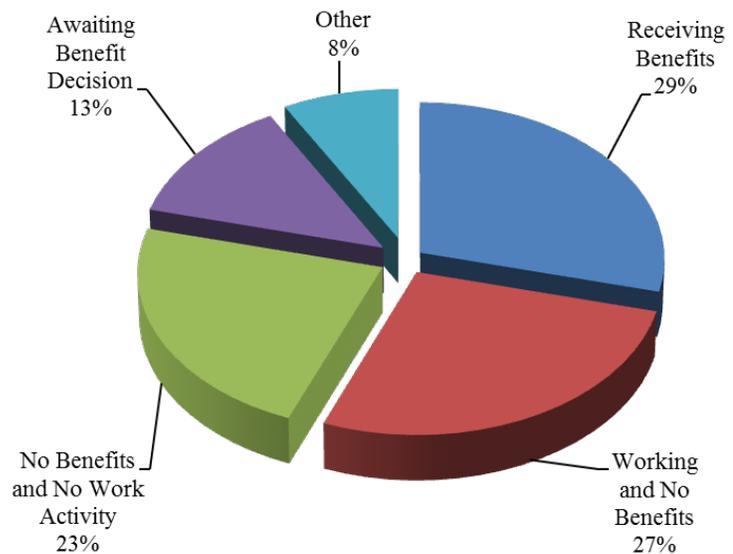


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ABBREVIATIONS

AC	Appeals Council
ALJ	Administrative Law Judge
C.F.R.	Code of Federal Regulations
CY	Calendar Year
DDS	Disability Determination Services
FY	Fiscal Year
HALLEX	Hearings, Appeals, Litigation Law Manual
ODAR	Office of Disability Adjudication and Review
OIG	Office of the Inspector General
POMS	Program Operations Manual System
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSI	Supplemental Security Income
SSR	Social Security Ruling

BACKGROUND

If a claimant is dissatisfied with a State disability determination services' (DDS) determination on his/her claim for Social Security benefits, the claimant can appeal the decision and have the case decided by an administrative law judge (ALJ).¹ ALJs hear and decide appealed determinations involving Old-Age, Survivors and Disability Insurance and Supplemental Security Income (SSI) payments. A claimant who disagrees with an ALJ's decision may request a review by the Social Security Administration's (SSA) Appeals Council (AC).² The AC may deny, dismiss, or grant the review of the ALJ's decision. If the AC grants the review, it will either issue a decision that affirms, modifies, or reverses the ALJ's decision or remand the case to the ALJ with instructions for further review. A claimant who disagrees with the AC action may file an appeal with a Federal district court. The court may dismiss the case; affirm, modify, or reverse the AC's decision; or remand for further proceedings. Claimants also have the right to reapply for benefits and start the process over again. The claimant may also return to work. Finally, another action could occur, including, but not limited to, death, imprisonment, homelessness, and/or obtaining benefits from another private source/government agency.

We performed this review to assess claimants' status several years after ALJs denied their disability applications. We reviewed 275 claimants whose claims were denied by ALJs in Fiscal Year (FY) 2011 to determine how many (1) were receiving disability benefits; (2) were still applying for benefits or appealing decisions; (3) had returned to work; or (4) were deceased, in prison, or not receiving benefits for other reasons. We reviewed FY 2011 outcomes to allow sufficient time to elapse for subsequent appeals and applications to be processed. To determine the status of each case, we accessed SSA systems, public records, and third-party databases.³

STATUS OF DENIED CLAIMANTS

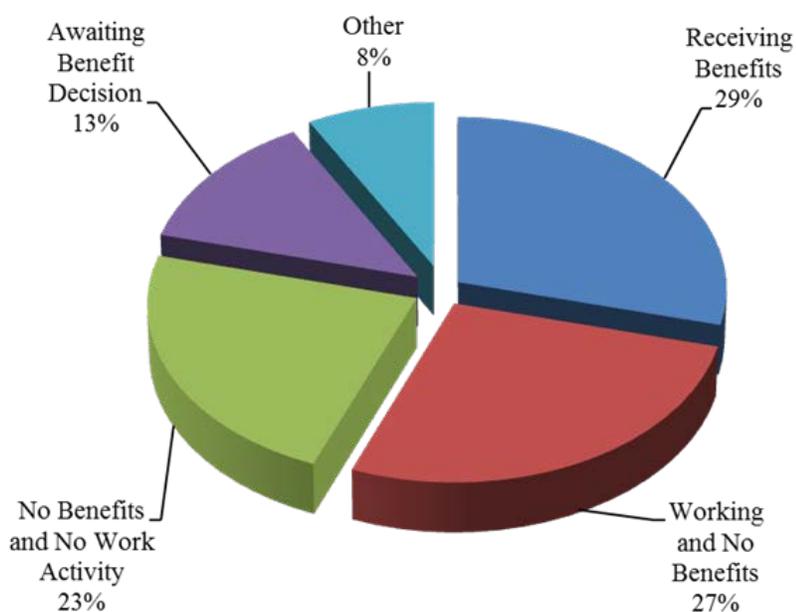
We randomly sampled 275 cases from about 190,900 that ALJs initially denied in FY 2011. At the time of our review, 79 claimants (29 percent) were receiving benefits, and another 36 (13 percent) were still awaiting a decision on their appeals or new applications for disability benefits (see Figure 1). Seventy-five claimants (27 percent) reported earnings in Calendar Year (CY) 2011 or later, of which about half reported earnings between \$12,392 and \$66,672. In general, these earnings exceeded a threshold SSA used to determine eligibility for disability benefits. Another 63 claimants (23 percent) were not receiving Agency benefits or reporting earnings. However, some of these had unsuccessfully appealed or reapplied. The final 22 claimants (8 percent) either were deceased or had unique situations, such as Medicare-only benefits, incomplete records in SSA systems, or were children receiving benefits because of a parent's status.

¹ SSA, HALLEX I-2-0-2—*Hearing Operation—In General* (October 5, 2015).

² SSA, HALLEX I-2-8-5—*Effect of an Administrative Law Judge's Decision - Administrative Finality* (March 9, 2015).

³ See Appendix A and Appendix B for more information on our methodology and projections.

Figure 1: Status of 275 Sample Cases Related to Claimants Denied Benefits in FY 2011



Claimants Receiving Benefits

Of the 275 claimants denied by an ALJ in FY 2011, we found 79 (29 percent) were receiving benefits at the time of our review. Of those, 71 were receiving disability benefits, and 8 were receiving retirement benefits.⁴ As of December 2015, we estimate that, of the 190,921 claimants initially denied by an ALJ in FY 2011, 49,292 were receiving disability benefits after their initial hearing denial in FY 2011.⁵

Among the 71 disability claimants, 24 obtained a favorable decision after appealing their ALJ denial to the AC or Federal district court level (see Figure 2).⁶ Another 27 claimants filed a new application for benefits and received a favorable determination from a DDS examiner. The remaining 18 filed a new application for benefits and were denied at the DDS level but were later awarded benefits on appeal by an ALJ.⁷

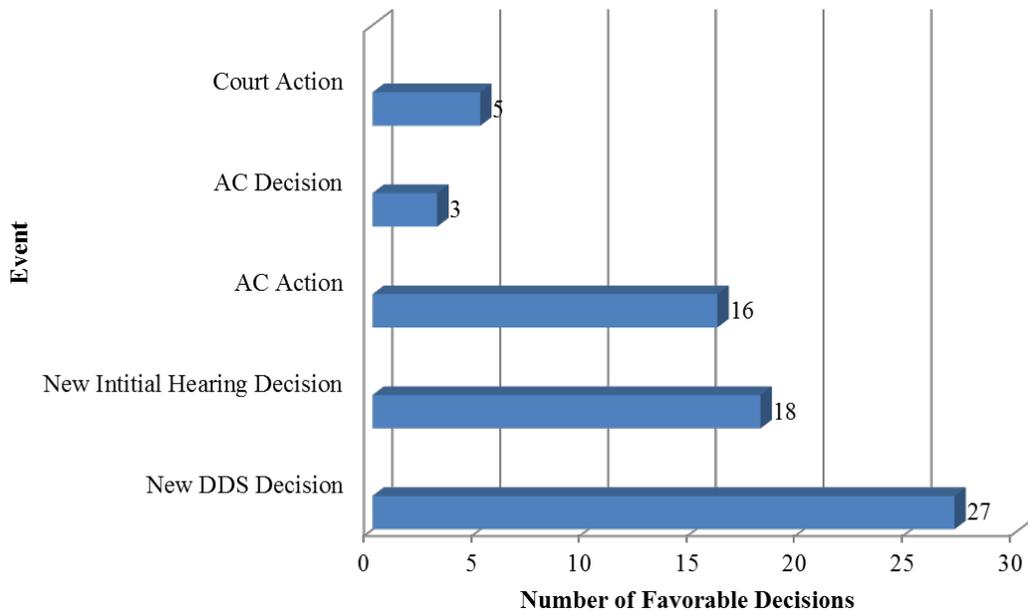
⁴ The ages of the 79 claimants when their cases were denied in FY 2011 ranged from 4 to 68-years-old.

⁵ See Appendix B for more information on our projections.

⁶ Often, these claims were remanded to, and approved by, an ALJ.

⁷ Two of the cases did not fit into these criteria - one related to benefits after a DDS informal remand while another was related to Medicare-only benefits.

Figure 2: Subsequent Events that Led to 71 Claimants Receiving Disability Benefits



Note: Two claimants are not shown above. One received benefits after a DDS informal remand while another was only eligible for Medicare benefits.

Primary Impairment for Claimants Receiving Disability Benefits

Of the 71 claimants who received favorable decisions upon a new application or appeal, 29 had primary impairments of either Disorders of the Back or Affective Disorders (see Table 1).⁸ Moreover, 37 claimants were awarded benefits under a primary impairment that was different from the impairment on the denied case, with about one-third of these impairments changed to either Disorders of the Back or Affective Disorders. For instance, five of the eight Affective Disorder cases allowed by the Agency related to a change in the primary diagnosis after the earlier denial.

⁸ A study by SSA's Office of Retirement and Disability Policy, *Employment, Earnings, and Primary Impairments Among Beneficiaries of Social Security Disability Programs*, Social Security Bulletin, Vol. 75, No.2, 2015, determined that Affective Disorders (15.4 percent), Disorders of the Back (13 percent), and intellectual disability (11.8 percent) were the most prevalent primary impairments in FY 2011.

Table 1: Primary Disability Changes Among 71 Disabled Claimants with Favorable Decisions upon Appeal or New Applications

Type of Disability	Number of Claimants Allowed Under Diagnosis	Number of Claimants Changed to This Diagnosis	Percent with Changed Diagnosis
Disorders of the Back	21	7	33
Affective Disorders	8	5	63
Chronic Pulmonary Insufficiency	4	3	75

Note: Although 37 claimants were awarded benefits under a primary impairment that was different from the impairment on the initially denied case, we listed only the top 3 impairments in the table.

For example, in July 2010, a 54-year-old claimant filed a Disability Insurance claim alleging numerous impairments. The DDS determined the primary impairment alleged was Anxiety Disorder, and the secondary impairment alleged was Affective Disorder. After the claim was denied at the DDS level, the claimant hired a representative who appealed the denial to the hearings level. The ALJ who heard the case denied the claim in September 2011 stating the claimant had the residual functional capacity⁹ to perform medium work in the economy. The claimant appealed to the Agency’s AC, which remanded the case to the ALJ in November 2011 stating the ALJ did not address the opinion of a State psychological consultant. The consultant had opined that the claimant’s mental impairments met a medical listing,¹⁰ and the claimant had marked difficulties in maintaining concentration, persistence, or pace. A different ALJ heard the remand because the initial ALJ no longer worked at SSA. In June 2012, the ALJ reversed the decision with the primary impairment of Disorders of the Back and a secondary impairment of Affective Disorders. The ALJ also stated there were no jobs in significant numbers in the national economy that the claimant could perform.

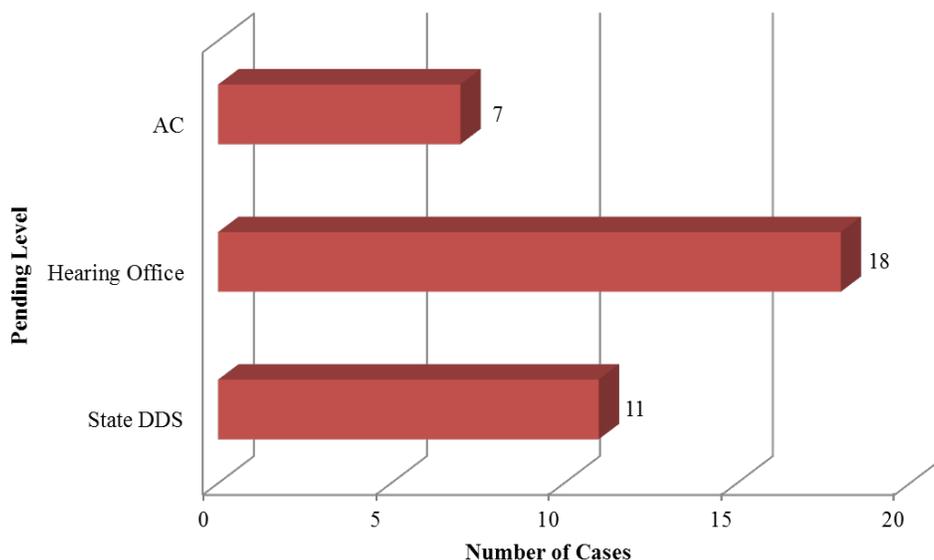
⁹ Ordinarily, residual functional capacity is the individual’s maximum remaining ability to do sustained work activities in an ordinary work setting 8 hours a day, 5 days a week or an equivalent work schedule. In addition, the residual functional capacity assessment must include a discussion of the individual’s abilities on that basis. ALJ decisions must discuss the relative weight assigned to medical opinions (treating source, non-treating source, and non-examining source). The adjudicator must also explain how any material inconsistencies or ambiguities in the evidence in the case record were considered and resolved. SSA, SSR 96-8p—*Policy Interpretation Ruling Titles II and XVI: Assessing Residual Functional Capacity in Initial Claims* (July 2, 1996).

¹⁰ The *Listing of Impairments* describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations). 20 C.F.R. Appendix 1 to Subpart P of Part 404.

Claimants Awaiting a Benefit Decision

From our sample of 275 claimants, we identified 36 (13 percent)¹¹ who were awaiting an Agency decision on a new application or appeal (see Figure 3). We estimate that, as of December 2015, of the 190,921 ALJ initial denials in FY 2011, 24,993 claimants were awaiting decisions on their new application or appeal.¹² Twenty-five of the claimants in our sample were awaiting a decision at the hearing level or higher.

Figure 3: 36 Claimants with Pending Cases at Different Levels of the Disability Process



Note: All of the appealed cases related to new applications. Two cases went to the Federal district court level, but the cases were denied and the claimants reapplied for benefits. Both cases were pending at the hearing level at the time of our review.

In some cases, claimants filed multiple new applications and appeals. For example, a 44-year-old female claimant reapplied for disability benefits twice after she was denied benefits in 2011 and pursued the claim to higher levels each time. At the FY 2011 hearing, the ALJ considered the claimant's age, education, work experience, and residual functional capacity and determined there were a significant number of jobs that existed in the national economy the claimant could perform. The claimant filed a new application at the DDS, alleging severe carpal tunnel syndrome but was denied at the initial level in December 2011 and the reconsideration level in February 2012. The claimant appealed again to the hearing level, and a different ALJ

¹¹ The ages of the 36 claimants when their cases were denied in FY 2011 ranged from 5 to 55. For 17 of the 36 claimants, the 3 most frequent primary impairments were Disorders of the Back (8), Affective Disorder (7), and Epilepsy (2).

¹² See Appendix B for more information on our projections.

heard the case. In December 2013, the ALJ denied the claim stating the claimant was capable of performing past relevant work as a childcare provider. The claimant appealed the ALJ denial to the AC, and the AC denied the claim in January 2015. In March 2015, the claimant filed another initial claim for disability related to Spine Disorders and Affective Disorders, and the DDS denied the claim in July 2015. The claim was denied upon reconsideration in August 2015. The claimant appealed this denial, and her claim was pending a hearing at the time of our review.

Working Claimants with No Agency Benefits

Among the 160 claimants who were not receiving benefits or awaiting an appeal decision, we found 75 reported earnings in CY 2011 or later. Of the 75 claimants, 35 reported earnings¹³ above substantial gainful activity (SGA),¹⁴ from about \$12,400 to \$66,700 for at least 1 year between CYs 2011 to 2014.¹⁵ In general, these earnings exceeded a threshold SSA used to determine eligibility for disability benefits. As of December 2015, we estimate that, from the 190,921 ALJ initial denials in FY 2011, 24,299 claimants had at least 1 year of earnings over SGA in CYs 2011 to 2014.¹⁶ The age of the claimants with earnings above SGA ranged from 19 to 55 (see Figure 4).

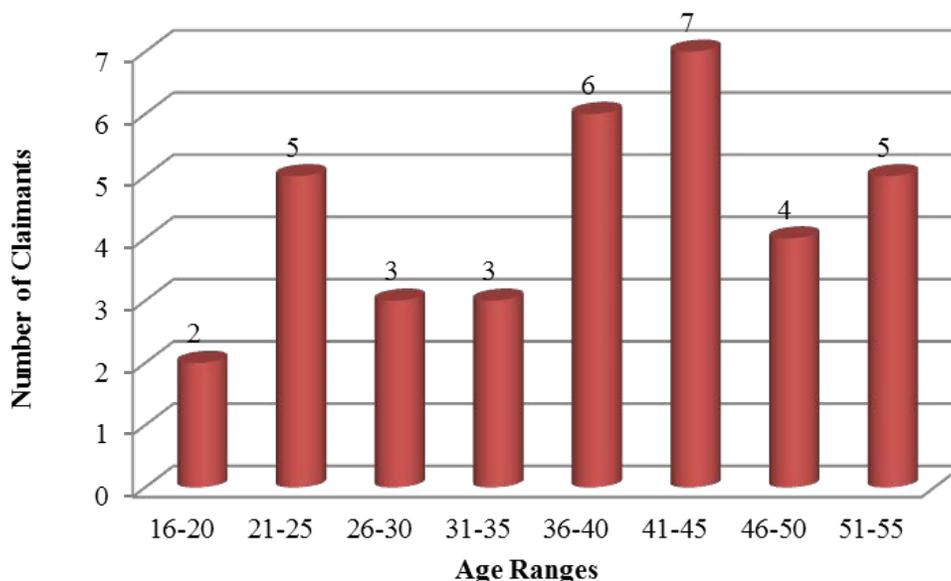
¹³ Earnings at or above the SGA level are defined as work that involves doing significant and productive physical or mental duties for pay or profit. 20 C.F.R. §§ 404.1510 and 416.910; 20 C.F.R. §§ 404.1572, and 416.972. For example, in CY 2014, employees' countable earnings and self-employed individuals' countable income indicated SGA if the amount averaged more than \$1,070 per month for non-blind individuals or \$1,800 for blind individuals. SSA, POMS, DI 10501.015—*Tables of Substantial Gainful Activity Earnings Guidelines and Effective Dates Based on Year of Work Activity* (October 15, 2015).

¹⁴ The SGA threshold for an individual (non-blind) was \$12,000 (\$1,000 monthly) in FY 2011, \$12,120 (\$1,010 monthly) in 2012, \$12,480 (\$1,040 monthly) in 2013, and \$12,840 (\$1,070 monthly) in 2014. We only included countable self-employment income in our SGA calculations.

¹⁵ Forty claimants reported earnings below SGA in at least 1 year from CYs 2011 to 2014. The earnings for these claimants ranged from about \$47 to \$12,400. The claimants' ages ranged from 14 to 54-years-old.

¹⁶ See Appendix B for more information on our projections.

Figure 4: Age at Time of FY 2011 ALJ Denial for Claimants Who Had Wages Above SGA During CYs 2011 Through 2014



Of the 35 claimants who had earnings above SGA, 17 were denied benefits in FY 2011 under a disability impairment of either Disorders of the Back (13 cases) or Affective Disorders (4 cases). The remaining 18 claimants had other alleged impairments.

In one example, a 48-year-old female alleged a primary impairment related to Disorders of the Back. Her testimony and related records indicated fibromyalgia, spine problems, and depression. She said she stopped working because she was in severe pain and lacked cartilage in her spine. She also reported headaches, difficulty remembering events, and periods of weakness. The claimant also stated she worked full-time for a couple months in 2009 after her alleged onset date. The ALJ found that the claimant had the residual functional capacity to perform her past relevant work as a Data Entry Clerk or Security Guard and denied the case. The ALJ also stated that the credibility of the claimant's allegations was weakened by her medical evidence, work history, and daily living routine. The claimant appealed to the AC, but the AC denied the request for review. We found that the claimant continued working at a hospice facility with recorded earnings of about \$9,000 in 2012, \$29,400 in 2013, and \$34,800 in 2014.

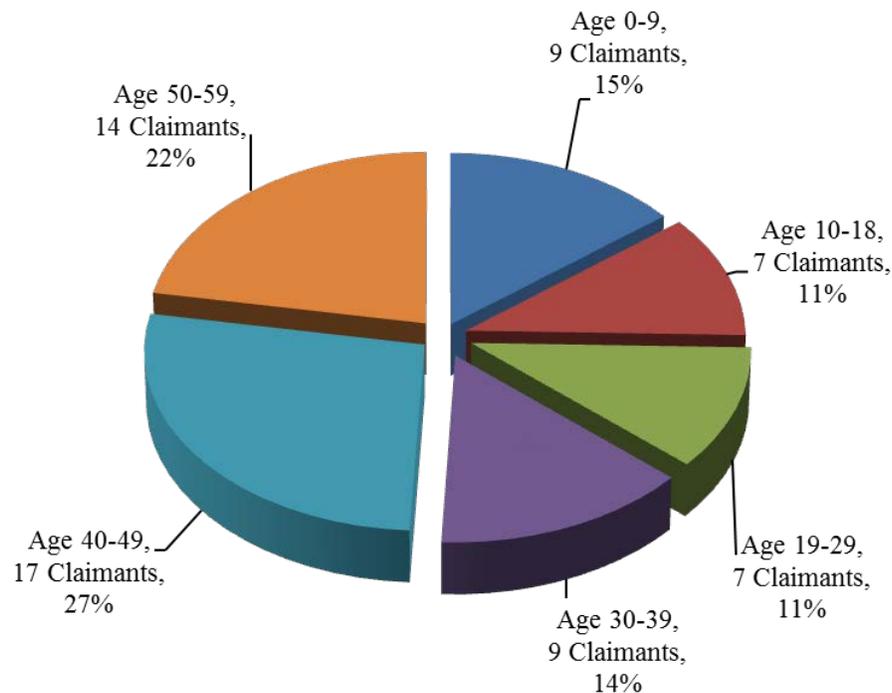
Non-working Claimants Who Had No Agency Benefits

We identified 63 claimants (23 percent) who were not receiving Agency benefits and reported no earnings from CYs 2011 to 2014. As of December 2015, we estimate that, from the 190,921 ALJ initial denials in FY 2011, 43,738 claimants were not receiving benefits and had no

reported earnings between CYs 2011 and 2014.¹⁷ We reviewed this group’s characteristics to understand why they showed no earnings or recent claims activity.

The 63 claimants were between ages 1 and 56 when their claims were denied in FY 2011, with 15 claimants aged 15 and younger and therefore generally too young to show any earnings (see Figure 5).¹⁸ Another 33 claimants were 18 to 49-years-old, and 14 claimants were age 50 and older where the criteria for a claimant’s capacity to work become less stringent.¹⁹

Figure 5: Age of 63 Claimants Who Were Not Receiving Benefits and Reported No Earnings



Of these 63 claimants, 39 had appealed their FY 2011 denial or filed a new application without obtaining benefits (see Table 2). The remaining 24 showed no activity on SSA’s records after they were denied benefits in FY 2011.

¹⁷ See Appendix B for more information on the projections.

¹⁸ We determined 24 of the 63 claimants had alleged disabilities related to Disorders of the Back (14 cases), Affective Disorders (7 cases), or Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (3 cases). SSA has different medical criteria for children under the age of 18, which would account for the Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder cases.

¹⁹ The medical-vocational guidelines used by SSA in evaluating a claimant’s disability has different criteria for different age groups: “younger individuals” are claimants age 18 to 49, “approaching advanced age” are claimants age 50 to 54, and “advanced age” are claimants age 55 and above. SSA, POMS, DI 25025.005—*Using the Medical-Vocational Guidelines* (February 13, 2015).

Table 2: Most Recent Appellate or New Application Activity Among 39 Claimants Who Were Not Receiving Benefits and Reported No Earnings

FY	Number of Claimants
2011	3
2012	14
2013	7
2014	7
2015	8
Total	39

SSA’s systems did not have current information on these prior claimants, so we could not determine whether some individuals were disabled yet remained unnoticed in the economy, had other sources of income or benefits, or were subject to other conditions.²⁰ It is possible that some of the individuals were qualified for State or other Federal benefits; received benefits from a private long-term disability policy; or changed living arrangements, thereby lessening their need for SSA support.²¹

To understand the circumstances of the individuals who did not show work activity or receive benefits, we selected 10 adult claimants who had no activity in SSA’s records since CY 2011 and reviewed available information in third-party databases. We found information that suggested some claimants were living at new addresses, had been issued new driver’s licenses, and/or had registered vehicles. For example, we identified a 44-year-old woman who was denied Disability Insurance benefits in FY 2011 for Migraines. In a third-party database, we found she was still living in Minnesota, though at a new address. For instance, we found a current driver’s license issued in February 2014 and a motor vehicle registered in October 2015 in the claimant’s name that would suggest the claimant was still alive.

²⁰ We discuss deceased claimants in the next section.

²¹ A December 2015 Department of Labor publication examined data on individuals who were not in the labor force in 2004 and 2014 and the reasons they provided for not working. Some of the reasons cited by those age 16 and older related to retirement, illness, or a disability; school attendance; and home responsibilities. Steven F. Hipple, *Beyond the Numbers: People Who Are Not in the Labor Force: Why Aren’t They Working?*, Employment and Unemployment, December 2015 at Volume 4, No. 15.

Other Claimants

We found 22 claimants did not fit into the categories above for a variety of reasons. For instance, 16 claimants were deceased at the time of our review, including 6 who were awarded benefits after FY 2011.²² Of the remaining six claimants, we found

- three cases involved children who were receiving benefits because of a parent's status and not their own disability;
- one claimant received Medicare-only benefits;²³
- one claimant was denied DI benefits in FY 2011 but continued receiving SSI payments; and
- one claimant with incomplete records in SSA's systems so the case's status could not be ascertained.

SUMMARY

At the time of our review, 115 (42 percent) of the 275 claimants were receiving benefits or still awaiting a decision for SSA benefits on new applications or appeals. In 42 of the 71 cases where claimants were later awarded disability benefits, the claimants succeeded via an appeal at the hearing level or higher. Moreover, of the 36 claimants (13 percent) with pending disability decisions, 25 had appeals at the hearing level or higher. We also found 75 claimants (27 percent) who were not receiving benefits or awaiting a benefit decision had earnings, with about half reporting earnings over SGA in at least 1 year between FYs 2011 and 2014. An additional 63 claimants (23 percent) were not receiving benefits, and they had not reported earnings to SSA, though some had unsuccessfully appealed or reapplied for SSA disability benefits. The circumstances of this group were difficult to discern from SSA's records. The final 22 claimants (8 percent) either were deceased or had unique situations, such as Medicare-only benefits, incomplete records in SSA systems, or children receiving benefits because of a parent's status.



Steven L. Schaeffer, JD, CPA, CGFM, CGMA
Assistant Inspector General for Audit

²² Had we included these 6 claimants with the 79 claimants already in benefit status, it would have increased the number of claimants who successfully obtained benefits to 85, or 31 percent of the sample.

²³ In this case, the claimant was entitled to Medicare benefits but no SSA benefits.

APPENDICES

Appendix A – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed applicable laws and Social Security Administration (SSA) policies and procedures, including the Office of Disability Adjudication and Review's (ODAR) Hearings, Appeals and Litigation Law Manual.
- Reviewed prior Office of the Inspector General, ODAR, and Office of Quality Review reports and studies.
- Analyzed ODAR's Case Processing and Management System closed cases for Fiscal Years (FY) 2011 to 2015 to identify the status of the denied claims as they moved through the appeals process.
- Analyzed ODAR's Appeals Review Processing System to determine whether the claimants filed appeals on their denials, and determined what decisions were rendered by ODAR's Appeals Council.
- Queried SSA's Master Beneficiary and Supplemental Security Records to determine whether any of the claimants in our sample received benefits after their FY 2011 denial.
- Queried SSA's Master Earnings File to determine whether any of the claimants in our sample had income posted after their denial in FY 2011.
- Queried SSA's Numident to identify which claimants in our sample died after their denial in FY 2011.
- Queried SSA's Prisoner Update Processing System to identify any claimants in our sample who were imprisoned after their denial in FY 2011.
- Queried SSA's electronic folders to obtain additional status information for each claimant in our sample.
- If there were no SSA-related subsequent actions on record, we selected a sample of cases and reviewed public records available online to determine the status of the claimant if available.
- Discussed our findings with ODAR staff and management.

We found that the Case Processing and Management System and Appeals Review Processing System data were sufficiently reliable to meet our objective. The entity reviewed was the Office of the Deputy Commissioner for Disability Adjudication and Review. The performance period for this review was May through December 2015 in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix B – SAMPLING METHODOLOGY AND RESULTS

From the Social Security Administration’s (SSA) Case Processing and Management System, we obtained 190,921 denied cases related to initial hearings (hearing type 10) in Fiscal Year (FY) 2011. We focused our testing on the initial hearings since they represent the claimant’s first attempt to appeal the State disability determination services’ denial.¹ We chose FY 2011 cases because we needed sufficient processing time for cases appealed to the Appeals Council and Federal district courts. We also wanted enough time to have elapsed for subsequent applications to be processed.

A number of actions could occur after an administrative law judge denies benefits, including the claimant appealing the case to the next appellate level, filing a new disability application, returning to work, or some other action. For instance, some individuals had died since their cases were denied.

Our sample consisted of 275 denied initial hearing decisions (see Table B–1) from FY 2011. For each sample item, we determined whether the claimant received SSA disability benefits via the Master Beneficiary and/or Supplemental Security Record, returned to work via the Master Earnings File, was incarcerated via the Prisoner Update Processing System, or was deceased via SSA’s Numident.²

Table B–1: Population and Sample Size

Description	Size
FY 2011 Initial ALJ Denials	190,921
Sample	275

Table B–2: Claimants Receiving Disability Benefits After Initial ALJ Denial in FY 2011

Description	Size
Sample Results	71
Point Estimate	49,292
Projection – Lower Limit	41,064
Projection – Upper Limit	58,271

Note: All statistical projections are at the 90-percent confidence level.

¹ We defined these as “initial” denials, but it is possible the claimants had filed disability claims to SSA prior to FY 2011.

² The Numident houses identifying information related to Social Security numbers, including the number holder’s name, date of birth, and date of death.

Table B-3: Claimants Awaiting a Decision on Their New Application or Appealed Initial ALJ Denial in FY 2011

Description	Size
Sample Results	36
Point Estimate	24,993
Projection – Lower Limit	18,854
Projection – Upper Limit	32,296

Note: All statistical projections are at the 90-percent confidence level.

Table B-4: Claimants with Earnings Over Substantial Gainful Activity

Description	Size
Sample Results	35
Point Estimate	24,299
Projection – Lower Limit	18,241
Projection – Upper Limit	31,532

Note: All statistical projections are at the 90-percent confidence level.

Table B-5: Claimants with Earnings Under Substantial Gainful Activity

Description	Size
Sample Results	40
Point Estimate	27,770
Projection – Lower Limit	21,321
Projection – Upper Limit	35,334

Note: All statistical projections are at the 90-percent confidence level.

Table B-6: Claimants with No Benefits and No Earnings

Description	Size
Sample Results	63
Point Estimate	43,738
Projection – Lower Limit	35,883
Projection – Upper Limit	52,437

Note: All statistical projections are at the 90-percent confidence level.

Appendix C – ACKNOWLEDGMENTS

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