Statement Concerning Your Employment in a Job Not Covered by Social Security	
Employee Name	Employee ID#
Employer Name	Employer ID#
you may receive a pension based on earnings Social Security based on either your own wor your pension may affect the amount of the Soc	nder Social Security. When you retire, or if you become disabled, from this job. If you do, and you are also entitled to a benefit from k or the work of your husband or wife, or former husband or wife, cial Security benefit you receive. Your Medicare benefits, however, law, there are two ways your Social Security benefit amount may
modified formula when you are also entitled to As a result, you will receive a lower Social Se job. For example, if you are age 62 in 2013, the result of this provision is \$395.50. This amount	r Social Security retirement or disability benefit is figured using a pension from a job where you did not pay Social Security tax. ecurity benefit than if you were not entitled to a pension from this he maximum monthly reduction in your Social Security benefit as a lat is updated annually. This provision reduces, but does not totally dditional information, please refer to Social Security Publication,
become entitled will be offset if you also rece	ion, any Social Security spouse or widow(er) benefit to which you live a Federal, State or local government pension based on work the offset reduces the amount of your Social Security spouse or of your pension.
two-thirds of that amount, \$400, is used to of eligible for a \$500 widow(er) benefit, you will a Even if your pension is high enough to totally of	600 based on earnings that are not covered under Social Security, ffset your Social Security spouse or widow(er) benefit. If you are receive \$100 per month from Social Security (\$500 - \$400=\$100). offset your spouse or widow(er) Social Security benefit, you are still tional information, please refer to Social Security Publication,
	ormation, including information about exceptions to each provision, may also call toll free 1-800-772-1213, or for the deaf or hard of or contact your local Social Security office.
I certify that I have received Form SSA-194 Windfall Elimination Provision and the Go Social Security Benefits.	45 that contains information about the possible effects of the overnment Pension Offset Provision on my potential future
Signature of Employee	Date

## 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.