

BALLOT FOR ELECTION OF SOCIAL SECURITY COVERAGE

EMPLOYER: Name of your Governmental Unit

Explanation of Ballot

Pursuant to provisions of the Social Security Act, Section 218, a referendum is being held by the above-named public employer and supervised by the Public Employees Retirement Association (as Minnesota's State Social Security Administrator). The purpose of the vote is to permit Social Security coverage in addition to coverage under the PERA Local Government Correctional Service Retirement Plan (Correctional Plan).

- If you wish to have Social Security coverage on your earnings as a public employee who is covered by the PERA Correctional Plan, write "**YES**" below on the blank line provided.

OR

- If you do not wish to have Social Security coverage on your earnings as a public employee who is covered by the PERA Correctional Plan, write "**NO**" on the blank line below. This choice will not affect Medicare tax withholdings (1.45%) required for persons hired after 3/31/1986. A vote not cast is counted as a "NO" vote.

To be valid, the Ballot must contain your "YES" or "NO" vote. After indicating your choice, add your name, the last four digits of your Social Security Number, date the ballot was completed, and your signature. Fold the Ballot and place it in an envelope with your name printed on the outside.

Return the sealed ballot via personal delivery as follows:

Location, date(s) and time(s) established for ballot collection

A ballot that is not returned, or is received after January 30, 2015, will be considered the same as a "NO" vote in accordance with federal laws and regulations.

For Completion by the Voting Employee

Having read the above, I make the following election for Social Security coverage under Section 218 of the Social Security Act as a current member of the PERA Local Government Correctional Service Retirement Plan:

Write "YES" or "NO" answer. Do not use an "X" or a check mark (√).

YES _____ - I want coverage under Social Security.

NO _____ - I do not want coverage under Social Security.

Name (print)

Social Security Number (last 4 digits)

Date Signed

Signature of Employee (in ink)