

20 CFR Part 404 - Federal Old-Age, Survivors, and Disability Insurance (OASDI) Regulations

Comprehensive Study Outline

Designed for EDPNA exam review and claimant-representation training.

Subpart A - Introduction, General Provisions and Definitions

- 404.1-404.3: purpose, definitions, and general provisions
- Relationship between Part 404 and Title II of the Social Security Act
- Foundation for insured status, entitlement, payment, review, and representation rules

20 CFR Part 404 - Subpart A (Introduction, General Provisions and Definitions)

(EDPNA Exam Breakdown)

I. Learning Objectives

1. Identify the scope and purpose of Part 404.
2. Explain how Part 404 implements Title II OASDI benefits.
3. Distinguish OASDI rules from SSI rules.
4. Use regulatory definitions in claimant fact patterns.
5. Locate later subparts by topic and recognize cross-references.

II. Core Content

A. Scope of Part 404

- Part 404 governs Title II Federal Old-Age, Survivors, and Disability Insurance benefits.
- Part 404 includes rules for insured status, benefit computation, entitlement, evidence, earnings records, administrative review, disability standards, representation, payment, and special coverage provisions.
- SSI is governed primarily by Part 416, not Part 404; do not import SSI-specific rules unless cross-referenced.

B. Core Definitions

- Beneficiary: a person entitled to receive Title II benefits.
- Insured individual: a worker with enough quarters of coverage for a specific type of benefit.
- Primary insurance amount (PIA): the base monthly amount used to compute worker and auxiliary benefits.
- Period of disability: a disability freeze that can protect a worker's earnings record.
- Representative: an attorney or qualified non-attorney appointed to act before SSA.

C. Exam-Relevant Distinctions

- Title II SSDI is based on insured status and covered earnings; SSI is need-based.
- A claimant may be disabled medically but still fail Title II entitlement if insured status is missing.
- Definitions in later subparts control specialized topics such as disability evidence, earnings records, and representation.

III. Case Examples (Exam-Style Scenarios)

1. Title II vs. SSI

- A claimant has severe impairments but has almost no work history. Which program is Part 404 mainly concerned with?
- Answer: Part 404 covers Title II/OASDI. The claimant may need SSI under Part 416 if Title II insured status is absent.

2. Definition use

- A worker asks why SSA cares about quarters of coverage.
- Answer: Quarters of coverage determine insured status, which is a threshold requirement for many Title II benefits.

3. Cross-reference issue

- A study guide labels disability rules as Subpart D. Is that accurate?
- Answer: Not for current Part 404 structure. Disability and blindness determinations are in Subpart P; Subpart D covers entitlement to old-age, disability, dependents, and survivors benefits.

IV. Quiz Questions

1. What federal program does Part 404 regulate?

- Answer: Title II OASDI benefits.

2. True/False: SSI financial-need rules are located primarily in Part 404.

- Answer: False. SSI is primarily Part 416.

3. What is a PIA?

- Answer: The primary insurance amount used as the base for calculating Title II benefits.

4. Why are definitions important in Part 404?

- Answer: They determine entitlement, benefit amount, evidence requirements, and appeal rights.

5. Which current subpart covers disability and blindness determinations?

- Answer: Subpart P.

EDPNA Exam Tips - Subpart A

- Begin every exam fact pattern by identifying the benefit type and actual subpart.
- Do not confuse Title II insured-status requirements with SSI income/resource rules.
- Subpart A is short, but its definitions frame the entire Part 404 analysis.

V. Representative Practice Checklist

- Confirm the claim is Title II/OASDI before applying Part 404 rules.
- Identify the benefit category: retirement, disability, survivor, dependent, or representative-payee issue.
- Note cross-references to later subparts before giving a client answer.
- Avoid mixing Part 404 with SSI Part 416 unless the case is concurrent.

Subpart B - Insured Status and Quarters of Coverage

- 404.101-404.146: fully insured, currently insured, disability insured
- Quarter of coverage rules before and after 1978
- Special rules for young workers, blind workers, and military/service-credit situations

20 CFR Part 404 - Subpart B (Insured Status and Quarters of Coverage)

(EDPNA Exam Breakdown)

I. Learning Objectives

6. Define quarters of coverage and explain how they are credited.
7. Distinguish fully insured, currently insured, and disability insured status.
8. Apply the 20/40 rule and young-worker exceptions.
9. Explain why blind workers have a special disability-insured-status rule.
10. Use earnings records to identify insured-status problems.

II. Core Content

A. Quarters of Coverage (QCs)

- A QC is the basic Social Security credit used to determine insured status.
- After 1977, QCs are credited based on total covered annual earnings rather than being tied to earnings in a specific calendar quarter.
- A worker can earn no more than 4 QCs in one year.
- In 2026, one QC requires \$1,890 of covered earnings; \$7,560 earns the maximum 4 QCs.

B. Fully Insured Status

- Generally required for retirement benefits and many survivor/dependent benefits.
- A worker is usually fully insured with at least one QC for each elapsed year after age 21 and before the relevant year, subject to statutory minimums and maximums.
- A worker with 40 QCs is fully insured for life for most purposes.

C. Currently Insured Status

- Important for certain survivor benefits.
- General rule: 6 QCs in the 13-quarter period ending with the quarter of death, entitlement, or disability onset as applicable.
- Currently insured status can protect survivors even when the worker was not fully insured.

D. Disability Insured Status

- General rule for workers age 31 or older: fully insured plus 20 QCs during the 40-quarter period ending with the quarter disability begins.
- Before age 31, the worker generally needs QCs for at least half the quarters after age 21 and before disability onset, with a minimum of 6 QCs.
- Before age 24, a worker generally needs 6 QCs in the 12-quarter period ending with the quarter disability began.
- Statutory blindness rules can require only fully insured status rather than the recent-work 20/40 rule.

III. Case Examples (Exam-Style Scenarios)

1. 20/40 rule

- David became disabled at 45. He has 24 QCs total, but only 8 QCs in the last 10 years.
- Answer: He may be fully insured, but he does not meet disability insured status under the 20/40 rule.

2. Young worker

- Maria became disabled at age 27 after earning 12 QCs since age 21.
- Answer: She likely meets the young-worker rule because 12 is half of the 24 quarters from age 21 to onset.

3. Blind worker

- James is fully insured but lacks recent work credits. He meets the statutory blindness definition.
- Answer: He may meet the special blind-worker insured-status rule because the recent-work test is not required for blindness-based disability benefits.

IV. Quiz Questions

1. How many QCs can be earned in one calendar year?

- Answer: 4.

2. What is the 2026 earnings amount for one QC?

- Answer: \$1,890.

3. What is the 20/40 rule?

- Answer: For many workers age 31 or older, 20 QCs in the 40-quarter period ending with disability onset.

4. True/False: A blind worker always must meet the recent-work 20/40 rule.

- Answer: False.

5. What insured status is most associated with survivor protection?

- Answer: Fully insured or currently insured, depending on the benefit.

EDPNA Exam Tips - Subpart B

- Insured status questions are calculation-heavy. Draw the 40-quarter window.
- Know the young-worker exceptions and the blind-worker exception.
- Check the earnings record before assuming a medical win creates Title II entitlement.

V. Representative Practice Checklist

- Request and review the detailed earnings record early.
- Calculate both fully insured and disability insured status when SSDI is involved.
- Check special rules for workers under age 31 and blind workers.
- Document any possible missing wages or military credits before accepting an insured-status denial.

Subpart C - Computing Primary Insurance Amounts

- 404.201-404.290: PIA computation methods
- AIME, bend points, COLA, recomputations, recalculations
- Windfall Elimination Provision concepts for noncovered pensions

20 CFR Part 404 - Subpart C (Computing Primary Insurance Amounts)

(EDPNA Exam Breakdown)

I. Learning Objectives

11. Explain the role of the PIA in Title II benefits.
12. Describe the AIME method at a high level.
13. Recognize when COLAs, recomputations, or recalculations affect benefits.
14. Identify issues involving noncovered pensions and WEP.
15. Apply PIA concepts to auxiliary and family maximum scenarios.

II. Core Content

A. What the PIA Does

- The PIA is the worker's base benefit before reductions, increases, and auxiliary calculations.
- Retirement, disability, spouse, child, and survivor benefits are calculated as percentages of or adjustments to the PIA.
- The family maximum is tied to the worker's PIA and limits combined auxiliary benefits.

B. AIME Method

- The modern method uses indexed covered earnings to calculate average indexed monthly earnings (AIME).
- SSA applies a progressive formula with bend points to calculate PIA.
- The formula changes by eligibility year; do not memorize dollar bend points unless specifically provided.

C. COLAs, Recomputation, and Recalculation

- Cost-of-living increases adjust benefit amounts to preserve value.
- Recomputation can occur after additional covered earnings are posted.
- Recalculation may apply when an error, entitlement change, or statutory adjustment changes the amount.

D. Noncovered Pensions and WEP

- A pension based on noncovered employment may reduce the Social Security benefit under WEP rules.
- WEP affects the worker's own benefit computation, while GPO affects certain spouse/widow(er) benefits.
- Representatives should screen for public pensions, foreign pensions, and other noncovered work.

III. Case Examples (Exam-Style Scenarios)

1. PIA and auxiliaries

- A worker's PIA is \$2,000. His child may be due 50% before family maximum.
- Answer: The child's unreduced auxiliary benefit is generally \$1,000, subject to the family maximum.

2. Later earnings

- A retired worker keeps working in covered employment after entitlement.
- Answer: SSA may recompute the PIA if the new earnings increase the benefit.

3. Noncovered pension

- A teacher receives a pension from employment not covered by Social Security.
- Answer: Screen for WEP or GPO depending on whether the claim is for the worker's own benefit or a spouse/widow(er) benefit.

IV. Quiz Questions

1. What does PIA stand for?

- Answer: Primary Insurance Amount.

2. What earnings measure is used in the modern PIA method?

- Answer: AIME, or average indexed monthly earnings.

3. True/False: COLAs may increase benefits automatically.

- Answer: True.

4. What does WEP generally affect?

- Answer: The worker's own benefit calculation when the worker also has a pension from noncovered employment.

5. Why does PIA matter for family benefits?

- Answer: Auxiliary benefits and the family maximum are tied to the worker's PIA.

EDPNA Exam Tips - Subpart C

- Do not spend exam time memorizing all formula tables unless provided.
- Know the function of AIME, PIA, COLA, recomputation, and family maximum.
- Separate WEP from GPO: worker benefit vs. spouse/widow(er) benefit.

V. Representative Practice Checklist

- Obtain the claimant's earnings history and identify computation years.
- Screen for noncovered pensions that may trigger WEP.
- Explain that PIA is the base amount, not always the payment amount.
- Check for later earnings that may support recomputation.

Subpart D - Old-Age, Disability, Dependents' and Survivors' Insurance Benefits; Period of Disability

- 404.301-404.392: entitlement categories and duration of entitlement
- Old-age and disability benefit entitlement
- Spouse, divorced spouse, widow(er), child, parent, and lump-sum death payment rules

20 CFR Part 404 - Subpart D (Old-Age, Disability, Dependents' and Survivors' Insurance Benefits; Period of Disability)

(EDPNA Exam Breakdown)

I. Learning Objectives

16. Identify the basic entitlement rules for old-age and disability benefits.
17. Explain the 5-month disability waiting period and period of disability.
18. Apply auxiliary-benefit rules for spouses, divorced spouses, children, and parents.
19. Recognize when entitlement begins and ends.
20. Distinguish entitlement rules from payment-suspension rules in Subpart E.

II. Core Content

A. Old-Age Benefits

- Entitlement generally requires application, insured status, and age 62 or older.
- Benefits may be reduced for entitlement before full retirement age or increased by delayed retirement credits.
- Entitlement usually begins no earlier than the first month all requirements are met and an application is effective.

B. Disability Insurance Benefits

- Requires application, disability, insured status, and completion of the 5 full calendar month waiting period unless an exception applies.
- Benefits generally begin with the first month after the waiting period in which all requirements are met.
- A period of disability can protect the earnings record by excluding disability years from computation.

C. Spouse and Divorced Spouse Benefits

- Spouse benefits usually require age 62 or caring for the worker's child under age 16 or disabled, plus a qualifying marriage.
- A divorced spouse generally needs a marriage that lasted at least 10 years and must meet marital-status rules.
- Widow(er) and surviving divorced spouse benefits have separate age, disability, relationship, and remarriage rules.

D. Child, Parent, and Lump-Sum Death Benefits

- Child benefits require relationship, dependency, and age/student/disability criteria.
- A disabled adult child must generally have disability that began before age 22.
- Parent benefits require age 62 and one-half support from the deceased insured worker.
- The lump-sum death payment follows its own priority rules.

III. Case Examples (Exam-Style Scenarios)

1. Waiting period

- Laura's EOD is April 10, 2026. She applies in September 2026.
- Answer: Five full calendar months are May through September; the first possible month of entitlement is October 2026, subject to other requirements.

2. Divorced spouse

- Mary was married to John for 12 years, divorced, and remains unmarried. John becomes entitled to SSDI.
- Answer: She may qualify as a divorced spouse if all other requirements are met.

3. DAC

- A 30-year-old applies on her father's record and has been disabled since age 20.
- Answer: She may qualify as a disabled adult child if disability began before age 22 and continues.

IV. Quiz Questions

1. What subpart contains the basic entitlement rules for Title II benefits?

- Answer: Subpart D.

2. How long is the usual Title II disability waiting period?

- Answer: 5 full calendar months.

3. How long must a divorced spouse generally have been married to the worker?

- Answer: At least 10 years.

4. When must disability begin for disabled adult child benefits?

- Answer: Before age 22.

5. True/False: Entitlement and payment are always the same thing.

- Answer: False. A person may be entitled but payment may be reduced, withheld, or suspended.

EDPNA Exam Tips - Subpart D

- Subpart D tells who is entitled; Subpart E often tells why payment is reduced or not paid.
- Waiting-period calculations are common exam traps.
- Always identify the claimant category before applying the rule.

V. Representative Practice Checklist

- Identify the exact entitlement category before applying age, relationship, or dependency rules.
- Calculate the disability waiting period separately from retroactivity.
- Ask about all potential auxiliaries on the worker's record.
- Confirm when entitlement begins and ends for each beneficiary.

Subpart E - Deductions, Reductions, and Nonpayments of Benefits

- 404.401-404.480: deductions, reductions, suspensions, and nonpayment
- Family maximum, age reductions, workers' compensation/public disability offset
- Earnings test, alien nonpayment, prisoner nonpayment, deportation/removal

20 CFR Part 404 - Subpart E (Deductions, Reductions, and Nonpayments of Benefits)

(EDPNA Exam Breakdown)

I. Learning Objectives

21. Distinguish deductions, reductions, suspensions, and nonpayment.
22. Apply family maximum and reduction concepts.
23. Recognize disability-related nonpayment for SGA after work-incentive protections.
24. Identify common nonpayment events: prisoner status, deportation/removal, alien nonpayment.
25. Explain reporting and penalty issues.

II. Core Content

A. Reductions and Deductions

- Family maximum rules reduce auxiliary benefits when the combined total exceeds the maximum payable on one record.
- Age reductions apply when retirement or certain auxiliary benefits begin before full retirement age.
- Workers' compensation/public disability benefits may reduce Title II disability payments.
- Government pension offset may reduce spouse or widow(er) benefits.

B. Earnings and Work Activity

- Retirement earnings-test deductions apply before full retirement age.
- Disability beneficiaries may face nonpayment after TWP/EPE protections if work shows SGA.
- In 2026, the monthly SGA amount is \$1,690 for non-blind individuals and \$2,830 for statutorily blind individuals.

C. Nonpayment Events

- Prisoner nonpayment can apply after conviction and confinement under regulatory criteria.
- Deportation/removal may stop payments under alien nonpayment rules.
- Failure to furnish required information or a Social Security number can stop payment.
- Fraudulent concealment of work activity may produce special nonpayment consequences.

D. Reporting Duties

- Beneficiaries must report earnings, work outside the United States, child-in-care changes, incarceration, marriage/divorce, and other events affecting eligibility.
- Penalty deductions may apply for failure to report required events timely.

III. Case Examples (Exam-Style Scenarios)

1. Family maximum

- Worker PIA is \$2,000; family maximum is \$3,500. Auxiliaries would otherwise receive \$2,000 total.
- Answer: The worker keeps the worker benefit; auxiliary shares are reduced so total family benefits do not exceed \$3,500.

2. Prisoner nonpayment

- A disability beneficiary is convicted and confined for more than 30 days.
- Answer: Payments may be suspended under prisoner nonpayment rules, but entitlement may continue.

3. SGA after work incentives

- A beneficiary completes TWP and EPE protections and continues earning well above SGA.
- Answer: SSA may stop cash benefits for SGA-related nonpayment.

IV. Quiz Questions

1. Which subpart contains many payment-stopping rules?

- Answer: Subpart E.

2. Does the family maximum reduce the worker's own benefit?

- Answer: Generally no; it reduces auxiliaries.

3. What is the 2026 non-blind SGA amount?

- Answer: \$1,690 per month.

4. Name two nonpayment events.

- Answer: Prisoner status, deportation/removal, alien nonpayment, failure to provide required information, or SGA after work incentives.

5. True/False: A payment suspension always means entitlement terminated.

- Answer: False.

EDPNA Exam Tips - Subpart E

- Use precise terms: reduction is not the same as termination.
- Prisoner, alien, and work-related nonpayment scenarios are frequent exam subjects.
- Check whether the worker keeps the full benefit when family maximum applies.

V. Representative Practice Checklist

- Separate entitlement from payability before advising a client.
- Ask about work, incarceration, deportation/removal, workers' compensation, and public pensions.
- For family maximum issues, protect the worker's own benefit first and allocate reductions to auxiliaries.
- Document reported events to defend against penalties and overpayments.

Subpart F - Overpayments, Underpayments, Waiver of Adjustment or Recovery, and Certifying Officer Liability

- 404.501-404.545: overpayment/underpayment rules, waiver, Treasury offset, cross-program recovery
- Fault, defeat the purpose, equity and good conscience
- Notice and waiver consideration

20 CFR Part 404 - Subpart F (Overpayments, Underpayments, Waiver of Adjustment or Recovery, and Certifying Officer Liability)

(EDPNA Exam Breakdown)

I. Learning Objectives

26. Define overpayment and underpayment.
27. Explain methods of overpayment recovery.
28. Apply the two-part waiver test.
29. Evaluate fault, hardship, and equity arguments.
30. Identify priority rules and cross-program recovery issues.

II. Core Content

A. Overpayments

- An overpayment occurs when a person receives more than is due.
- Common causes include unreported work, delayed processing, incarceration, relationship changes, and SSA error.
- SSA may recover by benefit adjustment, repayment, installment agreement, Treasury offset, or other authorized collection methods.

B. Waiver Standard

- SSA may waive recovery when the person is without fault and recovery would defeat the purpose of Title II or be against equity and good conscience.
- Fault considers what the person knew or should have known, reporting conduct, and whether information was concealed or misrepresented.
- SSA error alone does not automatically establish waiver.

C. Underpayments

- An underpayment occurs when less than the amount due was paid.
- If the beneficiary is alive, SSA pays the underpayment to that person.
- If deceased, SSA follows priority rules for survivors and estate payment.

D. Cross-Program Recovery

- Title II overpayments may be recovered from current Title II benefits and, under rules, from certain Title XVI or Title VIII payments.
- Notice and review rights remain important.

III. Case Examples (Exam-Style Scenarios)

1. Unreported work

- David failed to report SGA-level work and SSA assesses a \$15,000 overpayment.
- Answer: He can request waiver, but failure to report makes a without-fault finding difficult.

2. SSA error

- Mary reported work timely, but SSA kept paying full benefits.
- Answer: Her strongest waiver argument is without fault, combined with hardship or equity.

3. Underpayment after death

- John died before receiving a \$3,000 underpayment and is survived by a spouse.
- Answer: SSA generally pays according to statutory priority, often first to the surviving spouse if qualified.

IV. Quiz Questions

1. What is an overpayment?

- Answer: Payment greater than the amount due.

2. What two findings are required for waiver?

- Answer: Without fault and recovery would defeat the purpose of the Act or be against equity and good conscience.

3. True/False: SSA error automatically waives recovery.

- Answer: False.

4. What is an underpayment?

- Answer: Benefits due but not paid.

5. Name one recovery method.

- Answer: Benefit withholding, installment repayment, lump-sum repayment, Treasury offset, or cross-program recovery.

EDPNA Exam Tips - Subpart F

- Waiver questions are almost always two-step: fault first, then hardship/equity.
- Do not overlook reconsideration of the overpayment amount separate from waiver.
- SSA-error facts help but do not end the analysis.

V. Representative Practice Checklist

- Challenge both the existence/amount of overpayment and recovery if appropriate.
- Gather proof of reporting to support without-fault arguments.
- Prepare financial evidence for defeat-the-purpose waiver arguments.
- Track deadlines for waiver, reconsideration, and collection actions.

Subpart G - Filing of Applications and Other Forms

- 404.601-404.641: applications, filing dates, protective written statements, withdrawal
- Who may sign and when an application is considered filed
- Retroactivity, limiting an application, misinformation, RRB/hospital statements

20 CFR Part 404 - Subpart G (Filing of Applications and Other Forms)

(EDPNA Exam Breakdown)

I. Learning Objectives

31. Explain why an application is required.
32. Identify who may sign an application.
33. Apply filing-date and protective-written-statement rules.
34. Recognize retroactivity limits and application-limiting issues.
35. Explain withdrawal and cancellation basics.

II. Core Content

A. Application Requirement

- No Title II benefit is paid without an application unless a specific exception applies.
- A claim requires a written or electronic application on a prescribed form or process.
- The claimant must generally be alive when an application is filed.

B. Filing Date

- An application is considered filed when SSA receives it at a proper place or under an approved electronic process.
- A written statement showing intent to claim may protect the filing date if the formal application follows within the required period.
- Statements filed with the Railroad Retirement Board or a hospital may preserve filing dates in specific situations.

C. Retroactivity and Limiting Applications

- For disability benefits, retroactivity is generally limited to 12 months before the month of application if all entitlement factors are met.
- Retirement and survivor retroactivity rules differ and can be affected by age and benefit type.
- Application-limiting rules are narrow after statutory changes; representatives should check whether limiting an application is allowed.

D. Withdrawal

- A claimant may request withdrawal, but approval generally requires repayment of benefits paid based on the withdrawn application and consent of affected beneficiaries.
- A request to withdraw may itself be cancelled within applicable rules.

III. Case Examples (Exam-Style Scenarios)

1. Protective writing

- Lisa submits a written statement in January saying she intends to file for SSDI, then files the application in March.
- Answer: January may be protected as the filing date if regulatory requirements are met.

2. Retroactivity

- James applies for SSDI in March 2026 alleging disability since 2022.
- Answer: Cash benefits cannot be paid more than 12 months before the application month, even if onset is earlier.

3. Withdrawal

- A claimant wants to withdraw retirement after receiving benefits for several months.
- Answer: SSA may require repayment and consent from affected auxiliaries before approving withdrawal.

IV. Quiz Questions

1. Which subpart contains filing rules?

- Answer: Subpart G.

2. True/False: A claimant automatically receives Title II benefits without filing.

- Answer: False.

3. What is the general SSDI retroactivity limit?

- Answer: Up to 12 months before application, if all requirements were met.

4. Can a written statement ever preserve a filing date?

- Answer: Yes, under protective written statement rules.

5. Name one issue in withdrawing an application.

- Answer: Repayment and consent from affected beneficiaries may be required.

EDPNA Exam Tips - Subpart G

- Use Subpart G, not Subpart C, for filing in the current CFR structure.
- Protective filing can save months of benefits.
- Retroactivity and the 5-month waiting period must both be calculated.

V. Representative Practice Checklist

- Protect the earliest possible filing date in writing.
- Calculate retroactivity together with the waiting period and insured-status date last insured.
- Confirm who has authority to sign if the claimant cannot sign.
- Warn clients that withdrawal can require repayment and affect auxiliaries.

Subpart H - Evidence

- 404.701-404.780: evidence responsibility, preferred evidence, age/marriage/death/relationship proof
- Original records, copies, and sufficiency of evidence
- Good cause for late proof in support or lump-sum death-payment contexts

20 CFR Part 404 - Subpart H (Evidence)

(EDPNA Exam Breakdown)

I. Learning Objectives

36. Identify claimant responsibility to provide evidence.
37. Distinguish preferred evidence from other evidence.
38. List evidence for age, marriage, death, child/parent relationship, dependency, and school attendance.
39. Recognize consequences of failure to provide evidence.
40. Apply evidence rules to auxiliary-benefit fact patterns.

II. Core Content

A. General Evidence Rules

- Claimants must give SSA evidence needed to prove entitlement and benefit amount.
- SSA decides whether evidence is convincing enough based on reliability, consistency, and source.
- Original records or certified copies are preferred; other evidence may be accepted when preferred evidence is unavailable.

B. Age, Marriage, and Death

- Age may be proved with a birth certificate, religious record, hospital record, passport, or other reliable evidence.
- Marriage evidence can include ceremonial records, common-law evidence, or deemed valid marriage evidence.
- Death may be proved by death certificate, coroner report, funeral records, or presumption-of-death evidence.

C. Child and Parent Relationship Evidence

- Natural child, adopted child, stepchild, grandchild, and equitably adopted child categories have separate proof rules.
- Dependency evidence may include household, support, tax, school, and financial records.
- School attendance for a child age 18 or older requires specific evidence.

D. Failure to Provide Evidence

- Failure to submit requested evidence can result in denial or suspension depending on the context.
- Good cause may excuse certain late evidence or proof deadlines.

III. Case Examples (Exam-Style Scenarios)

1. Missing birth certificate

- Maria seeks child benefits but lacks a birth certificate.
- Answer: SSA may consider hospital records, religious records, school records, or other secondary evidence.

2. Common-law marriage

- A surviving partner claims widow benefits from a State recognizing common-law marriage.
- Answer: Evidence must establish the relationship under applicable State law.

3. Dependency

- A stepchild claims benefits on a worker's record.
- Answer: The stepchild must prove dependency, unlike many natural/adopted child situations where dependency is presumed or easier to establish.

IV. Quiz Questions

1. Which subpart contains evidence rules?

- Answer: Subpart H.

2. True/False: Preferred evidence is always required or the claim must be denied.

- Answer: False; other evidence may be accepted if preferred evidence is unavailable and the evidence is convincing.

3. Name two types of relationship evidence.

- Answer: Birth certificate, adoption decree, marriage certificate, divorce decree, tax records, support records.

4. What may happen if evidence is not provided?

- Answer: SSA may deny, suspend, or decide based on the available record.

5. What evidence may prove school attendance?

- Answer: School certification or other acceptable school records.

EDPNA Exam Tips - Subpart H

- Evidence rules often decide auxiliary cases more than medical issues do.
- Always match the evidence to the relationship category.
- Explain why SSA asks for documents; each supports a regulatory element.

V. Representative Practice Checklist

- Use preferred evidence when available, but build a secondary-evidence plan if not.
- Match proof to the specific relationship or dependency element.
- Document good cause when evidence is late or unavailable.
- Organize exhibits so SSA can connect evidence to each entitlement requirement.

Subpart I - Records of Earnings

- 404.801-404.831: earnings record, statements, corrections, time limits
- Correction before and after the time limit
- Wages, self-employment income, and notice of reductions/removals

20 CFR Part 404 - Subpart I (Records of Earnings)

(EDPNA Exam Breakdown)

I. Learning Objectives

41. Explain how SSA uses the earnings record.
42. Identify how to request and review an earnings statement.
43. Apply correction time limits.
44. Recognize exceptions permitting corrections after the time limit.
45. Relate earnings corrections to insured status and benefit amounts.

II. Core Content

A. Role of the Earnings Record

- SSA's earnings record determines insured status and benefit amount.
- Errors can cause denial of SSDI, incorrect PIA, or incorrect auxiliary benefits.
- A representative should compare SSA records with W-2s, tax returns, pay stubs, and employer records.

B. Time Limit for Correction

- The usual correction time limit is 3 years, 3 months, and 15 days after the taxable year.
- Before the time limit expires, SSA can correct records based on credible evidence.
- After the time limit, corrections are limited to regulatory exceptions.

C. Exceptions After the Time Limit

- Corrections may be allowed for SSA clerical error, fraud or similar fault, timely employer reports, certain military wage credits, or other enumerated exceptions.
- Self-employment income is especially sensitive to timely tax filing.

D. Notices of Reduction or Removal

- SSA must provide notice when it removes or reduces earnings entries.
- A claimant may contest removal or reduction through appropriate review procedures.

III. Case Examples (Exam-Style Scenarios)

1. Missing wages

- Mary discovers in 2026 that 2024 wages are missing.
- Answer: The correction request is likely timely because it is within 3 years, 3 months, and 15 days.

2. Old missing wages

- Paul discovers in 2026 that 2015 wages are missing.
- Answer: The request is time-barred unless an exception applies.

3. Self-employment

- Lisa did not file a 2020 tax return reporting self-employment income and now needs credits.
- Answer: SSA may not credit the self-employment income absent a timely return or applicable exception.

IV. Quiz Questions

1. Which subpart covers earnings records?

- Answer: Subpart I.

2. What is the usual correction time limit?

- Answer: 3 years, 3 months, and 15 days after the taxable year.

3. Name two documents that may prove earnings.

- Answer: W-2, pay stubs, tax returns, employer records, business records.

4. Why do earnings records matter for SSDI?

- Answer: They determine insured status and PIA.

5. True/False: Every earnings error can be corrected at any time.

- Answer: False.

EDPNA Exam Tips - Subpart I

- This is a classic EDPNA issue: medical eligibility can be lost because earnings were not credited.
- Check both insured status and benefit computation.
- Self-employment cases require careful tax-return review.

V. Representative Practice Checklist

- Compare SSA earnings to W-2s, tax returns, and pay stubs year by year.
- Calculate the 3 years, 3 months, 15 days correction deadline.
- Look for exceptions before giving up on old missing earnings.
- Treat self-employment cases as tax-filing cases as well as disability cases.

Subpart J - Determinations, Administrative Review Process, and Reopening of Determinations and Decisions

- 404.900-404.999d: initial determinations, reconsideration, ALJ hearing, Appeals Council, court review, reopening
- 60-day appeal deadline and good cause
- Evidence deadlines, remands, finality, travel expenses

20 CFR Part 404 - Subpart J (Determinations, Administrative Review Process, and Reopening of Determinations and Decisions)

(EDPNA Exam Breakdown)

I. Learning Objectives

- 46. List the levels of administrative review.
- 47. Distinguish initial determinations from non-appealable administrative actions.
- 48. Apply the 60-day appeal deadline and good-cause rule.
- 49. Explain ALJ, Appeals Council, Federal court, and remand concepts.
- 50. Apply reopening time limits.

II. Core Content

A. Levels of Review

- The usual sequence is initial determination, reconsideration, hearing before an ALJ, Appeals Council review, and Federal district court review.
- An initial determination becomes binding if not appealed timely.
- Not every SSA action is an initial determination.

B. Deadlines and Good Cause

- A request for reconsideration, hearing, or Appeals Council review is generally due within 60 days after receiving the notice.
- SSA presumes receipt 5 days after the date on the notice unless shown otherwise.
- Good cause can excuse late filing based on circumstances such as illness, misinformation, records problems, or other reasonable barriers.

C. ALJ and Appeals Council

- At hearing, the ALJ considers issues de novo and may take testimony from claimant, medical experts, and vocational experts.
- Written evidence generally must be submitted or identified no later than 5 business days before the hearing unless an exception applies.
- The Appeals Council may deny review, grant review and issue a decision, or remand.

D. Reopening and Finality

- A determination may be reopened within 12 months for any reason, within 4 years for good cause in Title II cases, or at any time for fraud or similar fault and other limited reasons.
- Good cause for reopening includes new and material evidence, clerical error, or error on the face of the evidence.

III. Case Examples (Exam-Style Scenarios)

1. Missed appeal

- Tom receives a reconsideration denial dated March 1 and files hearing request on May 15.
- Answer: The appeal appears late unless he proves later receipt or good cause.

2. ALJ evidence

- Maria obtains a key MRI two days before hearing.
- Answer: She should submit it immediately and explain why it was not submitted earlier under the evidence-deadline rules.

3. Reopening

- Anna asks to reopen a five-year-old Title II denial based only on new evidence.
- Answer: Usually not available because the 4-year good-cause reopening period has expired, absent another exception.

IV. Quiz Questions

1. What is the first appeal after an initial determination?

- Answer: Reconsideration.

2. How long is the usual appeal deadline?

- Answer: 60 days after receipt of notice.

3. True/False: Appeals Council must review every ALJ denial.

- Answer: False.

4. Within how long may Title II cases generally be reopened for good cause?

- Answer: Within 4 years.

5. What are common good-cause reopening grounds?

- Answer: New and material evidence, clerical error, or error on the face of the evidence.

EDPNA Exam Tips - Subpart J

- Subpart J is one of the most important representative subparts.
- Memorize the appeal chain and 60-day rule.
- Separate appeal from reopening; they are different procedural tools.

V. Representative Practice Checklist

- Calendar every appeal deadline from the notice date and presumed receipt date.
- File appeals first, then develop good cause if late.
- Submit or identify hearing evidence by the 5-business-day rule when possible.
- Consider reopening only after checking the 12-month, 4-year, and fraud/similar-fault rules.

Subpart K - Employment, Wages, Self-Employment, and Self-Employment Income

- 404.1001-404.1096: covered employment, excluded work, wages, self-employment income
- Employee vs. self-employed classifications
- Ministers, religious orders, railroad work, foreign government, students, family services

20 CFR Part 404 - Subpart K (Employment, Wages, Self-Employment, and Self-Employment Income)

(EDPNA Exam Breakdown)

I. Learning Objectives

- 51. Determine whether work is covered employment.
- 52. Distinguish wages from self-employment income.
- 53. Recognize common exclusions from employment.
- 54. Analyze ministers, religious orders, students, family workers, and railroad employees.
- 55. Connect covered work to QCs and benefit computation.

II. Core Content

A. Covered Employment

- Most employment for wages is covered unless specifically excluded.
- Employee status can arise under common-law tests or statutory employee provisions.
- Corporate officers, agent drivers, commission drivers, home workers, and traveling salespersons have specific rules.

B. Excluded Work

- Excluded work includes certain family services, some student services, some foreign agricultural work, work for foreign governments/international organizations, and some railroad work.
- State and local government coverage is addressed in Subpart M.
- Railroad employment is coordinated through Subpart O.

C. Wages

- Wages include remuneration for covered employment unless excluded.
- Back pay, noncash remuneration, timing of wage payments, and special employment situations can affect crediting.

D. Self-Employment Income

- Net earnings from self-employment are generally covered unless excluded.
- Ministers and members of religious orders have special rules, including possible exemption/election issues.
- Farm, partnership, community income, Puerto Rico, and foreign-residence rules may require detailed review.

III. Case Examples (Exam-Style Scenarios)

1. Student worker

- A student works for the college she attends.
- Answer: Student-service exclusions may apply depending on the facts.

2. Minister

- A minister has ministry earnings and asks whether they count.
- Answer: Apply the minister/self-employment and exemption rules; do not assume ordinary employee wage treatment.

3. Railroad worker

- A worker has 20 years of railroad service and later a private-sector job.
- Answer: Coordinate railroad coverage with Social Security rules rather than treating all railroad service as ordinary wages.

IV. Quiz Questions

1. Which subpart covers employment and wages?

- Answer: Subpart K.

2. True/False: All paid work is Social Security-covered employment.

- Answer: False.

3. What is the difference between wages and self-employment income?

- Answer: Wages are remuneration for employment; self-employment income is net earnings from covered self-employment.

4. Name one excluded-work category.

- Answer: Certain student services, family services, foreign government work, international organization work, some railroad work.

5. Why does covered status matter?

- Answer: Only covered earnings generally create QCs and affect PIA.

EDPNA Exam Tips - Subpart K

- Do not assume income counts as covered earnings without checking coverage.
- Ministers and railroad workers are recurring exam traps.
- Coverage rules affect both insured status and benefit amount.

V. Representative Practice Checklist

- Ask whether each job was covered employment or excluded work.
- Verify classification as employee or self-employed.
- Screen ministers, students, family workers, and railroad workers carefully.
- Connect coverage findings back to QCs and PIA.

Subpart L - Reserved

- Current 20 CFR Part 404 Subpart L is reserved
- No active regulatory content in this subpart
- Do not confuse reserved Subpart L with representation rules, which are in Subpart R

20 CFR Part 404 - Subpart L (Reserved)

(EDPNA Exam Breakdown)

I. Learning Objectives

56. Recognize that Subpart L is reserved in current Part 404.
57. Avoid using outdated or mislabeled outlines that place representation in Subpart L.
58. Locate representation rules correctly in Subpart R.
59. Explain why reserved subparts may appear in CFR structure.
60. Use accurate citations in exam preparation.

II. Core Content

A. Meaning of Reserved

- A reserved subpart has no current operative regulatory text.
- The CFR may reserve space for future regulations or removed material.
- Reserved does not mean irrelevant to navigation; it prevents mislabeling later topics.

B. Correct Cross-Reference

- Representation and fee rules are in Subpart R, sections 404.1700-404.1799.
- Vocational rehabilitation payment rules are in Subpart V, not Subpart K.
- Filing and evidence rules are Subparts G and H.

III. Case Examples (Exam-Style Scenarios)

1. Mislabeled guide

- A study guide says Subpart L covers representation and fees.
- Answer: That is inaccurate for current Part 404; representation is Subpart R.

2. Exam citation

- A question asks for the subpart containing direct payment rules for representatives.
- Answer: Use Subpart R, especially section 404.1717.

3. Reserved subpart

- A claimant asks what benefits Subpart L provides.
- Answer: None. It is reserved.

IV. Quiz Questions

1. What is Subpart L in current Part 404?

- Answer: Reserved.

2. Where are representation rules located?

- Answer: Subpart R.

3. True/False: Reserved means there are active benefit rules hidden in the subpart.

- Answer: False.

4. Why does this matter for a study outline?

- Answer: Accurate citations prevent confusion on exams and in practice.

5. Where are VR payment rules?

- Answer: Subpart V.

EDPNA Exam Tips - Subpart L

- This is a correction point from many informal outlines.
- Use current CFR structure in written answers.
- When a subpart is reserved, say so plainly.

V. Representative Practice Checklist

- Do not cite reserved Subpart L for active rules.
- Correct mislabeled outlines before using them for exam study.
- Use Subpart R for representation and fees.
- Use the official table of contents when in doubt.

Subpart M - Coverage of Employees of State and Local Governments

- 404.1200-404.1299: Section 218 agreements, coverage groups, excluded services, compliance review
- State/local coverage and wage reports for pre-1987 periods
- Police, firefighters, retirement system groups, liability and review

20 CFR Part 404 - Subpart M (Coverage of Employees of State and Local Governments)

(EDPNA Exam Breakdown)

I. Learning Objectives

61. Explain how State and local government employees become covered.
62. Identify Section 218 agreement concepts.
63. Recognize absolute, retirement system, and divided coverage groups.
64. List excluded and optionally excluded services.
65. Connect State/local coverage issues to missing QCs and benefit disputes.

II. Core Content

A. Section 218 Agreements

- State and local government employment may be covered through agreements between a State and SSA.
- Coverage can depend on the employee group, retirement system status, and modifications to the agreement.
- Some positions are mandatorily excluded; others may be optionally excluded.

B. Coverage Groups

- Absolute coverage groups are covered without a retirement system issue.
- Retirement system coverage groups involve employees under a public retirement system.
- Divided retirement system groups may split coverage based on referendum or group status.

C. Special Employee Categories

- Police officers and firefighters have special rules.
- Interstate instrumentalities and dissolved political subdivisions have additional regulatory provisions.
- State and local wages paid prior to 1987 have detailed report, contribution, adjustment, and review rules.

D. Practical Representative Issues

- A public employee may have a pension but little Social Security coverage.
- Coverage errors may require earnings-record correction, Section 218 review, or pension-offset screening.

III. Case Examples (Exam-Style Scenarios)

1. Public teacher

- A teacher worked for a school district with a public pension and no Social Security withholding.
- Answer: Determine whether her position was covered under a Section 218 agreement or excluded.

2. Police officer

- A police officer asks why his wages were not credited.
- Answer: Review the police/firefighter coverage provisions and the State agreement.

3. Retirement system group

- A city modifies its agreement to cover a retirement system group.
- Answer: Coverage may apply based on the modification terms and effective date.

IV. Quiz Questions

1. Which subpart covers State/local government coverage?

- Answer: Subpart M.

2. What is a Section 218 agreement?

- Answer: An agreement extending Social Security coverage to specified State/local government employees.

3. True/False: All State/local employees are automatically covered by Social Security.

- Answer: False.

4. Name one special category in this subpart.

- Answer: Police officers, firefighters, interstate instrumentalities, retirement system coverage groups.

5. Why does this matter for SSDI?

- Answer: Coverage determines QCs and insured status.

EDPNA Exam Tips - Subpart M

- Public pension cases often require WEP/GPO plus coverage analysis.
- Do not rely only on the claimant's job title; check actual coverage.
- Section 218 facts can change the result.

V. Representative Practice Checklist

- Identify whether the employer was State or local government.
- Request evidence of Social Security withholding and public retirement coverage.
- Check Section 218 coverage when wages are missing.
- Screen for WEP/GPO when a public pension exists.

Subpart N - Wage Credits for Veterans and Members of the Uniformed Services

- 404.1301-404.1371: military wage credits and deemed insured status
- World War II and post-World War II service
- Uniformed service wage credits, limits, evidence, and interaction with other benefits

20 CFR Part 404 - Subpart N (Wage Credits for Veterans and Members of the Uniformed Services)

(EDPNA Exam Breakdown)

I. Learning Objectives

66. Identify when military service may create wage credits.
67. Distinguish covered military wages from deemed or special wage credits.
68. Explain limits on crediting.
69. Recognize deemed insured status for certain World War II veterans.
70. Identify evidence needed to prove military service.

II. Core Content

A. Military Credit Framework

- Military service can produce covered wages or special wage credits depending on the service period and statutory rules.
- Post-1956 military service is generally covered for Social Security purposes.
- Earlier service may involve deemed or special credits rather than normal wage reporting.

B. World War II and Post-WWII Credits

- World War II veteran provisions include active-service definitions, excluded service, and deemed insured status rules.
- Post-WWII veteran provisions contain separate active-service and exclusion rules.
- Wage credits can be limited when another Federal benefit is payable based on the same service.

C. Uniformed Services

- Uniformed services include military branches and certain related service categories.
- Credits may be used for insured status and benefit computation when permitted.

D. Evidence

- SSA may require proof of active service, separation under conditions other than dishonorable, and service dates.
- DD-214 or equivalent military records are key evidence.

III. Case Examples (Exam-Style Scenarios)

1. Pre-1957 service

- Robert served from 1955 to 1957 and lacks credits.
- Answer: Special wage-credit rules may apply for the relevant pre-1957 period rather than ordinary covered wages.

2. Other Federal benefit

- A veteran receives another Federal benefit based on the same military service.
- Answer: Check limits on double crediting or payment.

3. Evidence

- A claimant reports active duty but has no documents.
- Answer: Request military records or acceptable alternative proof of service and discharge status.

IV. Quiz Questions

1. Which subpart covers veteran and uniformed service wage credits?

- Answer: Subpart N.

2. True/False: Military service can affect Social Security insured status.

- Answer: True.

3. What document often proves military service?

- Answer: DD-214 or equivalent service record.

4. What can limit military wage credits?

- Answer: Another Federal benefit based on the same service or regulatory exclusions.

5. What is deemed insured status associated with?

- Answer: Certain World War II veteran provisions.

EDPNA Exam Tips - Subpart N

- Military credits can rescue insured status in borderline cases.
- Always check service dates; the rules differ by era.
- Confirm whether another benefit limits crediting.

V. Representative Practice Checklist

- Ask every veteran claimant for service dates and discharge records.
- Review whether military wage credits affect insured status.
- Check for other Federal benefits based on the same service.
- Request DD-214 or equivalent records early.

Subpart O - Interrelationship of OASDI With the Railroad Retirement Program

- 404.1401-404.1413: railroad service coordination, non-vested workers, compensation credits
- RRB coordination, eligibility bars, deemed wages, compensation quarters of coverage
- Certification of payment to Railroad Retirement Board

20 CFR Part 404 - Subpart O (Interrelationship of OASDI With the Railroad Retirement Program)

(EDPNA Exam Breakdown)

I. Learning Objectives

71. Explain why railroad work is treated differently.
72. Distinguish vested and non-vested railroad workers.
73. Recognize when railroad compensation can be treated as wages or QCs.
74. Identify coordination between SSA and RRB.
75. Apply railroad rules to insured-status and payment scenarios.

II. Core Content

A. Railroad Retirement Relationship

- Railroad employment is generally covered by the Railroad Retirement Act rather than ordinary Social Security.
- Part 404 coordinates OASDI with RRB to prevent gaps and duplication.

B. Non-Vested Workers

- Railroad service of a non-vested worker may be treated as covered under Social Security in specific circumstances.
- If the worker becomes eligible for railroad retirement, payment of Social Security benefits may be barred or coordinated.

C. Compensation and QCs

- Railroad compensation can sometimes be treated as wages for insured status or benefit computation.
- SSA may use certified compensation records and compensation quarters of coverage.

D. Payment Certification

- SSA may certify payment to RRB when railroad rules require RRB handling or adjustment.

III. Case Examples (Exam-Style Scenarios)

1. Mixed work history

- Maria worked 8 years for the railroad and 12 years in private covered employment.
- Answer: Analyze whether railroad compensation can be credited and whether she is vested under RRB rules.

2. RRB eligibility

- A worker qualifies for railroad retirement benefits and also files for Social Security.
- Answer: SSA and RRB coordinate to determine payment, offsets, and possible bars.

3. Non-vested worker

- A short-term railroad worker never vested under RRB.
- Answer: Railroad service may be treated as covered Social Security employment under specific rules.

IV. Quiz Questions

1. Which agency coordinates railroad retirement with SSA?

- Answer: The Railroad Retirement Board (RRB).

2. True/False: Railroad employment is always treated exactly like ordinary Social Security-covered employment.

- Answer: False.

3. What is a non-vested worker issue?

- Answer: Railroad service may be credited under Social Security if RRB entitlement is not established.

4. What records may SSA rely on?

- Answer: Certified railroad compensation records.

5. Why does railroad coordination matter?

- Answer: It affects insured status, benefit computation, and payment eligibility.

EDPNA Exam Tips - Subpart O

- Railroad cases are coordination cases, not ordinary wage cases.
- Check whether the worker is vested under railroad retirement.
- Avoid double-counting service.

V. Representative Practice Checklist

- Identify whether the worker is vested under railroad retirement rules.
- Coordinate with RRB records instead of relying only on SSA earnings.
- Avoid double-counting railroad service and Social Security work.
- Explain that railroad service may affect both eligibility and payment.

Subpart P - Determining Disability and Blindness

- 404.1501-404.1599: disability definition, medical evidence, listings, RFC, vocational rules, SGA, blindness, CDRs, work incentives
- Appendix 1 Listings and Appendix 2 Medical-Vocational Guidelines
- Claims before/after March 27, 2017 opinion evidence rules

20 CFR Part 404 - Subpart P (Determining Disability and Blindness)

(EDPNA Exam Breakdown)

I. Learning Objectives

76. Define disability and blindness for Title II.
77. Apply the 5-step sequential evaluation process.
78. Explain medical evidence categories and RFC.
79. Use vocational factors and Medical-Vocational Guidelines.
80. Recognize CDRs, TWP, EPE, expedited reinstatement, and blind-work rules.

II. Core Content

A. Basic Disability Definition

- Disability means inability to engage in substantial gainful activity because of a medically determinable physical or mental impairment expected to result in death or lasting/expected to last at least 12 months.
- The impairment must be established by objective medical evidence from an acceptable medical source.
- Symptoms alone are not enough without a medically determinable impairment.

B. Five-Step Sequential Evaluation

- Step 1: Is the claimant engaging in SGA? If yes, deny unless an exception applies.
- Step 2: Is there a severe impairment or combination of impairments?
- Step 3: Does the impairment meet or medically equal a Listing?
- Step 4: Can the claimant perform past relevant work based on RFC?
- Step 5: Can the claimant adjust to other work existing in significant numbers in the national economy?

C. Medical Evidence and RFC

- Evidence categories include objective medical evidence, medical opinions, other medical evidence, evidence from nonmedical sources, and prior administrative medical findings.
- For claims filed before March 27, 2017, treating-source rules may apply; for later claims, SSA evaluates persuasiveness, especially supportability and consistency.
- RFC is the most a claimant can do despite limitations and is assessed before steps 4 and 5.

D. Vocational Factors and SGA

- Age, education, work experience, transferability of skills, and RFC drive steps 4 and 5.
- Appendix 2 Medical-Vocational Guidelines can direct disabled/not disabled outcomes in some exertional cases.
- 2026 SGA amounts: \$1,690 per month for non-blind individuals and \$2,830 per month for statutorily blind individuals.

E. Blindness, CDRs, and Work Incentives

- Statutory blindness means central visual acuity of 20/200 or less in the better eye with correction or a visual field of 20 degrees or less.
- CDRs apply the medical improvement review standard.
- Trial Work Period, reentitlement period, expedited reinstatement, and Section 301 continuation rules protect some attempts to work or participate in approved programs.
- In 2026, a Trial Work Period service month is triggered by \$1,210 in earnings or qualifying self-employment activity.

III. Case Examples (Exam-Style Scenarios)

1. SGA denial

- Carlos earns \$1,700 per month in 2026 before adjudication and is not blind.
- Answer: His earnings exceed the non-blind SGA level and may support denial at Step 1 if no exception applies.

2. Listing

- Susan has chronic kidney disease requiring regular dialysis.
- Answer: She may meet a Listing if documentation satisfies the criteria.

3. Step 5

- Tom is 52 with RFC for light work and past heavy construction.
- Answer: If he cannot do past work, SSA must show other work exists considering age, education, work experience, and RFC.

4. CDR

- Anna's impairment medically improves and the improvement relates to work ability.
- Answer: SSA may cease benefits unless another basis for continuation applies.

IV. Quiz Questions

1. What are the five steps?

- Answer: SGA, severe impairment, Listings, past relevant work, other work.

2. At which step does SSA bear the burden to show other work?

- Answer: Step 5.

3. What is the 2026 SGA amount for non-blind claimants?

- Answer: \$1,690 per month.

4. What is statutory blindness?

- Answer: 20/200 or less in the better eye with correction, or visual field of 20 degrees or less.

5. What standard is central in CDR cessation cases?

- Answer: Medical improvement related to ability to work, unless an exception applies.

EDPNA Exam Tips - Subpart P

- This is the core disability-adjudication subpart.
- Do not cite Subpart D for the five-step process; cite Subpart P.
- Opinion evidence changed for claims filed on or after March 27, 2017.

V. Representative Practice Checklist

- Map every disability case onto the five-step sequence.
- Develop objective medical evidence before relying on symptoms or diagnoses.
- Prepare RFC evidence that connects limitations to work functions.
- Track work incentives, TWP, EPE, EXR, and CDR issues separately from initial entitlement.

Subpart Q - Determinations of Disability

- 404.1601-404.1694: State DDS responsibilities, Federal standards, performance, monitoring, assumption of function
- Initial and reconsideration disability determinations
- Consultative examinations, medical consultants, quick disability determinations

20 CFR Part 404 - Subpart Q (Determinations of Disability)

(EDPNA Exam Breakdown)

I. Learning Objectives

81. Explain State DDS and SSA responsibilities.
82. Identify what DDS does when making disability determinations.
83. Recognize consultative examination and medical-consultant roles.
84. Explain SSA performance standards and monitoring.
85. Describe substantial failure and SSA assumption of the disability-determination function.

II. Core Content

A. State and SSA Roles

- States may perform disability determinations for SSA under Federal standards.
- SSA retains responsibility for national policy, oversight, funding, and quality assurance.
- DDS determinations must follow SSA regulations, rulings, and operating instructions.

B. DDS Case Development

- DDS obtains medical and vocational evidence, evaluates evidence, may order consultative examinations, and obtains medical/psychological consultant review.
- DDS makes initial and often reconsideration disability determinations.
- Quick Disability Determination procedures identify cases likely to be favorable quickly.

C. Performance and Monitoring

- SSA measures processing time and accuracy.
- SSA can provide performance support and corrective action.
- Substantial failure can lead SSA to assume the disability-determination function.

D. Claimant Rights

- Claimants may submit evidence, appoint representatives, receive notices, and appeal unfavorable determinations.
- Failure to attend a consultative exam without good cause can lead to denial based on insufficient evidence.

III. Case Examples (Exam-Style Scenarios)

1. CE nonappearance

- John refuses to attend a CE and gives no good cause.
- Answer: DDS/SSA may decide based on available evidence, which can lead to denial.

2. State accuracy problem

- A State DDS has unusually high error rates.
- Answer: SSA may increase monitoring, provide support, or take corrective action.

3. QDD

- A claimant has a terminal condition with strong medical proof.
- Answer: The case may be identified for quick disability determination processing.

IV. Quiz Questions

1. Which subpart covers State DDS responsibilities?

- Answer: Subpart Q.

2. Who funds DDS disability work?

- Answer: SSA, through Federal reimbursement/oversight structures.

3. What can DDS order if evidence is insufficient?

- Answer: A consultative examination.

4. True/False: SSA has no oversight over DDS decisions.

- Answer: False.

5. What happens if a State substantially fails to follow requirements?

- Answer: SSA may assume the disability-determination function.

EDPNA Exam Tips - Subpart Q

- Subpart Q is about who makes disability determinations; Subpart P is about how disability is determined.
- CE attendance and good cause are practical exam points.
- Know DDS vs. SSA roles.

V. Representative Practice Checklist

- Explain to clients that DDS is State-operated but applies Federal SSA rules.
- Respond quickly to DDS evidence requests and CE notices.
- Document good cause for missed consultative exams.
- Use reconsideration to fix record-development gaps from the initial level.

Subpart R - Representation of Parties

- 404.1700-404.1799: representative appointment, authority, electronic services, fees, direct payment, conduct, sanctions
- Attorney and non-attorney representation
- Fee agreement/petition, EDPNA direct payment, rules of conduct

20 CFR Part 404 - Subpart R (Representation of Parties)

(EDPNA Exam Breakdown)

I. Learning Objectives

- 86. Explain who may represent claimants before SSA.
- 87. Identify appointment and authority rules.
- 88. Distinguish fee agreement, fee petition, and court-fee rules.
- 89. Explain direct payment to attorneys and eligible non-attorneys.
- 90. Recognize misconduct and sanctions.

II. Core Content

A. Right to Representation

- A claimant may appoint an attorney or qualified non-attorney representative.
- Appointment must be made in writing, commonly using Form SSA-1696 or the current approved process.
- A representative may act for the claimant before SSA but federal court representation is governed by court admission rules.

B. Representative Authority and Duties

- Representatives may obtain notices, submit evidence, make arguments, attend hearings, and receive information.
- Electronic-services requirements apply to representatives in many circumstances.
- Representatives must act competently, diligently, truthfully, and without conflicts of interest.

C. Fees and Direct Payment

- SSA must authorize fees for representation before SSA.
- Fee agreement process: fee cannot exceed the lesser of 25% of past-due benefits or the current dollar cap; current cap is \$9,200 for favorable decisions issued on or after November 30, 2024.
- Fee petition process: SSA authorizes a reasonable fee based on services when there is no approved fee agreement or when the agreement process does not apply.
- Eligible non-attorney representatives, including EDPNAs who meet SSA requirements, may receive direct payment.

D. Misconduct and Sanctions

- Misconduct includes charging unauthorized fees, misleading statements, failure to disclose material facts, obstruction, privacy violations, and failure to comply with SSA rules.
- Sanctions can include suspension, disqualification, fee issues, and other consequences.

III. Case Examples (Exam-Style Scenarios)

1. Fee cap

- A fee agreement asks for \$12,000 from past-due Title II benefits.
- Answer: SSA will not approve it under the agreement process because it exceeds the current cap; the representative may need a fee petition if appropriate.

2. Uncertified non-attorney

- A non-attorney wins a case but is not eligible for direct payment.
- Answer: SSA will not directly pay that representative from withheld past-due benefits.

3. Unauthorized fee

- A representative collects \$5,000 directly without SSA authorization.
- Answer: This violates fee rules and can lead to refund, sanctions, or disqualification.

IV. Quiz Questions

1. Which subpart covers representation?

- Answer: Subpart R.

2. What form is commonly used to appoint a representative?

- Answer: SSA-1696 or current approved appointment process.

3. What is the current fee-agreement cap?

- Answer: \$9,200 or 25% of past-due benefits, whichever is less, for favorable decisions issued on or after November 30, 2024.

4. Who may receive direct payment?

- Answer: Attorneys and eligible non-attorney representatives who meet SSA requirements.

5. Name one representative misconduct example.

- Answer: Unauthorized fees, false statements, conflict of interest, withholding material information, or failure to comply with SSA rules.

EDPNA Exam Tips - Subpart R

- This section is directly relevant to EDPNA practice.
- Always use Subpart R, not Subpart L, for representation citations.
- Fee authorization is mandatory; no self-help fee collection.

V. Representative Practice Checklist

- File appointment documents before acting as representative.
- Use fee agreements that match the current cap and 25% rule.
- Confirm EDPNA eligibility before expecting direct payment.
- Keep written proof of client communications, fee authorization, and expense reimbursement.

Subpart S - Payment Procedures

- 404.1800-404.1825: how monthly benefits are paid, payment days, expediting, withholding certification, assignment, garnishment, joint payments
- Payment mechanics distinct from entitlement and deductions
- Direct deposit and family payment concepts

20 CFR Part 404 - Subpart S (Payment Procedures)

(EDPNA Exam Breakdown)

I. Learning Objectives

91. Explain the difference between payment procedures and entitlement.
92. Identify how SSA pays benefits and when monthly payments are due.
93. Recognize expediting and withholding certification issues.
94. Explain transfer/assignment limitations and garnishment after disbursement.
95. Apply joint-payment rules for families.

II. Core Content

A. Paying Benefits

- SSA pays monthly benefits according to payment-date rules.
- Payment procedure rules do not create entitlement; they implement payment once entitlement and payable amount are established.
- Electronic payment/direct deposit rules may also apply through Treasury requirements.

B. Monthly Payment Day and Expedited Payment

- The monthly payment day depends on statutory and administrative payment schedules.
- Expedited payment may occur in limited circumstances when delay would cause hardship or when immediate payment is appropriate.

C. Withholding Certification or Payments

- SSA may withhold certification or payment when legal or factual questions must be resolved.
- Payment may be delayed while SSA determines correct payee, representative payee need, or entitlement/payability.

D. Transfer, Assignment, Garnishment, and Joint Payment

- Social Security benefits generally cannot be transferred or assigned before payment.
- Certain garnishment may apply after disbursement for limited obligations such as child support/alimony under other laws.
- Joint payments to a family can be made under specific circumstances.

III. Case Examples (Exam-Style Scenarios)

1. Wrong payment date

- A claimant is entitled but payment arrives on a different Wednesday than expected.
- Answer: Review payment-day rules and account information before assuming a denial.

2. Representative payee pending

- SSA has found a beneficiary needs a payee but has not selected one.
- Answer: Payment may be delayed or handled under representative-payee procedures.

3. Assignment

- A lender asks a beneficiary to assign future Social Security checks.
- Answer: Future benefits generally cannot be assigned.

IV. Quiz Questions

1. Which subpart covers payment procedures?

- Answer: Subpart S.

2. True/False: Payment procedure rules establish disability entitlement.

- Answer: False.

3. Can future Social Security payments generally be assigned?

- Answer: No.

4. Name one payment-procedure topic.

- Answer: Payment day, expedited payment, withholding certification, assignment/transfer, garnishment after disbursement, joint payments.

5. Where are representative payee rules located?

- Answer: Subpart U.

EDPNA Exam Tips - Subpart S

- Payment procedure issues are different from entitlement and overpayment issues.
- Check payee and Treasury/payment details when a claimant reports missing payments.
- Assignment rules protect benefits from many prepayment transfers.

V. Representative Practice Checklist

- Check payment-day schedules before treating a delayed payment as an adverse decision.
- Verify direct deposit, payee, address, and Treasury information.
- Distinguish missing payment issues from entitlement or overpayment issues.
- Watch for withholding certification when SSA is resolving a factual issue.

Subpart T - Totalization Agreements

- 404.1901-404.1930: international Social Security agreements, foreign coverage credits, dual coverage, applications, evidence, appeals, overpayments
- Combining foreign periods of coverage with U.S. coverage
- Certificate of coverage and alien nonpayment interactions

20 CFR Part 404 - Subpart T (Totalization Agreements)

(EDPNA Exam Breakdown)

I. Learning Objectives

96. Explain the purpose of totalization agreements.
97. Identify when foreign periods of coverage may be credited.
98. Recognize dual-coverage and certificate-of-coverage rules.
99. Explain how totalized benefits are computed.
100. Apply totalization rules to immigrant, expatriate, and multinational-worker cases.

II. Core Content

A. Purpose

- Totalization agreements coordinate U.S. Social Security coverage with foreign systems.
- They help avoid dual taxation and protect workers who split careers between countries.
- Agreements do not simply convert all foreign work into ordinary U.S. wages; they follow treaty and regulatory rules.

B. Crediting Foreign Coverage

- Foreign periods of coverage may be combined with U.S. QCs to meet insured-status requirements when the agreement permits.
- The claimant generally must have a minimum amount of U.S. coverage to use totalization.
- A person qualifying under more than one agreement is handled under regulatory priority rules.

C. Coverage and Computation

- Certificate-of-coverage rules help determine which country's system applies to posted workers.
- Totalized benefits are prorated or computed under special rules rather than paid as a full regular U.S. benefit in every case.

D. Applications, Evidence, Appeals, and Overpayments

- Applications, evidence, appeals, alien nonpayment, overpayment, and disclosure rules are included in Subpart T.
- Representatives should obtain foreign work records and identify the relevant agreement country.

III. Case Examples (Exam-Style Scenarios)

1. Split career

- Anna worked 8 years in the U.S. and 15 years in Germany.
- Answer: A totalization agreement may allow combined coverage for insured status if all requirements are met.

2. Posted worker

- A U.S. employee is sent to France temporarily.
- Answer: A certificate of coverage may prevent dual Social Security taxation.

3. Foreign records

- A claimant alleges foreign work but has no documents.
- Answer: Request records from the foreign social insurance system and apply Subpart T evidence rules.

IV. Quiz Questions

1. What is a totalization agreement?

- Answer: An agreement coordinating U.S. Social Security with a foreign system.

2. True/False: Totalization always pays the same amount as a fully insured regular U.S. benefit.

- Answer: False.

3. What does a certificate of coverage help establish?

- Answer: Which country's system covers the work to avoid dual coverage.

4. Can foreign coverage help insured status?

- Answer: Yes, if an agreement and minimum U.S. coverage requirements allow.

5. Which subpart covers totalization?

- Answer: Subpart T.

EDPNA Exam Tips - Subpart T

- Totalization is a common trick topic: combined coverage may create eligibility, but computation is special.
- Identify the country and agreement first.
- Do not confuse lawful-presence/alien payment restrictions with insured-status totalization.

V. Representative Practice Checklist

- Identify all countries where the worker had coverage.
- Check whether the United States has a totalization agreement with that country.
- Obtain foreign coverage records and translations where needed.
- Explain that totalized benefits may be prorated and may not equal a full regular U.S. benefit.

Subpart U - Representative Payment

- 404.2001-404.2065: representative payees, selection, duties, misuse, conservation, accounting, termination
- Advance designation and preference order
- Beneficiary capability and best-interest standard

20 CFR Part 404 - Subpart U (Representative Payment)

(EDPNA Exam Breakdown)

I. Learning Objectives

101. Explain when SSA pays benefits to a representative payee.
102. Identify information used in selecting a payee.
103. List payee responsibilities.
104. Recognize misuse, liability, conservation, and accounting rules.
105. Distinguish a representative payee from an appointed representative.

II. Core Content

A. When Representative Payment Is Used

- SSA appoints a representative payee when direct payment to the beneficiary would not serve the beneficiary's interest due to incapability or other rules.
- Representative payee is not the same as legal representative/attorney/non-attorney advocate.
- Advance designation allows beneficiaries to name preferred future payees.

B. Selecting a Payee

- SSA considers relationship, custody, interest in the beneficiary, criminal/history restrictions, ability to manage funds, and order of preference.
- Some individuals and organizations may not serve.
- SSA investigates applicants and notifies the beneficiary when a payee is selected.

C. Payee Duties

- Use benefits for the beneficiary's current maintenance first: food, shelter, clothing, medical care, and personal needs.
- Conserve or invest unused benefits for the beneficiary.
- Report changes that may affect benefits or payee suitability.
- Account for use of benefits when required.

D. Misuse and Termination

- Misuse occurs when funds are not used for the beneficiary's use and benefit.
- Qualified organizations may receive limited compensation if requirements are met.
- SSA may select a new payee or stop representative payment when direct payment becomes appropriate.

III. Case Examples (Exam-Style Scenarios)

1. Representative vs. payee

- A claimant says her attorney is her representative payee.
- Answer: Clarify: an appointed representative handles claims; a representative payee manages benefit payments after entitlement.

2. Misuse

- A payee uses benefits to pay the payee's personal credit-card bills.
- Answer: This is misuse and may lead to liability and replacement.

3. Advance designation

- A capable beneficiary names her sister as a preferred payee if needed later.
- Answer: SSA considers the advance designation if representative payment later becomes necessary.

IV. Quiz Questions

1. Which subpart covers representative payees?

- Answer: Subpart U.

2. True/False: A representative payee is the same as an appointed representative.

- Answer: False.

3. What is the payee's first spending priority?

- Answer: The beneficiary's current maintenance and best interests.

4. Name one payee duty.

- Answer: Use funds for beneficiary, conserve unused funds, report changes, account for use.

5. What is misuse?

- Answer: Using benefits for someone other than the beneficiary or not for the beneficiary's use and benefit.

EDPNA Exam Tips - Subpart U

- Never confuse Subpart R representatives with Subpart U representative payees.
- Payee questions focus on best interest, use of funds, and reporting duties.
- Advance designation is an important modern payee concept.

V. Representative Practice Checklist

- Determine whether the issue is claim representation or payment management.
- Gather evidence of capability or incapability to manage funds.
- Review payee preference, advance designation, and suitability.
- Document misuse allegations with bank records, receipts, and beneficiary statements.

Subpart V - Payments for Vocational Rehabilitation Services

- 404.2101-404.2127: SSA payment to State VR agencies and employment-service providers
- VR service payment requirements and contribution to continuous SGA period
- Administrative provisions, audits, validation, confidentiality, dispute resolution

20 CFR Part 404 - Subpart V (Payments for Vocational Rehabilitation Services)

(EDPNA Exam Breakdown)

I. Learning Objectives

106. Explain the purpose of VR payment rules.
107. Distinguish SSA payment to VR providers from beneficiary work incentives.
108. Identify when VR services may be reimbursable.
109. Recognize service categories and filing deadlines.
110. Relate VR services to Section 301 continuation and return-to-work concepts.

II. Core Content

A. Purpose and Scope

- Subpart V governs when SSA pays State VR agencies or providers for services that help disability beneficiaries return to work.
- It is not the main subpart for determining disability; that is Subpart P.
- It is also distinct from Ticket to Work rules, though the concepts overlap in return-to-work practice.

B. Requirements for Payment

- Payment may be made when services contributed to a beneficiary performing SGA for a continuous period under regulatory criteria.
- SSA determines responsibility for payment decisions and what costs are payable.
- Services must be provided within required periods and claims must be filed timely.

C. Services and Costs

- Covered services may include counseling, training, placement, medical or therapeutic services, and other employment-support services when regulatory criteria are met.
- SSA evaluates whether VR services contributed to successful work activity.

D. Administration

- Subpart V includes method of payment, audits, validation reviews, confidentiality, compliance with other laws, and dispute resolution.
- State VR agencies and providers should maintain documentation supporting service costs and outcomes.

III. Case Examples (Exam-Style Scenarios)

1. VR reimbursement

- A State VR agency helped a beneficiary return to SGA for a continuous period.
- Answer: SSA may reimburse qualifying VR costs if Subpart V requirements are met.

2. Section 301 confusion

- A claimant medically improves while in VR and asks if benefits continue.
- Answer: Section 301 continuation is primarily a beneficiary continuation issue in disability rules; Subpart V is provider payment.

3. Documentation

- An employment service provider cannot document the services or dates.
- Answer: SSA may deny reimbursement because service and timing requirements are not proven.

IV. Quiz Questions

1. Which subpart covers payments for VR services?

- Answer: Subpart V.

2. True/False: Subpart V is the main five-step disability evaluation subpart.

- Answer: False; that is Subpart P.

3. Who is commonly paid under Subpart V?

- Answer: State VR agencies or qualifying providers, not the beneficiary directly.

4. What work outcome is central to reimbursement?

- Answer: A continuous period of SGA attributable to services, under regulatory criteria.

5. Name one administrative feature of Subpart V.

- Answer: Audits, validation reviews, confidentiality, method of payment, filing deadlines, dispute resolution.

EDPNA Exam Tips - Subpart V

- Subpart V is provider-payment focused; do not treat it as the entire Ticket to Work program.
- Connect VR facts carefully to either Section 301 continuation, work incentives, or provider reimbursement.
- Documentation drives reimbursement.

V. Representative Practice Checklist

- Identify whether the issue is beneficiary continuation, Ticket to Work, or provider reimbursement.
- Document services, dates, costs, and work outcomes.
- Connect VR services to SGA outcomes under the reimbursement rules.
- Keep provider-payment issues separate from the five-step disability analysis.