

Exhibit 4—Modification to Extend Coverage to Absolute Coverage Group and Retirement System Coverage of Same Entity

MODIFICATION NO. _____

TO _____ STATE SOCIAL SECURITY AGREEMENT

The Commissioner of Social Security and the State of _____, acting through its representative designated to administer its responsibilities under the agreement of (*date of original agreement executed*), hereby accept as additional coverage groups under said agreement and acknowledge fully applicability of the terms of said agreement to the following:

City of Hunt

Services Covered:

1. Services of employees in all covered groups (as defined in Section 218(b)(5) of the Social Security Act
Effective Date of Coverage: _____
Excluded Services: _____
2. Services performed by individuals as employees of the City of Hunt as members of a coverage group (as defined in Section 218(d)(4) of the Social Security Act) of the (*name of retirement system*). Effective Date of Coverage: _____
Excluded Services: _____

In accordance with section 218(e)(2) of the Act, the State of _____ designates the following date: _____.

Approved for the State of _____ this _____ day of _____, 20__.

(Name/Title of Designated State Official)

Approved this _____ day of _____, 20__.

Commissioner of Social Security

By: _____
Regional Commissioner (or authorized delegate)
Social Security Administration