

# notes

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## ◆ Moving toward a National Retirement Policy—Part Two: Policy Directions

The human tidal wave known as the baby boom generation is beginning to crash across the magic line of age 40, producing evidence of changes in individual preferences, corporate decision making, and public policy deliberations. With the leading edge of this huge population group's retirement just a few years away, it becomes crucial to address certain questions about the future direction of U.S. retirement policy.

### Are Social Security and Medicare secure?

The trust funds are building, but the reserve is being spent. The programs will have a positive cash flow until the year 2016, but it will be downhill from there. Can any payer really afford retiree medical coverage? The government and employers keep cutting back. The Financial Accounting Standards Board insists that employers must account for their accrued unfunded liabilities for promised benefits. Will a defined contribution, rather than defined benefit, approach to funding retiree medical benefits be successful? Can employers afford the Medicare cost shifts included in the latest budget agreement?

### Will defined benefit pension plans survive?

Worries about preservation mount with concern about benefit security and annuitization, fraud, indexation, lump-sum distributions, Internal Revenue Service audits, integration requirements, portability proposals, and funding inflexibility—all leading to employer discouragement. Will the baby boom demand a resurgence of the defined benefit plan in the year 2001?

### Whither defined contribution plans?

Defined contribution plans continue to be heavily marketed, and employee surveys confirm their popularity. But will these plans adequately support people in retirement? As the baby boom ages and begins to reflect on the retirement income that was chipped away by loans, hardship withdrawals, and preretirement lump sums spent on current consumption, what will they

demand? As government assesses the security of guaranteed investment contracts, addresses issues of fraud, questions what should be delivered to whom, and debates portability and preservation, what will the outcome be?

With "Workforce 2000," what do we want to encourage? Is it mobility . . . stability . . . early retirement . . . later retirement . . . inheritable wealth . . . maximum retirement income . . . or simply making employees feel better today?

Without a framework for evaluation there is no explicit national policy, no explicit labor policy, no explicit corporate policy, and no explicit public policy. Yet battles are raging between choice and security . . . between a little for all and adequacy for some . . . between motivation and security . . . between termination lump sums and annuity security . . . between financial flexibility and security . . . between savings and retirement income . . . between mobility and stability . . . between mobility and self-sufficiency . . . and between health financing/cost shifting and health protection.

If the private sector does not make decisions about direction, objectives, and priorities and determine what the goals of employment policy and public policy should be, can we realistically expect the Congress, the president, or the states to do so?

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The private sector's activities in the areas of plan design, communication, and lobbying in recent years illustrate this absence of an overriding principle, objective, or guiding light. Indeed, there appear to be a thousand points of light, versus a single searchlight with a strong, clear beam. As long as this continues to be the case—as long as certain questions remain unanswered—upheaval will continue.

### What are the private sector's goals? What should the goals of public policy be?

Congress seeks to have a contented, productive, happy-to-pay constituency that will keep them in office. That is the same as saying that General Motors wants a satisfied public that will, in effect, cast a vote for GM by buying a GM-produced car. That is the same as a corporation's management seeking to retain market control. In both sectors, there are conflicting considerations that force compromise. In the corporation, human resource needs must be reconciled with the bottom line; in government, the labor view often runs counter to tax considerations. The provision of the recent budget accord linking the pension asset reversion excise tax to retiree medical benefit finance is just such a "marriage."

Projected fiscal deficits and employee benefit cost projections guarantee ongoing scrutiny of all programs and their tax preferences, by both the public and private sectors, for decades to come.

**Action** will often come in response to perceived crisis, wants, or the big play, or in **reaction** to the actions of others:

- **Action:** Coleman Co., First Executive, Michael Milken
- **Reaction:** the Kassebaum/Metzenbaum bill, "junk pensions"/reversions
- **Action:** leveraged buyouts, use of pension asset reversions
- **Reaction:** the Visclosky joint trusteeship proposal
- **Action:** leveraged employee stock ownership plans (ESOPs)
- **Reaction:** reduction of ESOP tax preferences
- **Action:** high market turnover/short-term holds
- **Reaction:** proposals to tax investment turnover/transactions

- **Action:** growth of defined contribution plans with multiple options
- **Reaction:** 404(c) regulations
- **Action:** shift of defined benefit plans to lump-sum payout and growth of primary defined contribution plans
- **Reaction:** preservation proposals
- **Action:** shift of retiree medical plans to a defined contribution approach
- **Reaction:** greater support for Medicare

In the midst of all of this change, the public policy message is unclear. There are numerous issues on the table that appear to be pro-defined contribution: Betts, ERISA enforcement initiative, taxation, joint trusteeship, full-funding limitations, demographics, the global corporation, health care cost escalation, and the availability of nonqualified plans.

No public policy action currently on the table appears to be pro-defined benefit, with the exception of the proposals to modify the full-funding limit and pension simplification. The defined benefit plan still rests on the issues of greater ability to affect employee retention and to manage retirement, greater flexibility in funding approaches and the ability to capture investment gains, the ability to fund retiree medical benefits, and Pension Benefit Guaranty Corporation guarantees.

While government is unlikely to provide clear direction on plan type, the future will bring increased conflict and increased demands for accountability and responsibility.

The future holds great promise for retirement income programs—and great peril. The challenges and the opportunities to determine which will dominate will be substantial.

—Dallas L. Salisbury, EBRI

### ◆ New Retiree Health Accounting Rules May Cause People to Retire Later, EBRI/Gallup Poll Shows

Employers that encourage early retirement yet cut back postretirement health benefits may find themselves in a Catch-22, with a majority of surveyed working Americans (63 percent) indicating they would delay retire-

ment until becoming eligible for Medicare (age 65) if their employers were not going to provide health coverage, according to the EBRI/Gallup poll, a public opinion survey conducted by the Employee Benefit Research Institute and The Gallup Organization, Inc.

Many employers are reevaluating their retiree health benefit programs in light of escalating health care costs and in anticipation of new accounting procedures proposed by the Financial Accounting Standards Board that will require employers to begin listing their estimated future liabilities for those benefits on their balance sheets. At the same time, however, the federal government appears to be moving toward having Medicare pay less of the elderly's health care costs, raising questions about when people should retire and who should finance their health care.

Among nonretired respondents to the EBRI/Gallup survey, 50 percent said they would prefer to retire early—by age 62. Fifty-eight percent of working respondents said they would accept an early retirement offer, an answer that was particularly prevalent among the young (aged 18–34) and higher earners (\$75,000 a year and up). The 34 percent who would keep working tended to be at least aged 55, earn less than \$20,000 a year, be minorities, and have less than a 12th grade education. The remaining 8 percent were uncertain.

When respondents to the survey were asked about income sources in retirement, the expectations of nonretired persons differed significantly from the actual experience of those who are retired. While only 14 percent of nonretired respondents expect Social Security to be their main source of income in retirement, 41 percent of retirees said that the program provides the greatest proportion of their retirement income (table 1).

Table 1  
**"What is/do you expect to be your main source of income in retirement?"**

<b>Retired</b>	
Savings/Investments	16%
Social Security	41
Employer-Sponsored Pension	23
<b>Not Currently Retired</b>	
Savings/Investments	35%
Employer-Sponsored Pension	19
Social Security	14

Source: Employee Benefit Research Institute and The Gallup Organization, Inc., 1990.

Most nonretirees (69 percent) said they have started saving for retirement (particularly those who are married, have a postgraduate education, work for an employer that offers early retirement incentives, earn at least \$75,000 a year, and/or are under age 55). The most common form of retirement saving was personal savings plans (34 percent), followed by 401(k) plans (13 percent) and individual retirement accounts (IRAs) (12 percent). IRAs were more popular among those aged 35–54 (15 percent of whom had IRAs) and those earning at least \$75,000 per year (16 percent). Thirteen percent of respondents reported multiple forms of retirement saving.

The EBRI/Gallup survey, conducted in July, is the 14th in a series of national public opinion polls EBRI is undertaking on public attitudes toward economic security issues such as health, retirement, savings, Social Security, and Medicare. The polls are conducted monthly for EBRI by The Gallup Organization, Inc., which surveys 1,000 Americans by telephone. The maximum expected error range at the 95 percent confidence level is  $\pm 3$  percent.

Copies of the report, *Public Attitudes on Retirement Age and Planning* (#14), may be ordered from Heidi Evans, (202) 775-6319, for the following prices: summary—\$75, full report—\$275; EBRI member prices: summary—\$25, full report—\$75.

—Laura Bos and Stephanie Poe, EBRI

## ◆ More Elderly Receive Retirement Plan Income

The proportion of "aged units"<sup>1</sup> who receive income from public and private retirement plans increased from 1986 to 1988, according to *Income of the Population 55 or Older, 1988*, recently published by the Social Security Administration.

Forty-two percent of aged units 65 or older received income from a pension plan (not including Social Security) in 1988, up from 40 percent in 1986. Married

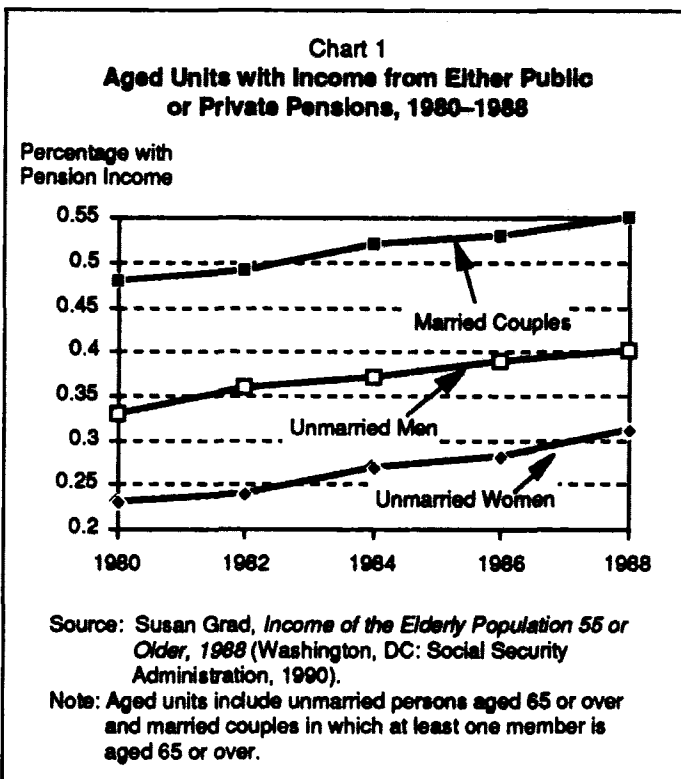
<sup>1</sup>When reporting the income of the elderly population, the Social Security Administration calls any unmarried person aged 55 or older or a married couple in which at least one member is aged 55 or over "aged units." This analysis, however, looks only at the income of aged units in which at least one member is aged 65 or over.

couples (55 percent)<sup>2</sup> and unmarried men (40 percent) were both more likely to receive income from these sources than unmarried women (31 percent). Although differences in pension reciprocity between these groups have existed for many years, the gap has recently narrowed (chart 1), largely due to the increasing labor force attachment of women.

There has not been a significant change in the median level of real annual pension income in elderly households from 1980 to 1988, however. Median private pension income increased at an average rate of 0.4 percent annually, after controlling for inflation, while the median government employee pension income actually declined slightly (0.6 percent average annual rate) over the same period.

More than 90 percent of aged units received income from Social Security benefits in 1988 (table 2). The median Social Security income for all beneficiaries—including persons receiving retired worker benefits as well as those receiving benefits as dependents and

<sup>2</sup>Even if both the husband and the wife of a married couple receive income from a pension plan, the couple is counted as one aged unit with pension income. Therefore, these figures understate the number of people receiving pension income.



**Table 2**  
**Number and Percentage of Aged Units<sup>a</sup> with Income from Various Sources, 1988**

Source of Income	All Aged Units	Married Couples	Nonmarried Individuals
Total (in thousands)	22,280	9,011	13,249
Percentage with:			
Earnings	22%	38%	13%
wages and salaries	18	30	11
self-employment	4	7	2
Retirement benefits	95	96	94
Social Security <sup>b</sup>	92	93	91
benefits other than Social Security	42	55	33
other public pensions <sup>c</sup>	16	20	13
private pensions	29	40	22
Income from assets	68	78	61
interest	66	76	58
other <sup>d</sup>	26	34	20
Veterans' benefits	5	6	4
Unemployment compensation	0	1	0
Workers' compensation	0	1	0
Public assistance <sup>e</sup>	7	3	10

Source: Susan Grad, *Income of the Elderly Population 55 or Older, 1988* (Washington, DC: Social Security Administration, 1990).

<sup>a</sup>Aged units include unmarried persons aged 65 or over and married couples in which at least one member is aged 65 or over.

<sup>b</sup>Social Security beneficiaries may be receiving retired worker benefits, dependents' or survivor benefits, transitionally insured, or special age 72 benefits.

<sup>c</sup>Includes the Railroad Retirement Program and government employee pensions (federal, state, and local).

<sup>d</sup>Includes dividends, rent, royalties, estates, or trusts.

<sup>e</sup>Includes Supplemental Security Income and other public assistance.

survivors of insured workers or disability benefits—was \$6,650. Social Security provides full retirement benefits to all workers who have contributed for at least 10 years. The percentage of income replaced varies inversely with the level of average preretirement earnings.

Private pension plans and government employee pensions provide additional retirement income, particularly for higher earning workers. The median income from private pensions was \$3,586 in 1988, while the median income for government employee pensions was \$8,049. Median private pension income may be low due to large numbers of retiring workers who have completed enough service to fulfill vesting requirements but have not been with a firm long enough to accrue a substantial retirement benefit. The small benefits these workers receive lowers the median private pension income level; they tend to be those who changed jobs late in their careers or women without a strong labor force attachment. The

median government employee pension may be higher due to longer tenure among older workers in the public sector, more generous benefit levels, or both.

Assets also provide an important source of income for aged units, often in the form of interest income. Assets can be particularly important for retirees who were higher earning workers, workers who changed jobs often during their careers, and workers whose careers were interrupted. Sixty-eight percent of aged units received income from assets in 1988, 66 percent from interest accrued on their assets and 26 percent from other assets (dividends, rent, royalties, or trusts). Finally, some aged units (22 percent) have members who continue to work. The median income from earnings is more than \$7,900—higher than the median income from both Social Security benefits and private pension income.

The proportion of income received from various sources depends in large part on the total level of money income. The median income level for all aged units was \$12,173 in 1988. For these units, as well as those with lower levels of income, Social Security benefits provide a large proportion of the aggregate money income (table 3). Public pensions, private pensions, and assets also supply some of the income for these middle-income aged units. Income generated from assets furnishes the highest percentage of aggregate income for higher income aged units (those bringing in more than \$20,000 annually).

Social Security benefits, earnings, and both public and private pensions provide the remaining income for these units. Finally, low-income aged units receive the bulk of their aggregate income from Social Security benefits and public assistance.

The proportion of aged units receiving pension income will likely continue to grow in the 1990s, particularly as more women join the labor force and reduced vesting schedules (introduced by the Tax Reform Act of 1986) begin to take effect. However, the real value of these pension assets is likely to continue to grow slowly or even decline if workers continue to change jobs often. The combination of Social Security, private pension income, and assets ensures the financial stability of the U.S. elderly population.

—Jill Foley, EBRI

### ◆ Washington Update

After months of negotiations, Congress approved a budget resolution (H.R. 5835) Oct. 27 and adjourned for the year. President Bush signed the budget bill into law on Nov. 5. Highlights of key provisions contained in the final budget package follow.

#### Medicare

- Extends the wage cap for the 1.45 percent Medicare payroll tax from \$51,300 to \$125,000 in 1991.

**Table 3**  
**Aged Units<sup>a</sup> by Levels of Total Income:**  
**Percentage Distribution of Income from Various Sources, 1988**

Unit Source of Income	Total	Under \$5,000	\$5,000–\$9,999	\$10,000–\$19,999	\$20,000 or more
Number (in thousands):	22,260	3,132	6,185	6,563	6,380
Total Percentage	100%	100%	100%	100%	100%
Percentage of Income from:					
Retirement benefits	55	82	84	71	43
Social Security	38	79	76	54	23
Railroad Retirement	1	0	1	1	1
government employee pensions	9	1	3	7	11
private pensions or annuities	8	1	4	10	9
Earnings	17	1	3	9	24
Income from assets	25	4	8	17	32
Public assistance	1	14	3	0	0
Other	2	1	2	2	2

Source: Susan Grad, *Income of the Elderly Population 55 or Older, 1988* (Washington, DC: Social Security Administration, 1990).

<sup>a</sup>Aged units include unmarried persons aged 65 or over and married couples in which at least one member is aged 65 or over.

- Holds Medicare Part B premiums at approximately 25 percent of program cost by increasing them gradually from \$28.60 to \$46.20 in 1995.
- Increases the Medicare Part B annual deductible from \$75 to \$100 in 1991.
- Extends through Sept. 30, 1995, the Medicare secondary payer program's current data matching provision and the current provision requiring Medicare to be the secondary payer for disabled beneficiaries who are covered by employer health plans.
- Extends primary employer coverage for end-stage renal disease from the current 12 months to 18 months.
- Extends Medicare coverage of, and application of the Hospital Insurance tax to, all state and local government employees.
- Requires the National Association of Insurance Commissioners to specify (within nine months) the provisions of 10 standard private Medigap policies containing a "core group of basic benefits" to be offered by all insurers, thereby replacing the thousands of policies currently sold. The provision would prohibit the sale of duplicative Medigap policies to individuals.

### Medicaid

- Requires states to pay health insurance premiums and cost-sharing for Medicaid beneficiaries for enrollment under group health plans when cost effective to do so. The term "group health plan" includes plans provided under the continuation-of-coverage rules of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- Permits states to use federal Medicaid matching funds to pay for COBRA continuation coverage—offered by employers with 75 or more employees—on behalf of individuals with incomes at or below 100 percent of poverty and assets at or below twice the Supplemental Security Income level (\$4,000 in liquid assets), in cases in which the state determines that anticipated Medicaid savings from COBRA coverage would exceed the premium costs for those individuals (e.g., HIV-infected individuals);
- Requires pharmaceutical companies to provide discounts for prescription drugs covered under Medicaid.
- Mandates Medicaid coverage for all children under age 19, born after Sept. 30, 1983, in families with incomes at or below the 100 percent of the federal poverty level.

### Asset Reversions

- Increases the excise tax on pension asset reversions from 15 percent to 20 percent if the employer (1) transfers a cushion equal to 25 percent of the excess assets to a qualified replacement plan or (2) provides pro rata benefit increases in the accrued benefits of qualified participants equal to at least 20 percent of the maximum reversion that could be received.
- Increases the excise tax on asset reversions to 50 percent if the employer does not maintain a qualified replacement plan or provide certain pro rata increases.
- Generally applies to reversions occurring after Sept. 30, 1990.

### Retiree Health

- Allows up to five annual tax-free transfers of excess pension plan assets to a 401(h) account to pay for current retiree health care benefits. Excess assets are defined as the greater of (1) the lesser of 150 percent of current liability and the plan's accrued liability or (2) 125 percent of current liability. The provision requires that accrued retirement benefits under the pension plan must be vested as if the plan terminated on the date of the transfer. In addition, the employer is required to maintain retiree health expenditures at least at the same dollar level for retiree health benefits for the four years following the transfer.
- Generally is effective for transfers occurring in taxable years beginning after Dec. 31, 1990, and before Jan. 1, 1996.

### Child Care

- Expands the earned income tax credit and adjusts for family size.
- Creates a low-income credit for the premium costs of health insurance coverage for children.
- Does *not* phase out the dependent care credit and the exclusion for employer-provided dependent care assistance.

### Social Security

- Removes the Social Security trust fund from deficit calculations.
- Extends Social Security coverage to state and local government employees who are not participating in a state or local public employee retirement system.

## Tax Extenders

- Extends for one year certain expired tax provisions, including the 25 percent deduction for health insurance costs for self-employed individuals and deductions for employer-provided education assistance and group legal services.

## Federal Employees

- Suspends for five years the lump-sum retirement option for federal employees effective Dec. 1, 1990.
- Requires Federal Employee Health Benefit Plan carriers to implement certain cost-management measures.

## PBGC

- Increases the Pension Benefit Guaranty Corporation (PBGC) flat premium from \$16 to \$19 per employee.
- Raises the variable rate premium from \$6 to \$9 per \$1,000 of underfunding, up to a cap of \$53 (increased from \$34).

—Nora Super Jones, EBRI

## ◆ New Publications

[Note: To order publications from the U.S. Government Printing Office (GPO), call (202) 783-3238; to order congressional publications, call (202) 275-3030. To order U.S. General Accounting Office (GAO) publications, call (202) 275-6241.]

**New from EBRI**—(1) Andrews, Emily S. **Changes in Pension Plan Coverage and Participation Rates, 1979–1988**. EBRI Working Paper P-54. \$5; (2) Custer, William S. **Health Insurance Coverage for the Near Elderly**. EBRI Special Report SR-9. \$25. First copies free to EBRI members. Employee Benefit Research Institute, 2121 K St., NW, Suite 600, Washington, DC 20037-1896, Attn: Heidi Evans, (202) 775-6319.

American Compensation Association. **Salary Budget Survey**. Members \$50, nonmembers \$40. American Compensation Association, 14040 N. Northsight Blvd., Scottsdale, AZ 85260-3601, (602) 951-9191.

Congressional Research Service. **Reform of the Health Benefits Program for Federal Employees: H.R. 4958**. Order from GPO.

Davis, Mitchell P. **The Yearbook of Experts, Authorities & Spokespersons: An Encyclopedia of Sources**, 8th ed.

\$37.25. Broadcast Interview Source, 2233 Wisconsin Ave., NW, Washington, DC 20007, (202) 333-4904.

Graham-Moore, Brian, and Timothy L. Ross. **Gainsharing: Plans for Improving Performance**. \$32.50 plus shipping. BNA Books Distribution Center, 300 Raritan Center Parkway, P.O. Box 7816, Edison, NJ 08818-7816, (201) 225-1900.

Greenwich Associates. **Suggestion: Stress Strategy**. \$1,000. Greenwich Associates, Office Park Eight, Greenwich, CT 06831, (203) 629-1200.

Kovner, Anthony R., ed. **Health Care Delivery in the United States**, 4th ed. \$23.95, softcover; \$41.95, hardcover. Springer Publishing Company, 536 Broadway, New York, NY 10012-3955, (212) 431-4370.

Lewin/ICF. **The Health Care Financing System and the Uninsured**. Contact library for price. Lewin/ICF, 1090 Vermont Ave., NW, Washington, DC 20005, (202) 842-8939.

Lord, Michele. **It's a Matter of Time: The Report of the Governor's Project on Family Leave**. \$8. New York State Industrial Cooperation Council, 1515 Broadway, New York, NY 10036 (212) 930-0303.

Marsh, Frank H., and Mark Yarborough. **Medicine and Money: A Study of the Role of Beneficence in Health Care Cost Containment**. \$39.95. Greenwood Press, Inc., 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571.

Martin E. Segal Company. (1) **Compendium: A Review of Major Developments in Compensation, Employee Benefits, and Human Resources Management**. Free. (2) **State Employee Health Benefit Plans**. Free. Martin E. Segal Company, 1 Park Ave., New York, NY 10016, (212) 251-5029.

Moffitt, Robert. **The Effect of the Medicaid Program on Welfare Participation and Labor Supply**. Working Paper no. 3286. \$3. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138.

National Health Council. **Long-Term Care: Economic Impacts & Financing Dilemmas**. \$20. National Health Council, Inc., 350 Fifth Ave., Suite 1118, New York, NY 10118, (212) 268-8900.

Neuschler, Edward. **Canadian Health Care: The Implications of Public Health Insurance**. Free. Health Insurance Association of America, P.O. Box 41455, Washington, DC 20018.

Noble Lowndes. **Medical Insurance Cost Trends and Cost Containment Strategies**. Free. Noble Lowndes, 33 Evergreen Place, East Orange, NJ 07019-0835, (201) 675-8900.

Organization for Economic Cooperation and Development. **Health Care Systems in Transition: The Search for Efficiency**. \$30. OECD Publications and Information Center, 2001 L St., NW, Suite 700, Washington, DC 20036-4095, (202) 785-6323.

Pension Benefit Guaranty Corporation. **Study of Leveraged Buyouts and Pension Reversions**. Free. Pension Benefit Guaranty Corporation, 2020 K St., NW, Suite 7100, Washington, DC 20037, (202) 778-8840.

R-C Publications. **The Universal Healthcare Almanac**. \$125. R-C Publications, P.O. Box 35425, Phoenix, AZ 85069.

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Tabellini, Guido. *The Politics of Intergenerational Redistribution*. \$3. Working Paper no. 3058. National Bureau of Economic Research, 1050 Massachusetts Ave., Cambridge, MA 02138.

Texas Alliance for Human Needs. *Spending More and Getting Less: A Comparison of the Cost and Quality of Health Care in Texas, the United States, and the World*. \$3.50. Texas Alliance for Human Needs, 2520 Longview, Suite 311, Austin, TX 78705, (512) 474-5019.

U.S. Congress, Joint Committee on Taxation and Senate Finance Committee. *Simplification of Present-Law Rules Relating to Qualified Pension Plans (S. 2901, the Employee Benefits Simplification Act)*. Order from GPO.

U.S. Congress, Joint Economic Committee. *The Economic Report of the President*. Order from GPO.

U.S. Congress, Senate Committee on Finance. (1) *Medigap Insurance*. (2) *Super IRA Proposal*. Order from GPO.

U.S. Congress, Senate Committee on Governmental Affairs. *Quality of U.S. Health Statistics and to Review Year 2000 Objectives*. Order from GPO.

U.S. Congress, Senate, Special Committee on Aging. (1) *Access to Care for the Elderly*. (2) *Federal Implementation of OBRA 1987 Nursing Home Reform Provisions*.

(3) *Rising Medigap Premiums: Symptom of a Failing System?* (4) *Medicare Coverage of Catastrophic Health Care Costs: What Do Seniors Need, and What Do Seniors Want?* (5) *Medigap Insurance: Cost, Confusion, and Criminality*. (6) *Skyrocketing Prescription Drug Prices: Turning a Bad Deal into a Fair Deal*. Order from GPO.

U.S. Department of Commerce, Bureau of the Census. (1) *Health Insurance Coverage, 1986-88*. (2) *The Need for Personal Assistance with Everyday Activities: Recipients and Caregivers*. (3) *Projections of the Population of the States, by Age, Sex, and Race*. (4) *Statistical Abstract of the United States*. (5) *Transitions in Income and Poverty Status: 1985-86*. (6) *Trends in Income by Selected Characteristics: 1947 to 1988*. (7) *Who's Minding the Kids? Child Care Arrangements: Winter, 1986-87*. (8) *Work and Family Patterns of American Women*. Order from GPO.

William M. Mercer. *An Overview of the Pension Nondiscrimination Rules*. \$50. Contact Dan Gray, William M. Mercer Incorporated, 1001 22nd St., NW, Suite 400, Washington, DC 20037, (202) 223-5910.

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