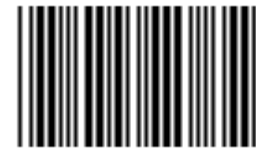


**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700**



APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, 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 13-23 (REV. 5/25)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

1. In addition to this form, you should complete Form 85 (Direct Deposit Authorization), IRS Form W-4P (Federal Tax Withholding) and Form 766.11 (Maryland State Tax Withholding Request).
2. 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 of birth. 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.
3. 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.
4. 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 are choosing the Basic Allowance, the Option 1 Allowance, or the Option 4 Allowance and you wish to name more than one beneficiary, you should not fill out the "Designation of Beneficiary" section on page 5. Instead, fill out and attach *Designation of Beneficiary* (Form 4).
6. 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.
7. You may change your retirement allowance selection only by filing a change with the Maryland State Retirement Agency before your first payment normally becomes due. In most cases, the first payment is due 30 days after the effective date of your retirement. For example, if your effective retirement date is July 1 and you elected Option 5, you have until July 30 to change your option selection with the State Retirement Agency. You may not change your option selection after monthly benefit payments have commenced.
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. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
11. Generally speaking, a member may not receive more than one type of retirement benefit.
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 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a retirement benefits specialist at the number shown below.

NEED HELP: If you need help to complete this form, or need information on your retirement benefits or retirement process, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

Reemployment After Retirement

VIDEO: For an overview of this information, go to sra.maryland.gov, select YouTube or Vimeo and watch “Reemployment After Retirement.”

FOR RETIREES OF THE TEACHERS’ RETIREMENT/PENSION, EMPLOYEES’ RETIREMENT/PENSION, CORRECTIONAL OFFICERS’ RETIREMENT, OR LOCAL FIRE & POLICE PENSION SYSTEMS

Keep a copy of this information on file as a handy reference. You should also keep your Notice of Retirement Allowance that the State Retirement Agency sends to you as a new retiree. The Notice of Retirement Allowance lists the amount of your monthly retirement allowance, your designated beneficiary(ies) and your earnings limitation. Refer to your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and the amount of your earnings limit. Then, apply the reemployment rules printed below to determine if an earnings limit applies for you. Once retired, you cannot enroll in another Maryland State Retirement and Pension System (SRPS) plan or the Optional Retirement Program (ORP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the SRPS you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the greater the difference between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an “independent contractor” may not meet the IRS’ standard.

MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. This rule applies even if you retired from an employer that withdrew from the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

SERVICE RETIREMENT

(For disability retirement rules, see following page.)

Applicable to all systems: If you accept employment with a participating employer, that is an employer who offers State Retirement Benefits to their employees (a list of these employers can be found on page three), you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. If you accept employment with the *same employer* from which you retired, you are subject to an earnings limit. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules. If you are subject to an earnings limit, your allowance will be reduced only if your *reemployment earnings* exceed the earnings limitation printed on your Notice of Retirement Allowance.

Reemployment earnings are the annual reemployment compensation reported to the IRS that you received during a calendar year. Your benefit is reduced one dollar for every dollar you earn in excess of your limit, up to a maximum of the full retirement allowance. If you retired as an elected or appointed official, contact the State Retirement Agency to learn how the reemployment provisions apply to you.

Applicable only to Employees’/Teachers’ Systems: Additionally, if you accept an early retirement *and* have been retired fewer than 12 months, you are subject to an earnings limit if you return to work for *any* participating employer during the first 12 months of retirement.

SERVICE RETIREMENT: EXCEPTIONS

Applicable to all systems: Earnings limits do not apply if your average final compensation used in your retirement calculation is less than \$25,000 and you are reemployed on a permanent, temporary or contractual basis. Earnings limits do not apply if you have been retired more than five years. With the exception of a January 1st retirement date, the five year period begins on January 1st of the year following the year of retirement.

Applicable only to Teachers’ Systems: Earnings limits do not apply if you are a teacher who meets all of the following criteria:

- Is or has been certified to teach in the state,
- Has verification of satisfactory or better performance in last assignment prior to retirement,
- Has been appointed in accordance with §4-103 of the Education Article, and
- Retired with normal service retirement, or retired with an early service retirement and has been retired at least 12 months

AND

(continued on following page)

SERVICE RETIREMENT EXCEPTIONS

(continued from previous page)

Is employed as a classroom teacher, substitute classroom teacher or teacher mentor for the Maryland School for the Deaf or in a public school that

- Is not making adequate yearly progress or is a school in need of improvement as defined under the federal No Child Left Behind Act of 2001, or
- Is receiving funds under Title 1 of the federal No Child Left Behind Act of 2001, or
- Has more than 50% of the students attending that school who are eligible for free and reduced-price meals, or
- Provides an alternative education program for adjudicated youths or students who have been expelled, suspended or identified for suspension or expulsion from public school

AND

- Shall teach in an area of critical shortage, or a special education class for students with special needs, or a class for students with limited English proficiency, or
- Is hired to teach any subject or class or provide education services under a special limited provision granted to the superintendent.

The superintendent may also grant a special limited exception to the earnings limit if the retiree is employed at any school to teach in an area of critical shortage, a special education class with special needs, a class for students with limited English proficiency, or provide education services.

Earnings limits do not apply if you are employed: **1)** as a principal within 5 years of retirement or **2)** as a principal not more than 10 years before retirement and were employed in a position supervising principals in the retiree's last assignment prior to retirement **AND** you are rehired as a principal at a public school outlined above.

Note: Teachers and principals must receive satisfactory or better performance evaluations each year to continue with the earnings limitation exception.

If you retired directly from employment as a faculty member with a 10-month salary at the University System of Maryland, Morgan State University, St. Mary's College or a Title 16 community college and are reemployed by the same employer, the following types of compensation will not be subject to an earnings limit: bonuses, overtime, summer school or adult education salaries, temporary payments for special research, honorariums or vehicle stipends.

Applicable to Employees' Systems (rehired health care practitioners): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as a health care practitioner by the Department of Health and Mental Hygiene in a state residential center, chronic disease center, a state facility or a local health department are exempt from the earnings limitation (applies only to normal service retirement or early service retirement once the retiree has been retired for 12 months.)

Applicable to Employees' Systems (rehired as parole and probation employees): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as parole and probation employees in positions with the Division of Parole and Probation in the Department of Public Safety and Correctional Services are exempt from an earnings limit for not more than 4 years.

Applicable to Correctional Officers' Retirement System (rehired correctional officers): Retirees of the Correctional Officers' Retirement System who are reemployed on a contractual basis as a correctional officer by the Division of Corrections, the Division of Pretrial Detention and Services or the Patuxent Institution in the Department of Public Safety and Correctional Services in an eligible correctional facility are exempt from the earnings limitation for a maximum of 4 years (does not apply to a disability retirement).

DISABILITY RETIREMENT

Suspension of Disability Retirement: An Ordinary or Accidental Disability allowance shall be temporarily suspended during a period of reemployment if a retiree is reemployed by any participating employer at an annual compensation that is at least equal to the retiree's average final compensation at retirement. If the disability retiree is eligible to receive a normal service retirement or began receiving a disability retirement allowance before July 1, 1998, no suspension of benefits is applied. There is no additional benefit accrued while reemployed by a participating employer.

If suspended, the retiree's allowance is reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. Also, the retiree's allowance at time of reinstatement is adjusted to reflect the accumulated cost of living adjustments during the period of suspension.

Earnings limitation for Ordinary Disability Retirees Only: If you have not reached normal retirement age and you accept employment with a participating employer and your current earnings from the employment exceeds your earnings limitation, then your benefit is reduced. The reduction is \$1.00 for every \$2.00 over the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit. If your pension is temporarily suspended as provided above, this earnings limitation does not apply during the period of suspension.

There is no earnings limit for an Ordinary Disability Retiree who is reemployed with a non-participating employer.

The earnings limit does not apply for Accidental Disability Retirees.

Note: An additional exception to the suspension of benefits and the earnings limitation applies to law enforcement officers formerly employed by an employer that participated in the Law Enforcement Officers' Pension System. These former officers are exempt if reemployed by a participating employer in any position other than a probationary status law enforcement officer, a law enforcement officer or chief, as defined in §3-101 of the Public Safety Article.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

PARTICIPATING EMPLOYERS*
Maryland State Retirement and Pension System

State of Maryland
University System of Maryland
Baltimore City and All County Boards of Education (Teachers' System)
Community Colleges and All Public Libraries (Teachers' System)

Participating Governmental Units in the Employees' System as of July 1, 2024

Allegany College of Maryland
Allegany County Board of Education
Allegany County Government
Allegany County Public Library
Annapolis, City of
Anne Arundel County Board of Education
Anne Arundel County Community College
Berlin, Town of
Berwyn Heights, Town of
Bladensburg, Town of
Bowie, City of - Police Dept. (LEOPS)
Brentwood, Town of
Brunswick, City of
Calvert County Board of Education
Cambridge, City of
Caroline County Board of Education
Caroline County Sheriffs
Carroll County Board of Education
Carroll County Government
Carroll County Public Library
Cecil County Board of Education
Cecil County Government
Cecil County Public Library
Centreville, Town of
Chesapeake Bay Commission
Chestertown, Town of
Cheverly, Town of
College Park, City of
Crisfield, City of
Crisfield Housing Authority
Cumberland, City of
Cumberland, City of - Police Department
Denton, Town of
District Heights, City of
Dorchester County Board of Education
Dorchester County Council
Dorchester County Roads Board
Dorchester County Sanitary Commission
Eastern Shore Regional Library, Inc.
Edmondston, Town of
Emmitsburg, Town of
Federalsburg, Town of
Frederick County Board of Education
Frostburg, City of
Fruitland, City of

Frederick County Soil Conservation
Garrett County Board of Education
Garrett County Community Action Committee, Inc.
Greenbelt, City of
Greensboro, Town of
Hagerstown, City of
Hagerstown Community College
Hampstead, Town of
Harford County Board of Education
Harford Community College
Harford County Government
Harford County Public Library
Harford County Liquor Control Board
Howard Community College
Howard County Board of Education
Howard County Community Action Council
Hurlock, Town of
Hyattsville, City of
Kent County Board of Education
Kent County Government
Kent Soil and Water Conservation District
Landover Hills, Town of
LaPlata, Town of
Manchester, Town of
Maryland Health and Higher Educational Facilities Authority
Middletown, Town of
Montgomery College
Morningside, Town of
Mount Airy, Town of
Mount Rainier, City of
New Carrollton, City of
North Beach, Town of
Northeast Maryland Waste and Disposal Authority
Oakland, Town of
Oxford, Town of
Pocomoke, City of
Preston, Town of
Prince George's Community College
Prince George's County Board of Education
Prince George's County Government
Prince Georges County Crossing Guards

Prince George's County Memorial Library
Princess Anne, Town of
Queen Anne's County Board of Education
Queen Anne's County Commission
Queenstown, Town of
Ridgely, Town of
Rock Hall, Town of
St. Mary's County Board of Education
St. Mary's County Government
Saint Mary's County Housing Authority
St. Mary's County Metropolitan Commission
St. Michaels Commissioners
Salisbury, City of
Shore Up!, Inc.
Snow Hill, Town of
Somerset County Board of Education
Somerset County Economic Development Commission
Somerset County Government
Somerset County Sanitary District
Southern Maryland, College of
Southern Maryland Tri-County Community Action Committee, Inc.
Sykesville, Town of
Takoma Park, City of
Talbot County Board of Education
Talbot County Government
Taneytown, City of
Thurmont, Town of
Tri County Council for Lower Eastern Shore, Maryland
Tri-County Council for Western Maryland, Inc.
University Park, Town of
Upper Marlboro, Town of
Walkersville, Town of
Washington County Board of Education
Washington County Board of Liquor Commissioners
Washington County Free Library
Westminster, City of
Worcester County Board of Education
Worcester County Government
Wor-Wic Community College

***NOTE:** The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

APPLICANT'S SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>															Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					APPLYING FOR: Check only one box. <input type="checkbox"/> Service Retirement <input type="checkbox"/> Ordinary Disability Retirement <input type="checkbox"/> Accidental Disability Retirement																								
APPLICANT'S NAME <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>																																												
										Initial					Last																													
HOME ADDRESS <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>																																												
Number and Street <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>																																												
City																									State					ZIP Code														
Home telephone _____ - _____ - _____															Home email address: _____																													
I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released.															<input type="checkbox"/> Yes <input type="checkbox"/> No					I request that my retirement allowance be effective on <div style="display: flex; justify-content: space-between; align-items: center;"> Month - Day - Year </div>																								
Have you applied to purchase all additional credit for which you are eligible and intend to purchase?															<input type="checkbox"/> Yes <input type="checkbox"/> No					Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Have you applied for credit for your active duty military service?															<input type="checkbox"/> Yes <input type="checkbox"/> No					I have Voluntary Monies: (see instructions on page one) <input type="checkbox"/> I want my voluntary funds refunded in a one-time distribution. OR <input type="checkbox"/> I want my voluntary funds to remain as a monthly additional annuity																								
DESIGNATION OF BENEFICIARY: 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. 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. <input type="checkbox"/> Check here to indicate that Form 4 is attached.																																												
BENEFICIARY'S SOCIAL SECURITY NUMBER															Gender					DATE OF BIRTH																								
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>															<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div>					<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>																								
RELATIONSHIP															(M or F)					Month Day Year																								
BENEFICIARY'S NAME																																												
										Initial					Last																													
BENEFICIARY'S ADDRESS																																												
Number and Street																																												
City																									State					ZIP Code														
I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:																																												
1. REGARDING PAYMENT OF MY RETIREMENT BENEFIT, I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I 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 Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.																																												
2. REGARDING EACH OF MY BENEFICIARIES, I want the designation of beneficiary in this application to take effect (check only one box): <input type="checkbox"/> Immediately <input type="checkbox"/> Only upon the effective date of my retirement																																												
I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.																																												
3. REGARDING REEMPLOYMENT, I have read and understand the information about reemployment after retirement on pages two through four of this application. I agree to notify the Board of my anticipated earnings if I return to work. I understand that exceeding the legal limit on my post-retirement earnings could cause a temporary reduction or termination of my monthly retirement allowance. I understand that, to retire, I must be separated from any and all employment and reemployment, of any kind whatsoever, for at least 45 days after my retirement effective date, with any employer that participates in the SRPS. I also certify to the Board that at the date of my retirement, I will be in compliance with that requirement, and that I have had no discussions about reemployment with any employer that participates in the SRPS.																																												
4. REGARDING DEDUCTIONS FROM MY ALLOWANCE, if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.																																												
Signature _____															Date Signed _____																													
This form must be signed and properly notarized to be valid. The below section must be completed by a Notarial Officer (Notary Public, Clerk of the Court, etc.)																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State of _____, County of _____ (or City of Baltimore) </div> <div style="width: 45%;"> This form was acknowledged before me on the ____ day of _____, 20____. </div> </div> <div style="margin-top: 5px;"> By _____ Name of individual whose signature is being acknowledged* </div> <div style="margin-top: 5px;"> Signature of Notarial Officer _____ </div> <div style="margin-top: 5px;"> Title of office (<i>Notary Public, Clerk of the Court, etc.</i>) _____ My commission expires _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Check here if this notarial act involved a remotely located individual and the use of communication technology. </div> <div style="margin-top: 5px; font-size: x-small;"> <i>* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.</i> </div>																																												

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, including beneficiary health coverage for state employees. 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. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

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. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

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

IMPORTANT: This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: _____
Applicant's Name Job Classification

Applicant's Social Security number: _____

A. The most recent payroll period reported was: _____
Month 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 employee's last day on payroll is: _____.

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. State law requires that there be a minimum of 45 days from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a participating employer.

D. Salary Change: Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... ☐ 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. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) _____ as of _____ MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

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

Full Name of Employer

DIRECT Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700