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

Employee Name	Employee ID#	
Employer Name Florida Atlantic Univ.	Employer ID#	4960
Your earnings from this job are not covered under Soc you may receive a pension based on earnings from this from Social Security based on either your own work or wife, your pension may affect the amount of the Social however, will not be affected. Under the Social Security amount may be affected.	s job. If you do, a the work of your Security benefit	and you are also entitled to a benefit husband or wife, or former husband or you receive. Your Medicare benefits,
Windfall Elimination Provision		
Under the Windfall Elimination Provision, your Social Smodified formula when you are also entitled to a pension As a result, you will receive a lower Social Security berjob. For example, if you are age 62 in 2013, the maxima result of this provision is \$395.50. This amount is upon totally eliminate, your Social Security benefit. For addit Publication, "Windfall Elimination Provision."	on from a job whe nefit than if you w um monthly redu dated annually. T	ere you did not pay Social Security tax. vere not entitled to a pension from this action in your Social Security benefit as his provision reduces, but does not
Government Pension Offset Provision Under the Government Pension Offset Provision, any S become entitled will be offset if you also receive a Fede where you did not pay Social Security tax. The offset re widow(er) benefit by two-thirds of the amount of your p	eral, State or local educes the amou	al government pension based on work
For example, if you get a monthly pension of \$600 bas Security, two-thirds of that amount, \$400, is used to of you are eligible for a \$500 widow(er) benefit, you will re \$400=\$100). Even if your pension is high enough to to benefit, you are still eligible for Medicare at age 65. For Publication, "Government Pension Offset."	fset your Social Seceive \$100 per ratally offset your s	Security spouse or widow(er) benefit. If nonth from Social Security (\$500 - pouse or widow(er) Social Security
For More Information Social Security publications and additional information, provision, are available at www.socialsecurity.gov . You or hard of hearing call the TTY number 1-800-325-0778	may also call tol	I free 1-800-772-1213, or for the deaf
I certify that I have received Form SSA-1945 that co Windfall Elimination Provision and the Government Social Security Benefits.		
Signature of Employee		Dato

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, www.socialsecurity.gov/online/ssa-1945.pdf. 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.