The Secretary of Health, Education, and Welfare and the State of Rhode Island, acting through its representative designated to administer its responsibilities under the agreement of December 20, 1951, hereby accept as additional services under said agreement and acknowledge full applicability of the terms of said agreement to the following:

Services by individuals as employees of the following political subdivision of the State as members of a coverage group (as established by section 218 (d)(4) of the Social Security Act) of the retirement system designated as Part B of the Employees Retirement System of the State of Rhode Island (as established by Section 218(d)(6) of the Act) composed of positions of members who did not desire coverage under this agreement; see Rhode Island Modification No. 36 (South Kingstown 69-0150021).

69-0150021

Town of South Kingstown Town Treasurer South Kingstown, R.I.

Effective date of Coverage: January 1, 1967

In accordance with Section 218(f)(2) of the Act, the State of Rhode Island designates the following date:

	June 2nd. 1967
Approved June	for the State of Rhode Island this 2nd day of 1967.
	B& Naymonf // Howksley
	General Treasurer
Approved	this 17 day of feel, , 1967.
	Secretary of Health, Education

Idella Hardy, Director
Division of Coverage
Bursau of Retirement &
Survivors Insurance
Social Security Administration

#65

Department of Health, Education, and Welfare Region I

John Fitzgerald Kennedy Federal Building Boston, Massachusetts 02203

GC:RA:I

DATE: June 30, 1967

TO:

Regional Assistant Commissioner, SSA

FROM:

Office of the General Counsel

Boston Regional Office

SUBJECT:

State and Local Coverage - Rhode Island - Modification No. 65

COMMENTS: Cleared for Approval

Arthur M. Menard Regional Attorney

UNITED STATES GOV. NMENT

Memorandum

DEPARTMENT OF HI TH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION

CV-5-13

TO

Idella Hardy, Director

Division of Coverage

July 17, 1967 DATE:

RSI:CC REFER TO:

FROM:

John Mayer, Chief

Contract Coverage Branch

SUBJECT: Modification No. 65 ____, __ Rhode Island

Enclosed is the above identified modification and supporting documents

for necessary action.

No. of Employees 218(b) (5) Coverage Groups

1 218(d) (4) Coverage Groups Unk. No. of Employees

Other (See Remarks) No. of Employees

Total No. of Coverage Groups Unk. Total No. of Employees Covered

Remarks:

Cleared by the Regional Attorney

Enclosure(s) 5