

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

ELECTION TO TRANSFER SERVICE

FORM 37 (REV. 8/14)

MEMBER'S SOCIAL SECURITY NUMBER

____ - ____ - _____

HOME TELEPHONE NUMBER

____ - ____ - _____

MEMBER'S NAME

____ First ____ Initial ____ Last

HOME ADDRESS

Number and Street

____ City ____ State ____ ZIP Code

To the Board of Trustees: I do hereby elect to transfer my creditable service, and/or accumulated contributions, if required, from the _____ (former) Retirement/Pension System to the _____ (new) Retirement/Pension System within the Maryland State Retirement and Pension System. I understand that this is an irrevocable election and that once made cannot be reversed.

Signature: _____ Date: _____

▶ ▶ ▶ Upon completion, forward to your retirement coordinator. ◀ ◀ ◀

Retirement Coordinator completes this section:

Former Employer: _____ Former Job Title: _____

New Employer: _____ New Job Title: _____

- A. When did this person begin employment with your agency? _____
- B. Is this person a PERMANENT full-time employee? If part-time what are scheduled hours per pay periods? _____
part-time employee?
- C. If a permanent part-time employee, does this person:
1) Receive an annualized salary? Yes No
2) Receive pro-rata fringe benefits? Yes No
3) Maintain a fixed work schedule? Yes No
- D. What are this person's annual standard hours? _____
- E. What is this person's annual salary? _____
- F. How many pay periods will be reported per year? _____
- G. Please provide a brief job description for this position. _____

____ System _____ Agency Code

____ # Pay Periods Reported Per Year

Signature/Retirement Coordinator: _____ Date: _____

Agency Telephone Number: _____