

Mock Exam

20 CFR Part 404 - SSDI Regulations (Title II)

Revised and updated as of May 2026

Q1. (Subpart D - Disability; Five-Step Process)

Which step of the sequential evaluation considers whether the claimant's impairment(s) meets or equals a listing?

- A. Step 1
- B. Step 2
- C. Step 3
- D. Step 4

Answer: C.

Explanation: Step 3 evaluates whether the impairment meets or equals an impairment in Appendix 1 to Subpart P. If met/equaled, disability is generally established without considering RFC or past work. 20 CFR §404.1520(a)(4)(iii), (d).

Q2. (Subpart D - SGA)

"Substantial gainful activity" (SGA) primarily refers to:

- A. Any paid work, regardless of duties or earnings
- B. Work that involves significant physical or mental activities and is usually done for pay or profit
- C. Volunteer work performed more than 10 hours/week
- D. Any self-employment, regardless of profits

Answer: B.

Explanation: SGA involves significant physical/mental activities and is typically for pay or profit; both the nature of work and earnings matter. 20 CFR §§404.1572(a)-(b), 404.1574, 404.1575.

Q3. (Subpart D - Unsuccessful Work Attempt)

A claimant returns to work after onset but stops due to the impairment after 3 months. Earnings exceeded the SGA threshold in those months. Which is most accurate?

- A. It is SGA because earnings exceeded the threshold for any length of time
- B. It is not SGA because the duration was under 6 months and conditions for a UWA are met
- C. It is SGA unless the claimant is under age 50
- D. It cannot be evaluated as UWA if work lasted 1 month or more

Answer: B.

Explanation: Work that stops or is reduced to non-SGA within 6 months because of the impairment (and meets other conditions) may be an Unsuccessful Work Attempt and not count as SGA. 20 CFR §404.1574(c).

Q4. (Subpart B - Insured Status & DIB Entitlement)

For Disability Insurance Benefits (DIB), a claimant generally must be:

- A. Currently insured on the date of decision
- B. Fully insured only
- C. Disability insured (meeting recent work test) and fully insured as applicable
- D. Specially insured for childhood disability

Answer: C.

Explanation: DIB requires insured status for disability-i.e., meeting the "disability insured status" (recent work) along with being fully insured, as applicable. 20 CFR §§404.130, 404.131, 404.315(a).

Q5. (Subpart D/G - Waiting Period & Entitlement)

Assuming all other requirements are met, DIB entitlement generally begins:

- A. The month disability begins
- B. After a 5-month waiting period following the established onset date
- C. After a 7-month waiting period
- D. On the application filing date only

Answer: B.

Explanation: DIB has a statutory 5-month waiting period before cash entitlement begins (subject to exceptions like statutory blindness). Start of entitlement is governed in part by §§404.315(d) and §404.316. 20 CFR §§404.315(d), 404.316.

Q6. (Subpart P - Evidence; Medical Opinions)

Under current rules for claims filed on/after March 27, 2017, how are medical opinions weighed?

- A. Treating source opinions are given controlling weight if well-supported
- B. Opinions are weighed under a treating/examining hierarchy
- C. No deference; persuasiveness is evaluated, focusing on supportability and consistency
- D. Only state agency opinions may be credited

Answer: C.

Explanation: SSA evaluates the persuasiveness of medical opinions with primary emphasis on supportability and consistency; the old treating-source deference no longer applies. 20 CFR §404.1520c(a)-(c).

Q7. (Subpart P - Five-Step; Past Relevant Work)

At Step 4, the SSA compares the claimant's residual functional capacity (RFC) to:

- A. The Medical-Vocational Guidelines (grids)
- B. Past relevant work (PRW) as actually performed by the claimant or as generally performed in the national economy
- C. The most recent job held, regardless of duration
- D. Any job held in the last 20 years

Answer: B.

Explanation: Step 4 asks whether the claimant can still perform past relevant work. Under current rules, PRW generally means work done within the past 5 years, that was substantial gainful activity, and that lasted long enough for the claimant to learn it. SSA will not consider work to be PRW if it started and stopped in fewer than 30 calendar days. 20 CFR §§404.1520(f), 404.1560(b), 404.1565(a).

Q8. (Subpart P - Vocational Factors; Age)

Which statement about age categories is correct?

- A. Age is not a vocational factor at Step 5
- B. Ages 50-54 are "closely approaching advanced age"
- C. Ages 45-49 are "advanced age"
- D. Ages 60-64 are "younger individuals"

Answer: B.

Explanation: Age categories: younger (<50), closely approaching advanced age (50-54), advanced age (55+), with additional rules at 60-64 under the grids. 20 CFR §404.1563(c)-(e).

Q9. (Subpart E - Overpayments & Waiver)

A beneficiary is overpaid through no fault of their own and recovery would defeat the purpose of Title II. What is the correct action?

- A. Recovery must proceed regardless
- B. Recovery is waived only if overpayment is under \$1,000
- C. SSA may waive recovery if the person is without fault and recovery would defeat the purpose or be against equity and good conscience
- D. Recovery is automatically waived if the beneficiary requests it

Answer: C.

Explanation: Waiver is appropriate when the individual is without fault and recovery would defeat the purpose of Title II or be against equity and good conscience. 20 CFR §§404.506- 404.512.

Q10. (Subpart P - Work Incentives; TWP/EPE)

After entitlement to DIB, the Trial Work Period (TWP) allows a beneficiary to test work for:

- A. 9 services months within a rolling 60-month window, without loss of entitlement
- B. 12 consecutive months, but only if earnings are below SGA
- C. 9 consecutive months; any month with any pay counts
- D. 6 months; earnings must be above SGA to count

Answer: A.

Explanation: The TWP permits up to 9 "service months" in a rolling 60-month period, during which the beneficiary may test work without terminating entitlement. Post-TWP, the Extended Period of Eligibility (EPE) rules apply. 20 CFR §§404.1592, 404.1592a.

Q11. (Subpart C - Protective Filing)

Which of the following can establish a protective filing date for Disability Insurance Benefits (DIB)?

- A. Oral inquiry at a Social Security office documented in writing
- B. Filing a tax return showing medical expenses
- C. A doctor's letter confirming disability
- D. A phone call to SSA without any record

Answer: A.

Explanation: A written statement, oral inquiry documented by SSA, or an online intent-to-file can establish a protective filing date. 20 CFR §404.630.

Q12. (Subpart J - Representative Payment)

When SSA appoints a representative payee, the payee must:

- A. Spend benefits for their own needs first
- B. Use benefits only for the beneficiary's current and foreseeable needs, conserving excess
- C. Split benefits equally among all dependents
- D. Pay SSA a fee for services

Answer: B.

Explanation: A representative payee must use benefits only for the beneficiary's needs and conserve or invest excess funds on their behalf. 20 CFR §404.2040.

Q13. (Subpart C - Good Cause for Late Filing)

Which is a recognized basis for good cause in late filing or late appeal?

- A. Forgetting the deadline
- B. Misunderstanding the law without attempting clarification
- C. Serious illness preventing timely action
- D. Being busy with work obligations

Answer: C.

Explanation: Good cause includes serious illness, SSA error, misleading information, or other circumstances beyond the claimant's control. 20 CFR §404.911.

Q14. (Subpart P - Evidence Rules)

Under SSA's evidence rules, the claimant must submit:

- A. Only evidence SSA specifically requests
- B. All evidence known that relates to disability, both favorable and unfavorable
- C. Only favorable medical evidence
- D. Only evidence dated within the last 2 years

Answer: B.

Explanation: Claimants must submit all evidence known that relates to disability, including unfavorable evidence. 20 CFR §404.1512(a).

Q15. (Subpart D - Symptoms)

When evaluating pain and symptoms, SSA requires:

- A. Objective evidence alone to prove severity
- B. Consideration of claimant's statements, medical signs, and consistency with the record
- C. Ignoring subjective complaints
- D. Reliance solely on treating physician's opinion

Answer: B.

Explanation: SSA evaluates the intensity and persistence of symptoms using all evidence, including medical signs, statements, and consistency. 20 CFR §404.1529(c).

Q16. (Appendix 2 - Grids)

According to the Medical-Vocational Guidelines ("grids"), a 55-year-old claimant limited to sedentary work, whose education does not provide direct entry to skilled work, and who has no transferable skills is generally considered:

- A. Not disabled under any circumstance
- B. Disabled, due to advanced age and vocational factors
- C. Disabled only if college-educated
- D. Disabled only if SGA earnings are below 50% threshold

Answer: B.

Explanation: At advanced age (55 or older), a sedentary RFC plus no transferable skills generally directs a finding of disabled when the remaining vocational factors match the applicable grid rule. For example, Rule 201.06 applies where the claimant is age 55 or older, has a high school education or more that does not provide direct entry to skilled work, and has skilled or semiskilled past work with no transferable skills. 20 CFR Pt. 404, Subpt. P, App. 2, Rule 201.06.

Q17. (Subpart C - Disability Freeze)

A "disability freeze" (period of disability) serves what purpose?

- A. Suspends benefits during incarceration
- B. Excludes years of no or low earnings due to disability from the benefit computation
- C. Allows unlimited trial work months
- D. Waives the waiting period for Medicare

Answer: B.

Explanation: A disability freeze excludes disability years from average indexed monthly earnings (AIME), protecting future retirement/survivors' benefits. 20 CFR §404.320.

Q18. (Subpart P - Continuing Disability Review, CDR)

During a CDR, SSA applies the medical improvement standard. Which is true?

- A. Benefits stop unless claimant proves continued disability each year
- B. SSA must show medical improvement related to the ability to work or an exception
- C. Benefits stop automatically after 7 years
- D. Medical improvement is irrelevant; only work activity matters

Answer: B.

Explanation: SSA terminates benefits only if there is medical improvement related to work or an exception applies. 20 CFR §404.1594(a), (b).

Q19. (Subpart P - Appeals Council)

The Appeals Council may:

- A. Review a case on its own motion within 60 days of the ALJ decision
- B. Only review if claimant requests
- C. Reopen cases at any time without limit
- D. Only review favorable ALJ decisions

Answer: A.

Explanation: The Appeals Council may review a case on its own motion within 60 days of the ALJ decision. 20 CFR §404.969.

Q20. (Subpart R - Representative Duties in Proceedings)

Which of the following is not a permitted action for a claimant's appointed representative?

- A. Present evidence and arguments at hearings
- B. Cross-examine witnesses
- C. Make requests, give notices, and submit documents or arguments for the claimant in proceedings
- D. Testify in place of the claimant

Answer: D.

Explanation: Representatives may assist claimants, present evidence and arguments, question witnesses, and make requests or give notices about SSA proceedings. A representative cannot give the claimant's testimony in place of the claimant. 20 CFR §404.1710.

Q21. (Subpart A - Definitions)

Which of the following best defines "period of disability" under Title II?

- A. Any time a claimant is hospitalized
- B. A continuous period during which the claimant is disabled, beginning with the onset date and ending with medical improvement or cessation
- C. A temporary suspension of benefits due to incarceration
- D. A freeze on Medicare eligibility

Answer: B.

Explanation: A "period of disability" is a continuous span when the claimant is disabled, protecting insured status and benefit computations. 20 CFR §404.1501(b), §404.320.

Q22. (Subpart B - Fully Insured Status)

How many quarters of coverage (QCs) are required for a worker to be "fully insured"?

- A. 20 QCs, regardless of age
- B. 40 QCs (or 1 QC for each calendar year after age 21 and before the year of disability/retirement, whichever is fewer)
- C. 10 consecutive years of work only
- D. 13 QCs in the last 10 years

Answer: B.

Explanation: A worker is fully insured with at least 40 QCs or with QCs equal to years elapsed after age 21 up to the year before disability/retirement. 20 CFR §404.110-112.

Q23. (Subpart C - Filing Requirement)

A disability claimant files an application one year after becoming disabled. What is the earliest retroactive entitlement allowed?

- A. No retroactivity is possible
- B. Up to 6 months before filing
- C. Up to 12 months before filing, if insured and disabled during that period
- D. Unlimited retroactivity if insured

Answer: C.

Explanation: Title II benefits can be paid retroactively for up to 12 months prior to application, provided disability and insured status are met. 20 CFR §404.621(a)(1).

Q24. (Subpart P - Step 2 Severity Standard)

At Step 2 of the sequential evaluation, an impairment is considered "severe" if:

- A. It prevents all work for at least 30 days
- B. It significantly limits the claimant's ability to perform basic work activities and satisfies the duration requirement
- C. It is medically determinable, regardless of functional impact
- D. It requires hospitalization at least once per year

Answer: B.

Explanation: A severe impairment or combination of impairments significantly limits the claimant's physical or mental ability to do basic work activities. The impairment must also satisfy the duration requirement: it must have lasted or be expected to last for a continuous period of at least 12 months, or be expected to result in death. 20 CFR §§404.1520(c), 404.1509, 404.1522.

Q25. (Subpart P - Burden of Proof)

Whose burden is it to prove disability at Steps 1-4 of the sequential evaluation?

- A. The ALJ
- B. The SSA field office
- C. The claimant
- D. The vocational expert

Answer: C. Explanation: The claimant bears the burden through Step 4. At Step 5, the burden shifts to SSA to show work exists in the national economy. 20 CFR §404.1512(a); case law.

Q26. (Subpart G - Benefit Computation)

Primary Insurance Amount (PIA) is generally computed based on:

- A. The highest 10 years of earnings
- B. The average of all lifetime earnings without adjustment
- C. The Average Indexed Monthly Earnings (AIME) formula
- D. Net after-tax income reported to IRS

Answer: C.

Explanation: PIA is calculated using AIME, which adjusts past earnings to current wage levels and applies bend points. 20 CFR §§404.210-404.212.

Q27. (Subpart G - Family Maximum)

Which is true about the family maximum benefit under Title II?

- A. No limit exists if there are more than 3 dependents
- B. It caps the total payable to all family members on a worker's record, though the worker's own PIA is not reduced
- C. It only applies to survivor claims
- D. It reduces the worker's PIA directly

Answer: B.

Explanation: The family maximum limits the total benefits payable on a record, but the worker's own benefit is never reduced. 20 CFR §§404.403-404.404.

Q28. (Subpart J - Payee Misuse)

If a representative payee misuses a beneficiary's funds, SSA may:

- A. Take no action; only the courts handle misuse
- B. Hold SSA itself liable to repay the beneficiary in certain cases and seek restitution from the payee
- C. Simply reassign benefits going forward
- D. Permanently bar the beneficiary from having a payee

Answer: B.

Explanation: SSA may reimburse the beneficiary and pursue recovery from the misusing payee. Misuse can also bar the payee from future appointments. 20 CFR §404.2041, §404.2050.

Q29. (Subpart E/S - Withholding, Deductions, and Legal Process)

Which of the following is best described as a withholding from Title II benefits under legal process, rather than an overpayment determination?

- A. Failure to timely report wages
- B. Receipt of worker's compensation that offsets benefits
- C. Court-ordered child support garnishment
- D. Refusal to cooperate in a CDR

Answer: C.

Explanation: Court-ordered child support or alimony garnishment is handled through legal process withholding. It is not itself an overpayment finding. Title II benefits are generally protected from assignment or legal process, but child support and alimony are recognized exceptions. 20 CFR §404.1820(b); Social Security Act §459.

Q30. (Subpart P - ALJ Hearing)

At an ALJ hearing, the ALJ may:

- A. Develop the record, question witnesses, and admit evidence not previously submitted
- B. Only review the record as it existed before the initial decision
- C. Deny cross-examination of vocational experts
- D. Decide only if SSA representatives request

Answer: A.

Explanation: The ALJ conducts a de novo hearing, developing the record, questioning witnesses, and admitting evidence. 20 CFR §§404.929, 404.944, 404.950.

Q31. (Subpart D - Statutory Blindness)

Under Title II, a claimant may qualify for disability based on statutory blindness if:

- A. Visual acuity is 20/200 or less in the better eye with correction, or visual field is 20 degrees or less
- B. Visual acuity is 20/100 in one eye only
- C. Claimant has any diagnosed eye disorder
- D. Claimant uses corrective lenses

Answer: A.

Explanation: Statutory blindness = central visual acuity of 20/200 or less in the better eye with correction, or visual field of 20 degrees or less. 20 CFR §404.1581.

Q32. (Subpart D - Duration Requirement)

How long must an impairment last (or be expected to last) to meet the definition of disability?

- A. 3 months
- B. 6 months
- C. 12 continuous months or result in death
- D. Indefinitely

Answer: C.

Explanation: The impairment must last or be expected to last 12 continuous months or result in death. 20 CFR §404.1509.

Q33. (Subpart D - Childhood Disability Benefits, CDB)

Which is NOT a requirement for a claimant to receive Childhood Disability Benefits on a parent's record?

- A. The claimant is age 18 or older and unmarried
- B. The disability began before age 22
- C. The parent is deceased or entitled to retirement/disability benefits
- D. The claimant has at least 40 quarters of coverage

Answer: D.

Explanation: CDB (also called DAC benefits) does not require the child's own insured status; it's based on the parent's record. 20 CFR §404.350.

Q34. (Subpart G - Survivors Benefits)

Which survivor may receive benefits on a deceased worker's record?

- A. Divorced spouse, if marriage lasted at least 10 years and other conditions are met
- B. A cousin who lived with the worker
- C. Any dependent relative
- D. Roommate of at least 5 years

Answer: A.

Explanation: Divorced spouses may qualify if the marriage lasted 10 years or more and other conditions are satisfied. 20 CFR §§404.331-404.336.

Q35. (Subpart E - Overpayments, Fault Standard)

If a beneficiary fails to report work activity, leading to an overpayment, SSA may find the person:

- A. Always without fault
- B. At fault if they knew or should have known reporting was required
- C. Without fault if the work was part-time only
- D. Automatically at fault regardless of knowledge

Answer: B.

Explanation: "Fault" exists if the individual knew or should have known to report. The standard is objective and subjective. 20 CFR §404.507.

Q36. (Subpart H - Reopening and Administrative Finality)

Which statements correctly describe when an initial Title II determination can generally be reopened?

- A. At any time for any reason
- B. Within 12 months of the notice of the initial determination for any reason
- C. Within 4 years of the notice of the initial determination for good cause
- D. Never

Answer: B and C.

Explanation: Title II reopening rules have tiers. SSA may reopen within 12 months for any reason, within 4 years for good cause, and at any time only for limited reasons such as fraud or similar fault and certain other regulatory exceptions. 20 CFR §§404.987-404.988.

Q37. (Subpart P - Exceptions to Medical Improvement Standard)

Which is an exception to the medical improvement standard for CDRs?

- A. New medical techniques or improved diagnostic methods show impairment is not as disabling as previously thought
- B. Claimant refuses to cooperate in providing evidence
- C. Prior decision was made in error
- D. All of the above

Answer: D.

Explanation: Exceptions include new/improved diagnostic techniques, error in prior decision, and failure to cooperate. 20 CFR §404.1594(d), (e).

Q38. (Subpart E - Work Deductions)

If a beneficiary under full retirement age earns wages above the exempt amount, SSA may:

- A. Terminate entitlement permanently
- B. Reduce benefits \$1 for every \$2 over the limit
- C. Waive deductions automatically if overpayment occurs
- D. Ignore earnings after age 62

Answer: B.

Explanation: Work deductions apply: \$1 reduction for each \$2 earned over annual limit (different formula in year reaching FRA). 20 CFR §§404.415, 404.430.

Q39. (Subpart P - Appeals)

A claimant receives an unfavorable ALJ decision. What is the next step in the administrative review process?

- A. File a new application only
- B. Request Appeals Council review within 60 days
- C. Appeal directly to federal court
- D. Ask SSA field office for reconsideration

Answer: B.

Explanation: Next step after an ALJ decision is to request Appeals Council review within 60 days. 20 CFR §404.967.

Q40. (Subpart P - Federal Court Review)

If the Appeals Council denies review, the claimant may:

- A. Reopen the claim at the SSA field office
- B. Appeal to federal district court within 60 days of notice
- C. File a new application only
- D. Request review by the Commissioner directly

Answer: B.

Explanation: After Appeals Council action, claimant may file a civil action in federal district court within 60 days. 20 CFR §404.981.

Q41. (Subpart I - Earnings Records)

How long does a claimant generally have to request correction of their Social Security earnings record?

- A. No time limit; can be corrected anytime
- B. 3 years, 3 months, and 15 days after the year in which wages were paid
- C. 10 years from the date of reported earnings
- D. Only before filing for benefits

Answer: B.

Explanation: SSA's correction period is 3 years, 3 months, and 15 days after the year of wages, with limited exceptions (fraud, error, etc.). 20 CFR §404.803.

Q42. (Subpart SE - Self-Employment Income)

Self-employment income is credited for Social Security purposes when:

- A. Work is performed, regardless of when income is reported
- B. Income is reported on the tax return filed with IRS for the taxable year
- C. Only if business has net profits exceeding \$10,000
- D. Only if the taxpayer files quarterly reports with SSA

Answer: B.

Explanation: Net earnings from self-employment are credited based on tax return reporting for the year earned. 20 CFR §404.1080-404.1096.

Q43. (Subpart B - Disability Insured Status)

To be disability insured, a claimant usually must have:

- A. 10 years of work at any time
- B. 20 quarters of coverage in the 40-quarter period ending with the quarter disability began
- C. Continuous employment in the last 10 years
- D. Fully insured status only

Answer: B.

Explanation: Most adult claimants must have 20/40 quarters (20 QCs in the last 40 ending with disability onset). 20 CFR §404.130(b).

Q44. (Subpart D - Statutory Blindness Insured Status)

A blind worker under Title II may qualify for DIB if:

- A. They meet only the fully insured requirement (not the 20/40 rule)
- B. They have no insured status at all
- C. They meet the childhood disability insured test
- D. They demonstrate 5 years of continuous work

Answer: A.

Explanation: For statutory blindness, the requirement is fully insured, not 20/40. 20 CFR §404.130(f).

Q45. (Subpart P - Trial Work Period)

During the Trial Work Period (TWP), how are "service months" generally defined?

- A. A month in which earnings exceed the annual TWP service-month amount, or a month of self-employment meeting the earnings or more-than-80-hours rule
- B. Any calendar month with any income at all
- C. Only consecutive months of work count
- D. Only months with earnings over the SGA level count

Answer: A.

Explanation: A TWP service month is generally a month in which the beneficiary's earnings exceed the TWP monthly amount set for that year, or, for self-employment, a month meeting the earnings test or involving more than 80 hours in the business. The TWP amount changes annually; for 2026, the monthly amount is \$1,210. 20 CFR §404.1592(b).

Q46. (Subpart P - Extended Period of Eligibility, EPE)

Following completion of the TWP, the EPE generally lasts:

- A. 12 months
- B. 24 months
- C. 36 consecutive months beginning after the TWP
- D. Unlimited duration

Answer: C.

Explanation: EPE = 36-month re-entitlement period after TWP, during which benefits can restart if earnings fall below SGA. 20 CFR §404.1592a.

Q47. (Subpart O - Sanctions on Representatives)

SSA may suspend or disqualify a representative for:

- A. Charging or collecting a fee without approval
- B. Misleading or threatening a claimant
- C. Knowingly making false statements
- D. All of the above

Answer: D.

Explanation: Representatives can be sanctioned for fee violations, misconduct, or fraud. 20 CFR §§404.1740, 404.1770.

Q48. (Subpart J - Conserving Funds)

If a representative payee has conserved funds not needed for current maintenance:

- A. They must return funds to SSA
- B. They may use them for themselves
- C. They must conserve or invest funds on behalf of the beneficiary
- D. They must distribute them equally among dependents

Answer: C.

Explanation: Excess funds must be saved or invested for the beneficiary. 20 CFR §404.2045.

Q49. (Subpart I - Medicare Entitlement with DIB)

When does Medicare entitlement generally begin for a DIB beneficiary?

- A. Immediately upon disability onset
- B. After 12 months of disability onset
- C. After 24 months of entitlement to cash disability benefits
- D. Only if claimant is age 62+

Answer: C.

Explanation: Medicare entitlement begins 24 months after cash DIB entitlement (with some exceptions like ESRD or ALS). 20 CFR §404.315(d), §406.12.

Q50. (Subpart H - Fraud or Similar Fault)

If SSA finds a prior determination was obtained by fraud or similar fault, SSA may:

- A. Reopen the determination at any time
- B. Only reopen within 4 years
- C. Only correct prospectively, not retroactively
- D. Waive overpayments automatically

Answer: A.

Explanation: SSA can reopen at any time if fraud or similar fault is involved. 20 CFR §404.988(c)(1).

Q51. (Subpart B - Retirement vs. Disability)

If a claimant receiving Disability Insurance Benefits (DIB) reaches full retirement age (FRA):

- A. Disability benefits continue unchanged
- B. DIB automatically converts to retirement insurance benefits
- C. SSA requires a new application for retirement benefits
- D. Benefits terminate unless claimant reapplies

Answer: B.

Explanation: At FRA, DIB converts automatically to retirement benefits, generally at the same benefit amount. 20 CFR §404.316(b)(2).

Q52. (Subpart G - Spouse's Benefits)

A spouse may receive benefits on a worker's record if:

- A. The worker is entitled to retirement or disability insurance benefits
- B. The spouse is at least age 62 or caring for a child under age 16 or disabled
- C. The spouse has been married to the worker at least 1 year (or meets exceptions)
- D. All of the above

Answer: D.

Explanation: Spousal entitlement requires the worker's entitlement and one of the qualifying conditions (age or child-in-care), plus marriage duration requirements. 20 CFR §§404.330- 404.331.

Q53. (Subpart G - Child's Benefits)

Which child qualifies for benefits on a worker's record?

- A. Stepchild who was dependent on the worker for at least 1 year before application
- B. Adopted child
- C. Disabled adult child (disability before age 22)
- D. All of the above

Answer: D.

Explanation: Benefits may be payable to stepchildren, adopted children, or adult children disabled before 22. 20 CFR §§404.350-404.368.

Q54. (Subpart C - Withdrawal of Application)

A claimant may withdraw their application for benefits if:

- A. It is done within 60 days of filing only
- B. SSA approves and all benefits paid are repaid or consented to by affected parties
- C. They request it at any time without repayment
- D. The Appeals Council grants the request

Answer: B.

Explanation: Withdrawal requires SSA approval and repayment/consent by affected parties. 20 CFR §404.640.

Q55. (Subpart H - Res Judicata)

SSA may dismiss a request for hearing under res judicata when:

- A. The claimant missed the deadline for filing
- B. The claim involves the same facts, issues, and parties as a prior final decision
- C. The Appeals Council refuses review
- D. A new impairment arises after the first decision

Answer: B.

Explanation: Res judicata applies when SSA has already made a final determination on the same issues. 20 CFR §404.957(c)(1).

Q56. (Subpart P - Expedited Reinstatement, EXR)

Expedited reinstatement is available if:

- A. A prior DIB entitlement was terminated due to work, and within 60 months the individual again cannot perform SGA because of the same or a related impairment
- B. Claimant reapplies within 12 months of cessation
- C. Claimant has a new impairment unrelated to the old one
- D. Only SSI recipients can request it

Answer: A.

Explanation: EXR allows certain prior beneficiaries whose entitlement ended because of work activity to request reinstatement without filing a new initial application. The request must generally be made within 60 months after the prior termination, and the current impairment must be the same as or related to the prior impairment. 20 CFR §404.1592b.

Q57. (Coordination with SSI)

If a claimant qualifies for both SSI and Title II disability benefits, which statement is most accurate?

- A. Title II benefits are counted as unearned income for SSI, so SSI may be reduced by countable Title II income after applicable exclusions
- B. SSA denies SSI automatically
- C. Title II benefits are reduced by SSI
- D. Both are paid in full without coordination

Answer: A.

Explanation: SSI is needs-based. Title II benefits generally count as unearned income for SSI purposes, but SSI is reduced based on countable income, after applicable exclusions. This is more precise than saying SSI is always reduced dollar-for-dollar by the full Title II amount. 20 CFR §§416.1121, 416.1124.

Q58. (Subpart C - Protective Filing for Spouse/Child)

Protective filing dates may be established for spouse/child claims:

- A. Only if filed the same day as the worker
- B. If they file within 6 months of the worker's protective filing date
- C. Only if worker is deceased
- D. Not available for auxiliaries

Answer: B.

Explanation: Auxiliaries can rely on the worker's protective filing if they apply within 6 months. 20 CFR §404.630(b).

Q59. (Subpart D - Multiple Impairments)

When a claimant has multiple impairments, SSA will:

- A. Consider each impairment separately; if none is severe, deny the claim
- B. Consider the combined effect of all impairments, even if each is non-severe
- C. Only evaluate the most severe impairment
- D. Require each impairment to meet a listing

Answer: B.

Explanation: SSA considers the combined effect of all impairments to determine severity and disability. 20 CFR §404.1523(c).

Q60. (Subpart C - Nonmedical Requirements)

Which is a nonmedical requirement for entitlement to DIB?

- A. Filing a valid application
- B. Being insured for disability purposes
- C. Not engaging in SGA after onset
- D. All of the above

Answer: D.

Explanation: Nonmedical requirements include a valid application, insured status, and not engaging in SGA after onset. 20 CFR §§404.315, 404.130, 404.1571.

Q61. (Subpart P - Work Incentives: Subsidies & IRWE)

When evaluating earnings for SGA purposes, SSA will:

- A. Count all gross wages with no adjustment
- B. Subtract the value of subsidies and Impairment-Related Work Expenses (IRWE)
- C. Consider only net take-home pay
- D. Apply a 50% reduction across all wages

Answer: B.

Explanation: SSA deducts subsidies (employer-provided extra support) and IRWE from gross earnings when assessing SGA. 20 CFR §§404.1574(a)(2), 404.1576.

Q62. (Subpart D - Closed Period of Disability)

A closed period of disability may be established if:

- A. A claimant was disabled for at least 12 continuous months but later medically improved
- B. Disability lasted less than 12 months
- C. The claimant is deceased
- D. SSA reopens a prior denial

Answer: A.

Explanation: A closed period applies when the claimant met disability requirements for ≥ 12 months but later recovered. 20 CFR §404.321.

Q63. (Subpart G - Deemed Filing)

Under current deemed filing rules for retirement and spouse's benefits, an application for one of those benefits is generally:

- A. Treated as an application for both retirement insurance benefits and spouse's/divorced spouse's benefits when the claimant is eligible for both
- B. Limited only to the benefit named in the application in every case
- C. Applicable only to survivor benefits
- D. Available only if the claimant is over age 62 and blind

Answer: A.

Explanation: Deemed filing is not a broad rule that treats one application as an application for every possible benefit. Current deemed filing generally applies when a claimant files for retirement insurance benefits or spouse's/divorced spouse's benefits and is eligible for both categories. 20 CFR §404.623; SSA POMS GN 00204.035.

Q64. (Subpart E - Windfall Offset)

What is the Title II/Title XVI windfall offset provision?

- A. It reduces retroactive Title II benefits by the SSI that would not have been paid if the Title II benefits had been paid when due
- B. It reduces only future SSI payments and never Title II benefits
- C. It eliminates retroactive SSI benefits for disabled adult children
- D. It offsets SSDI with workers' compensation

Answer: A.

Explanation: The windfall offset prevents duplicate payment for the same retroactive period. When retroactive Title II benefits are payable, SSA reduces the retroactive Title II benefits by the SSI payments that would not have been paid if Title II had been paid timely. 20 CFR §404.408b.

Q65. (Subpart G - WEP/GPO Repeal)

Under current law, how does the Windfall Elimination Provision (WEP) affect Title II benefits payable for January 2024 and later?

- A. WEP no longer applies to reduce benefits payable for January 2024 and later
- B. WEP still reduces every worker's benefit if the worker has a foreign pension
- C. WEP applies only to SSI recipients
- D. WEP begins only after Medicare entitlement

Answer: A.

Explanation: The Social Security Fairness Act ended the WEP and Government Pension Offset for benefits payable for January 2024 and later. December 2023 was the last month those reductions applied. This question should be taught as a current-law repeal rule, not as an active reduction rule. Social Security Fairness Act; SSA implementation guidance.

Q66. (Subpart B - Special Insured Status)

A worker who becomes disabled after age 24 but before age 31 may qualify for special insured status if:

- A. They have 40 quarters of coverage
- B. They earned quarters of coverage in at least half the quarters after age 21 and before disability onset
- C. They worked continuously for 5 years before onset
- D. They earned quarters of coverage only in the year before onset

Answer: B.

Explanation: For workers who become disabled after age 24 but before age 31, SSA generally requires quarters of coverage in at least half of the quarters after age 21 and before the quarter disability began. A different special rule applies to workers who become disabled before age 24. 20 CFR §404.130(c).

Q67. (Subpart P - Vocational Factors: Education)

How does SSA define "illiteracy" as a vocational factor?

- A. Inability to complete high school
- B. Inability to read or write a simple message in any language
- C. Inability to speak English
- D. Inability to perform skilled work

Answer: B.

Explanation: Illiteracy means inability to read or write a simple message, such as instructions or inventory lists, even though the person can sign their name. SSA removed inability to communicate in English as an education category, so the correct current standard is not limited to English. 20 CFR §404.1564(b)(1); SSR 20-01p.

Q68. (Subpart P - National Economy Work)

At Step 5, SSA must show that work exists:

- A. In the claimant's local area
- B. At specific employers willing to hire the claimant
- C. In significant numbers in the national economy
- D. Only if claimant has prior transferable skills

Answer: C.

Explanation: Step 5 requires showing jobs exist in significant numbers in the national economy, not necessarily locally. 20 CFR §404.1566(a).

Q69. (Subpart P - Vocational Experts)

A vocational expert's role in hearings is to:

- A. Determine medical severity of impairments
- B. Offer opinion on whether claimant is disabled
- C. Provide evidence about jobs available given the RFC and vocational profile
- D. Represent SSA's position

Answer: C.

Explanation: VEs provide testimony about job availability given RFC, age, education, and work experience. 20 CFR §404.1566(e).

Q70. (Subpart P - Borderline Age Situations)

SSA may apply the higher age category in borderline situations when:

- A. Claimant is within a few days to a few months of the next age category and use would result in disability
- B. Claimant is within 5 years of the next category
- C. Only if claimant requests
- D. Never; strict application applies

Answer: A.

Explanation: In borderline age cases, SSA may apply the higher age category if claimant is within a few days/months and outcome changes. 20 CFR §404.1563(b).

Q71. (Subpart P - Work CDR Triggers)

Which event typically triggers a continuing disability review (CDR)?

- A. Return to work above SGA after the trial work/EPE
- B. Medical improvement expected diary date
- C. Reports from third parties suggesting improvement
- D. All of the above

Answer: D.

Explanation: SSA initiates a CDR when work activity suggests recovery, at medical improvement diary dates, or when new information indicates improvement. 20 CFR §404.1590.

Q72. (Subpart E - Overpayment Recovery)

SSA may recover overpayments by:

- A. Full immediate repayment only
- B. Adjusting future Title II benefits
- C. Referring the debt to Treasury for offset of tax refunds
- D. Both B and C

Answer: D.

Explanation: SSA can recover by benefit adjustment or by Treasury offset programs. 20 CFR §§404.502, 404.520.

Q73. (Subpart P - Expedited Appeals)

Which expedited appeal option allows beneficiaries to keep benefits while appealing a termination due to medical improvement?

- A. Reconsideration only
- B. Continuing benefits during appeal if elected timely ("benefit continuation")
- C. Appeals Council review
- D. Federal court appeal

Answer: B.

Explanation: Beneficiaries can elect statutory benefit continuation during appeal of medical cessation decisions. 20 CFR §404.1597a.

Q74. (Subpart G - Student Benefits)

A dependent child age 19 may continue receiving benefits if:

- A. Still in high school (elementary/secondary education) full-time
- B. Enrolled in any college program
- C. Working part-time
- D. Disabled after age 22

Answer: A.

Explanation: Student benefits continue if child is in full-time secondary school up to age 19. 20 CFR §404.367.

Q75. (Subpart G - Mother's/Father's Benefits)

A surviving spouse can receive mother's/father's benefits if:

- A. They are under age 60 and caring for a child of the worker under 16 or disabled
- B. They are divorced but married less than 10 years
- C. They are remarried at any age
- D. They have no children in care

Answer: A.

Explanation: Mother's/father's benefits are payable to a surviving spouse with a child under 16 or disabled in care. 20 CFR §404.339.

Q76. (Subpart P - Evidence Development)

If evidence from a claimant's treating source is inadequate, SSA may:

- A. Deny the claim outright
- B. Request additional evidence or order a consultative examination (CE)
- C. Rely solely on vocational evidence
- D. Postpone adjudication indefinitely

Answer: B.

Explanation: SSA may seek further records or schedule a CE if evidence is insufficient. 20 CFR §§404.1519a, 404.1520b.

Q77. (Subpart J - Payee Reporting)

Which statement about representative payee accounting and reporting is most accurate?

- A. Every representative payee must submit an annual accounting report with no exceptions
- B. A payee must keep records and report/account to SSA as required; some payees are exempt from the annual accounting report
- C. A payee reports only if the beneficiary requests it
- D. A payee never has to keep records after benefits are spent

Answer: B.

Explanation: Representative payees must keep records showing how benefits were used or conserved and must provide accounting information when SSA requires it. However, current law and SSA policy exempt certain categories of payees from routine annual accounting reports. 20 CFR §404.2035; SSA representative payee guidance.

Q78. (Subpart E / Part 416 - Cross-Program Recovery)

If a claimant owes an SSI overpayment but is receiving Title II benefits, SSA may:

- A. Ignore the SSI overpayment
- B. Reduce Title II benefits to recover the SSI debt
- C. Require repayment only if claimant requests
- D. Terminate Title II benefits

Answer: B.

Explanation: SSA may use cross-program recovery to recover an SSI overpayment from current Title II benefits, subject to notice and withholding rules. This is different from the Title II/SSI windfall offset rule. 20 CFR §§416.570-416.572; 20 CFR §§404.527, 404.530-404.545.

Q79. (Subpart H - Reopening Time Limits)

A determination may be reopened within 4 years of the initial notice if:

- A. Fraud is suspected
- B. New and material evidence is furnished
- C. The error is clear on the face of the evidence
- D. Any good cause exists

Answer: D.

Explanation: For Title II, reopening is allowed within 4 years for good cause. 20 CFR §404.988(b).

Q80. (Subpart P - Vocational Rehabilitation / Employment Support)

Which statement is most accurate under current Title II rules about vocational rehabilitation (VR) participation?

- A. SSA no longer imposes the old benefit sanction solely for refusing VR without good cause; participation in an appropriate VR, employment, or support program may allow benefit continuation after medical cessation if the Section 301 requirements are met
- B. SSA automatically suspends benefits whenever a beneficiary refuses any VR program
- C. SSA suspends benefits if the claimant does not find a job within 6 months
- D. SSA cannot consider VR or employment support participation under any circumstance

Answer: A.

Explanation: SSA eliminated the old sanction rules for refusal of VR services without good cause. Current rules instead include Section 301 benefit-continuation protections for certain beneficiaries who medically cease while participating in an appropriate VR, employment, or support program and whose participation is expected to increase the likelihood they will not return to the disability benefit rolls. 20 CFR §§404.327-404.328; 68 Fed. Reg. 40212 (July 7, 2003).

Q81. (Subpart B - Insured Status Edge Cases)

If a worker dies before reaching fully insured status, survivor benefits may still be payable if:

- A. The worker had at least 6 quarters of coverage in the 13-quarter period before death
- B. The worker was under age 21 at death
- C. The worker was disabled before age 22
- D. Only if the worker had 40 quarters

Answer: A.

Explanation: Special insured status for survivors requires 6 QCs in the 13-quarter period before death. 20 CFR §404.110(b)(2).

Q82. (Subpart G - Recomputations)

SSA may recompute a Primary Insurance Amount (PIA) when:

- A. New earnings are posted to the record after entitlement
- B. A dependent turns 18
- C. A spouse remarries
- D. An overpayment occurs

Answer: A.

Explanation: PIA can be recomputed to include additional earnings after entitlement, increasing benefits. 20 CFR §404.281.

Q83. (Subpart G - Family Maximum, Blended Families)

If a worker has multiple families entitled on their record, the family maximum:

- A. Is calculated separately for each family
- B. Applies as one cap across all beneficiaries on the record
- C. Does not apply if benefits are divided among more than three children
- D. Can be waived if hardship exists

Answer: B.

Explanation: The family maximum is a single cap per record, regardless of how many family groups share the benefits. 20 CFR §404.403.

Q84. (Subpart H - Reopening after Death)

SSA may reopen a claim after the claimant's death if:

- A. Fraud or similar fault is found
- B. New and material evidence is presented by survivors affecting entitlement, within the applicable reopening period
- C. The prior determination contains an error that permits reopening under the administrative finality rules
- D. Any of the above, if the applicable reopening requirements and time limits are met

Answer: D.

Explanation: A claimant's death does not by itself bar reopening, but the ordinary administrative finality rules still apply. Reopening may occur for fraud or similar fault, for good cause within the applicable period, or for other regulatory exceptions. 20 CFR §§404.987-404.989.

Q85. (Subpart P - Expedited Hearing Process)

The expedited appeals process allows:

- A. Direct appeal to federal court if SSA agrees the issue is constitutional
- B. Skipping reconsideration and ALJ hearing steps in all cases
- C. Automatic approval of benefits if claimant waives hearing
- D. SSA regional office review only

Answer: A.

Explanation: The expedited process allows direct federal court appeal where only a constitutional issue remains. 20 CFR §404.923.

Q86. (Subpart P - Evidence Deadlines)

Claimants must submit all written evidence no later than:

- A. 5 business days before the hearing, unless an exception applies
- B. The day of hearing only
- C. At the Appeals Council level
- D. Any time before federal court

Answer: A.

Explanation: SSA requires evidence submission 5 business days before the hearing, with limited exceptions. 20 CFR §404.935.

Q87. (Subpart R - Representative Fees)

A representative may charge a fee for services if:

- A. SSA approves it through a fee agreement or petition
- B. The client agrees privately
- C. They collect less than \$1,000
- D. They are an attorney only

Answer: A.

Explanation: Representatives must obtain SSA approval of their fee (fee agreement or petition). 20 CFR §§404.1720-404.1730.

Q88. (Subpart R - Fee Agreement Process)

Under the fee agreement process, SSA will approve a fee agreement if:

- A. The fee does not exceed the lesser of 25% of past-due benefits or the applicable statutory dollar cap
- B. The client waives SSA approval
- C. The ALJ denies benefits
- D. The representative is not eligible for direct pay

Answer: A.

Explanation: Under the fee agreement process, the fee generally may not exceed the lesser of 25% of past-due benefits or the dollar cap in effect when SSA favorably decides the claim. For favorable decisions on or after November 30, 2024, the current maximum fee amount is \$9,200. 20 CFR §404.1725; SSA fee-agreement guidance.

Q89. (Subpart R - Fee Petition Process)

When using the fee petition process, a representative:

- A. Must submit a detailed request for fee approval after services are provided
- B. Is automatically paid the statutory maximum
- C. Is not subject to SSA review
- D. May collect fees directly from the claimant without oversight

Answer: A.

Explanation: A fee petition requires the representative to detail services for SSA's approval. 20 CFR §404.1720(b)(2).

Q90. (Subpart P - Hearing Rights)

Claimants have the right to:

- A. Examine the evidence in their file before the hearing
- B. Present witnesses
- C. Cross-examine adverse witnesses
- D. All of the above

Answer: D.

Explanation: Hearing rights include examining the file, presenting evidence/witnesses, and cross-examining witnesses. 20 CFR §404.949, §404.950.

Q91. (Subpart E - Suspension Events)

SSA may suspend Title II benefits if:

- A. The beneficiary fails to provide requested information without good cause
- B. The beneficiary travels abroad permanently
- C. The beneficiary is not insured for benefits
- D. None of the above

Answer: A.

Explanation: Benefits can be suspended for non-cooperation or failure to provide information. 20 CFR §404.401(1), §404.452.

Q92. (Subpart E - Prisoner Benefits)

A prisoner is generally ineligible for monthly Title II benefits if:

- A. Convicted of a crime and confined in jail, prison, or another penal institution for more than 30 continuous days
- B. Jailed for less than 30 days
- C. In jail awaiting trial but not convicted
- D. On probation or parole only

Answer: A.

Explanation: Monthly Social Security benefits are generally suspended when a beneficiary is confined in jail, prison, or another penal institution for more than 30 continuous days due to conviction of a crime. The current rule should not be taught as limited only to felony convictions. 20 CFR §404.468; SSA prisoner/reentry guidance.

Q93. (Subpart H - Misrepresentation Penalties)

If SSA determines that a claimant knowingly misrepresented a material fact, SSA may:

- A. Suspend or deny benefits for up to 24 months
- B. Waive penalties if claimant repays overpayment
- C. Only refer case to criminal court
- D. Take no action

Answer: A.

Explanation: SSA may impose administrative sanctions (suspension of benefits up to 24 months) for fraud or misrepresentation. 20 CFR §404.459.

Q94. (Subpart P - Continuing Entitlement after EPE)

A DIB beneficiary who engages in SGA after the extended period of eligibility/reentitlement period will generally:

- A. Continue to receive benefits indefinitely
- B. Receive benefits for the cessation month and the next two months, after which entitlement terminates if disability ceased because of SGA
- C. Have benefits suspended only during working months forever
- D. Be unaffected

Answer: B.

Explanation: If disability ceases because the beneficiary performs SGA in a month after the reentitlement period ends, SSA pays benefits for the cessation month and the two succeeding months. After those three months, entitlement to the period of disability and disability benefits terminates. 20 CFR §404.1592a(a)(2).

Q95. (Subpart H - Clerical Errors)

SSA may reopen a determination at any time if:

- A. New impairment arises
- B. There was a clerical error in computation or record
- C. The claimant requests
- D. An ALJ disagrees

Answer: B.

Explanation: Clerical error in computation permits reopening at any time. 20 CFR §404.988(c)(8).

Q96. (International - Totalization Agreements)

Under international totalization agreements, a worker with insufficient U.S. quarters of coverage may:

- A. Be denied benefits automatically
- B. Combine foreign coverage with U.S. coverage to help meet insured status, if the worker has at least 6 U.S. quarters of coverage and the agreement requirements are met
- C. Only claim benefits in the foreign country
- D. Receive SSI instead

Answer: B.

Explanation: Totalization agreements can allow SSA to combine U.S. and foreign coverage credits to help a worker meet insured-status requirements. For U.S. benefits, SSA can totalize foreign coverage only if the worker has at least 6 U.S. quarters of coverage. 20 CFR §404.1913; SSA international totalization guidance.

Q97. (Subpart P - Failure to Cooperate)

If a claimant refuses to attend a consultative exam without good cause:

- A. SSA must schedule multiple exams
- B. SSA may deny the claim
- C. SSA must rely on claimant's evidence alone
- D. SSA cannot make a determination

Answer: B.

Explanation: Non-cooperation without good cause permits denial for insufficient evidence. 20 CFR §404.1518.

Q98. (Subpart P - Appeals Timeframe)

How long does a claimant have to request reconsideration of an initial determination?

- A. 15 days
- B. 30 days
- C. 60 days from receipt of notice
- D. 90 days

Answer: C.

Explanation: Appeals must generally be filed within 60 days of notice, with 5 extra days presumed for mailing. 20 CFR §404.909(a).

Q99. (Subpart P - Final Appeals Rights)

If a claimant loses at federal district court, the next possible appeal is:

- A. Appeals Council again
- B. U.S. Court of Appeals
- C. U.S. Supreme Court directly
- D. SSA Commissioner's personal review

Answer: B.

Explanation: After district court, appeal lies to the Court of Appeals, then possibly the Supreme Court. 42 U.S.C. §405(g)-(h).

Q100. (Subpart A - Scope of Regulations)

20 CFR Part 404 primarily governs:

- A. Supplemental Security Income (SSI)
- B. Old-Age, Survivors, and Disability Insurance (OASDI) under Title II of the Social Security Act
- C. Medicare
- D. Veterans' benefits

Answer: B.

Explanation: Part 404 covers OASDI programs under Title II. 20 CFR §404.1.

Answer Key

Q	Answer	Q	Answer	Q	Answer
1	C	35	B	68	C
2	B	36	B and C	69	C
3	B	37	D	70	A
4	C	38	B	71	D
5	B	39	B	72	D
6	C	40	B	73	B
7	B	41	B	74	A
8	B	42	B	75	A
9	C	43	B	76	B
10	A	44	A	77	B
11	A	45	A	78	B
12	B	46	C	79	D
13	C	47	D	80	A
14	B	48	C	81	A
15	B	49	C	82	A
16	B	50	A	83	B
17	B	51	B	84	D
18	B	52	D	85	A
19	A	53	D	86	A
20	D	54	B	87	A
21	B	55	B	88	A
22	B	56	A	89	A
23	C	57	A	90	D
24	B	58	B	91	A
25	C	59	B	92	A
26	C	60	D	93	A
27	B	61	B	94	B
28	B	62	A	95	B
29	C	63	A	96	B
30	A	64	A	97	B
31	A	65	A	98	C
32	C	66	B	99	B
33	D	67	B	100	B
34	A				

Pontis Community Services