THE HUMAN STANDARD

HP-13

Social Security and National Worker Protection

A coordinated framework for retirement, disability, family leave, and employment-injury protection

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The Charter Principle

Every person possesses inherent worth. Age, disability, illness, caregiving responsibility, workplace injury, or the death of a wage earner does not reduce that worth or erase the responsibilities of a society that depends upon human work.

Social Security is a shared national promise: protection should follow the person when earning power is interrupted or a working life reaches its close.

Purpose

This policy strengthens Social Security as a coordinated national system of retirement security, survivor protection, disability insurance, paid family and medical leave, and employment-injury protection. It establishes one administrative roof with four protected branches. Each branch shall maintain separate funds, eligibility standards, accounting, actuarial reporting, and responsibility for its own obligations. Coordination shall simplify the experience of the person without blurring ownership of the cost.

Governing Standards

- Social insurance shall be treated as earned protection, not charity.
- A full working life shall lead to a retirement of dignity rather than managed deprivation.
- Existing benefits and lawful cost-of-living adjustments shall not be reduced merely to conceal a funding failure.
- No branch may raid the reserves of another branch.
- Administration shall be understandable, reviewable, and accountable to the People.
- The person receiving protection shall not bear responsibility for routing or reconciling funds among government programs.

Part I: The Four-Branch Structure

Retirement and Survivors Insurance

This branch shall provide retirement income, survivor protection for spouses and dependents, and the national dignified-retirement guarantee.

Disability Insurance

This branch shall protect workers experiencing total, partial, progressive, recurring, or permanent loss of earning capacity. Disability shall not be treated as an all-or-nothing condition.

Family and Medical Leave Insurance

This branch shall provide temporary, portable income protection for qualifying personal illness, childbirth, adoption, recovery, family caregiving, and related medical or family interruption.

National Employment-Injury Protection

This branch shall establish a national minimum for workplace injury and occupational illness, including immediate wage replacement, rehabilitation, retraining, accommodation, return-to-work planning, and transition to long-term disability or survivor protection. Medical treatment shall remain available under existing systems during transition and shall ultimately be coordinated with universal healthcare.

Part II: Retirement Security

The Dignified-Retirement Guarantee

Every qualified worker shall receive a protected retirement guarantee sufficient to support a basic life of dignity. The guarantee shall be measured against the actual cost of stable housing, food, healthcare, utilities, transportation, essential personal needs, and a reasonable margin for emergencies. The guarantee shall not be calculated solely as a percentage of historically low wages.

> **A retirement system should be judged first by what happens to the person who worked a full lifetime at the lowest lawful wage.**

The Minimum-Wage Worker Test

The responsible agency shall test the guarantee against a worker who worked full time for approximately forty years, earned the lawful minimum wage throughout that career, contributed as required, and enters retirement without substantial private retirement income. That worker shall be able to maintain ordinary retirement security without chronic fear of losing housing, food, healthcare, utilities, or transportation.

Earned Supplemental Benefit

Qualified retirees shall receive an earned supplement based upon lifetime covered earnings and contribution history. The formula shall provide stronger replacement at lower lifetime earnings, progressively smaller additional credit at higher earnings, a reasonable maximum, and no abrupt benefit cliff.

Verified Retirement-Resource Profile

The earned supplemental portion may be modeled in relation to a composite profile of verified retirement resources. The purpose is to recognize genuine financial capacity without converting Social Security into an invasive annual confession of wealth.

- pension and annuity income;

- retirement-account distributions;
- wages or self-employment income after retirement;
- investment income and realized capital gains;
- trust, partnership, and similar recurring distributions;
- extraordinary medical, disability, long-term-care, and caregiving costs;
- and other recurring resources reasonably available for retirement.

No adjustment shall rely solely upon self-reporting, a single account balance, a single year of income, one unusual withdrawal, or one fixed wealth threshold. Rollovers, transfers, returned contributions, genuine loans, and other non-income movements shall not be treated as retirement income.

Strengthened Third-Party Reporting

Financial institutions, employers, pension administrators, plan custodians, trust administrators, and other regulated entities shall provide standardized information necessary to construct the verified retirement-resource profile. Reporting shall distinguish balances, recurring distributions, required distributions, voluntary withdrawals, rollovers, transfers, loans, and extraordinary transactions. The system should use a rolling multiyear assessment where practical so that one unusual year does not determine a continuing benefit.

Protected Savings and Anti-Deferral

Ordinary retirement saving shall not be punished. A broad protected-resource band shall shield modest retirement assets and income from supplemental reduction. Any rule addressing deliberate deferral through unusually large tax-advantaged balances shall be narrow, transparent, subject to substantial thresholds, and accompanied by hardship protections. An account balance alone shall not become a disguised general asset test.

Review, Correction, and Appeal

- plain-language explanation of the calculation;
- access to the data used;
- correction of inaccurate third-party reporting;
- prompt reconsideration after a material change in circumstances;
- timely administrative appeal and judicial review;
- and protection from repayment demands caused solely by government or institutional error.

Part III: Voluntary Benefit Election

A beneficiary may voluntarily choose to receive the full scheduled benefit, any reduced amount, a payment as small as one dollar, no payment for a chosen period, or no payment until the election is changed. A beneficiary may also redirect some or all of a scheduled payment to a protected Social Security fund or another authorized beneficiary-protection purpose within the Social Security system.

Choice, Reversibility, and Privacy

- The election shall not depend upon income, account balances, reporting, government approval, or proof of need.
- The election may be changed at any time without penalty, a new eligibility review, or proof of hardship.
- Full scheduled payments shall resume within the next practicable payment cycle.
- The government shall not publish, rank, celebrate, advertise, or otherwise disclose who participates.
- No employer, insurer, adviser, lender, family member, care facility, representative payee, or public agency may coerce or improperly influence the election.

Declined or redirected payments shall not ordinarily accumulate as a retroactive personal claim. The beneficiary retains the right to resume prospective payment.

This choice is civic stewardship, not charity: a person may leave protection within the shared system while knowing the same protection remains available should life change.

Part IV: Disability Protection

Total and Partial Disability

Disability insurance shall recognize both total and partial loss of earning capacity. A worker shall not be forced into complete unemployment merely to qualify for protection. Partial benefits may supplement reduced earnings when a person can work fewer hours, must accept lower-paid work, experiences recurring incapacity, requires frequent medical absence, or cannot perform prior occupational duties.

Work Incentive

Each additional dollar of earned income shall leave a beneficiary financially better off after any benefit adjustment. Temporary improvement shall not automatically be treated as permanent recovery.

Realistic Work Standard

Earning capacity shall not be based upon work that is merely theoretical, geographically inaccessible, inconsistent with medically established limitations, or unavailable in meaningful numbers.

Review with Dignity

Permanent and irreversible conditions shall not be subjected to repetitive unnecessary review. All reviews shall provide understandable notice, access to records, proportionate evidence requirements, and meaningful appeal.

Part V: Family and Medical Leave Insurance

Section 3 establishes the national paid, job-protected family and medical leave system within the coordinated Social Security framework.

Part A. Purpose and Governing Principles

(a) Purpose. This section establishes a national system of paid, job-protected family and medical leave that preserves income, employment, privacy, and realistic opportunity when a worker must temporarily step away from work for a covered need.

(b) Worker-first administration. The worker shall be protected first, kept financially whole for verified earnings actually lost, and restored as nearly as possible to the position the worker would have occupied absent the leave or any unlawful interference.

(c) National floor. The protections in this section are a national floor and not a ceiling. A State or local government may provide greater duration, compensation, eligibility, privacy, job protection, or family coverage, but may not reduce, offset, supersede, or replace a more protective federal provision.

(d) Minimum disturbance. Administration shall impose the minimum reasonable disturbance on the worker and family. Jurisdictional, funding, and interagency disputes shall be resolved internally and shall not delay protection or payment.

(e) Minimum paperwork. Every claim shall use one application, one claimant-facing record, one primary point of contact, and one appeal path whenever practicable. Information lawfully held by a participating agency shall not be requested again unless unavailable, materially incomplete, outdated, or disputed.

Part B. Definitions

(a) Covered family. Covered family includes a spouse, domestic partner, parent, stepparent, child of any age, stepchild, sibling, grandparent, grandchild, parent-in-law, legal guardian, ward, or any person whose relationship is substantially equivalent to a biological or marital family relationship and for whom the worker has significant caregiving or family responsibility. This definition applies to every family-based leave category.

(b) Protected earnings. Protected earnings are documented ordinary earnings the worker would reasonably have received but for covered leave, subject to the calculation and coordination rules of this section.

(c) Official hire date. Official hire date means the first date on which the employment relationship begins, without regard to probation, hours worked, full-time status, employer size, or length-of-service requirements.

(d) Equivalent position. A genuinely equivalent position preserves compensation rate, scheduled hours, title, duties, authority, classification, seniority, benefits, advancement opportunity, work location where practicable, and material working conditions.

(e) Rolling 12-month period. A rolling 12-month period is measured backward from the date leave is used, unless a category expressly establishes an event-specific entitlement.

(f) Administering agency. The administering agency is the national leave administration or its authorized successor, acting as the single claimant-facing administrator and coordinating with employers, States, the Department of Labor, Social Security and National Disability, the Department of Veterans Affairs, the Department of Defense, and other relevant bodies.

Part C. Universal Eligibility and Employment Protection

(a) Immediate eligibility. Eligibility and job protection begin on the official hire date. No tenure, hours-worked, probationary, employer-size, or full-time threshold applies.

(b) Part-time workers. Part-time workers receive the same eligibility, restoration, seniority, benefits, promotion, privacy, and anti-retaliation protections. Wage replacement is based on actual documented earnings lost.

(c) Gig and self-employed workers. Eligible self-employed and nontraditional workers receive wage replacement based on previously recorded, verifiable earnings using a fair averaging period that smooths extraordinary spikes and dips. Job restoration applies only where a conventional employment position exists.

(d) Restoration. At the end of protected leave, the worker shall be restored to the same position or a genuinely equivalent position. A recent promotion, raise, or new classification may not be reversed, delayed, or subjected to a new probationary period because leave occurred shortly after the change.

(e) Job loss during leave. If a position is legitimately eliminated or the employer closes while leave is active, wage replacement continues for the approved leave period. The worker receives immediate placement, skills assessment, retraining, and employment support, followed by unemployment benefits without a gap if no suitable position is available. The separation shall not be treated as voluntary or misconduct-based.

Part D. Wage Replacement and Earnings Calculation

(a) Replacement rate. The program replaces 100 percent of verified protected earnings actually lost because of covered leave.

(b) Calculation period. The default basis is the preceding 12 months of documented ordinary earnings. Regular recurring overtime and variable compensation are included; one-time bonuses, windfalls, and extraordinary spikes are excluded.

(c) Recent changes in earnings. A permanent raise, promotion, or scheduled-hours increase becomes the new earnings basis after more than six months. When in effect for six months or less, the preceding 12-month average remains the default, while job restoration preserves the official role and compensation rate held when leave begins.

(d) Multiple jobs. Documented wages lost from multiple concurrent jobs are included. The program coordinates separately with each employer.

(e) Actual time lost. Payment is coordinated with employer payroll and scheduling records and covers only hours, partial days, reduced schedules, or full work periods actually lost. Hours worked remain employer-paid.

(f) No duplicate payment. Employer-paid wages, State benefits, federal benefits, military or VA funding, and leave-fund payments shall be coordinated so that compensation for the same period does not exceed 100 percent of protected earnings. The same hour may not be charged to more than one leave entitlement.

(g) Delayed employer records. Employer delay or noncooperation may not indefinitely delay payment. The agency may issue a reasonable estimate from available wage and schedule records and reconcile the amount later.

Part E. Application, Provisional Approval, and Verification

(a) Automatic provisional protection. A properly submitted request receives immediate provisional job protection. Unexpected circumstances shall not require a completed investigation before protection begins.

(b) Provisional payment. Provisional wage replacement begins promptly and is calculated from verified or reasonably estimated work time and earnings actually lost, in coordination with the employer.

(c) Verification deadline. The administering agency shall issue a final eligibility determination no later than 14 calendar days after submission of the request.

(d) Claimant information. The claimant shall provide reasonably required information that is actually available. The agency shall assist in obtaining records already held by employers, healthcare providers, public agencies, DoD, or VA.

(e) Late or unavailable information. Agency or employer delay may not extend the deadline or interrupt provisional benefits. When information remains unavailable after notice and assistance, the agency shall decide from the existing record.

(f) Ineligibility. If the agency determines that the request is not eligible, program payments cease prospectively and the employer is notified only that protected leave was not approved and the effective date. Prior payments are not recovered absent proven deliberate fraud.

(g) Continuity. Once eligibility is established, payment and protection continue until the agency proves that eligibility ended or deliberate fraud occurred. The burden rests on the agency.

Part F. Privacy and Employer Notice

(a) Agency-only evidence. Medical, reproductive, adoption, foster, surrogacy, safety, family-relationship, military, and other sensitive evidence shall be submitted to and evaluated by the administering agency.

(b) Minimum employer disclosure. The employer receives only protected status, approved dates, duration, schedule, work restrictions necessary for administration, expected return information, and later notice of approval or denial.

(c) Prohibited inquiry. An employer may not demand a diagnosis, underlying family identity, reproductive information, safety facts, military details, provider records, or other private information; independently investigate the qualifying event; contact a provider or family member; or condition leave on disclosure.

(d) Voluntary disclosure. Nothing prohibits a worker from voluntarily sharing information, but the employer may not state or imply that approval, scheduling, restoration, or workplace treatment depends on disclosure.

Part G. Pregnancy, Childbirth, and Recovery Leave

(a) Baseline. A worker receives eight workweeks of paid, job-protected medical leave for uncomplicated pregnancy, childbirth, and recovery.

(b) Extensions. The period extends automatically for documented medical need, including pregnancy complications, cesarean or difficult delivery, postpartum physical or mental conditions, premature birth, neonatal intensive care, infant illness or disability, multiple births, miscarriage, stillbirth, abortion, or other pregnancy loss.

(c) Qualification. A pregnancy diagnosis or confirmation from an accredited medical professional opens eligibility and coordination without repeated proof or a separate application.

(d) Surrogacy. A gestational or traditional surrogate receives the same pregnancy, childbirth, recovery, pregnancy-loss, privacy, employment-protection, and medically necessary extension rights as any other pregnant worker, regardless of future parent status.

Part H. Parental Bonding and Placement Leave

(a) Individual entitlement. Each legal parent receives 16 workweeks of paid, job-protected bonding leave, separate from pregnancy and childbirth medical leave, for use within the first year after birth, adoption, foster placement, or assumption of legal guardianship.

(b) Parent. Parent means any person with legal guardianship of a minor, including biological, adoptive, foster, court-appointed, and qualifying intended parents.

(c) Placement qualification. A certified statement from an accredited adoption or foster agency opens eligibility and coordination. Required pre-placement meetings, training, home visits, travel, and court appearances protect employment status, seniority, benefits, promotion eligibility, and attendance standing, but do not automatically carry wage replacement unless another entitlement applies.

(d) Scheduling. Bonding leave may be continuous, taken in blocks, used on a reduced schedule, or taken intermittently in increments no smaller than one-half of the worker's normal workday. Medical necessity is not subject to the half-day minimum.

(e) Leave sharing. Unused bonding leave is individual and nontransferable except when both parents work for the same employer, both consent voluntarily, no coercion occurs, and the combined employer-facing allowance does not exceed the applicable total. Shared leave must be used within the first year.

Part I. Personal Medical Leave

(a) Entitlement. A worker receives up to 12 workweeks of paid, job-protected leave in a rolling 12-month period for the worker's own serious physical or mental condition.

(b) Scheduling. Leave may be continuous, intermittent, or taken on a reduced schedule according to medical need.

(c) Lifesaving donation. Voluntary organ, tissue, bone-marrow, blood stem-cell, or other medically recognized lifesaving donation to or for any person qualifies. Coverage includes evaluation, compatibility

testing, preparation, procedure, hospitalization, recovery, follow-up care, and medically necessary complications. No family relationship is required.

(d) Transition. Before expiration, the agency evaluates full return, reduced schedule, reasonable accommodation, extension, rehabilitation, retraining, or transition to National Disability. No income or administrative gap may occur while that determination is pending.

Part J. Family-Caregiving Leave

(a) Entitlement. A worker receives up to 12 workweeks of paid, job-protected family-caregiving leave in a rolling 12-month period. The allowance is one total entitlement, not a separate allowance for each relative.

(b) Need. Caregiving must be medically or practically necessary for a covered family member. Leave may not be denied merely because professional services are theoretically available when the worker's participation is medically, practically, or emotionally necessary to effective care.

(c) Scheduling. Leave may be continuous, intermittent, or taken through a reduced schedule according to the caregiving need.

(d) Determination and privacy. The worker applies directly to the agency. The agency alone determines family status, need, and duration. The employer receives no identity, relationship, diagnosis, medical record, or underlying facts.

(e) Remote work. Remote or hybrid work may be used voluntarily when compatible with the job and caregiving need. It may not replace medically necessary leave. Hours worked are paid normally and do not consume leave, and the worker may not be required to maintain constant availability.

(f) Extended support. Where caregiving needs continue, the agency coordinates home health, respite, hospice, community services, accommodations, and other support. A caregiver does not transition to National Disability unless the caregiver's own condition independently qualifies.

Part K. Safety Leave

(a) Entitlement. A worker receives up to six workweeks of paid, job-protected leave in a rolling 12-month period when the worker or a covered family member is affected by domestic violence, sexual assault, stalking, trafficking, or another credible threat.

(b) Covered purposes. Safety leave covers emergency relocation or safe housing, protective orders, court or law-enforcement activity, safety planning, victim services, protection or relocation of a child or family member, and replacement of compromised identification, financial access, communications, or necessities.

(c) Medical needs. Treatment, counseling, recovery, and medically necessary caregiving arising from the same event use personal medical or family-caregiving leave.

(d) Concurrent coordination. The same situation may activate multiple leave categories. Safety activities draw from safety leave; medical and caregiving needs draw from their respective buckets. Each hour is counted once and total pay may not exceed protected earnings.

(e) Notice. Notice is required as soon as practicable. Ordinary advance-notice rules do not apply to urgent safety circumstances.

Part L. Military-Family Leave

(a) Deployment, return, reassignment, and relocation. A covered family member receives up to three workweeks of paid, job-protected leave for each verified deployment, return from deployment, reassignment, or military-required relocation that creates a reasonable family preparation, transition, or reintegration need. No annual cap applies to the number of qualifying events.

(b) Covered purposes. Covered purposes include dependent-care changes, household preparation or relocation, financial and legal arrangements, school transfers, official briefings or required meetings, limited pre-deployment or post-deployment family time, and household reintegration.

(c) Extensions. The agency may approve a short extension when delayed or amended orders, overseas travel, disability needs, housing complications, or other documented military circumstances make three weeks insufficient.

(d) Relocation funding. The employer-funded leave pool contributes to military-relocation leave only when the employer can provide a suitable transfer at or reasonably near the new duty location. When such transfer is available, wage replacement is funded 50 percent by the leave fund and 50 percent by the responsible military or VA authority. When no suitable transfer exists, the military or VA funding stream bears the full relocation-leave cost and the worker receives placement, retraining, and unemployment support without being treated as having voluntarily quit.

(e) Military caregiving. A worker caring for a covered injured service member or qualifying veteran receives the standard 12-workweek family-caregiving entitlement and one automatic additional 12-workweek extension when caregiving need continues, for up to 24 workweeks total. The extension requires only verification of continued covered status and caregiving need.

(f) MIA, KIA, casualty, and military bereavement. A covered family member receives three workweeks per qualifying event and one automatic additional three-workweek period when the situation remains unresolved or qualifying military, travel, funeral, estate, relocation, or household-stabilization responsibilities continue.

(g) Covered status. Military-specific leave covers active-duty service members, including Reserve and National Guard members while on active duty. Reserve and National Guard members who are not on active duty use the standard family and medical framework unless another military-specific event applies. Veterans qualify for the military-specific track when coordinated review by VA and the leave administration confirms a sufficient military or veteran connection.

(h) Single front door. The claimant files once. DoD, VA, Social Security and National Disability, the Department of Labor, and other agencies verify status, arrange services, and reconcile funding internally. Interagency delay or disagreement may not interrupt protection or payment.

Part M. General Bereavement Leave

(a) Entitlement. A worker receives up to three workweeks of paid, job-protected leave following the death of a covered family member.

(b) Covered purposes. Leave may be used for funeral or memorial arrangements, travel, burial or disposition, estate and legal matters, dependent care, guardianship changes, relocation, and immediate household stabilization.

(c) Extension. An extension beyond three weeks requires agency approval based on circumstances such as delayed recovery or burial of remains, overseas travel, complex or disputed estate matters, dependent relocation, multiple deaths, official investigations, or unresolved legal obligations.

(d) Medical grief. Treatment, counseling, or extended grief-related incapacity uses personal medical leave, subject to no-double-counting rules.

Part N. Public Health Emergency Leave

(a) Temporary category. Public-health emergency leave is not a permanent standing bucket. When a declared emergency creates widespread isolation, quarantine, exposure, caregiving, school closure,

workplace closure, or related needs that exceed ordinary leave, Congress or a designated emergency authority shall activate a temporary category tailored to the emergency.

(b) Required terms. Each activation shall specify eligibility, duration, wage replacement, funding, job protection, verification, coordination with existing categories, review, and expiration.

(c) Ordinary cases. Ordinary individual illness and caregiving remain under personal medical and family-caregiving leave unless the emergency activation expands coverage.

Part O. End-of-Period Review and Transitions

(a) Timing. The agency begins review no later than 14 calendar days before scheduled expiration. When leave lasts fewer than 14 days, review begins as soon as practicable after approval.

(b) Completion. The review must be completed before benefits expire and determine return, reduced or intermittent schedule, accommodation, authorized extension, transition to another category, rehabilitation, retraining, unemployment support, or National Disability.

(c) Late review. If the agency does not complete review on time, wage replacement and job protection continue without interruption until final determination.

Part P. Appeals and Evidence Delivery

(a) Appeal right. A worker may appeal an adverse eligibility, continuation, extension, payment, classification, privacy, restoration, or enforcement decision.

(b) Evidence delivery. The agency shall provide the complete evidence supporting the adverse decision through a verifiable delivery method selected by the applicant, including certified or tracked mail, a secure portal that records actual access, or another method producing a reliable receipt. Upload alone is insufficient without notice and confirmed access.

(c) Response period. The worker's 14-calendar-day response period begins upon confirmed receipt of the evidence. The agency bears the burden of proving receipt, and ambiguity is resolved in the worker's favor. Affirmative refusal or intentional avoidance after documented attempts may be treated as receipt on the refusal date.

(d) Appeal decision. The agency shall issue a written final decision within 14 calendar days after the appeal record is complete. A timely appeal preserves payment, leave status, job protection, and temporary remedies. Agency or employer delay may not suspend benefits or extend the worker's response deadline.

(e) Prospective effect. An adverse final decision ends benefits prospectively. Recovery of prior benefits requires separate proof of deliberate fraud, notice, evidence disclosure, and appeal.

Part Q. Worker-First Enforcement

(a) Prohibited conduct. An employer may not deny, delay, discourage, obstruct, circumvent, coerce, interfere with, or retaliate against requesting, using, supporting, verifying, or appealing protected leave. Prohibited conduct includes punitive attendance treatment, reduced hours, demotion, inferior reassignment, lost advancement, forced disclosure, threats, falsified records, and indirect evasion.

(b) Immediate interim protection. Upon a credible complaint, the agency shall preserve employment, income, benefits, seniority, leave, schedule, promotion eligibility, and necessary protective orders while investigating. Interim protection is not a final finding against the employer.

(c) Single complaint path. The worker reports through the leave administration and is not required to start a separate agency process or resubmit the same facts.

(d) Burden shifting. Once facts reasonably indicate that protected leave may have contributed to an adverse action, the employer must show by clear and convincing evidence that the same action would have occurred without leave and was supported by legitimate, consistently applied, independently documented reasons.

(e) Restoration floor. When interference or retaliation is established, the worker shall be restored as nearly as possible to the position that would have existed absent the violation. Restoration includes reinstatement or worker-selected equivalent relief, compensation, hours, benefits, seniority, classification, advancement, restored leave, corrected records, removed discipline, lost wages, foreseeable financial losses, and protection from further retaliation. Restoration is the minimum remedy, not the full penalty.

(f) Graduated accountability. Good-faith isolated errors require immediate correction, restoration, resulting losses, and training. Negligent, systemic, or repeated violations may add civil penalties, enforcement costs, audits, monitoring, and corrective plans. Deliberate obstruction, retaliation, concealment, falsification, or sham restructuring may add enhanced damages, substantial civil penalties, contracting or benefit consequences where authorized, personal accountability in severe cases, and civil or criminal referral.

(g) Independent violation. Interference with a protected right is enforceable in itself. The worker need not prove termination or completed economic harm before preventive relief, restoration, or statutory penalties may issue.

(h) Employer process. Before final penalties, the employer receives notice, access to nonprivileged evidence, a reasonable response opportunity, an impartial written decision, and appeal. Employer due process does not suspend interim worker protection.

(i) Anti-evasion. Related entities, staffing firms, contractors, franchises, subsidiaries, successors, payroll entities, and worksite operators may be treated as joint or single employers where necessary to prevent evasion.

(j) Public employers. The statute shall use all available constitutional mechanisms for federal, State, and local public employers, including federal administrative enforcement, prospective compliance orders, clear funding conditions, express waivers where permitted, and statutory findings supporting each protected category. The worker shall not bear the consequences of unresolved sovereign-immunity questions.

Part R. Financing

(a) National fund. Benefits are financed through a pooled National Family and Medical Leave Fund designed to distribute risk and prevent the cost of one claim from falling entirely on one employer.

(b) Contributions. Employers provide the primary contribution. Any worker contribution shall be lower than and never exceed the employer share. Self-employed workers participate through an earnings-based premium.

(c) Small employers. Small employers receive reduced rates, exemptions, subsidies, or other support based on payroll and operating capacity, together with business-continuity assistance.

(d) Actuarial administration. Congress establishes statutory rate boundaries, benefit guarantees, solvency standards, reserve requirements, and limits on rate increases. An independent actuarial board sets opening rates and adjusts them within those boundaries.

(e) Reserves and shortfalls. The fund maintains reserves for downturns, emergencies, and unusually high claim years. A shortfall triggers actuarial and legislative review, not automatic benefit reductions.

(f) Interprogram reconciliation. State, military, VA, employer-paid, and federal benefits are coordinated internally. Workers shall not determine which fund owes which share or reconcile overlapping systems.

Part S. Administration, Paperwork Reduction, and Employer Support

(a) Single submission. No individual shall be required to submit substantially identical information to multiple agencies, transport records between agencies, or determine jurisdiction or financial responsibility.

(b) Common systems. Participating agencies shall use common forms, compatible records, electronic verification, and internal cost reconciliation where practicable.

(c) Nondigital access. Digital filing shall not be a condition of access. Telephone, mail, in-person, and assisted filing shall remain available.

(d) Business continuity. The leave administration coordinates with the Small Business Administration, Department of Labor, American Job Centers, and State or local workforce agencies to provide replacement-worker recruitment, temporary staffing help, payroll and scheduling guidance, grants, working-capital support, and related continuity services. Worker benefits may not be delayed while agency costs are reconciled.

Part T. Program Review and Public Transparency

(a) Initial review cycle. The program shall be reviewed at years 3, 6, 9, 12, and 15.

(b) Long-term cycle. After year 15, comprehensive review shall occur at least once every five years. Interim review may occur sooner when solvency, access, privacy, employer burden, claimant outcomes, enforcement, interagency performance, or judicial and statutory developments materially change.

(c) Public report. At each scheduled review, the administering agency shall publish an accessible program-health report addressing participation, approval and denial rates, processing and appeal times, benefit adequacy, solvency and reserves, contributions and expenditures, employer and small-business effects, restoration outcomes, interference and enforcement, privacy complaints, lawful demographic and geographic disparities, interagency performance, fraud findings, methods, limitations, and recommended corrections.

(d) Public access. Reports shall protect individual privacy, use understandable language, include machine-readable data, and remain permanently available to the public.

(e) Corrective authority. Congress and the responsible administration shall revise the program when evidence demonstrates that a provision is ineffective, legally vulnerable, unnecessarily burdensome, or insufficient to protect workers.

Part U. Severability and Construction

(a) Severability. If any provision or application is held invalid, the remainder and other applications shall not be affected.

(b) Protective construction. Ambiguity shall be resolved, consistent with law, in favor of preserving timely protection, accurate payment, privacy, and meaningful opportunity to return to work.

Drafting note: This document is a policy-level statutory organization draft. Formal bill counsel should conform definitions, cross-references, appropriations language, enforcement jurisdiction, and administrative placement to the final legislative vehicle.

Part VI: National Employment-Injury Protection

Federal Floor and State Administration

Congress shall establish a national minimum using the strongest workable elements of existing state systems. States may provide stronger protections but may not fall below the federal floor. A state that persistently fails

national standards may be subjected to corrective supervision or temporary direct federal administration until compliance is restored.

Immediate Protection and Disputed Causation

An injured worker shall receive temporary wage replacement, case coordination, clear notice of rights, and uninterrupted access to necessary care without waiting for final resolution of a causation dispute. A provisional shared-payment mechanism shall allow responsibility to be reconciled after adjudication without forcing the worker to finance the delay.

Employer Responsibility and Risk Rating

Employers shall contribute according to occupational risk through a formula combining industry risk, verified safety performance, claims experience, and limited employer-specific experience rating. The formula shall not reward suppressed reporting, retaliation, discriminatory hiring, or concealment of dangerous work. Individual workers shall never be risk-rated.

SECTION 1 • TEMPORARY INCOME REPLACEMENT
The employment-injury branch shall replace temporary earnings lost during hospitalization, treatment, rehabilitation, retraining, and medically supported return-to-work activity. Protected earnings include all legal and verifiable wages lost from every affected employment source. Passive income and voluntary gratuities are excluded. Temporary protection shall continue without interruption until recovery or the permanent-disability transition is active.

SECTION 2 • PERMANENT EARNINGS LOSS AND TRANSITION TO NATIONAL DISABILITY
A workplace injury that permanently reduces a person's earning capacity shall transition automatically from temporary employment-injury protection into the Disability Insurance branch. The person shall not file a second claim, recreate the record, or personally reconcile benefits between programs.

Automatic Preservation and Single Claim

Every accepted employment-injury claim shall automatically preserve a corresponding National Disability claim from the date of injury. The claim shall remain administratively dormant while recovery remains reasonably possible and shall activate when the permanent-condition criteria are satisfied. The person shall receive one case number, one coordinated record, one primary point of contact, and one appeal pathway.

Completion of Treatment and Rehabilitation

Treatment and rehabilitation shall be considered complete through either of two pathways:

1. Full-recovery completion: all material medical goals have been met; pain no longer materially limits function; range of motion, strength, and joint stability have returned to expected pre-injury levels; functional performance matches pre-injury capacity; full activity can resume without unreasonable risk of reinjury; and the treating practitioner approves unrestricted return.
2. Permanent-condition completion: all reasonable curative treatment has been completed or attempted; further treatment is not expected to produce material improvement in function or earning capacity; remaining restrictions are expected to be permanent; and the person is medically stable enough for occupational and vocational evaluation.

Continuing supportive, maintenance, preventive, palliative, or equipment-related care shall not prevent a permanent-disability determination.

Treating-Practitioner Determination

The medical practitioner responsible for the person's course of care shall make the initial determination that the condition is permanent and document the resulting functional restrictions. An agency medical professional may request clarification or provide reasoned advice but may not silently override the treating practitioner. Any disagreement shall identify the specific medical issue, supporting evidence, reviewer qualifications, and opportunity for response or independent specialist review.

Occupational and Vocational Evaluation

After the permanence determination, an occupational therapist or comparably qualified vocational-functional specialist shall evaluate how the restrictions affect employment. The evaluation shall address the prior occupation, transferable skills, actual labor-market conditions, reasonable accommodations, retraining needs, licensing or credential requirements, transportation and accessibility, treatment schedules, and realistic paths to restored earnings.

One-Hundred-Percent Earnings-Gap Protection

The Disability Insurance branch shall replace one hundred percent of the verified difference between the person's earnings-restoration target and current post-injury earnings. The person's combined earnings and benefit shall not exceed the applicable earnings-restoration target, subject to ordinary indexing and correction rules.

Calculation Principle
Disability benefit = indexed earnings-restoration target minus actual post-injury earnings. The formula protects the lost earning capacity rather than forcing the person into total unemployment to qualify.

Earnings Restoration Standard

The earnings-restoration target shall reflect both the thriving-wage floor established by HP-09 and the individual earning position the person built before injury. The department shall consider actual pre-injury earnings, all legal and verifiable employment income, experience, qualifications, licenses, seniority, customary career progression, inflation, time lost because of the injury, and the realistic capacity to sustain the standard of living built through prior work. The purpose is economic restoration, not placement into any available job above a minimum wage.

Projected career advancement may guide retraining and placement. Projected earnings shall not reduce current benefits until those earnings are actually realized.

Actual Earnings and Earning Capacity

Actual post-injury earnings shall be presumed to represent current earning capacity. A higher capacity may be recognized only through clear medical, vocational, and labor-market evidence demonstrating suitable, sustainable, and presently available employment. A database entry, occupational title, generalized wage estimate, or vacancy that is inaccessible to the person shall not be sufficient.

Government Duty to Make Opportunity Real

When the government asserts that a person can earn more than current earnings, it shall provide the training, certification, counseling, placement, accommodation coordination, transportation assistance, adaptive equipment, employer outreach, and other reasonable services necessary to make that opportunity attainable. Benefits shall not be reduced because of theoretical earning capacity before the person begins suitable work or refuses a verified bona fide offer without good cause.

Submission and Verification of Employment Offers

Any employment offer relied upon to establish or increase post-injury earning capacity shall be submitted simultaneously to the claimant and the National Disability department in a standardized written form. It shall identify the employer, duties, wage, hours, schedule, duration, location or remote terms, qualifications, physical and cognitive demands, accommodations, conditions, and start date.

No offer shall affect benefits until the department verifies authenticity, compensation, hours, duration, accessibility, medical suitability, accommodations, and actual availability. Informal, conditional, sham, short-lived, materially altered, or paper-only offers shall not reduce benefits. The claimant shall receive reasonable time to review the offer with the primary caseworker and medical-vocational team. Refusal may affect benefits only when the offer is bona fide and suitable and the claimant lacks good cause.

Protected Trial Work and Career Progression

A person entering new or modified employment shall receive a protected trial-work period. Benefits shall adjust to actual earnings while the claim remains open. If the work attempt fails because of the disability, prior protection shall be restored automatically without a new application. Entry-level wages in a new field shall not be treated as the person's final earning capacity merely because the new occupation has a possible future ceiling. Career counselors and caseworkers shall pursue a documented, realistic progression toward the earnings-restoration target.

Duration and Closure

The wage-gap benefit shall continue until the person is sustainably employed at or above the indexed earnings-restoration target. Employment in a field with a realistic path to the target shall reduce benefits only as actual earnings rise. Closure shall require demonstrated sustained earnings, written findings, access to the evidence used, and appeal rights. A later work failure caused by the disability shall permit prompt restoration without relitigating the original injury.

Economic Layoff and Unrelated Job Loss

A general layoff or economic downturn shall be addressed first through unemployment protection. When the permanent disability materially limits the person's ability to obtain replacement work, the Disability Insurance branch may resume or increase the wage-gap benefit based on documented disability-related reemployment barriers. The original claim shall remain available for this purpose.

No Separate Impairment Claim at Launch

Healthcare shall address treatment and continuing care; employment-injury protection shall address temporary wage loss and rehabilitation; and Disability Insurance shall address permanent earnings loss. HP-13 shall not create a separate permanent-impairment cash claim at launch. This avoids duplicate ratings, applications, examinations, appeals, and body-part schedules where no demonstrated unmet need remains.

Five-Year Review of Unmet Need

At least once every five years, the responsible department shall publicly evaluate whether people with catastrophic permanent injuries continue to face substantial unmet needs after healthcare, income protection, rehabilitation, accommodations, assistive equipment, caregiving, and support services are provided. Congress may create or revise a narrowly tailored benefit only when transparent evidence demonstrates a material gap.

Benefit Continuity and Internal Reconciliation

Temporary employment-injury benefits shall continue until the permanent-disability determination, payment calculation, and first Disability Insurance payment are complete. Permanent entitlement shall be preserved from the date of injury, with internal credit for temporary benefits already paid for the same period. The person shall not

manage offsets, reimbursements, or agency disputes and shall not be required to repay amounts caused solely by government allocation error.

Review, Appeal, and Evidentiary Protection

- Reviews shall occur only after a material change in medical condition, earnings, employment status, or credible evidence of recovery.
- Stable and irreversible conditions shall not be repeatedly re-proved.
- Benefits shall continue during a timely appeal unless fraud is established through due process.
- Every decision shall explain the medical, vocational, wage, labor-market, and offer evidence relied upon.
- No disputed medical question shall be decided solely by nonmedical personnel.
- No automated system shall issue a final adverse decision without meaningful human review.

Administrative Capacity and Minimum Disturbance

The person shall submit information once. Participating branches shall share the authorized record internally. Implementing law shall establish enforceable weighted caseload ceilings, reserve staffing when ceilings are reached, and interdisciplinary medical and vocational staff sufficient to translate records and support timely decisions. Understaffing or interagency disagreement shall not delay, suspend, or reduce an otherwise payable benefit.

Part VII: Funding

Contributions on All Earned Income

All earned income shall be subject to Social Security and Medicare contributions without an earnings cap. Additional benefit credit at very high earnings shall diminish progressively and remain subject to a reasonable maximum.

Relationship to HP-10

HP-13 shall be coordinated with HP-10, Transparent and Simple Taxation. HP-10 shall govern the broader revenue base, rate, collection, and protected allocation mechanics. HP-13 shall define the protected purposes for which that revenue is required.

Occupational and Shared Risks

Employer contributions shall principally fund risks created by employment and workplace conditions. Broad national revenue shall principally fund shared social risks that cannot reasonably be attributed to one employer.

No Automatic Benefit Cuts

A projected shortfall shall trigger a public actuarial warning, updated projections, revenue recommendations, program-efficiency review, and an explicit recorded legislative response. It shall not automatically trigger benefit reductions.

Recession Backstop

Temporary general-revenue support may stabilize a protection fund during a declared economic emergency, subject to public accounting and mandatory replenishment rules. Retirement, survivor, and disability reserves shall remain unavailable to other branches.

Part VIII: Protected Funds and Accounting

Each branch shall maintain separate reserves, financial statements, actuarial reports, administrative-cost reporting, and reimbursement records. Transfers between funds shall be prohibited except for documented

reimbursements authorized by law. Every reimbursement shall identify the obligation, responsible branch, amount, legal basis, and actuarial method.

> **Coordination may share the doorway. It may not erase the walls between protected funds.**

Part IX: Benefit Payment Continuity

Scheduled Social Security benefits and the essential administrative operations required to issue them shall operate under permanent payment authority and shall not depend upon annual appropriations.

Operating Reserve

The system shall maintain a protected, highly liquid operating reserve sufficient to continue scheduled benefits and critical administration during a temporary disruption in federal budgeting or Treasury operations. The size and form of the reserve shall be established through actuarial and operational analysis.

Debt-Limit Future-Proofing

HP-13 supports removal or automatic neutralization of the separate statutory debt-limit mechanism so that lawful obligations cannot be disrupted after Congress has already authorized them. The full structure for debt-limit reform, budget variance reporting, contract accountability, and government-wide financial records shall be established in a separate Human Standard paper on federal fiscal administration and transparency.

Part X: Transparency, Privacy, and Public Reporting

- contributions received and benefits paid;
- fund balances, obligations, and actuarial projections;
- administrative cost, weighted caseloads, and processing time;
- inter-fund reimbursements;
- appeal outcomes, reversals, and reporting errors;
- employment placements, sustained earnings restoration, and failed-work restorations;
- state performance and corrective action;
- and voluntary payments retained or redirected, reported only in aggregate.

Reports shall be published in both technical and plain-language forms. Personal medical, employment, retirement, and voluntary-election information shall remain protected from unauthorized use or disclosure.

Part XI: Implementation and Transition

Implementation Principles

Implementation shall proceed in measured phases designed to preserve lawful benefits, active claims, records, appeals, employment protections, and continuity of payment. No national transition shall occur through a single overnight switch, and no administrative deadline, interagency disagreement, or system failure shall be transferred to the person protected by this policy.

Implementation may refine procedures, sequencing, forms, staffing, and interagency responsibilities. It may not reduce eligibility, benefit duration, wage replacement, privacy, restoration, appeal rights, payment continuity, or any other substantive protection established by this policy.

No-Loss Transition Guarantee

No person shall receive a lower lawful benefit, lose an approved claim, restart a waiting period, re-prove previously established eligibility, or experience an interruption in payment solely because responsibility is transferred between programs, agencies, states, insurers, or funds.

An existing claim shall remain under its current rules until transfer can preserve or improve the claimant's position. When the old and new systems provide different protections, the more protective lawful provision shall govern. Previously established medical, wage, family, service, and employment facts shall be carried forward unless materially changed or credibly disputed.

Phased Implementation Schedule

The responsible implementation authority shall use the following provisional national schedule, subject to the readiness gates established below:

Phase I: Legal and Administrative Foundation, Months 0-12

- protect all existing benefits, lawful cost-of-living adjustments, active claims, and pending appeals;
- remove the earnings cap on contributions and establish separate branch accounting, actuarial reporting, and protected-fund controls;
- establish the administering authority, independent actuarial board, transition office, and public oversight structure;
- adopt common definitions, privacy rules, cybersecurity standards, data-retention limits, and interagency agreements;
- begin coordination with employers, workers, states, territories, the Department of Veterans Affairs, the Department of Defense, the Department of Labor, Social Security, and other affected agencies;
- and publish the detailed implementation calendar, readiness measures, and public reporting format.

Phase II: Infrastructure, Staffing, and Testing, Months 12-24

- build and test the single-application, single-record, payment, appeal, and employer-reporting systems;
- recruit and train sufficient claims, medical, vocational, appeals, privacy, actuarial, cybersecurity, and enforcement personnel;
- establish enforceable weighted caseload ceilings and reserve staffing;
- create payroll-reporting and contribution-collection procedures, including free or low-cost standard tools for small employers;
- conduct pilots across varied states, territories, employer sizes, industries, and rural and urban communities;
- and complete accessibility, privacy, fraud-control, payment-continuity, disaster-recovery, and interagency reconciliation testing.

Phase III: Staged Activation, Months 24-36

- activate the dignified-retirement guarantee and redesigned earned supplement as readiness permits;
- activate partial-disability and permanent earnings-restoration protections;
- activate National Family and Medical Leave protections and wage replacement;
- begin the national employment-injury floor and state transition process;
- onboard employers, states, territories, and affected programs in scheduled groups rather than through a single national conversion date;
- and maintain parallel legacy systems wherever necessary to prevent interrupted payment or lost rights.

Phase IV: Full Operation, Reconciliation, and Correction, Beginning No Later Than Month 36

- complete remaining state, insurer, employer, and agency transitions after each applicable readiness gate is satisfied;

- reconcile legacy claims, protected funds, records, reimbursements, and continuing obligations through audited agreements;
- publish initial national performance, solvency, access, privacy, employer-impact, and claimant-outcome reports;
- correct implementation failures before closing temporary or parallel systems;
- and complete integration with HP-09 wage standards, HP-10 funding, universal healthcare, and other related Human Standard policies as those systems become law.

Readiness Gates

No phase affecting benefit payment or claimant rights may begin until the responsible authority publicly certifies that the systems necessary for that phase are operational. Readiness certification shall address:

- adequate appropriations, reserves, and payment authority;
- sufficient trained staff and enforceable caseload capacity;
- tested benefit, payroll, contribution, and reconciliation systems;
- operational appeals, enforcement, and worker-protection functions;
- verified privacy, cybersecurity, accessibility, and disaster-recovery safeguards;
- completed employer, state, military, veterans, and interagency agreements;
- and tested contingency procedures capable of continuing benefits when a system or participating agency fails.

Failure to meet a readiness gate shall delay the affected implementation phase. It shall not delay, suspend, or reduce an existing benefit, approved claim, or worker protection.

Transition Authority and Limits

A temporary national transition office shall coordinate sequencing, records, personnel, funds, interagency responsibilities, state agreements, technical rules, and public readiness reporting. Its authority shall expire or be renewed only through recorded legislative action after the initial transition is complete.

The transition office may issue procedural and technical rules necessary to administer this Part. It may not rewrite the substantive guarantees of HP-13, create new eligibility barriers, reduce benefits, delegate final adverse decisions to an automated system, or use implementation difficulty as grounds to postpone a protection after the applicable readiness gate has been met.

State, Territorial, and Legacy-System Transition

- Federal protections shall constitute a national floor. A state or territory may provide greater protection but may not reduce, offset, supersede, or replace the federal minimum with a lesser benefit.
- A state or territory may administer a component only under an audited agreement requiring compliance with federal payment, privacy, staffing, appeal, reporting, and enforcement standards.
- State funds, insurer obligations, personnel, records, and pending claims shall transfer only through documented agreements that identify ownership, continuing liability, reimbursement, privacy, and audit responsibility.
- Federal administration shall intervene when a participating jurisdiction cannot satisfy payment, timing, privacy, enforcement, or continuity standards.
- No transition agreement may extinguish a lawful claimant right or transfer a government or insurer accounting error to the claimant.

Employer and Small-Business Preparation

- Employers shall receive advance notice before contribution collection, reporting, or new administrative requirements begin.
- The administering authority shall provide clear guidance, standard payroll interfaces, technical assistance, and no-cost or low-cost compliance tools.

- Small-employer contributions and administrative duties may be phased according to payroll and operating capacity, but workers shall receive federal protection from the applicable program activation date.
- Small employers shall have access to replacement-worker recruitment, temporary staffing assistance, payroll and scheduling guidance, grants, working-capital support, and other business-continuity services established by Section 3.
- During an initial good-faith correction period, technical mistakes shall be corrected through assistance rather than penalty unless the conduct causes worker harm, constitutes deliberate evasion, or continues after notice.

Administrative Capacity

No benefit branch shall be activated without sufficient operational capacity to accept applications, verify eligibility, issue timely payments, complete reviews and appeals, protect privacy, enforce worker rights, and provide accessible assistance. Understaffing shall not justify delayed or reduced benefits.

- weighted caseload ceilings shall be enforceable and publicly reported;
- reserve staffing shall be deployed when ceilings are reached;
- medical and vocational disputes shall be reviewed by qualified professionals;
- claimants shall have telephone, mail, in-person, digital, and assisted filing options;
- and final adverse decisions shall require meaningful human review.

Public Transition Reporting

During implementation, the transition office shall publish quarterly public reports in technical, plain-language, and machine-readable forms. Reports shall identify milestone completion, readiness-gate results, expenditures, staffing, caseloads, processing and appeal times, payment interruptions, privacy or cybersecurity incidents, employer onboarding, state performance, claimant outcomes, corrective action, and material risks to the schedule. Personal information shall remain protected.

Matters Reserved for Implementation

- the precise dignified-retirement guarantee and regional adjustment method;
- the supplemental-benefit taper, protected-resource band, and anti-deferral threshold;
- the administrative calculation and indexing mechanics for the earnings-restoration target;
- the initial contribution rates and future adjustments within the statutory funding boundaries;
- actuarial reserve targets, recession margins, and operating-reserve design;
- payroll reporting, contribution collection, reimbursement, and fund-reconciliation procedures;
- the employer-risk contribution formula and rating bands;
- temporary injury wage replacement, waiting periods, and duration where not otherwise fixed by this policy;
- the operational division of federal, state, territorial, military, veterans, and employer administrative responsibility;
- technical standards for forms, records, data exchange, privacy, cybersecurity, accessibility, and retention;
- the detailed sequencing of employer and jurisdictional onboarding within the statutory phases;
- and the specific revenue allocation governed by HP-10.

Reserved implementation matters may refine machinery only. They may not reopen or reduce the substantive protections already established in this policy, including the completed National Family and Medical Leave framework.

Adoption Standard

This policy shall be considered ready for final adoption only after independent long-range actuarial modeling; comparative review of federal, state, territorial, disability, employment-injury, and family-leave systems; disability-rights review; labor, employer, small-business, veterans, and caregiver consultation; administrative-capacity assessment; privacy, accessibility, and cybersecurity review; and public stress testing. The completed Section 2

and Section 3 stress tests, including HC-ST-13A and HC-ST-13B, shall form part of that adoption record. Implementation details may refine the machinery. They may not reverse the governing promise.

Governing Standard

> **The United States should maintain a Social Security system strong enough to protect a lifetime of work, flexible enough to follow a person through changing circumstances, honest enough to keep every fund separately accountable, and humane enough to prevent age, disability, caregiving, injury, or loss from becoming a sentence to insecurity.**

Revision Note

This revision incorporates the completed employment-injury income-replacement framework, permanent earnings-loss transition, National Family and Medical Leave framework, worker-first enforcement architecture, minimum-paperwork standard, interagency coordination rules, funding structure, end-of-period review, public program-health reporting, and phased implementation safeguards. Detailed comparison and stress-test findings are contained in the Category 1 jurisdictional review, HC-ST-13A, HC-ST-13B, and the Section 3 Companion Article.

Document Relationships and Revision Status

Controlling policy: HP-13, Social Security and National Worker Protection, Controlled Working Edition (July 31, 2026).

- **Current status:** This document is preserved only as drafting history.
- **Citation rule:** It must not be cited as current HP-13 policy.
- **Controlling successor:** Use the current HP-13 controlling working edition and its registered supporting documents.