

Exhibit 25—Modification to Extend Medicare Hi-Only Coverage (Majority Vote)

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 _____, hereby accept as an additional coverage group under said agreement, except as otherwise provided for under Section 218(n) of the Social Security Act, for Medicare **HI** only coverage to the following:

Entity Name
EIN# _____
Street Address City, State, Zip code

Effective Date of Coverage: _____

Services Covered:

Services performed by individuals as employees of the (*Entity Name*) _____ as members of a coverage group (as defined in Section 218(dX4) of the Act) of the (*name of retirement system*).

In accordance with Section 218(eX2) 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