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Executive Summary:

Union Status and Employment-Based Health Benefits

- **Coverage rates:** Union workers are much more likely to have employment-based health benefits than nonunion workers. In September 2003, 86 percent of union workers were covered by health benefits through their own job, compared with 59.5 percent of nonunion workers. Overall, 95.4 percent of union workers had employment-based health benefits, compared with 77.8 percent of nonunion workers.
- **Uninsured:** Although union workers were less likely than nonunion workers to have employment-based coverage as a dependent (9.4 percent and 18.3 percent, respectively), union workers were much less likely to be uninsured. Only 2.5 percent of union workers were uninsured in September 2003, compared with 15 percent of nonunion workers.
- **Erosion:** As union workers account for a declining share of the working population, further erosion of unionization is likely to coincide with an overall erosion in the percentage of workers with employment-based health benefits. But if the decline in unionization is concentrated in the private sector, the percentage of union workers with health benefits may increase because union workers would be increasingly employed by the public sector.

The Basics of Social Security, Updated With the 2005 Trustees Report

- **Beneficiaries:** In 2004, 39.6 million beneficiaries received benefit payments from the OASI program. In 2004, 7.8 million individuals, disabled workers, and their dependents received benefit payments. Under intermediate assumptions, the number of OASI beneficiaries is projected to increase to 43.2 million in 2010 and to 71.2 million in 2030, and the number of DI beneficiaries is projected to increase to 9.4 million in 2010 and to 12.3 million in 2030.
- **Projected deficit:** The unfunded obligation of the OASDI trust funds, through the end of the 75-year projection period ending in 2079, is estimated to be \$4.0 trillion. Under intermediate assumptions, the combined OASDI trust fund expenses are expected to exceed income from taxes in 2017. By 2027, OASDI expenses are expected to exceed income from taxes plus interest income, and the trust fund is expected to be exhausted by 2041.
- **Share of GDP:** In 2004, expenditures of the OASDI trust funds were the equivalent to 4.3 percent of gross domestic product (GDP). By 2080, that percentage is estimated to increase to 6.4 percent.

■ Union Status and Employment-Based Health Benefits

by Paul Fronstin, EBRI

Introduction

Since World War II, a strong relationship has existed between employment and health benefits. In 2003, 72 percent of workers had employment-based health benefits, with 55 percent covered through their own employer and an additional 17 percent covered through a family member's employer.¹ While the overall portion of workers with employment-based health benefits has held steady at 70–75 percent during the last 10 years, not all workers have access to employment-based health benefits, and whether or not a worker has employment-based health benefits largely depends on job characteristics such as industry and firm size.

This article examines the relationship between health benefits and union status. Union workers are much more likely to have employment-based health benefits than nonunion workers. In September 2003, 86 percent of union workers were covered by health benefits through their own job, compared with 59.5 percent of nonunion workers (Figure 1). Overall, 95.4 percent of union workers had employment-based health benefits, compared with 77.8 percent of nonunion workers. Although union workers were less likely than nonunion workers to have employment-based coverage as a dependent (9.4 percent and 18.3 percent, respectively), union workers were much less likely to be uninsured. Only 2.5 percent of union workers were uninsured in September 2003, compared with 15 percent of nonunion workers.

As union workers account for a declining share of the working population (Figure 2), further erosion of unionization is likely to coincide with an overall erosion in the percentage of workers with employment-based health benefits, although if the decline in unionization is concentrated in the private sector, the percentage of union workers with health benefits may increase because union workers would be increasingly employed by the public sector.²

The next section of this article examines the job characteristics of union and nonunion workers. The following section analyzes the health benefits and job characteristics of union and nonunion workers.

Figure 1

Wage and Salary Workers Ages 18–64 With Selected Sources of Health Insurance, by Union Status, September 2003

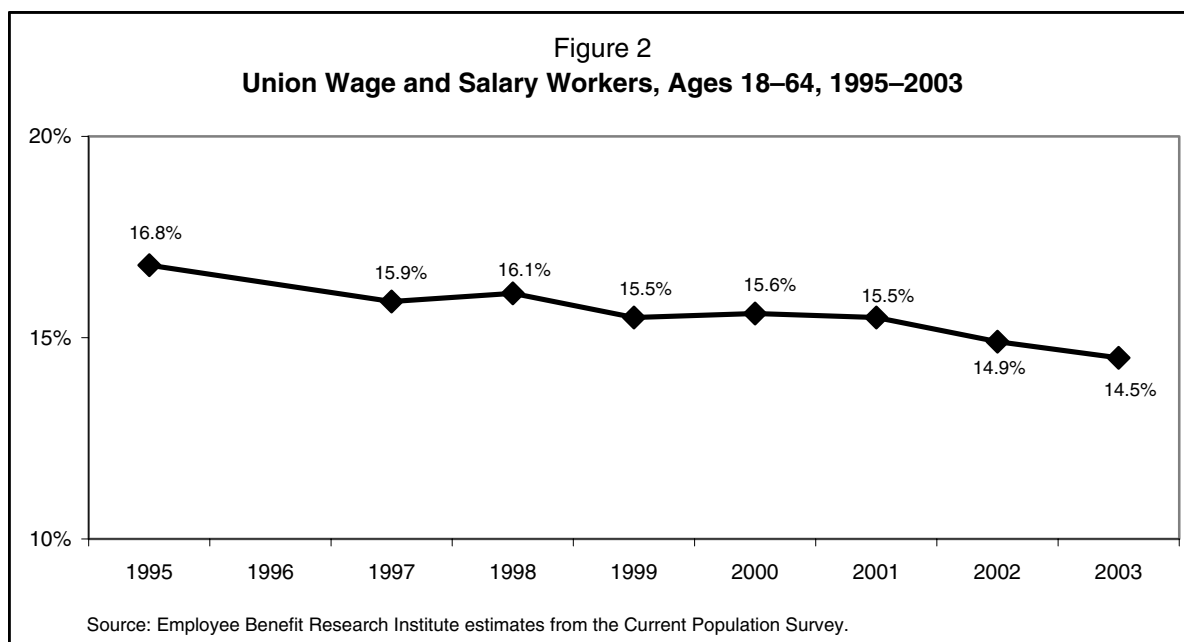
	Total	Employment-Based Coverage			Individually Purchased	Total Public	Uninsured
		Total	Own name	Dependent			
	(millions)						
Total	116.9	94.0	74.1	19.9	4.2	7.1	15.4
Union	17.2	16.4	14.8	1.6	0.2	0.6	0.4
Nonunion	99.7	77.6	59.3	18.3	4.0	6.5	14.9
	(percentage within coverage category)						
Total	100.0%	80.4%	63.4%	17.0%	3.6%	6.1%	13.1%
Union	100.0	95.4	86.0	9.4	1.4	3.6	2.5
Nonunion	100.0	77.8	59.5	18.3	4.0	6.5	15.0

Source: Employee Benefit Research Institute estimates of the Survey of Income and Program Participation, 2001 Panel, Wave 9.
 Note: Details may not add to totals because individuals may receive coverage from more than one source.

Union and Nonunion Worker Job Characteristics

In September 2003, 17.2 million workers were union members, accounting for 15 percent of all wage and salary workers, ages 18–64, in the United States (Figure 3). Union workers were typically concentrated in jobs with high levels of employment-based health benefits.³ For instance, union workers were more likely than nonunion workers to work in the public sector. Union workers accounted for 36 percent of public-sector jobs in 2003. Furthermore, 46 percent of union jobs were in the public sector.

Union workers were more likely to work in the manufacturing sector than in other private sectors, and accounted for 17 percent of manufacturing-sector jobs. Furthermore, 23 percent of union jobs were in the manufacturing sector.



Blue-collar occupations were only slightly more likely than service and white-collar occupations to be unionized. Eighteen percent of blue-collar jobs are unionized, compared with 16 percent of service jobs and 13 percent among white-collar jobs. However, the majority of union jobs—55 percent—were in white-collar occupations.

Union workers were more likely than nonunion workers to be employed full-time. Sixteen percent of full-time jobs are held by union workers, compared with 9 percent of part-time jobs. Full-time jobs account for 90 percent of union jobs.

Finally, relatively higher paying jobs were more likely to be held by union workers than lower paying jobs. For example, among workers earning \$50,000 or more annually, 21 percent were in a union compared with only 13 percent of workers in jobs with annual earnings of \$20,000 to \$29,999. Among union workers, 27 percent earned \$50,000 or more, compared with 17 percent of nonunion workers.

Health Benefits by Union Status

Across all job characteristics, union workers are more likely, in many cases much more likely, than nonunion workers to have health benefits from their own employer.

Union status has the greatest impact on the probability that a worker has employment-based health benefits from his or her own employer in small firms. More than 80 percent of union workers in firms with under 25 employees had employment-based health benefits in their own name in 2003, compared with 36 percent of nonunion workers in firms with under 25 employees (Figure 4). Overall, this difference does not have a large impact on the percentage of workers with health benefits because union workers account for only 2 percent of all workers in firms with fewer than 25 workers. Union workers are most prominent in the public sector, where they account for 36 percent of all workers. In the public sector, 86 percent of union workers had health benefits from their own employer, compared with 68 percent of nonunion workers. Hence, unionization appears to increase the probability of having health benefits in the public sector by 26 percent.

With respect to private-sector industries, union status has its greatest impact on the health benefits of workers employed in agriculture, forestry, fishing, mining, and construction (as a group). Nearly 90 percent of union workers in these industries had health benefits in the work place, compared with 40 percent of nonunion workers. However, similar to the findings on firm size, union workers account for only 13 percent of all jobs in the combined industries of agriculture, forestry, fishing, mining, and construction. Manufacturing accounts for the most private-sector union jobs, and union manufacturing

Figure 3
Job Characteristics of Wage and Salary Workers, Ages 18–64, By Union Status, September 2003

	Total	Union Workers	Nonunion Workers	Total	Union Workers	Nonunion Workers	Total	Union Workers	Nonunion Workers
	(millions)			(percentage within job characteristic category)			(percentage within worker type category)		
Total	116.9	17.2	99.7	100%	15%	85%	100%	100%	100%
Firm Size									
Under 25	23.3	0.6	22.8	100	2	98	20	3	23
25–99	13.1	0.8	12.3	100	6	94	11	5	12
100 or more	58.9	8.0	50.9	100	14	86	50	46	51
Public sector	21.5	7.8	13.7	100	36	64	18	46	14
Industry									
Agriculture, forestry, fishing, mining, and construction	8.9	1.2	7.7	100	13	87	8	7	8
Manufacturing	23.0	3.9	19.1	100	17	83	20	23	19
Wholesale and retail trade	36.4	1.8	34.6	100	5	95	31	11	35
Personal services	27.1	2.4	24.7	100	9	91	23	14	25
Public sector	21.5	7.8	13.7	100	36	64	18	46	14
Occupation									
White collar	71.4	9.5	61.9	100	13	87	61	55	62
Service	29.5	4.7	24.8	100	16	84	25	28	25
Blue collar	15.9	2.9	13.0	100	18	82	14	17	13
Hours of Work									
Part-Time	20.2	1.8	18.4	100	9	91	17	10	18
Full-Time	96.7	15.4	81.3	100	16	84	83	90	82
Annual Earnings									
Under \$10,000	14.0	0.8	13.1	100	6	94	12	5	13
\$10,000–\$19,999	25.4	1.7	23.7	100	7	93	22	10	24
\$20,000–\$29,999	24.5	3.3	21.2	100	13	87	21	19	21
\$30,000–\$39,999	18.7	3.7	15.0	100	20	80	16	22	15
\$40,000–\$49,999	12.3	3.0	9.3	100	24	76	11	18	9
\$50,000 or more	21.9	4.6	17.4	100	21	79	19	27	17

Source: Employee Benefit Research Institute estimates of the Survey of Income and Program Participation, 2001 Panel, Wave 9.

workers were more likely than union workers in any other industry to have health benefits from their own job (91 percent of union workers in manufacturing were covered by employment-based health benefits in their own name), but the difference between union and nonunion workers in the likelihood of having employment-based health benefits in the manufacturing industry was lower (23 percent) than in other industries.

While blue-collar jobs included more union workers than other occupations, the differences were not large. As mentioned above, 18 percent of blue-collar jobs were held by union members, compared with 16 percent of service jobs and 13 percent of white-collar jobs. However, there are large differences in the impact of unionization on health benefits by occupation. White-collar workers who were union members were 29 percent more likely than nonunion white-collar workers to have health benefits from their job. Service workers who were union members were 93 percent more likely than nonunion service workers to have health benefits from their job. And among blue-collar workers, union workers were 54 percent more likely than nonunion workers to have health benefits from their job.

Full-time union workers were much more likely to have health benefits from their own job than part-time union workers. Nearly 90 percent of union workers employed full-time had health benefits, compared to 59 percent among part-time union workers. However, unionization appears to have had a greater impact on the likelihood of having health benefits for part-time union workers than for full-time union workers. Among part-time workers, 59 percent of union workers had health benefits from their own job, compared with 22 percent of nonunion workers (a difference of 174 percent); 89 percent of

Figure 4
Employment-Based Health Benefits From Own Employer for Wage and Salary Workers, Age 18–64, by Union Status and Selected Job Characteristics, September 2003

	Percentage of Workers With Health Benefits from Own Employer		Percentage Difference Between Union and Nonunion Workers	Percentage of Union Workers in Selected Job Characteristic Category
	Union Workers	Nonunion Workers		
Total	86%	60%	45%	N/A
Firm Size				
Under 25	82	36	131	2
25–99	84	56	49	6
100 or more	87	69	27	14
Public sector	86	68	26	36
Industry				
Agriculture, forestry, fishing, mining, and construction	88	40	118	13
Manufacturing	91	74	23	17
Wholesale and retail trade	84	55	53	5
Personal services	80	56	43	9
Public sector	86	68	26	36
Occupation				
White collar	85	66	29	13
Service	87	45	93	16
Blue collar	88	57	54	18
Hours of Work				
Part-time	59	22	174	9
Full-time	89	68	31	16
Annual Earnings				
Under \$10,000	57	22	158	6
\$10,000–\$19,999	72	43	69	7
\$20,000–\$29,999	85	65	30	13
\$30,000–\$39,999	88	73	20	20
\$40,000–\$49,999	91	78	17	24
\$50,000 or more	93	82	13	21

Source: Employee Benefit Research Institute estimates of the Survey of Income and Program Participation, 2001 Panel, Wave 9.

of full-time union workers had health benefits from their own job, compared with 68 percent of full-time nonunion workers (a difference of 31 percent).

Finally, at all levels of annual earnings, union workers were more likely than nonunion workers to have health benefits from their own job. While unionization appears to have helped lower-income workers more than higher-income workers, lower-income workers were much less likely to be union than higher-income workers.⁴

Conclusion

Union workers are more likely than nonunion workers to have health benefits. In 2003, 86 percent of union workers had health benefits through their own job, compared with 60 percent of nonunion workers. Union workers are more likely to be employed in the public sector, manufacturing industry, and blue-collar occupations and to have full-time jobs. Union workers have higher annual earnings than nonunion workers. However, even when examining the difference in the likelihood of having health benefits for various job characteristics, union workers are across the board more likely to have health benefits than nonunion workers. All else equal, if unionization in the United States continues to decline, the percentage of workers with health benefits will continue to decrease and the percentage of workers who are uninsured will continue to increase.

Endnotes

¹ Paul Fronstin, “Sources of Coverage and Characteristics of the Uninsured: Analysis of the March 2004 Current Population Survey,” *EBRI Issue Brief* no. 276 (Employee Benefit Research Institute), December 2004.

² Previous research found that 6 percent of the decline in employment-based health benefits among workers between 1988 and 1993 was due to the decline in unionization. See Paul Fronstin and Sarah C. Snider, “An Examination of the Decline in Employment-Based Health Insurance Between 1988 and 1993,” *Inquiry*, Vol. 33, No. 4 (Winter 1996/97): 317–325.

³ Fronstin (op. cit., 2004) has found that workers employed in large firms, public-sector workers, workers employed in the manufacturing sector, full-time workers, and higher-income workers are generally more likely than other workers to have employment-based health benefits.

⁴ The impact of unionization on the probability of having health benefits may be overstated, even when examining the probability for various job characteristics because simple descriptive statistics were examined. It would be better to use multivariate regression analysis to examine the impact of various job characteristics and unionization on the probability of having employment-based health benefits, but that is beyond the scope of this article.

■ *Facts from EBRI:*

The Basics of Social Security, Updated With the 2005 Board of Trustees Report

by Ken McDonnell, EBRI

History and Background

The U.S. Congress enacted the Social Security Act in 1935, creating the Old-Age and Survivors Insurance (OASI) program, which provided retirement income benefits to workers ages 65 and older in commerce and industry (except railroads). The system became effective in 1937, and is financed by a payroll tax paid by employers and employees. In 1939, the system was expanded to cover dependents and survivors of covered workers. Legislation enacted in 1950 and subsequent years allowed states the option, under certain conditions, to provide Social Security coverage to their employees. The Social Security Act Amendments of 1983 prohibited states from opting out of the Social Security program. In 1990, Social Security coverage became mandatory for state and local employees not covered by a state or local government retirement plan.

- In 1956, the Disability Insurance (DI) program was added to the Social Security program, providing income to disabled workers. In 1958, dependents of disabled workers receiving benefits under the DI program became eligible for benefit payments.
- In 1965, the Medicare program was added providing health insurance coverage for the elderly and expanded in 1972 to cover beneficiaries of the DI program. EBRI maintains a separate fact sheet detailing the basics of the Medicare program.
- For budgetary purposes, the date on which the trust funds go into negative cash flow (i.e., the benefit payments exceed the income from payroll taxes and the taxation of benefits) is significant because it marks the point at which the government must provide cash from general revenues to the programs rather than receive surplus cash from them to fund other current spending.

Key Dates in the Long Range Financing of the OASDI Trust Fund

- Under intermediate assumptions, the combined OASDI trust fund expenses are expected to exceed income from taxes in 2017. By 2027, OASDI expenses are expected to exceed income from taxes plus interest income, and the trust fund is expected to be exhausted by 2041.

- Under low cost assumptions, the combined OASDI trust fund expenses are expected to exceed income from taxes in 2022. The trust fund is expected to remain solvent throughout the 75-year period.
- Under high cost assumptions, the combined OASDI trust fund expenses are expected to exceed income from taxes in 2013. By 2030, the trust fund is expected to be exhausted.
- The unfunded obligation of the OASDI trust funds, for 1935 through the end of the 75-year projection period ending in 2079, is estimated to be \$4.0 trillion. The unfunded obligation for 1935 through the infinite horizon is estimated to be \$11.1 trillion.
- In 2004, expenditures of the OASDI trust funds were the equivalent to 4.3 percent of gross domestic product (GDP). By 2080, that percentage is estimated to increase to 6.4 percent.

Tax Revenue

- The Social Security trust funds are derived from payroll taxes assessed on employers and employees. Under current law, the payroll taxes are assessed as follows. OASI payroll taxes for 2005 are based on a combined employer/employee rate of 10.6 percent of earnings up to a maximum annual taxable amount of \$90,000. The maximum taxable amount of earnings increases in proportion to increases in the average wage level. In 2004, total income for the OASI trust fund was \$566.3 billion: \$472.8 billion was in payroll taxes, \$14.6 billion was in taxation of benefits, and \$79.0 billion was interest income.
- DI payroll taxes for 2005 are based on a combined employer/employee rate of 1.8 percent of earnings, up to a maximum taxable amount of \$90,000. The maximum taxable amount of earnings increases in proportion to increases in the average wage level. In 2004, total income for the DI trust fund was \$91.4 billion: \$80.3 billion was from payroll taxes, \$1.1 billion was from taxation of benefits, and \$10.0 billion was from interest income.
- In 1992, the DI trust fund went into negative cash flow and was projected to become insolvent in 1995. To alleviate this problem, Congress enacted the Social Security Domestic Employment Reform Act of 1994 (P.L. 103-387), which reallocated a portion of OASI taxes to the DI trust fund, effective retroactively.

Beneficiaries and Benefit Amounts

- In 2004, 39.6 million beneficiaries received benefit payments from the OASI program. In 2004, 7.8 million individuals, disabled workers, and their dependents received benefit payments. Under intermediate assumptions, the number of OASI beneficiaries is projected to increase to 43.2 million in 2010 and to 71.2 million in 2030, and the number of DI beneficiaries is projected to increase to 9.4 million in 2010 and to 12.3 million in 2030.

**Estimated Average Monthly Social Security Benefits:
Before and After the December 2004 Cost-of-Living Adjustment (COLA)**

Source: "Fact Sheet Social Security: 2005 Social Security Changes"

www.ssa.gov/cola/colafacts2005.htm

	Before 2.7% <u>COLA</u>	After 2.7% <u>COLA</u>
All Retired Workers	\$ 930	\$ 955
	(millions)	
Aged Couple, Both Receiving Benefits	1,532	1,574
Widowed Mother and Two Children	1,927	1,979
Aged Widow(er) Alone	896	920
Disabled Workers, Spouse and One Or More Children	1,458	1,497
All Disabled Workers	871	895

- In 1945, the number of covered workers per OASDI beneficiary was 41.9. By 1965, that number was 4.0, and in 2004, it was 3.3. Under intermediate assumptions, the number of covered workers per OASDI beneficiary is estimated to be 3.2 in 2010, 2.2 in 2030, and 2.0 in 2060.
- In 2004, total benefit payments from the OASI trust fund amounted to \$415.0 billion. Total benefit payments from the DI trust fund were \$78.2 billion.

Recent EBRI Research on Social Security and Social Security Within Retirement Income

- “Comparing Social Security Reform Options,” *EBRI Issue Brief* no. 281 (Employee Benefit Research Institute, May 2005) www.ebri.org/ibs/281ib.htm
- “Encouraging Workers to Save: The 2005 Retirement Confidence Survey,” *EBRI Issue Brief* no. 280 (Employee Benefit Research Institute, April 2005) www.ebri.org/ibs/280ib.htm
- “Income of the Elderly Population: 2003,” *EBRI Notes*, no. 1 (January 2005) www.ebri.org/notes/0105note.htm
- “The Inflation Rate and the Actuarial Balance of the OASDI Trust Funds,” *EBRI Notes* no. 6 (Employee Benefit Research Institute, June 2004) www.ebri.org/notes/0604note.htm
- “Americans’ Future Retirement Security: Implications of the EBRI-ERF Retirement Security Projection Model,” *EBRI Issue Brief* no. 266 (Employee Benefit Research Institute, February 2004) www.ebri.org/ibs/266ib.htm
- “Social Security Actuarial Balance and the Labor Force Participation Rate,” *EBRI Notes* no. 5 (Employee Benefit Research Institute, May 2003) www.ebri.org/notes/0503note.htm
- EBRI also maintains its Social Security Research Program www.ebri.org/SSProject/index.htm Contained on that site is EBRI research on administrative issues involved with individual accounts in Social Security as well as links to over 100 web sites on Social Security.

Trustees in 2004

- Treasury Secretary John W. Snow acts as the Managing Trustee of the OASDI trust funds. The other trustees include: Elaine Chao, Secretary of Labor; Michael O. Leavitt, Secretary of Health and Human Services; Jo Anne B. Barnhart, Commissioner of Social Security; John L. Palmer, and Thomas R. Saving.
- The 2005 trustees’ report and a summary of the 2005 Social Security and Medicare reports is available on the Internet at www.ssa.gov/OACT/TR/TR05/

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Source: U.S. Social Security Administration, *2005 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and the Disability Insurance Trust Funds* (Baltimore, MD: U.S. Social Security Administration, 2005).

05/05

■ New Publications and Internet Sites

Compensation

WorldatWork. *2004-05 Salary Budget Survey*. \$145; WorldatWork members, \$115. WorkatWork, Attn: Customer Relations, 14040 N. Northsight Blvd., Scottsdale, AZ 85260, (877) 951-9191, www.worldatwork.org/.

Employee Benefits

Adams, Joseph S., and Todd A. Solomon. *Domestic Partner Benefits: An Employer's Guide, 2nd Edition*. \$89. Thompson Publishing Group, Inc., Subscription Service Center, P.O. Box 26185, Tampa, FL 33623-6185, (800) 677-3789.

ERISA

Bitzer, Frank J., and Nicholas W. Ferrigno. *2005 ERISA Facts*. \$39.95. The National Underwriter Company, Orders Department MP, P.O. Box 14448, Cincinnati, OH 45250-0448, (800) 543-0874, fax: (800) 874-1916.

General Reference

Omnigraphics, Inc. *FaxUSA: A Directory of Facsimile Numbers for Businesses and Organizations Nationwide*. \$170. Omnigraphics Customer Service, P.O. Box 625, Holmes, PA 19043, (800) 234-1340, fax: (800) 875-1340, www.omnigraphics.com.

Health Care

Garner, John C. *Health Insurance Answer Book, Sixth Edition*. \$189. Aspen Publishers, 7201 McKinney Cir., P.O. Box 990, Frederick, MD 21705-9782, (800) 638-8437, www.aspenpublishers.com.

Pension Plans/Retirement

Cerulli Associates, Inc. *Cerulli Quantitative Update: Retirement Markets 2004*. \$10,000. Cerulli Associates, Inc., 575 Boylston St., Boston, MA 02116, (617) 437-0084, fax: (617) 437-1268, www.cerulli.com.

Krass, Stephen J. *The Pension Answer Book, 2005 Edition*. \$199. Aspen Publishers, 7201 McKinney Circle, P.O. Box 990, Frederick, MD 21705-9727, (800) 638-8437, www.aspenpublishers.com.

McGill, Dan M., et al. *Fundamentals of Private Pensions*. \$95. Oxford University Press, Attn: Order Dept., 2001 Evans Rd., Cary, NC 27513-2010, (800) 451-7556, www.oup.com/us.

McGinn, Daniel F. *Multiemployer Retirement Plans: Handbook for the 21st Century*. \$53; IFEBP members, \$37. International Foundation of Employee Benefit Plans, Publications Department, P.O. Box 69, Brookfield, WI 53008-0069, (888) 334-3327, fax: (414) 786-8670, www.ifebp.org/bookstore.

Social Security Reform Sites

AARP

www.aarp.org/research/socialsecurity/

American Academy of Actuaries

www.actuary.org/socsec.htm

The Cato Institute Project on Social Security Choice

www.socialsecurity.org/

Center on Budget and Policy Priorities

www.cbpp.org/pubs/socsec.htm

The Concord Coalition

www.concordcoalition.org/socialsecurity/

EBRI Social Security Research Program

www.ebri.org/SSProject/index.htm

Generations Together—Help Fix Social Security

www.generationstogether.net/index.aspx

National Academy of Social Insurance

www.nasi.org/

National Committee to Preserve Social Security and Medicare

www.ncpssm.org/

President's Commission to Strengthen Social Security

www.commtostrengthenSOCSEC.gov/

Social Security Choice

www.socialsecuritychoice.org/

The Social Security Network

www.socsec.org/

Social Security Reform Center

www.socialsecurityreform.org/index.cfm

Social Security's Future: Frequently Asked Questions

www.ssa.gov/qa.htm

Strengthening Social Security

www.strengtheningsocialsecurity.gov/

The Urban Institute

www.urban.org/content/IssuesInFocus/SocialSecurityReform/SSReform.htm

The White House

www.whitehouse.gov/infocus/social-security/

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