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

PARTICIPATING GOVERNMENTAL UNIT ENTRY AND/OR TRANSFER APPLICATION

Clear fields

Print

IMPORTANT: An electronically-fillable version of this form is available at sra.maryland.gov.

(REV. 6/26)

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(s): _____

Nature of your request:
☐ New Entrance ☐ Transfer (SRPS participating employers only)

Tentative entry date: What is the proposed date of entrance? July 1, 20 26
(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. Submit a separate application for each system.
☐ Employees' ☐ Law Enforcement Officers' ☐ Correctional Officers'

Do you participate in the Employer Pick-up? (i.e. Do you have pretax deductions?) ☐ Yes ☐ No

If applying to join the Law Enforcement Officers' or Correctional Officers' Systems, please submit with your application a job description for each position that will be enrolled in the system.

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. Please also attach any plan documents for the local plan. Important: The Agency cannot process your application without a copy of the plan's determination letter and plan document(s).

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. The purchase cost 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. 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% of prior service credit for your employees? The cost will run approximately $7,000 for each valuation.
   ☐ Yes ☐ No

   Along with your application, you must submit a letter requesting a preliminary actuarial valuation and acknowledging the cost. The letter must be signed by the official with authority to act on behalf of the governing body.

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.

Name	S.S.N.	Name	S.S.N.
_____	_____	_____	_____
_____	_____	_____	_____

Organization Name: _____

By (signature)*: _____ Date: _____

Printed Name	Title	Phone	Email
_____	_____	_____	_____

*This form must be completed, signed and submitted by the official with the authority to act on behalf of the governing body.