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

PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT

RETIREMENT USE ONLY

FORM 129 (REV. 2/13)

APPLICANT'S SOCIAL SECURITY NUMBER ___ - __ - ____ HOME PHONE NUMBER ___ - ___ - ____ GENDER ___ (M or F) DATE OF BIRTH ___ Month ___ Day ____ Year

APPLICANT'S NAME

First ____ Initial ___ Last ____

HOME ADDRESS

Number and Street ____

City ____ State ___ Zip Code ____ - ____

Purpose. The purpose of filing a *Preliminary Application for Disability Retirement* (Form 129) is to protect the benefit payable to the beneficiary, designated below in Option 2, if I am granted a disability retirement allowance but die during the Applicable Period (as defined below). If I die after the expiration of the Applicable Period, this application shall have no force and effect and no benefits shall be payable under this application. "Applicable Period," for the purposes of this form, means the period that begins on the date that I submit a completed *Preliminary Application for Disability Retirement* (Form 129) to the Maryland State Retirement Agency and that ends on the first to occur of the following: (1) the date the applicant submits a completed *Application for Disability Retirement* (Form 13-23) or (2) the date required for submitting an *Application for Disability Retirement* (Form 13-23) under COMAR 22.06.05.03 - .04.

Application. By filing this *Preliminary Application for Disability Retirement* (Form 129) with the Maryland State Retirement Agency, I hereby apply for and accept a disability retirement allowance. I understand that a disability retirement benefit is payable under this Preliminary Application only if, during the Applicable Period, the Board of Trustees grants me a disability retirement allowance and I die before filing an *Application for Disability Retirement* (Form 13-23).

Effective Date. The effective date of my disability retirement shall be as provided in COMAR 22.06.05.06.

Selection of Allowance. Instead of the basic allowance, I hereby elect to receive a reduced allowance to be paid as one of the following options. **Place an "X" next to the payment Option you choose - (1) or (2)**

☐ **Option 1 - Lump Sum:**
I elect to have the Option 1 allowance under which the present value of my retirement benefit is paid at my death in a lump sum to the most recent designation of beneficiary(ies) on file with the Maryland State Retirement Agency. The beneficiary designation can be changed by completing a *Designation of Beneficiary* (Form 4).

☐ **Option 2 - Survivor Annuity:**
I elect to have the Option 2 allowance under which 100% of the allowance payable to me shall be paid to the beneficiary listed below for his or her lifetime. Only one beneficiary can be designated under Option 2. **You cannot designate a beneficiary under Option 2 who is more than 10 years younger unless the beneficiary is your spouse or disabled child.**

Complete only if you selected Option 2:
Beneficiary's Name: _____ Beneficiary's address: _____
Birth Date: _____ Gender (circle): M F Relationship (check): Spouse ☐ Disabled child ☐ Other ☐
If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: _____
Date of marriage: _____ I understand my beneficiary is required to provide the agency with proof of birth.

Effect of Pursuing Other Claims. I understand that if I die after having been granted an ordinary disability allowance but while pursuing a claim for an accidental disability allowance, the claim shall terminate and survivor benefits shall be payable for the ordinary disability retirement allowance, according to the optional form of allowance selected under that benefit.

If Power of Attorney signs, copy of Power of Attorney must accompany this application.

Applicant's Signature or
Signature of Power of Attorney: _____ Date: _____

This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore)
On this _____ day of _____, 20 _____, before me, the undersigned

officer, personally appeared _____, known to me
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

Official Seal must be affixed

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
Signature of Notary Public _____
Printed Name of Notary Public _____ My Commission Expires _____
*** IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.**

Retirement Coordinator Signature: _____ Date _____

Retirement Coordinator Printed Name: _____ Agency _____