## "Sample Medicare only Letter"

[DATE]

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 re	eferendum to allow th	e eligible employees of
(Name of Entity),(	City)	, Oklahoma,	County
the opportunity to vote on participat	ion in the Medic	care-Only benefits as	provided by of the Federal
Insurance Contributions Act (FICA)	) tax.		
We are enclosing our resolution requ	nesting this refer	endum.	
Respectfully			
Chairperson of the Board			