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

Employee Name Employee ID#(S.S.#)		
Emrm{gt Name Washington Local Schools	'''''Employer ID#	4813
Your earnings from this job are not covered under may receive a pension based on earnings from thi Security based on either your own work or the very pension may affect the amount of the Social Security law, to affected.	is job. If you do, and you are work of your husband or veurity benefit you receive.	re 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 a modified formula when you are also entitled to a paresult, you will receive a lower Social Security be example, if you are age 62 in 2005, the maximum this provision is \$313.50. This amount is updated your Social Security benefit. For additional information Provision."	pension from a job where you benefit than if you were not monthly reduction in you annually. This provision is	you did not pay Social Security tax. As entitled to a pension from this job. For ar Social Security benefit as a result of reduces, but does not totally eliminate,
Government Pension Offset Provision Under the Government Pension Offset Provision become entitled will be offset if you also receiv where you did not pay Social Security tax. The widow(er) benefit by two-thirds of the amount of	ve a Federal, State or loca e offset reduces the amou	l government pension based on work
For example, if you get a monthly pension of \$60 two-thirds of that amount, \$400, is used to offse eligible for a \$500 widow(er) benefit, you will re Even if your pension is high enough to totally offse eligible for Medicare at age 65. For additional info Pension Offset."	et your Social Security speceive \$100 per month from set your spouse or widow(6	ouse or widow(er) benefit. If you are n Social Security (\$500 - \$400=\$100). er) Social Security benefit, you are still
For More Information Social Security publications and additional informate available at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> . You ma hearing call the TTY number 1-800-325-0778, or	ay also call toll free 1-800	0-772-1213, or for the deaf or hard of
I certify that I have received Form SSA-1945 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, <a href="www.socialsecurity.gov/form1945">www.socialsecurity.gov/form1945</a>. Paper copies can be requested by email at <a href="mailto:oplm.oswm.rqct.orders@ssa.gov">oplm.oswm.rqct.orders@ssa.gov</a> 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.