



3121 FICA Alternative Plan

Participant Enrollment, Investment Election, And Designation of Beneficiary Form

ocial Security Number: Date of Birth: Date of Hire:		Hire:		
Name:		N	Married: Si	ngle:
Street:	City:		State:	_ Zip:
E-mail Address:		Phone:		
Employer:				
	Investment	Election		
I authorize all contributions to be invested as follows:			Contribution Percent %	
GUARANTEED FIXED OPTION				
Guaranteed Fixed Account				100%
TOTAL				100%
	Designation of	Beneficiary		
Name	Relationship	Social Security Number	Date of Birth	Percentage
Contingent Beneficiary (ies)				
Name	Relationship	Social Security Number	Date of Birth	Percentage
Participant's Signature:		Date:		

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name	Employee ID#
Employer Name	Employer ID#
may receive a pension based on earnings from this job. I Security based on either your own work or the work of pension may affect the amount of the Social Security be	Security. When you retire, or if you become disabled, you f you do, and you are also entitled to a benefit from Social f your husband or wife, or former husband or wife, your enefit you receive. Your Medicare benefits, however, will re two ways your Social Security benefit amount may be
modified formula when you are also entitled to a pension a result, you will receive a lower Social Security benefit to example, if you are age 62 in 2005, the maximum month this provision is \$313.50. This amount is updated annual	Security retirement or disability benefit is figured using a n from a job where you did not pay Social Security tax. As than if you were not entitled to a pension from this job. For ally reduction in your Social Security benefit as a result of lly. This provision reduces, but does not totally eliminate, n, please refer to Social Security Publication, "Windfall
become entitled will be offset if you also receive a Fe	Social Security spouse or widow(er) benefit to which you deral, State or local government pension based on work reduces the amount of your Social Security spouse or pension.
two-thirds of that amount, \$400, is used to offset your eligible for a \$500 widow(er) benefit, you will receive \$ Even if your pension is high enough to totally offset your	ed on earnings that are not covered under Social Security, Social Security spouse or widow(er) benefit. If you are 100 per month from Social Security (\$500 - \$400=\$100). It spouse or widow(er) Social Security benefit, you are still not please refer to Social Security Publication, "Government
	including information about exceptions to each provision, call toll free 1-800-772-1213, or for the deaf or hard of ct your local Social Security office.
	contains information about the possible effects of the Pension Offset Provision on my potential future Social
Signature of Employee	Date

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.