

**Exhibit 23—Modification to Extend Coverage to Entity Where Coverage Was Previously Terminated**

This modification extends coverage to an entity where coverage was previously terminated. It extends coverage to the absolute coverage group and the retirement system coverage group of a political subdivision.

**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 original agreement executed*), hereby accept as additional coverage groups under said agreement and acknowledge full applicability of the terms of said agreement to the following:

City of Hunt  
Address/EIN: \_\_\_\_\_

Services Covered:

Services of employees in all coverage groups (as defined in Section 218(b)(5) of the Act).

Effective Date of Coverage:

Excluded Services:

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:

City of Hunt was previously covered under the agreement by Modification No. \_\_\_\_\_ . This coverage was subsequently terminated effective \_\_\_\_\_ .

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