STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT
LAW ENFORCEMENT OFFICERS' SYSTEM

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-98 (REV. 12/08)
FORM-101 (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. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you should also complete forms 131 (Reemployment After Retirement), 85 (Direct 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 the Basic Allowance or 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. For information on 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 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.
5. 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).
6. If you are eligible to participate in the State Employees Health Insurance Program, The Basic Allowance or Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents, after your death. Contact your employing agency for details.
7. 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.
8. 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.
9. 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.
10. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave.
11. 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 special 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.
12. 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.
13. Refer to form 131 (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: ☐

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

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 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 without a spouse or children under age 18 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 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) acknowledge 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)

FORM 098/101 (REV. 12/08)

RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS. INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW

BLOCK 1 - BASIC ALLOWANCE

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, one-half of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then one-half of the monthly allowance will be paid in equal shares to your children who are under age 18 until every child dies or attains age 18. If you have no spouse or no children under age 18, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later. If you die **before** the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid.

SIGNATURE _____ DATE _____

BLOCK 2 - OPTIONAL ALLOWANCES

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die **before** the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

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 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 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 work 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