Exhibit 3—Modification to Extend Section 218(b)(5) Coverage to Individuals Ineligible for Membership in Retirement System

Modification extends coverage to ineligibles of political entities which are covered under the agreement as absolute coverage groups. The effective date of coverage for the ineligibles may differ from the date provided for the absolute coverage group of the political entities, but it may not be earlier than the effective date for the absolute coverage group. No optional exclusions are shown in this modification because the same optional exclusions that apply to the absolute coverage group also apply to the ineligibles. Provision is made for the coverage of the ineligibles to continue if they later become eligible for membership in the retirement system.

MODIFICATION NO. _____

TO _____ STATE SOCIAL SECUEURITY 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 modify said agreement with respect to the following political subdivisions to which said agreement already applies to provide that said agreement shall also apply, effective as of the date specified herein with respect to each such political subdivision to services performed by employees of each such political subdivision in positions covered by the (*name of retirement system*), but who are ineligible to be members of such retirement system.

City of Hunt: Included in Modification No. 2
Effective Date of Coverage: _____

It is further agreed that the services of any ineligible employee shall continue to be covered by the said agreement if, after the effective date specified herein, the employee becomes eligible to be a member of the (*name of retirement system*).

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 _____, 200_.

_____
(Name/Title of Designated State Official)

Approved this _____day of _____, 200_.

Commissioner of Social Security

By: _____
Regional Commissioner
Social Security Administration