"Sample Medicare only Letter"

DATE	
	١.

Other witnesses

The Honorable [Current Governor State of Oklahoma State Capitol Building Oklahoma City Ok 73105	's Name]		
Dear Governor			
We are writing this letter requesting	that you call a refere	endum to allow the eligible	employees of
(Name of Entity),((City),	Oklahoma,	County,
the opportunity to vote on participat	tion in the Medicare-	Only benefits as provided b	by of the Federal
Insurance Contributions Act (FICA)) tax.		
We are enclosing our resolution requ	uesting this referend	ım.	
Respectfully			
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Chairperson of the Board			
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