

6.1 Introduction

6.1.1 General

Every disability annuitant is also rated under the Social Security (SS) Act for a period of disability. Non-disability annuitants may also file for a disability freeze (DF). However, the annuitant has the right to request that a DF not be granted. (See [DCM 6.3.1](#))

The freeze provision of the SS Act protects disabled workers and their families against the loss of, or the reduction in, benefits because of the worker's disability. When a freeze is established, the worker's wage record is frozen and the period during which he is disabled and not likely to have substantial earnings is excluded to the worker's advantage when determining insured status and benefit amounts.

The Railroad Retirement Board (RRB) uses the freeze provision in retirement cases to increase primary insurance amounts (PIA), make the tier I portion taxable like a social security benefit, establish early Medicare and windfall entitlement, and to apply the Disability Insurance Benefit (DIB)-Overall Minimum (O/M). In survivor cases, the freeze may produce higher monthly rates that would otherwise not be payable.

A survivor can file an application to establish a DF for a deceased employee if the application is filed within 3 months of the employee's death. Although a disability annuity cannot be paid to the survivor, the establishment of the DF may increase the amount of survivor annuity. For background information and processing instructions, see RCM [8.1.185](#).

6.1.2 History Of And Agency Authority To Make Freeze Determinations

The original period of disability (disability freeze) SS Act provisions were enacted in 1954 to preserve the rights of individuals who are under disability. The provisions preserved the individual's insured status and the amount of the benefit from the time the person qualified for a disability freeze. Since the person's rights were preserved from that time, these provisions became commonly known as the disability freeze provisions. At this point, benefits could be increased when the person attained age 65 if a disability freeze was established.

The 1956 SS Act Amendments provided cash disability benefits effective 1-1-57 or later to wage earners who had attained age 50. Auxiliary benefits became payable 9-1-58 or later on the same basis as those made to auxiliaries of retired workers.

Prior to September 6, 1958, the Social Security Administration (SSA) had sole authority under the law to establish a disability freeze for career railroad (RR) employees who would be insured under the SS Act if their RR service after 1936 were credited as employment under that Act. Under an agreement between SSA and RRB, the RRB was delegated authority to obtain disability freeze applications and other necessary

evidence from RR employees to make disability freeze determinations. These disability freeze determinations were subject to the review and approval of SSA.

Since September 6, 1958, RRB has had independent statutory authority to determine a disability freeze for any RR employee who files an application for a disability annuity and has completed 10 years of RR service. For such determinations, an employee's RR service after 1936 is to be considered as "employment" under the SS Act.

RRB may accept an earlier disability freeze determination made by SSA. If there is no inconsistency between the SSA disability freeze determination and the rating of disability made by RRB, the SSA decision may be used without further development.

6.1.3 DF Decisions Completed By The RRB

The RRB completes DF decisions for career railroad employees only. There are three types of DF decisions.

A. Single Freeze (SF)

SF cases are those disability claims filed by or on behalf of career railroad employees ([DCM 6.7.2](#)) with the RRB where there is little or no potential for Social Security benefits ever being paid.

Authorized RRB personnel prepare a SF determination and complete it without SSA review. SF decisions can be completed at all adjudicative levels.

B. Joint Freeze (JF)

JF cases are those disability claims filed by or on behalf of career railroad workers ([DCM 6.7.2](#)) which are processed jointly by RRB and SSA where there is some likelihood of social security benefits being paid **or** cases included in the financial interchange (FI) sample ([DCM 6.7.3](#)).

Authorized RRB personnel prepare a JF determination and SSA reviews and countersigns the decision.

A JF case originates as a claim for a disability annuity filed with the RRB by or on behalf of a career railroad worker. In other words, a disability application filed with SSA before a disability application is filed with the RRB is not considered as a JF. This includes SSA Title II (Disability Insurance Benefits [DIB]) or Title XVI (Supplemental Security Income [SSI]) applications.

EXCEPTION: ALL disability applications in the FI sample must be processed in our systems using OLDDS SSA-831 regardless of whether it was initially filed at SSA or RRB.

See [DCM 6.7.3](#) and the list of exceptions as to when a JF decision is or is not required. In general,

- All proposed JF awards or denials adjudicated in DBD are coordinated with SSA (EXCEPT when the same claim for RR Act disability annuity is denied).
- A claim denied as a JF in DBD but subsequently awarded at the reconsideration level is coordinated with SSA.

C. Unilateral Freeze

Unilateral freeze cases are those disability claims where the RRB makes an independent decision on a DF claim after the RRB and SSA are unable to reach an agreement through the JF reconciliation process **or** when a claim is awarded at the RRB appeal level (decisions completed by a hearings officer or the three-member Board).

Authorized RRB personnel attempt to reconcile differences in a JF decision with SSA. Unreconciled JF decisions are completed with DBD or Reconsideration Section supervisory or senior examiner signatory approval but without SSA countersigning the decision.

NOTE: A courtesy copy of the administrative record and determination rationale are sent to SSA for DF claims awarded by a hearings officer or three-member Board only in the FI sample, as shown in [DCM 6.7.3 D](#).

6.2 Disability Insured Status For Freeze

6.2.1 Requirements For A Freeze

An employee qualifies for a freeze if all the following requirements are met:

- Application, as explained in DCM [6.3.1](#)
- Freeze Insured Status, as explained in DCM [6.3.2](#)
- Disability Under the SS Act, as explained in DCM [6.3.3](#)
- Waiting Period, as explained in DCM [6.4.3](#)

6.2.2 Using SS Disability Standards

For freeze decisions, the RRB follows statutory standards of the SS Act. The following technical standards and guides furnished by SSA are used.

Social security regulations

Program operations manual system (POMS)

Social security rulings-Disability

6.3 Development And Evidence Requirements

6.3.1 Application

Disability freeze ratings (both grants and denials) are to be made in all disability cases, regardless of whether or not the rating will actually affect the annuity payment or the Medicare effective date. An application for a disability annuity is legally considered to be an application for a disability freeze also, and the claimant has the right to be notified of our decision in that regard. He/she also has reconsideration and appeals rights for the disability freeze decision which are described to him/her on the Form AB-32 enclosed with the disability freeze notification letter.

EXCEPTION: The annuitant has the right to request that a disability freeze not be granted. This could occur for a number of reasons (e.g. employee and spouse would get better coverage under private insurance than under Medicare.) In such cases, have the field obtain a signed statement from the employee that all of the advantages of the freeze (early Medicare, O/M, possible tier 1 increase, tax advantage, possible survivor benefit increase) have been explained to him and that he still does not want to be rated for a disability freeze. Once the statement is received, do a technical denial of the disability freeze even if there is sufficient evidence to make a favorable decision. Make a notation in the remarks section of OLDDS that the DF was denied per employee's request. Use RL-260c as a notification letter. This can be done even if the case would ordinarily be a joint freeze decision.

6.3.2 Freeze Insured Status

A disability insured status is established when an employee has at least 20 quarters of coverage (QC) in a period of 40 consecutive calendar quarters (10 years) ending with the quarter of the disability onset date.

In most cases, when the employee is also fully insured under the SS Act, the case must be adjudicated as a joint disability freeze (see [DCM 6.7.3](#) for exceptions, [RCM 5.6.11](#) for detailed explanation of disability insured status, and [RCM 5.6.5](#) for detailed explanation of insured status under the SS Act). DCM 6 [Appendix 5](#) shows how many QC's are required depending on the employee's age on the date of the disability, to be fully insured under the SS Act.

An employee who has a disability onset before the quarter in which (s)he attained age 31, must have acquired QC's equal to one-half of the quarters that elapsed between the quarter after (s)he attained age 21 and the quarter before his disability began to receive a disability insured status.

For benefits payable 1-1973 or later, a statutorily blind worker does not need to meet a "20/40" or "disability before age 31" insured status test. In determining the number of QC's required for fully insured status, the individual must have at least one quarter of coverage for each year elapsing after 1950 (or, if later, the year in which (s)he attained age 21) up to the year in which the qualifying QC is earned. (There is a minimum

requirement of 6 QC's). Where the disability freeze does not begin with the quarter of onset, because insured status is not met at that point, it will begin in the first quarter thereafter in which fully insured status exists provided the wage earner is disabled in that quarter. (Fully insured status is determined as if the wage earner attained SS Act retirement age in that quarter.) This provision applies regardless of the age at which the individual is disabled.

A statutory blind wage earner who had a disability insured status before 1-1973 by reason of meeting the "20/40" or "disability before age 31" insured status requirement, in addition to having fully insured status, may have a disability freeze established beginning at an earlier date, based on fully insured status only, if (s)he files an application in or after 10-1972. Any increase in benefits due to the revised disability freeze can be effective no earlier than 1-1973.

6.3.3 Disability Definition Under SS Act

Disability means either:

- A. Inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. The physical or mental impairment(s) must be of such severity that the individual is not able to do his previous work and cannot, considering his age, education and work experience, engage in any other kind of SGA which exists in the national economy regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applies for work. The phrase "work which exists in the national economy" means work which exists in significant numbers either in the region where such individual lives or in several regions of the country; or
- B. Statutory blindness, which is central visual acuity of 20/200 or worse in the better eye with the use of correcting lens. An eye which has a limitation in the field of vision such that the widest diameter of visual field subtends an angle no greater than twenty degrees shall be considered as having a central visual acuity of 20/200 or less.

When the disability definition of blindness is met, the activity to engage in SGA will be disregarded for the purpose of the disability freeze only but not for Disability Insurance Benefits (DIB) purposes. This means that the wage record is preserved for purposes of insured status and PIA calculations from the time the medical criteria is met, but the person cannot receive cash benefits while SGA continues.

Blind applicants under age 55 must continue to meet the test of "inability to engage in any SGA (as shown in DM 6.3.3A) to become entitled to a DIB.

6.3.4 Wage Record Development

Before making a disability freeze determination, the disability examiner will check the wage record from the Retirement Estimate Annuity Program (REAP) program for joint disability freeze cases and check the wage record on-line for single disability freeze cases. After viewing the REAP record, the examiner will send it directly to imaging.

NOTE: Effective May 4, 2015, printing of wage records containing federal tax information (FTI) such as DEQY/SEQY records and report from The Work Number (TWN) is no longer allowed. These items should be imaged for documentation.

6.3.5 Social Security Act Application Requirements

A freeze or disability cash benefits cannot begin until an application for a disability determination under the SS Act is filed. An AA-1d is an application for a freeze and a DIB under the SS Act.

The filing date of the AA-1d is deemed to be the filing date with SSA in joint freeze decisions. (See Appendix B for deemed filing dates before September 7, 1958.)

If the period of disability has ended, the freeze may be established only if the application is filed by the earlier of:

- A. 12 months following the month FRA is attained; or,
- B. 14 months following the month the disability ceased.

Note: The 1967 SS Act amendments extended this period to 36 months after the end of the period of disability when failure to file was due to a physical or mental condition which prevented execution of an application.

If the employee died before filing, the application requirement for a freeze is met if a survivor files a disability application within 3 months after the month that the employee died.

6.3.6 Development Of The Disability Freeze (DF) RATING When A CDR Is Due

A disability application is not considered finalized until the disability freeze determination is completed. Therefore, DBD policy is that a disability freeze rating must be completed before a CDR determination can be made on the same case. In some instances, an examiner may have a case in which a disability freeze and a CDR (due to work) determination are both required. In these situations, the disability freeze decision should be done prior to the continuance decision.

This does not preclude the examiner from putting the disability annuity into suspense due to earnings or work activity. After the examiner puts the case into suspense for earnings or work activity, the case should be developed for the disability freeze determination. Any information which may affect the continuance determination should also be used when making the disability freeze determination. For example, any work activity the annuitant may be involved in should be considered when making the disability freeze determination. If earnings above the SGA level are involved, the examiner should consider the possibility of a closed period of disability in the disability freeze determination.

A. Disability Freeze Denial Determination Made

If a disability freeze denial decision is rendered and the disability freeze denial letter released, the case should be routed to the dormant cabinet with a 60 day call-up pending a possible reconsideration request. When the case is pulled from the dormant cabinet, the CDR determination will be handled. If the annuitant requests a reconsideration of the disability freeze determination, route the case to the reconsideration section to handle the reconsideration decision before the CDR determination is made.

B. Disability Freeze Allowance Determination Made

If the examiner makes a disability freeze allowance determination, he/she should then develop for the CDR. However, if the reason for the CDR is due to earnings and/or work activity and the work/earnings are reconciled with the disability freeze allowance, the examiner should set an appropriate CDR call-up.

NOTE: Code Paragraphs 2717, 2718 and 2719 are used in disability freeze denial letters to indicate that the employee's disability freeze is denied but there is no effect on the employee's annuity. These paragraphs cannot be used if the annuity has been put into suspense due to earnings and/or work activity. Therefore, a modified RL-260 letter should be used in cases where the annuity is in suspense.

Once the initial disability freeze determination is completed, applications for subsequent disability freeze determinations should be considered before the CDR if the application was filed prior to the CDR call-up date or earnings notification. If the CDR call-up date or earnings notification is prior to the filing date of the subsequent application for a disability freeze, the CDR should be conducted first.

6.3.7 Examiner's Determining Residual Functional Capacity Assessments

In certain single freeze cases, disability claims examiners have the latitude to render a decision based on a section of a treating source RFC or consultative examination RFC that is supported by the objective findings, even if the RFC in its entirety is not supported.

These single freeze cases require the following:

- The claimant's age to be 55 years or older at the time of the disability onset date,
- the physical RFC leads to a decision finding of a grant, and
- the physical RFC from a treating source or consultative examination is supported by the objective findings based on the disability claims examiner's judgment.

6.4 The Disability Freeze

6.4.1 Beginning Date For A Disability Freeze

The beginning date for a disability freeze (DF) is the first day within the effective period of the application on which an employee:

- Has a DF insured status (earnings requirement) ([DCM 6.3.2](#)); and,
- Is under a disability as defined in the SS Act (medical requirement) ([DCM 6.3.3](#)).

Normally, the beginning date for a DF will be the actual date of onset. Where the employee is not fully insured until a later quarter, the DF will begin on the first day of the quarter in which a DF insured status is acquired. (However, Medicare coverage based on age begins at age 65, regardless of FRA.)

EXAMPLE: A RR employee met the SS Act disability requirement in August 2011 but had only 19 quarters of coverage (QC) in the 40 calendar quarter period ending in September 2011 (i.e. the calendar quarter of onset). He was paid sufficient vacation allowance in the next succeeding calendar quarter (i.e. calendar quarter beginning October 2011) which would give him the required 20 QC's. Therefore, the qualifying QC requirement for the DF is met on the first day of the calendar quarter in which he was paid the vacation allowance which gave him the required 20 QC's. Accordingly, he met both the medical and earnings requirements on October 1, 2011, and that date is the beginning date of the DF.

Beginning in January 1973, an employee must be disabled for a continuous period of not less than 5 full calendar months (i.e. the waiting period) before a DF can be established. (Prior to January 1973, the requirement was 6 full months. Therefore, a DF will always be at least 5 months.) As long as the waiting period requirements are met, a DF rating can be completed. If the waiting period requirements are not met, the DF claim must be technically denied.

EXCEPTION: If an employee qualifies for a DIB without a waiting period ([DCM 6.4.4](#)), he would qualify for a DF for any month he is entitled to a DIB, even as short as 1 calendar month.

A DF cannot begin at full retirement age (FRA) or later. However as long as:

- An application was filed within 12 months following the month after the RR employee attained FRA ([DCM 6.3.5](#)), and
- The RR employee meets the definition of disability under the SS Act ([DCM 6.3.3](#)), and
- The RR employee fulfills the waiting period requirement ([DCM 6.4.3](#)),

the rating can be completed. If the waiting period requirement cannot be met before FRA was attained and a previous DF period did not end within 60 months of the earliest possible date that disability under the SS Act could begin as a result of the current application, the claim does not require a formal disability determination and should be technically denied.

EXAMPLE: Joe's previous disability for DF purposes terminated December 31, 2000 as a result of returning to work. While working, he injured himself on January 15, 2008 and could no longer perform past relevant work. However, his employer allowed him to perform light duty work. He attained FRA on February 15, 2008 and his employer laid him off on March 31, 2008. Since he could not find another job, he finally filed an application for disability on November 1, 2008 claiming an onset date of January 15, 2008.

Presuming the medical evidence cannot establish an onset date any earlier than January 15, 2008, Joe's claim would have to be technically denied. Since Joe's previous DF period ended more than 60 months prior to the earliest possible date of current disability, he must meet the DF waiting period requirement. However, since he was not disabled for 5 months prior to FRA, his claim must be technically denied.

In cases in which a DF has previously been denied, and does not meet the criteria for re-opening, and the reconsideration period has passed, the onset date of the new decision cannot be prior to the date of the previous decision. For purposes of setting the onset date of the new decision, the date of the previous decision is either:

- The date the physician/medical specialist signed the SSA-831 in joint freeze cases.
- The date the reviewer signed the OLDDS decision for single freeze cases or unilateral freeze cases.

NOTE: The date of the previous DF denial letter is used for reconsideration and re-opening purposes, but not for the purposes of setting an onset date.

6.4.2 Ending Date For A Disability Freeze

The ending date for a period of disability is the earliest of:

- The last day of the month in which the worker dies.
- The last day of the month preceding the month in which the worker attains FRA.
- The last day of the second month after the month in which the disability ceases.

When determining a disability cessation date, the trial work period does not apply to the freeze unless the worker is also entitled to:

- A DIB under the SS Act; or,
- The DIB O/M under the Railroad Retirement Act (RR Act), even if it does not apply.

6.4.3 Waiting Period

Before payments based on a disability freeze in accordance with the SS Act can be awarded or before entitlement to Medicare benefits can begin prior to age 65, the waiting periods of 5 full months for a disability freeze and 24 months after the ABD or 29 months after the disability onset date for Medicare entitlement must be met.

HOWEVER, THE DISABILITY FREEZE RATING DETERMINATION CAN BE MADE BEFORE THE DISABILITY FREEZE WAITING PERIOD IS SERVED.

DISABILITY FREEZE ONSET - The waiting period begins with the first full calendar month after the date of disability onset, if onset is not on the first day of the month, during which the person met disability freeze-insured requirements.

Although the waiting period is counted in full calendar months, a disability freeze may begin on the day onset is determined to have occurred even if it is not the first day of the waiting period, provided insured status requirements are met on that day.

6.4.4 Waiting Period Not Required

A waiting period is not required if a previous freeze or DIB ended within 60 months before the month the current disability began. In this situation a freeze will exist for any month there is DIB entitlement. Refer to [RCM 3.2.22](#) for additional information and instructions.

The 60-month period begins with the month in which the prior disability freeze ceased or DIB terminated and ends with the month before the first full month the worker is under a disability.

Therefore, when the current disability begins on the first day of a month, the 60-month period ends with the preceding month; if it begins on other than the first day of the month, the 60-month period ends with the month in which the current disability began.

If the worker does not have DIB insured status in the month his current disability begins, he is not eligible for a DIB until the first month in which he has an insured status. Consequently, more than 5 years may elapse between the end of his previous disability and the first month of his current period of DIB entitlement, but no waiting period is required if the current disability began within the 60-month period.

6.4.5 Felony Conviction Provisions That Affect Disability Freeze Determinations

P.L. 96-473 contains provisions which imposed restrictions on SSA title II disability determinations and payments to prisoners who are convicted of an offense punishable by imprisonment for more than one year, regardless of the actual sentence imposed. (For purposes of this procedure, the word "felony" is used interchangeably with an offense punishable by imprisonment for more than one year.) These restrictions affect disability freeze determinations. Sub-sections A and B discuss the two situations where the prisoner conviction provisions can affect a disability determination. Sub-section A will affect the disability freeze determination while sub-section B will not. Subsection C consists of definitions explaining the concepts involved in this law. Additional information about prisoner conviction cases can be found in RCM [6.3.7](#).

- A. "Permanent Disregard" of Felony-Related Determinations - An impairment(s) arising or aggravated (but only to the extent of the aggravation) in connection with the commission of an offense is to be permanently disregarded for disability freeze purposes. This applies only for offenses committed after October 19, 1980, and for which the claimant has been subsequently convicted. It is not necessary that there be a causative connection between the commission of the offense and the impairment, but it must be closely related to, or associated with, the commission of the offense. The impairment or aggravation of a pre-existing impairment must occur at a time and location that is near to the offense.

EXAMPLES:

An impairment arising from an automobile accident which occurred while fleeing the scene of an offense, such as a bank robbery, would be considered associated with the commission of the offense.

An impairment arising from an automobile accident a week after the bank robbery (e.g., a car runs a red light and runs into the robber's car injuring the robber; the police find the stolen money in the car and charge the robber with a felony), would be too remote to be considered to have arisen in connection with the robbery. This accident ordinarily would not be considered sufficiently close in time and place to the scene of the robbery to be considered associated with the offense.

Since the permanent disregard of an impairment or aggravation of a pre-existing impairment incurred in the commission of a felony hinges on the individual's subsequent conviction, there may be claims allowed considering all the medical evidence in which the person has been charged with but not convicted of a

felony. Thus, in a case where benefits were allowed on the basis of an impairment which may arise, or aggravation of a pre-existing impairment incurred in connection with the commission of a felony, the subsequent conviction of the individual for that offense could affect the earlier award.

In such a case of subsequent conviction, DBD will reevaluate the original disability freeze decision to exclude any such impairments or aggravations. If the disability freeze is then denied because of this exclusion, the increased benefits, if any, paid under the original award will be considered overpayments.

Conversely, a denial because of disregard of an impairment(s) connected with a felony may be reopened under the rules of administrative finality in the event the felony conviction is subsequently overturned.

- B. "Temporary Disregard" of Impairments Connected with Confinement - For any month during which the individual is confined, any impairment which arises, or the aggravation of an impairment which occurs, in connection with an individual's confinement due to conviction of an offense committed after October 19, 1980, must be disregarded in determining whether the individual is under a disability for purposes of benefits payable.

Impairments connected with confinement cannot be considered in determining disability for the payment of benefits for any month during confinement. However, this provision does not preclude consideration of confinement-related impairments for purposes of establishing a disability freeze.

Thus, DBD may use these impairments to establish a disability freeze for a claimant. (The disability freeze provision does not apply to Child Disabled Benefit (CDB) and Disabled Widow Benefit (DWB) applicants.)

C. Definitions

1. CONFINED

An individual who is under a sentence of confinement, pursuant to a conviction, to a jail, or other penal institution or correctional facility, including any facility which is under the control and jurisdiction of the agency in charge of the penal system, or any facility in which convicted criminals can be incarcerated, is considered confined.

2. COURT OF LAW

Any duly constituted judicial tribunal administering the laws of the State or nation is a court of law.

3. FELONY

A crime is a felony if it is an offense which constitutes a felony under applicable law. However, some legal jurisdictions, such as the State of

New Jersey, the U.S. military under the Uniform Code of Military Justice, and some foreign countries, do not classify any crime as a felony.

In jurisdictions such as the above, an offense punishable by death or imprisonment for a term exceeding 1 year will be considered a felony for purposes of this procedure. As a general rule, if an individual has been sentenced for a term of more than a year for conviction of an offense, correctional authorities consider that individual to be a felon.

4. PENAL INSTITUTION OR CORRECTIONAL FACILITY

In general, penal institutions or correctional facilities are those facilities which are under the control and jurisdiction of the governmental agency in charge of the penal system, or are facilities in which convicted criminals are incarcerated, such as a hospital for the criminally insane.

6.4.6 Disability Freeze Notices

Disability freeze (DF) notices in the RL-210 series (RL-210, RL-210b, RL-210c, and RL-210d) and the RL-260 series (RL-260, RL-260a, RL-260b, RL-260c, and RL-260d) are found on RRAILS. These letters can also be accessed through D-BRIEF. The RL-210 series is used when the DF decision is a grant. The RL-260 series is used when the DF decision is a denial. A copy of the letter is filed in the annuitant's claim folder and sent to imaging. Form AB-32 is sent with every letter. In joint freeze (JF) decisions, an SSA letter must be sent in addition to the letter from the RL-210 or RL-260 series in most instances.

Most letters contain inserts as do some of the commonly used code paragraphs. Some of the letters may contain pop-ups or drop-downs. The letters do not contain "edits" that ensure completion of inserts, drop-downs, etc. Therefore, **you must tab through the letter from the beginning** to see all of the places that choices or inserts are needed. However, when typing in an unprotected area, use the mouse to enter and exit the unprotected area.

It is important to proof read every letter before it is sent to imaging and released. If the letter is to a rep payee, you must change the pronouns in any codes paragraphs used from "you/your" to "he/she/his/her."

This chapter describes the situations in which each letter is used.

6.4.6.1 The Single Freeze OR Unilateral Freeze Decision is a Grant

A. Complete a RL-210 when:

- the DF onset date is the same or later than annuity onset date, and

- there is either no Medicare based on Social Security (SS) entitlement or the SS Medicare effective date is the same as or later than the RRA Medicare effective date. (The information that can be used to calculate a Medicare effective date based on SS benefits can be found on PREH Screen 3206, which gives the SSA disability entitlement date and the SSA disability onset date.)

There are 2 date inserts on the RL-210: the DF onset date and the RRB Medicare effective date.

B. Complete a RL-210b when:

- the DF onset date is earlier than the annuity onset date (initial annuity decision and DF decision are not simultaneous), and
- the annuity onset date is being changed to match the DF onset date.

There are two date inserts in the RL-210b: the DF onset date and the Medicare effective date.

C. Complete a RL-210d when:

- the DF onset date is the same or later than annuity onset date, and
- the employee is entitled to a Medicare effective date based on SS entitlement that is earlier than the Medicare effective date based on RR ABD and onset date. (The information that can be used to calculate a Medicare effective date based on SS benefits can be found on PREH Screen 3206, which gives the SSA disability entitlement date and the SSA disability onset date.)

There are two date inserts in the RL-210d: the DF onset date and the Medicare effective date. Use SSA's Medicare effective date.

6.4.6.2 The Single Freeze OR Unilateral Freeze Decision is a Denial

A. Complete a RL-260 when the DF is denied for failure to meet the medical requirement.

B. Complete a RL-260a when:

- the DF is denied for failure to meet the earnings requirement, and
- there is no Medicare entitlement.

While you are tabbing through the letter on RRAILS,

- a pop-up will appear with the following question: "Claimed onset after DLI?" (DLI: Date Last Insured) If the alleged disability onset date is earlier than the

actual disability onset date and the claimant did not have an insured status in the alleged onset date quarter, answer “yes”. Otherwise, answer “no”.

- another pop-up will appear asking for either the alleged onset date or the annuity onset date
- Another pop-up will appear with the following question: “Is this letter being sent to a third party?” If you answer “yes” to this question, you will also get a pop-up that says: “Is the claimant male?”
- After you have answered the pop-ups, continue tabbing through the letter to move through the gray boxes that require additional entries.

If you answer “yes” to the question about the claimed onset after the DLI, code paragraph 2714 (see [RCM 10.5.170.2714](#)) will be inserted in the letter. If you answer “no”, code paragraph 2715 (see [RCM 10.5.170.2715](#)) will be inserted in the letter. If the alleged disability onset date is earlier than the actual disability onset date and the claimant did not have an insured status in that quarter, answer “yes” to insert code paragraph 2714 in the letter. Otherwise, answer “no” to insert code paragraph 2715.

There are 3 date inserts for code paragraph 2714: the alleged disability onset date, the first day of the first month of the calendar quarter in which the alleged disability onset date occurs, and the last day of the last month of the calendar quarter in which the claimant is last insured. A pop-up will ask you for the alleged onset date, but the other dates must be entered manually into the body of the letter.

EXAMPLE: The alleged disability onset date is February 12, 2003 and the claimant was last insured in the second quarter of 2000. The date inserts would be February 12, 2003, January 1, 2003, and June 30, 2000.

There are 3 date inserts for code paragraph 2715: the actual disability onset date, the first day of the first month of the calendar quarter in which the actual disability onset date occurs, and the last day of the last month of the calendar quarter in which the claimant is last insured. A pop-up will ask you for the annuity onset date, but the other dates must be entered manually into the body of the letter.

EXAMPLE: The actual disability onset date is May 12, 2003 and the claimant was last insured in the first quarter of 2000. The date inserts would be May 12, 2003, April 1, 2003, and March 31, 2000.

After you have tabbed to and filled in all of the dates, press the tab key again. A pop-up will appear asking if you wish to open Form AB-32. After you have answered, another pop-up will appear that offers a selection of the following code paragraphs: 4000, 4001, 4002, and 4003. If you answered “no” to the question “Claimed onset after DLI?”, select one of the first three paragraphs (4000, 4001, or 4002) and code paragraph 4003. Code paragraphs 4000, 4001, and 4002 require

date inserts and code paragraph 4003 requires the list of medical records used in the decision. Bear in mind, that if the letter is to a rep payee or third party, you will need to manually change the pronouns “you” and “your” to “he/she” or “his/her” in the code paragraphs.

Following these paragraphs, there is an unprotected area for free form typing. Other code paragraphs can be accessed by pressing Ctrl/Shift/F4.

C. Complete a RL-260b when:

- the DF is denied for failure to meet the earnings requirement, and
- there is Medicare entitlement. Medicare entitlement can be established when the 1974 Act provisions apply (see [DCM 6.8.1](#)) or when government employment can be used as quarters of coverage (see [DCM 6.8.2](#)).

While you are tabbing through the letter on RRAILS,

- a pop-up will appear asking: “Claimed onset after DLI?” If the alleged disability onset date is earlier than the actual disability onset date and the claimant did not have an insured status in the alleged onset date quarter, answer “yes”. Otherwise, answer “no”.
- Another pop-up will appear with the following question: “Is this letter being sent to a third party?” If you answer “yes” to this question, you will also get a pop-up that says: “Is the claimant male?”
- After you have answered the pop-ups, continue tabbing through the letter to move through the gray boxes that require additional entries.

There are 4 date inserts for the RL-260b: the disability onset date or the alleged onset date, the Medicare effective date, the first day of the first month of the calendar quarter in which the disability onset date occurs, and the last day of the last month of the calendar quarter in which the claimant is last insured. A pop-up will ask you for the alleged onset date or the annuity onset date, but the other dates must be entered manually into the body of the letter.

EXAMPLE: The disability onset date is May 12, 2003, the ABD is November 1, 2003, and the claimant was last insured in the first quarter of 2000. The date inserts would be May 12, 2003, November 1, 2005, April 1, 2003, and March 31, 2000.

After you have tabbed to and filled in all of the dates, press the tab key again. A pop-up will appear asking if you wish to open Form AB-32. After you have answered, another pop-up will appear that offers a selection of the following code paragraphs: 4000, 4001, 4002, and 4003. If you answered “no” to the question “Claimed onset after DLI?”, select one of the first three paragraphs (4000, 4001, or

4002) and code paragraph 4003. Code paragraphs 4000, 4001, and 4002 require date inserts and code paragraph 4003 requires the list of medical records used in the decision. Bear in mind, that if the letter is to a rep payee or third party, you will need to manually change the pronouns “you” and “your” to “he/she” and “his/her” in the code paragraphs.

Following these paragraphs, there is an unprotected area for free form typing. Other code paragraphs can be accessed by pressing Ctrl/Shift/F4.

- D. Complete a RL-260c when the employee has submitted a statement that he does not want to be considered for a DF. There is one date insert in this letter: the date of the statement.
- E. Complete a RL-260d in cases with a filing date of January 1, 2008 or later when the total and permanent annuity rating is based on alcoholism or drug addiction (see [DCM 4.8.4](#)) and no other impairment is severe enough to be a grant for the DF. (For occupational annuity cases, use the RL-260.) There is one date insert in this letter: the annuity onset date.

NOTE: If you access letters in the RL-260 series from D-BRIEF rather than from RRAILS, you will not get a pop-up asking if the letter is to a third party or if the claimant is male. The correct pronouns will be pre-filled from D-BRIEF.

6.4.6.3 The Joint Freeze Decision is a Grant

A. Complete a RL-210 when:

- there is agreement between RR and SS about the DF onset date, and
- the DF onset date is the same or later than annuity onset date.

If the person does **not** have a DF insured status ([DCM 6.3.2](#)), also send a SSA-L810 and enclose SSA Publication No. 05-10058, *Your Right To Question The Decision Made On Your Claim*.

B. Complete a RL-210b when:

- there is agreement between RR and SS about the DF onset date, and
- the DF onset date is earlier than annuity onset date, and the annuity onset date is being changed to match the DF onset date.

If the person does **not** have a DF insured status ([DCM 6.3.2](#)), also send a SSA-L810 and enclose SSA Publication No. 05-10058, *Your Right To Question The Decision Made On Your Claim*.

- C. Complete a RL-210c when there is disagreement between RR and SS about the DF onset date. If the person does **not** have a DF insured status ([DCM 6.3.2](#)), also send

a SSA-L810 and enclose SSA Publication No. 05-10058, *Your Right To Question The Decision Made On Your Claim*.

6.4.6.4 The Joint Freeze Decision is a Denial

Complete a RL-260 and SSA-L813.1 and enclose SSA Publication No. 05-10058, *Your Right To Question The Decision Made On Your Claim*.

6.5 RRB/SSA Coordination

6.5.1 General Guidelines

In order to properly coordinate disability decisions, SSA and RRB must exchange medical evidence and wage records, review medical decisions, settle/reconcile disagreements about disability decisions, and institute an authorization process for certain types of disability freeze (DF) cases. All attempts to coordinate RRB/SSA claims shall be made to help limit or prevent different decisions from being effectuated and to avoid duplication of development of evidence. The RRB prepares and signs railroad (RR) disability determinations for career RR workers or the dependents of deceased career RR workers and SSA prepares and signs Social Security determinations for the same claimants. Coordination of decisions is based on a signed Memorandum of Understanding (MOU) between both agencies. Each agency has mutually agreed to share evidence which it has obtained.

A. Disability Freeze Decisions

Independent DF decisions made by either SSA or RRB are not binding on the other agency. However, joint freeze (JF) decisions completed at the initial and reconsideration levels of adjudication are. See [DCM 6.7.3](#) when a JF is to be completed. See [DCM 6.7.4](#) for JF processing procedure.

Where all aspects of JF decisions are coordinated between SSA and DBD, independent single freeze (SF) decisions are not required to be coordinated although each agency has agreed to furnish required information about disability decisions made for RR employees. See [DCM 6.6.4](#) for DBD examiner or Reconsideration Section handling of a SF.

If both agencies are unable to reach an agreement on a JF decision through the coordination and reconciliation processes or when a claim is awarded at the RRB appeal level ([DCM 6.1.3 C](#)), the RRB will complete a unilateral freeze decision. Unilateral freeze decisions completed by a DBD-DPS examiner require supervisory or senior examiner signatory approval. Unilateral freeze decisions completed by a Reconsideration Section specialist require signatory approval by a second specialist. See [DCM 6.7.4](#) for DBD or Reconsideration Section handling of a unilateral freeze.

6.5.2 Coordination Actions

When a disability application is filed at the RRB, the TRIC request made for the application will earmark the SS record. SSA takes no action on the earmark unless they have a pending application.

If our disability application or other evidence in file indicated that the claimant also filed for a DIB or SSI benefits, the field office will request, by Form RR-5, the medical evidence and decision from SSA's Disability Program Branch (DPB) to be sent directly to DBD. DBD will either telephone (only when a case must be expedited) or use Form RR-5 to request this information from DPB when the field office has not released a Form RR-5 request. The RR-5 is either sent to:

Disability Program Branch
Great Lakes Program Service Center
Social Security Administration
Post Office Box 87755
Chicago, Illinois 60680

Or, the request can be sent by email with the RR-5 as an attachment to CHI.ARC.PCO.DPB@ssa.gov. Type "RR-5" in the subject line. Do not include the SSA disability examiner's name, claimant's name, social security number, or other personally identifiable information in the subject line. If known, type the name of the SSA disability examiner who is assigned these terminal digits and the full claim number in the body of the email.

If, upon examination of the SSA evidence, the disability rating examiner cannot reach a disability decision under section 2(a)(1)(v) that is consistent with the disability determination previously made by SSA, the rating examiner should refer the case to the supervisor or senior examiner. (S)he will decide on what further action, if any, should be taken to reconcile the conflict in the disability determination.

If DBD receives an application for a disability annuity and it is determined that the employee has less than 120 RR service months and less than 60 RR service months after 1995, the application and pertinent claims material are transferred to SSA.

When a disability application is filed at SSA, DPB will query their systems to determine service months when their applicant indicates railroad service. If 120 months of RR service or 60 months after 1995 are verified, DPB will furnish DBD with the claim number and request medical evidence. We reply with Form RL-34b the status of claims activity at DBD. SSA will transmit information on their decision with Form SSA-415. DBD will review the SSA decision. If the file indicates a disability rating allowance under the RR Act can be made, use G-239 to secure an application from the career RR employee if one has not been filed.

6.6 Single Freeze Determinations and Simultaneous Ratings

6.6.1 Definitions and General Program Policy

A simultaneous disability annuity (D/A) rating and a disability freeze (DF) rating should be completed except when DBD management has advised that simultaneous D/A and DF ratings should not be completed due to DBD workload or other agency considerations. This would occur in both single freeze (SF) cases and “no conflict” cases. SF cases are those disability claims filed at the RRB by or on behalf of career railroad employees where there is little to no potential for social security benefits ever being paid. The DF rating for these cases can be made by the RRB alone. “No conflict” cases are those in which SSA has already made a disability decision which we have reviewed and concur with the medical determination, vocational determination, and onset date. “No conflict” case decisions “adopted” by the RRB are handled as a SF because a claim for DF was already filed at SSA.

HOWEVER, DO NOT DELAY THE AWARD OF D/A FOR DEVELOPMENT OF ADDITIONAL EVIDENCE OR INFORMATION NEEDED FOR A DF DECISION.

The annuitant has the right to request that a DF not be granted. (See DCM [6.3.1](#))

When the claim for a D/A is denied, the DF is automatically and concurrently denied. If a previously denied D/A is reopened and revised to an allowance, the DF determination must also be reconsidered by completion of G-325 or an SSA-831, even if the decision will still be a denial.

6.6.2 When Simultaneous D/A And DF Decisions Cannot Be Made

A simultaneous rating cannot be made in the following cases:

A joint freeze determination is required. (See DCM [6.7.3](#))

Additional medical evidence (M/E) is required because M/E that was obtained in support of the employee's D/A rating is not adequate for making a disability freeze determination.

SS wage data has not been received and such record is required. (E/R of employee has an "SS" indication.)

Additional vocational information is required about a claimant's non-railroad work for making a disability freeze determination when the decision is based on both medical and vocational factors.

6.6.3 Actions By DPS To Determine Whether Applicant Has QC

- A. As of Alleged Quarter of Disability (AQD) - First determine whether the applicant meets the insured status test as of the AQD (i.e., the quarter in which he became

unable to work) based on the filing or deemed filing date of the disability freeze application. If the applicant does not have a 20/40 insured status, as of the AQD, see whether he has the qualifying QC's after or before the AQD. When making the appropriate test, keep in mind when a disability freeze recalculation is applicable, and when DIB entitlement could otherwise begin.

- B. After the AQD but Not in Alleged Quarter - An applicant who has insufficient earnings when first disabled may be eligible for a disability freeze period if he meets the qualifying QC requirement after the onset of his impairment. In such cases, the disability freeze period begins on the first day of the quarter in which the qualifying QC requirement is met.

If an employee has only 19 quarters in the 40-quarter period ending in the AQD, and was paid sufficient vacation allowance in the next succeeding quarter which could give him the required 20 QC's, he would meet the qualifying QC requirement for disability freeze on the first day of the quarter he was paid the vacation allowance. However, if he was awarded a D/A which began to accrue on or before the date he was paid the vacation allowance, that quarter cannot be used to meet the qualifying QC for disability freeze, unless his annuity is re-certified to begin on the date following the last day for which he was paid the vacation allowance. In such a case, the annuity payments previously made to him are erroneous.

If an employee has insufficient quarters in the 40-quarter period ending in the AQD, and was paid miscellaneous compensation in a period which could give him the required 20 QC's, the miscellaneous compensation can be used to give the required QC's.

This is also true, if an employee is receiving regular compensation that does not provide a service month in a period which could give him the required 20 QC's. The regular compensation can be used to provide the required QC's.

- C. Before AQD But Not In or After That Quarter - Even when it appears that the qualifying QC requirement cannot be satisfied at any time in or after the alleged quarter in which disability occurred, the applicant may be eligible for a disability freeze if he had the necessary qualifying QC at some point before the AQD. This is so because the actual date of disability may have been much earlier than that alleged. This actual date cannot ordinarily be established until medical development and examination have been completed.

If the applicant appears to have the qualifying QC at some point earlier than the alleged date of onset of his disability, and the earnings record (E/R) indicates that his earnings ceased before the alleged date, it is possible that the date of onset was incorrectly stated by the applicant. However, it is also possible that the applicant was merely unemployed or engaged in work not covered by the RR Act or the SS Act. In such cases, the disability examiner considers the merits of the applicant's explanation given on Form AA-1d and decides whether medical

development should be undertaken to determine whether the applicant was unable to engage in any SGA in or after the quarter in which he had the qualifying QC.

- D. Development When Applicant Does Not Appear to Have Qualifying QC in or After AQD - When the applicant apparently does not meet the qualifying QC requirement either in or after the quarter when alleged disability began, compare his allegations of his work history with his reported earnings. Assume that the E/R is correct unless development on the basis of any conflicting allegations of the applicant proves it to be incorrect. If the applicant alleges employment or SE not reflected by the earnings data and such work would be sufficient to establish the necessary qualifying QC, it should be investigated. No further action should be taken with respect to the application for a disability freeze until the question is resolved.
- E. Explanation of Earnings After AQD - When the applicant has the qualifying QC as of the AQD and the E/R shows that he has earnings after the quarter in which the disability allegedly began, the earnings reported for periods after the AQD, should be satisfactorily explained on Form AA-1d completed by the applicant as to whether the amounts reported after the AQD are special payments (sick pay, vacation pay, bonuses, etc.), or payments for services actually rendered after the AQD.
- F. Determining QC's at RRB January 1, 1978 or Later - Effective January 1978, a QC is based on yearly earnings and is not assigned to a specific calendar quarter in the year. For calendar years 1978 or later, the amount of earnings required for a worker to be credited with a QC is written into the SS Act and will be adjusted each year with the rise in average wage levels (see [RCM 5.6.18](#)). Therefore, even though an employee may only have worked in one quarter in a particular year, the employee may be credited up to 4 QCs if his earnings are high enough.

6.6.4 Making Single Freeze Decisions

Single Freeze (SF) decisions are not coordinated with the Social Security Administration (SSA) and may be completed by DBD examiners or Reconsideration specialists using the following process:

A. DBD Handling

1. Distribution of Incoming Claims

Cases are generally distributed to and adjudicated by DBD examiners according to terminal digits.

2. Adjudication and Evidence Development

Adjudicators review the evidence in file and, when necessary, take appropriate actions to develop for sufficient evidence needed to make a reasonable disability decision. Actions include but are not limited to development of: pertinent medical and non-medical evidence, vocational reports, earnings record ([DCM 6.3.4](#)), application forms, activities of daily living, and medical consultant's opinion (MO).

See [DCM 4.10.13](#) for information regarding the age of medical evidence in SF cases.

NOTE 1: Adjudicating personnel must check to see if an application for Disability Insurance Benefits (DIB; Title II) or Supplemental Security Income (SSI; Title XVI) was already filed at SSA. Indications that a disability application was filed at SSA can be found in/on:

- Form AA-1 (APPLE and paper);
- Form AA-1d;
- SSA Master Benefit Record (MBR);
- SSI Record;
- DATAQ;
- DEQY (if already in file or in imaging); and
- Contact Log.

Adjudicators can request a MBR, SSI record, and DEQY from RRB personnel who have been authorized by SSA to access their system. Instructions how to read a MBR can be found in POMS SM 00510. Instructions how to read a SSI record can be found in POMS SM 01601. Adjudicators can also request a report from The Work Number (TWN); see DCM 3.4.205.

NOTE 2: Medical evidence of record may conclusively show that the severity of a RR employee's impairment or combination of impairments is medically disabling without considering his or her age, education, or work experience. Examples include but are not limited to: a biopsy report indicating that the claimant has been diagnosed with small-cell (oat cell) carcinoma of the lung; the claimant suffering amputations of both hands; the claimant who has received a lung or liver transplant and the case is being completed within 12 months of the transplant surgery. The severity of any medically-documented impairment(s) included in the Listing of Impairments ([DCM 4.12](#); POMS DI 34001.000), as issued by SSA, is considered medically disabling.

In addition, a RR employee may have a medically-documented terminal illness (TERI) or a medical condition in SSA's Compassionate Allowance (CAL) list. An illness which is generally considered terminal or a medical condition in the CAL list (DCM 3.4.100) indicates a high probability that the RR employee is disabled.

Presuming that there is no other conflicting medical evidence in file which would lead one to question whether the severity of an impairment(s) is medically disabling as shown in the SSA Listing of Impairments, situations such as these do not require a MO and DBD-DIS or DPS examiners and Reconsideration specialists have the latitude to complete SF decisions without the MO. A case tagged as a TERI or CAL claim ([DCM 3.4.100](#)) has no bearing on this decision, although it may be an indication that a MO may not be needed.

As a general rule of thumb, however, if a medical judgment by a licensed physician or psychologist is required to determine whether the severity of an impairment(s) is medically disabling, a MO must be obtained. (See [DCM 4.11.1](#) through 4.11.4).

NOTE 3: Any case in the Financial Interchange (FI) sample ([DCM 6.7.3 D](#)) must always be recorded into the RRB systems as either a joint freeze or unilateral freeze, even if an application for DIB or SSI was already filed at SSA.

3. Administrative Actions Before Authorization

After reviewing all of the information and coming to a determination, the examiner:

- a. Composes a rationale (D-Brief G-325B if completing a concurrent D/A and SF decision; RRAILS G-325.1 if completing a SF only decision). (See [DCM 5.1.6](#))

The rationale must be sent to the imaging authorization folder if the decision requires authorization. (See [DCM 3.4.304](#) for guidelines when a case does not require authorization.)

- b. Completes the appropriate OLDDS G-325 screen entries (see [DCM 12.1.4](#)).

NOTE: If a SF allowance ALSO allows an earlier D/A onset date, a single OLDDS entry may be completed on the same day.

- c. Composes the appropriate RRAILS RL-210 series or RL-260 series letter. (See [DCM 6.4.6](#)).

The letter must be sent to the imaging authorization folder if the decision requires authorization. (See [DCM 3.4.304](#) for guidelines when a case does not require authorization.)

- d. If necessary, sets an appropriate CDR call-up (see [DCM 8.5.2](#) and [8.5.3](#)).

- e. If required, submits the case for authorization. (See [DCM 3.4.304](#) for guidelines if the case does not require authorization.)

NOTE: Printouts of the G-325 OLDDS screens, G-325B or G-325.1 rationale, and, if applicable, CDR call-up sheet are to be filed on the left side of the claims folder by the rating examiner.

4. Authorization Process (IF NECESSARY)

Follow the instructions in [DCM 3.4.302](#).

When all is complete, the claims folder is sent to:

- Claim Files, if the SF is allowed EXCEPT when a DF has been granted for a deceased railroad employee ([DCM 6.9.1](#)).
- Reconsideration Section, if the SF is denied.

NOTE 1: See [DCM 3.4.300](#) and [3.4.301](#) for general information about the authorization process in DBD and Reconsideration Section.

NOTE 2: Simultaneous disability annuity (D/A) and SF ratings should be completed except when DBD management has advised that simultaneous D/A and SF ratings should not be completed due to DBD workload or other agency considerations.

If D/A and SF ratings are authorized simultaneously, the SF determination letter shall NOT be released at the same time as the D/A determination letter. Rather, the claims folder will be held in AFCS location T0SP until the D/A award has been paid partial or final by the RRB. The SF determination letter will be released after the D/A has paid partial or final by appropriate DBD personnel.

In addition, SF-only decisions (i.e. SF decisions which are not rated simultaneously with a D/A decision) must not be authorized on OLDDS and the SF determination letter shall not be released until the D/A award has been paid partial or final by the RRB.

NOTE 3: DBD examiners and authorizers are both responsible to proofread the disability determination letter for the correct name and address, accurate content, and proper grammar before it is sent to the imaging authorization folder (or released to the claimant and imaging system if the decision does not require authorization by another examiner).

B. Reconsideration Section Handling

1. Incoming Claims and Distribution

DBD sends claims folders to the Reconsideration Section at the time that an individual is rated not disabled for a SF in anticipation of a possible request for reconsideration.

Incoming requests for reconsideration of a wholly or partially unfavorable SF determination are screened to determine if the request was made timely. Timely requests are logged into USTAR ([FOM1 15120](#)) and a letter acknowledging receipt of the request is released. A USTAR tracking sheet is printed and attached to the request and claims folder. (Claims folders not already in the Reconsideration Section are obtained).

Requests for reconsideration are distributed to Reconsideration specialists by date of receipt, the oldest requests being distributed first, except when there is special (i.e. Congressional, Board member, etc) interest.

2. Adjudication and Evidence Development

See [DCM 6.4.4 A.2](#)

3. Administrative Actions Before Authorization

After reviewing all of the information and coming to a determination, the adjudicating specialist:

a. Rationale (See [DCM 5.1.6](#))

- If fully affirming a previous determination

Composes a rationale explaining why the previous determination was reasonable. The document is then placed in the Reconsideration Rationale SharePoint site.

Do not place a copy in the claims folder.

- If partially or fully revising a previous determination

Completes Form G-325.1 ([DCM 11 G-325.1](#)).

Place a copy of Form G-325.1 on the left side of the claims folder before submitting the case for authorization.

b. OLDDS (If necessary) ([DCM 12.1.4](#))

OLDDS is only completed if the SF determination in effect is changed (allowance/denial) or a disability onset date is revised.

If completed, a copy of all OLDDS screens is placed on the left side of the claims folder before submitting the case for authorization. (See [RCM 5.12.10](#))

c. Disability Determination Letter

Appropriate Reconsideration Section code letters and paragraphs are used. The adjudicating examiner must send the letter to the imaging authorization folder.

NOTE: Reconsideration Section specialists are responsible to proofread the reconsideration determination letter for the correct name and address, accurate content, and proper grammar before it is released to the claimant/annuitant and sent to the imaging authorization folder.

d. Reversal Sheet (if necessary)

A reversal sheet is completed only if partially or fully revising a previous determination. It is placed in the claims folder.

4. Authorization Process (IF NECESSARY)

SF decisions at the reconsideration level require authorization by another specialist ONLY if partially or fully revising a previous disability determination.

If the case requires authorization by another specialist:

- a. The adjudicating specialist will log the claims folder into the AFCS location of the fellow specialist reviewing the case and bring it to him/her.
- b. The authorizing specialist will thoroughly review all aspects of the proposed disability determination for sufficiency, accuracy, and content, including but not limited to: medical and non-medical evidence, all medical opinions, determination rationale, system entries, formal determination letters of notification, and any other forms and documentation relevant to the decision.

The authorizing and adjudicating specialists will immediately discuss the case if there are any disagreements in any aspect of the decision. As a last resort, the Reconsideration Section supervisor should be consulted if the disagreements cannot be rectified informally.

- c. The authorizing specialist will approve OLDDS and verify that it processed correctly into the system.
- d. After the case has processed into the system, the authorizing specialist will log the claims folder into the AFCS location of the adjudicating specialist and return it to him/her.

5. Administrative Actions After Authorization

- a. The adjudicating specialist will print three (3) copies of the formal disability determination notification letter. One copy is released to the individual requesting reconsideration. One copy is placed on the right side of the claims folder. One copy is given to the Chief of the Reconsideration Section.

A fourth copy (carbon copy; cc:) is printed if an attorney is or appears to represent a claimant/annuitant. Send the cc: to the attorney if the reconsideration determination is partially or fully favorable. Send the cc: to the claimant/annuitant if the original determination is fully affirmed.

All letters must be sent to imaging.

- b. Enter an appropriate CDR call up diary ([DCM 8.5.2](#) and [8.5.3](#)), if it is warranted, using the CDR call up program ([DCM 12.3](#)). A copy is placed on the left side of the claims folder.

NOTE: Existing medical diary call ups in the CDR call up program should be closed and an up-to-date diary entered.

- c. The adjudicating specialist will release one copy of the Reversal Sheet to DBD. A second copy (attached to the USTAR tracking sheet) is placed in the incoming tray of the Chief of Reconsideration Section.
- d. When all is complete, the claims folder is either sent to:
 - Claim Files, or
 - Survivor Benefits Division - Initial Section if a DF has been granted for a deceased railroad employee ([DCM 6.9.1](#)).

NOTE: If the payment of a D/A or O/M is affected such as could occur when an earlier DF onset date is allowed, notify the Retirement Benefits Division via an E-mail.

6.7 Joint Freeze, Unilateral Freeze, and Financial Interchange Disability Determinations

6.7.1 Introduction To Joint And Unilateral Freeze Determinations

Joint RRB/SSA disability freeze (DF) decisions are not required by law or regulation but are the results of interagency policy formed in September 1958 to protect certain railroad employees and their families against the possible adverse effect of independent and/or conflicting DF decisions made by two agencies based on the same provisions of law. Joint freeze (JF) decisions also eliminate any potential administrative problems for both agencies due to uncoordinated decisions.

Although the Railroad Retirement Board (RRB) has independent statutory authority to make DF decisions for our annuitants, there are no provisions of law that requires the Social Security Administration (SSA) to recognize our ratings for benefits under the Social Security Act (SS Act). JF decisions insure that the employee's family will have the advantage of higher survivor benefits after his death.

A JF determination is defined as a disability claim processed jointly by RRB and SSA where there is some likelihood of social security benefits being paid OR cases included in the financial interchange sample. RRB prepares the DF determination and SSA reviews and countersigns the decision.

An application for a disability annuity (D/A) filed with the RRB is also deemed to be an application for a DF under the SS Act. If a claim for D/A **filed with the RRB** meets the criteria (but not an exception) shown in [DCM 6.7.3](#), the RRB is required to attempt to coordinate the DF decision with SSA as a possible JF decision.

- If, at the initial or reconsideration levels of adjudication, the RRB and SSA agree that the claimant is disabled beginning on a specific date, a JF has been established from that date and the disability determination is entered into the RRB system using OLDDS SSA-831 ([DCM 12.1.6](#)).
- If, at the initial or reconsideration levels of adjudication, RRB and SSA EITHER
 - disagree that the claimant is disabled
 - OR
 - agree that the claimant is disabled but disagree on the date that disability begins

the RRB may decide to unilaterally conclude that the claimant is disabled for DF purposes. The period of time which the RRB decides to make an independent decision on the claim after the RRB and SSA are unable to reach an agreement through the JF coordination/reconciliation process is considered a unilateral freeze period. Unilateral freeze decisions completed in DBD require supervisory or senior examiner signatory approval. DF decisions denied in DBD but subsequently unilaterally allowed in the Reconsideration Section require authorization by a second Reconsideration specialist.

- The RRB and SSA have agreed that DF claims meeting the criteria in [DCM 6.7.3](#) but completed at the appeals or Board level are considered unilateral freeze decisions. Appeals and Board-level decisions are entered into the RRB systems through OLDDS differently than initial and reconsideration-level decisions.

NOTE: A courtesy copy of the administrative record and determination rationale are sent to SSA for unilateral DF claims awarded by a hearings officer or three-

member Board which are in the financial interchange sample, as shown in [DCM 6.7.3 D](#).

All JF and unilateral freeze decisions are important for Financial Interchange (FI) purposes. See [DCM 6.7.8](#) for additional information regarding the FI.

6.7.2 SS Definition Of "Career RR Employee"

SSA considers any person to be a career RR employee if the person has:

- 120 months of creditable service under the Railroad Retirement Act (RRA), or
- Completed 60-119 months of creditable service under the RRA with at least 60 months after 1995, or
- Been awarded an RR disability or retirement annuity.

A person who does not meet the conditions mentioned above is termed a "non-career" RR employee.

6.7.3 When A Joint Decision Is Required

Joint disability decisions for an initial disability freeze and continuing entitlement to a disability freeze will be made for career railroad employees when there is potential entitlement to social security benefits. A joint decision will be made when one of the following conditions exist, with exceptions listed at the end of the section:

- A. The employee does not have a current connection (C/C).
- B. The employee has sufficient wage quarters to be eligible for a DIB as of the alleged quarter of disability onset (AQD).
- C. SSA reports wages of over \$5,000 but does not identify the quarters of coverage for that year.
- D. The case is included in FI sample. The sample consists of employees, widows and children in the following cases:

Those where the claim number is A-979832 or lower and the last two digits of the claim number are 55; or,

Those where the claim number is higher than A-979832 (including terminal digit claim numbers) and the last two digits of the claim number are 30.

Provided an applicant has been disabled for at least five months at the time an RR Act decision is made and we have sufficient medical evidence to make an SS Act disability freeze decision, an attempt should be made to make that decision. Use the information contained on the G-90 record or the REAP program and the DEQY/SEQY earnings

information and report from The Work Number (TWN) in conjunction with data on the application about recent work to determine whether a single or joint decision is required. These items or records must be imaged. Do NOT print as they contain federal tax information and must be properly safeguarded.

EXCEPTIONS: The following types of cases should be excluded from the joint freeze process unless the case is in the FI sample (see item D above). If the case is in the FI sample the exceptions in items 2 through 6 do **NOT** apply. Only item 1 applies for cases in the FI sample:

1. All cases in which the annuity is denied based on the same application
2. All technical denials for lack of insured status or failure to meet the twelve-month duration requirement. This type of denial should be handled as a single disability freeze decision.
3. All cases in which an occupational annuity is being granted, but the disability freeze would be denied for being in SGA. This type of denial should be handled as a single disability freeze decision. However, a facsimile copy of the denial letter should be sent to GLPSC at (312) 575-4701, Attention: Disability Consultant.
4. The employee has a current connection and has died before adjudication.
5. Cases in which the person has filed for either Title II or Title XVI under the Social Security Act.
6. Technical denials for which the annuitant has submitted a statement that he does not want to be granted a DF per [DCM 6.3.1](#)

6.7.4 Making Joint And Unilateral Freeze Decisions

All claims for disability annuity (D/A) **filed with the RRB** meeting the criteria in [DCM 6.7.3](#) are considered joint freeze (JF) decisions. Initial JF claims are coordinated with the Social Security Administration (SSA) by examiners in the Disability Benefits Division - Disability Post Section (DBD-DPS). In addition, JF claims initially denied by DBD-DPS but allowed by a claims specialist in the Reconsideration Section (Recon) are coordinated with SSA.

NOTE 1: Affirmations of initially denied JF's are not coordinated with SSA by Recon claims specialists.

NOTE 2: If a claim for D/A was denied initially by DBD but reversed by a reconsideration specialist AND the claim meets the criteria for JF coordination ([DCM 6.7.3](#)), Recon will return the claims folder back to DBD-DPS to coordinate the JF decision with SSA since it had not been previously attempted.

Disagreements may occur between the RRB and SSA with regards to medical and/or vocational issues as well as, if an allowance, the proposed onset date. Those disability

claims where the RRB makes an independent decision after the RRB and SSA are unable to reach an agreement through the JF reconciliation process are considered unilateral freeze decisions. In addition, disability freeze (DF) decisions meeting the criteria in [DCM 6.7.3](#) but completed at the appeals or Board level are considered unilateral freeze decisions. Appeals and Board-level decisions are entered into the RRB systems through OLDDS differently than initial and reconsideration-level decisions.

NOTE: A courtesy copy of the administrative record and determination rationale are sent to SSA for unilateral DF claims awarded by a hearings officer or three-member Board which are in the financial interchange sample, as shown in [DCM 6.7.3 D](#).

The process that follows is used to coordinate decisions with SSA.

6.7.4.1 Distribution of Incoming Claims

A. DBD Handling

Cases are generally distributed to and adjudicated by DBD examiners according to terminal digits.

DBD sends the claims folder of initially denied JF's to Recon at the time that an individual is rated not disabled in anticipation of a possible request for reconsideration.

B. Reconsideration Section Handling

Incoming requests for reconsideration of a wholly or partially unfavorable JF determination are screened to determine if the request was made timely. Timely requests are logged into USTAR ([FOM1 15120](#)) and a letter acknowledging receipt of the request is released. A USTAR tracking sheet is printed and attached to the request and claims folder. (Claims folders not already in Recon are obtained.)

Request for reconsideration are distributed to Recon specialists by date of receipt, the oldest requests being distributed first, except when there is special (i.e. Congressional, Board member, etc) interest.

6.7.4.2 Adjudication and Evidence Development

The DBD-DPS examiner or Recon specialist obtains all information needed to make a DF decision including but not limited to: any pertinent medical and non-medical evidence, vocational reports, earnings record ([DCM 6.3.4](#)), application forms, activities of daily living and medical consultant's opinion (MO) of the claimant's residual functional capacity.

NOTE 1: Adjudicating personnel must check to see if an application for Disability Insurance Benefits (DIB; Title II) or Supplemental Security Income (SSI; Title XVI)

was already filed at SSA. Indications that a disability application was filed at SSA can be found in/on:

- Form AA-1 (APPLE and paper);
- Form AA-1d;
- SSA Master Benefit Record (MBR);
- SSI Record;
- DATAQ;
- DEQY (if already in file); and
- Contact Log.

Adjudicators can request a MBR, SSI record, and DEQY from RRB personnel who have been authorized by SSA to access their system. Instructions how to read a MBR can be found in POMS SM 00510. Instructions how to read a SSI record can be found in POMS SM 01601. Adjudicators can also request a report from The Work Number (TWN); see DCM 3.4.205).

If a career railroad employee has also filed a claim with SSA for a DIB or SSI, the DF decision must be processed into the RRB systems as a single freeze ([DCM 6.6.4](#); [DCM 12.1.4](#)) **EXCEPT** when a claim is in the Financial Interchange (FI) sample, as shown in [DCM 6.7.3 D](#). If the claim is in the FI sample, the DF decision must be processed into the RRB systems through OLDDS SSA-831 ([DCM 12.1.6](#)).

NOTE 2: Affirmations of initially denied JF decisions or JF disability onset dates are not coordinated with SSA by Recon claims specialists. If a Recon specialist affirms a JF which was initially denied or a JF disability onset date, do not follow the instructions in DCM 6.7.4.3 through 6.7.4.5. Disposition of the case shall continue as in [DCM 6.7.4.6 A.2](#).

6.7.4.3 Administrative Actions Before Coordination With SSA

After reviewing all the information and coming to a determination, the DBD examiner or Recon specialist:

1. completes a RRAILS Form G-325.1, *Disability Decision Rationale*, for the proposed decision ([DCM 11 G-325.1](#)), and
2. records and signs the JF decision on Form SSA-831-U3, *Disability Determination and Transmittal*. (See [DCM 11 SSA-831](#))

The above information is placed on the top of the left side of the claims folder. (See [RCM 5.12.10](#) for information how a claims folder is organized.)

3. images a copy of the REAP earnings record and/or DEQY/SEQY/ and report from The Work Number (TWN) for documentation (if needed). (Do not send these items to SSA).

6.7.4.4 Sending Claims Folders To SSA

The DBD examiner or Recon specialist places the claims folder in terminal digit order in the T0GL file cabinet located in DBD and logs the folder into AFCS sublocation T0GL (DBD-Cases Going to GLPSC). The claims folder will then be sent by messenger (generally once each week) to SSA's Great Lakes Program Service Center-Disability Program Branch (GLPSC-DPB) for JF coordination efforts.

Folders leaving the Board for GLPSC will be logged into AFCS sublocation T017 (DBD-Joint D/F at SSA).

NOTE: The claims folder with the proposed JF decision may be released to SSA before a D/A award has been paid partial or final by the RRB.

6.7.4.5 Coordination Actions With SSA

The GLPSC claims examiner reviews the decision for concurrence and then sends the claims folder to their doctor(s) to review the evidence and provide a written MO. Any differences between agencies are reconciled before the GLPSC claims examiner **and** SSA doctor certify the decision by each signing Form SSA-831-U3.

- A. SSA agrees with the proposed RRB JF determination (i.e. medical and/or vocational issues as well as disability onset date)

The GLPSC disability examiner will keep a photocopy of the certified Form SSA-831-U3 for their records, leave any MO's and other related paperwork in the claims folder, complete and staple SSA Form GLPSC-38 to the front of the file, and return the claims folder to the RRB.

Disposition of the case shall continue as in [DCM 6.7.4.6 A.1](#) (DBD-DPS) or [DCM 6.7.4.6 A.2](#) (Recon).

- B. SSA disagrees with the proposed RRB JF determination

Neither the GLPSC disability examiner nor their doctor will certify Form SSA-831-U3. The GLPSC disability examiner will leave the MO's and other related paperwork in the claims folder, complete and staple SSA Form GLPSC-38 to the front of the claims folder with an explanation for the disagreement, and return the claims folder to the RRB.

Upon return of the claims folder, the DBD-DPS examiner or Recon specialist will review all of the evidence and any supporting rationale that SSA has provided.

1. If the DBD-DPS examiner proposed a JF allowance or denial but now agrees with SSA's proposed denial or allowance, (s)he will complete a new RRAILS Form G-325.1, *Disability Determination Rationale*, and Form SSA-831-U3, *Disability Determination and Transmittal*, and place them above the original G-325.1 and SSA-831-U3 forms. (A large "X" shall be written on the original G-325.1 and SSA-831-U3 forms and each form will be left in file for documentation purposes.) A "GLPSC Conflict Case" label shall be stapled to the front of the claims folder to alert the GLPSC representative that they have previously reviewed the file. The claims folder will then be resubmitted to SSA. Follow the instructions in [DCM 6.7.4.3](#).

If the Recon specialist proposed a JF allowance but now agrees with SSA's proposed denial, (s)he will follow normal Reconsideration section procedures to affirm the denial. Disposition of the case shall continue as in [DCM 6.7.4.6 A.2](#).

2. If the DBD-DPS examiner or Recon specialist disagrees with SSA's proposed determination, a judgment should be made as to the next course of action. If necessary, the examiner or specialist must make reasonable attempts to reconcile vocational issues and differences in medical opinions including but not limited to attempting to obtain any additional medical and/or vocational evidence and scheduling consultative examinations requested by SSA.

If the examiner or specialist continues to feel that the evidence is sufficient, (s)he can resubmit the claims folder with additional information and/or supporting rationale for its decision to SSA. In addition, DBD-DPS examiners may refer the claim to the DBD-DPS supervisor or senior examiner with a written request for advice. The request should briefly summarize the case and suggest a course of action. The DBD-DPS supervisor or senior examiner will review the evidence and provide a written opinion regarding what further action, if any, should be taken to reconcile the possible conflict. Both the request for advice and opinion must remain documented in the claims folder.

A new RRAILS Form G-325.1, *Disability Determination Rationale*, and/or Form SSA-831-U3, *Disability Determination and Transmittal*, may need to be completed and placed in the left side of the claims folder if it is resubmitted to SSA. A "GLPSC Conflict Case" label shall be stapled to the front of the claims folder each time it is returned to SSA to alert the GLPSC claims examiner that they have already reviewed the case. The claims folder will be resubmitted to SSA. Follow the instructions in [DCM 6.7.4.3](#).

If, after reasonable attempts to reconcile the differences, a disagreement still exists between the RRB and SSA, the RRB may decide to make an independent determination, referred to as a unilateral freeze decision. All unilateral freeze decisions completed by a DBD-DPS examiner require supervisory or senior examiner signatory approval. Unilateral freeze periods allowed in the Reconsideration Section require signatory approval by a second Recon specialist.

Unilateral freeze decisions proposed by a DBD-DPS examiner or Recon specialist require a written explanation (separate from the determination rationale) of the reason(s) for the decision. The rating DBD-DPS examiner shall give the claims folder and explanation to his/her supervisor or senior examiner for review. The rating Recon specialist shall give the claims folder and explanation to a second Recon specialist for review. The supervisor, senior examiner, or Recon specialist will review the proposed decision and either approve or deny it by signing the explanation (and including any additional explanation when necessary). The original approval/explanation shall be filed on the right side of the claims folder. (Unilateral freeze decisions completed as a result of an appeal do not require any approval.)

Disposition of the case shall continue as in [DCM 6.7.4.6 B.1](#) (DBD-DPS) or [DCM 6.7.4.6 B.2](#) (Recon) after signatory approval has been obtained.

See [DCM 12.1.4](#) for proper OLDDS coding for item 24 for unilateral freeze cases on the G-325 screen.

After OLDDS processes, the claims folder shall be returned to the DBD-DPS supervisor or senior examiner who approved the unilateral freeze decision. Similarly, the claims folder shall be returned to the Recon specialist who proposed the unilateral freeze decision

The DBD-DPS supervisor or senior examiner who approved the decision OR Recon specialist who proposed the decision is responsible to formally advise the SSA of the unilateral freeze decision, including any additional evidence or supporting rationale (s)he may choose to provide. The notification should be made by E-mail to: CHI.ARC.PCO.DPB@ssa.gov.

C. SSA agrees with a JF allowance but not with the proposed disability onset date or Medical-Vocational rule

SSA may or may not certify Form SSA-831-U3. If Form SSA-831-U3 is certified, the GLPSC will cross out the entries to be changed and write in the revised information. Regardless of whether it is certified, the GLPSC claims examiner should leave the MO's and other related paperwork in the claims folder, complete and staple SSA Form GLPSC-38 to the front of the claims folder (with a brief explanation of the changes), and return the claims folder to the RRB.

NOTE 1: In these situations, be alert to the possibility of an earlier onset date for the D/A determination **or** a unilateral freeze request for the period prior to the onset date SSA agrees to.

NOTE 2: RRB and SSA regulations specify that a person reaches a particular age on the day before his or her birthday. (See [RCM 4.2.3](#)) Consideration of an individual's age does not take place until step 5 of the sequential evaluation process for disability onset date purposes. Although the Medical-Vocational

rules ([DCM 5.6](#)) are not to be applied mechanically, in borderline age situations (see [DCM 5.3.6](#) and POMS DI 25015.005), a DF onset date based on the attainment of a particular age as shown in the Medical-Vocational rules is normally established as the day before the claimant's birthday.

Upon return of the claims folder, the DBD-DPS examiner or Recon specialist will review all of the evidence and any supporting rationale that SSA has provided.

1. If the DBD-DPS examiner or Recon specialist agrees with SSA's proposed changes, (s)he will complete a new RRAILS Form G-325.1, *Disability Determination Rationale*, and place it above the original Form G-325.1. (A large "X" shall be written on the original Form G-325.1 and it shall be left in file for documentation purposes.) No changes are to be made to Form SSA-831-U3, *Disability Determination and Transmittal*.

Disposition of the case shall continue as in [DCM 6.7.4.6 A.1](#) (DBD-DPS) or [DCM 6.7.4.6 A.2](#) (Recon).

2. If the DBD-DPS examiner or Recon specialist disagrees with SSA's proposed changes, a judgment should be made as to the next course of action. If necessary, the examiner or specialist must make reasonable attempts to reconcile vocational issues and differences in medical opinions.

(S)he may resubmit the claims folder with additional information and/or supporting rationale to SSA. In addition, DBD-DPS examiners may refer the claim to the DBD-DPS supervisor or senior examiner with a written request for advice. The request should briefly summarize the case and suggest a course of action. The DBD-DPS supervisor or senior examiner will review the evidence and provide a written opinion regarding what further action, if any, should be taken to reconcile the possible conflict. Both the request for advice and opinion must remain documented in the claims folder.

If the claims folder is resubmitted to SSA, a new RRAILS Form G-325.1, *Disability Determination Rationale*, and/or SSA-831-U3, *Disability Determination and Transmittal*, shall be printed and placed on the left side of the claims folder. A "GLPSC Conflict Case" label shall be stapled to the front of the claims folder each time it is returned to SSA to alert the GLPSC claims examiner that they have already reviewed the case. The claims folder will then be resubmitted to SSA as in [DCM 6.7.4.3](#) above.

If, after reasonable attempts to reconcile the differences (most likely due to a difference in the disability onset date) a disagreement still exists between the RRB and SSA, the RRB may decide to make an independent determination. The period of time that SSA does not agree with the RRB that the career railroad employee is disabled would be considered as a unilateral freeze. All unilateral freeze decisions completed by a DBD-DPS examiner require supervisory or senior examiner signatory approval. Unilateral freeze periods

allowed in the Reconsideration Section require signatory approval by a second Recon specialist.

All periods of time considered as a unilateral freeze and proposed by a DBD-DPS examiner or Recon specialist require written explanation (separate from the determination rationale) of the reasons(s) for the decision. The rating DBD-DPS examiner shall give the claims folder and explanation to his/her supervisor or senior examiner for review. The rating Recon specialist shall give the claims folder and explanation to a second Recon specialist for review. The supervisor, senior examiner, or Recon specialist will review the proposed decision and either approve or deny it by signing the explanation (and including any additional explanation when necessary). The original approval/explanation shall be filed on the right side of the claims folder. (Unilateral freeze decisions completed as a result of an appeal do not require any approval.)

After signatory approval has been obtained, the case must be properly completed. Disposition of the case shall continue as in [DCM 6.7.4.6 B.1](#) (DBD-DPS) or [DCM 6.7.4.6 B.2](#) (Recon).

See [DCM 6.7.5](#) for proper OLDDS coding in this situation.

After OLDDS processes, the claims folder shall be returned to the DBD-DPS supervisor or senior examiner who approved the unilateral freeze period. In a similar manner, the claims folder shall be returned to the Recon specialist who proposed the unilateral freeze period.

The DBD supervisor or senior examiner who approved the decision OR Recon specialist who proposed the decision is responsible to formally advise SSA that the RRB considered a period of time as a unilateral freeze period. The notification may include any additional evidence or supporting rationale (s)he may choose to provide and should be made by E-mail to: CHI.ARC.PCO.DPB@ssa.gov.

6.7.4.6 Administrative Actions After Coordination With SSA

The DBD-DPS examiner or Recon specialist will take appropriate actions after SSA certifies the proposed JF decision and/or approval for a unilateral freeze decision.

A. Joint Freeze Decisions

1. DBD-DPS Handling

a. OLDDS

Enter and process the certified JF decision on the OLDDS SSA-831 screen (see [DCM 12.1.6](#)). Authorization is not required because SSA has approved the decision. ([DCM 3.4.304](#))

EXCEPTION: If a JF allowance ALSO allows an earlier D/A onset date, actions to enter the earlier D/A onset date MUST be completed before actions to enter the JF onset date so that PREH processes correctly. In this situation, complete the following actions as follows:

- DAY 1: Complete OLDDS G-325 to allow the earlier D/A onset date
- DAY 2: After the earlier D/A onset date has processed, complete OLDDS SSA-831 to allow the JF onset date
- DAY 3: After the JF onset date has processed, send the claims folder to the DBD-Disability Post Section senior examiner so that they release an E-mail to RPS about the earlier D/A onset date. Advise the senior examiner if the claims folder needs to be sent to another location rather than to claim files.

Place a printout of all OLDDS screens above Forms SSA-831-U3 and G-325.1 on the left side of the claims folder.

JF decisions must not be authorized on OLDDS until the disability annuity award has been paid partial or final by the RRB.

NOTE: See [DCM 6.7.5](#) for procedure how to enter OLDDS in an onset date conflict.

b. Disability Determination Letter

Compose and release the appropriate RL-210 series or RL-260 series letter. In addition, either the SSA-810 or SSA-813 (with SSA publication No. 05-10058, *Your Right To Question The Decision Made On Your Claim*) must be concurrently released. (See [DCM 6.4.6](#) and [DCM 6.7.6](#))

EXCEPTION: If the JF is allowed and the EE has both a fully insured status ([RCM 5.6.5](#); [DCM 6 Appendix 5](#)) under the Social Security Act (SS Act) and a disability insured status ([DCM 6.3.2](#)) based on Social Security earnings, (s)he is insured for a Disability Insurance Benefits (i.e. DIB; cash annuity) under the SS Act. In this situation, do not release Form SSA-810 (or SSA publication No. 05-10058) to the EE. SSA will release their SSA-L810 letter and solicit the EE for an application for DIB.

Make a second copy of the RL-210 or RL-260 series letter and place it on the top of the right side of the claims folder. Do not print a copy of the SSA-810 or SSA-813 for the claims folder.

Send all letters to imaging.

c. CDR Call-Up Diary

If necessary, establish an appropriate CDR call-up diary in the CDR Call-Up program. (See [DCM 8.5.2](#) and [DCM 8.5.3](#))

If a CDR call-up diary is established, place a printout on the left side of the claims folder.

d. DF-Only Applications

DF-only applications are manually coded out of KOR. DBD-DPS examiners should enter the appropriate information on the coding sheet. The coding sheet will be E-mailed back to the DBD-DPS senior examiner at the end of each calendar month.

e. Other Miscellaneous Actions Involving the Claims Folder

File the SSA-certified Form SSA-831-U3 on the left side of the claims folder.

File all other documentation received from SSA, including but not limited to Form GLPSC-38 and SSA medical opinion form on the right side of the claims folder.

Send the EE's earning record (REAP or DEQY/SEQY and report from The Work Number (TWN)) electronically to imaging.

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f. Medicare

If the Medicare effective date is in a previous month, the current month, or any of the five months following the award, the DBD-DPS examiner or Recon specialist must notify the Medicare Section of the Medicare entitlement using Form G-405 attached to an Email. (See [RCM 11 G405](#))

It is highly recommended that the examiner or specialist place a photocopy of the E-mail and Form G-405 on the right side of the claims folder.

g. Disposition

Send the claims folder to claim files EXCEPT when a DF has been granted for a deceased railroad employee, in which case the folder should be sent to the Survivor Benefits Division - Initial Section. (See [DCM 6.9.1](#)).

2. Reconsideration Section Handling

a. OLDDS

OLDDS is only entered if the Recon examiner revises the JF decision (allowance/denial or disability onset date) originally made by DBD-DPS and

SSA certifies that decision. If this occurs, follow the instructions in DCM [6.7.4.6 A.1.a.](#)

b. Disability Determination Letter

Use RRAILS letter +RECONDEC.

If the initial JF decision is fully or partially reversed, either Recon Section code letter RL-210a (if decision is reversed) or code paragraph RS 807 (if revising a disability onset date) is used. Additional Recon Section code paragraphs and other text may need to be added to the letter. Also, code letter RL-210a.ATTACHMENT is used if a JF decision is reversed. If the claimant is represented by an attorney, the original is released to the claimant and a carbon copy is sent to the claimant's attorney.

If the initial JF decision is affirmed, either Recon Section code paragraph RS 808-1 (if a denial is affirmed) or RS-811 (if affirming a disability onset date) is used. Additional Recon Section code paragraphs and other text may need to be added to the letter. If the claimant is represented by an attorney, the code paragraph RS 809-1 is used if a JF denial is affirmed. Regardless, if a claimant is represented by an attorney, a carbon copy is sent to the claimant and the original is sent to the claimant's attorney.

Send all letters to imaging.

c. CDR Call-Up Diary

Affirmations of initial JF decisions do not require a revised CDR call-up diary. However, if an initial JF denial is reversed or a disability onset date is revised, follow the instructions in [DCM 6.7.4.6 A.1.c.](#) to update the CDR call-up diary.

d. Other Miscellaneous Actions Involving the Claims Folder

Follow the instructions in [DCM 6.7.4.6 A.1.e.](#)

e. Medicare

Follow the instructions in [DCM 6.7.4.6 A.1.f.](#)

f. Disposition

Follow the instructions in [DCM 6.7.4.6 A.1.g.](#)

In addition, attach a copy of the Recon tracking sheet to a copy of the letter and place it in the appropriate incoming tray in the office of the Chief of Reconsideration.

B. Unilateral Freeze Decisions

1. DBD-DPS Handling

a. OLDDS

Enter and process the unilateral DF decision on the appropriate OLDDS G-325 screens (see [DCM 12.1.4](#), especially for correct coding instructions for item 24). Authorization is not required because the supervisor or senior examiner has approved the decision. (See [DCM 3.4.304](#))

NOTE: A single OLDDS entry can be completed on the same day if a unilateral freeze allowance ALSO allows an earlier D/A onset date.

Place a printout of all OLDDS screens above Form G-325.1 on the left side of the claims folder.

Unilateral freeze decisions must not be authorized on OLDDS until the disability annuity award has been paid partial or final by the RRB.

NOTE: See [DCM 6.7.5](#) for procedure how to enter OLDDS in an onset date conflict.

b. Disability Determination Letter

Compose and release the appropriate RL-210 series or RL-260 series letter. (See [DCM 6.4.6](#))

Place a printout of the RL-210 or RL-260 series letter on the top of the right side of the claims folder.

Send the letter to imaging.

c. CDR Call-Up Diary

Follow the instructions in [DCM 6.7.4.6 A.1.c](#).

d. DF-only Applications

Follow the instructions in [DCM 6.7.4.6 A.1.d](#).

e. Other Miscellaneous Actions Involving the Claims Folder

File the original approval/explanation from the supervisor/lead examiner on the right side of the claims folder.

File all other documentation received from SSA, including but not limited to Form GLPSC-38 and SSA medical opinion form on the right side of the claims folder.

Send the EE's earning record (REAP or DEQY/SEQY and report from The Work Number (TWN)) electronically directly to imaging.

SSA must be notified of the unilateral freeze decision by sending an E-mail to CHI.ARC.PCO.DPB@ssa.gov.

f. Medicare

Follow the instructions in [DCM 6.7.4.6 A.1.f](#).

g. Disposition

Follow the instructions in [DCM 6.7.4.6 A.1.g](#).

2. Reconsideration Section Handling

a. OLDDS

OLDDS is only entered if the Recon examiner revises the DF decision (allowance/denial or disability onset date) originally made by DBD-DPS and SSA does not agree with the decision. If this occurs, follow the instructions in DCM [6.7.4.6 B.1.a](#).

b. Disability Determination Letter

Use RRAILS letter +RECONDEC.

If the initial DF decision is fully or partially reversed, either Recon Section code letter RL-210a (if the decision is reversed) or code paragraph RS 807 (if revising a disability onset date) is used. Additional Recon Section code paragraphs and other text may need to be added to the letter. Also, code letter RL-210a.ATTACHMENT is used if a DF decision is reversed. If the claimant is represented by an attorney, the original is released to the claimant and a carbon copy is sent to the claimant's attorney.

Send all letters to imaging.

c. CDR Call-Up Diary

Follow the instructions in [DCM 6.7.4.6 A.1.c](#).

d. Other Miscellaneous Actions Involving the Claims Folder

Follow the instructions in [DCM 6.7.4.6 B.1.e](#).

e. Medicare

Follow the instructions in [DCM 6.7.4.6 A.1.f.](#)

f. Disposition

Follow the instructions in [DCM 6.7.4.6 A.1.g.](#)

In addition, attach a copy of the Recon tracking sheet to a copy of the letter and place it in the appropriate incoming tray in the office of the Chief of Reconsideration.

NOTE: SSA will request by an email to the DBD group mailbox photocopies of the RRB file for any JF case where the employee is insured for an SSA DIB (20/40 insured case) **and** files for a disability benefit at SSA. DBD will retrieve the file from claims files and send the photocopies attached to a G-26f within 3 weeks of receiving the request. Keep a copy of the G-26f in the file as documentation that the photocopies were sent. Requests are handled by the DBD-DPS lead examiners.

6.7.5 RRB/SSA Disability Onset Date Conflict In Joint Freeze Decisions

At times the RRB and SSA may agree to grant a disability freeze (DF), but a conflict exists as to the appropriate disability onset date. Although SSA and RRB will make every effort to reconcile a conflict, the RRB is not bound to accept SSA's onset date. If after reasonable attempts to reconcile the differences, a disagreement still exists between the RRB and SSA, the RRB may decide to make an independent determination for the period of time prior to the date of disability onset that SSA agrees to. That period of time would be considered as a unilateral freeze period.

All unilateral freeze decisions completed by a DBD-DPS examiner require supervisory or senior examiner signatory approval. Similarly, all unilateral freeze decisions completed by a Recon specialist require signatory approval by a second Recon specialist.

The rating DBD-DPS examiner shall give the claims folder and explanation to his/her supervisor or senior examiner for review. The rating Recon specialist shall give the claims folder and explanation to a second Recon specialist for review. The supervisor, senior examiner, or Recon specialist will review the proposed decision and either approve or deny it by signing the explanation (and including any additional explanation when necessary). The original approval/explanation shall be filed on the right side of the claims folder. (Unilateral freeze decisions completed as a result of an appeal do not require any approval.)

In an unreconciled disability onset date conflict, the RRB date will be used for Taxation and Medicare. For any payment adjustment to a claim in this situation, refer to [RCM 8.11.15 E.](#)

When all efforts to reconcile the date conflict have been exhausted and the SSA-831 has been returned to DBD, signed off and with SSA's own disability onset date, and DBD supervisory/senior examiner or second Recon specialist signatory approval has been approved for a unilateral freeze period, process the case as follows:

- Enter the information from the form SSA-831 on OLDDS screen SSA-831 as described in [DCM 12.1.6](#). Even though RRB will not use the onset date on this form, the information must be entered for financial interchange purposes. Allow the OLDDS SSA-831 to process on the nightly run;
- After the SSA-831 information has been entered and processed, complete the screen G-325 on OLDDS for a DF only (see [DCM 12.1.4](#)). Item 24, Employee Dis Code, should contain a "7." The actual onset date used by the RRB, the RRB date and SSA date must all be completed. In the actual onset date and RRB date of this item enter the disability onset date recognized by the RRB. For the SSA date enter the disability onset date used by SSA. This information must be entered to correctly update PREH and TAX databases with the RRB onset date;
- Prepare allowance notice RL-210C as well as SSA-L810. Enter the RRB DF onset date and Medicare coverage beginning date on the RL-210C. Enter the SSA disability onset date on the SSA-L810 if it is not a 20/40 DIB insured status case. In 20/40 DIB insured status cases, SSA will release the SSA-L810.

6.7.6 Joint Disability Freeze Decision Notices

As agreed by both agencies, two joint decision notices are furnished to the applicant in most instances: one from RRB and one from SSA.

For allowances, DBD prepares RR RL-210, or RL-210b, or RL-210C. SSA-L810 is also prepared and SSA Publication No. 05-10058 (Your Right To Question The Decision Made On Your Claim) is enclosed when the employee does **not** have a 20/40 SSA DIB insured status, and SS notices are entered in item 29 of Form SSA-831-U3. In 20/40 DIB insured status cases, SSA will release the SSA-L810 and SSA Publication No. 05-10058.

DBD examiners prepare RL-260 for RR denials. A copy of RL-260 is filed in the applicant's folder and sent to imaging. In addition, the DPS examiner will prepare a SSA-L813.1 and enclose SSA Publication No. 05-10058. A copy of that letter is furnished to the annuitant and GLPSC-DPB.

No copies of the SS notices are retained for the RR claim folder.

6.7.7 Receipt Of Disability Freeze G-90 In Single Coverage Or Joint Disability Freeze Allowance

A disability freeze G-90 will be requested sometime after Forms G-325 or SSA-831-U3 are entered on OLDDS. Do not control for it. RBD receives the G-90s once a month via the GOLD system. RBD screens them to identify cases requiring additional action.

6.7.8 The Financial Interchange

In 1951, Congress enacted amendments that increased benefit levels under the Railroad Retirement Act (RR Act). This legislation guaranteed that benefits paid under the RR Act would never be less than what would have been payable if the worker's railroad earnings had been credited as Social Security employment instead of RR Act-covered compensation. As part of that same legislative package, Congress established the Financial Interchange (FI) between the Social Security and Railroad Retirement systems as an additional funding source. The FI is one of the major funding sources that supports the RR Act trust fund.

The FI is a collective term that describes a series of legally mandated periodic fund transfers between the Railroad Retirement Board (RRB) and Social Security Administration, the RRB and Centers for Medicare and Medicaid Services, and between the RRB and the Treasury. The amounts transferred are the result of a complex statistical projection based on the scenario "What if the RR Act had never been enacted?"

FI amounts are computed by the Bureau of the Actuary using statistical methods including large samples of RRB beneficiaries and currently employed railroad workers. All calculations are performed under the provisions of the Social Security Act.

When SSA concurs with the RRB's decision to grant a JF, some or all of the benefits awarded are considered Social Security Equivalent Benefits (SSEB). Normally through the FI, the Social Security trust funds bear the cost for any benefits awarded under the RR Act if the benefits are considered SSEB.

When SSA does not concur with the RRB's decision to grant a JF OR agrees to grant a DF but disagrees on the disability onset date, the RRB completes a unilateral freeze decision for the period of time of the disagreement. In these situations, none of the benefits are considered SSEB and, as a result, the Railroad Retirement trust fund bears the entire cost.

The Financial Interchange Division of the Bureau of the Actuary must keep track of the DF cases in the FI sample in addition to joint freeze and unilateral freeze cases. The Financial Interchange Division will make the appropriate queries to obtain the information needed for employees and widows. DBD management will periodically report the disabled children to the Financial Interchange Division, including the following information:

- claim number
- date of birth
- claimant's social security number
- DF code
- disability onset date, and
- date of decision

The FI is based upon the railroad employee's claim number, not a widow's or child's social security number.

6.8 74 Act Medicare and Government Employment

6.8.1 When The 1974 Act Applies

In the 1974 RR Act, a new provision was added which provides that an individual who meets the insured status requirement when their disability annuity begins retains, for Medicare purposes only, that status as long as disability benefits are paid.

In other words any disability annuitant who meets 20/40 as of his ABD, but does not meet 20/40 in the month of disability onset, is not entitled to a disability freeze. The employee can receive a "Medicare only" rating that qualifies that employee only for early Medicare. Under the 1974 RR Act, for Medicare purposes only, a disability annuitant is deemed to have met 20/40 when their condition becomes severe enough to entitle them to a DIB.

6.8.2 When Government Employment Can Be Used To Establish Medicare

- A. General - In some cases, claimed Federal, State and local government employment may be used to establish Medicare entitlement only. QCs received for this type of employment are called Government Employment Quarters of Coverage (GEQCs). They cannot be used to establish entitlement to an annuity or a disability freeze.

Every attempt should be made to establish Medicare based on Railroad Retirement (RR) earnings or Social Security (SS) wages. If this fails and the application shows government employment, an attempt should be made to establish Medicare based on government employment.

- B. Federal Employment - Federal QCs awarded January 1983 or later may be used to establish Medicare Coverage.

In addition, a federal employee may be granted QCs for federal employment before January 1983 to establish Medicare coverage if:

- the employee was in an employer-employee relationship with the federal government at anytime during January 1983, and;
 - the employee was employed by the federal government prior to January 1983.
- C. State and Local Government - State or local government QCs awarded April 1986 or later may be used to establish Medicare only. No quarters may be granted for employment before April 1986.
- D. DPS Examiner Action - If Medicare entitlement cannot be established in a disability case based on RR earnings or SS wages, further development may be required. The DPS examiner should check the application for an indication of Federal, State or local government employment. If such employment is indicated, a DEQY and report from The Work Number (TWN) must be requested and sent to Imaging. Upon viewing the DEQY, determine whether the GEQCs will provide Medicare coverage. Refer to [RCM 3.2.13](#) for further details.

6.8.3 Freeze Notice

For cases in which the 1974 Act applies or government employment is used as quarters of coverage and the employee qualifies for early Medicare, letter RL-260b is sent to the employee.

6.8.4 Past Relevant Work in 1974 Act Cases

When adjudicating 1974 Act cases, the 15 year rule used in determining past relevant work (PRW) is to be used from the date of adjudication and not from the date last insured.

6.9 Routing of Disability Freeze Cases

6.9.1 Routing Of Disability Freeze Cases When Employee Is Deceased

In cases where a disability freeze has been granted for a deceased employee and all disability action has been completed, send an email to the SBD-Survivor Benefits Division mailbox, attention: SIS, providing the RRB claim number and deceased employee's name. Route the file to the survivor initial unit. This action is needed to determine if survivor benefits are affected by the disability freeze.

Appendices

Appendix 2 - Deemed Filing Dates Of Freeze Applications

Filed At RRB before 9-7-58

D/A Application Filed	Deemed Filing Date of DF	Employee's Insured Status Requirement
Employee died after 6-30-55 and before 8-2-56. (Employees who died before 7-1-55 could not qualify for DF.)	Latest of: 1-1-55; date D/A application was filed; date disabled under section Title II of SS Act.	Meets 6/13 QC test.
Application had been filed; employee was alive and disabled under Title II on 8-2-56.	8-2-56	Meets 6/20 QC test.
Application filed after 8-2-56 and before 1958.	Latest of: Date D/A application was filed; date disabled under Title II of SS Act.	Meets 6/20 QC test.
Application filed before 1958, and employee was alive on 8-28-58. (Employee who died before 8-28-58 could not qualify for DF under 20/40.)	1-1-58	Does not meet 6/20 QC test – meets 20/40.
Application filed 1-1-58 through 9-6-58.	Later of the following dates which occurred before 7-1-58: Date D/A application was filed; date disabled under Title II of SS Act.	Meets QC test for applicable period of DF; or meets 20/40 QC test.
Employee did not qualify for DF on basis of D/A application filed before 9-7-58.	Latest of: 1-1-55; date D/A application was filed; date following last day engaged in SGA.	Meets QC test for applicable period of DF; or meets 20/40 QC test.

Application filed 7-1-58 through 9-6-58, employee not disabled under Title II before 7-1-58, or application filed after 9-6-58.	Date D/A filed; or if D/A application was filed in advance of eligibility, the date on which a letter or other SAME AS ABOVE document evidencing an intention to apply for D/A was received at an office of the Board.	
D/A previously denied and reapplication for D/A made after 9-6-58.	Date on which the letter or other document evidencing intentions to SAME AS ABOVE reapply for D/A was received at an office of the Board.	

Appendix 3 - Effect Of Filing Date And Insured Status Requirements On DF And DIB-O/M - Application Filed Before 12-2-64

Application Filing Date	DF or DIB Insured Status	Retroactivity of DF Application	DIB-O/M Entitlement Date
DF or DIB filed at SSA before 1958.	20/40 with 6/13 day employee has	DF effective first date ee age insured status and under disability which continued without interruption to date application was filed. No DF can be established beginning earlier than 10-1-41.	DIB effective application (6/20) 50/64, after 6 months waiting period. DIB-O/M cannot begin before 7-1-57

1-1-58 Through 8-27-58.	6/20 - if not met 20/40 can be applied, provided the W/E was alive on 8-28-58, and had not been sent notice of decision by that date; in such cases see eligibility requirement as shown below.	No change.	No change.
8-28-58 through 8-31-60	20/40 and fully insured unless, wage earner (W/E) has 6/20 and possible DIB entitlement or recalculation for months before 9-1958	No change. 6/20 requirement met for DIB entitlement or DF recalculation for months before 9-1958.	9-1--58, unless
9-1-60 through 7-1-62	20/40 and fully insured. If not met before 10-1960, alternate insured status can be applied 20 QC's before quarter of disability with at least 6 quarters after 1950.	No change, unless alternate insured status applied. Earliest date DF can begin under alternate insured status is 7-1-52. Insured status is 10-1960.	No change, unless alternate insured status applied. Earliest DF recalculation or DIB entitlement under alternate

7-2-62 Through 12-1-64	20/40 and fully insured.	DF can begin no earlier than 18 months before the date the application was filed, providing that the W/E has an insured status and is under a disability which continued to the day application was filed. Effective 11-1-64, the above 18-month restriction was removed, as though never in effect, if W/E was alive on 12-1-64 and W/E was continuously disabled from the date of filing until 12-1-64, or the 1st day of the month in which he attained age 65 (whichever was earlier).	No change.
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Appendix 4 - DF And DIB (OM) Legislative History

Effective Date	Provisions
7-1-55	O/M increase at age 65, if DF period established.
7-1-55	Insured status for DF set at 6/13 (currently insured).
1-1-57	DIB (OM) increased to disabled employees age 50-64, after 6- month waiting period. Earliest entitlement date for benefits under DIB (OM) 20/40 with 6/13, referred to as 6/20 (fully and currently insured).
1-1-57	Insured status for DF and DIB (OM) 20/40 with 6/13, referred to as 6/20 (fully and currently insured).
9-1-58	Repeal of DIB (O/M) offset for receipt of Workmen's Compensation (WC) and Veterans benefits.
9-1-58	Inclusion of auxiliary beneficiaries in DIB (O/M) for months after 8/58.
9-1-58	Insured status for DF and DIB (O/M) entitlement or recalculation, for months after 9/58, 20/40 and fully insured.

10-1-60	Alternate insured status for W/E under disability before 1956, 10 QC's before quarter of disability, with 6 quarters earned after 1950. The first day a DF could begin under this requirement was 7-1-52. The first month for which DIB could be paid on this requirement was 10-1960.
10-1-60	Trial work period (TWP) under SS Act changed from 3 to 9 months.
10-1-60	DIB (O/M) terminates 2 months after the month in which the disability ends.
11-1-60	DIB (O/M) at any age, after 6-month waiting period. Earliest date of entitlement to DIB (O/M) under this requirement was 11-1-60.
7-1-61	DF could begin no earlier than 18 months before application was filed based on application filed based on application filed on or after 7-2-62.
11-1-64	Removed above 18-month restriction as though it had never been in effect if: W/E was alive on 12-1-64; and he was continuously disabled from the date filing until 12-1-64, or until the first day of the month in which he attained age 65 (whichever is earlier).
9-1-65	Regular definition of disability liberalized.
9-1-65	Special insured status for blindness before age 31.
9-1-65	Change in application requirements. A W/E may file an application for DF or DIB (O/M) could not be paid before 9-1-65.
9-1-65	Offset under DIB (O/M) because of receipt of periodic workmen's compensation, for months after 12-1965, and before the disabled worker attains age 62.
2-1-68	Expanded regular definition of disability and liberalized definition of statutory blindness.
2-1-68	Special insured status requirement for disability before age 31.
2-1-68	Liberalized retroactive filing of an application for closed periods of disability, when failure to file within normal 12-month period is due to physical or mental incapacity (this change does not extend retroactive payments under DIB (O/M) beyond 12 months).
2-1-68	Definition of "average current earnings" for WC offset liberalized.
1-1-75	The RR 1974 Act permits a disability annuitant who meets 20/40 as of his ABD but does not meet 20/40 in the month of disability onset to

	receive a "Medicare Only' ratings that qualifies him <u>only</u> for early Medicare even though he is not entitled to a DF.
12-1-80	Extended Medicare coverage may continue for up to 24 additional months but only if the disability DF is terminated solely due to SGA.
12-1-88	In accordance with SSA's extended period of eligibility (EPE) provisions, and individual may be granted a 36-month entitlement period beginning with the month immediately following the completion of the 9-month TWP.
1-1-91	The Omnibus Budget Reconciliation Act (OBRA) of 1990 repealed the more restrictive definition of disability for entitlement to disabled widow(er)'s benefits under the SS Act. Under the new law, vocational factors can also be considered for widow(er)'s remarried widow(er)'s and surviving divorced spouses when rating these individuals for Medicare under the SS Act.
1-1-92	Section 5112 of OBRA grants a TWP in every period of disability and provides that the disabled annuitant's TWP ends only when he/she has completed 9 service months within a 60 consecutive month period.

Appendix 5 - Wage Quarters Of Coverage Required For SS Fully Insured Status - Disability Cases

Disability Onset

Employee Born Before 1-2-90	Before Year Age 62 Attained	Employee Born After 1-1-30	Disability Onset Age 31 or later
<u>Year of Onset</u>	<u>QC Required</u>	<u>Age at Onset</u>	<u>QC Required</u>
1957	06	31	09
1958	07	32	10
1959	08	33	11
1960	09	34	12
1961	10	35	13
1962	11	36	14
1963	12	37	15

1964	13	38	16
1965	14	39	17
1966	15	40	18
1967	16	41	19
1968	17	42	20
1969	18	43	21
1970	19	44	22
1971	20	45	23
1972	21	46	24
1973	22	47	25
1974	23	48	26
1975	24	49	27
1976	25	50	28
1977	26	51	29
1978	27	52	30
1979	28	53	31
1980	29	54	32
1981	30	55	33
1982	31	56	34
1983	32	57	35
1984	33	58	36
1985	34	59	37
1986	35	60	38
1987	36	61	39
1988	37	62	40

1989	38
1990	39
1991	40

Onset Before Age 31 Attained

An employee born after 1-1-30 who has disability onset before age 31 attained must, to have an SS fully insured status, have acquired wage QC's equal to one-half (1/2) of the quarters that elapsed between the quarter after he attained age 21 and the quarter before his disability began.

Onset In or After Year Age 62 Attained

Refer to calendar year in which age 62 attained to find required QC's.

