STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: This form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by SRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

FOR RETIREMENT USE ONLY

FORM-013 (REV. 12/08)
FORM-023 (REV. 12/08)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form in ink or by typewriter.
NEED HELP: If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

1. Under *the non-contributory pension system*, benefit payments cannot be paid for periods prior to the date you file this application, so file at least two weeks before your selected effective date.
2. After you have completed this form, you should also complete forms 127 (Information on Re-employment), 85 (Automatic Deposit - Electronic Fund Transfer) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof. You can name only one beneficiary under these options. For information on other acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown above.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form-4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a Retirement Benefits Specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave.
12. No member may receive more than one type of retirement benefit. If you are applying for service retirement while appealing receipt of disability retirement or filing for ordinary disability while appealing accidental disability retirement, you must attach a letter to this application which states your intention to accept the one benefit while pursuing the other. Unless the letter of intent is filed with your application for retirement, you may not, later, file for disability retirement.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed form-742, form-193 (if applicable) and form-746 to this application. These forms may be obtained by calling a Retirement Benefits Specialist at the number shown above.
14. Refer to form 127 (which should be submitted with this application) for an explanation of how post retirement employment may affect your retirement benefits.

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

___ — __ — ____

APPLYING FOR : Check only one box

- ☐ Service Retirement
- ☐ Ordinary Disability Retirement
- ☐ Accidental Disability Retirement

APPLICANT'S NAME

First _____ M.I. ___ Last _____

HOME ADDRESS

Number and Street _____

City _____ State ___ Zip Code _____ - ____

Day Time Telephone _____ - _____ - _____

Your home address will not be released to an approved public employees' organization unless you check here: ☐

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☐ Yes ☐ No

Have you applied for credit for your active duty military service? ☐ Yes ☐ No

I request that my retirement allowance be effective on ____ Month ____ Day ____ Year

I have Voluntary Monies:
(see instructions on page one)

☐ I want my voluntary funds refunded in a one-time distribution.

OR

☐ I want my voluntary funds to remain as a monthly additional annuity.

DESIGNATION OF BENEFICIARY:

NOTE: If more than one beneficiary will be designated by members who select either the Basic Allowance, the Option 1 allowance, or the Option 4 allowance complete the " Designation of Beneficiary" Form-4 instead of the following section. Effective January 1, 2006, new retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

☐ **Check here to indicate that Form-4 is attached.**

BENEFICIARY'S SOCIAL SECURITY NUMBER

___ - __ - ____ RELATIONSHIP _____ ___ (Gender M or F) _____ DATE OF BIRTH

BENEFICIARY'S NAME

First _____ M.I. ___ Last _____

BENEFICIARY'S ADDRESS

Number and Street _____

City _____ State ___ Zip Code _____ - ____

I hereby authorize the Board of Trustees to make payment according to the retirement allowance option selected on page three (3) to the beneficiary whom I have designated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should the beneficiary of the above-named benefit die before me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate, or to such other beneficiary as I shall hereafter designate by written designation filed with the State Retirement Agency in accordance with the rules and regulations prescribed by the Board of Trustees.

Complete Signature _____ **Date Signed** _____

(After you have completed the form, sign above in the presence of a Notary Public)

This form valid only when notarized

State of _____ City of _____ on this _____ day of

_____ Year _____ **personally appeared** before me the

said named _____ known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same, and being duly sworn by me.

Official Seal must be affixed

My Commission expires _____ (Signature of Notary Public) _____

RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.

INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW

BASIC ALLOWANCE:
The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

SIGNATURE _____ DATE _____

OPTION 1:
Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

SIGNATURE _____ DATE _____

OPTION 2:
Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 3:
Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:
Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

SIGNATURE _____ DATE _____

OPTION 5:
Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 6:
Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

EMPLOYER'S CERTIFICATION OF SEPARATION FROM EMPLOYMENT, WAGES, CONTRIBUTIONS, AND SICK LEAVE

FOR: _____ _____
APPLICANT'S NAME JOB CLASSIFICATION

A. The most recent payroll period reported was: _____
MO DAY YEAR

B. The projected payroll information to be reported prior to retirement is:

Contribution $_____ Standard hours _____ Actual Hours Paid _____ Pay Period Ending _____
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

Final Contribution $_____ Standard Hours _____ Actual Hours Paid _____ Pay Period Ending _____
MO DAY YR

> No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The following date is the employee's last day on payroll: _____ .

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. Salary Change:

Did the employee's salary change since most recent payroll period reported? ( ) YES ( ) NO

If yes, the employee's new annual salary is $_____ and is effective _____
MO DAY YR

E. Unused Sick Leave:

Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave.

Total days of unused sick leave (If none, enter word none) _____ as of _____
MO DAY YR

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

_____ _____
Signature of Authorized Agent Printed Name of Authorized Agent

_____ _____
Title of Authorized Agent Date

_____ _____
Name of Employer Direct Telephone Number

Forward this form directly to:

State Retirement Agency
120 East Baltimore St.
Baltimore, MD 21202

Important Points To Know...

when filing the
Application for Service or Disability Retirement (Form 13-23)

Please review the following information when planning and filing for retirement.
For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- ❑ Apply to purchase any eligible service credit that is not in your account by completing the *Request to Purchase Previous Service* (Form 26) in the 12 months before you retire. You must submit your request to purchase service prior to retiring. A purchase of service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.

- ❑ Claim your military service by completing the *Claim of Retirement Credit for Military Service* (Form 43) and submitting it to SRA before you retire. You must have at least 10 years of creditable service in order to claim military service that occurred prior to your membership. Claiming military service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.

- ❑ Submit a request for an estimate by filing the *Application for an Estimate of Service Retirement Allowance* (Form 9) within 12 months of retiring. See the Important Points to Know sheet that accompanies Form 9 for more information.

- ❑ Determine when you want to retire. Go to your Retirement Coordinator, usually someone in your personnel or payroll office, and ask for the retirement forms to retire. You should receive the following forms:

  Application for Service or Disability Retirement Form (Form 13-23)
  Direct Deposit Electronic Fund Transfer Sign-Up (Form 85)
  Federal and State Tax Withholding Request (Form 766)
  Reemployment After Retirement (Form 127)

  Retirement forms should be sent to the Retirement Agency four to eight weeks before you retire. Form 13-23 can only be sent to the Agency from your employer so please allow sufficient time for your employer to process information on the back of the form and send it to the Agency.

- ❑ Ask any questions you have on retirement issues or forms to SRA retirement benefits counselors. You can make an appointment to see a counselor or you can talk with a counselor by calling 410-625-5555 or toll free 1-800-492-5909.

- ❑ Read carefully the first page of Form 13-23. Be sure you understand all information on the front page before completing the form. If you need any help, contact a retirement benefits counselor at 410-625-5555 or toll free at 1-800-492-5909.

- ❑ **Any unused sick leave days that you have at retirement may be converted into months to add to your monthly benefit provided you retire within 30 days of separating from employment.**

Continued on following page.

Important Points to Know when filing the *Application for Service or Disability Retirement* (Form 13-23)

Continued from previous page.

- ❑ For State employees and employees of the University of MD System: If you are eligible to participate in the State Employees' Health Insurance Program, only selection of Option 2, 3, 5, or 6 will allow your eligible surviving dependents to continue health program coverage after your death. You must choose either Option 2, 3, 5, or 6 and name your spouse as beneficiary in order for the spouse to continue health insurance after your death.
- ❑ Choose a retirement date. If you choose the first of a month as your retirement date, you will receive your monthly retirement benefit at the end of that month. If you choose a date other than the first of the month, your first retirement benefit will be paid the end of the following month and it will be for one month's income only. You must be separated from employment on the date that you enter as your retirement date.
- ❑ If you have voluntary money, decide how you want that money paid to you. To verify if you have any voluntary money, refer to your most recent Personal Statement of Benefits or call a retirement benefits counselor at 410-625-5555 or toll free 1-800-492-5909.
- ❑ Name your beneficiary (ies). If you have selected Option 2, 3, 5, or 6, you may only name one beneficiary. If you choose the Basic Allowance, Option 1 or Option 4, you may name multiple beneficiaries. If you are naming multiple beneficiaries, check the box on Form 13-23 that indicates you are submitting Form 4 with your beneficiary information. Do not enter one beneficiary on Form 13-23 and the rest on Form 4. Enter multiple beneficiaries on Form 4.
- ❑ Choose your payment option. Be sure you understand each option before making your choice. Your estimate should be helpful in choosing the option best suited to you and to those who may rely upon you for continuing income after your death. Contact a retirement benefits counselor if you have questions regarding the payment options. **You may not change your payment option once your first payment comes due.**
- ❑ Submit proof of birth of your beneficiary if you choose Option 2, 3, 5, or 6. You may submit a copy of an unexpired driver's license, MD identification card provided by the Motor Vehicle Administration, birth certificate, passport, or military documentation, as examples.
- ❑ If you have chosen Option 2 or Option 5 and your beneficiary is your disabled child, you must have a physician complete the *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and attach it to this application.
- ❑ **No offers of reemployment should be made or discussed by you and your current employer until after you have retired.** Maryland law requires you to wait at least 45 days from your date of retirement before being reemployed as a retiree by your same employer. In this instance, all state agencies including the University of Maryland System are considered the same employer. If you return to work for the same employer, you may be subject to an earnings limitation as well as IRS rules may apply. Refer to the information on the most current *Reemployment After Retirement* (Form 127) for an explanation of the reemployment rules. If you have any questions, contact a retirement benefits counselor at 410-625-5555 or toll free at 1-800-492-5909.
- ❑ Again, remember to receive credit for any unused sick leave days you have at retirement, you must retire within 30 days from when you separated from employment.