

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



APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 1 (REV. 9/19)

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.

SECTION ONE — TO BE COMPLETED BY APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER

[Social Security Number grid]

GENDER (M or F)

[Gender box]

DATE OF BIRTH

[Month box]

[Day box]

[Year box]

Month

Day

Year

APPLICANT'S NAME

[Name grid]

[Initial box]

[Last Name grid]

First HOME ADDRESS

[Home Address grid]

Number and Street

[City grid]

[State box]

[ZIP Code grid]

[ZIP Code grid]

City

State

ZIP Code

[Home Phone Number grid]

Home Phone Number

[Home Email Address box]

Home Email Address

1. Have you ever been a member of the Maryland State Retirement and Pension System? ..... Yes  No
2. Have you ever been a member of the Optional Retirement Plan (ORP)? ..... Yes  No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? .... Yes  No
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? ..... Yes  No   
**IMPORTANT:** If yes, read carefully the transfer provisions on the back of this form and then initial here: \_\_\_\_\_.
5. Have you attached acceptable proof of birth date as described on the back of this form? ..... Yes  No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Applicant's Complete Signature

Date

SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? ..... Yes  No   
If part-time, what percentage of time is the applicant employed? ..... \_\_\_\_\_ percent
- B. When did applicant begin present continuous service? ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- C. What is the applicant's complete job classification or title? \_\_\_\_\_
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? ..... Yes  No   
If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ \_\_\_\_\_ What is the applicant's annual standard hours? \_\_\_\_\_
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? ..... Yes  No
- G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this new employment, have you reviewed the transfer provisions on page two with the applicant? ..... Yes  No

INDICATE SYSTEM:  Teachers' Pension  Employees' Pension  Correctional Officers' Retirement  
 State Police Retirement  Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE	# OF RETIREMENT CONTRIBUTIONS DEDUCTED PER FISCAL YEAR	SYSTEM
[Agency Code grid]	[Contributions grid]	[System box]

FOR RETIREMENT USE ONLY		
[MO box]	[DAY box]	[YEAR box]
MO	DAY	YEAR
ENTRANCE DATE		

Retirement Coordinator's Complete Signature/Date

Telephone #

## INSTRUCTIONS

**Purpose of this Form:** The Application for Membership form provides the Maryland State Retirement Agency (“Agency”) with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System (“System”).

### Instructions for Applicant (Section One):

1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
2. Review and answer all of the questions in **Section One**. Note that if you answer “Yes” to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver’s license, Maryland identification card, birth certificate, and United States passport.
5. It is strongly recommended by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

### Instructions for Retirement Coordinator (Section Two):

1. Review the applicant’s answers to questions 1-5 in **Section One**.  
If the applicant answered “Yes” in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in **Section Two**. Pay particular attention to questions D and G.  
If in question D, you have indicated that the applicant’s current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.  
If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

## **Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System**

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant’s employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

**If you need help** to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.