



Employee's Acknowledgment That Employment Is NOT Covered By Social Security (Form 2SS)

00-2SS
rev. 01/25

| HOW TO SUBMIT: | DROP OFF or MAIL IN | EMAIL | FAX |
|----------------|---------------------|---|----------------------------|
| | | 8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809 | <i>web.master@trsl.org</i> |

| | |
|---|---|
| Employee name: Last, first, MI, suffix (Jr., III, etc.) | Employee Social Security number (###-##-####) |
|---|---|

| | |
|---------------|---------------------------|
| Employer name | TRSL agency number (####) |
|---------------|---------------------------|

I certify that I have received TRSL Form 2SS and understand that the earnings for this job are not covered under Social Security. I further understand that I will not pay into Social Security or earn Social Security credits while employed in this job.

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|--|--------------------------|
| Signature of employee (DO NOT PRINT OR TYPE)  | Date signed (mm/dd/yyyy) |
|--|--------------------------|

ABOUT THIS FORM: The Social Security Protection Act of 2004 requires state and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security.

Employers must take the following actions: 1) Give the statement to the employee before the start of employment; 2) Obtain the employee's signature on the form; and 3) Submit a copy of the signed form to TRSL. Copies of TRSL Form 2SS, Employee's Acknowledgment That Employment Is Not Covered By Social Security, are available online at www.TRSL.org.

Please use TRSL Form 2SS for all TRSL-covered employees. For additional information, refer to Index 2.0 of the Employer Procedures Manual.

More information: Social Security publications and additional information are available at www.socialsecurity.gov. You can also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.