

Office Memorandum • UNITED STATES GOVERNMENT

TO : Mr. Robert M. Ball
Deputy Director

FROM : Ewell T. Bartlett, Assistant Director

14:CP:C

DATE: December 16, 1954

SUBJECT: Approval of Modification No. 18 of the Coverage Agreement with The State of Rhode Island

Enclosed for the Deputy Director's approval is the above identified modification of a Federal-State agreement extending coverage to an additional coverage group.

2 Copies Enclosed for Signature Unknown No. of Employees

1 Total No. of Coverage Groups 12/20/51 Date of Execution of Original Agreement

Executed for State by: Raymond H. Hawksley, General Treasurer

Type of Coverage Group: 1 Fire District

Effective Date of Coverage: January 1, 1954

Remarks:

None

It is recommended that the Deputy Director approve, date and sign the enclosed modification pursuant to the authority delegated by the Secretary and that the enclosed letter to the State official be released. This submittal and the enclosed modification have been cleared with the Office of the General Counsel.

E.T.B.

Ewell T. Bartlett

Enclosures (5)

Cleared by Office of General Counsel *H.P.*

#18

MODIFICATION NO. 18

TO RHODE ISLAND STATE SOCIAL SECURITY AGREEMENT

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 coverage groups under said Agreement and Acknowledge the full applicability of the original Agreement to the following:

<u>COVERAGE</u>	<u>NAME</u>
Westerly Fire District	Russell A. Lenhan Treasurer Westerly Fire District Westerly, R. I.

The effective date for coverage of this group shall be January 1, 1954.

Approved for the State of Rhode Island this twenty-sixth day of November, 1954.

by Raymond H. Hawksley
GENERAL TREASURER

Approved this 17 day of December 19 54.

Secretary of Health, Education, and Welfare

by Robert M. Ball
Robert M. Ball, Deputy Director
Bureau of Old-Age and Survivors Insurance

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