

Designation of Beneficiary for Unpaid Compensation

Employed Name: _____ Soc. Sec. No. _____
 Last First Middle

***Your SPOUSE is automatically the Primary Beneficiary @ 100%, unless the spouse's consent below is completed & notarized ***

PRIMARY **SPOUSE**

Last Name	First	Middle	Relationship	Percent
_____	_____	_____	_____	_____
Mailing Address			State	Zip Code
_____			_____	_____

BENEFICIARY: The person, or persons, who will receive any unpaid wages owed to you at the time of your death.
 → You must choose a Primary Beneficiary. You are not required to choose a Contingent Beneficiary, but you may.
 1. You may choose one primary beneficiary @ 100%, who would receive all unpaid wages, or
 2. You may choose a primary beneficiary @ 100% and a contingent beneficiary(s) = 100%.
 Any unpaid wages would be paid to the person first listed who survives you, or
 3. You may choose any number of primary beneficiaries=100% to receive unpaid wages.

COMPLETE FOLLOWING SECTION:

If you are not married, indicate primary and/or contingent beneficiary(ies) below.
 If spouse is listed above, indicate contingent beneficiary(ies) below.
 If you are married and the spouse's consent is complete below, indicate primary and/or contingent beneficiary(ies) below.

Indicate Primary OR Contingent with an 'X' Below & Include Percentage.

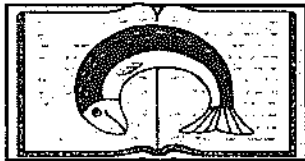
<input type="checkbox"/> PRIMARY OR <input type="checkbox"/> CONTINGENT	NAME Last	First	Middle	Relationship	PERCENT
	Mailing Address	City		State	Zip Code
<input type="checkbox"/> PRIMARY OR <input type="checkbox"/> CONTINGENT	NAME Last	First	Middle	Relationship	PERCENT
	Mailing Address	City		State	Zip Code
<input type="checkbox"/> PRIMARY OR <input type="checkbox"/> CONTINGENT	NAME Last	First	Middle	Relationship	PERCENT
	Mailing Address	City		State	Zip Code
<input type="checkbox"/> PRIMARY OR <input type="checkbox"/> CONTINGENT	NAME Last	First	Middle	Relationship	PERCENT
	Mailing Address	City		State	Zip Code

WITNESS OF EMPLOYEE'S SIGNATURE _____ DATE _____ SIGNATURE OF EMPLOYEE _____ DATE _____

SPOUSE'S CONSENT

I _____ am the spouse of _____
 By signing this consent, I agree to waive my right to any benefits that would be paid to me and consent to the naming of another beneficiary.
 Your signature must be witnessed below.

SIGNATURE _____ DATE _____
 Signature witnessed by:
 Notary Public or Postmaster _____
 State of _____
 My Commission Expires: _____



Lower Kuskokwim School District

TO: All Lower Kuskokwim School District Employees

FROM: Kimberly Hankins, Superintendent

SUBJECT: Compliance with the Federal Drug Free Workplace Act of 1988 and the Drug-Free School and Communities Act of 1989, PL0101-226 (34CFR86.2) and District Policies concerning Alcohol and Drug Free Workplace.

In compliance with federal laws and regulations, as well as with District policies prohibiting the unlawful possession, use, or distribution of illicit drugs, alcohol, inhalants, or other controlled substances by students and employees of the district, please be advised of the following:

1. All employees are prohibited from the unlawful manufacture, distribution, dispensing, possession, use or from being under the influence of any alcoholic beverage, drug, inhalant, or controlled substance in the workplace. A school district workplace is defined as any place where school district work is performed, including a school building or other school premises; any school-owned or school approved vehicle used to transport students to and from school or school activities; any off-school sites when accommodating a school-sponsored or school-approved activity or function, such as a field trip or athletic event, where students are under district jurisdiction; or during any period of time when an employee is supervising students on behalf of the district or otherwise engaged in district business.
2. Should a school district employee be convicted of violating any criminal drug statute, the employee must notify his/her supervisor of the conviction no later than five (5) days after such conviction.
3. Within thirty days of notification of an employee's conviction of violating any criminal drug statute, the school district will take appropriate personnel action, up to and including termination (when required by law) or may require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program. Any personnel action taken shall be in accordance with relevant state and federal laws, employment contracts, collective bargaining agreement, and district policies and practices.
4. Please take note that the following establishments offer drug and alcohol counseling and/or rehabilitation programs:

Regional Substance Abuse Services (PATC)	543-6700
Jett Morgan Treatment Services LLC (Anchorage)	258-7575
Wisdom Traditions Counseling Services (Anchorage)	277-1522

Employees with questions concerning insurance coverage of rehabilitation programs are encouraged to talk to their supervisor or to the employee benefits department (907) 543-4829. All documents are available for review in the Site Administrator's office.

5. **AR 4118, 4218, 4318: VIOLATION OF VILLAGE ORDINANCES**

All Lower Kuskokwim School District Staff, whether they are certified or classified, are expected to obey the rules, regulations and ordinances of the village in which they reside. Of particular importance are the ordinances resulting from decisions made by the village concerning the importation and/or possession of alcohol, commonly referred to as the local option laws. Failure to adhere to the local option laws will result in disciplinary action, which may include suspension and/or termination.

As an employee of the Lower Kuskokwim School District, I acknowledge I have read and understand the above policies and regulations, and will adhere to the local option law.

Signed _____ Date _____

Printed Name _____

Lower Kuskokwim School District

PO Box 305
Bethel, Alaska 99559
907.543.4886p 907.543.4900f

LKSD EMERGENCY CONTACT FORM

In case of an emergency, whom would you like the LKSD to contact? Do not list your spouse unless they are not at the same site as you. They would be automatically notified. Both parts 1 and 2 must be filled out. If we are unable to contact the first person, we would then attempt to contact the second person. You are not required to list a family member but *Please Note: If a police department calls for an emergency contact for you, they normally ask for a family member's name, phone number and address.*

EMPLOYEE INFORMATION:

DATE: _____

PLEASE PRINT YOUR NAME	PO BOX	PHYSICAL ADDRESS
HOME & CELL #'S	SUMMER CONTACT #	
E-MAIL ADDRESS (OTHER THAN LKSD)	SITE	

1) SPOUSE'S NAME (if applicable):

PHYSICAL ADDRESS (if different than employee's)	
HOME PHONE	WORK PHONE

2)

NAME	RELATIONSHIP		
MAILING ADDRESS	CITY, STATE, ZIP	PHYSICAL ADDRESS	CITY, STATE, ZIP
HOME/CELL #'s	WORK PHONE		

3)

NAME	RELATIONSHIP		
MAILING ADDRESS	CITY, STATE, ZIP	PHYSICAL ADDRESS	CITY, STATE, ZIP
HOME/CELL #'s	WORK PHONE		

LOWER KUSKOKWIM SCHOOL DISTRICT
P.O. Box 305 • Bethel, Alaska 99559-0305

EQUAL OPPORTUNITY INFORMATION

The Lower Kuskokwim School District is an equal opportunity employer. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district's Personnel Office and to federal and state employment officials. Your voluntary participation is requested.

Name: _____ Date: _____

Ethnic Group (Check One)

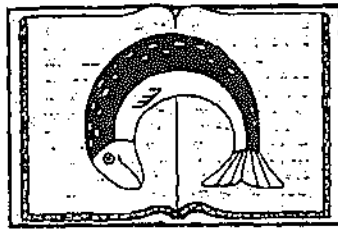
- Alaska Native
- American Indian
- Asian
- Black, not Hispanic
- Native Hawaiian or Pacific Islander
- Hispanic/Latino
- White
- Multi Ethnic (two or more races, not Hispanic)

Sex: Female Male Date of Birth _____

Classified

Certified

Applicant's Signature



Lower Kuskokwim School District

Personnel Department
P.O. Box 305 • Bethel, Alaska 99559-0305
907 543-4800 FAX 907 543-4900

TUBERCULIN TEST FORM

EMPLOYEE NAME: _____

BIRTHDATE: _____ POSITION: _____

SCHOOL SITE/DEPARTMENT: _____

DATE OF TEST: _____

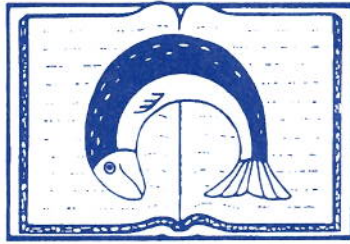
PLEASE MARK RESULT OF TEST: POSITIVE _____ NEGATIVE _____

PLEASE CIRCLE TYPE OF TEST TAKEN:

- CHEST X-RAY
- SPUTUM
- P. P. D.
- MONOVAC

SIGNATURE: _____
(Signature of Physician, Public Health Nurse, School Nurse or Health Aide)

Forward Completed Form To: Lower Kuskokwim School District
Attn: Personnel
P.O. Box 305
Bethel, Alaska 99559-0305



Lower Kuskokwim School District

Personnel & Student Services Department

P.O. Box 305 • Bethel, Alaska 99559-0305

907 543-4885/4886/4887

FAX 907 543-4900

www.lksd.org

PHYSICAL EXAMINATION RECORD

Name: _____

Examination Date: _____

School/Site: _____

Position: _____

Instructions To Physician:

A Physical Examination is required to eliminate exposure of school students to communicable diseases and to insure the employee's physical and emotional fitness for their duties.

A careful review of past history and a complete physical examination should be performed.

Payment for the examination and laboratory test is the responsibility of the individual examined.

_____ The employee has been found free from communicable disease and is fit to perform the duties of the job listed above.

_____ The employee has been found to be unfit to perform the duties of the job listed above for the following reasons:

Physician's Signature

Address

Type or Print Physician's Name

Address

Forward Completed Form To: Lower Kuskokwim School District
Attn: Personnel
P.O. Box 305
Bethel, Alaska 99559-0305



Alaska "Highly Qualified" Verification Form

Directions:

1. Print the teacher's name in space provided.
2. Complete the table to provide the highly qualified core content information.
 - In Column A, list all core content areas for which the teacher meets the highly qualified requirements. Refer to the core content areas listed on the form.
 - In Column B, use the following key to indicate how the teacher has achieved the highly qualified status in the listed core content areas.
 - In Column C, provide the additional information concerning the Highly Qualified Method as requested in the chart below.
 - In Column D, answer the question: Is supporting documentation attached to the verification form?

Key	Highly Qualified Methods	In column C, indicate the:
1	Major or Equivalent to major in the content area. (Not available for Elementary or Middle School self contained.)	University where the major or equivalent of the major was earned.
2	Praxis II or ACTFL Exam	Praxis II test and its number from the list below or the ACTFL test.
3	Advanced degree in the content area	Advanced degree and the university where it was earned.
4	HOUSSE	HOUSSE completion date and the verifying district.
5	Highly Qualified in another state	Name of the state.
6	National Board Certification or other Advanced Certification	Name of the certification (Elementary must attach HOUSSE)
7	Secondary Multi-subject HOUSSE	HOUSSE completion date and the verifying district.
8	Secondary Special Education Multi-subject HOUSSE	

3. The form must be signed and dated by the teacher and the district representative who verified the information. The district representative must print his/her name and title on the form. Indicate the verifying district. The district should retain a copy of this verification form and required supporting documentation.
4. The teacher should be given a copy of this form and the supporting documentation for his/her records.

Praxis II Examinations and Passing Scores

Test Name & Test Number	Passing Score
Elem. Ed. Content - 0014	143
Elem. Ed. Curriculum, Instruction, and Assessment - 0011	156
Multiple Subjects Assessments - 0140	146
MS Content - 0146	140
MS Mathematics - 0069	145
MS Language Arts - 0049	154
MS Social Studies - 0089	147
MS Science - 0439	136
Art Content - 0133	155
Biology Content - 0235	139
Chemistry Content - 0245	139
Earth Science Content - 0571	144
Economics - 0910	460
English Content - 0041	158
French Content - 0173	157

Test Name & Test Number	Passing Score
General Science Content - 0435	149
General Science Content Pt. 1 - 0431	146
General Science Content Pt. 2 - 0432	138
Geography - 0920	590
German Content - 0181	158
Gov't/Political Science - 0930	610
Math Content - 0061	119
Music Content - 0113	148
Physical Science Content - 0481	145
Physics Content - 0265	129
Social Studies Content - 0081	150
Spanish - 0191	152
Speech Communication - 0220	560
Theater - 0640	560
World and U.S. History - 0941	141
ACTFL World Language	



Alaska "Highly Qualified" Verification Form

1. Teacher's name: _____
2. Highly Qualified Core Content Information:

A. Core Content Area (Must be listed below.)	B. Highly Qualified Method Key (Use numbers 1 through 8 from the key.)	C. Notes/Comments	D. Documentation attached? YES NO

Core Content Areas: Mathematics, English/Language Arts, Reading, Speech, Biology, Chemistry, Earth Science, General Science, Geology, Life Science, Physical Science, Physics, American & World History, Economics, Geography, Political Science/Civics, Social Studies, Art, Band, Theater, Music, Chinese, German, Japanese, Latin, Russian, Spanish, Other World Language (Please specify), Middle School Mathematics, Middle School English/Language Arts, Middle School Social Studies, & Middle School Science.
Core Content Area designations available for self-contained classrooms: Elementary Education & Middle School Content (Methods 1 & 3 are not available for these designations)

3. I certify the information provided to verify the highly qualified requirements is correct to the best of my knowledge. I further understand that providing false information could be cause for suspension of my teaching certificate under AS 14.20.480.

Teacher's signature: _____ Date: _____
 District representative's printed name: _____ Title: _____
 District representative's signature: _____ District: _____
 Date: _____

Employee Name: _____

Please list all colleges/universities that you will submit transcripts for.
Credits must be earned from accredited institutions.

<input type="checkbox"/>	Received
<input type="checkbox"/>	
<input type="checkbox"/>	FOR
<input type="checkbox"/>	OFFICE
<input type="checkbox"/>	USE
<input type="checkbox"/>	ONLY
<input type="checkbox"/>	
<input type="checkbox"/>	

Please list districts/schools that will be submitting verification of services forms (you are allowed to "bring in" 6 years of outside service, and all Alaska, Alaska BIA and DODS service), providing that during such service you held a teaching position requiring a teaching certificate as a condition of employment, and further that the school(s) in question were public in the U.S. or overseas dependent schools. Please make copies of the form as needed.

A minimum of 140 days per school year, constitutes 1 year of service.

<input type="checkbox"/>	Received
<input type="checkbox"/>	
<input type="checkbox"/>	FOR
<input type="checkbox"/>	OFFICE
<input type="checkbox"/>	USE
<input type="checkbox"/>	ONLY
<input type="checkbox"/>	
<input type="checkbox"/>	

If you are a first year teacher, please mark the 1st line "none"

Please Return to:

Lower Kuskokwim School District
 Personnel Department
 PO Box 305
 Bethel, AK 99559-0305
 Phone: (907) 543-4885/4886/4887 FAX: (907) 543-4900

VERIFICATION OF SERVICE FORM

INSTRUCTIONS:

This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Lower Kuskokwim School District (L.KSD) at the address listed. LIST CHRONOLOGICALLY EACH SCHOOL YEAR of teaching service rendered under your jurisdiction by the applicant.

I. PERSONAL DATA (to be completed by teacher)

Name	Last	First	M.I.	Prior	Social Security Number	Name Under Which Service was rendered (if different)
------	------	-------	------	-------	------------------------	--

I authorize _____ to release this information to LKSD. Signature: _____

II. TEACHING EXPERIENCE (to be completed by responsible school official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED	NAME OF SCHOOL	'1 TYPE OF SCHOOL	'2 ACCREDITED		'3 ACTUAL DAYS SERVED	'4 HOURS PER DAY EMPLOYED	POSITION HELD	'5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING			TYPE OF CERTIFICATE REQUIRED	
			YES	NO				YES	NO	FULL-TIME	PART-TIME	SUBSTITUTE		
BEGINNING	ENDING													
July 1, 19	June 30, 19													
July 1, 19	June 30, 19													
July 1, 19	June 30, 19													
July 1, 19	June 30, 19													
July 1, 19	June 30, 20													
July 1, 19	June 30, 20													
July 1, 19	June 30, 20													

- * 1 TYPE OF SCHOOL - For type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of Higher Learning for FGN for Foreign schools.
- * 2 ACCREDITED - A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e., Northwest), schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States.
- * 3 ACTUAL DAYS SERVED - Actual days served should include all paid personal or sick leave taken as work days during the school year.
- * 4 HOURS PER DAY EMPLOYED - For elementary or secondary school indicate the number of hours in a normal work day. For an institution of High Learning indicate the number of credit hours taught (i.e., 3CH).
- * 5 TEACHING CERTIFICATE - A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one).

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

School Mailing Address	Signature of Certifying Officer	Date
City	Printed Name and Title	Area Code and Phone Number
State	Zip Code	

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____

Employee ID# _____

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____

Date _____

Government Pension Offset



A law that affects spouses and widows or widowers

If you receive a pension from a federal, state or local government based on work where you did not pay Social Security taxes, your Social Security spouse's or widow's or widower's benefits may be reduced. This fact sheet provides answers to questions you may have about the reduction.

How much will my Social Security benefits be reduced?

Your Social Security benefits will be reduced by two-thirds of your government pension. In other words, if you get a monthly civil service pension of \$600, two-thirds of that, or \$400, must be deducted from your Social Security benefits. For example, if you are eligible for a \$500 spouse's, widow's or widower's benefit from Social Security, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100).

If you take your government pension annuity in a lump sum, Social Security still will calculate the reduction as if you chose to get monthly benefit payments from your government work.

Why will my Social Security benefits be reduced?

Benefits we pay to wives, husbands, widows and widowers are "dependent's" benefits. These benefits were established in the 1930s to compensate spouses who stayed home to raise a family and who were financially dependent on the working spouse. But as it has become more common for both spouses in a married couple to work, each earned his or her own Social Security retirement benefit. The law has always required that a person's benefit as a spouse, widow or widower be offset dollar for dollar by the amount of his or her own retirement benefit.

In other words, if a woman worked and earned her own \$800 monthly Social Security retirement benefit, but she also was due a \$500 wife's benefit on her husband's Social Security record, we could not pay that wife's benefit because her own Social Security benefit offset it. But, before enactment of the Government Pension Offset provision, if that same woman was a government employee who did not pay into Social Security, and who earned an \$800 government pension, there was no offset, and we were required to pay her a full wife's benefit in addition to her government pension.

If this government employee's work had instead been subject to Social Security taxes, any Social Security benefit payable as a spouse, widow or widower would have been reduced by the person's own Social Security retirement benefit. In enacting the Government Pension Offset provision, Congress intended to ensure that when determining the amount of spousal benefit, government employees who do not pay Social Security taxes would be treated in a similar manner to those who work in the private sector and do pay Social Security taxes.

When won't my Social Security benefits be reduced?

Generally, your Social Security benefits as a spouse, widow or widower will not be reduced if you:

- Are receiving a government pension that is not based on your earnings;
- Are a state or local employee whose government pension is based on a job where you were paying Social Security taxes
 - on the last day of employment and your last day was before July 1, 2004;

—during the last five years of employment and your last day of employment was July 1, 2004, or later (Under certain conditions, fewer than five years may be required for people whose last day of employment falls after June 30, 2004, and before March 2, 2009.);

- Are a federal employee, including Civil Service Offset employee, who pays Social Security taxes on your earnings (A Civil Service Offset employee is a federal employee who was rehired after December 31, 1983, following a break in service of more than 365 days and had five years of prior civil service retirement system coverage.);
- Are a federal employee who elected to switch from the Civil Service Retirement System to the Federal Employees' Retirement System (FERS) on or before June 30, 1988. If you switched after that date, including during the open season from July 1, 1998, through December 31, 1998, you need five years under FERS to be exempt from the Government Pension Offset;
- Received or were eligible to receive a government pension before December 1982 **and** meet all the requirements for Social Security spouse's benefits in effect in January 1977; or
- Received or were eligible to receive a federal, state or local government pension before July 1, 1983, and were receiving one-half support from your spouse.

What about Medicare?

Even if you do not receive cash benefits based on your spouse's work, you still can get Medicare at age 65 on your spouse's record if you are not eligible for it on your own record.

Can I still get Social Security benefits from my own work?

The offset applies only to Social Security benefits as a spouse or widow or widower. However, your own benefits may be reduced because of another provision of the law. For more information, ask for *Windfall Elimination Provision* (Publication No. 05-10045).

Contacting Social Security

For more information and to find copies of our publications, visit our website at www.socialsecurity.gov or call toll-free, **1-800-772-1213** (for the deaf or hard of hearing, call our TTY number, **1-800-325-0778**). We treat all calls confidentially. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide automated phone service 24 hours a day.

We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.





Your Social Security retirement or disability benefits may be reduced

If you work for an employer who does not withhold Social Security taxes from your salary, such as a government agency or an employer in another country, the pension you get based on that work may reduce your Social Security benefits.

The Windfall Elimination Provision affects how the amount of your retirement or disability benefit is calculated if you receive a pension from work where Social Security taxes were not taken out of your pay. A modified formula is used to calculate your benefit amount, resulting in a lower Social Security benefit than you otherwise would receive.

When your benefits may be affected

The Windfall Elimination Provision primarily affects you if you earned a pension in any job where you did not pay Social Security taxes and you also worked in other jobs long enough to qualify for a Social Security retirement or disability benefit.

For example, this provision affects Social Security benefits when any part of a person's federal service after 1956 is covered under the Civil Service Retirement System (CSRS). However, federal service where Social Security taxes are withheld (Federal Employees' Retirement System or CSRS Offset) will not reduce your Social Security benefit amounts.

The Windfall Elimination Provision may apply if:

- You reached 62 after 1985; or
- You became disabled after 1985; and
- You first became eligible for a monthly pension based on work where you did not pay Social Security taxes after 1985, even if you are still working.

Why a different formula is used

Social Security benefits are intended to replace only a percentage of a worker's pre-retirement earnings. The way Social Security benefit amounts are figured, lower-paid workers get a higher return than highly paid workers. For example, lower-paid workers could get a Social Security benefit that equals about 55 percent of their pre-retirement earnings. The average replacement rate for highly paid workers is about 25 percent.

Before 1983, people who worked mainly in a job not covered by Social Security had their Social Security benefits calculated as if they were long-term, low-wage workers. They had the advantage of receiving a Social Security benefit representing a higher percentage of their earnings, plus a pension from a job where they did not pay Social Security taxes. Congress passed the Windfall Elimination Provision to remove that advantage.

How it works

Social Security benefits are based on the worker's average monthly earnings adjusted for inflation. We separate your average earnings into three amounts and multiply the amounts using three factors. For example, for a worker who turns 62 in 2008, the first \$711 of average monthly earnings is multiplied by 90 percent; the next \$3,577 by 32 percent; and the remainder by 15 percent. The sum of the three amounts equals the total monthly payment amount.

The 90 percent factor is reduced in the modified formula and phased in for workers who reached age 62 or became disabled between 1986 and 1989. For those who reach 62 or became disabled in 1990 or later, the 90 percent factor is reduced to 40 percent.

There are exceptions to this rule. For example, the 90 percent factor is not reduced if you have 30 or more years

(over)

Year	Substantial earnings
1937-1950	\$900
1951-1954	\$900
1955-1958	\$1,050
1959-1965	\$1,200
1966-1967	\$1,650
1968-1971	\$1,950
1972	\$2,250
1973	\$2,700
1974	\$3,300
1975	\$3,525
1976	\$3,825
1977	\$4,125
1978	\$4,425
1979	\$4,725
1980	\$5,100
1981	\$5,550
1982	\$6,075
1983	\$6,675
1984	\$7,050
1985	\$7,425
1986	\$7,875
1987	\$8,175
1988	\$8,400
1989	\$8,925
1990	\$9,525
1991	\$9,900
1992	\$10,350
1993	\$10,725
1994	\$11,250
1995	\$11,325
1996	\$11,625
1997	\$12,150
1998	\$12,675
1999	\$13,425
2000	\$14,175
2001	\$14,925
2002	\$15,750
2003	\$16,125
2004	\$16,275
2005	\$16,725
2006	\$17,475
2007	\$18,150
2008	\$18,975

Years of substantial earnings	Percentage
30 or more	90 percent
29	85 percent
28	80 percent
27	75 percent
26	70 percent
25	65 percent
24	60 percent
23	55 percent
22	50 percent
21	45 percent
20 or less	40 percent

of "substantial" earnings in a job where you paid Social Security taxes. See the first table that lists the amount of substantial earnings for each year.

The second table shows the percentage used depending on the number of years of substantial earnings. If you have 21 to 29 years of substantial earnings, the 90 percent factor is reduced to between 45 and 85 percent.

To see the maximum amount your benefit could be reduced, visit www.socialsecurity.gov/retire2/wep-chart.htm.

Some exceptions...

The Windfall Elimination Provision does not apply to survivors benefits. It also does not apply if:

- You are a federal worker first hired after December 31, 1983;
- You were employed on December 31, 1983, by a non-profit organization that did not withhold Social Security taxes from your pay at first, but then began withholding Social Security taxes from your pay;
- Your only pension is based on railroad employment;
- The only work you did where you did not pay Social Security taxes was before 1957; or
- You have 30 or more years of substantial earnings under Social Security.

...and a guarantee

If you get a relatively low pension, you are protected. The reduction in your Social Security benefit cannot be more than one-half of the amount of your pension that is based on earnings after 1956 on which you did not pay Social Security taxes.

Contacting Social Security

For more information and to find copies of our publications, visit our website at www.socialsecurity.gov or call toll-free, 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-800-325-0778). We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day.

We treat all calls confidentially. We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.



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