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



ELECTION TO TRANSFER SERVICE BETWEEN SYSTEMS WITHIN THE MARYLAND STATE RETIREMENT AND PENSION SYSTEM

FORM 37 (REV. 4/20)

MEMBER'S SOCIAL SECURITY NUMBER DAYTIME TELEPHONE NUMBER
MEMBER'S NAME
Number and Street
City State ZIP Code
To the Board of Trustees: I do hereby elect to transfer my creditable service, and/or accumulated contributions, if
required, from the Retirement/Pension System to the
Retirement/Pension System within the Maryland State Retirement and Pension System. I understand that this is an
irrevocable election and that once made cannot be reversed.
Signature: Date:
Please have your retirement coordinator complete the information in the section below before you submit this form to the Retirement Agency.
Retirement Coordinator completes this section:
Former Employer: Former Job Title:
New Employer: New 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 hours per pay periods? b. Is this person a PERMANENT full-time employee? If part-time what are scheduled hours per pay periods?
 C. If a permanent part-time employee, does this person: 1) Receive an annualized salary? □ Yes □ No 2) Receive pro-rata fringe benefits? □ Yes □ No 3) Maintain a fixed work schedule? □ Yes □ No
D. What are this person's annual standard hours?
E. What is this person's annual salary?
 E. What is this person's annual salary? F. How many pay periods will be reported per year?
F. How many pay periods will be reported per year?
F. How many pay periods will be reported per year? G. Please provide a brief job description for this position.
F. How many pay periods will be reported per year?