



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**

APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 1 (REV. 4/15)

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

SECTION ONE — TO BE COMPLETED BY APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER --
 GENDER (M or F)
 DATE OF BIRTH / /
Month Day Year

APPLICANT'S NAME
Initial Last

HOME ADDRESS
First

Number and Street
 City State Zip Code -
 Home Phone Number -- Home Email Address

1. Have you ever been a member of the Maryland State Retirement and Pension System? Yes No
 2. Have you ever been a member of the Optional Retirement Plan (ORP)? Yes No
 3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes No
 4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? Yes No
- IMPORTANT:** If yes, read carefully the transfer provisions on the back of this form and then initial here: _____
5. Have you attached acceptable proof of birth date as described on the back of this form? Yes No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Applicant's Complete Signature

Date

SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? Yes No
If part-time, what percentage of time is the applicant employed? _____ percent
- B. When did applicant begin present continuous service? Month _____ Day _____ Year _____
- C. What is the applicant's complete job classification or title? _____
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? Yes No
If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ _____ What is the applicant's annual standard hours? _____
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? Yes No
- G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this new employment, have you reviewed the transfer provisions on page two with the applicant? Yes No

INDICATE SYSTEM: Teachers' Pension Employees' Pension Correctional Officers' Retirement
 State Police Retirement Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE
 # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER FISCAL YEAR
 SYSTEM

FOR RETIREMENT USE ONLY
/ /
MO DAY YEAR
 ENTRANCE DATE

Retirement Coordinator's Complete Signature/Date

Telephone #

INSTRUCTIONS

Purpose of this Form: 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, and home telephone number.
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 **strongly recommended** 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.

Instructions for Retirement Coordinator (Section Two):

1. 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 or 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) 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.

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. 9/15)

APPLICANT'S SOCIAL SECURITY NUMBER

____ - ____ - _____

CHECK ONE: Active Vested Retired (If retiring, retirement date _____)

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME

____ First _____ Initial _____ Last _____

HOME ADDRESS

Number and Street

____ - _____

City

State

Zip Code

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP _____

____ First _____ Initial _____ Last _____

Gender: _____ Birthdate: _____
 (M or F) Month Day Year

BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME RELATIONSHIP _____

____ First _____ Initial _____ Last _____

Gender: _____ Birthdate: _____
 (M or F) Month Day Year

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.

BENEFICIARY'S NAME RELATIONSHIP _____

____ First _____ Initial _____ Last _____

Gender: _____ Birthdate: _____
 (M or F) Month Day Year

BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME RELATIONSHIP _____

____ First _____ Initial _____ Last _____

Gender: _____ Birthdate: _____
 (M or F) Month Day Year

BENEFICIARY'S ADDRESS _____

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor. SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature _____ Date Signed _____

This form must be signed and notarized in order to be valid.

Please check (✓) for your system:

- () 1 Teachers' Retirement System
- () 2 Employees' Retirement System
- () 2C Correctional Officers' Retirement System
- () 3 State Police Retirement System
- () 6 Teachers' Pension System (Incl. Bifurcated)
- () 7 Employees' Pension Sys. (Incl. Bifurcated)
- () 8/9 Law Enforcement Officers' Pension System

State of _____ County of _____ (or City of Baltimore)
 On this _____ day of _____, 20 _____, before me, the undersigned officer,

Official Seal must be affixed

personally appeared _____, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public _____

Printed Name of Notary Public _____ My Commission Expires _____

* **IMPORTANT:** If the name of the individual whose signature is being acknowledged 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
- e. **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 **Active Member** or a **Vested Member 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 each 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 not valid unless notarized 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.