

Notes

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A T A G L A N C E

Characteristics of the Population With Consumer-Driven and High-Deductible Health Plans, 2005–2013, *by Paul Fronstin, Ph.D., EBRI*

- The population of adults within consumer-driven (CDHPs), high-deductible (HDHP) and traditional health plans was split about 50–50 between men and women in 2013.
- The CDHP population was more likely than traditional-plan enrollees to be in households with \$150,000 or more in income in every year except 2006, 2009 and 2010. They were also more likely to be in households with \$100,000–\$149,999 in income in most years.
- CDHP enrollees were roughly twice as likely as individuals with traditional coverage to have college or post-graduate educations in nearly all years of the survey.
- CDHP enrollees have consistently reported better health status than traditional-plan enrollees, exhibiting better health behavior than traditional-plan enrollees with respect to smoking and (except for 2010 and 2011), exercise, and sometimes obesity rates.

Labor-force Participation Rates of the Population Ages 55 and Older, 2013, *by Craig Copeland, Ph.D., EBRI*

- The labor-force participation rate for those ages 55 and older rose throughout the 1990s and into the 2000s, when it began to level off but with a small increase following the 2007–2008 economic downturn.
- For those ages 55–64, the upward trend was driven almost exclusively by the increased labor-force participation of women, whereas the male participation rate was flat to declining. However, among those ages 65 or older, the rate increased for both males and females over that period.
- This upward trend in labor-force participation by older workers is likely related to workers' current need for continued access to employment-based health insurance and for more years of earnings to accumulate savings in defined contribution (401(k)-type) plans and/or to pay down debt. Many Americans also want to work longer, especially those with more education for whom more meaningful jobs are available that can be performed into older ages.
- Younger workers' labor-force participation rates increased when that of older workers declined or remained low during the late 1970s to the early 1990s. But as younger workers' rates began to decline in the late 1990s, those for older workers continuously increased. Consequently, it appears either that older workers filled the void left by younger workers' lower participation, or that higher older-worker participation limited the opportunities for younger workers or discouraged them from participating in the labor force.

Characteristics of the Population With Consumer-Driven and High-Deductible Health Plans, 2005–2013

By Paul Fronstin, Employee Benefit Research Institute

Introduction

In 2001, a handful of employers started offering health reimbursement arrangements (HRAs)—a then-new type of health plan. The most prevalent HRA-plan design then had a deductible of at least \$1,000 for employee-only coverage along with a tax-preferred account that could be tapped by workers and their families to pay out-of-pocket health care expenses. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 included a provision to allow individuals with certain high-deductible health plans to contribute to a health savings account (HSA).¹ HRAs and HSA-eligible plans are today collectively referred to as consumer-driven health plans (CDHPs).

Initially, projections for growth of CDHPs were strong. In reality, growth has been slow, but steady. By 2013, 23 percent of employers with 10–499 workers and 39 percent of employers with 500 or more workers offered either an HRA- or HSA-eligible plan.² Overall, 26.1 million individuals with private insurance, representing 15 percent of the market, were either in a CDHP or an HSA-eligible plan (Fronstin, 2013).

This article examines the population with a CDHP and how it differs from the population with traditional health coverage. Data from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey and the 2008–2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) are used for the analysis. Differences between the populations with traditional coverage and high-deductible health plan (HDHP) enrollees are also examined. Differences discussed in the remainder of this article are statistically significant. (More information about the data can be found in the appendix.)

Demographic Differences in the CDHP, HDHP, and Traditional-Plan Populations

Gender—Generally, regardless of plan type, the population of adults with private health insurance has been split 50–50 between men and women, and indeed, throughout 2005–2013, about 50 percent of traditional-plan enrollees were male and about 50 percent were female (Figure 1). No statistically significant differences have been found between HDHP enrollees and traditional plan enrollees. However, statistically significant differences in gender have been found between CDHP enrollees and those with traditional coverage in several years. For example, in 2007 and 2008, CDHP enrollees were more likely than those with traditional coverage to be male, and between 2010 and 2012, CDHP enrollees were more likely than those with traditional coverage to be female. There were no statistically significant differences by plan type in 2013.

Marital Status and Children—In 2006–2009 and 2011–2012, HDHP enrollees were less likely to be married than those with traditional coverage. Similarly, in 2006–2007 and 2009, CDHP enrollees were less likely to be married than those with traditional coverage. However, in 2013, CDHP enrollees were more likely than traditional plan enrollees to be married.

HDHP enrollees were less likely than traditional-plan enrollees to be parents in 2006, 2007, 2009, 2011, and 2012. In contrast, CDHP enrollees were more likely to be parents than traditional-plan enrollees in 2010, 2012 and 2013.

Age—In most years, CDHP enrollees were less likely than those with traditional coverage to be between the ages of 21 and 34, and more likely than the population with traditional coverage to be ages 35–44 in 2006, 2010, and 2011. No statistically significant differences between the two groups were found in the percentage between the ages of 45–54, and only in 2009 and 2013 was the population with traditional coverage composed of a larger share of 55–64-year-olds than the CDHP population.

**Figure 1
Selected Demographics, by Type of Health Plan, 2005–2013**

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male									
Traditional ^a	49%	49%	50%	48%	50%	50%	50%	50%	49%
HDHP ^d	53	49	51	50	48	46	47	48	44
CDHP ^c	57	50	57*	54*	52	44	44	44*	47
Female									
Traditional ^a	51	51	50	52	50	50	50	50	52
HDHP ^d	47	51	49	50	52	54	53	52	56
CDHP ^c	43	50	43*	46	48	56*	56*	56*	53
Married									
Traditional ^a	60	74	78	67	78	76	75	76	61
HDHP ^d	61	55*	64*	62*	64*	68	67*	70*	63
CDHP ^c	59	61*	70*	71	70*	67	78	78	70*
Has children									
Traditional ^a	34	42	47	42	44	40	43	43	34
HDHP ^d	33	35*	37*	37	39*	40	39*	38*	36
CDHP ^c	40	44	45	46	49	47*	47	51*	44*
Ages 21–34									
Traditional ^a	27	33	34	33	28	31	27	24	26
HDHP ^d	18*	24*	21*	20*	25	21*	18*	17*	20*
CDHP ^c	20*	24*	20*	23*	28	20*	19*	20	25
Ages 35–44									
Traditional ^a	26	23	22	23	23	23	24	24	23
HDHP ^d	25	25	24	24	24	27*	22	24	23
CDHP ^c	31	32*	31	30	28	36*	30*	27	25
Ages 45–54									
Traditional ^a	29	26	27	26	28	27	27	29	26
HDHP ^d	34	29	30	29	27	28	33*	30	30*
CDHP ^c	34	28	30	28	27	27	30	30	30
Ages 55–64									
Traditional ^a	17	18	18	19	21	19	22	24	24
HDHP ^d	24	22	25*	26*	25	24	27*	30*	27
CDHP ^c	15	16	19	19	16*	16	22	22	21*
White, non-Hispanic									
Traditional ^a	71	71	71	72	70	70	69	71	68
HDHP ^d	94*	83*	78*	77	72	72	74*	74	76*
CDHP ^c	93*	81	75	76	72	78	79*	77*	76*
Minority									
Traditional ^a	28	29	29	28	30	30	31	29	32
HDHP ^d	6*	17*	22*	24	27	28	25*	26	24*
CDHP ^c	7*	19	25	24	28	22	21*	21*	25*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

^b HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

* Difference between HDHP/CDHP and traditional is statistically significant at $p \leq 0.05$ or better.

Similar results were found in comparing the HDHP population with traditional-coverage enrollees. Other than in 2009, HDHP enrollees were less likely than those with traditional coverage to be ages 21–34. They were more likely than those with traditional coverage to be ages 35–44 only in 2010, and other than in 2011 and 2013, there were no differences in the percentages between the ages of 45–54. In 2007, 2008, 2011, and 2012 it was found that the HDHP population included a larger share of 55–64-year-olds than the population with traditional coverage.

Race—With the exception of 2005, CDHP enrollees have only recently (2011–2013) been more likely than traditional plan enrollees to be non-Hispanic white. The 2005 difference may have been due to a small sample size of minorities, which was addressed in 2006. When comparing HDHP enrollees and traditional-plan enrollees, it was found that in 2005, 2006, 2007, 2011, and 2013, a higher percentage of HDHP enrollees were non-Hispanic white. Again, the 2005 finding may also have been due to a small sample size.

Income Differences

CDHP enrollees have been more likely than traditional-plan enrollees to be in higher-income households in most years of the survey. In fact, the CDHP population was more likely than traditional-plan enrollees to be in households with \$150,000 or more in income in every year except 2006, 2009 and 2010 (Figure 2). CDHP enrollees were also more likely than traditional-plan enrollees to be in households with \$100,000–\$149,999 in income since 2007 (2010 is an exception). Since 2007, traditional-plan enrollees have been more likely than CDHP enrollees to be in households with incomes less than \$30,000.

In general, there have been few income differences between HDHP enrollees and traditional-plan enrollees. However, in 2013, HDHP enrollees were less likely than traditional-plan enrollees to be in households with incomes less than \$30,000 and more likely to be in households with \$30,000–\$49,999 in household income.

Education Differences

CDHP enrollees were roughly twice as likely as individuals with traditional coverage to have college or post-graduate educations in nearly all years of the survey (Figure 3). In 2013, 23 percent of CDHP enrollees had graduate degrees and 50 percent had college degrees, compared with 12 percent and 25 percent, respectively, of traditional enrollees. HDHP enrollees were also more likely than traditional-plan enrollees to have college or graduate degrees.

Health-Status Differences

With the exception of 2007, the survey has never found differences in self-reported health status between HDHP enrollees and individuals with traditional coverage. In contrast, in eight out of nine years of the survey (2009 was the exception), it was found that CDHP enrollees were more likely than traditional-plan enrollees to report excellent or very good health (Figure 4). Furthermore, in six of the nine years of the survey (2006, 2007, 2008, 2011, 2012, and 2013), CDHP enrollees were less likely to report being in fair or poor health, although the actual differences were small.

CDHP enrollees exhibit more health-conscious behavior than individuals with traditional coverage. In all years of the survey except 2013, CDHP enrollees were less likely than those with traditional coverage to report that they smoked. Similarly, in all years except 2010 and 2011, CDHP enrollees were less likely to report that they did not regularly exercise. In five years of the survey (2005, 2009, 2010, 2012, and 2013), CDHP enrollees were less likely to have been obese.

With respect to HDHP and traditional-plan enrollees, there were no statistically significant differences in the obese percentage in any years of the survey, and no recent differences in exercise. However, in all years of the survey except 2010, HDHP enrollees were less likely than traditional-plan enrollees to report that they smoked.

Figure 2
Household Income, by Type of Health Plan, 2005–2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Less than \$30,000									
Traditional ^a	15%	12%	15%	14%	11%	14%	11%	8%	11%
HDHP ^b	11	17*	12*	9*	10	4*	8*	8	7*
CDHP ^c	11	13	6*	4*	3*	3*	3*	4*	4*
\$30,000–\$49,999									
Traditional ^a	19	20	18	19	17	17	16	13	14
HDHP ^b	19	30*	18	14*	16	14	16	14	20*
CDHP ^c	22	24	13	10*	10*	11	10*	10	12
\$50,000–\$99,999									
Traditional ^a	34	38	36	36	38	37	37	36	38
HDHP ^b	36	35	38	40	43*	47*	37	36	38
CDHP ^c	33	43	41	40	45*	54*	33	36	35
\$100,000–\$149,999									
Traditional ^a	14	14	14	14	17	15	17	20	19
HDHP ^b	11	5*	14	19*	16	19*	17	16	16
CDHP ^c	13	7*	20*	25*	24*	14	23*	24*	24*
\$150,000 or more									
Traditional ^a	7	7	7	9	10	10	12	16	13
HDHP ^b	4	3*	9	9*	8	7*	14*	16	15
CDHP ^c	9*	4*	11*	15*	10	11	24*	20*	22*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).
^b HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
^c CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
* Difference between HDHP/CDHP and traditional is statistically significant at $p \leq 0.05$ or better.

Figure 3
Education, by Type of Health Plan, 2005–2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
High school graduate or less									
Traditional ^a	32%	38%	42%	33%	35%	38%	34%	30%	33%
HDHP ^b	14*	17*	14*	13*	14*	10*	12*	11*	14*
CDHP ^c	6*	11*	11*	10*	8*	10*	7*	8*	8*
Some college, trade or business school									
Traditional ^a	31	29	29	31	31	28	30	29	31
HDHP ^b	36	36*	30	28	26	26	29	27	29
CDHP ^c	28	33*	24	22*	24*	25	21*	22*	19*
College graduate or some graduate work									
Traditional ^a	24	22	20	24	23	22	24	26	25
HDHP ^b	34	35*	40*	42*	42*	45*	42*	42*	38*
CDHP ^c	46*	41*	41*	44*	46*	44*	48*	46*	50*
Graduate degree									
Traditional ^a	13	11	9	12	11	10	12	16	12
HDHP ^b	16	12	17*	17*	18*	18*	17*	18	19*
CDHP ^c	20*	15	24*	24*	21*	21*	24*	23*	23*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).
^b HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
^c CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
* Difference between HDHP/CDHP and traditional is statistically significant at $p \leq 0.05$ or better.

Employer Size Differences

In the earlier years of the survey (2005–2009), the CDHP population was more likely than the population with traditional coverage to have that coverage through small employers (between two and 49 employees) (Figure 5). More recently (2010–2012), there were no statistically significant differences by employer size between the CDHP population and that of the population with traditional coverage, though in 2013 the CDHP population was more likely than the population with traditional coverage to have coverage through an employer with 500 or more employees.

When comparing HDHP enrollees with traditional-plan enrollees, it was found that, in all years of the survey except 2007, HDHP enrollees were less likely than traditional-plan enrollees to be with large employers (500 or more employees). They were more likely to be from small employers in all years of the survey except for 2010.

Conclusion

While it is very difficult to generalize the differences in characteristics among CDHP enrollees, HDHP enrollees, and individuals with traditional coverage, a few differences stand out.

In most years of the survey, both the CDHP and HDHP populations were less likely to be young (ages 21–34) than the population with traditional coverage. CDHP enrollees had higher incomes than traditional-plan enrollees in most years of the survey, and CDHP and HDHP enrollees have consistently reported higher education levels than traditional-plan enrollees.

CDHP enrollees have consistently reported better health status than traditional-plan enrollees, exhibiting better health behavior than traditional-plan enrollees with respect to smoking and (except for 2010 and 2011), exercise, and sometimes obesity rates. HDHP enrollees have also been consistently less likely than those with traditional coverage to report that they smoke, but no recent differences were found in exercise rates, and differences have never been found in rates of obesity. However, it cannot be determined from the survey whether plan design had an impact on health status, smoking, exercise, or obesity rates, or whether those attributes influenced plan choice.

References

- Fronstin, Paul. "Findings From the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey." *EBRI Issue Brief* no.393 (Employee Benefit Research Institute, December 2013).
- Taylor, Humphrey. "Does Internet Research 'Work'? Comparing Online Survey Results With Telephone Surveys." *International Journal of Market Research* 42, no. 1 (August 2003).

Endnotes

- ¹ See (Fronstin, 2013) for more information about HRAs and HSAs.
- ² See www.mercer.com/press-releases/1565095
- ³ See www.globalopinionpanels.com/home
- ⁴ In theory, a random sample of 2,000 yields a statistical precision of plus or minus 2.2 percentage points (with 95 percent confidence) of what the results would be if the entire population ages 21–64 with private health insurance coverage was surveyed with complete accuracy. There are also other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.

**Figure 4
Selected Health-Status Indicators, by Type of Health Plan, 2005–2013**

Self-Rated Health Status	2005	2006	2007	2008	2009	2010	2011	2012	2013
Excellent/Very Good									
Traditional ^a	42%	54%	49%	56%	59%	59%	58%	60%	56%
HDHP ^b	50	53	54*	54	59	58	56	56	55
CDHP ^c	58*	60*	65*	66*	64	67*	66*	69*	66*
Good									
Traditional ^a	45	35	38	34	32	34	34	32	33
HDHP ^b	36	34	35	34	30	32	34	34	36
CDHP ^c	34	33	29*	30	27	28*	28*	25*	28*
Fair/Poor									
Traditional ^a	13	12	13	10	9	7	9	9	11
HDHP ^b	13	13	10	12	11	10	10	9	9
CDHP ^c	9	7*	6*	5*	8	5	6*	6*	6*
Obese									
Traditional ^a	36	30	27	26	31	29	29	28	27
HDHP ^b	33	28	30	29	28	27	28	27	28
CDHP ^c	26*	30	25	23	23*	22*	25	22*	21*
Smokes Cigarettes									
Traditional ^a	23	24	24	20	18	15	15	14	16
HDHP ^b	14*	18*	14*	15*	13*	12	11*	11*	12*
CDHP ^c	14*	14*	15*	13*	13*	9*	9*	11*	14
No Regular Exercise									
Traditional ^a	24	25	25	25	21	23	24	20	20
HDHP ^b	15*	25	20*	21	19	19	21	18	18
CDHP ^c	16*	19*	17*	17*	13*	20	20	15*	16*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

^b HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

* Difference between HDHP/CDHP and traditional is statistically significant at $p \leq 0.05$ or better.

**Figure 5
Firm Size, by Type of Health Plan, 2005–2013**

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Self-Employed With No Employees									
Traditional ^a	2%	4%	3%	2%	3%	3%	3%	3%	5%
HDHP ^b	9*	9*	9*	7*	7*	5*	9*	9*	6
CDHP ^c	8*	5	6*	7*	5	5	3	5	5
2–49 Employees									
Traditional ^a	15	19	19	16	15	16	16	17	16
HDHP ^b	31*	32*	27*	26*	25*	26	27*	23*	24*
CDHP ^c	39*	32*	28*	25*	21*	23	20	17	16
50–199 Employees									
Traditional ^a	8	10	11	12	11	8	13	8	12
HDHP ^b	9	14	14	13	15*	13*	13	14*	15
CDHP ^c	8	12	11	13	12	12	12	11	9
200–499 Employees									
Traditional ^a	9	8	9	8	10	8	9	9	8
HDHP ^b	6	8	7	7	7*	8	8	10	9
CDHP ^c	5*	10	8	7	7*	7	9	10	8
500 or More Employees									
Traditional ^a	54	45	43	50	48	52	49	54	46
HDHP ^b	33*	29*	36	38*	37*	41*	37*	40*	38*
CDHP ^c	36*	31*	40	42	48	49	49	53	55*

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

^b HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

* Difference between HDHP/CDHP and traditional is statistically significant at $p \leq 0.05$ or better.

Appendix—About the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey

The Employee Benefit Research Institute (EBRI) and Greenwald & Associates created the EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) to examine issues surrounding consumer-directed health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with a health care plan, reasons for choosing a plan, and sources of health information. The 2013 CEHCS is comparable with findings from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care surveys, and the 2008–2012 CEHCS.

The 2013 survey was conducted within the United States between August 8 and August 20, 2013, through a 13-minute Internet survey. The national or base sample was drawn from Ipsos's online panel of Internet users who have agreed to participate in research surveys.³ Two thousand adults ages 21–64 who had health insurance through an employer or purchased directly from a carrier were drawn randomly from the Ipsos sample for this base sample. This sample was stratified by gender, age, region, income, and race. The response rate was 37.2 percent (32 percent for the base sample or national sample, and 44 percent for the oversample). As a non-probability sample, traditional survey margin of error estimates do not apply. However, had the survey used a probability sample, the margin of error for the national sample would have been ± 2.2 percent.

The sample was divided into three groups: those with a consumer-driven health plan (CDHP), those with a high-deductible health plan (HDHP), and those with traditional health coverage. Individuals were assigned to the CDHP or HDHP group if they had a deductible of at least \$1,000 for individual coverage or \$2,000 for family coverage. To be assigned to the CDHP group, they must also have had an account, such as a health savings account (HSA) or health reimbursement arrangement (HRA), with a rollover provision that they could use to pay for medical expenses or the ability to take their account with them should they change jobs. Individuals with only a flexible spending account (FSA) were not included in the CDHP group.

Because the base sample (national sample) included only 180 individuals in a CDHP and 397 individuals with an HDHP, an oversample of individuals with a CDHP or HDHP was added. The oversample included 1,062 individuals with a CDHP. In addition to being stratified, the base sample was also weighted by gender, age, education, region, income, and race/ethnicity to reflect the actual proportions in the population ages 21–64 with private health insurance coverage.⁴ The CDHP oversample was weighted by gender, age, income, and race/ethnicity. More information can be found in Fronstin (2013).

While panel Internet surveys are nonrandom, studies have demonstrated that such surveys, when carefully designed, obtain results comparable with random-digit-dial telephone surveys. (Taylor, 2003), for example, provides the results from a number of surveys that were conducted at the same time using the same questionnaires both via telephone and online. He found that the use of demographic weighting alone was sufficient to bring almost all of the results from the online survey close to the replies from the parallel telephone survey. He also found that in some cases, propensity weighting (meaning the propensity for a certain type of person to be online) reduced the remaining gaps, but in other cases it did not reduce the remaining gaps. Perhaps the most striking difference in demographics found between telephone and online surveys was the under-representation of minorities in online samples.

Labor-force Participation Rates of the Population Ages 55 and Older, 2013

By Craig Copeland, Ph.D., Employee Benefit Research Institute

Introduction

As the baby boom generation ages, the American work force is following suit. In fact, the percentage of workers ages 55 and older has sharply increased.¹ This is occurring during a time when workers are bearing more responsibility for funding their retirement expenses, as private-sector workers today more commonly have a defined contribution (401(k)-type) plan (which typically requires workers to contribute). Employment-based retiree health insurance is increasingly scarce,² and those who have it are likely finding that their share of the cost is increasing. Consequently, more workers are finding it necessary to remain in the work force so they can continue to accumulate additional retirement savings, to forestall withdrawing funds from savings, and/or so they can keep or gain access to employment-based health insurance.

Moreover, the 2014 Retirement Confidence Survey (RCS) found that a growing percentage of workers expect to retire at later ages both because of the reasons described above and/or because of an increased desire to continue to work.³ As a result, the American labor force as a whole is undergoing a significant period of aging that appears likely to continue.

This article examines the most recent U.S. Census Bureau data on labor-force participation among Americans ages 55 and older in 2013, including an analysis of the trends following the economic recession that started in late 2007–early 2008 and the slow recovery thereafter. The labor-force participation rate measures the fraction of individuals within a specific group (in this case those 55 or older) who are working or actively pursuing work.⁴

The first section uses annualized data on labor-force participation from the Current Population Survey (CPS), available from the Bureau of Labor Statistics website. However, these data provide only an overall picture, with few specific demographic details.⁵ In order to examine additional demographic trends of the U.S. population, the second section uses data from the March 2013 Supplement to the CPS.⁶

Overall Annual Labor-Force Participation Rates

The Bureau of Labor Statistics provides annualized numbers for the civilian, noninstitutionalized population and the labor force from the CPS, which is conducted by the U.S. Census Bureau. These numbers are used to calculate the percentage of this population that is in the labor force.

The percentage of civilian, noninstitutionalized Americans near or at retirement age (age 55 or older) in the labor force declined from 34.7 percent in 1975 to 29.4 percent in 1993. However, since then the overall labor-force participation rate of this group has steadily increased, reaching 40.5 percent in 2012—the highest level over the 1975–2013 period—before decreasing to 40.3 percent in 2013 (Figure 1).

The labor-force participation rate for men ages 55 and older followed the same pattern through 2010, falling from 49.4 percent in 1975 to 37.7 percent in 1993 before increasing to 46.4 percent in 2010. In 2011, the men's rate slightly decreased/flattened out to 46.3 percent, but it increased again in 2012 to 46.8 percent before slipping to 46.5 percent in 2013. While the most recent levels are not above the 1975 level, they are clearly still higher than the low point in 1993. On the other hand, the labor-force participation rate of women in this age group was essentially flat from 1975 to 1993 (23.1 percent and 22.8 percent, respectively). But after 1993, the women's rate also increased, reaching its highest level in 2010 (35.1 percent), where it remained from 2011 to 2013.

Within each age sub-group among those ages 55 and older, labor-force participation rates increased from 1975 to 2010. Starting in 2011, the labor-force participation rate continued to rise among those ages 65 years or older (Figure 2), while the rates declined for those ages 55–64. For those ages 65 and older, the rate increased from 13.7 percent in 1975 to 18.7 percent in 2013.⁷ For those under 65, the rate reached 73.3 percent in 2010 for those ages 55–59 (up from 65.1 percent in 1975), while among those ages 60–64, the rate reached 55.2 percent in 2010 (compared with 48.2 percent in 1975). Yet, by 2013, the rates for both of these groups decreased to 72.4 percent and 55.0 percent, respectively.

The increase in labor-force participation for the age groups below age 65 was primarily driven by the increases in female labor-force participation rates, as the male labor-force participation rates of those ages 55–59 and 60–64 were lower in 2013 than they were in 1975 (Figure 3). The male age groups of individuals ages 65 or over showed trends that were flat to increasing (ages 65–69 having the only significant increase). However, the overall trend among each male age group ages 65 and older has been upward since 1993, with each age sub-group above its 1975 level.

In contrast, female labor-force participation rates for those ages 55–59 and 60–64 increased sharply from 1975–2013, despite some leveling off in 2010–2013 (Figure 4). The 1975 rate for females ages 55–59 was 47.9 percent, compared with 67.2 percent in 2013. The older female age sub-groups also trended upward, though not as sharply as the 55–64 age groups.

Labor-Force Participation Rates: March Supplement to the CPS

This section examines labor-force participation rates using the March Supplement to the CPS in order to show greater detail about demographic trends. The civilian, noninstitutionalized population is analyzed, along with the portion of this population that is employed, looking for a job, or on a layoff (meaning the entire labor force). Since these rates are for March 2012 (the most recent available data from this source), they are different from the annual numbers presented in the previous section. However, the same trends outlined in the first section also are present here (Figure 5): The overall participation rate reached a low point in 1992, and then increased through 2010, leveling off in 2011 with an increase again in 2012. The male rate followed somewhat the same U-shape trend except for a slight decline in 2011 preceding an increase in 2012. In contrast, the trend among females was essentially upward across the entire time period.

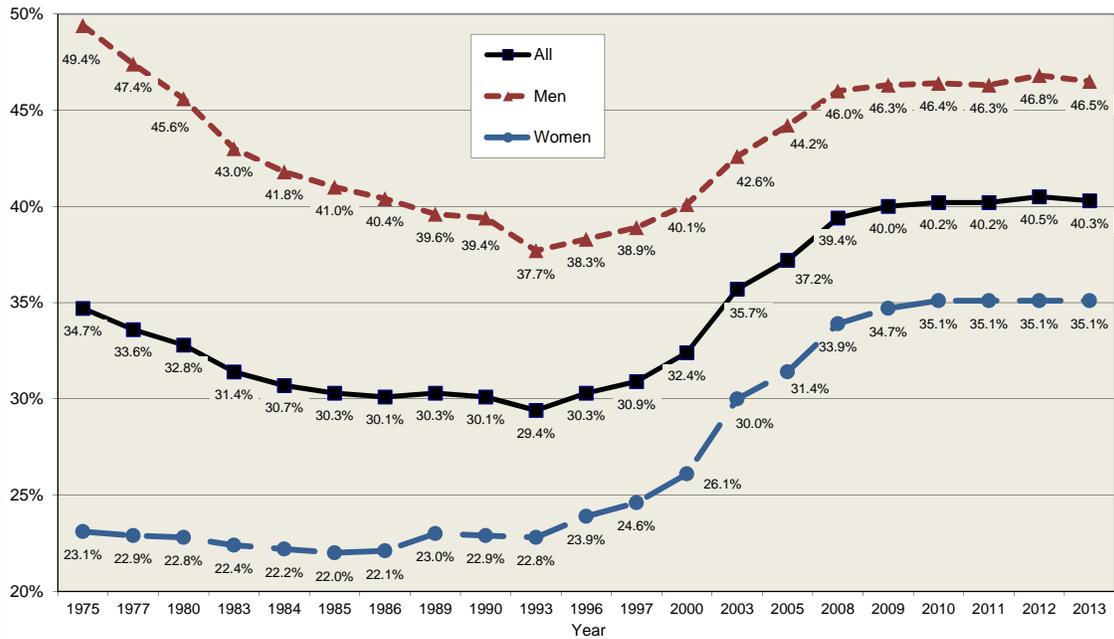
Race/Ethnicity—Labor-force participation is higher than it was in the middle 1990s across each race/ethnicity group examined (Figure 6). White Americans and those in the “other” category have had higher rates of labor-force participation in the most recent years. Hispanic Americans’ rate was just below that of white Americans, with Black Americans having the lowest labor-force participation rate. In 2012, the participation rates increased for white and Hispanic Americans, but declined for the black and “other” race/ethnicity categories.

Educational Level—The labor-force participation rates of those ages 55 and older showed relatively small changes from 1987–2012 across each educational-attainment group (Figure 7). However, the labor-force participation rates of those with a higher level of education showed an upward trend from 1993 that flattened out in the most recent years, including declines for those with graduate and professional degrees in 2010–2012, and for those with college degrees in 2011–2012. The rates for those with lower levels of education showed a flat-to-slight upward trend over that period, with some increases in 2010–2012. Overall, as workers’ educational attainment increased, their labor-force participation rate also increased. For example, in 2012, 60.7 percent of individuals with a graduate or professional degree were in the labor force, compared with 23.9 percent of those without a high school diploma.

Conclusion

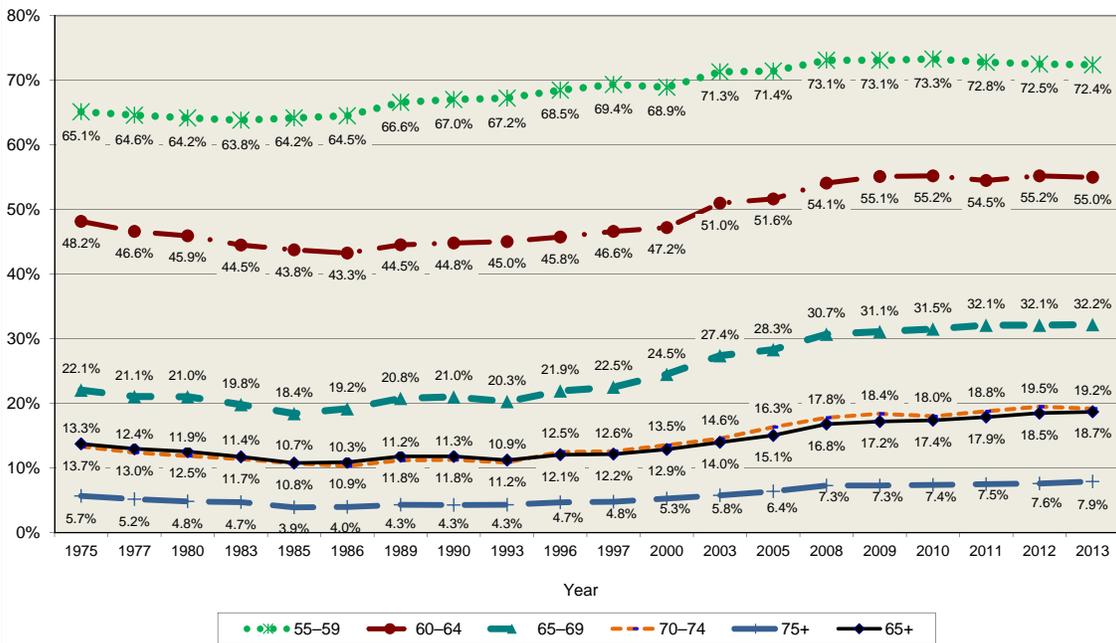
The labor-force participation rate for those ages 55 and older rose throughout the 1990s and into the 2000s, when it began to level off but with a small increase following the 2007–2008 economic downturn. For those ages 55–64, the

Figure 1
Annual Civilian Labor-Force Participation Rate for Americans Ages 55 and Older, by Gender, 1975–2013



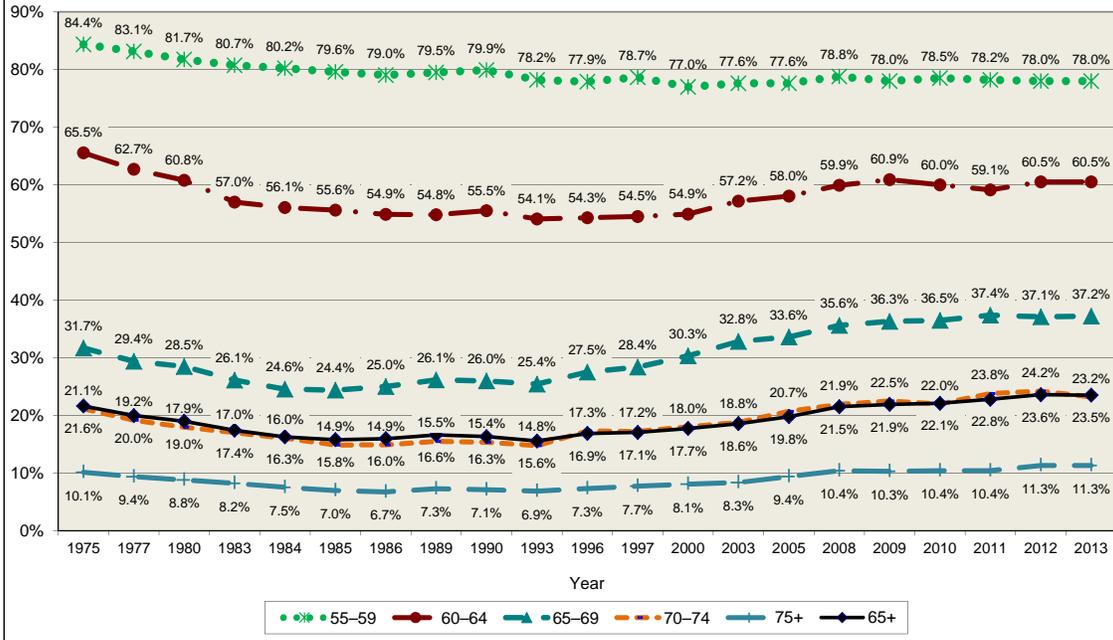
Source: U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey--Civilian Labor Force Participation Rate," <http://www.bls.gov/data/home.htm>

Figure 2
Annual Civilian Labor-Force Participation Rate of Americans Ages 55 and Older, by Age, 1975–2013



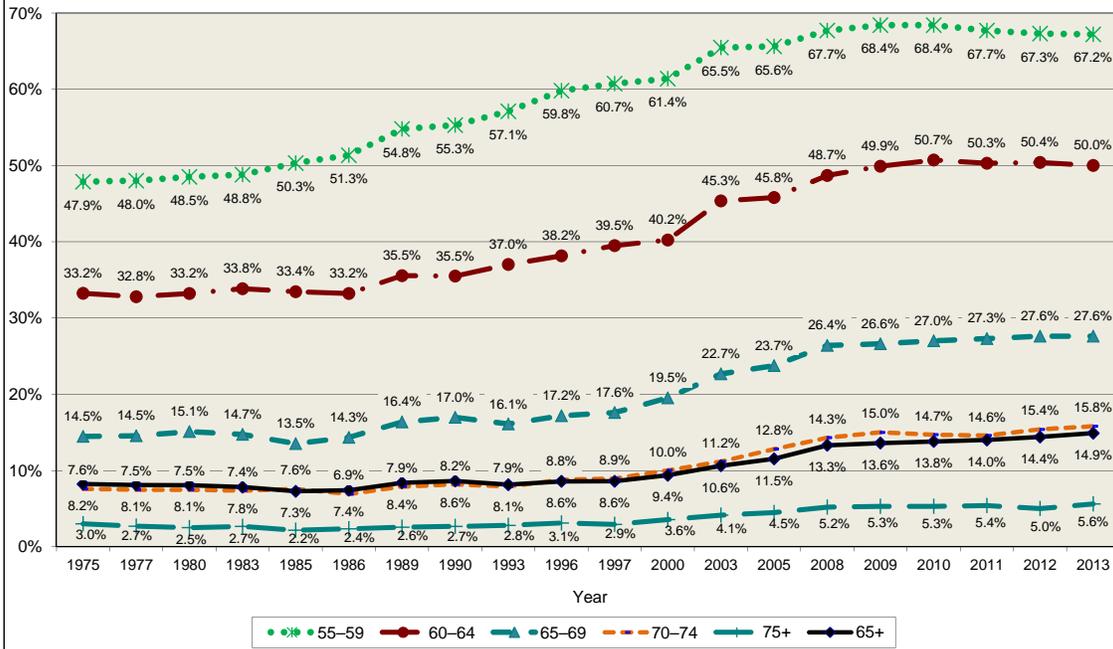
Source: U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey--Civilian Labor Force Participation Rate," <http://www.bls.gov/data/home.htm>

Figure 3
Annual Civilian Labor-Force Participation Rate of American Males Ages 55 and Older, by Age, 1975-2013



Source: U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey--Civilian Labor Force Participation Rate," <http://www.bls.gov/data/home.htm>

Figure 4
Annual Civilian Labor-Force Participation Rate of American Females Ages 55 and Older, by Age, 1975-2013



Source: U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey--Civilian Labor Force Participation Rate," <http://www.bls.gov/data/home.htm>

upward trend was driven almost exclusively by the increased work force participation of women, whereas the male participation rate was flat to declining. However, among those ages 65 or older, labor-force participation increased for both males and females over that period.

This upward trend in labor-force participation by older workers is likely related to workers' current need for continued access to employment-based health insurance⁸ and for more years of earnings to accumulate savings in defined contribution (401(k)-type) plans and/or to pay down debt. Older Americans, particularly those in the private sector, increasingly have considerably less access to guaranteed levels of income (such as pensions) or health insurance benefits when they retire (outside of government programs). Continued employment provides the opportunity for a source of income outside of Social Security, more of a chance to get their financial situations in better condition, or to postpone making tough financial and/or life style decisions.

However, financial concerns are not the only incentives involved here. There also is an increased desire among many Americans to work longer, particularly among those with more education, for whom more meaningful jobs are available that can be performed well into older ages. The recent economic downturn did not alter the trend of older workers in the labor force; rather, it appears that this remained the trend, as more opportunities for older workers exist that correspond to their increased educational attainment.

In fact, the increase in the percentage of those 55 or older in the labor force increased with the higher incidence of more highly educated people in this age group. This was seen particularly with the sharply increased share of those 55 or older in the labor force with bachelor's and/or graduate degrees that occurred from 1987 through 2003 (19.4 percent in 1987 to 32.2 percent in 2003), after which more gradual increases resulted, reaching 36.7 percent in 2012 (Figure 8). In contrast, the percentage with no high school diploma decreased sharply during those years, from 26.7 percent in 1987 to 11.0 percent in 2003, before continuing to fall to 7.2 percent in 2012.

This increase in the labor-force participation rate of those 55 or older has led to a discussion of whether older workers, particularly those with higher educational attainment, are displacing or preventing younger workers from obtaining employment. During periods of economic growth, an increase in the number of both older and younger workers could result, but with flat growth in the number of workers, it is not clear whether older workers are preventing younger workers from obtaining employment, or if the total number of workers would have been even lower without the extended participation of older workers.

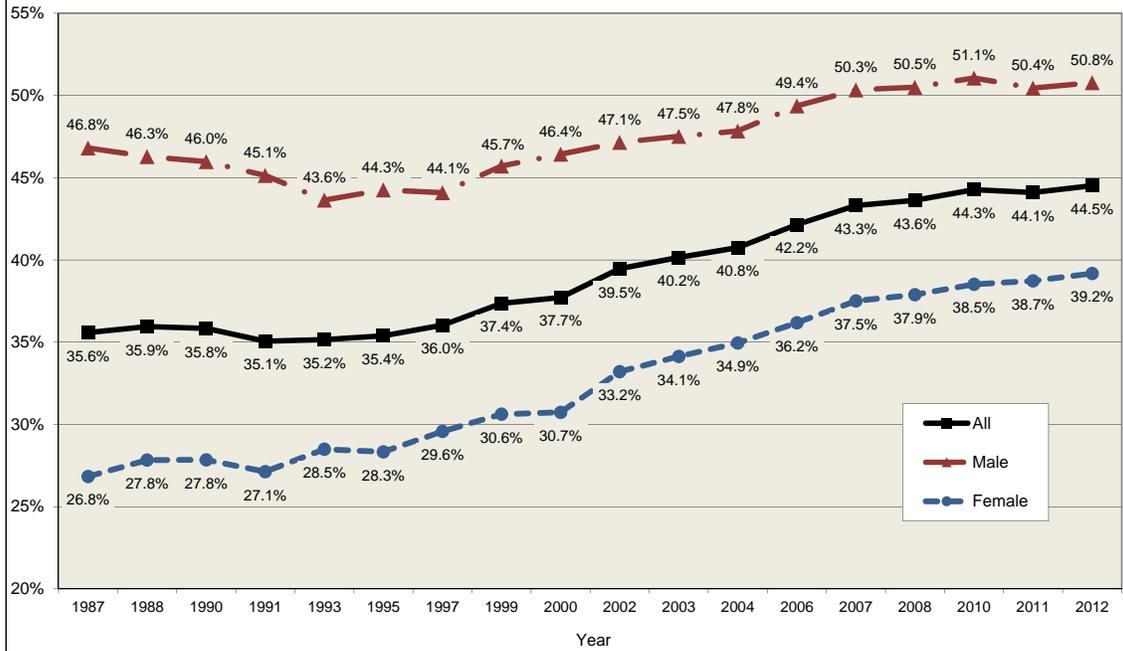
Regardless, two results are clear from the data.

First, the labor-force participation rates of younger workers increased when that of older workers declined or remained low during the late 1970s to the early 1990s, but as the labor-force participation rates of younger workers began to decline in the late 1990s, the rates for the older workers continuously increased (Figure 9). Consequently, it appears either that older workers filled the void left by younger workers' lower participation, or that higher older-worker participation limited the opportunities for younger workers or discouraged them from participating in the labor force.

Second, the percentage of older workers increased steadily from 1997 to 2012, while the percentage of younger workers declined during this period (Figure 10). In 1997, workers ages 25–54 accounted for 83.9 percent of all workers ages 25 or older, while those ages 55–64 accounted for 12.0 percent, and those ages 65 or older, 4.1 percent. By 2012, those ages 55–64 represented 19.2 percent, and those 65 or older 7.0 percent, while the percentage of workers 25 or older represented by those ages 25–54 had fallen to 73.8 percent. Again, these concurrent trends raise the question: Are older workers filling the void or displacing opportunities for younger workers?⁹

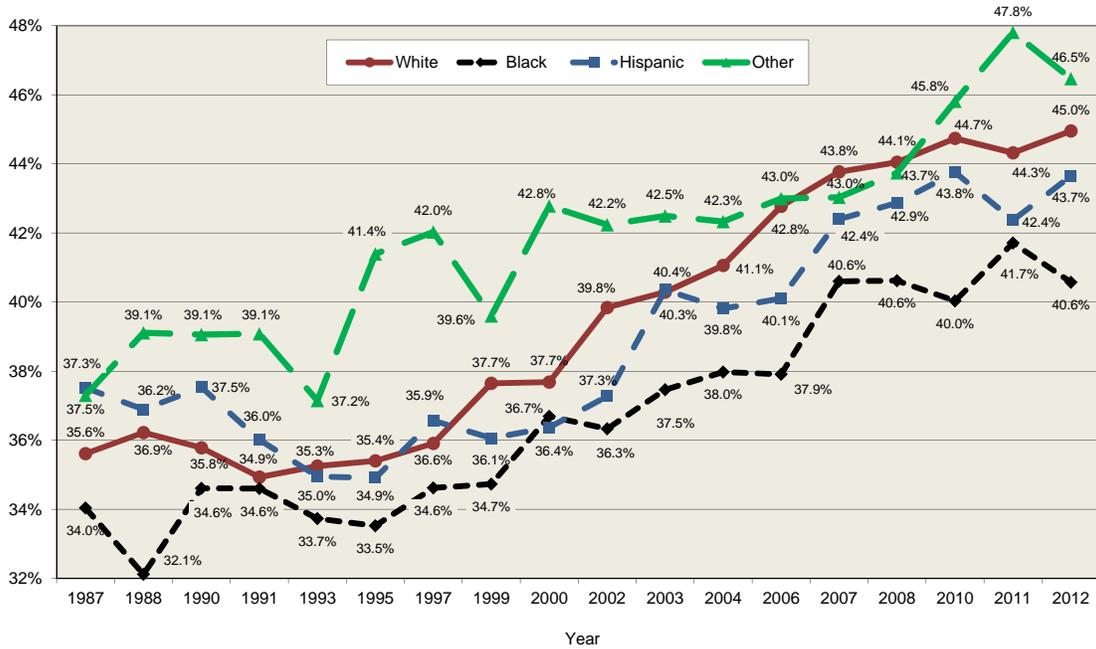
Nevertheless, older workers are more plentiful in the labor force today, whether a result of financial circumstances related to the lack of sufficient or adequate accumulation of resources for retirement or because of the desire to

Figure 5
Civilian Labor-Force Participation Rate for Americans
Ages 55 or Over, by Gender, March 1987–2012



Source: Employee Benefit Research Institute estimates from 1988-2013 March Current Population Survey.

Figure 6
Civilian Labor-Force Participation Rate for Americans
Ages 55 or Over, by Race/Ethnicity, March 1987–2012



Source: Employee Benefit Research Institute estimates from 1988-2013 March Current Population Survey.

continue to remain actively engaged and productive. Whatever their motivation(s), the trends beg the question: Will all workers who need to increase their financial resources be able to find jobs, particularly now that the participation trend favoring higher educational attainment has leveled off?¹⁰ Continued employment in old age is an aspiration for some and perhaps a financial reality for others. It is, however, not something on which workers should depend for the financing of their retirement expenses. Therefore, as many workers have already discovered, or may discover in the future, the road to and through retirement is not always smooth.

Endnotes

¹ For the trend in the percentage of workers by age group from 1987–2004, see Jack VanDerhei, Craig Copeland, and Dallas Salisbury, *Retirement Security in the United States*. Washington, DC: Employee Benefit Research Institute, 2006. In 1987, 28.5 percent of workers were ages 45 or older, compared with 39.8 percent in 2004. By 2012, this number had grown to 44.7 percent.

² See Paul Fronstin and Nevin Adams, "Employment-Based Retiree Health Benefits: Trends in Access and Coverage, 1997–2010," *EBRI Issue Brief*, no. 377 (Employee Benefit Research Institute, October 2012).

³ See Ruth Helman et al. "The 2014 Retirement Confidence Survey: Confidence Rebounds—for Those with Retirement Plans," *EBRI Issue Brief*, no. 397 (Employee Benefit Research Institute, March 2014).

⁴ The labor-force participation rate is a measure of those in a particular group working or actively pursuing work, which is different from the share of those actually working who fall into a specific category.

⁵ See U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey—Civilian Labor Force Participation Rates," available at <http://www.bls.gov/data/home.htm> See also Craig Copeland, "Labor Force Participation Rates of the Population Age 55 and Older, 2011: After the Economic Downturn," *EBRI Notes*, no. 2 (Employee Benefit Research Institute, February 2012): 2–8, for an earlier analysis of these data.

⁶ The U.S. Census Bureau conducts the CPS for the Bureau of Labor Statistics by interviewing about 57,000 households and asking numerous questions about individuals' work status, employers, income, and basic demographic characteristics. Therefore, the CPS provides detailed information about workers from a broad sample of Americans, making it possible to establish a consistent, annual, and timely trend across numerous worker characteristics and the characteristics of their employers.

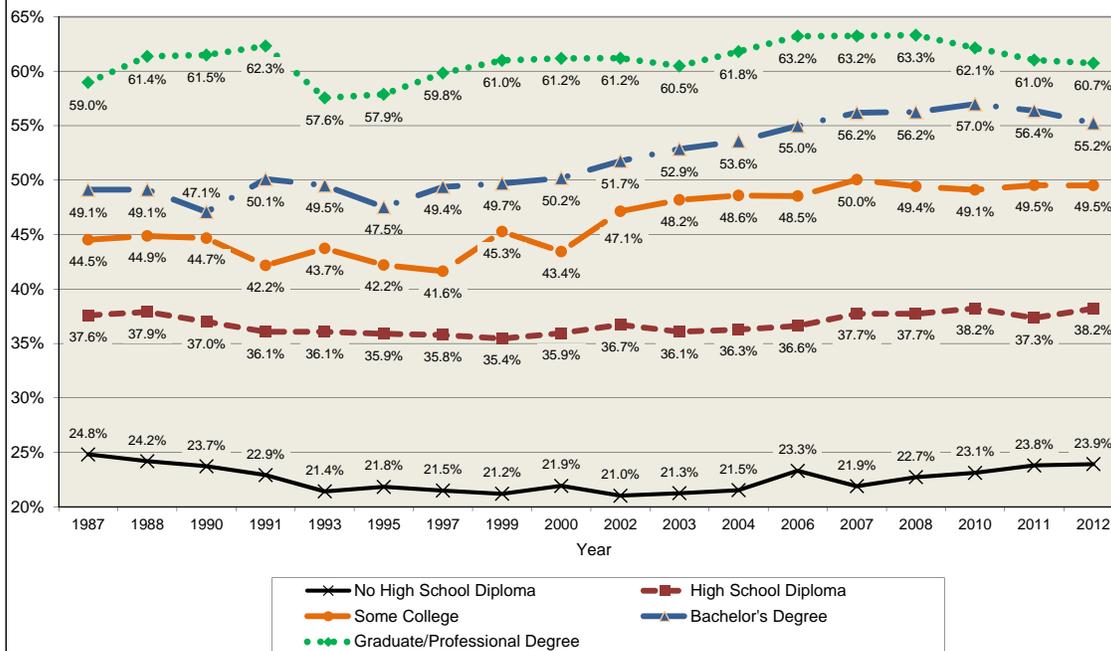
⁷ There was a small decline in the labor-force participation for those ages 70–74 in 2013. However, the 2013 level was still above the 2011 level.

⁸ Any changes that result from the Patient Protection and Affordable Care Act of 2010 (federal health care legislation enacted in March 2010) that has yet to go into effect or full effect could change this dynamic, such as the availability of more affordable health insurance options for people this age.

⁹ See news articles such as Matt Sedensky, "Are Older Workers Taking Jobs From Young? USA Today. January 4, 2014 (<http://www.usatoday.com/story/money/business/2014/01/04/will-surge-of-older-workers-take-jobs-from-young/4305187/>) and Alicia Munnell and April Yanyuan Wu, "Are Aging Baby Boomers Squeezing Young Workers out of Jobs? *Brief* no. 12-18 (Center for Retirement Research at Boston College, October 2012) (http://crr.bc.edu/wp-content/uploads/2012/09/IB_12-18-508.pdf) for further discussion and analysis of this topic.

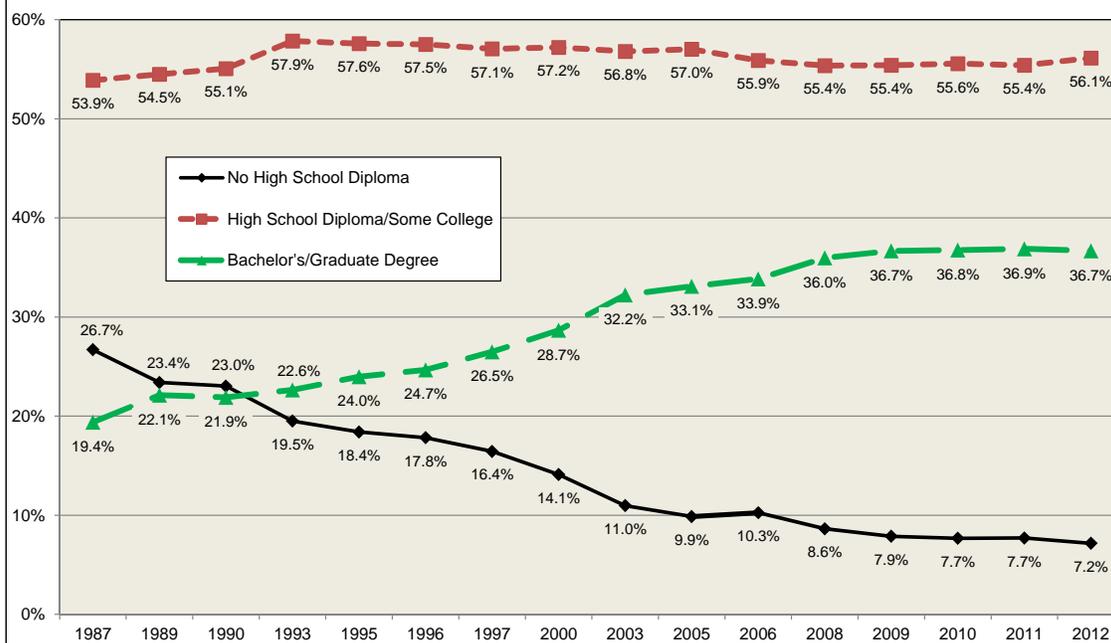
¹⁰ See Helman, et al, (2014, Endnote 3), which found from the 2014 Retirement Confidence Survey that the percentage of workers saying they planned to work for pay in retirement was 65 percent, while just 27 percent of retiree respondents reported that they had worked for pay in retirement. See Gary Burtless, "Can Educational Attainment Explain the Rise in Labor Force Participation at Older Ages?" *Brief* no. 13-13 (Center for Retirement Research at Boston College, September 2013) (http://crr.bc.edu/wp-content/uploads/2013/08/IB_13-13.pdf) for an analysis of future labor-force participation of older workers.

Figure 7
Civilian Labor-Force Participation Rate for Americans
Ages 55 or Over, by Educational Level, March 1987–2012



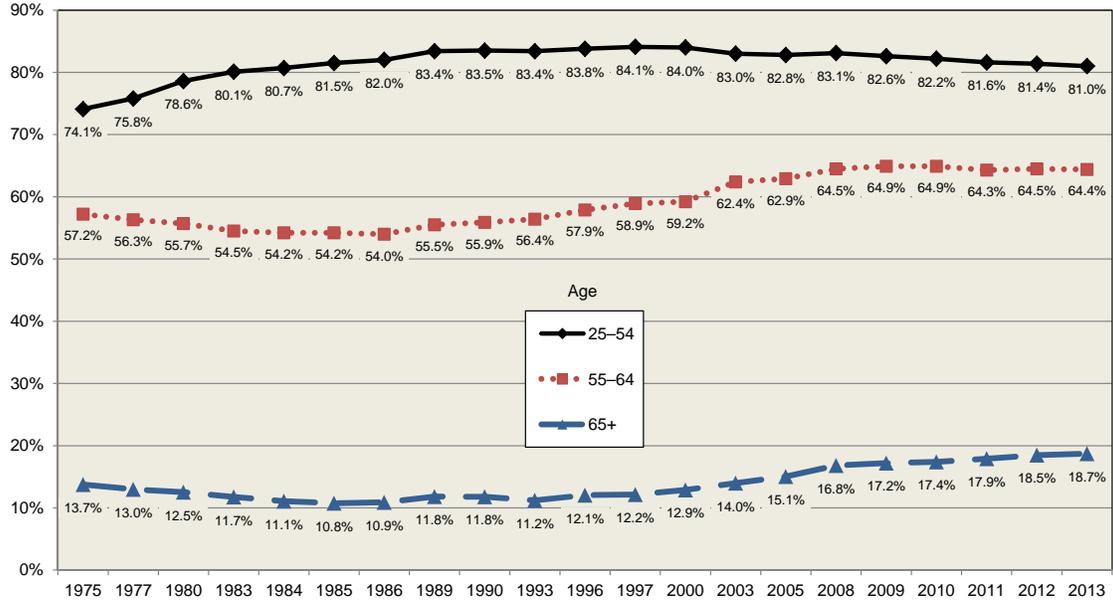
Source: Employee Benefit Research Institute estimates from 1988–2013 March Current Population Survey.

Figure 8
Educational Status of Civilian American
Workers Ages 55 or Over, March 1987–2012



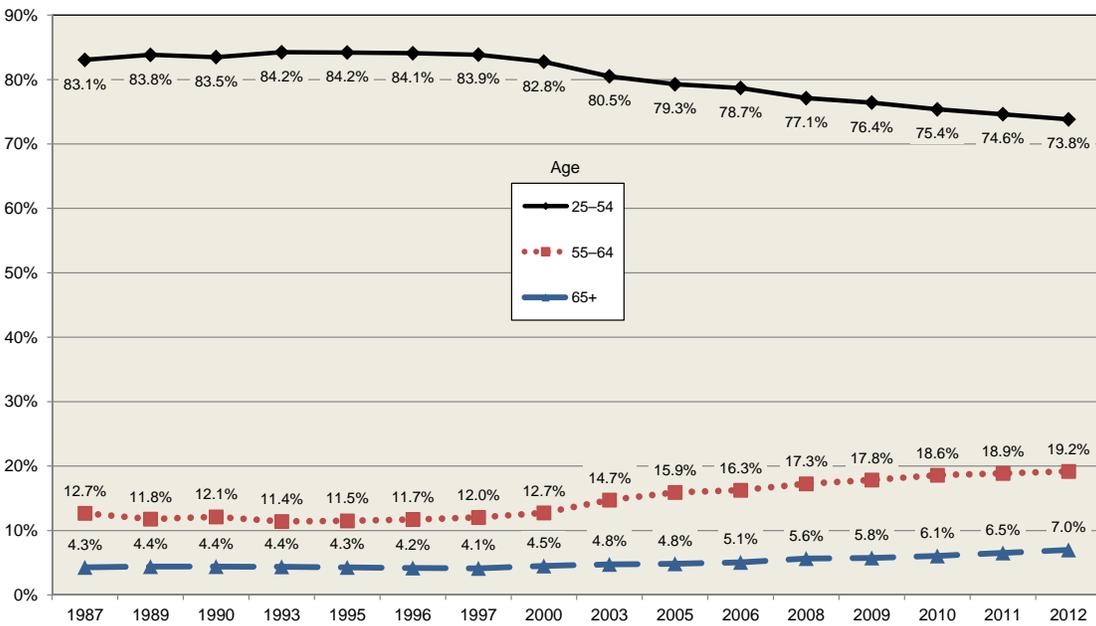
Source: Employee Benefit Research Institute estimates from 1988–2013 March Current Population Survey.

Figure 9
Annual Civilian Labor-Force Participation Rate for Americans Ages 25 and Older, by Age, 1975–2013



Source: U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey—Civilian Labor Force Participation Rate," <http://www.bls.gov/data/home.htm>

Figure 10
Distribution of Civilian American Workers Ages 25 or Over, by Age, March 1987–2012



Source: Employee Benefit Research Institute estimates from 1988–2013 March Current Population Survey.

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