



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP)

Transfer Request of Prior Service

SECTION I – TO BE COMPLETED BY EMPLOYEE

Name _____
Last First Middle Maiden

Social Security # _____ Date of Birth _____
Month Day Year

Montgomery County Date of Hire _____ Current Status ___ Full Time ___ Part Time

Name, Address & Phone Number of Prior Employer:

Prior Employer Date of Hire _____ Prior Status ___ Full Time ___ Part Time

Prior Employer Date of Termination _____
Month Day Year

**I REQUEST CERTIFICATION OF MY RETIREMENT SERVICE CREDIT FOR THE PERIOD(S) I WAS
A MEMBER OF THE _____ RETIREMENT / PENSION SYSTEM.**

EMPLOYEE'S SIGNATURE

DATE

Please return completed form to:

MCERP - Retirement
101 Monroe Street, 6th Floor
Rockville, MD 20850
Email: retirement@montgomerycountymd.gov
Fax : 240-306-1389

