

Public Employer's Checklist for Social Security Coverage

Name of Political Subdivision _____

Federal Identification Number _____

County _____

Retirement Plan No Yes _____

Name of Retirement Plan _____

Positions covered by Retirement Plan
(i.e. uniformed or non-uniformed) _____

Name and title of local contact _____

Entity address _____

Entity telephone number _____

Entity Fax Number _____

List of Positions to be covered:

-
-
-

List of positions **NOT** to be covered:

-
-
-

To be completed by Dept of L & I

Election Date _____

_____ Number of Person electing full Social Security Coverage

_____ Number of Persons electing HI only

_____ Number of Person electing 'no change'

- _____ Already participating in Medicare
- _____ Hired before April 1, 1986 (not participating in Medicare)

Operative Date _____