MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

REQUEST FOR CERTIFICATION OF ANNUAL SALARY

RETIREMENT USE ONLY

FORM 28 (REV. 4/14)

We regret to learn of the death of the following employee who was a member of the Maryland State Retirement and Pension System. You are requested to certify to the State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract. IMPORTANT: Print in ink or type.

(RETIREMENT COORDINATOR PLEASE COMPLETE ALL APPROPRIATE ITEMS)

Name: _____
First Middle Last

Address: _____
Number and Street

_____
City & State ZIP Code

Social Security No: _____-_____-_____

Date of Death: _____-_____-_____
Month Day Year

Member's Telephone No.:_____

Employing Agency: _____

Title of Position: _____

Explanation: _____

Annual Salary $ _____/Grade_____/Step_____

Sick Leave - Days Unused_____
(If none enter word "NONE")

As of _____-_____-_____
Month Day Year

This member was killed in the performance of his or her duties: ☐ Yes ☐ No

CERTIFICATION:

I hereby certify that the above annual salary is the salary being paid the deceased member/employee at the date of death and that the above total days of unused sick leave matches the amount on file at the member/employee date of death.

_____ _____
Printed Name Title (Area Code) Telephone Number

_____
Signature Date

PAYROLL INFORMATION:

Last Reported Payroll Period: _____ Ending _____
Wk., Mo., Qtr., Bi-wk., Semi-mo. Mo. Day Yr.

Contribution $_____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____
Mo. Day Yr.

Contribution $_____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____
Mo. Day Yr.

Employee's **Final** Contribution of $ _____, Standard Hours of _____ and Actual Hours Paid of _____, will be

Reported on Payroll Period Ending _____
Mo. Day Yr.

_____ _____
Printed Name Agency Name (Area Code) Telephone Number

_____
Signature Date