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



ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' SYSTEM BY FACULTY OR PROFESSIONAL OR ADMINISTRATIVE EMPLOYEES OF INSTITUTIONS OF HIGHER LEARNING

FORM 60 (REV. 7/19)

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SECTION ONE: To be completed by the applicat SOCIAL SECURITY NUMBER GENERAL	nt. Please use a po DER DATE OF BIR		clearly.	DAYTIM	E PHONE NU	JMBER	
Mo	r F Mo.	Day	Yr.			-	
NAME	1110.	Duy					
First	Initial L	_ast					
EMAIL ADDRESS			LOYING AG	BENCY			
Have you ever been a member of the Optional	al Potiroment Dres	urom?				☐ Yes	□ No
			04	^			
2. Have you ever been a member of the Marylan						☐ Yes	□ No
If yes, did you participate as a result of					'		
System of Maryland, Morgan State U	niversity, St. Mary'	s College, o	r any comm	nunity college			
or regional community college establi	shed under Educa	tion Article T	itle 16?			☐ Yes	□ No
3. Are you presently receiving a retirement allow				t and Pension	System?	☐ Yes	□ No
NOTES: Effective July 1, 2017, the election to participal		•			-		
year window to elect to participate in the ORP ended Jur							
State University, St. Mary's College, or any community c							
member of the Maryland State Retirement and Pension 5							
Maryland, the University System of Maryland, Morgan St	ate University, St. Ma	ary's College,	or any comm	unity college or	regional comn	nunity college	established
under Education Article Title 16, you may make this elec			,	, ,	· ·	, ,	
ELECTION NOT TO PARTICIPATE IN THE TEA			EION EVET	rem.			
					1.		
Whereas, the undersigned, is eligible for membe						- 414:	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Whereas, the undersigned, as a condition of emp							
the Teachers'/Employees' Pension System or an							state
Retirement and Pension System as set forth in T							
Whereas, such option is final, binding and irre					f any institเ	ıtion of higl	ner learning
which permits such option, even if there is a							
Whereas, the undersigned, is aware of the rights	and benefits of a	member of t	ne Teacher	s'/Employees'	Pension Sy	stem, name	ly:
1) Death Benefit of 100% of annual salary for	completion of one		final compe	ensation for se	ervice credit	earned on c	r after July 1
year of eligibility service,	completion of one		2011.	crisation for se	or vioc or care	carried on c	n and oary 1,
		0)		hodinning lu	lv 1 2011 a	oot of living	inoroooo
2) Vesting after 10 years of eligibility service,				e beginning Ju			
3) Service retirement if age and years of eligib		90		2.5% of the cu			
or at age 65 with 10 years of eligibility servi			,	ets or exceed			
 Ordinary disability after five years of eligibility 				at 1.0% if the	system does	s not meet o	r exceed this
Accidental disability immediate upon member			rate,				
6) Early retirement at age 60 with 15 years of	eligibility service,	9)	Additional	service credit	for military s	ervice and ι	ınused sick
A guaranteed retirement allowance equal to	1.5% of average		leave gran	ted at no cost,	and;		
Whereas, the undersigned, waives all rights for p	urchasing the serv	ice rendere	d while a m	ember of the	optional plan	ì	
Now, therefore, being informed of the above on (100 10114010		ereby notify yo			my one-time
irrevocable election not to become a member of	ho Toochore'/Emr	Novoos' Pon	cion Systor	m on the date	of my omple	vmont	my one-une,
	ine reachers/Emp	noyees ren	Sion Syster	ii oii iile dale	or my empio	ymem.	
Complete signature:		·	·				
SECTION TWO: To be completed by the Retiren							000 1 1 1
NOTE: If, in section one, the applicant answered							
the applicant must be re-enrolled in the MSRPS					ın section or	ne, the appli	cant answered
"Yes" to question #3, he or she is not eligible for	participation in eith	ner the ORP	or the MSF	RPS.			
1. What is the date of hire for the applicant? (Plea	ase use MM-DD-Y	YYY format.)				
2. What is the applicant's job classification or title	?	System [Employing	1 1 1	1 1 1	
3. Is the applicant's position eligible for the ORP?	P ☐ Yes ☐ No	code:		agency code:			
Retirement Coordinator signature:	D	ate:	Te	lephone Numb	oer:		
SECTION THREE: To be completed by the		1 1 1	1 1 1		1 1	1 1 1	1 1 1
Maryland State Retirement Agency.	Effective date:	-		-		N E	3 0
mai yiana otato Netirement Agency.	LITCOLIVE UALE.		, ———				# of pay
	Davioused by			A			# or pay periods
	Reviewed by:			Approved by:		لـــِــا	reported
		Initials	Date		Initials	Date	per year