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



ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM BY AN ELECTED OR APPOINTED OFFICIAL OR SPECIFIED GOVERNMENTAL EMPLOYEE

FORM 60.15 (REV. 8/19) If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909. APPLICANT COMPLETES THIS SECTION: (Print in ink or type.) SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH HOME PHONE NUMBER M or F Mo Da NAME Initial I ast First ADDRESS EMPLOYING AGENCY 1. Have you ever been a member of the Maryland State Retirement and Pension System?)Yes)No 2. If Yes, have you withdrawn your accumulated contributions?)Yes)No 3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System?)Yes ()No ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM: Whereas, the undersigned, is eligible for membership in the Employees' Pension System, and, Whereas, the undersigned, as a condition of employment as an official, elected or appointed for a fixed term, or specified governmental employee has the option to join the Employees' Pension System as set forth in Section 23-204, State Personnel and Pension Article,

Annotated Code of Marvland: and

Whereas, such option is final, binding and irrevocable as long as the individual is 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, and; Whereas, the undersigned, is aware of the rights and benefits of a member of the Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service.
- 2) Vesting after 10 years of eligibility service,
- Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service. 3)
- 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,
- A retirement allowance equal to 1.5% of average final compensation for each year of service credit earned on or after July 1, 2011. 7)
- For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets 8) or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
- Additional service credit for military service and unused sick leave granted at no cost, and; 9)

Now therefore, being informed of the above on , I hereby notify you that I wish to

Date exercise my one-time, irrevocable election not to become a member of the Employees' Pension System on

the date of my employment.

Complete Signature

UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ORIGINAL TO YOUR RETIREMENT COORDINATOR.

RETIREMENT COORDINATOR COMPLETES THIS SECTION: Applicant's job classification		
I certify	that the applicant is:	Applicant's date of hire
	 an official elected or appointed for a fixed term (must complete and submit page 2 – Optional Membership Eligibility Questionnaire); or an employee of the Governor's Office; or an employee of the Senate or House of Delegates; or a member of Prince George's County Board of License Commissioners; or an employee of Dorchester County who is not a member of the county's general pension and retirement program; or 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. 	
RETIREMENT COORDINATOR COMPLETES THIS SECTION:		
		Agency Name:

SYSTEM EMPLOYING AGENCY **# OF PAY PERIODS** Telephone: REPORTED PER YEAR CODE Retirement Coordinator Signature: Date:

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OPTIONAL MEMBERSHIP ELIGIBILITY QUESTIONNAIRE

IMPORTANT: Print in ink or type.

FOR RETIREMENT USE ONLY

(REV. 8/19)

Instructions: Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as an elected or appointed official.

Agency/Governmental Unit: _____

Position Title:

- 1. Is the position created by law? Yes ____ No ____ If yes, provide the <u>citation</u> to the supporting legal authority and <u>attach a copy</u>:
- 2. Is the position elected or appointed for a fixed term? Yes _____ No _____ Note: If the position serves at the pleasure of another elected or appointed official, the answer to this question is "No." If yes, indicate the length of term and provide the citation to the supporting legal authority and attach a copy:
- 3. Does the position call for the exercise, *in its own right*, of some portion of the sovereign power of government? Yes <u>No</u> If yes, indicate what power(s) and provide the <u>citation</u> to the supporting legal authority and attach a copy:
- 4. Are the duties of the position continuing in nature and not occasional? Yes ____ No ____ Describe duties and <u>attach job description</u>:
- 5. Does the position perform an important public duty? (If yes, describe.) Yes ____ No ____
- 6. Is the position one of dignity and importance? (If yes, describe.) Yes ____ No ____
- 7. Does the position require the posting of a bond? Yes ____ No ____ Amount:
- 8. Does the position require an oath? Yes _____ No _____ If yes, provide the <u>citation</u> to the supporting legal authority and <u>attach a copy of oath</u>:

I certify this information to be complete and correct.

Employer's Certification:

(Signature)

(Date)

Print name and position: