## **Exhibit 19—Error Modification to Correct Error in Effective Date**

This modification corrects an error in a previous modification. The modification must be accompanied by evidence of error.

| MODIFICATION NO  |   |
|--|---|
| TOSTATE SOCIAL S   | ECURITY AGREEMENT   |
| representative designated to administer its roriginal agreement executed), hereby agree  | he State of, acting through its responsibilities under the agreement of {date to change the effective date to be as of political subdivision instead of as specified in |
| Hunt School District   |   |
| The purpose of this modification is to correpreparation of Modification No, and specified by Hunt School District in its agree | to conform the effective date to the date   |
| Approved for the State ofthis _  | _ day of, 20  |
|  | (Name/Title of Designated State Official)   |
| Approved this day of, 20   |   |
|  | Commissioner of Social Security   |
| 1  | Ву:   |
|  | Regional Commissioner (or authorized delegate)<br>Social Security Administration  |