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

REQUEST FOR CERTIFICATION OF ANNUAL SALARY

RETIREMENT USE ONLY

FORM 28 (REV. 7/19)

We regret to learn of the death of the following employee who was a member of the Maryland State Retirement and Pension System. You are requested to certify to the Maryland State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract. IMPORTANT: Print in ink or type.

(RETIREMENT COORDINATOR PLEASE COMPLETE ALL APPROPRIATE ITEMS)

Social Security Number

Name

First _____ Initial _____ Last _____

Address: _____ (Number and Street)

Date of Death: _____ (MM/DD/YYYY)

_____ (City & State) _____ (ZIP Code)

Member's Telephone No.: _____

Employing Agency: _____

Annual Salary $ _____/Grade_____/Step_____

Title of Position: _____

Sick Leave - Days Unused _____ (If none enter word "NONE")

Explanation: _____

As of _____ (MM/DD/YYYY)

This member was killed in the performance of his or her duties: ☐ Yes ☐ No

CERTIFICATION:

I hereby certify that the above annual salary is the salary being paid the deceased member/employee at the date of death and that the above total days of unused sick leave matches the amount on file at the member/employee date of death.

_____ Printed Name _____ Title _____ (Area Code) Telephone Number

_____ Signature _____ Date

PAYROLL INFORMATION:

Last Reported Payroll Period: _____ (Wk., Mo., Qtr., Bi-wk., Semi-mo.) Ending _____ (MM/DD/YYYY)

Contribution $_____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____ (MM/DD/YYYY)

Contribution $_____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____ (MM/DD/YYYY)

Employee's **Final** Contribution of $ _____, Standard Hours of _____ and Actual Hours Paid of _____, will be

Reported on Payroll Period Ending _____ (MM/DD/YYYY)

_____ Printed Name _____ Agency Name _____ (Area Code) Telephone Number

_____ Signature _____ Date