

**Exhibit 10 - Modification for Section 218(d)(6) Retirement System Coverage and for Individuals Ineligible for Membership in the Retirement System**

Modification extends coverage to a retirement system coverage group composed of members of a retirement system who elected coverage under the divided vote procedure and to ineligible of that retirement system. Provision is made for the coverage of the ineligible to continue if they later become eligible to be members of the retirement system.

**MODIFICATION NO. \_\_\_\_\_**

**TO (Name of State) 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 original agreement executed)*, hereby accept as an additional coverage group under said agreement and acknowledge full applicability of the terms of said agreement to the following:

Services performed by individuals as employees of the following political subdivision(s) as members of a coverage group (as established by Section 218(d)(4) of the Act) of the retirement system, designated as *(name of the retirement system)* (as established by Section 218(d)(6) of the Act) including services performed by individuals in positions covered by the *(name of retirement system)* but who are ineligible to be members of the retirement system.

**City of Hunt**

EIN: \_\_\_\_\_

Effective Date of Coverage:

Excluded Services:

It is further agreed that the services of any ineligible employee shall continue to be covered by said agreement if, after the effective date specified herein, he or she becomes eligible to be a member of the *(name of the retirement system)*.

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