## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employer Name	Employer ID#	
Your earnings from this job are not covered under a you may receive a pension based on earnings from from Social Security based on either your own work wife, your pension may affect the amount of the Social Security has affected. Under the Social Security and the social Security will not be affected.	this job. If you do, and you al or the work of your husband cial Security benefit you receiv	re also entitled to a benefit or wife, or former husband or ve. Your Medicare benefits
Windfall Elimination Provision		
Under the Windfall Elimination Provision, your Social modified formula when you are also entitled to a per As a result, you will receive a lower Social Security job. For example, if you are age 62 in 2013, the major a result of this provision is \$395.50. This amount is totally eliminate, your Social Security benefit. For ad Publication, "Windfall Elimination Provision."	nsion from a job where you die benefit than if you were not er kimum monthly reduction in you updated annually. This provision	d not pay Social Security tax.  It titled to a pension from this  our Social Security benefit as  ion reduces, but does not
Government Pension Offset Provision Under the Government Pension Offset Provision, an become entitled will be offset if you also receive a Fe where you did not pay Social Security tax. The offse widow(er) benefit by two-thirds of the amount of you	ederal, State or local governm	ant nancion bacad on work
For example, if you get a monthly pension of \$600 basecurity, two-thirds of that amount, \$400, is used to you are eligible for a \$500 widow(er) benefit, you will \$400=\$100). Even if your pension is high enough to be penefit, you are still eligible for Medicare at age 65. Publication, "Government Pension Offset."	offset your Social Security sp receive \$100 per month from totally offset your spouse or w	ouse or widow(er) benefit. If a Social Security (\$500 -
For More Information Social Security publications and additional informatio rovision, are available at <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> . You hard of hearing call the TTY number 1-800-325-07	u may also call toll free 1-80	0.772.1213 or for the deaf
certify that I have received Form SSA-1945 that o Vindfall Elimination Provision and the Governme ocial Security Benefits.	contains information about nt Pension Offset Provision	the possible effects of the on my potential future
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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

## Employers must:

- . Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, <a href="www.socialsecurity.gov/online/ssa-1945.pdf">www.socialsecurity.gov/online/ssa-1945.pdf</a>. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.