



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

***EMPLOYEES' RETIREMENT SYSTEM
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 Summary Plan Document 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 Montgomery County Employee Retirement Plans, 15th 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 Montgomery County Retirement Plans and Police Personnel at least 60 days before stopping participation in the program.
- I understand that at 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) 343-0860 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 (Print)

Social Security Number

Employee Signature

Date

MCERP Date Received: _____

Ret Code: _____

02/13

Montgomery County Employee Retirement Plans

101 Monroe Street, 15th Floor • Rockville, Maryland 20850
Investments 240.777.8220 Benefits 240.777.8230 Fax 301.279.1424