

**SAMPLE
BALLOT FOR ELECTION OF
SOCIAL SECURITY BENEFITS**

EMPLOYER: _____

DATE OF ELECTION: _____

An informational meeting regarding Social Security benefits was extended to all eligible employees on _____ .
DATE

DIRECTIONS:

1. Please review your ballot for correctness and make any necessary changes. If your name or Social Security Number is incorrect, please print the correct information clearly and initial each change.
2. Circle only one choice of Yes, No, or if applicable (hired before 4/1/1986), HI only.
3. Sign and date the ballot.
4. Fold the ballot and staple or tape closed, as this is a confidential decision.
5. Place your ballot in the return envelope provided.

I, _____, ^{NAME} understand the Provision of the Social Security Independence and Program Improvements, Act of 1994, Public Law 103-296, as explained to me, and I am requesting the Social Security Benefits as indicated below.

Circle One:

- YES Full Social Security Coverage
- NO Declining Social Security Coverage
- HI Only Medicare/Health Insurance

Your Social Security Number: _____

Signature: _____

Date: _____

Commonwealth of Pennsylvania – Department of Labor & Industry
Social Security for Public Employees
Room 1719–A Labor & Industry Building
651 Boas Street
Harrisburg, PA 17121