



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DRSP FORMS – Instructions (Group F)

1. **Retirement Application** – select your pension payment option. Note that this is a one-time irrevocable election. You must also provide:

- ☐ Proof of Age (i.e. **Copy** of State certified birth certificate, Passport or DD-214 (military discharge) form)

IF electing a Joint and Survivor Annuitant Option

- ☐ Proof of your spouse's age (i.e. **Copy** of State certified birth certificate, Passport or DD214 (military discharge) form)
- ☐ Copy of your joint annuitant's Social Security card.
- ☐ **Copy** of Official State Marriage Certificate certified by appropriate State or County official (e.g. signed by Clerk of the Court).

NOTE: Marriage certificates signed by the official that performed the ceremony (e.g. minister/clergy) will not be accepted.

2. **DRSP Entry Forms** – Please read disclosure carefully

- Complete the effective date you are entering DRSP. This date should be the 1st of the month and should be the same date that was entered on the Retirement Application.
- Select the distribution option for the DRSP account when you exit DRSP.

Montgomery County Employee Retirement Plans

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



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 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 to select the investment option(s), Fidelity will default my contributions to the SSGA Target Retirement Fund Account with a target retirement date of 65.
- 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: _____ FK _____

04/14

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MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP)

***DISTRIBUTION PAYMENT OPTION ELECTION FORM
FOR ELIGIBLE GROUP F MEMBERS OF THE
EMPLOYEES' RETIREMENT SYSTEM OF MONTGOMERY COUNTY***

In accordance with Section 33-38A of the Montgomery County Retirement Law, I am electing the following distribution option prior to my participation in the DSRP:

_____ Cash Option – At DRSP exit, you will choose between rollover to an eligible retirement plan, receipt of a lump sum or a combination of the two.

OR

_____ Annuity – At DRSP exit, you will receive an additional lifetime monthly benefit paid from the Employees' Retirement System which will be calculated based on the value of your account balance when you exit DRSP.

I understand that this election is irrevocable and that I am encouraged to seek the advice of a professional tax advisor or financial consultant. I further understand that my DSRP account must be closed within 60 days of my exiting the program.

Employee Name (Print)

SSN

Employee Signature

Date

MCERP Date Received: _____

Ret Code: _____

07/15

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**MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS
EMPLOYEES' RETIREMENT SYSTEM
Application for Retirement**

NAME _____ SSN _____
ADDRESS _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

PHONE NUMBER _____

I hereby elect to *retire* or *enter DROP/DRSP* effective _____ and certify that the information indicated on this form is correct. I elect to receive my benefit in the option noted below:

BENEFIT PAYMENT OPTIONS: Please refer to the Summary Plan Description for your retirement plan for a description of the options listed below. You can obtain the Summary Plan Description at www.montgomerycountymd.gov/retirement or by calling 240-777-8230.

1. ☐ Modified Cash Refund Annuity
2. ☐ Ten Year Certain and Continuous
3. ☐ Social Security Adjustment ☐ age 62 ☐ age 65

**Please make sure you complete a beneficiary form, with OHR, for options 1 through 3.*

Please indicate your Joint Annuitant below:

4. ☐ Joint and Survivor Annuity ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
5. ☐ Joint and Survivor Pop-Up Annuity ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
6. ☐ Social Security Adjustment Combined with Joint and Survivor (**pick age and percentage*)
 ☐ age 62 ☐ age 65 ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%
7. ☐ Social Security Adjustment Combined with Joint and Survivor Pop Up Annuity
 (**pick age and percentage*)
 ☐ age 62 ☐ age 65 ☐ 100% ☐ 70% ☐ 50% ☐ 30% ☐ 20%

Indicate your Joint Annuitant for options 4 through 7 below:

Name _____

SSN _____

Date of Birth _____

Checklist:

- _____ Copy of Proof of Age submitted for Retiree and/or Spouse/Domestic Partner annuitant
- _____ Copy of Proof of Marriage
- _____ Copy of Domestic Partner Affidavit
- _____ Copy of Social Security Card for Joint Annuitant
- _____ Copy of Proof of Birth Certificate (for child annuitant)

Participant's Signature _____

Date _____

Received by MCERP _____

Date _____

*****The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed after the first retirement payment has been made except in the case of a later Disability Retirement award.***

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