

**EMPLOYEES' RETIREMENT SYSTEM OF MONTGOMERY COUNTY**

**APPLICATION FOR DISCONTINUED RETIREMENT SERVICE PROGRAM  
(DRSP)  
FOR ELIGIBLE MEMBERS OF GROUP F**

In accordance with the provisions of Section 33-38A of the Montgomery County Retirement Law, I hereby make application for participation in the Discontinued Retirement Service Program. In making this application, I acknowledge the following:

- I have been provided with the DRSP booklet communicating this plan and fully understand the conditions of my participation in this program.
- I have at least 25 years credited service and am at least age 46 years old
- I am submitting this application to OHR, Benefits Team, 7th Floor, EOB at least 60 days and no more than 90 days before the date I am electing to participate, which date is the first of a month.
- I understand that the maximum participation in the program is three years and that if I elect to stop participating before the end of the 36 month period, I must notify the Office of Human Resources and Police Personnel at least 60 days before stopping participation in the program.
- I understand that at the time of my individual retirement counseling session to enter DRSP, I must elect an irrevocable retirement pension payment option that cannot be changed.
- I understand that I need to contact Fidelity at (800) 430-2363 to select the investment option(s)
- I understand that if I do not contact Fidelity, Fidelity will assign me a default Freedom Fund based on my age and years until age 62.
- I understand that, upon entering DRSP, I must elect an irrevocable payment option for the distribution of my DRSP account.
- I understand that my accrued sick leave in excess of 80 hours will be credited toward my monthly benefit while participating in DRSP.
- I understand that I may withdraw this pending application within two weeks of submitting it.
- I understand that when my participation in the DRSP ends, I must stop working for the County and receive a pension benefit.

I request that my DRSP participation become effective on \_\_\_\_\_, which is at least 60 days and not more than 90 days after the date this application is made.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date