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Dual Jobholders Less Likely to Have Health Insurance Coverage Than Single Jobholders

EBRI tabulations of the 1990 Survey of Income and Program Participation (SIPP) indicate that 88.4 percent of employed individuals aged 18–64 had some form of health insurance in January 1991 (table 1). Over 85 percent reported private insurance coverage, and 4.4 percent had health insurance coverage from a public source. Nearly 12 percent of all workers reported not having any health insurance coverage in January 1991. Of the 98.8 million jobholders, in January 1991, 7.1 million (7.2 percent) held more than one job (table 1).¹ These dual jobholders can be classified into two categories: part-time dual jobholders, who work part-time at two jobs, and moonlighters, who work full-time on their primary job and part-time on their secondary job.² Closer analysis of part-time and full-time single jobholders, part-time dual jobholders, and moonlighters reveals that there are significant differences in the

health insurance coverage among these groups.

The SIPP is a longitudinal survey of the U.S. noninstitutionalized population. Although more recent data are available from the March 1993 Current Population Survey (CPS), the CPS does not include questions on holding multiple jobs. Estimates of the number of workers and the uninsured differ between the CPS and SIPP because SIPP estimates represent point-in-time estimates, and the CPS estimates represent annual statistics. For example, according to EBRI tabulations of the CPS, 124.4 million individuals reported some work activity in 1991, and 16.5 percent of these workers were uninsured.³ According to SIPP tabulations, 98.8 million individuals were working and 11.6 percent of the working were uninsured. This difference exists because the SIPP reference period is January 1991, while the reference period for the CPS is all of 1991. The number of uninsured is different because the population is different. The CPS includes seasonal workers, who are more likely to be uninsured, while SIPP does not include most seasonal workers in the January 1991 reference period. SIPP includes

¹ Also included in the count of multiple jobholders are a small number of persons who had more than one job because they changed jobs during that month.

² Some of these dual jobholders may, in fact, have more than two jobs, but only data for the two jobs with the highest earnings are reported in the survey.

³ Jill Foley, Sarah Snider, and Sarah Boyce, "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1992 Current Population Survey," EBRI Issue Brief no. 133 Special Report SR-16 (Employee Benefit Research Institute, January 1993).

Table 1
Workers Aged 18–64, with Selected Sources of Health Insurance Coverage, by Work Status, 1991

Work Status	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	CHAMPUS/ CHAMPVA	No Health Insurance Coverage
			Total	Direct	Indirect					
(millions)										
Total	98.8	85.4	82.3	64.8	17.4	6.3	4.3	1.4	2.7	11.5
One Job	91.7	79.9	77.3	61.2	16.0	5.6	4.0	1.3	2.5	10.0
Full time	75.8	67.7	67.2	57.6	9.6	3.2	2.6	0.7	2.1	7.0
Part time	16.0	12.2	10.1	3.7	6.4	2.4	1.4	0.7	0.6	3.0
Two Jobs	7.1	5.5	5.0	3.6	1.4	0.7	0.3	0.1	0.2	1.4
Moonlighters	5.0	4.0	3.8	3.1	0.7	0.3	0.2	0.1	0.2	0.9
Part time	2.1	1.5	1.2	0.5	0.7	0.4	0.1	a	0.1	0.5
(percentage within coverage category)										
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
One Job	92.8	93.6	93.9	94.4	92.1	89.6	92.6	94.1	91.8	87.6
Full time	76.7	79.3	81.7	88.8	55.3	51.3	60.9	46.9	77.5	61.1
Part time	16.2	14.2	12.2	5.7	36.8	38.2	31.8	47.0	22.7	26.4
Two Jobs	7.2	6.4	6.1	5.6	7.9	10.4	7.4	5.7	8.0	12.4
Moonlighters	5.0	4.6	4.6	4.8	3.9	4.2	5.2	4.9	5.7	7.7
Part time	2.1	1.8	1.5	0.8	4.0	6.2	2.2	a	2.4	4.7
(percentage within work status category)										
Total	100.0%	86.4%	83.2%	65.6%	17.6%	6.4%	4.4%	1.4%	2.8%	11.6%
One Job	100.0	87.1	84.2	66.8	17.5	6.1	4.4	1.5	2.7	10.9
Full time	100.0	89.4	88.7	76.0	12.7	4.3	3.5	0.9	2.8	9.3
Part time	100.0	76.1	63.1	23.0	40.1	15.0	8.6	4.2	3.9	19.0
Two Jobs	100.0	77.6	70.4	51.0	19.4	9.3	4.5	1.2	3.1	20.1
Moonlighters	100.0	79.7	76.5	62.9	13.6	5.3	4.5	1.4	3.1	17.9
Part time	100.0	72.7	56.4	23.3	33.1	18.4	4.5	a	3.0	25.2

Source: Employee Benefit Research Institute tabulations of the 1990 panel of the Survey of Income and Program Participation, Wave 4.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aFewer than 50,000 respondents in this category.

workers who are more likely to be permanently attached to the labor force; thus, they are more likely to have some form of health insurance coverage.

Private Coverage

Privately based health insurance coverage can take the form of employment-based coverage or individually purchased private policies. Employment-based coverage can be obtained directly through employers and unions or indirectly through working spouses and other family members. Part-time dual jobholders were least likely to have private health insurance (72.7 percent), followed by part-time single jobholders (76.1 percent),

moonlighters (79.7 percent), and full-time single job holders (89.4 percent). These differences are primarily due to differences in direct employment-based coverage. Twenty-three percent of the part-time dual jobholders had direct coverage, compared with 62.9 percent of the moonlighters, and 76.0 percent of the full-time single jobholders. Twenty-three percent of the part-time single jobholders had direct employer-based health insurance, but they were more likely to be covered by indirect coverage than part-time dual jobholders (40.1 percent and 33.1 percent, respectively). In fact, part-time single jobholders are most likely to have indirect health insurance

coverage (40.1 percent). Nearly 13 percent of full-time single jobholders had indirect coverage, and 4.3 percent had other private coverage. Moonlighters are similar to full-time single jobholders, with 13.6 percent having indirect coverage, and 5.3 percent having other private coverage, though there is a 13.1 percentage point difference in direct coverage when compared with full-time single jobholders.

Public Coverage

The major sources of publicly based health insurance coverage include Medicaid, Medicare, and the Civilian Health and Medical Program of the Uniformed Services

Table 2
Workers Aged 18–64 with Selected Sources of Health Insurance Coverage, by Income Level, 1991

Work Status	Total	Total Private	Employer Coverage			Other Private	Total Public	Medicaid	CHAMPUS/ CHAMPVA	No Health Insurance Coverage
			Total	Direct	Indirect					
		(millions)	(percentage within work status and income categories)							
ONE JOB										
Total	98.8	87.1%	84.2%	66.8%	17.5%	6.1%	4.4%	1.5%	2.7%	10.9%
Full Time	75.8	89.4	88.7	76.0	12.7	4.3	3.5	0.9	2.5	9.2
Family Income										
Under \$10,000	2.2	49.5	42.2	37.8	4.4	7.2	6.9	5.0	1.7	44.3
\$10,000–\$19,999	9.4	76.1	71.3	68.5	2.8	4.9	3.6	2.2	1.3	21.5
\$20,000–\$29,999	12.5	87.2	84.4	78.2	6.2	3.6	3.5	1.5	2.0	11.0
\$30,000 or more	51.6	94.1	94.8	78.4	16.4	4.2	3.3	0.3	2.9	5.1
Personal Earned Income										
Under \$10,000	7.9	63.3	56.2	37.0	19.2	8.3	7.2	4.0	3.0	32.4
\$10,000–\$19,999	24.9	85.9	83.2	68.2	15.0	5.5	4.0	1.1	2.8	12.6
\$20,000–\$29,999	18.7	94.5	95.4	83.9	11.5	3.2	3.2	0.4	2.7	4.4
\$30,000 or more	24.2	97.5	99.7	90.5	9.2	2.4	1.9	0.1	1.8	2.0
Part Time	16.0	76.1	63.1	23.0	40.1	15.0	8.6	4.2	3.9	19.0
Family Income										
Under \$10,000	2.1	44.7	27.0	12.8	14.2	18.0	16.5	13.0	2.9	41.0
\$10,000–\$19,999	2.2	54.1	40.9	26.0	14.9	13.8	13.4	8.7	4.2	35.0
\$20,000–\$29,999	2.5	74.0	62.1	27.4	34.7	13.2	7.4	3.2	4.3	21.8
\$30,000 or more	9.6	89.2	77.0	23.4	53.6	15.1	6.0	1.4	3.9	9.3
Personal Earned Income										
Under \$10,000	11.6	72.0	57.5	14.3	43.2	15.5	10.7	5.6	4.7	21.7
\$10,000–\$19,999	3.0	85.6	77.0	40.5	36.5	13.9	1.9	0.3	1.4	14.0
\$20,000–\$29,999	0.8	88.1	78.5	52.1	26.4	14.5	5.6	0.3	3.2	8.4
\$30,000 or more	0.5	94.5	83.3	69.5	13.8	13.3	4.3	1.1	1.0	5.2
TWO JOBS										
Total	7.1	77.6%	70.4%	51.0%	19.4%	9.3%	4.5%	1.2%	3.1%	20.1%
Moonlighters	5.0	79.7%	76.5%	62.9%	13.6%	5.3%	4.5%	1.4%	3.1%	17.9%
Family Income										
Under \$10,000	0.4	41.1	37.8	33.2	4.6	3.9	7.2	7.2	0.0	52.4
\$10,000–\$19,999	0.8	65.3	59.9	56.4	3.5	5.7	5.2	4.2	1.0	31.1
\$20,000–\$29,999	0.9	75.9	74.4	65.8	8.6	2.6	5.0	0.2	4.8	20.0
\$30,000 or more	3.0	89.1	85.9	67.2	18.7	6.2	3.9	0.3	3.5	9.8
Personal Earned Income										
Under \$10,000	0.9	53.4	49.5	28.9	20.6	6.8	8.4	6.0	2.4	40.2
\$10,000–\$19,999	1.5	76.2	70.9	54.1	16.8	6.8	3.6	0.8	2.8	22.3
\$20,000–\$29,999	1.2	88.4	85.8	76.6	9.2	4.5	3.8	0.1	3.7	9.6
\$30,000 or more	1.3	94.5	93.8	85.0	8.8	3.3	3.5	a	3.5	4.5
Part Time	2.1	72.7	56.4	23.3	33.1	18.4	4.5	a	3.0	25.2
Family Income										
Under \$10,000	0.2	39.0	24.7	16.3	8.4	14.2	1.6	a	a	59.4
\$10,000–\$19,999	0.3	53.0	46.8	34.8	12.0	7.6	11.5	2.5	2.7	37.0
\$20,000–\$29,999	0.3	68.1	51.7	18.3	33.4	16.3	1.7	a	1.7	30.1
\$30,000 or more	1.2	86.6	67.2	23.3	43.9	22.6	4.1	a	4.1	13.0
Personal Earned Income										
Under \$10,000	1.3	65.1	47.3	9.6	37.7	18.0	6.3	1.0	3.8	31.4
\$10,000–\$19,999	0.5	78.9	62.4	31.8	30.6	17.3	1.5	a	1.5	21.1
\$20,000–\$29,999	0.2	86.7	72.1	49.9	22.2	21.0	4.6	a	4.6	13.3
\$30,000 or more	0.1	a	a	a	a	a	a	a	a	a

Source: Employee Benefit Research Institute tabulations of the 1990 panel of the Survey of Income and Program Participation, Wave 4.

Note: Details may not add to totals because individuals may receive coverage from more than one source.

^aFewer than 50,000 respondents in this category.

(CHAMPUS) and the Civilian Health and Medical Program of the Veterans Administration (CHAMPVA).⁴ In January 1991, 4.3 million workers, representing 4.4 percent of the work force, had some form of health insurance coverage from a public source. Except for part-time single jobholders, most of the workers who received public health insurance were covered by either CHAMPUS or CHAMPVA. Overall, less than 1.5 percent of the work force was covered by Medicaid. Full-time single jobholders were least likely to have public health insurance coverage (3.5 percent), followed by dual jobholders (4.5 percent), and part-time single jobholders (8.6 percent). These numbers should be interpreted with caution because of the small sample sizes used to make the predictions for the part-time work force.

No Health Insurance Coverage

Almost 12 million working Americans between the age of 18 and 64 did not have any health insurance coverage, either private or public, in January 1991. This represents 11.6 percent of the working population. Part-time dual jobholders had the highest probability of not having insurance coverage (25.2 percent),

followed by part-time single jobholders (19.0 percent), moonlighters (17.9 percent), and full-time single jobholders (9.3 percent). A primary reason for the low coverage rates of part-time dual jobholders is their relatively low levels of family income and personal earned income.⁵ Part-time dual jobholders with family income below \$10,000 have a 59.4 percent probability that they will not have health insurance coverage (table 2). This compares with 52.4 percent for moonlighters, 44.3 percent for full-time single jobholders, and 41.0 percent for part-time single jobholders. Part-time single jobholders had a smaller probability of being uninsured at family income levels below \$10,000 because they were more likely to have Medicaid coverage (13.0 percent).

Conclusions

It is clear that workers with more than one job do not have a greater probability of receiving private or public health insurance than workers with only one job. In fact, the distribution of direct employment-based health insurance across part-time workers with more than one job is similar to the distribution of the part-time single job work force.

Single part-time jobholders are less likely to be uninsured because they are more likely to qualify for Medicaid due to their lower earnings. Although moonlighters hold a full-time job, they are twice as likely as full-time single jobholders to be uninsured. Different levels of income account for some of the differences between single jobholders and multiple jobholders. Further research on multiple jobholders should include a more detailed analysis on the other factors that could change the distribution of health insurance coverage between multiple jobholders and single jobholders, such as age, marital status, industry of employment, and firm size.

—Paul Fronstin, EBRI

⁴ *The Civilian Health and Medical Program of the Uniformed Services provides coverage to dependents of active duty and retired members of the uniformed services. The Civilian Health and Medical Program of the Veterans Administration provides coverage for dependents of totally disabled veterans who are eligible for retirement pay from the uniformed services. EBRI analysis of the 1990 Survey of Income and Program Participation excludes active members of the armed forces.*

⁵ *Personal earned income is calculated as the earnings from all jobs.*

Income of the Elderly Continues to Change

Introduction

Between 1974 and 1992, median income of individuals aged 65 and over increased in real terms from \$8,674 to \$10,200. Sources of income also shifted, with Social Security and employment-based pensions representing a greater proportion of income and earnings and income from assets representing a smaller proportion in recent years. Individuals with different income levels rely on different sources for income. Higher income individuals rely more heavily on earnings, pension and annuity income, and income from assets, while lower income individuals rely on Social Security for most of their income. The design of Social Security helps assure these results with a benefit formula that delivers larger benefits to those earning the least and a maximum salary cap for taxes and benefit calculation. For example, Social Security provides an income replacement rate of 43 percent at \$20,000 in final salary and 24 percent at the maximum taxable income of \$60,600.⁶ Sources

of income also vary by marital status, with married couples generally receiving a larger portion of their income from earnings and pensions and annuities and a smaller portion from Social Security than nonmarried persons.

Sources of the Elderly's Income

According to EBRI tabulations of the March Current Population Survey (CPS), in 1992, 30.9 million individuals aged 65 or over received an average income of \$14,901. The composition of the elderly's income has shifted over time. Among individuals aged 65 and over, employment-based pensions represented an increasing percentage of income between 1974 and 1992, rising from 14 percent to 20 percent (table 3). Social Security as a percentage of income remained relatively flat over the same period, ranging between 39 percent and 42 percent. Income from assets increased dramatically as a percentage of income between 1974 and 1984, from 18 percent to 28 percent, and decreased to 21 percent in 1992. Earnings decreased from 21 percent of

income in 1974 to 15 percent in 1992. Income from other sources has remained relatively constant, contributing roughly 3 percent of the elderly's annual income.

Income generated from lump-sum distributions, paid out by many pension plans on job change and retirement, may not be accurately accounted for in these income statistics. Individuals receiving a lump-sum distribution may or may not report it as pension income; however, these distributions, if preserved, generate income in retirement.⁷ In 1990, there were 10.8 million distributions, totaling \$125.8 billion, with an average distribution of \$11,700.⁸ Pension benefit payments (primarily from annuities) totaled \$243.3 billion in 1990, increasing to \$290.2 billion in 1992. Social Security benefit payments to the elderly totaled an additional \$223.0 billion in 1990, increasing to \$254.9 in 1992.⁹

The March CPS also significantly underestimates the elderly's income, particularly the role of the pension system in providing retirement income. Because Social Security benefit payments and

⁶ Calculated for normal retirement age of 65 in 1994. See William M. Mercer, Inc., 1994 Guide to Social Security and Medicare (Louisville, KY: William M. Mercer, 1993).

⁷ Individuals are asked if they received any pension or retirement income and if they received regular payments from an individual retirement account (IRA). Therefore, preserved lump-sum distributions may be classified as income from IRAs, Keoghs, and 401(k)s or as income from annuities or income from assets, depending on how they were preserved and how they were received in retirement. In addition, distributions that are preserved in a vehicle that does not allow for regular payments (i.e., an IRA from

which individuals may draw money as they desire, rather than in regular payments) may not be reflected as income, but they may play an important role in individuals' economic status.

⁸ Paul Yakoboski, "Retirement Program Lump-Sum Distributions: Hundreds of Billions in Hidden Pension Income," EBRI Issue Brief no. 146 (Employee Benefit Research Institute, February 1994).

⁹ See Employee Benefit Research Institute, EBRI Databook on Employee Benefits, Third edition (Washington, DC: Employee Benefit Research Institute, forthcoming).

Table 3
Sources of Income of the U.S. Population Aged 65 and Over
by Income Quintile, 1974–1992

Year	Total	Lowest	2	3	4	Highest
OASDI ^a						
1974	42.0%	88.6%	77.7%	74.6%	55.4%	19.9%
1979	42.7	79.1	78.7	71.9	51.9	20.5
1984	40.5	80.2	79.7	68.1	48.0	19.6
1989	38.6	81.5	78.8	65.2	45.8	17.9
1992	41.7	82.6	81.1	69.6	50.5	20.4
Pensions and annuities ^{b,c}						
1974 ^b	14.0	1.5	2.3	4.6	14.4	18.8
1979	14.8	1.1	2.1	5.6	15.7	20.6
1984	15.0	1.2	2.8	8.2	18.5	18.9
1989	17.5	2.0	3.8	10.6	21.1	21.6
1992	20.1	2.1	3.2	10.6	22.9	25.9
Income from assets						
1974	18.2	3.8	4.4	7.4	14.1	25.7
1979	21.5	7.1	9.1	13.1	19.5	28.4
1984	28.2	7.4	8.5	16.5	23.5	38.6
1989	25.2	6.7	9.1	16.1	22.4	33.2
1992	20.5	6.6	8.0	12.6	16.6	27.5
Earnings						
1974	21.3	-3.2	2.8	4.8	11.4	33.8
1979	17.3	0.3	1.6	3.9	9.9	28.8
1984	13.3	0.2	1.5	3.7	8.2	21.3
1989	15.8	0.2	1.7	5.0	8.6	25.3
1992	14.8	-0.4	1.5	4.3	7.6	24.1
Other ^{b,d}						
1974 ^b	4.5	9.3	12.8	8.6	4.7	1.7
1979	3.6	12.3	8.5	5.5	3.0	1.7
1984	2.9	11.0	7.5	3.6	1.8	1.7
1989	2.9	9.7	6.6	3.1	2.1	2.0
1992	3.0	9.1	6.1	2.8	2.4	2.2

Source: Employee Benefit Research Institute tabulations of the March 1970, March 1975, March 1980, March 1985, March 1990, and March 1993 Current Population Surveys.

^aIncludes railroad retirement, disability and survivors' income.

^bIn 1974, the percentage of income of the older population represented by pension income may be overstated and the percentage of income represented by "other" income sources may be understated. Total private pension income of individuals aged 55 and over in 1974 was \$10,451 million; however, because some sources of income in the "other" category are included in private pension income, the actual pension total is overstated by between 2 percent and 12 percent, or is between \$9,221 million and \$10,243 million. Similarly, public pension income in 1974 totaled \$13,603 but is potentially overstated by between 7 percent and 18 percent, falling in the range of \$11,226 million and \$12,638 million. Income from "other" income sources is understated by the amount pension income is overstated.

^cIncludes pension, annuity, survivors, and disability benefits.

^dIncludes public assistance, Supplemental Security Income, unemployment compensation, workers' compensation, veterans' benefits, nonpension survivors' benefits, nonpension disability benefits, educational assistance, child support, alimony, regular financial assistance from friends or relatives not living in the individual's household, and other sources of income.

mated Social Security income by \$54 billion and private and public pension benefits by \$142 billion in 1992, when compared to the statistics reported in the National Income and Product Accounts (NIPA) by the U.S. Department of Commerce, Bureau of Economic Analysis.¹⁰ Pensions likely represent a greater percentage of retirement income than Social Security, because it appears that pension benefits reported in the NIPA do not fully reflect lump-sum distributions.¹¹

The Elderly's Income by Income Level and Marital Status

Sources of the elderly's income vary by income quintile. Earnings, income from assets, and pensions and annuities were a larger source of income for higher income individuals in 1992, while Social Security benefits generally contributed more to the total income of low-income individuals. In 1992, individuals aged 65 and over in the lowest income quintile experienced a loss in earnings in the aggregate, while individuals in the highest income quintile received earnings representing 24 percent of their income (table 3). Similarly, the

pension benefit payments were almost equal in 1992, the percentage of income provided by both sources should be nearly equal. However, the March CPS indicates that, among individuals aged 65 and

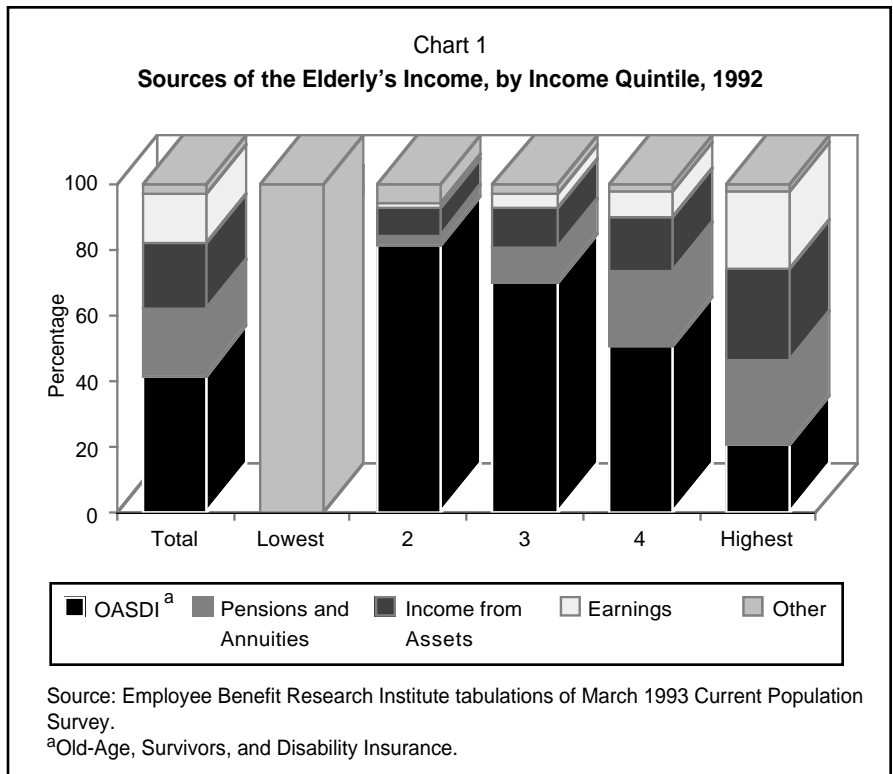
over in 1992, Social Security provided 42 percent of income, and public and private pensions provided 20 percent (table 3). In the aggregate, for individuals of all ages, the March CPS underesti-

¹⁰ See Paul Yakoboski and Celia Silverman, "Baby Boomers in Retirement: What Are Their Prospects?," EBRI Issue Brief no. 151/Special Report SR-23 (Employee Benefit Research Institute, July 1994).

¹¹ *Ibid.*

lowest income quintile received 2 percent of their income from pensions and annuities and 7 percent of their income from assets, compared with the highest income quintile, which received 26 percent of their income from pensions and annuities and 28 percent from assets. While all individuals aged 65 and over relied on Social Security for 42 percent of income, individuals in the lowest income quintile received 83 percent of their income from Social Security, compared with individuals in the highest income quintile, who received 20 percent of their income from Social Security (table 3, chart 1). Social Security can nearly support a continuation of the lower income group's preretirement lifestyle, while higher income individuals must supplement Social Security to achieve the same replacement rates.

Sources of income also vary substantially by marital status. Data on individual income do not provide a full picture of the elderly's income, as many elderly are married and have additional household income. The Social Security Administration¹² provides income statistics by marital status and income quintile.¹³ In 1990, married couples of all income quintiles relied more on earnings than nonmarried



persons (table 4). Married couples in the lowest income quintile received 4 percent of their income from earnings, while nonmarried persons in this quintile received less than 1 percent of their income from earnings in 1990. Similarly, for those in the highest income quintile, earnings represented 34 percent of married couples' income, compared with 15 percent of nonmarried individuals' income. This is likely due to the inclusion of younger spouses of individuals aged 65 and over, who are more likely to be working.

For similar reasons, married couples, other than those in the lowest income quintile, received a smaller portion of their income from Social Security than

nonmarried persons. While there was only a slight difference in Social Security as a percentage of income in the lowest and highest income quintiles, the middle 60 percent of married couples received a much lower percentage of their total income from Social Security than nonmarried persons. For example, 74 percent of income of nonmarried persons in the third income quintile was provided by Social Security, compared with 47 percent of income of married couples (table 4). Married couples generally received a greater portion of their income from pensions and annuities than nonmarried persons. Pensions and annuities provided 9 percent of income of nonmarried persons in the middle income quintile, compared with 21 percent of married couples' income. Nonmarried persons in the highest income quintile relied more on pensions and annuities than married couples in the highest income quintile.

¹² Susan Grad, *Income of the Population 55 or Older, 1990*, U.S. Department of Health and Human Services, Social Security Administration, Office of Research and Statistics, Pub. no. 13-11871 (Washington, DC: U.S. Government Printing Office, 1992).

¹³ Married couples are included if they are married, living together, and at least one is aged 65 or over.

Table 4
Sources of Income by Income Quintile and by Marital Status for
Married Couples^a and Nonmarried Persons Aged 65 and Over, 1990

	Lowest	2	3	4	Highest
Married Couples^a					
OASDI ^b	79.7	63.5	47.1	32.8	14.1
Pensions and annuities	5.4	15.1	21.0	24.6	17.8
Income from assets	5.8	9.3	16.0	21.0	32.9
Earnings	4.0	8.7	13.4	18.7	33.5
Other	5.0	3.5	2.4	2.8	1.7
Nonmarried Persons					
OASDI ^b	76.6	82.5	73.6	50.2	21.7
Pensions and annuities	2.2	3.6	8.8	17.7	20.5
Income from assets	3.3	5.2	10.6	21.2	39.8
Earnings	0.8	1.7	3.2	7.8	15.3
Other	17.1	7.1	3.8	3.2	2.6

Source: Susan Grad, *Income of the Population 55 or Older, 1990*, U.S. Department of Health and Human Services, Social Security Administration, Office of Research and Statistics, pub. no. 13-11871 (Washington, DC: U.S. Government Printing Office, 1992).

^aCouples are included if they are married, living together, and at least one is aged 65 or over.

^bOld-Age, Survivors and Disability Insurance; includes railroad retirement.

Conclusion

The relative importance of various income sources in retirement may change because the Old-Age, Survivors and Disability Insurance (OASDI) program cannot maintain current benefit levels in the future without tax increases. The program is projected to reach a point where benefit payments exceed tax revenue in 2013 and become insolvent in 2029, according to the 1994 annual report of the board of trustees of the Social Security program. Maintenance of the Social Security program will require increased OASDI tax revenue or reduced benefit payments. Current law provides for changes in this direction. The Omnibus Budget Reconciliation Act of 1993 increased the amount of Social Security benefits that are subject to taxation from 50 percent to 85 percent for single individuals with incomes

above \$34,000 (\$44,000 for married individuals filing jointly). In addition, Social Security will provide a smaller benefit for the same amount of lifetime earnings for the elderly in the future, because the age at which full retirement benefits will be paid is scheduled to rise gradually from the current age of 65 to 67 for those attaining this age in 2027 and later. These issues are of greatest income significance to the lowest income elderly, who currently receive over 80 percent of their income from Social Security and to nonmarried persons, who receive a greater portion of their income from Social Security than married couples. They are of the greatest tax burden significance to those still working and to retirees, who will have to pay back a greater portion of benefits in income taxes.

—Celia Silverman, *EBRI*

Public Attitudes on the Value of Benefits, Results of New EBRI/Gallup Survey

Fewer Americans said they would accept a job that did not offer health benefits than the number who said they would accept a job that did not offer pension benefits, according to a recent public opinion survey conducted by EBRI and The Gallup Organization, Inc. Forty percent of Americans said they would accept a job without health benefits, compared with 57 percent who said they would accept a job without pension benefits.

In addition, the proportion of Americans who said they would be willing to accept a reduction in employer contributions to a pension plan for increased health benefits decreased in 1994 from 1993 and 1991. In 1994, 42 percent of Americans said they would be willing to accept such a trade, compared with 65 percent and 60 percent in similar EBRI/Gallup surveys in 1993 and 1991, respectively. The percentage of Americans who said they would be willing to accept a reduction in employer-provided health benefits for increased employer contributions to a pension plan has remained relatively constant at about 32 percent.

“The aging of the baby boomers, concerns about the future of Social Security, and media emphasis on saving for retirement may explain

these changing attitudes,” said EBRI President Dallas Salisbury. “The health reform debate may have also given Americans a sense of security that their health benefits will be taken care of as a result of system reform,” he added.

Twelve percent of Americans said they or a family member had passed up a job opportunity solely because of *health* benefits, which is identical to results in 1993 and 1991. Among these individuals, the most frequently cited reason, from a list of four, was that the prospective employer did not offer health benefits (42 percent), compared with 49 percent in 1993 and 58 percent in 1991. In 1994, 33 percent said the prospective employer’s health benefits coverage provided less coverage than they previously had (21 percent in 1993 and 18 percent in 1991), 11 percent said the prospective employer’s health plan cost too much (19 percent in 1993 and 11 percent in 1991), and 10 percent said they or someone in their family had a medical condition that the prospective employer’s health plan did not cover (9 percent in 1993 and 10 percent in 1991).

“This is an interesting change in the last year for the reasons behind passing up job opportunities; it’s not that workers are finding jobs without health benefits, but that they are finding jobs with fewer health benefits than they already have,” Salisbury remarked.

In addition, the 1994 survey asked Americans which employee

benefit they would choose if they could choose only one; the importance of employee benefits in job decisions; whether they have ever accepted, quit, or changed jobs based on employee benefits; if they have employer-provided health benefits; how much their employer contributes monthly to the cost of their health insurance; how much they contribute monthly to the cost of their health insurance; and how much money their employer would have to pay them annually in order for them to give up their health benefits.

The 1994 survey on the value of benefits was conducted in May and is the fifty-ninth in a series of national public opinion surveys EBRI is conducting on public attitudes toward work force and economic security issues. The surveys, conducted monthly for EBRI by The Gallup Organization, Inc., question 1,000 Americans by telephone. The maximum expected error range at the 95 percent level is ± 3.1 percent.

Copies of the survey report, *Public Attitudes on the Value of Benefits 1994* (G-59), and the 1993 (G-45) and 1991 (G-28) surveys may be ordered by calling (202) 659-0670, for the following prices: EBRI member prices: summary—\$25 each; full report—\$50 each; nonmember prices: summary—\$50 each; full report—\$100 each.

—Carolyn Piucci Pemberton, EBRI

Washington Update

Health Reform—Setting the stage for further action on health reform this year, House and Senate majority leaders have unveiled their respective health reform plans. The House plan (as yet unnumbered), crafted by Majority Leader Richard Gephardt (D-MO), relies heavily on the plan passed by the House Ways and Means Committee June 30, which retains an employer mandate and a new federal Medicare Part C safety net to cover those not insured through the workplace. The plan’s highlights include the following: employers would be required to offer at least one health plan with an unlimited choice of providers and one managed care plan and to pay 80 percent of the premium (the mandate would go into effect in 1997 for employers with over 100 employees and in 1999 for small employers); states would be permitted to adopt single-payer plans; employers with 100 or fewer full-time employees and multiple employer welfare arrangements would not be permitted to self-insure; a requirement that plans other than staff-model and dedicated group-model health maintenance organizations accept any willing provider; a requirement that health plans contract with essential community providers; a stand-by private-sector cost containment measure using Medicare payment rates if costs exceed expectations; and subsidization of present early retirees who currently

have employer-provided health benefits. In addition, the Federal Employees Health Benefits Program would be open to the general public. The financing mechanisms are the same as those in the Ways and Means Committee-passed plan (*Notes*, 7/94).

The Senate plan (S. 2357), introduced by Senate Majority Leader George Mitchell (D-ME), proposes a system of insurance market reforms, purchasing cooperatives, and subsidies designed to achieve 95 percent coverage. If that goal is not achieved by Jan. 15, 2000, a commission would recommend alternatives to Congress on how to meet the target. If, by the end of 2000, universal coverage legislation is not enacted, an employer mandate would automatically go into effect on Jan. 1, 2002 in states with less than 95 percent coverage. Employers with fewer than 25 employees would be exempt from the mandate, while all others would be required to pay 50 percent of the premium costs. Individuals would be required to purchase health insurance; subsidies would be available for employees in small firms exempt from the employer mandate.

The Mitchell plan would require employers to offer a choice of at least three health plans. Employers with fewer than 500 workers would be required to join purchasing cooperatives in which plans would be community rated. Employers with 500 or more workers could self-insure and/or could join to form

large purchasing groups but could not join purchasing cooperatives. The Federal Employees Health Benefits Program would be open to the general public. The plan also requires that health plans contract with essential community providers; permits states to implement single-payer systems; outlines a standard benefits package; and includes a budget safeguard to cut back spending in years that subsidies exceed an initial government-established baseline. In an effort to contain costs, the plan retains the 25 percent tax on high-cost health plans as passed by the Finance Committee. The proposal specifically notes the omission of any willing provider language. The financing package is generally the same as that in the Finance Committee-passed plan (*Notes*, 7/94).

Outlook: Despite its intention to recess beginning Aug. 15, the House has been forced to delay floor debate until that week while writing and scoring the budget impact of various bills proceeds. The House will likely vote on at least four plans: the leadership bill, the single-payer plan (H.R. 1200) (*Notes*, 10/93), the House Republican proposal (H.R. 3080) (*Notes*, 10/93), and a bipartisan plan based in part on a bill introduced by Reps. Roy Rowland (D-GA) and Mike Bilirakis (R-FL) (H.R. 3955) in March (*Notes*, 3/94). A final vote is currently scheduled for Aug. 19, although House leaders warn they will delay recess as long as neces-

sary to complete floor action on health reform.

The Senate began debate Aug. 9, despite pressure on the leadership by Republicans to delay floor action until senators have had a chance to digest the 1,400 page leadership bill. Sen. Phil Gramm (R-TX) has said he will do anything he can to stop the legislation, which has been interpreted as a willingness to filibuster. There are no rules to limit floor debate in the Senate, so floor action could last indefinitely. The mainstream coalition in the Senate has not yet decided on a floor strategy. Also, Senate Minority Leader Bob Dole (R-KS) has completed work on a reform bill but has not yet indicated how he intends to proceed with the plan. The Senate leadership has warned that they will delay recess until floor action is completed on health reform.

The Congressional Budget Office (CBO) recently scored the Senate Finance Committee plan, from which the financing of the Mitchell plan was derived (*Notes*, 7/94). While indicating the plan would reduce the deficit slightly by 2004, the CBO report warned that the chance of achieving the changes required in the proposal is slim. For instance, the tax on high-cost health plans was singled out as being difficult to implement.

Pension Reform (PBGC)—The House Ways and Means Committee passed the administration's PBGC reform bill (H.R. 3396/S. 1780) July 22, agreeing to delete a provi-

**Chairman's Amendment to H.R. 3396,
Retirement Protection Act of 1993
Approved July 22 by House Ways and Means Committee**

A. *Modifications to the Calculation of the Deficit Reduction Contribution for Certain Plans*

The provision in the bill that requires faster amortization of a plan's unfunded new liability would be modified for plans with a current funded liability percentage greater than 60 percent. Such plans would be permitted to amortize their unfunded new liability over approximately a 5 to 14 year period rather than the 5 to 10 year period that results under the bill.

In addition, plans that for any plan year have a current funded liability percentage between 90 and 100 percent after application of the new interest and mortality assumptions contained in the bill would not be required to make a deficit reduction contribution for such plan year.

B. *Modification to Disclosure Requirements*

The provision in the bill that requires pension plan administrators of all underfunded plans to notify plan participants of the plan's funded status and the limits on the PBGC's guarantee should the plan terminate while underfunded would not apply to plans that are at least 90 percent funded.

C. *Miscellaneous Technical Modifications*

The Administration has proposed various technical modifications to the language in H.R. 3396. In addition to certain clerical and technical changes to the bill language, section 403 of the bill relating to the repeal of the small plan recovery ratio under section 4022(c) of ERISA would be deleted.

D. *Deletion of Cross Testing in Defined Contribution Plans*

The provision in the bill relating to cross testing in defined contribution plans would be deleted. The Committee Report would state that the Committee is concerned with reports of significant abuses in the use of the final nondiscrimination regulations promulgated under section 401(a)(4) of the Code that permit cross testing in defined contribution plans. The Committee believes that the Secretary of the Treasury should review its current nondiscrimination regulations in light of these abuses.

sion that would have prohibited the cross-testing of defined contribution plans on a benefits basis (*Notes*, 7/94). Citing concern over "abusive" plans, the language in the amended bill would direct the treasury secretary to review current nondiscrimination regulations

(sec. 401(a)(4) of the Internal Revenue Code). (For details of the amendments approved by the Ways and Means Committee, see box).

The CBO and the Joint Committee on Taxation (JCT) have recently scored the legislation as saving \$495 million over five years.

As amended by the House Ways and Means Committee, CBO and JCT estimate that the bill would save \$932 million over five years.

The Senate Finance Committee, in passing a proposal July 29 to fund implementation of the General Agreement on Tariffs and Trade (GATT), attached the rounding rules provision from the PBGC reform bill as a revenue source (*Notes*, 7/94). The rules would slow cost-of-living adjustments for: compensation limits (sec. 401(a)(17)), the dollar limit on benefits under a defined benefit plan (sec. 415(d)), annual additions on defined contribution limits (sec. 415(c)), elective deferral limits (sec. 401(k)), and simplified employee pension limits (sec. 408(k)). JCT estimates the rounding rules section would yield \$395 million in savings over five years.

Outlook: At press time, the House Education and Labor Committee was scheduled to mark up PBGC reform legislation Aug. 11. The Senate Finance Committee has not yet scheduled markup. It is unclear how the use of a portion of the bill's revenue provisions to fund GATT legislation would ultimately impact the PBGC reform bill as a whole. House Ways and Means Committee staff have been working with administration officials on GATT financing options. A recently obtained list of offsets includes the entire PBGC reform bill, which according to the document would net \$933 million in savings over five

Keeping On Track

The following items are listed to keep you up-to-date on issues that were not specifically addressed in *Washington Update*.

Americans with Disabilities Act

The federal Americans with Disabilities Act, which became law in 1990, was expanded July 26 to cover companies with 15 or more employees. The federal law seeks to protect disabled workers from discrimination and to guarantee equal access and opportunity. Prior to July 26, the act covered companies with 25 or more workers.

Pension Administration

The Labor Department is advising plan sponsors to obtain approval from the Internal Revenue Service before filing privately designed and printed substitute federal forms (such as Form 5500) or face possible penalties. Filers may request a copy of Publication 1167, "Specification for Paper Document Reporting and Generated Tax Forms and Schedules," from the IRS by calling 1-800-TAX-FORM.

Retiree Health Benefits Funding

Present law, set to expire at the end of 1995, allows excess pension assets in certain defined benefit plans to be transferred into a 401(h) retiree health benefits account. In order to help pay for GATT implementation, the Senate Finance Committee voted July 29 to extend the provision to the end of the year 2000, which would reportedly yield \$399 million in savings over five years.

Retirement Income Policy

Sen. Joe Lieberman (D-CT) introduced July 21 the Commission on Retirement Income Policy Act of 1994 (S. 2308) to examine trends in retirement savings, existing federal incentives and programs to encourage and protect retirement savings, and whether new federal incentives and programs are needed to encourage such savings. The bill is the companion to H.R. 199, which was introduced by Rep. Bill Hughes (D-NJ) last year. The bill will not likely see action before session's end.

Social Security

The conference report on the Social Security independent agency bill (H.R. 4277/S. 1560) passed the Senate unanimously Aug. 5, after being approved by House and Senate conferees July 20 (*Notes*, 6/94). At press time, the House was expected to take up the measure Aug. 9.

Social Security Advisory Council

The Social Security Advisory Council held its second meeting in Washington, DC July 29 to discuss the composition of two technical panels and to schedule regional hearings (*Notes*, 7/94). The council tentatively agreed that hearings will be held in Boston, Miami, and Austin on Sept. 29, and in New York City, Chicago, and San Francisco on Sept. 30. A meeting in Washington, DC has been scheduled tentatively for Oct. 21-22.

years. However, some committee members have expressed concern over attaching PBGC reform to GATT legislation.

Entitlement Commission—On July 15, the Bipartisan Commission on Entitlement and Tax Reform heard testimony from the heads of the Federal Reserve Board and the CBO, warning that lawmakers need to act soon to cut federal budget deficits or else face a lower standard of living and the necessity of more drastic remedies (*Notes*, 7/94). Neither Federal Reserve Board Chairman Alan Greenspan nor CBO Director Robert Reischauer identified specific steps for cutting the deficit, although both suggested that both tax and spending changes would be needed.

Separately, the House July 21 approved entitlement control legislation (H.R. 4604) put forward by the House leadership (*Notes*, 7/94). The bill would set entitlement spending targets and require the president and Congress to propose and vote on measures to control, offset, or authorize amounts exceeding the targets. Social Security would be exempt from the bill's provisions. The bill, which would codify entitlement review procedures that came out of last year's budget debate and have since been adopted by the House in its internal rules, has not been considered in the Senate.

Outlook: The commission adopted Aug. 8 an interim report which noted the imbalance between entitlement promises and government funds; the need to address health cost increases; problems surrounding the aging population; and the need to bring Social Security and Medicare spending into long-term balance. Specific reform recommendations are due in December.

Individual Retirement Accounts (IRAs)—Sens. Bill Roth (R-DE) and John Breaux (D-LA) introduced July 21 a "super IRA" bill (S. 2301) that would make fully deductible IRAs available to all taxpayers (*Notes*, 6/94). The bill, among other things, would allow IRAs in which contributions would not be deductible but funds on deposit for at least five years would not be taxed when they are withdrawn. Penalty-free withdrawals would be permitted for first-time home purchases, educational expenses, catastrophic health care expenses, or during long periods of unemployment. Also, some penalty-free withdrawals would be allowed from 401(k) and 403(b) plans.

Outlook: Reps. J.J. Pickle (D-TX) and Bill Thomas (R-CA) are expected to introduce companion legislation in the House. Given the high revenue cost associated with an IRA expansion, passage is unlikely.

Labor-Management Relations—The Commission on the Future of

Worker-Management Relations held a hearing July 25 to debate issues involving the contingent work force. Known as the Dunlop Commission because it is chaired by former Labor Secretary John Dunlop, the group issued a fact-finding report in June and has scheduled a series of hearings over the course of the next several months.

Outlook: The commission is scheduled to issue a final report containing recommendations for revisions in federal labor law sometime in the fall. At press time, the commission was scheduled to meet again on Aug. 10.

Medicare/Medicaid Data Bank—A provision to repeal the Medicare/Medicaid Coverage Data Bank is contained in the Senate Majority Leader's recently introduced health bill (*Notes*, 7/94).

Outlook: If a health reform bill is passed this session, it appears likely that it will include a provision to repeal the data bank. In the event health legislation is not passed or that efforts to delay the reporting requirement are unsuccessful, the first report by employers would be due Feb. 28, 1995.

—Kathy Stokes Murray, *EBRI*

At EBRI

Transitions at EBRI

Celia Silverman, research analyst has left EBRI to pursue a master's degree in business administration at the Darden School at the University of Virginia. In her three years at EBRI, Celia has worked on pension asset and investment issues, trends in pension plans, income sources of the elderly, and has coordinated the research work in producing the upcoming third edition of the *EBRI Databook on Employee Benefits*.

Deborah Milne joined the EBRI staff in July as a research analyst. Deborah recently completed her Masters of Public Administration at Syracuse University. She has worked on a variety of projects examining retirement income and the economics of aging. At EBRI, Deborah will work on pension and retirement income security issues.

Joint EBRI-Government Briefing

More than 35 congressional staffers, government representatives, members of the news media, and others attended the July 19 joint EBRI-government briefing that analyzed the April 1993 Current Population Survey employee benefit supplement. EBRI worked with the Department of Labor, Small Business Administration, and the Social Security Administration. EBRI's analysis of this survey is being published as the August and September *Issue Briefs*, examining employment-based health benefits and employment-based retirement income benefits, respectively.

New Publications

[Note: To order publications from the U.S. Government Printing Office (GPO), call (202) 783-3238; to order congressional publications, call (202) 512-2470. To order U.S. General Accounting Office (GAO) publications, call (202) 512-6000; to order from the Congressional Budget Office, call (202) 226-2809].

Alexander Consulting Group.

COBRA Compliance Guide.

Eighth edition. \$135. Joan Vigliotta, The Alexander Consulting Group, 222 Merrimac St., Newburyport, MA 01950-2850, (508) 465-5374.

Auerbach, Alan J. **The U.S. Fiscal Problem: Where We Are, How We Got Here and Where We're Going.** \$5. NBER Working Paper No. 4709. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138. (Written requests only.)

Boston Consulting Group, Inc. **The Contribution of Pharmaceutical Companies: What's At Stake for America.** Free. Boston Consulting Group, Inc., 135 East 57th St., New York, NY 10022, (212) 446-2800.

The Conference Board. **Current Profit Sharing: A Research Report.** Members, \$25; nonmembers, \$100. The Conference Board, 845 Third Ave., New York, NY 10022-6601, (212) 759-0900.

Chinhui, Juhn. **Wage Inequality and Industrial Change: Evidence from Five Decades.** NBER Working Paper No. 4684.

\$5. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138. (Written requests only.)

Families USA Foundation. **How Americans Lose Health Insurance.** \$10. Families U.S.A. Foundation, 1334 G St., NW, Washington, DC 20005, (202) 628-3030.

Friedland, Robert B., Alison Evans, and Sara Okrend. **The President's Proposal for Health Care Reform: An Overview of the Administrative Structure.** \$10. National Academy of Social Insurance, 1776 Massachusetts Ave., NW, Washington, DC 20036-1904, (202) 452-8097.

Hendricks, Rickey. **A Model for National Health Care: The History of Kaiser Permanente.** \$50. Rutgers University Press, 109 Church St., New Brunswick, NJ 08901, (908) 932-7762.

Intergovernmental Health Policy Project. **State Profiles: Health Care Reform.** Second Edition. \$35. IHPP, 2021 K St., NW, Suite 800, Washington DC 20006, (202) 785-0114.

Johnson, Richard E. **Human Resource Strategy: Staying Ahead of the Curve.** \$49.95. Enterprise Communications, Inc., 1165 Northchase Parkway, Suite 350, Marietta, GA 30065, (404) 859-9166.

Kerber, Beth Ann. **How Employers Are Saving Through Wellness and Fitness Pro-**

- grams.** Second edition. \$79. American Business Publishing, Brinley Professional Plaza, 3100 Highway 138, Wall Township, NJ 07719-1442, (908) 681-1133.
- Mishel, Lawrence. **The Joyless Recovery: Deteriorating Wages and Job Quality in the 1990s.** \$5. Economic Policy Institute, 1730 Rhode Island Ave., NW, Suite 200, Washington, DC 20036, (202) 775-8810.
- National Conference of State Legislatures. **Issues Outlook 1994: A Survey of Current State Legislative Priorities.** \$30. National Conference of State Legislatures, 1560 Broadway, Suite 700, Denver, CO 80202, (303) 830-2200.
- New York Stock Exchange. **Fact Book for the Year 1993.** \$10. New York Stock Exchange, Inc., 11 Wall St., 18th Floor, New York, NY 10005, (212) 656-2089.
- Normand, Jacques. **Under the Influence? Drugs and the American Work Force.** \$39.95. National Academy Press, Marketing Dept., 2101 Constitution Ave., NW, Washington, DC 20418, (202) 334-3180.
- Rodwin, Victor G. **Japan's Universal and Affordable Health Care: Lessons for the United States?** \$12. Japan Society, 333 East 47th St., New York, NY 10017, (212) 715-1214.
- Schieber, Sylvester J., and John B. Shoven. **The Consequences of Population Aging on Private Pension Fund Saving and Asset Markets.** NBER Working Paper No. 4665. \$5. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138. (Written requests only.)
- U.S. Chamber of Commerce. **1994 Analysis of Workers' Compensation Laws.** \$15. Publications Fulfillment, U.S. Chamber of Commerce, 1615 H St., NW, Washington, DC 20062-2000, 800-638-6582 (MD: 800-352-1450).
- U.S. Department of Commerce. Bureau of the Census. (1) **Americans with Disabilities: 1991-92.** (2) **Housing of the Elderly: 1991.** (3) **Population Estimates for Counties and Metropolitan Areas: July 1, 1991.** Order from GPO.
- U.S. Department of Labor. Bureau of Labor Statistics. (1) **Employment Cost Indexes and Levels, 1975-93.** (2) **Payouts from Employee Benefit Plans.** (3) **Displaced Workers, 1987-91.** Order from GPO.
- U.S. General Accounting Office. (1) **Americans with Disabilities Act: Challenges Faced by Transit Agencies in Complying with the Act's Requirements.** (2) **Alternative Work Schedules: Many Agencies Do Not Allow Employees the Full Flexibility Permitted by Law.** (3) **Blue Cross and Blue Shield: Experiences of Weak Plans Underscore the Role of Effective State Oversight.** (4) **District's Workforce: Annual Report Required by the District of Columbia Retirement Reform Act.**
- (5) **Families on Welfare: Focus on Teenage Mothers Could Enhance Welfare Reform Efforts.** (6) **Families on Welfare: Sharp Rise in Never-Married Women Reflects Societal Trend.** (7) **Families on Welfare: Teenage Mothers Least Likely to Become Self-Sufficient.** Order from GAO.
- Washington Business Group on Health. **Managing Health Care for Retirees: Employer Initiatives for the 1990s.** \$20. Washington Business Group on Health, 777 North Capitol, NE, Suite 800, Washington, DC 20002, (202) 408-9320.
- Workplace Economics. **1994 State Employee Benefits Survey.** \$125 single copy; discount for multiple copies. Workplace Economics, P.O. Box 33367, Washington, DC 20033-0367, (202) 223-9191.

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