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THE SOCIAL SECURITY & MEDICARE
ADVISOR©

February 2022, Volume 27, Number 2

When Will You Stop Paying Social Security Taxes?

If you receive Social Security, there's a better than 50% chance that a portion of your Social Security benefits could be taxable. In 2020, the Congressional Research Service reported that the average amount of federal income taxes owed on Social Security benefits was about 6.6% of Social Security benefits. While the tax varies by income, households affected were expected to pay, on average, an estimated $3,211.

Unlike other federal income taxes, the revenues received from taxation of Social Security benefits are credited to the Social Security and Medicare Trust Funds. And even more unlike other federal income taxes, Congress hasn't adjusted the income thresholds that subject Social Security benefits to taxation in 37 years.

The lack of adjustment has led to both a growing number of Social Security recipients who pay the tax, and a growing amount of their benefit that is subject to taxation. In 1984 when the tax on benefits became law, fewer than 10% of beneficiaries paid federal income taxes on their benefits. Today the Social Security Administration projects that as many

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More Than Half of Medicare Part B Premium Increase Due to New Alzheimer's Drug

Aduhelm, the pricey new Alzheimer's drug is credited with adding about half of the $21.60 per month Medicare Part B cost increase this year. It's $56,000-per-patient price tag is responsible for half of the biggest Part B increase (dollar-wise) in the history of the program. The 14.5% Part B increase set off a contentious

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How Much Would Your Social Security Benefit Be if COLAs Were Tied to the Medicare Part B Premium Increase?

By Mary Johnson, editor

Raise your hand if you've ever wondered how much higher your Social Security benefits would be if your benefits were tied to the percentage of increase in Medicare Part B premiums, instead of the consumer price index. That was the first thing I wanted to know when the 14.5% Medicare Part B premium increase was announced last fall.

I sat down and ran the numbers. It's a lot more. A whole lot. If the annual Social Security Cost-of-Living Adjustment (COLA) were tied to the percentage of increase in Medicare Part B premiums, benefits over the past decade would be 42 percent higher in 2022! Our COLA is shortchanging us and failing the very people it's supposed to protect.

Medicare Part B premiums are the fastest-growing cost that most older Americans face in retirement, but those costs aren't fairly accounted for by the method used to adjust Social Security benefits for inflation. This is a

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Benefit Bulletin

Rick Delaney,
Chairman of the Board, TSCL

New Federal Protections Against Surprise Medical Bills Take Effect, But Rely on Patients Knowing Their Rights

By Rick Delaney, Chairman of the Board

It's a new year, and that means your doctor's office, hospital, and outpatient services departments have a fresh batch of forms for you to sign. It's more important than ever to read those forms before signing! You don't want to inadvertently agree to significantly higher costs because you signed away your rights to new federal protections against surprise medical bills. Email we receive indicate that too many of you have received surprise bills in the past and, as a result, some of you are carrying debt that you haven't been able to pay off.

While the new law against surprise medical bills has taken effect, it's effectiveness in reducing costs will rely on the patient's vigilance and understanding of the new rights, according to the details of new brief from the Kaiser Family Foundation. Surprise medical bills refer to bills from out-of-network doctors, hospitals, or other providers that you did not choose (such as a radiologist that you never saw when getting a scan.) Studies have found that these surprise bills happen a lot—in almost one-out-of-every 5 visits to the emergency room. They can also arise during in-network hospitalizations for non-emergency care when using one or more out-of-network providers.

While surprise medical bills potentially could happen to anyone, they are particularly a problem for those of you enrolled in Medicare Advantage plans. This is especially so for those who are enrolled in a Medicare Health Maintenance Organization (HMO) which contracts with a specific network of healthcare providers.

The new law:

- requires private health plans to cover out-of-network claims and apply what you would otherwise owe for in-network cost-sharing (deductibles, co-pays or co-insurance), and,
- prohibits doctors, hospitals, and other covered providers from billing patients more than in-network cost sharing amount.

But there are exceptions if patients give *written consent* to out-of-network services, by signing forms waiving their rights to the new protections. Ironically the form is entitled "Surprise Billing Protection Form." Beware! While providers are not allowed to ask patients to waive their rights for emergency services or for certain other non-emergency services, *providers can refuse care if consent is denied.*

The new protections apply to emergency services provided in hospital, and freestanding emergency departments. It applies to air ambulance transportation but not ground ambulances. It applies to services provided in a hospital following an emergency visit, known as "post stabilization care." Finally, it also covers non-emergency services provided by out-of-network providers who provide services at in-network hospitals and other facilities. This could include, for example, an anesthesiologist, or other provider who might not be employed directly by your network hospital, but instead bills independently, and may not be part of your health plan.

Due to the way the regulations are written, TSCL believes that oversight and enforcement will rely on complaints from patients. But in order to complain, patients will need to understand that they should not be overbilled for emergency services or by out-of-network providers who provide services for in-network hospitals. Based on our experience, most of the public doesn't know all that much about the ins and outs of their healthcare coverage, how billing should work, or their rights to federal protections. This is especially true for Medicare recipients. How Medicare beneficiaries and their families will be educated about the new rights is yet to be determined. ■

Source: "No Surprises Act Implementation: What to Expect in 2022," Karen Pollitz, Kaiser Family Foundation, December 10, 2021.

Legislative Update

Middle Income Americans Play Disproportionate Role in Financing Social Security

By Shannon Benton, Executive Director

Meet Leonard S. Schleifer, the CEO of Regeneron Pharmaceuticals. If that company name sounds familiar—it should. Regeneron is the maker of a monoclonal antibody cocktail that's used in the treatment of COVID-19 patients.

When Schleifer started his first workday of 2020 at 9AM, he met his Social Security payroll tax obligation for the entire year by 11:07 AM! After just 2 hours and 7 minutes of work, he paid no further Social Security taxes on the balance of his earnings—all $135,212,421 of it. For Mr. Schleifer, 2020 was a fantastic year! His total compensation in fiscal year 2020 was $135,350,121.

Based on the way the U.S. tax code is designed, the higher the income one has, the more one usually has to pay. But that's not how Congress designed Social Security's financing structure. The 12.4% Social Security payroll tax applies to the first dollar of earnings—but only up to a certain taxable maximum, which was $137,700 in 2020 and after adjustment for inflation, is $147,000 in 2022. After reaching the taxable maximum, neither workers or their employers pay anything more in Social Security taxes—no matter how much they earn.

But the same is not true for the vast majority of U.S. workers who pay Social Security taxes on 100% of their earnings—every single dollar they earn. According to the U.S. Census Bureau, the median (middle) household income in 2020 was $67,521, well below the $137,700 taxable maximum that year. According to the Social Security Administration, 6% of workers have earnings above the taxable maximum, and almost 20% of current and future workers are projected to have earnings above the taxable maximum in at least one year.

Now, meet John and Jane Doe who are over the age of 65. In 2019, they had an income of $54,796—roughly the national median income for a married couple their age. During their working years, they both paid Social Security taxes on every dollar they earned. And while they worked hard and have some savings, they worry that it may not be enough to last through a 25-year retirement.

Many of the high costs of Medicare came as a surprise to John and Jane after getting good insurance coverage at work.

Shannon Benton, Executive Director

Today, in order to make their savings last longer, both have reduced spending compared to what they spent prior to retirement. Recently John had surgery for cancer. Now he's not certain where the money will come from to pay the high out-of-pocket costs of chemo. John and Jane could use a boost to their Social Security benefits, a stimulus payment, and help with high prescription drug costs, just to name a few.

> Based on the way the U.S. tax code is designed, the higher the income one has, the more one usually has to pay. But that's not how Congress designed Social Security's financing structure.

But let's return to Mr. Schleifer. The vast majority of those of you who participated in our Senior Surveys—72%—think that the Social Security payroll tax should be applied to all earnings. Had this one change been in place in 2020

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CONGRESSIONAL CORNER

Congress Needs to Prioritize Healthcare

By Representative Troy A. Carter, Sr., (LA-2)

Representative Troy A. Carter, Sr., (LA-2)

It's been two years since the first COVID-19 case was found in the United States. With over 800,000 Americans lost to the virus, our country will never be the same. However, this moment has led to a refocusing on what is most important: our community's health and well-being.

I was honored to be elected to Congress this April to represent the people of southeast Louisiana. While I am one of the newest members, it's a point of pride that during the first few months of my tenure I was able to vote for some of the most transformative shifts in healthcare policy since the Affordable Care Act.

The COVID-19 pandemic has brought telehealth services into the spotlight, a program that has been especially important for seniors. However, inequitable access to affordable broadband also took center stage as more people stayed home and moved online.

The Infrastructure Investment and Jobs Act, for which I was proud to vote, became law in November. This Infrastructure Law puts over $114 billion into expanding and improving broadband, laying fiber, and continuing the Emergency Broadband Benefit to provide low-cost internet access.

Additionally, the Infrastructure Law provides the largest ever investment in clean drinking water, by replacing lead pipes and service lines, and shoring up our water management systems for the long-term.

However, the biggest vote I have taken for healthcare and for our nation's seniors was for the President's Build Back Better Act. This wide-ranging bill includes several different measures that would transform our nation's healthcare system for the better.

One such programs will lower the cost of prescription drugs and insulin. Twenty-five percent of Americans who take prescription drugs struggle to afford them. By allowing Medicare to negotiate prescription drug costs, we take the power away from Big Pharma, and lower the cost of life-saving medicine. President Biden's plan caps the amount that seniors on Medicare would spend on prescription drugs each year at $2,000 a year.

Around 13% of Louisiana adults are diagnosed with diabetes, and access to insulin can mean life or death. Louisianans typically pay between $175–$300 in out-of-pocket costs every month, but the Build Back Better Act would cap out-of-pocket costs for insulin at $35 a month starting in 2023. These policies are gamechangers for seniors, especially those on fixed incomes.

Build Back Better also would provide $150 billion in investments in home- and community-based services, establish a new health insurance affordability fund, close the Medicaid coverage gap, and expand Medicare to include hearing care coverage.

Mental healthcare is healthcare and Build Back Better includes millions to support the behavioral health needs of family caregivers, those with intellectual and developmental disabilities, and provides mobile crisis intervention services at the state level.

Those are just some of the metamorphic changes for healthcare in Build Back Better. Just one of these policies would be a success for my constituents and all Americans. Together, they are groundbreaking.

If this pandemic has taught us anything, it is to value our health, our loved ones, and life's special moments. It is my sincere hope that Congress will start 2022 off right by prioritizing healthcare and passing Build Back Better. ■

The opinions expressed in "Congressional Corner" reflect the views of the writer and are not necessarily those of TSCL.

What do You Think? Take TSCL's Senior Survey

Your responses to TSCL's annual online Senior Survey help millions of others understand issues of importance to Social Security and Medicare beneficiaries, and to evaluate popular support for solutions to some of our stickiest problems. Your answers also help The Senior Citizens League (TSCL) bring you better services to meet your needs and priorities. Visit TSCL online at www.SeniorsLeague.org.

ASK THE ADVISOR

Has Congress Fixed Medicare Solvency Problems Yet?

Q: It seems that we haven't heard anything about whether Congress will take action to fix Medicare's insolvency issues. Is this correct?

A: You haven't missed anything, but we might all miss Medicare hospital coverage in as little as three years if Congress doesn't get to work on it immediately! So far as we have been able to learn, Congress has not yet considered legislative provisions that would strengthen Medicare Part A financing.

Medicare does have a solvency problem. Medicare Trustees projected last year that the Hospital Insurance Trust Fund—Medicare Part A—would become insolvent by 2026. But since the federal government's 2026 fiscal year actually starts on October 1, 2025, that puts us only three years away from Part A insolvency.

Unlike Medicare Part B (which pays for doctors and outpatient services) or Part D (prescription drug coverage), which are funded in part by premiums and in part from general federal revenues, the Part A Trust Fund receives almost all of its funding through payroll tax deductions from earnings. The 1.45% tax, which is matched by employers for a total of 2.9%, is deducted from all wages earned. There is no taxable maximum cap as there is for Social Security. In addition, high earners with incomes of $200,000 and up (individuals) or married couples with incomes of $250,000 and up, are subject to an additional 0.9% Medicare tax on earnings in excess of the threshold amount.

The Medicare Trustees however, say that for the Part A

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as 56% of households receiving Social Security benefits will pay taxes on a portion of their benefits in coming years.

Up to 85% of Social Security benefits can be included in taxable income of recipients whose "provisional" income exceeds the income limits. Provisional income is determined by adding the adjusted gross income, plus otherwise tax-exempt income, plus 50% of Social Security benefits. (AGI + tax exempt income + 50% of Social Security benefits = provisional income). Social Security benefits are taxable for single filers with provisional incomes of more than $25,000 and married couples filing jointly with provisional incomes of more than $32,000. Had these income thresholds been adjusted for inflation since 1984, the $25,000 level would today be about $68,400 and the $32,000 level would be $87,550.

Social Security Trustees have estimated that the Social Security Trust Fund will receive $34.5 billion in revenues from the taxation of Social Security benefits in 2021 and that will jump to more than $45 billion for 2022. That big jump is primarily due to the rising number of new retirees and does not factor in the impacts of the 5.9% Cost-of-Living Adjustment (COLA) received in 2022.

TSCL is working for passage of Social Security legislation that would adjust these income thresholds to enable more middle income retired and disabled Americans to keep more of their benefits. Responsible legislation would need to ensure that revenues lost to the Social Security and Medicare Trust Funds due to adjusting the income thresholds are replaced from other sources of revenue. To learn more about this, see our Legislative Update "Middle Income Americans Play Disproportionate Role In Financing Social Security."

Editor's note: Consider the impact that your 5.9% COLA may have on your tax situation for 2022. You might prefer to pay taxes throughout the year to avoid a big bill at tax time or worse, an underpayment penalty. You can request money be withheld from your Social Security benefit by filing Form W-4V with the Social Security Administration, requesting to have 7%, 10%, 12% or 22% of your monthly benefit withheld for taxes. You can also have taxes withheld from other income, such as IRA withdrawals or a pension. Finally, you may opt to send quarterly estimated tax payments to the IRS with Form 1040-ES. ■

Sources: "Social Security: Taxation of Benefits," Congressional Research Service, June 12, 2020, RL32552. "Income Taxes on Social Security Benefits," Patrick J. Purcell, Social Security Administration, December 2015, No. 2015-02

More Than Half of Medicare Part B Premium Increase Due to New Alzheimer's Drug; continued from page 1

uproar from beneficiaries and advocates, including TSCL, because Part B costs continue to grow so much faster than the Cost-of-Living Adjustment, which erodes the buying power of Social Security benefits over time.

TSCL thinks it's a stretch to justify a premium increase that high, especially in light of the fact that Medicare had not issued a coverage determination for Aduhelm prior to the premium announcement. Even worse, only a month after the Part B premium increase was announced in November, Aduhelm manufacturer Biogen cut the price of its drug by about half, to $28,200 after facing slower than expected sales with complaints that the high cost was not worth the benefits.

Meanwhile, all Medicare beneficiaries are still paying about $11.50 more per month for Part B premiums based on the higher price tag. Legislation, stalled in the Senate, that would reduce prescription drug costs won't help with the problem. Although the Build Back Better Act would cap Medicare beneficiaries' out-of-pocket spending for Part D drugs at $2,000 per year, that provision would not help with the cost of Aduhelm. The drug is administered intravenously in a doctor's office and would be billed under Medicare Part B, instead of Part D. The estimated 20% co-insurance at the new lower price would be $5,640 a year.

Aduhelm, however, is highly controversial in other ways as well. Although Medicare typically covers drugs approved by the U.S. Food and Drug Administration (FDA), Aduhelm was approved despite objections from the FDA's own scientific advisory panel, because clinical trials did not demonstrate the drug to be effective. In addition, side effects, which include brain swelling and bleeding, require close monitoring, and potentially, expensive magnetic resonance imaging (MRI) scans. The costs of these services due to side effects haven't been estimated and would drive up Part B costs even further.

TSCL strongly feels that the portion of the Part B premium increase attributable to Aduhelm should be reduced. TSCL favors rolling back the Medicare Part B premium in 2022 from $170.10 per month to roughly $158.50, the amount that the Medicare Trustees estimated the Part B premium would increase without the cost of Aduhelm.

This would protect beneficiaries from unjustified Part B premium costs and would allow Medicare to make a determination based on the true merits of the drug. Given the high cost of the drug and the serious side effects, it remains to be seen whether physicians will be enthusiastic about prescribing Aduhelm. ■

Sources: "FDA's Decision to Approve New Treatment for Alzheimer's Disease," Dr. Patrizia Cavazzoni, Director, FDA Center for Drug Evaluation and Research, June 7, 2021. "Medicare Urged to Flex Its Power and Slash Back Premium Hike," Ricardo Alonso-Zaldivar, Associated Press. *"What Retirees Could Expect in 2022," Mark Miller, Morningstar, December 7, 2021. "Biogen Halves Price of Alzheimer's Drug to $28,200," Amruta Khandekar,* Reuters, *December 20, 2021.*

Middle Income Americans Play Disproportionate Role in Financing Social Security; continued from page 3

and applied to all compensation, (including the value of stocks received) Social Security would have an additional $16,765,187 in payroll taxes from Mr. Schleifer alone. That doesn't include the other 6% of workers who earn more than the taxable maximum. Mr. Schleifer's Social Security taxes would be enough to boost benefits by $360 per year for roughly 46,570 people. People like John and Jane Doe. People like you.

TSCL continues to work for enactment of legislation that would:

- provide a modest benefit boost,
- adjust the federal income tax thresholds that subject Social Security benefits to taxation, allowing moderate-income retirees to keep more of their benefits, and
- pay for these changes by applying the Social Security payroll taxes to all earnings so that everyone pays their fair share. ■

*Sources: National Median Income for 2021, U.S. Census Bureau, September 14, 2021. Equilar/*New York Times *200 Highest Paid CEO's, June 11, 2021. 2020 Profile of Older Americans, Administration for Community Living, U.S. Department of Health and Human Services.*

How Much Would Your Social Security Benefit Be if COLAs Were Tied to the Medicare Part B Premium Increase? continued from page 1

major source of erosion in the buying power of Social Security benefits.

If the Social Security COLA equaled the percentage increase in Medicare Part B, from 2013 to 2022, a benefit of $1,155 would be about $593 per month higher in 2022 (that would be $7,116 more in 2022.). Had the COLA equaled the increase in Part B premiums, retirees with an average benefit of $1,115 per month in 2012 would have pocketed an extra $32,608 from 2013 through 2022!

As high as the 2022 Part B premium increase is, Medicare premiums routinely have increased about three times faster than COLAs over the past decade. From 2013 to 2022, the COLA increased benefits by 18.8 percentage points while Medicare premiums grew by 57.2 percentage points as illustrated in the chart.

The Social Security COLA is provided to protect the buying power of Social Security benefits, but the COLA doesn't account for Part B premiums. The annual inflation adjustment is based on the price changes of goods and services used by working adults younger than age 62 and doesn't include price changes experienced by retired and disabled Americans over that age who receive Medicare.

Social Security benefits have lost 32 percent of their buying power over the past 21 years, and that loss has deepened as inflation has continued to rise in 2022. The Senior Citizens League continues to work for passage of a one-time $1,400 stimulus check for Social Security recipients and has collected 100,000 signatures from its online petition. For details, visit www.SeniorsLeague.org. ■

Medicare Premiums Increased Three Times Faster Than COLAs Over Past Decade

Year	COLA year effective	Part B % increase prior year
2013	1.7%	6.0%
2014	1.5%	0.0%
2015	1.7%	0.0%
2016	0.0%	16.1%
2017	0.3%	10.0%
2018	2.0%	0.0%
2019	2.8%	1.1%
2020	1.6%	6.7%
2021	1.3%	2.7%
2022	5.9%	14.5%
Totals	18.8 percentage points	57.2 percentage points

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Trust Fund to remain solvent, the payroll tax rate would need to increase from 2.9% to 3.7%, or benefits would need to be reduced immediately by 16 percent.

We reported on one other potential source of funding last year, a 3.8% "Medicare" tax on net investment income that was signed into law shortly after passage of the 2010 Affordable Care Act. At the time of enactment, this tax was widely referred to as a "Medicare" tax in the media, by tax and investment professionals, and many lawmakers sold it to the public that way. But the truth is those revenues, which the Joint Committee on Taxation (JCT) estimates to be $27.5 billion for 2021, never actually made it into the Medicare Part A Trust Fund. It wound up going straight into the U.S. General Fund instead, where it could be appropriated for any government spending.

According to the Federal Register, *"Amounts collected under section 1411 are not designated for the Medicare Trust Fund. The Joint Committee on Taxation in 2011 stated that's because no provision is made for the transfer of the tax imposed by this provision from the General Fund of the United States Treasury to any Trust Fund."*

By setting up revenues so that they would flow to the General Fund, Congress by-passed earmarking those revenues for Medicare Part A or Part B Trust Fund. That means when the funds are used for other government spending, the Medicare Trust Funds are not earning any interest from the federal government for the use of those funds.

TSCL advocates for legislation that makes affordability for Medicare beneficiaries a top priority. Medicare healthcare costs are the fastest growing cost that retired households face, and beneficiaries are already near a breaking point shouldering heavy price inflation. TSCL is opposed to cutting Medicare benefits, and shifting more costs to beneficiaries. ■

SOCIAL SECURITY & MEDICARE QUESTIONS

What Happens to My Social Security When I Pass?

Q: Can someone tell me where any Social Security monies that I have left-over after I pass are going? When you apply, they look at your earnings over your working life. They look at your earnings over a 35-year period and, after adjusting for inflation, they apply a formula which then tells them how much you will receive monthly. Now, this formula is based also on how long you will live so there is monies to cover you until you pass. But if you pass before the monies are used up, where does the balance go? Your family or spouse don't get it!

A: Whoa, hang on! That's not how Social Security actually works. Social Security benefits are not a savings account that you leave behind to your heirs. Social Security is designed more like life insurance, or an annuity that provides survivor benefits for a spouse and certain other dependents based on your account if you pass away.

Social Security survivor benefits are based on the amount of your benefit check when you pass, and provide valuable inflation-adjusted income to your spouse and other dependents who receive benefits. If your spouse lives considerably longer than you do, these benefits could be worth even more than what you might have saved and left in your estate.

That said, Social Security has some miserly rules when beneficiaries pass away. Your spouse, or other estate administrator if your spouse passes before you, must return the Social Security benefit that you received for the month of death, and any received thereafter. Your family is not allowed to keep Social Security *retirement* checks received for the month a person dies, even when the death was on the last day of the month.

It's important to understand that Social Security benefits are not based on the money you and your employer paid in, but calculated on your earnings, as you have observed. When planning for retirement, it's important to understand how early retirement can reduce your benefit by as much as 30%, depending on when you were born. If you wait to claim benefits at your full retirement age you will receive 100% of the benefits that you're entitled to. Claim *earlier, and you permanently lock in reduced benefits.*

The opposite is true when you delay starting benefits past full retirement age. You can *maximize what you receive by working a little longer,* allowing your benefit to grow 8% for each year you delay retirement until age 70 due to delayed retirement credits.

Who receives survivor benefits? Certain family members may be eligible to receive monthly benefits, including:

- A widow or widower age 60 or older (age 50 or older if disabled).
- A surviving divorced spouse, under certain circumstances.
- A widow or widower at any age who is caring for the deceased's child who is under age 16 or disabled and receiving child's benefits.

An unmarried child of the deceased who is one of the following:

- Younger than age 18 (or up to age 19 if he or she is a full-time student in an elementary or secondary school).
- Age 18 or older with a disability that began before age 22.

Under certain circumstances, the following family members may be eligible:

- A stepchild, grandchild, step grandchild, or adopted child.
- Parents, age 62 or older, who were dependent on the deceased for at least half of their support.

Learn more about Social Security benefits with Social Security Publication No. 05-10008 "How Social Security Can Help You When a Family Member Dies".

You can find the publication online at www.SSA.gov. ■