

*Oliver Harwood, Disability Advocacy Project*

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# The Financial Eligibility Requirements for SSI Recipients

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[oharwood@nylag.org](mailto:oharwood@nylag.org)

212-613-5071

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# SSA Benefits Available to Older Adults

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- Social Security Retirement (SSR)
  - Must have worked (40 credits/10 years) and paid Social Security taxes.
  - Can apply at 61 years and 9 months.
- Social Security Disability Insurance (SSDI)
  - Must have worked and paid Social Security taxes (amount of work needed varies).
  - Can collect before full retirement age (around age 66).
- Survivor's Benefits
  - Can be widow, widower, or unmarried child of eligible worker.
  - If disabled, benefit can start at age 50.
  - If not disabled, reduced benefits can begin at age 60.
  - Born before 1962, full benefit at age 66.
  - Born after 1962, full benefit at age 67.
- Supplemental Security Income (SSI)
  - Income must be below allowed limit (unearned income counted dollar for dollar against SSI).
  - Must have countable resources (money, things you own) below the allowed limit.
    - \$2,000 if single person, \$3,000 if married and living together.
  - If under age 65, must also prove disability.
  - Must be resident of USA.

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# Quick Stats

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- ❖ In USA (annually):
  - ❖ 8.5 million+ SSI recipients
    - ❖ 1.2 million age 65+ receiving SSI
- ❖ In New York state (annually):
  - ❖ 650,000+ SSI recipients
    - ❖ 120,000 age 65+ receiving SSI

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# U.S. Citizens

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- ❖ Resident of the U.S.
  - ❖ Principal actual dwelling place.
  - ❖ Not merely transitory in nature.
- ❖ Citizen or national
  - ❖ Born in U.S. or abroad to parents who are U.S. citizens
  - ❖ Naturalization

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# Non-Citizens

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- ❖ Lawfully admitted permanent resident (LAPR) in the U.S.
- ❖ Granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act (INA)
- ❖ Refugee admitted to the U.S. under Section 207 of INA
- ❖ Deportation being withheld according to INA
- ❖ “Cuban/Haitian entrant” in Section 501(e) of Refugee Education Assistance Act
- ❖ Subjected to extreme cruelty or battery while in U.S.
- ❖ LAPR with 40 quarters of work
- ❖ Active duty in U.S. Armed Forces or honorably discharged/dependent child
- ❖ Lawfully residing in the U.S. on August 22, 1996 and blind or disabled

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# Resources for SSI Recipients

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## Countable Resources

- Cash; bank accounts; life insurance (CSV); land (foreign & domestic); vehicles; 401K; stocks; bonds; foreign pension; etc. Basically, anything you own that can be changed into cash and used for food and shelter.
- Deemed resources:
  - If living with a spouse, their resources count as well.
- More things are considered countable resources than people expect.

## Not Countable Resources

- House or apartment (if lived in); one vehicle used for transportation; burial fund up to \$1,500; certain other resources are excluded.
- Most household goods and personal effects.

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# Money In Bank Accounts

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SSI recipients cannot have more than \$2,000 in countable resources at any given time

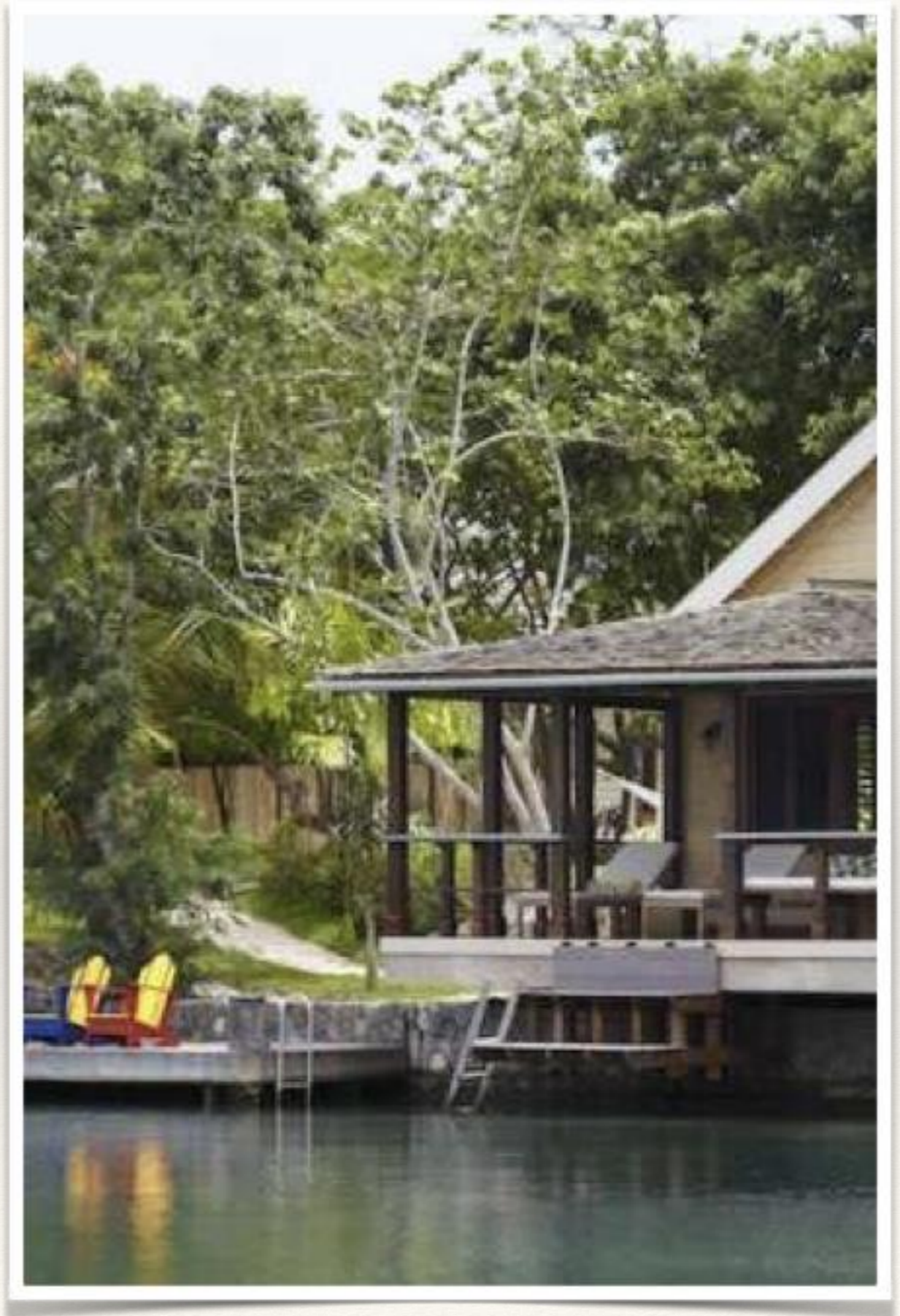
Example: SSI beneficiary's representative payee deposits monthly SSI benefit into her own personal checking account, which is also jointly in the name of the beneficiary.

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# Second Home

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- Example: SSI recipient inherits mother's home along with two sisters.





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# Life Insurance Policy

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## Cash surrender value (CSV)

“[T]he monetary or equity value that a life insurance policy acquires over time as the policy owner pays the premiums and dividend additions and interest are added to the policy. The policy owner can take out loans against this amount.”

POMS SI 01130.300B5

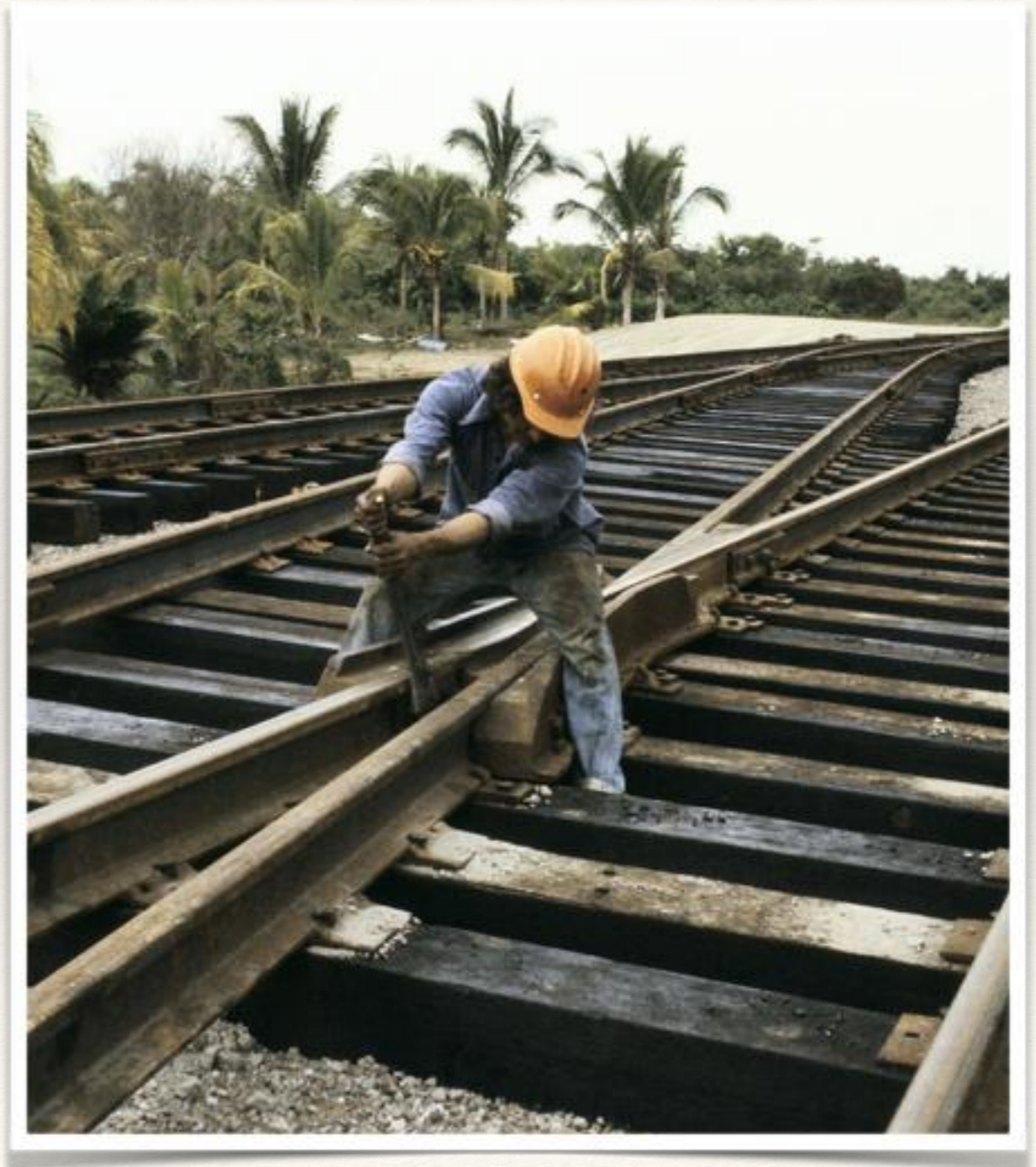
Example: SSI beneficiary's son opens a life insurance policy for his mother, without telling her, with a CSV of \$2,500.

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# Foreign Pension

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- Example: SSI beneficiary receives 50 Guyanese Dollars each month into a checking account in Guyana after working 20 years for the railroad.



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# Burial Funds

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- ❖ SSI recipients can have an irrevocable burial trust AND
  - ❖ A specifically designated burial account worth \$1,500 (\$3,000 for couple); OR
  - ❖ CSV of life insurance policy worth \$1,500
  - ❖ Burial spaces for SSI recipient and immediate family members are fully excludable if completely paid for and not on a payment plan (i.e. gravesite, mausoleum, and other repositories for remains)
- ❖ No limit to the amount of money that can be deposited into an irrevocable burial trust at a funeral home
  - ❖ All of the money must be deposited at once; and
  - ❖ Burial plot must be included in the trust – cannot be purchased separately or included later.

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# Medical Confinement

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- ❖ SSI recipients who go into a hospital or nursing home for up to three months can continue receiving full monthly benefit amount IF you have both:
  - ❖ Proof medical confinement is not expected to last more than 90 days; and
  - ❖ Proof that you need to pay expenses to return home (i.e. rent)
- ❖ After 90 days SSI recipient may be eligible for \$55 monthly benefit

# Request for Reconsideration

- Asks SSA to reconsider their determination because they are wrong about the facts.
- Must be filed within 60 days of receipt of termination/overpayment notice (5 days for mailing).
- To continue SSI benefit unchanged pending the outcome, must be filed within 10 days.

SOCIAL SECURITY ADMINISTRATION			TOE 710			Form Approved OMB No. 0960-0622		
<b>REQUEST FOR RECONSIDERATION</b>								
NAME OF CLAIMANT			CLAIMANT SSN			CLAIM NUMBER (if different than SSN)		
ISSUE BEING APPEALED (Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)								
I do not agree with the Social Security Administration's (SSA) determination and request reconsideration. My reasons are:								
<b>SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY</b>								
I want to appeal your determination about my claim for SSI or SVB. I have read about the three ways to appeal. I have checked the box below.								
<b>THREE WAYS TO APPEAL</b>								
<input type="checkbox"/> <b>CASE REVIEW</b> - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.								
<input type="checkbox"/> <b>INFORMAL CONFERENCE</b> - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.								
<input type="checkbox"/> <b>FORMAL CONFERENCE</b> - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.								
<b>CONTACT INFORMATION</b>								
CLAIMANT SIGNATURE - OPTIONAL			NAME OF CLAIMANT'S REPRESENTATIVE (if any)					
MAILING ADDRESS			MAILING ADDRESS					
CITY STATE ZIP CODE			CITY STATE ZIP CODE					

# Request for Waiver of Overpayment

- Can be filed at any time and once filed should stop recoupment of overpayment pending the outcome.
- Must prove not at fault; AND recovery of overpaid funds would defeat the purpose of the act (SSI recipient uses his or her entire SSI benefit to pay necessary household expenses); OR recovery would be against equity and good conscience (SSA does not use the common sense meaning of these words).

## SOCIAL SECURITY ADMINISTRATION

Form Approved  
OMB No. 0960-0037

### Request For Waiver Of Overpayment Recovery Or Change In Repayment Rate

We will use your answers on this form to decide if we can waive collection of the overpayment or change the amount you must pay us back each month. If we can't waive collection, we may use this form to decide how you should repay the money.

Please answer the questions on this form as completely as you can. We will help you fill out the form if you want. If you are filling out this form for someone else, answer the questions as they apply to that person.

FOR SSA USE ONLY	
ROAR Input	<input type="checkbox"/> Yes <input type="checkbox"/> No
Input Date	
Waiver	<input type="checkbox"/> Approval <input type="checkbox"/> Denial
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No
AMT OF OP \$	
PERIOD (DATES) OF OP	

1. A. Name of person on whose record the overpayment occurred:  
\_\_\_\_\_

B. Social Security Number  
□□□—□□—□□□□

C. Name of overpaid person(s) making this request and his/her Social Security Number(s):  
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\_\_\_\_\_  
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2. Check any of the following that apply. (Also, fill in the dollar amount in B, C, or D.)
- A.  The overpayment was not my fault and I cannot afford to pay the money back and/or it is unfair for some other reasons.
- B.  I cannot afford to use all of my monthly benefit to pay back the overpayment. However I can afford to have \$ \_\_\_\_\_ withheld each month.
- C.  I am no longer receiving Supplement Security Income (SSI) payments. I want to pay back \$ \_\_\_\_\_ each month instead of paying all of the money at once.
- D.  I am receiving SSI payments. I want to pay back \$ \_\_\_\_\_ each month instead of paying 10% of my total income.