

OFFICE OF ADMINISTRATION & FINANCE

Office of Human Resources

# Retirement Plan Option Form Exempt Staff and Faculty Employees

,	understand that certain newly employed University System of
Employee Name	
Maryland (USM) Exempt Staff and Faculty have the	e option of participating in one of two retirement programs: the
Employees/Teachers Pension System (SRPS) or th	ne Optional Retirement Program (ORP).
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I have reviewed the information available on the Maryland State Retirement and Pension System (MSRPS) website at <a href="https://sra.maryland.gov/member-benefit-handbooks">https://sra.maryland.gov/member-benefit-handbooks</a> as well as the attached chart regarding my retirement program options. I have had an opportunity to ask questions and I understand that I am free to seek information from the MSRPS, the ORP vendors, and the Maryland Department of Budget and Management – Employee Benefits Division regarding retiree health benefits and any outside financial or other consultants of my choice.

I understand that if I ever participated as a member of the SRPS (other than as an employee of a local K-12 school system), I may NOT enroll in the ORP, and if I ever participated in the ORP, I may not enroll in the SRPS.

In Sections I. and II., please initial all statement(s) that apply to you.

#### I. CERTIFICATION – NO PRIOR SERVICE WITH AN ENTITY LISTED BELOW

- A. \_\_\_\_\_ Before I began or will begin my USM position, I was never employed by any agency, department or unit of the State of Maryland, or I was employed but did not receive benefits including SRPS or ORP. This includes but is not limited to:
  - The USM, any of its constituent institutions or centers and any predecessors to these (such as a former State of Maryland Board of Trustees school prior to the creation of the University System);
  - Morgan State University;
  - St. Mary's College of Maryland;
  - The Maryland Higher Education Commission;
  - Any public community or regional college in the State of Maryland; or
  - A predecessor of any of the above.

If you selected I.A., please skip Section II. and go on to Section III.

### II. CERTIFICATION - PRIOR SERVICE WITH AN ENTITY LISTED ABOVE

A. \_\_\_\_\_Before I began or will begin my USM position, I was employed by an agency, department or unit of the State of Maryland and participated in SRPS or the ORP. This includes but is not limited to any of the entities listed below. If you initial this item, please provide details on the next page, including the name of the agency, department, unit or institution(s), your position(s), and your approximate dates of employment. If you do not know this exact information, you should still initial this box and provide any information that you can. You should list all State agencies, departments or units by which you were employed, including the employers listed above in Section I.A. (If you were employed by more than 4 employers from the list above, please continue your employer list on a separate page and attach it to this form).

Se	ction II.A., cont'	d.							
Na	me of Institution:		Dates of Employment						
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Na	me of Institution:		Dates of Employment						
Ро	sition Title:	Exempt/Non-Exempt:	Enrolled in ORP: Yes No						
	BI	BI am presently receiving a retirement allowance from the MSRPS.							
	CI	withdrew my employee contributions from t	he MSRPS when I previously left State employment.						
	DI	received a lump sum distribution from the N	ASRPS when I previously left State employment.						
III.	PLAN ELECTIO	DN							
	If you initialed I.A., please <u>initial ONE</u> of the following options below and then move on to Section IV. If you selected IIA., II.B, II.C., or II.D., please skip this section and proceed to Section IV.								
	I elect to participate in the ORP by filing an ORP vendor selection form, along with all supporting paperwork/documents and I understand that I also need to complete an Election Not to Participate in SRPS (EPS/TPS) – Form 60.								
	I elect not to participate in the ORP and I understand that I must enroll in the SRPS by completing an Application for Membership – Form 1 and a Designation of Beneficiary – Form 4.								
IV.	AUTHORIZATIO	NC							
	eligibility to parti some instances information I have pension option ( participation ele to release information pension system	icipate in a retirement or pension system ar, this information also determines whether I we provided in Sections I II. is incorrect, I with the choice I made is not permitted by mation to the USM relating to the history of I. By my signature below, I also release both nation to the USM relating to any ORP electrical.	retirement plan participation and benefits determine my ad/or the ORP, in accordance with Maryland law. In must participate in the MSRP or the ORP. If any of the understand that USM will enroll me in such retirement or and law. USM and/or the MSRPS may also change my y law. By my signature below, I authorize the MSRPS my participation in any State of Maryland retirement or h the MSRPS and the ORP vendors (past and present) tions I may have made, and the history of my						
Em	ployee's Printed Nam	e DATE	Employee's Signature						
Ber	nefits Coordinator's Pr	inted Name / Institution Name DATE	Benefits Coordinator's Signature						

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



# **APPLICATION FOR MEMBERSHIP**

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.

FOR RETIREMENT USE ONLY

FORM 1 (REV. 7/19)

_	CTION ONE — TO I		ED BY APPLIC		ER (M or F)		DATE OF BIRTH		
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#### **INSTRUCTIONS**

<u>Purpose of this Form:</u> The Application for Membership form provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

# **Instructions for Applicant (Section One):**

- 1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
- 2. Review and answer all of the questions in **Section One**. Note that if you answer "Yes" to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
- 3. Sign and date the form.
- 4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver's license, Maryland identification card, birth certificate, and United States passport.
- 5. It is <u>strongly recommended</u> by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

# <u>Instructions for Retirement Coordinator (Section Two):</u>

- Review the applicant's answers to questions 1-5 in Section One.
   If the applicant answered "Yes" in question 3, please call the Agency to determine if he or she should be enrolled in the System.
- 2. Use a pen, print clearly, and answer questions A G in **Section Two**. Pay particular attention to questions D and G. If in question D, you have indicated that the applicant's current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.
  If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
- 3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
- 4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
- 5. Sign and date the form.
- 6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

# Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

- 1. The applicant's employment must be continuous, meaning a change in jobs without a break in employment.
- 2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement of pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.

Page 2 of 2 FORM 1 (REV. 7/19)

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



# **DESIGNATION OF BENEFICIARY**

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.  FOR RETIREMENT USE ONLY FORM 4 (REV. 3/2)
APPLICANT'S SOCIAL SECURITY NUMBER CHECK ONE: Active Vested Retired (If retiring, retirement date
<b>IMPORTANT:</b> If you are retired under Option 2, 3, 5 or 6, <u>STOP</u> . You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.
APPLICANT'S NAME
Initial
Number and Street
City State ZIP Code
PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares  Check if you used an additional Form 4
to the primary beneficiary(ies) who are living at the time of my death.  BENEFICIARY'S NAME RELATIONSHIP (M or F) Birthdate: Birthdate: Day Year  First Initial Last  BENEFICIARY'S ADDRESS
BENEFICIARY'S NAME RELATIONSHIP Gender: Birthdate: Month Day Year  First Initial Last  BENEFICIARY'S ADDRESS
CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.    Check if you used an additional Form 4 to name additional contingent beneficiaries.    Gender:   Birthdate:   Month   Day   Year
BENEFICIARY'S NAME RELATIONSHIP Gender: Month Day Year  First Initial Last  BENEFICIARY'S ADDRESS
TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay any benefits due upon my death to my designated beneficiary(ies). I agree on behalf of my estate, heirs, and assigns that payment by the agency releases the agency from any further obligation regarding these benefits. I direct the agency to pay any benefits on my estate if I have not designated any beneficiary(ies) or if they all die before me. I understand that I may change my beneficiary(ies) at any time by filing a new Designation of Beneficiary form I file will replace this form. I understand that payment due to a minor shall be made only to a egally appointed adult. SIGN IN THE PRESENCE OF A NOTARIAL OFFICER (Notary Public, Clerk of the Court, etc.)
Signature Date Signed
Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)
State of, County of (or City of Baltimore)  This form was acknowledged before me on the day of, 20,  By  Name of individual whose signature is being acknowledged*
Signature of Notarial Officer My commission expires
☐ Check here if this notarial act involved a remotely located individual and the use of communication technology.

\* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

# PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

# 1. Important terms/definitions:

- a. Active Member: a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. Vested Member or Former Member: a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. Retiree: an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. Primary Beneficiary: person(s) to receive any benefits payable on your death
- Contingent Beneficiary: person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

## 2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an <u>Active Member</u> or a <u>Vested Member</u> or Former Member, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your sole/only primary beneficiary.

If you are a Retiree, use this form to change your beneficiary(ies) only if you chose the Basic Allowance. Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You may not use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for <u>each</u> system. Members of the Judges'

Retirement System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

### 3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

#### 4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

#### 5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

**Minors:** You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate: You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

**Trustee:** If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

**Church or charitable organization:** List the complete corporate or legal name.

# 6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

# 7. Notarization

This form is <u>not valid unless notarized</u> by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

Page 2 of 2 FORM 4 (REV. 3/21)