

**Exhibit 24--Notification of New Government Component to be Included Under
Modification No. _____**

The State of _____, acting through its authorized representative(s), wishes to notify the Commissioner of Social Security of a new government component, (new government component's name), which is an integral part of (political subdivision's name). (new government component's name) is covered for Social Security effective (month, day, year) under Modification No. _____ which provided Social Security coverage to (political component's name).

New Government Component:

Address:

EIN:

By: _____
(Signature of State Administrator)

Date: _____

Approved this _____ day of _____, 20_____.

Commissioner of Social Security

By: _____
Regional Commissioner
Social Security Administration