MODIFICATION NO. 68

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 (as defined in Section 218 (b) (5) of the Act), under said Agreement and Acknowledge full applicability of the terms of said agreement to all such coverage groups of the following political subdivision of the State.

COVERAGE
Town of New Shoreham

NAME
Town Treasurer
Town of New Shoreham
New Shoreham, Rhode Island

The effective date for coverage of these groups shall be July 1, 1967.

"In accordance with Section 218 (f) (2) of the Act, the State of Rhode Island designates the following date:
Sept. 6, 1967."

Approved for the State of Rhode Island this 6th day of September, 1967.

By

[Signature]
General Treasurer

Approved this 24th day of September, 1967.

Secretary of Health, Education and Welfare.

[Signature]
Idella Hardy, Director
Division of Coverage
Bureau of Retirement and Survivors Insurance
Social Security Administration
UNITED STATES GOVERNMENT

Memorandum

TO: Regional Assistant Commissioner
   Boston, Massachusetts

FROM: Providence, Rhode Island

SUBJECT: State & Local Coverage - Modification No. 67, 68, and 69 to the Federal-State Agreement

Attached are the following modifications to the Federal-State agreement:

Modification No. 67 - Covering services of employees of the Cumberland Housing Authority

Modification No. 68 - Covering services of employees of the Town of New Shoreham

Modification No. 69 - Covering services of the certified school personnel of the Town of New Shoreham.

The certification by the Governor, concerning the referendum held in connection with modification number 69 is attached.

The modifications were received in this office, by mail, on September 7, 1967, and were date-stamped upon receipt.

These modifications are being forwarded to your office for review, prior to transmittal for approval.

[Signature]
Frederick J. Gorman
District Manager

Attachments