



INFORMATION ABOUT SOCIAL SECURITY FORM SSA-1945  
STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

LEGAL REQUIREMENT

Effective January 1, 2004 (SSA 108-203), employers with employees who are not covered by Social Security, and employers who are not required to pay Social Security taxes on behalf of their employees, must complete this form for each employee who is not covered by Social Security.

For employees hired on or after January 1, 1995, the employer must complete this form for each employee who is not covered by Social Security. For employees hired before January 1, 1995, the employer must complete this form for each employee who is not covered by Social Security and who is not a member of a pension plan or other retirement plan.

The employer must complete this form for each employee who is not covered by Social Security and who is not a member of a pension plan or other retirement plan. The employer must also complete this form for each employee who is not covered by Social Security and who is not a member of a pension plan or other retirement plan.

This form is not to be given to the employee.

WHO MUST SIGN THE FORM

- All new hires who fall into the following categories must complete the form:
  - Public Safety employees who participate in the CalPERS public safety retirement plan and do not pay Social Security taxes
  - Student employees who are exempt from paying social security taxes, including those who do not contribute to a retirement system;
  - Employees who are exempt from paying social security taxes due to non-resident alien tax status; or
  - Part-time, seasonal and temporary employees who participate in a defined contribution plan in lieu of Social Security (DPA PST Retirement Plan and the UCDC plan) authorized by the Omnibus Budget and Reconciliation Act (OBRA).

FORM COMPLETION DEADLINE

The employer must complete this form for each employee who is not covered by Social Security and who is not a member of a pension plan or other retirement plan.

COMPLETING THE FORM

The designated representative must complete this form for each employee who is not covered by Social Security and who is not a member of a pension plan or other retirement plan.

**CSU FORM SSA-1945**  
**STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOI receive a lo**

**or Social Security benefit than if you were not entitled to a pension from this job.**

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

***2. Government Pension Offset Provision***

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds (2/3) of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social

**Privacy Notice**

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

The principal purpose for requesting information on this form is to verify your identity, and to comply with federal law. CSU policy and state and federal statutes authorize the maintenance of this information.

It is mandatory to furnish all information requested on this form.

CSU requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the appropriate governmental agency. The official(s) responsible for the maintenance of the forms is:

UC HR/Benefits  
Records Management  
P.O. Box 24570  
Oakland, CA 94623-1570

CalPERS – Form SSA-1945  
P.O. Box 942715  
Sacramento, CA 94229-2715

Please note: Forms for employees eligible for the DPA PST plan are not mailed to that agency because the plan does not meet the criteria of a pension-paying agency.