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

ELECTION TO COMBINE SERVICE WITHIN THE EMPLOYEES' OR TEACHERS' PENSION SYSTEM (§23-303.1)

FORM 37.37 (REV. 8/19)

This form applies to a member of the Employees' Pension System ("EPS") or Teachers' Pension System ("TPS") who has prior service in the EPS or TPS that is subject to a different rate of benefit accrual, and is eligible to combine the service with the member's current account in accordance with Section 23-303.1 of the State Personnel and Pensions Article, Annotated Code of Maryland.

MEMBER'S SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER

MEMBER'S NAME

First   Initial   Last

HOME ADDRESS

Number and Street

City   State   ZIP Code

To the Board of Trustees: I do hereby elect to combine my prior vested eligibility service, and/or accumulated contributions, if required, in the Employees' or Teachers' Pension System with my current eligibility service in the Employees' or Teachers' Pension System. I understand that this is a two-step process. Upon my election to combine my eligibility service, a review of my account will be completed. If the transfer results in a contribution deficiency, I will be notified in writing. I understand that I will have to accept the contribution deficiency in writing and pay the contribution deficiency before the transfer of service will be processed. I understand that this is an irrevocable election and that once made cannot be reversed.

Signature: _____ Date: _____

► ► ► Upon completion, forward to your retirement coordinator. ◄ ◄ ◄

Retirement Coordinator completes this section:

Current Employer: _____ Job Title: _____

A. When did this person begin employment with your agency? _____

B. Is this person a PERMANENT full-time employee? ☐   If part-time what are scheduled
                      part-time employee? ☐   hours per pay periods?_____

C. What is this person's annual salary? _____

D. How many pay periods will be reported per year? _____

System   Agency Code   # Pay Periods Reported Per Year

Signature/Retirement Coordinator: _____ Date: _____

Ret. Coordinator Telephone Number: _____