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



REQUEST FOR CERTIFICATION OF ANNUAL SALARY

RETIREMENT USE ONLY

FORM 28 (REV. 7/19)

We regret to learn of the death of the following employee who was a member of the Maryland State Retirement and Pension System. You are requested to certify to the Maryland State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract. IMPORTANT: Print in ink or type.

	(RETIREMENT COORDINATOR	R PLEASE COMP	LETE A	LL APPROF	PRIATE IT	EMS)	
Social Sec	urity Number						
Name First							
A alalua a a .			Date of				
Address:	Number and Street	L	Jean.	N	- Ionth	- Day	Year
		Ν	/lember'	s Telephone	No.:		
	City & State	ZIP Code					
				Annual			
Employing Agency:				Salary \$		_/Grade_	/Step
Title of Position:				Sick Leave - Days Unused(If none enter word "NONE")			
Explanation	n:			As of		_ Day	Year
This member was <u>killed</u> in the performance of his or her duties:						Day	i Cai

CERTIFICATION:

I hereby certify that the above annual salary is the salary being paid the deceased member/employee at the date of death and that the above total days of unused sick leave matches the amount on file at the member/employee date of death.

Printed Name	Title	Title		(Area C	Code) Telephone Number		
Signature Date							
PAYROLL INFORMA	TION:						
Last Reported Payroll Period:	Wk., Mo., Qtr., Bi-wk., Semi-mo.	Ending Mo.	Day	Yr.			
Contribution \$, Standard Hours	, Actual Ho	urs Paid		_, Pay Period Ending	Mo. Day	/ Yr.
Contribution \$, Standard Hours	, Actual Ho	urs Paid		_, Pay Period Ending	Mo. Day	/ Yr.
Employee's Final Con	tribution of \$, Sta	andard Hours of		_ and Actu	ual Hours Paid of	, will be	
Reported on Payroll Po	eriod Ending Mo. Day						
Printed Name Agency Name		-	(Area C	Code) Telephone Number			
Signature	Date		-				