



**MONTGOMERY COUNTY
Retirement Plan Election Form**

For eligible part-time employees

Please print:

Social Security Number	Last Name	First Name	Middle Initial
Mailing Address		City	State
Zip	Birth Date / /	Home Telephone - -	Office Telephone - -
Gender <input type="checkbox"/> M <input type="checkbox"/> F			

Montgomery County Government sponsors the Retirement Savings Plan (RSP) and the Guaranteed Retirement Income Plan (GRIP). The GRIP is a benefit structure offered within the Employees' Retirement System. Eligible part-time employees can enroll in the RSP or the GRIP at any time. To enroll, complete this election form and return it to the Office of Human Resources. Be sure to check the appropriate box below and sign the form. Your membership in either the RSP or the GRIP will begin the later of the first full pay period 30 days from the date of completing this form or 180 days from your date of hire as an employee.

Note: If you are an eligible full-time employee and want to participate in the GRIP, you will need to complete the *Guaranteed Retirement Income Plan (GRIP) Election Form*, available by calling the Office of Human Resources at 240-777-5120 or by visiting the online OHR Resource Library at www.montgomerycountymd.gov/content/ohr/ResourceLibrary/RLMain.cfm.

- I am an eligible part-time employee and elect to participate in the RSP. I understand that this is a one-time irrevocable election.
- I am an eligible part-time employee and elect to participate in the GRIP. I understand that this is a one-time irrevocable election.

Important: Be sure to complete the *Retirement Beneficiary Designation/Change Form* to designate your retirement plan beneficiaries, available by calling OHR Benefits Team at 240-777-5120 or by visiting the online OHR Resources Library at www.montgomerycountymd.gov/content/ohr/ResourceLibrary/RLMain.cfm.

➡ **Return this form to:**

**Office of Human Resources, Benefits Team
101 Monroe Street, 7th floor, Rockville, MD 20850**

I acknowledge that I have received and reviewed all information made available regarding the retirement plans, including the Summary Descriptions for the GRIP and the RSP. I acknowledge that I have been advised by OHR to consult with my tax and financial advisors regarding this decision. I have not been given any advice regarding this decision by any County or participating agency employee. I understand that, if I choose to join a retirement plan, it is a one-time irrevocable election and acknowledge that the election is completely voluntary. Further, if I join a retirement plan, I understand that the vesting schedule begins on the date my plan membership begins—not my hire date.

Employee signature: _____ Date: ___/___/___

This section to be completed by OHR:

Date of hire: _____	Retirement code: _____
Membership date*: _____	Benefits: _____ Date: _____
	Records Management: _____ Date: _____

*Participation in the retirement plan will begin the later of the first full pay period 30 days from the date of completing this form or 180 days from the employee's date of hire.