

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

**ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM BY AN
ELECTED OR APPOINTED OFFICIAL OR SPECIFIED GOVERNMENTAL EMPLOYEE**

FORM 60.15 (REV. 8/15)

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.
APPLICANT COMPLETES THIS SECTION: (Print in ink or type.)

SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH	HOME PHONE NUMBER														
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:50%;"> </td><td style="width:50%;"> </td> </tr> </table>			<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>				
NAME	M or F	Mo. Day Yr.															
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:33%;"> </td><td style="width:33%;"> </td><td style="width:33%;"> </td> </tr> </table>				<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"> </td> </tr> </table>		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"> </td> </tr> </table>		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"> </td> </tr> </table>									
ADDRESS	First	Initial	Last														
EMPLOYING AGENCY																	

1. Have you ever been a member of the Maryland State Retirement and Pension System? ()Yes ()No
2. If Yes, have you withdrawn your accumulated contributions? ()Yes ()No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? ()Yes ()No

ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM:

Whereas, the undersigned, is eligible for membership in the Employees' Pension System, and, Whereas, the undersigned, as a condition of employment as an official, elected or appointed for a fixed term, or specified governmental employee has the option to join the Employees' Pension System as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland; and

Whereas, such option is final, binding and irrevocable as long as the individual is an official, elected or appointed for a fixed term, or specified governmental employee which permits such option, even if there is a break in service for any length of time, and;

Whereas, the undersigned, is aware of the rights and benefits of a member of the Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,
- 2) Vesting after 10 years of eligibility service,
- 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service,
- 4) Ordinary disability after five years of eligibility service,
- 5) Accidental disability immediate upon membership,
- 6) Early retirement at age 60 with 15 years of eligibility service,
- 7) A retirement allowance equal to 1.5% of average final compensation for each year of service credit earned on or after July 1, 2011.
- 8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
- 9) Additional service credit for military service and unused sick leave granted at no cost, and;

Now therefore, being informed of the above on _____, I hereby notify you that I wish to
Date
exercise my **one-time, irrevocable election** not to become a member of the Employees' Pension System on
the date of my employment. _____
Complete Signature

UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ORIGINAL TO YOUR RETIREMENT COORDINATOR.

RETIREMENT COORDINATOR COMPLETES THIS SECTION: Applicant's job classification _____
I certify that the applicant is: Applicant's date of hire _____

- an official elected or appointed for a fixed term (**must complete and submit page 2 – Optional Membership Eligibility Questionnaire**); or
- an employee of the Governor's Office; or
- an employee of the Senate or House of Delegates; or
- a member of Prince George's County Board of License Commissioners; or
- an employee of Dorchester County who is not a member of the county's general pension and retirement program; or
- an employee of a participating governmental unit (PGU) who is employed by the PGU before the effective date of participation in the System and remains an employee through the effective date of participation in the System.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"> </td> </tr> </table>		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"> </td> </tr> </table>	
SYSTEM CODE	EMPLOYING AGENCY	# OF PAY PERIODS REPORTED PER YEAR						
Signature	Date							
Agency Name/Telephone Number								

EFFECTIVE DATE																	
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					--	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					--	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td> </tr> </table>					N E
Reviewed By	Approved By																
Initials	Date	Initials	Date														

OPTIONAL MEMBERSHIP ELIGIBILITY QUESTIONNAIRE

FOR RETIREMENT
USE ONLY

(REV. 8/15)

IMPORTANT: Print in ink or type.

Instructions: Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as an elected or appointed official.

Agency/Governmental Unit: _____

Position Title: _____

1. Is the position created by law? Yes ___ No ___

If yes, provide the citation to the supporting legal authority and attach a copy:

2. Is the position elected or appointed for a fixed term? Yes ___ No ___

Note: If the position *serves at the pleasure* of another elected or appointed official, the answer to this question is "No." If yes, indicate the length of term and provide the citation to the supporting legal authority and attach a copy:

3. Does the position call for the exercise, ***in its own right***, of some portion of the sovereign power of government?

Yes ___ No ___ If yes, indicate what power(s) and provide the citation to the supporting legal authority and attach a copy:

4. Are the duties of the position continuing in nature and not occasional? Yes ___ No ___

Describe duties and attach job description:

5. Does the position perform an important public duty? (If yes, describe.) Yes ___ No ___

6. Is the position one of dignity and importance? (If yes, describe.) Yes ___ No ___

7. Does the position require the posting of a bond? Yes ___ No ___

Amount:

8. Does the position require an oath? Yes ___ No ___

If yes, provide the citation to the supporting legal authority and attach a copy of oath:

I certify this information to be complete and correct.

Employer's Certification: _____
(Signature) (Date)

Print name and position: _____