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

Employee Name	Employee ID#	
Employer Name NSHE	Employer ID#	88-6000024
Your earnings from this job are not covered under Social may receive a pension based on earnings from this job. I Security based on either your own work or the work o pension may affect the amount of the Social Security b not be affected. Under the Social Security law, there are affected.	If you do, and you of your husband or benefit you receive	are also entitled to a benefit from Social wife, or former husband or wife, your Your Medicare benefits, however, will
Windfall Elimination Provision Under the Windfall Elimination Provision, your Social modified formula when you are also entitled to a pension a result, you will receive a lower Social Security benefit example, if you are age 62 in 2005, the maximum mont this provision is \$313.50. This amount is updated annual your Social Security benefit. For additional information Elimination Provision."	n from a job where than if you were neally reduction in yeally. This provision	e you did not pay Social Security tax. As ot entitled to a pension from this job. For our Social Security benefit as a result of a reduces, but does not totally eliminate,
Government Pension Offset Provision Under the Government Pension Offset Provision, any S become entitled will be offset if you also receive a Fe where you did not pay Social Security tax. The offse widow(er) benefit by two-thirds of the amount of your	ederal, State or locate reduces the amount	cal government pension based on work
For example, if you get a monthly pension of \$600 base 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 you eligible for Medicare at age 65. For additional information Pension Offset."	r Social Security s \$100 per month from the spouse or widow	spouse or widow(er) benefit. If you are om Social Security (\$500 - \$400=\$100). (er) Social Security benefit, you are still
For More Information Social Security publications and additional information, are available at www.socialsecurity.gov . You may also hearing call the TTY number 1-800-325-0778, or contains	call toll free 1-80	00-772-1213, or for the deaf or hard of
I certify that I have received Form SSA-1945 that Windfall Elimination Provision and the Government Security benefits.		
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.