



Retirement Plan Selection Form for Faculty and Exempt Staff

University of Maryland

Employee Name _____ Social Security Number _____ - _____

UMD Hire Date: _____ Initial Hire ___ Rehire ___ Transfer (Name of Agency) _____

Enrollment in a retirement program is mandatory by your first day of initial employment with the University of Maryland.

Regular status Exempt and Faculty employees are eligible to enroll in one of two retirement programs:

State Retirement & Pension System (SRPS)

- Defined Benefit Plan – employees’ contribute a mandatory 7%
- Handbook: “Employees’ and Teachers’ Reformed, Contributory, and Non-Contributory Pension System”*
- Required Enrollment Documents*:
 - Membership Application (Form 1)
 - Beneficiary Forms (Form 4)
- Copy of US Passport, Drivers’ License/State Issued ID, Birth Certificate
- To be eligible for Health Benefits in Retirement, retirees of the SRPS must have the following:
 - 10 years minimum of creditable service
 - If retiree has more than 10 years of creditable service, but less than 25 years of creditable service, retiree and spouse/dependents will receive a prorated subsidy.
 - 25 years of creditable service to receive the full subsidy for Health Benefits for the retiree and dependents.
- If an employee is not vested upon separation of employment they are eligible to request a refund of contributions and accumulated interest.

Optional Retirement Program (ORP)

- Defined Contribution Plan – UMD contributes 7.25% of employees base annual salary, no mandatory employee contribution
- Handbook: “Choosing a Retirement Plan”*
- Required Enrollment Documents*:
 - Election Not to Participate in SRPS (Form 60)
 - Vender Selection Form
- Copy of Passport, Drivers’ License/State Issued ID, or Birth Certificate
- To be eligible for Health Benefits in Retirement, retirees of the ORP must have the following:
 - Retire directly with 10 years minimum of full-time equivalent (FTE) ORP service
 - Retire directly with 10 or more years of FTE ORP service, but less than 25 years of FTE ORP service, retiree only will receive a prorated subsidy. No prorated subsidy for spouse/dependents.
 - Ended service 25 years or more of FTE ORP service to receive the full subsidy for Health Benefits for the retiree and dependents

*Handbooks and Forms can be found online at www.sra.state.md.us and on the UMD-UHR website www.uhr.umd.edu

The above outline is for summary purposes only, full details are outlined in each of the respective retirement handbooks listed above. It is important that you review and research both plans before making your election. **Enrollment into an ORP is irrevocable.** If you fail to make an enrollment decision by your first day of employment, you will become “default enrolled” into the SRPS and the mandatory contribution of 7% will be withheld from your paycheck. Contributions made to the SRPS as a result of the “default” enrollment will not be returned to you until you either separate employment or reach retirement age (as defined by the Maryland State Retirement Agency). Default enrollment into the SRPS requires that you complete the SRPS enrollment documents listed above.

If you need additional information or have questions, please contact the UHR Office of Employee Benefits at 301.405.5654.

Please initial the applicable statement(s):

_____ I have never been enrolled in Maryland Optional Retirement Program (ORP)

_____ I have been previously enrolled in the Maryland Optional Retirement Program (ORP) at _____ (Name of Institution) from _____ (mm/yyyy) to _____ (mm/yyyy)

Please initial your Retirement Selection:

_____ I elect to enroll in the Optional Retirement Program.

_____ I elect to enroll into the Maryland State Retirement & Pension System.

By signing below, you acknowledge that you have read the above statements and that it is your responsibility to make an enrollment decision by submitting the necessary enrollment documents to your department. Failure to make an enrollment decision by your first day of employment will result in your becoming “default enrolled” into the Maryland State Retirement & Pension System, in which Membership Forms will be due at that time.

Employee Signature

Date

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. 7/17)

SECTION ONE: To be completed by the applicant. Please use a pen and print clearly.

Form fields for SOCIAL SECURITY NUMBER, GENDER, DATE OF BIRTH, DAYTIME PHONE NUMBER, NAME (First, Initial, Last), and EMPLOYING AGENCY.

- 1. Have you ever been a member of the Optional Retirement Program?
2. Have you ever been a member of the Maryland State Retirement and Pension System?
2a. If yes, did you participate as a result of employment with the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16?
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System?

NOTES: Effective July 1, 2017, the election to participate in the Optional Retirement Program (ORP) must be made upon commencement of employment. The one year window to elect to participate in the ORP ended June 30, 2017. If you were ever employed by the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16, and were enrolled as a member of the Maryland State Retirement and Pension System (MSRPS), you may not enroll in the ORP.

ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' PENSION SYSTEM:

Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Pension System, and;
Whereas, the undersigned, as a condition of employment as faculty or a professional or administrative employee, has the option to join either the Teachers'/Employees' Pension System or an alternate retirement plan, approved by the Board of Trustees of the Maryland State Retirement and Pension System as set forth in Title 30, State Personnel and Pension Article, Annotated Code of Maryland; and

Whereas, such option is final, binding and irrevocable as long as the individual is an employee of any institution of higher learning which permits such option, even if there is a break in service for any length of time, and;

Whereas, the undersigned, is aware of the rights and benefits of a member of the Teachers'/Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,
2) Vesting after 10 years of eligibility service,
3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service,
4) Ordinary disability after five years of eligibility service,
5) Accidental disability immediate upon membership,
6) Early retirement at age 60 with 15 years of eligibility service,
7) A guaranteed retirement allowance equal to 1.5% of average final compensation for service credit earned on or after July 1, 2011.
8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
9) Additional service credit for military service and unused sick leave granted at no cost, and;

Whereas, the undersigned, waives all rights for purchasing the service rendered while a member of the optional plan. Now, therefore, being informed of the above on (Date), I hereby notify you that I wish to exercise my one-time, irrevocable election not to become a member of the Teachers'/Employees' Pension System on the date of my employment.

Complete signature:

SECTION TWO: To be completed by the Retirement Coordinator of the employing agency.

NOTE: If, in section one, the applicant answered "Yes" in to questions #2 and #2a, he or she is not eligible for participation in the ORP. Instead, the applicant must be re-enrolled in the MSRPS using the Application for Membership form (Form 1). If, in section one, the applicant answered "Yes" to question #3, he or she is not eligible for participation in either the ORP or the MSRPS.

- 1. What is the date of hire for the applicant? (Please use MM-DD-YYYY format.)
2. What is the applicant's job classification or title?
3. Is the applicant's position eligible for the ORP? Yes No System code: Employing agency code:

Retirement Coordinator signature: Date: Telephone Number:

SECTION THREE: To be completed by the Maryland State Retirement Agency. Effective date: Reviewed by: Approved by: N E



OPTIONAL RETIREMENT PLAN (ORP) VENDOR SELECTION FORM
UNIVERSITY SYSTEM OF MARYLAND (USM)

In order to enroll in the Optional Retirement Plan and select the ORP Vendor of my choice, I, _____, SSN _____ (First Name Middle Initial Last Name)

have attached an "Election Not to Participate in the MD State Pension System" form (MSRA-60), and the required proof of identity (see reverse side).

I select the following vendor and action (Please select one vendor and one action):

VENDOR:

FIDELITY INVESTMENTS _____ TIAA-CREF _____

ACTION:

Enroll: _____ Change: _____

I recognize that the University will contribute an amount equal to 7.25% of my base annual salary to the ORP on my behalf. I understand that University contributions will be made over 20 pays during the academic year, and invested upon enrollment in a "LifeCycle Fund". After enrollment is in effect, I can access the ORP Vendor website and, at my direction, designate my investment among the funds available for the USM-ORP. No money will be deducted from my salary. I reserve the right to make voluntary contributions on a salary reduction (before tax) basis to a Supplemental Retirement Plan, subject to Federal limits.

LIMITS ON CONTRIBUTIONS - I recognize that if I was hired on or after July 1, 1996, the University's 7.25% contribution to my ORP will stop once my earned salary in the fiscal year reaches the Federal limit on employer contributions to the ORP.

REHIRES - I understand that if I am rehired and I was an ORP participant in MD before July 1, 1996, the Federal contribution limit does not apply to me and I am entitled to have the 7.25% contribution apply to my full salary. My prior USM or other MD Institution of Higher Education dates of employment are: Hired: _____ Terminated: _____ My initial MD-ORP participation date was: _____ Institution _____

By signing this form I understand: 1. the conditions stated above; 2. that I may enroll with only one ORP Vendor at any given time; 3. that I am entitled to change ORP Vendors only once during any calendar year; 4. I will keep a copy of this document for my files.

Employee's Signature: _____ Date: _____

USM Institution University of Maryland College Park Office Phone 301-405-5654

USM Benefits Coordinator: _____ Date: _____ (Institution Representative)

VALID TYPES OF IDENTIFICATION

New employees must provide proof of identity when making application for enrollment in the Optional Retirement Plans. Copies of the following documents are acceptable as proof of identity. Please attach two Xerox copies of the documents you are submitting as identification to your Optional Retirement Plan application forms. *Make sure that the copies of the documents can be read.*

Provide one of the following documents:	<u>OR</u> Provide two of the following documents:
<p>Birth Certificate</p> <p>Passport</p> <p>Naturalization Record</p> <p>Military Discharge Papers</p> <p>School or College Record <i>(if at least five years old)</i></p> <p>Life Insurance Policy <i>(if at least five years old)</i></p> <p>Baptismal Certificate</p> <p>Family Bible – copy of page <i>(Will only be accepted if accompanied by a statement, from a Plan Representative in your Institution's Benefit Office or a Notary Public, that provides the following information: 1) she/he has examined the Bible; 2) gives the name of the individual that made the entry in the Bible, 3) the date the entry was made, and 4) that your name and date was shown in the entry.)</i></p>	<p>Affidavit of Parent</p> <p>Birth Certificate of Child</p> <p>Census Record</p> <p>Church or Sunday School Record</p> <p>Club or Lodge Record</p> <p>Confirmation Record</p> <p>Diary</p> <p>Driver's License</p> <p>Election Registration</p> <p>Employment Record</p> <p>Family Doctor's Record</p> <p>Fraternal Organization Record</p> <p>Hospital Record</p> <p>Immigration Registration or Visa</p> <p>Marriage Record</p> <p>Military Identification or Service Card</p> <p>Professional Organization Record</p> <p>School Report Card</p> <p>Selective Service Registration</p> <p>Statement of Physician or Midwife Present at Birth</p> <p>Vaccination Record</p>