

**Exhibit 17—Modification to Cover Positions under a Retirement System
Optionally Excluded**

This modification extends coverage to positions optionally excluded when the retirement system coverage group was initially covered. A certification by the Governor, or the designated State official, must accompany the modification.

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 under said agreement and acknowledge full applicability of the terms of said agreement to an additional coverage group (as defined in Section 218(d)(4) of the Act) consisting of services of employees of *{name of political subdivision(s)}* in (type of positions, e.g., part-time) positions covered by the *{name of retirement system}*.

The purpose of this Modification is to delete from Modification No. _____, (identify the modification which covered the retirement system coverage group for which the exclusion is being removed) the exclusion of *{enter the optionally excluded positions the modification is now covering}* and to extend coverage to such services effective *{enter the effective date of coverage}*.

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