

PROXY (PRIMARY) 1

SECTION R: HEALTH AND LIFE INSURANCE

R1. INTERVIEWER CHECKPOINT

<input type="checkbox"/> 1. R IS MARRIED/LIVING WITH PARTNER ↓ V	<input type="checkbox"/> 2. ALL OTHERS ↓ V
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The next questions are about health insurance. First, I'll ask you about your own coverage, if any, then I'll ask about your (husband/wife/partner).

The next questions are about health insurance.

R2. Are you currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?

<input type="checkbox"/> 1. YES ↓ V	<input type="checkbox"/> 5. NO -->NEXT PAGE, R3
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R2a. Which program is that? [CHECK ALL THAT APPLY.]

A. MEDICARE	B. MEDICAID	C. VA/CHAMPUS	D. OTHER _____
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DEFINITION: ONLY PERSONS 65 OR OLDER OR DISABLED ARE ELIGIBLE FOR MEDICARE. ONLY POOR PERSONS ARE ELIGIBLE FOR MEDICAID. CHAMPUS COVERS RETIRED AS WELL AS ACTIVE UNIFORMED SERVICES, AND SOMETIMES UNREMARIED WIDOWS.

R3. Do you have any type of health insurance coverage obtained through your [or your (husband's/wife's/partner's)] employer, former employer or union, such as Blue Cross-Blue Shield or a Health Maintenance Organization?

1. YES 5. NO --> TURN TO P.199, R14

R3a. How many such health plans do you have? # OF PLANS

R4. [Thinking about the (first/other) plan,] How is this coverage obtained?

	PLAN #1	PLAN #2
	1. R'S EMPLOYER/ FORMER EMPLOYER	1. R'S EMPLOYER/ FORMER EMPLOYER
	2. R'S UNION	2. R'S UNION
	3. SPOUSE'S/PARTNER'S EMPLOYER/FORMER EMPLOYER	3. SPOUSE'S/PARTNER'S EMPLOYER/FORMER EMPLOYER
	4. SPOUSE'S/PARTNER'S UNION	4. SPOUSE'S/PARTNER'S UNION
	7. OTHER: _____	7. OTHER: _____

R5. In order to get the best information possible about people's health insurance coverage, we need the name and address of the (employer/union) that provides this coverage.

RECORD NAME AND ADDRESS OF EMPLOYER OR UNION AND CARD INFORMATION ON DATA CARD, SIDE 2 AT R5, PLAN 1 ("HEALTH INSURANCE").	RECORD NAME AND ADDRESS OF EMPLOYER OR UNION ON DATA CARD, SIDE 2 AT R5, PLAN 2 ("HEALTH INSURANCE").
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R6. How is this coverage paid for--entirely by you [or your (spouse/partner)], entirely by an employer or union, partly by an employer or union, or what?

1. ENTIRELY BY R OR SPOUSE/PARTNER	1. ENTIRELY BY R OR SPOUSE/PARTNER
2. ENTIRELY BY R'S OR SPOUSE/PARTNER'S EMPLOYER/FORMER EMPLOYER	2. ENTIRELY BY R'S OR SPOUSE/PARTNER'S EMPLOYER/FORMER EMPLOYER
3. PARTLY BY R OR SPOUSE/PARTNER AND PARTLY BY EMPLOYER	3. PARTLY BY R OR SPOUSE/PARTNER AND PARTLY BY EMPLOYER
7. OTHER: _____	7. OTHER: _____

R7. Is this health insurance plan available to people who retire?

1. YES	5. NO	8. DK	1. YES	5. NO	8. DK
GO TO R9			GO TO R9		
			NEXT PAGE, R14		

	PLAN #1	PLAN #2
R8. Does the organization have <u>any</u> health insurance plan available to retirees?	V <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">GO TO R13</p>	V <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">NEXT PAGE, R14</p>
R9. For retirees, does the (employer/ union) pay all, some or none of the costs of health insurance?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">GO TO R11</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: 50px; margin: 0 auto;">3. SOME</div> <div style="text-align: center;">V</div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. ALL</div> <div style="border: 1px solid black; padding: 2px;">5. NONE</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">GO TO R11</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: 50px; margin: 0 auto;">3. SOME</div> <div style="text-align: center;">V</div>
R10. Do retired employees pay higher, lower, or the same health insurance costs as other employees?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. HIGHER</div> <div style="border: 1px solid black; padding: 2px;">2. LOWER</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div>
R11. Can the spouses of retired employees be covered under this plan?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">GO TO R13</p>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <div style="display: flex; justify-content: center; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. YES</div> <div style="border: 1px solid black; padding: 2px;">5. NO</div> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div> <p style="text-align: center;">NEXT PAGE, R14</p>
R12. [READ SLOWLY] Compared to employees who are still working, do retired employees pay more, less, or the same amount for their spouse's health insurance?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">4. DON'T PAY</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">4. DON'T PAY</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">1. MORE</div> <div style="border: 1px solid black; padding: 2px;">2. LESS</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">4. DON'T PAY</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">3. SAME</div> <div style="border: 1px solid black; padding: 2px;">4. DON'T PAY</div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px;">8. DK</div> </div>
R13. INTERVIEWER CHECKPOINT:	SEE PREVIOUS PAGE, R3a <input type="checkbox"/> ONLY <u>ONE</u> PLAN--->NEXT PAGE R14 <input type="checkbox"/> ALL OTHERS-->GO BACK TO R4, PLAN 2	NEXT PAGE, R14

R14. Do you have any type of health insurance coverage, Medigap or other supplemental coverage, or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP (the American Association of Retired Persons)?

1. YES

5. NO ---->GO TO R15

↓
V

R14a. What kind of coverage do you have? (Basic health insurance, Medigap or other supplemental health insurance, long-term care insurance, or what? [CHECK ALL THAT APPLY.]

A. BASIC
HEALTH

B. MEDIGAP

C. OTHER
SUPPLEMENTAL
HEALTH

D. LONG-TERM
CARE

E. OTHER (SPECIFY:)

R14b. How much do you pay for this insurance (per month or per quarter)?

\$ _____ PER _____

R15. Have you ever been turned down when you applied for health insurance?

1. YES

5. NO ---->NEXT PAGE, R16

↓
V

R15a. Why were you turned down?

1. DUE TO A
PRE-EXISTING
CONDITION

7. OTHER (SPECIFY):

R16. Do you have any life insurance, including individual or group policies?

1. YES

5. NO

NEXT PAGE, R19



R17. Are any of these group or individual term insurance policies?

1. YES

5. NO

8. DON'T KNOW

NEXT PAGE, R18



DEFINITION: TERM INSURANCE POLICIES HAVE NO VALUE UNLESS THE PERSON DIES. MANY SUCH POLICIES ARE ISSUED THROUGH EMPLOYERS AND UNIONS.

R17a. How many term insurance policies do you have?

_____ # TERM INSURANCE POLICIES

R17b. Are these group term insurance policies obtained through an employer, or are they individual policies?

1. GROUP 2. INDIVIDUAL 3. BOTH

R17c. About how much do you pay for (this/these) term insurance (policy/policies) each month or year?

\$_____ PER _____

X96. NOTHING--EMPLOYER OR UNION PAYS COST

R17d. What is the current face value of all the term insurance policies that you have?

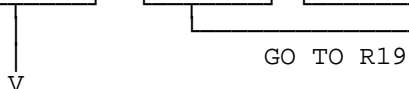
\$

R17e. Who is the beneficiary on (this policy/these policies)?
[CHECK ALL THAT APPLY.]

A. SPOUSE B. CHILD(REN) C. OTHERS

R18. Do you have any life insurance policies that build up a cash value or that you can borrow on?

1. YES 5. NO 8. DON'T KNOW



DEFINITION: THESE ARE SOMETIMES CALLED "WHOLE LIFE" OR "STRAIGHT LIFE".

R18a. How many such policies do you have?
 _____ # CASH VALUE POLICIES

R18b. What is the current face value of (this policy/these policies)?
 \$ _____

R18c. How much in total are the monthly or annual premiums on [this policy/the two (largest) policies]?
 POLICY # 1 \$ _____ PER _____ X96. NONE
 POLICY # 2 \$ _____ PER _____ X96. NONE

R18d. For how many years have you had [this policy/the two (largest) policies]?	R18e. Who is the primary beneficiary on (this/these) policies? [CHECK ALL THAT APPLY.]
POLICY #1 _____ YEARS	<input type="checkbox"/> A. SPOUSE <input type="checkbox"/> B. CHILD(REN) <input type="checkbox"/> C. OTHER
POLICY #2 _____ YEARS	<input type="checkbox"/> A. SPOUSE <input type="checkbox"/> B. CHILD(REN) <input type="checkbox"/> C. OTHER

R19. INTERVIEWER CHECKPOINT

1. R IS MARRIED/LIVING WITH PARTNER--->NEXT PAGE, R20

2. ALL OTHERS--->TURN TO P.207, R42

R20. Is your (husband/wife/partner) currently covered by any government health insurance programs such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?

1. YES 5. NO ---->GO TO R21



R20a. Which program is that? [CHECK ALL THAT APPLY.]

A. MEDICARE B. MEDICAID C. VA/CHAMPUS D. OTHER: _____

DEFINITION ONLY PERSONS 65 OR OLDER OR DISABLED ARE ELIGIBLE FOR MEDICARE. ONLY POOR PERSONS ARE ELIGIBLE FOR MEDICAID. CHAMPUS IS FOR ACTIVE MILITARY.

R21. INTERVIEWER CHECKPOINT

SEE P.197, R3

1. "YES" AT R3; R HAS COVERAGE THROUGH AN EMPLOYER OR UNION

2. ALL OTHERS---->NEXT PAGE, R26



R22. You told me earlier that you obtain health insurance through an employer or union. Is your (husband/wife/partner) covered by the same insurance plan(s)?

1. YES 5. NO ---->NEXT PAGE, R26



R23. INTERVIEWER CHECKPOINT

SEE P.197, R3a

1. ONLY ONE PLAN---->GO TO R25

2. ALL OTHERS



R24. Which plan or plans cover you both? [CHECK ALL THAT APPLY.]

A. PLAN #1 ONLY B. PLAN #2 ONLY C. BOTH PLAN #1 AND PLAN #2

RECORD CARD INFORMATION FOR PLAN #2 ON DATA CARD, SIDE 2, "S'S CARD"



R25. Does your (husband/wife/partner) have any other health insurance coverage obtained through an employer, former employer, or union?

1. YES 5. NO

R26. Does your (husband/wife/partner) have any type of health insurance coverage obtained through an employer, former employer, or union?

1. YES

5. NO --->TURN TO P.205, R37



R26a. How many such health plans does (he/she) have? # OF PLANS

R27. Thinking about (the first/the other) plan, how is this coverage obtained?

PLAN #1

PLAN #2

	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. R'S EMPLOYER/ FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. R'S UNION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. SPOUSE'S/PARTNER'S EMPLOYER/FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4. SPOUSE'S/PARTNER'S UNION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER: _____</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. R'S EMPLOYER/ FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. R'S UNION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. SPOUSE'S/PARTNER'S EMPLOYER/FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4. SPOUSE'S/PARTNER'S UNION</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER: _____</div>
	<div style="border: 3px double black; padding: 5px; width: fit-content; margin: 0 auto;"> RECORD NAME AND ADDRESS OF EMPLOYER OR UNION AND CARD INFORMATION ON DATA CARD, SIDE 2, AT R28 ("HEALTH INSURANCE") </div>	
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. ENTIRELY BY R OR SPOUSE/PARTNER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. ENTIRELY BY R'S OR SPOUSE/PARTNER'S EMPLOYER/FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. PARTLY BY R OR SPOUSE/PARTNER AND PARTLY BY EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER: _____</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1. ENTIRELY BY R OR SPOUSE/PARTNER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2. ENTIRELY BY R'S OR SPOUSE/PARTNER'S EMPLOYER/FORMER EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3. PARTLY BY R OR SPOUSE/PARTNER AND PARTLY BY EMPLOYER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">7. OTHER: _____</div>

R28. (In order to get the best information possible about people's health insurance coverage,) we need the name and address of the (employer/union) that provides this coverage.

R29. How is this coverage paid for--entirely by you or your (spouse/partner), entirely by an employer or union, partly by an employer or union, or what?

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R30. Is this health insurance plan available to persons who retire?

<input type="checkbox"/> 1. YES GO TO R32	<input type="checkbox"/> 5. NO ↓ V	<input type="checkbox"/> 8. DK GO TO R36	<input type="checkbox"/> 1. YES GO TO R32	<input type="checkbox"/> 5. NO ↓ V	<input type="checkbox"/> 8. DK NEXT PAGE, R37
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R31. Does the organization have any health insurance plan available to retirees?

<input type="checkbox"/> 1. YES ↓ V	<input type="checkbox"/> 5. NO └───┬───┘ GO TO R36	<input type="checkbox"/> 8. DK	<input type="checkbox"/> 1. YES ↓ V	<input type="checkbox"/> 5. NO └───┬───┘ NEXT PAGE, R37	<input type="checkbox"/> 8. DK
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R32. For retirees, does the (employer/ union) pay all, some or none of the costs of health insurance?

<input type="checkbox"/> 1. ALL └───┬───┬───┘ GO TO R34	<input type="checkbox"/> 3. NONE	<input type="checkbox"/> 8. DK	<input type="checkbox"/> 1. ALL └───┬───┬───┘ GO TO R34	<input type="checkbox"/> 3. NONE	<input type="checkbox"/> 8. DK
<input type="checkbox"/> 2. SOME ↓ V				<input type="checkbox"/> 2. SOME ↓ V	

R33. Do retired employees pay higher, lower, or the same health insurance costs as other employees?

<input type="checkbox"/> 1. HIGHER	<input type="checkbox"/> 2. LOWER	<input type="checkbox"/> 1. HIGHER	<input type="checkbox"/> 2. LOWER
<input type="checkbox"/> 3. SAME	<input type="checkbox"/> 8. DK	<input type="checkbox"/> 3. SAME	<input type="checkbox"/> 8. DK

R34. Can the spouses of retired employees be covered under this plan?

<input type="checkbox"/> 1. YES ↓ V	<input type="checkbox"/> 5. NO └───┬───┘ GO TO R36	<input type="checkbox"/> 8. DK	<input type="checkbox"/> 1. YES ↓ V	<input type="checkbox"/> 5. NO └───┬───┘ NEXT PAGE, R37	<input type="checkbox"/> 8. DK
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R35. [READ SLOWLY:] Compared to employees who are still working, do retired employees pay more, less, or the same amount for their spouse's health insurance?

<input type="checkbox"/> 1. MORE	<input type="checkbox"/> 2. LESS	<input type="checkbox"/> 1. MORE	<input type="checkbox"/> 2. LESS
<input type="checkbox"/> 3. SAME	<input type="checkbox"/> 4. DON'T PAY	<input type="checkbox"/> 3. SAME	<input type="checkbox"/> 4. DON'T PAY
<input type="checkbox"/> 8. DK			<input type="checkbox"/> 8. DK

R36. INTERVIEWER CHECKPOINT:

SEE R26a <input type="checkbox"/> ONLY <u>ONE</u> PLAN-->NEXT PAGE, R37 <input type="checkbox"/> ALL OTHERS-->GO BACK TO R27, PLAN 2	NEXT PAGE, R37
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R37. Does your (husband/wife/partner) have any type of health insurance coverage, Medigap or other supplemental coverage, or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP (the American Association of Retired Persons)?

1. YES

5. NO ---->GO TO R38



R37a. What kind of coverage does (he/she) have? (Basic health insurance, Medigap or other supplemental health insurance, long-term care insurance, or what? [CHECK ALL THAT APPLY.]

A. BASIC HEALTH B. MEDIGAP C. OTHER SUPPLEMENTAL HEALTH D. LONG-TERM CARE

E. OTHER (SPECIFY:)

R37b. How much does (he/she) pay for this insurance (per month or per quarter)?
\$ _____ PER _____

R38. Has your (husband/wife/partner) ever been turned down when (he/she) applied for health insurance?

1. YES

5. NO ---->NEXT PAGE, R39



R38a. Why was (he/she) turned down?

1. DUE TO A PRE-EXISTING CONDITION

7. OTHER (SPECIFY):

R39. Does your (husband/wife/partner) have any life insurance, including individual or group policies?

1. YES

5. NO

NEXT PAGE, R42



R40. Are any of these group or individual term insurance policies?

1. YES

5. NO

8. DON'T KNOW

NEXT PAGE, R41



DEFINITION: TERM INSURANCE POLICIES HAVE NO VALUE UNLESS THE PERSON DIES. MANY SUCH POLICIES ARE ISSUED THROUGH EMPLOYERS AND UNIONS.

R40a. How many term insurance policies does (he/she) have?

_____ # TERM INSURANCE POLICIES

R40b. Are these group term insurance policies obtained through an employer, or are they individual policies?

1. GROUP 2. INDIVIDUAL 3. BOTH

R40c. About how much does (he/she) pay for (this/these) term insurance (policy/policies) each month or year?

\$ _____ PER _____

X96. NOTHING--EMPLOYER OR UNION PAYS COST

R40d. What is the current face value of all the term insurance policies that (he/she) has?

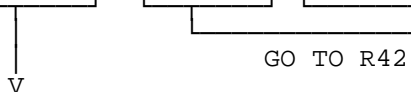
\$ _____

R40e. Who is the beneficiary on (this policy/these policies)?
[CHECK ALL THAT APPLY.]

A. RESPONDENT B. CHILD(REN) C. OTHERS

R41. Does your (husband/wife/partner) have any policies that build up a cash value or that (he/she) can borrow on?

1. YES
 5. NO
 8. DON'T KNOW



DEFINITION: THESE ARE SOMETIMES CALLED "WHOLE LIFE" OR "STRAIGHT LIFE".

R41a. How many such policies does (he/she) have?
 _____ # CASH VALUE POLICIES

R41b. What is the current face value of (this policy/these policies)?
 \$ _____

R41c. How much in total are the monthly or annual premiums on [this policy/the two (largest) policies]?

POLICY #1 \$ _____ PER _____ NONE

POLICY #2 \$ _____ PER _____ NONE

R41d. For how many years have you had [this policy/the two (largest) policies]?	R41e. Who is the beneficiary on (this/these) policies [CHECK ALL THAT APPLY.]
Policy #1 _____ YEARS	<input type="checkbox"/> A. RESPONDENT <input type="checkbox"/> B. CHILD(REN) <input type="checkbox"/> C. OTHER
Policy #1 _____ YEARS	<input type="checkbox"/> A. RESPONDENT <input type="checkbox"/> B. CHILD(REN) <input type="checkbox"/> C. OTHER

R42. EXACT TIME NOW:

R43. INTERVIEWER CHECKPOINT

SEE COVERSHEET LABEL, MODULE ADMINISTRATION

1. MODULE REQUIRED-->GO TO MODULE BOOKLET

2. ALL OTHERS-->TURN TO P. 4 OF COVERSHEET; OBTAIN RECONTACT INFO AND RECRUITMENT INFO (IF APPROPRIATE).