

**Exhibit 29: Modification for retroactive Section 218 (d)(6) Retirement System
Coverage requiring a closing agreement**

This modification extends coverage to eligible members of a retirement system under a divided vote procedure who elected retroactive coverage beyond the three-year statutory period of FICA tax collection and requires a closing agreement. 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 as an additional coverage group (as defined in Section (d)(6) of the Social Security Act) under said agreement and acknowledge full applicability of the terms of said agreement to the following political subdivision; and, it is agreed that services performed in this coverage group shall continue to be covered by said agreement, after the effective date specified herein, for those positions within this coverage group.

Political Entity _____ (Name/Address)

EIN: _____

Number of Employees: _____

Services Covered: .Services performed by individuals as employees of the _____ (Name of Political Subdivision) as members of a coverage group (as defined in Section 218 (d)(6)(C) of the Social Security Act) of the retirement system, designated as Part B of retirement system (as established by Section 218 (d)(6)(C) of the Act.)

Effective Date of Coverage: _____

Excluded Services _____

Closing Agreement Language

(Name of Political Entity) _____ promises to pay, to the Department of the Treasury, contributions equal to the sum of the taxes which would have been required from employers and employees under the Federal Insurance Contribution Act (FICA) as of the effective date of coverage. (Name of Political Entity) _____ also promises to enter into a closing agreement with the Internal Revenue Service (IRS) to effectuate this modification, including the agreement to pay all FICA contributions for the entire period of coverage. This modification is contingent upon the execution of a closing agreement between (Name of Political Entity) and the IRS.

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 Official

Approved this _____ day of _____, 20__.

Commissioner of Social Security

BY: _____
Regional Commissioner (or authorized delegate)
Social Security Administration