

# Living power

For all who have made a living and now wish to make a life

## Retirement System Board of Trustees Meets, Sets Goals

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### IN THIS ISSUE:

News & Views 2

Our Healthy Retirement Systems 3

Executive Committee Adopts Legislative Goals 4

ORBIT Opens for Business 5

Drug Interactions: What You Should Know 6

Regan Addresses State Health Plan Subcommittee 10

The Board of Trustees of the State Retirement Systems met on January 26. This regular quarterly meeting included special recognition of three former directors of the Retirement Systems Division as well as presentation of the actuarial reports for the retirement systems and discussion of legislative goals for 2006.

### Legislative Goals For 2006

The Trustees began the process of setting goals for the upcoming session of the General Assembly. The Board reviewed information provided by the state's actuary regarding the financial condition of the retirement systems and entertained legislative proposals from groups representing retired and active employees.

The Board approved a goal calling for the full repayment of funds that were diverted from the Teachers' and State Employees' Retirement System in 2001 in accordance with the 5-year repayment schedule adopted by the General Assembly. Approximately \$74 million remains to be repaid. This goal has the unanimous

support of the Retirement Systems' Association Roundtable, comprised of organizations representing retired and active employees and employer groups.

The Board also adopted a goal regarding Cost-Of-Living Adjustments for retired teachers and state employees. The Trustees voted to support a COLA in 2006 equal to the rate of inflation (3.4%) for the most recent year or equal to the increase granted by the General Assembly for active state employees, whichever is greater. This proposal was supported by our Association, NC Retired School Personnel, NC Association of Educators, and AARP-North Carolina.

The most recent actuarial report indicated that the Teachers' and State Employees' Retirement System (TSERS) had sufficient undistributed gains to support only a 2.18% COLA in 2006. A 3.4% raise would require additional state appropriations of \$46.6 million and an increase in the employer contribution rate from the current 2.34% to 2.76%.

(Continued on page 3)



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## NCRGEA News & Views

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From time to time, we receive phone calls from members asking if we have a discount card program for Association members. We have never had a discount program because our research has shown that many businesses and service agencies already have a “senior citizen” discount, often beginning as young as age 55. We would like to remind you not to be shy

about asking if a business or service agency offers a “senior citizens discount”. A few pennies here and there certainly can add up to significant savings!

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### **Living Power at Library for the Blind**

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Many of our members have vision problems. For those members who have limited vision, the North Carolina Library for the Blind and Physically Handicapped has a copy of the newsletter on tape. Staff members of NCRGEA record the entire contents of the newsletter onto tape.

To apply for this free service, please contact the Library for the Blind at 919-733-4376. You will be provided a tape player to enable

you to listen to the tapes as well as a tape of each issue after it is recorded. The Library also provides many other books, magazines and other reading materials on tape for those who qualify for this service.

Another option for members would be

to read the newsletter online at [www.ncrgea.com](http://www.ncrgea.com). Because the newsletter is a benefit of being a member of NCRGEA, once online, you will need to request a username and password to access the “Member Only” section of the newsletter.

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## **Lifetime Dues an easy option**

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Ever wish that you could pay your annual dues just once and be done with it? You can! Lifetime dues are available for our members. Check the age range on the chart below and send us a check or money order for that amount. We will mail you a laminated lifetime membership card.

<b>Age</b>	<b>Amount</b>
50 - 54	\$250
55 - 59	225
60 - 64	200
65 - 69	175
70 - 74	140
75 - 79	110
80 - 84	75
85 - 89	45
90+ member	Free

If you decide to become a lifetime member, just write “Lifetime Membership” in the memo section of the check. If you have paid your dues in the last two months and would like to get a lifetime membership, you may deduct the amount that you’ve already sent from your range and send a second check. You may also select this option if you are on pension deduction. We will discontinue your pension deduction if you have a lifetime membership.

*Living Power* is published to provide current information for NCRGEA’s membership. Newsletters are printed bimonthly and mailed to all members of NCRGEA. Your comments are welcome.

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## **Board of Trustees Meeting**

*(Continued from page 1)*

The Board delayed action on a recommendation regarding the Cost-Of-Living Adjustment for retired local governmental employees until the next quarterly meeting which is scheduled for April 20. Deputy State Treasurer Michael Williamson reported that recently released results of the 5-year experience analysis of the Local Governmental Employees' Retirement System (LGERS) indicated the need of a downward adjustment in the estimate of gains available for benefit enhancements. The unadjusted gains contained in the most recent actuarial report were sufficient to support a 3.28% COLA. The Board will receive a revised estimate in April.

### **Directors Honored**

Former Retirement Systems' Division Directors Ed Barnes, Dennis Ducker, and Jack Pruitt were recognized by the Board for their leadership and years of service to the State of North Carolina. Treasurer Richard Moore recounted their contributions and accomplishments on behalf of public employees and retirees.

Ed Barnes served as Director from 1978 until 1990. During his tenure, the Division converted member records from paper files to microfiche, transitioned to tax-sheltered employee contributions, established the 401K supplemental Retirement Income Plan, and initiated the Retiree Death Benefit .

Dennis Ducker was named Director of the Division and Deputy State Treasurer in 1990 by Treasurer Harlan Boyles. Mr.

Ducker spearheaded computerization of retirement and refund filings, integrated the Fire and Rescue Pension Fund upon its transfer from the State Auditor's Office, and implemented the Optical Imaging System for Division's records. Mr. Ducker retired in 1997. He has been a member of the North Carolina Retired Governmental Employees' Association Board of Directors since 1998 and served as President from 2002 to 2004.

Jack Pruitt served as Director from 1997 until 2001. Mr. Pruitt initiated the Division's employee handbooks, standardized the pre-retirement workshop presentations, and oversaw the consolidation of the Member Services Section. Pruitt also streamlined the process for purchase of withdrawn service time.

## **Our Healthy Retirement Systems**

It seems that there is at least one news story each week about problems with both public and private sector pension programs. Major private firms are finding it increasingly difficult to sustain defined benefit pension plans. In a number of states across the country, pension plans for state and local employees are not being adequately funded to meet long-term obligations.

Naturally, these news items are worrisome and have prompted our members to ask about the fiscal health of our retirement systems. We are pleased to report that our public pension plans are among the best-managed retirement systems in

*(Continued on page 10)*

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## Executive Committee Adopts Legislative Goals

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The Association's Executive Committee met on January 25, 2006 and adopted Legislative Goals for the 2006 Session. The goals, which were developed by the Legislative Committee of the NCRGEA, will be presented to the General Assembly in May.

The Association will seek a 3.4% Cost-Of-Living Adjustment (COLA) for members of the three major state retirement systems, matching the rate of inflation for 2005. The Teachers' and State Employees' Retirement System had sufficient undistributed gains to fund a 2.18% COLA. It will require an additional appropriation of \$46.6 million to reach 3.4%.

The initial report on the Local Governmental Employees' Retirement System indicated that there were sufficient gains available to cover a 3.29% COLA. However, the 5-year experience analysis recently released indicated a downward adjustment to the local fund in the range of 0.5%. Local governments would have to increase the normal employer contribution rate from the current 4.8% to 4.89% in order to fund a 3.4% COLA.

The specific goals approved by the Executive Committee are presented below.

### **TEACHERS' AND STATE EMPLOYEES' RETIREMENT SYSTEM (TSERS)**

The NCRGEA will support a Cost-Of-Living Adjustment for retired teachers and state employees that is equal to the annual

rate of inflation for 2005 as measured by the Consumer Price Index or equal to the COLA provided to active state employees, whichever is higher.

### **LOCAL GOVERNMENTAL EMPLOYEES' RETIREMENT SYSTEM (LGERS)**

The NCRGEA will support a Cost-Of-Living Adjustment for local government retirees that is equal to the annual rate of inflation for 2005 as measured by the Consumer Price Index but not less than 3.28% which can be funded by undistributed gains available in the LGERS.

### **CONSOLIDATED JUDICIAL RETIREMENT SYSTEM (CJRS)**

The NCRGEA will support a Cost-Of-Living Adjustment for judicial system retirees that is equal to the annual rate of inflation for 2005 as measured by the Consumer Price Index.

### **N.C. NATIONAL GUARD PENSION FUND**

The NCRGEA will support initiatives to strengthen the fiscal integrity of the National Guard Pension Fund.

(Note: In 2005 the General Assembly increased the minimum and the maximum monthly National Guard pension but did not address long range actuarial funding for this system.)

### **STATE HEALTH PLAN**

The NCRGEA will support additional state appropriations to maintain the current benefits of the State Health Plan and will support legislation to control health care costs.

- Ed Regan

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## ORBIT Opens for Business

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*State Treasurer Richard H. Moore Invites Retirees to Try New Web-Based System*

North Carolina's retired public employees can now login to ORBIT, a web-based system that provides virtually full access to their personal retirement accounts. By visiting [www.myncretirement.com](http://www.myncretirement.com), retirees can conduct secure transactions, like changing an address, printing a new 1099R tax document, or requesting an income verification letter, online 24 hours a day. Personal account information such as tax withholdings, benefit payment deductions, earnable allowance, direct deposit information and current benefit payment history is also available.

"ORBIT represents a quantum leap forward in the quality of service available to our retired members," said State Treasurer Richard H. Moore. "ORBIT will dramatically improve service and increase efficiency in the Retirement Systems Division, all for the benefit of our State's retired public servants. Retirees should visit this new state-of-the-art system to explore the many features it has to offer."

ORBIT, an acronym for Online Retirement Benefits through Integrated Technology, is a secure system protected by advanced data encryption tools. When first using ORBIT, retirees will register a confidential user ID and password to be entered whenever viewing their personal information. The ORBIT registration process re-

quires key pieces of information only the retiree should know.

Once logged-in to ORBIT, retirees will be able to view their payment history, tax documents, direct deposit instructions and much more. The personal information available through ORBIT will be updated real time to provide retirees with the most accurate data possible.



ORBIT is a multi-year project that is on-time and on-budget. This project will move the Retirement Systems Division decades forward by replacing technology installed during the 1970s with state-of-the-art tools. The building of ORBIT will end with the launch of similar online services for active employees and government employers in May 2007. ORBIT is the latest in a series of significant customer service improvements implemented under Treasurer Moore's leadership.

For retirees without Internet access, Retirement Systems Division staff will continue to be available to answer calls and letters. Retirees can reach the Division toll-free at 1-877-733-4191 or 919-733-4191 (in the Raleigh area).

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## Drug Interactions: What You Should Know

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There are more opportunities today than ever before to learn about your health and to take better care of yourself. It is also more important than ever to know about the medicines you take. If you take several different medicines, see more than one doctor, or have certain health conditions, you and your doctors need to be aware of all the medicines you take. Doing so will help you to avoid potential problems such as drug interactions.

Drug interactions may make your drug less effective, cause unexpected side effects, or increase the action of a particular drug. Some drug interactions can even be harmful to you. Reading the label every time you use a nonprescription or prescription drug and taking the time to learn about drug interactions may be critical to your health. You can reduce the risk of potentially harmful drug interactions and side effects with a little bit of knowledge and common sense. Drug interactions fall into three broad categories:

- Drug-drug interactions occur when two or more drugs react with each other. This drug-drug interaction may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.
- Drug-food/beverage interactions result from drugs reacting with foods or bev-

erages. For example, mixing alcohol with some drugs may cause you to feel tired or slow your reactions.

- Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure you could experience an unwanted reaction if you take a nasal decongestant.

### Drug Interactions and Over-the-Counter Medicines

Over-the-counter (OTC) drug labels contain information about ingredients, uses, warnings and directions that is important to read and understand. The label also includes important information about possible drug interactions. Further, drug labels may change as new information becomes known. That's why it's especially important to read the label every time you use a drug.

The “**Active Ingredients**” and “**Purpose**” sections list the name and amount of each active ingredient and the purpose of each active ingredient.

The “**Uses**” section of the label tells you what the drug is used for, and helps you find the best drug for your specific symptoms.

The “**Warnings**” section of the label provides important drug interaction and precaution information such as when to talk to a doctor or pharmacist before use, and

- the medical conditions that may make the drug less effective or not safe

- under what circumstances the drug should not be used
- when to stop taking the drug

The “**Directions**” section of the label tells you the length of time and the amount of the product that you may safely use, and

- any special instructions on how to use the product

The “**Other Information**” section of the label tells you required information about certain ingredients, such as sodium content, for people with dietary restrictions or allergies

The “**Inactive Ingredients**” section of the label tells you the name of each inactive ingredient (colorings, binders, etc.)

The “**Questions?**” or “**Questions or Comments?**” section of the label (if included) provides phone numbers of a source to answer questions about the drug

### Learning More About Drug Interactions

Talk to your doctor or pharmacist about the drugs you take. When your doctor prescribes a new drug, discuss all OTC and prescription drugs, dietary supplements, vitamins, botanicals, minerals and herbals you take, as well as the foods you eat. Ask your pharmacist for the package insert for each prescription drug you take. The package insert provides more information about potential drug interactions.

Before taking a drug, ask your doctor or pharmacist the following questions:

- Can I take it with other drugs?

- Should I avoid certain foods, beverages or other products?
- What are possible drug interaction signs I should know about?
- How will the drug work in my body?
- Is there more information available about the drug or my condition (on the Internet or in health and medical literature)?

Know how to take drugs safely and responsibly. Remember, the drug label will tell you:

- what the drug is used for
- how to take the drug
- how to reduce the risk of drug interactions and unwanted side effects

If you still have questions after reading the drug product label, ask your doctor or pharmacist for more information.

Remember that different OTC drugs may contain the same active ingredient. If you are taking more than one OTC drug, pay attention to the active ingredients used in the products to avoid taking too much of a particular ingredient. Under certain circumstances — such as if you are pregnant or breast-feeding — you should talk to your doctor before you take any medicine. Also, make sure you know what ingredients are contained in the medicines you take. Doing so will help you to avoid possible allergic reactions.

### Examples of Drug Interaction Warnings

The following are examples of drug interaction warnings that you may see on certain OTC drug products. These examples do not include all of the warnings

*(Continued on next page)*

The information in this article is brought to you by the Council on Family Health in cooperation with the National Consumers League and the U.S. Food and Drug Administration.

To order one copy of this booklet, write: Federal Consumer Information Center  
Item # 600G  
Pueblo, CO 81009  
or visit their website  
[www.pueblo.gsa.gov](http://www.pueblo.gsa.gov)

### **Drug Interactions** (Cont. from page 7)

for the listed types of products and should not take the place of reading the actual product label.

**Acid Reducers** - H2 Receptor Antagonists (drugs that prevent or relieve heartburn associated with acid indigestion and sour stomach)

**For products containing cimetidine, ask a doctor or pharmacist before use if you are taking theophylline** (oral asthma drug), warfarin (blood thinning drug), or phenytoin (seizure drug)

**Antacids** (drugs for relief of acid indigestion, heartburn, and/or sour stomach)

**Ask a doctor or pharmacist before use if you are taking a prescription drug, or**

- allergic to milk or milk products if the product contains more than 5 grams lactose in a maximum daily dose

**Ask a doctor before use if you have kidney disease**

**Antiemetics** (drugs for prevention or treatment of nausea, vomiting, or dizziness associated with motion sickness)

**Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers**

**Ask a doctor before use if you have:**

- a breathing problem, such as emphysema or chronic bronchitis
- glaucoma
- difficulty in urination due to an enlarged prostate gland

**When using this product** avoid alcoholic beverages

**Antihistamines** (drugs that temporarily

relieve runny nose or reduce sneezing, itching of the nose or throat, and itchy watery eyes due to hay fever or other upper respiratory problems)

**Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers**

- a prescription drug for high blood pressure or depression

**Ask a doctor before use if you have:**

- glaucoma or difficulty in urination due to an enlarged prostate gland
- breathing problems, such as emphysema, chronic bronchitis, or asthma

**When using this product:**

- alcohol, sedatives, and tranquilizers may increase drowsiness
- avoid alcoholic beverages

**Antitussives** - Cough Medicine (drugs that temporarily reduce cough due to minor throat and bronchial irritation as may occur with a cold)

**Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers**

**Ask a doctor before use if you have** glaucoma or difficulty in urination due to an enlarged prostate gland

**Bronchodilators** (drugs for the temporary relief of shortness of breath, tightness of chest and wheezing due to bronchial asthma)

**Ask a doctor before use if you:**

- have heart disease, high blood pressure, thyroid disease, diabetes, or difficulty in urination due to an enlarged prostate gland
- have ever been hospitalized for asthma or are taking a prescription drug or asthma

**Laxatives** (*drugs for the temporary relief of constipation*)

**Ask a doctor before use if you have**

- kidney disease and the laxative contains phosphates, potassium, or magnesium
- stomach pain, nausea, or vomiting

**Nasal Decongestants** (*drugs for the temporary relief of nasal congestion due to a cold, hay fever, or other upper respiratory allergies*)

**Ask a doctor before use if you have**

heart disease, high blood pressure, thyroid disease, diabetes, or difficulty in urination due to an enlarged prostate gland

**Nicotine Replacement Products** (*drugs that reduce withdrawal symptoms associated with quitting smoking, including nicotine craving*)

**Ask a doctor before use if you**

- have high blood pressure not controlled by medication
- have heart disease or have had a recent heart attack or irregular heartbeat, since nicotine can increase your heart rate

**Ask a doctor or pharmacist before use if you are**

- taking a prescription drug for depression or asthma (your dose may need to be adjusted)
- using a prescription non-nicotine stop smoking drug

**Do not use** if you continue to smoke, chew tobacco, use snuff, or use other nicotine-containing products

**Nighttime Sleep Aids** (*drugs for relief of occasional sleeplessness*)

**Ask a doctor or pharmacist before use if you are** taking sedatives or tranquilizers

**Ask a doctor before use if you have:**

- a breathing problem such as emphysema or chronic bronchitis
- glaucoma
- difficulty in urination due to an enlarged prostate gland

**When using this product** avoid alcoholic beverages

**Pain Relievers** (*drugs for the temporary relief of minor body aches, pains, and headaches*)

**Ask a doctor before taking if you** consume three or more alcohol-containing drinks per day

*(The following ingredients are found in different OTC pain relievers: acetaminophen, aspirin, ibuprofen, ketoprofen, magnesium salicylate, and naproxen. It is important to read the label of pain reliever products to learn about different drug interaction warnings for each ingredient.)*

**Stimulants** (*drugs that help restore mental alertness or wakefulness during fatigue or drowsiness*)

**When using this product:**

- limit the use of foods, beverages, and other drugs that have caffeine. Too much caffeine can cause nervousness, irritability, sleeplessness, and occasional rapid heart beat
- be aware that the recommended dose of this product contains about as much caffeine as a cup of coffee

## Healthy Retirement (Cont. from page 3)

the United States. Our retirement systems for teachers, state employees, and local government employees are fully funded. At present, only one other state (Florida) has governmental pension plans that are 100% funded. By contrast, the average funding ratio for all pension plans in the U. S. is 85.2% according to a 2005 study conducted by the National Association of Retirement System Administrators.

There are several factors contributing to the general well-being of our state and local governmental retirement systems. Perhaps the most important of these is the very effective investment management strategy developed by the Department of the State Treasurer. Our retirement funds are invested in a highly diversified portfolio that generally has produced higher returns than the stock market during the past several years.

Still, there are a few areas where there is room for improvement. State Treasurer Richard Moore pointed out at the January meeting of the Board of Trustees that the employer contribution rate to the Teachers' and State Employees' Retirement System (TSERS) needed to be increased in order to generate the gains needed to fund future COLAs that keep pace with the rate of inflation. This year, the Treasurer, with the full support of our Association, will ask the General Assembly to return to a policy of setting an employer contribution rate for TSERS that is sufficient to cover the impact of inflation on the pension checks of retired teachers and state employees.

- Ed Regan

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## Regan Addresses State Health Plan Subcommittee

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*Editor's Note: The Speaker of the House has appointed a Select Committee on Health Care to examine the costs, access, and availability of health care in North Carolina. The Select Committee has established six subcommittees including one to study issues relating to the State Health Plan (SHP). The State Health Plan Subcommittee invited representatives of the North Carolina Retired Governmental Employees' Association, the North Carolina Association of Educators, and the State Employees' Association of North Carolina to present issues affecting their members. Following is a summary of the comments offered by NCRGEA Executive Director Ed Regan on January 19.*

### Introduction

The NC Retired Governmental Employees' Association represents 51,000 retired State and local government employees. Approximately 70% of our members are retired teachers or state employees who are covered by the State Health Plan. The majority of our members are age 65 or older and, therefore, have Medicare for their primary health insurance coverage. However, the State Health Plan provides secondary coverage, picking up as much as 80% of the eligible health care costs that are not paid by Medicare.

More important for our state retirees is the fact that the State Health Plan provides primary prescription drug coverage even for members who are age 65 or older. As a result, our state retirees have not had to enroll in the recently implemented

Medicare Part D Prescription Drug Plan thereby saving an average of \$35 per month in Medicare Part D premiums. We urge the General Assembly to give high priority to maintaining prescription drug coverage for retirees in the State Health Plan.

Protecting the benefits of the State Health Plan has become the top priority issue during the past few years for our members who are retired teachers and state employees.

While our members take a keen interest in pension benefit increases, we now receive more calls and questions from members about legislative actions affecting the State Health Plan.

Our members appreciate the fact that our health plan provides generous benefits for both active and retired state employees. Also, we support the initiatives being developed by George Stokes and his staff to control Plan costs. These initiatives include Health Smart and the PPO option that will be available in the near future.

We are grateful that the General Assembly has consistently increased state appropriations to maintain benefit levels and tried to limit increases in deductibles, co-payments, and annual out-of-pocket maximums paid by retirees. In 2005, you appropriated \$251 million to partially offset the rising cost of Health Plan benefits and maintained the \$350 annual deductible. Still, a portion of the higher costs were passed along to Plan participants in the form of increased co-payments and out-of-pocket charges for certain services and increased premiums for coverage of

family members.

### Issues for Retirees

Our main purpose today is to share with members of this subcommittee the issues raised by our members regarding the SHP. These issues are summarized below.

### The Cost of Coverage for Spouses

Many of our members purchase health insurance coverage for their spouses through the State Health Plan. The monthly premium for this coverage has increased by nearly 30% since 2002. During the same period, monthly pension payments to state retirees have been increased by only 5%. We ask this subcommittee to consider a recommendation that a “member and spouse only” coverage tier be established for active and retired employees.

### Non Preferred Prescription Drugs

We have received numerous calls from members expressing concern that certain medications prescribed by their doctors and in widespread usage are not on the Plan’s list of preferred drugs. As a result, members were required to pay \$50 for each 34 –day prescription refill, the highest co-payment level. We request that you consider ways to expedite the approval for inclusion on the preferred list for any commonly used prescription drugs.

### Annual Deductible

A frequently mentioned concern among our retired state employee members is the impact of increases in the annual deductible that now stands at \$350. Again, we thank you for not raising the deductible

(Continued on page 12)

**Executive Committee** (Cont. from page 7)

this year. Please give high priority to maintaining this current level.

**Health Smart**

As indicated earlier, we fully support the new Health Smart program that has been put in place by the State Health Plan. We have received inquiries from our members asking why retirees who are Medicare eligible are not currently permitted to participate in the program. We ask that you recommend that eligibility for Health Smart be extended to retirees who are age 65 or older.

Once again, we thank you for this opportunity to address this subcommittee. We will be happy to provide additional in-

## Important Phone Numbers to Remember

NCRGEA .....	1-800-356-1190
NC Retirement System .....	1-877-733-4191 (questions about your retirement check, to get direct deposit, change of address, to report a death)
CIGNA (Medicare Administrator) .....	1-800-633-4227
NC State Health Plan .....	1-919-881-2300
Seniors' Health Insurance Information Program .	1-800-443-9354
Medical Review of North Carolina .....	1-800-722-0468
MetLife Dental .....	1-888-466-9073
Blue Cross/Blue Shield .....	1-800-672-7897 (State Health Plan Administrator)
Social Security Administration .....	1-800-772-1213