

**MARYLAND STATE RETIREMENT AGENCY**  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202

**PARTICIPATING GOVERNMENTAL  
UNIT ENTRY APPLICATION**

**IMPORTANT:** An electronically-fillable version of this form is available at [sra.maryland.gov](http://sra.maryland.gov).

(REV. 10/24)

Organization Name

Address

Phone

Fax

Primary Contact

Title

Phone

Email

Secondary Contact

Title

Phone

Email

**Status:**

Non-Participating Employer

Existing Participating Employer

Name of State System:

**Nature of your request:**

Information Only

New Entrance

Transfer (MSRA participating employers only)

**Tentative entry date:** What is the proposed date of entrance? July 1, 20

(Note: All new entries into the plan take effect at the beginning of the state's fiscal year)

**Please select the system you are applying to enter:**

Employees

Law Enforcement Officers

Correctional Officers

Do you participate in the Employer Pick-up? (i.e. Do you have pretax deductions?)

Yes

No

**A. GOVERNANCE**

1. Please provide the name and contact information of the official of the city/town/other entity who has the authority to act on behalf of the governing body and will be responsible for handling this Entry Application.

Name

Title

Phone

Email

2. Your organization is a :

County

Municipal corporation

Special taxing area

Other:

How is your organization governed? (eg., council, executive director, board of directors, etc.)

**B. RELATED PROFESSIONALS**

1. Please provide the name, contact person and phone number of your legal counsel:

Legal Counsel / Law Firm

Legal Counsel Email

Legal Counsel Contact Person

Legal Counsel Phone

2. If you employ the services of an actuary, please provide the name of the actuarial firm, contact person and phone number.

Actuary (if applicable)

Actuary Email

Actuary Contact Person

Actuary Phone

3. If you are you working with a third party plan administrator, please provide the name of the plan administrator, contact person and phone number.

Third Party Administrator (if applicable)

Third Party Administrator Email

Third Party Administrator Contact Person

Third Party Administrator Phone

**C. CURRENT PLAN INFORMATION**

1. Do you provide your employees with a local plan\*?      Yes      No

2. If so, is it a

Defined Benefit Plan?

Defined Contribution Plan?

Other – Please explain

3. If so, do you have an IRS determination letter that your retirement plan is a qualified plan?

Yes      No

4. If you currently sponsor a local plan for your employees, please attach a copy of the plan's most recent favorable determination letter from the IRS, evidencing the plan's qualified status. Important: the Agency cannot process your application without a copy of the plan's determination letter.

5. What provision of the Internal Revenue Code governs your retirement plan?

[eg., Section 457(b), 401(a), 401(k), 403(a), 403(b), 408(k), 408(p), 501(c)(18)]

\*A "local plan" means a plan or other arrangement that is described in § 219(g)(5) of the Internal Revenue Code and includes plans established under §§ 401(a), 401(k), 403(a), 403(b), 408(k), 408(p), and 501(c)(18) of the Internal Revenue Code.

6. What is the rate of member contributions for your local plan?
7. Do you provide for employer pick up of member contributions within the meaning of §414(h)(2) of the Internal Revenue Code?      Yes      No
8. Do you intend to close your current retirement plan when you join the state system?      Yes      No

#### **D. PURCHASE OF PRIOR SERVICE**

**The Maryland Annotated Code provides that an entering employer shall purchase 100% of prior service credit for each employee upon entering the state system. Any purchase of less than 100% prior service credit by any employer will require the enactment of special state legislation. The cost of any purchase is determined by the system's actuary. The actuary will perform a preliminary valuation at the employer's expense prior to joining the system. If the employer joins the system, the actuary will perform a final valuation at the employer's expense after enrollment occurs.**

1. Do you intend to purchase prior service credit for your employees?      Yes      No
2. If so, do you intend to purchase      100%      50%
3. By completion of this application, do you have the authority, and do you so authorize the system, to obtain, at your cost, a preliminary actuarial valuation of the cost of purchasing      100%      50% (select one or both) of prior service credit for your employees? The cost will run approximately \$7,000 for each valuation.  
Yes      No

#### **E. EMPLOYEE INFORMATION**

1. Please provide the number of existing employees.

Total Employees:      Full-Time Employees:      Part-Time Employees:

Emergency, temporary extra and contractual employees are exempt from enrollment in the Employees' Pension System.

2. Do you have any emergency or temporary extra employees?      Yes      No

If yes, how many?

3. Do you have any contractual employees?      Yes      No

If yes, how many?

4. Are any of your employees retirees of the Maryland State Retirement System and collecting a benefit?

Yes      No

If yes, please provide their names and the last four-digits of their Social Security numbers.

<u>Name</u>	<u>S.S.N.</u>	<u>Name</u>	<u>S.S.N.</u>
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Organization Name:

By (signature): \_\_\_\_\_

Date:

Printed Name

Title

Phone

Email