



Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov

Election Form for Elected or Appointed Official or Specified Governmental Employee

Important:

The election not to participate in the Maryland State Retirement and Pension System must be made upon **commencement of employment**.

This form must be completed by any employee whose position is eligible to elect not to participate in the Maryland State Retirement and Pension System (SRPS):

- An official elected or appointed for a fixed term
- An employee of the Governor's Office
- An employee of the Senate or House of Delegates
- A member of Prince George's County Board of License Commissioners
- An employee of Dorchester County who is not a member of the county's general pension and retirement program
- An employee of a participating governmental unit (PGU) who is employed by the PGU before the effective date of participation in the system and remains an employee through the effective date of participation in the system

Provide Your Information

Social Security Number

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Daytime Telephone Number

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First Name

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Initial

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Last Name

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Rights and Benefits of the Employees' Pension System

1. Death Benefit of 100% of annual salary for completion of one year of eligibility service
2. Vesting after 10 years of eligibility service. Note: Certain positions have immediate vesting rights on taking office. See page 2 of this form for a list of positions with immediate vesting rights.
3. Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service
4. Ordinary disability after five years of eligibility service
5. Accidental disability immediate upon membership
6. Early retirement at age 60 with 15 years of eligibility service
7. A retirement allowance equal to 1.5% of average final compensation for each year of service credit earned on or after July 1, 2011
8. For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate
9. Additional service credit for military service and unused sick leave granted at no cost





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Election

Choose only one option. By selecting either option, I acknowledge **this election is final, binding and irrevocable as long as the I am an official, elected or appointed for a fixed term, or specified governmental employee which permits such option, even if there is a break in service for any length of time.**

- ☐ I elect **to become** a member of the Maryland State Retirement and Pension System.
- ☐ I elect **NOT to become** a member of the Maryland State Retirement and Pension System.

Certification and Signature

Review the certification information below before signing.

Certification: By signing this form, I certify the following:

1. I am eligible for membership in the Employees' Pension System; and
2. As an elected or appointed official, I have the option to join either the Employees' Pension System or to opt out of the Employees' Pension System as set forth in § 23-204 of the State Personnel and Pension Article, Annotated Code of Maryland; and
3. My election is final, binding, and irrevocable as long as I am an official, elected or appointed for a fixed term, or specified governmental employee which permits such an option, even if there is a break in service for any length of time; and
4. I am aware of the rights and benefits of a member of the Employees' Pension System; and
5. If I opt out, I waive all rights for purchasing the service rendered during employment as an official, elected or appointed for a fixed term, or specified governmental employee.

Complete Signature: _____

Date: _____

Positions with Immediate Vesting Rights:

- Attorney General of the State
- Comptroller of the State
- Lieutenant Governor of the State
- Secretary of State
- Treasurer of the State
- Secretary of a principal department of the Executive Branch of Maryland State government as provided under § 8-201 of the State Government Article
- Executive Director of the Alcohol, Tobacco, and Cannabis Commission
- Adjutant General of the Military Department
- Chair of the State Board of Contract Appeals
- Chair of the Public Service Commission
- Chair of the Workers' Compensation Commission
- Chief Administrative Law Judge of the Office of Administrative Hearings
- Director of the Health Care Alternative Dispute Resolution Office
- Director of the Maryland Energy Administration
- Director of the Office of the Deaf and Hard of Hearing
- Director of the Office of Homeland Security
- Director of the Office of Performance Improvement
- Director of the State Department of Assessments and Taxation
- Director of the State Lottery and Gaming Control Agency
- Executive Director of the Governor's Office of Community and Crime
- Executive Director of the Governor's Office of Crime Prevention and Policy
- Executive Director of the State Retirement Agency
- Insurance Commissioner of the Maryland Insurance Administration
- Special Secretary of the Office of Small, Minority, and Women Business Affairs
- Special Secretary of the Governor's Office for Children
- State Archivist
- State Prosecutor of the State Prosecutor's Office
- State Superintendent of Schools





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Instructions

This section to be completed by the Employer/Retirement Coordinator. Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as a public official who is selected or appointed for a fixed term.

Agency/Governmental Unit: _____

Position Title: _____

1. Is the position elected? ☐Yes ☐No
2. Is the position appointed? ☐Yes ☐No
3. Does the position serve at the pleasure of another individual? ☐Yes ☐No
4. Is the position elected or appointed for a fixed term? ☐Yes ☐No

If yes, indicate the length of term and provide the citation to the supporting legal authority.

Please attach job description.

Employer Certification and Signature

I certify this information to be complete and correct.

Complete Signature: _____ **Date:** _____

Print name and position: _____

