

**MONTGOMERY COUNTY EMPLOYEES' RETIREMENT SYSTEM
APPLICATION TO PURCHASE PRIOR RETIREMENT SERVICE CREDITS**

Employee Name: _____ SSN: _____

Date of Birth: _____ Montgomery County Hire Date: _____

Street Address: _____

City, State, Zip: _____

Type of prior service: Montgomery County ____ State of Maryland ____ Military ____
State ____ Municipality ____ Federal ____

Dates of Employment with above employer:

From _____ To _____

Specify type of prior service:

Full time: From _____ To _____

Part time: From _____ To _____

Dates of Membership in
Prior Retirement System:

From _____ To _____

Contributions Refunded:

Yes _____ No _____

- For Military Service provide a Copy of DD-214 indicating dates of service
- For Prior Military/Uniformed Service, purchase of prior service is limited to 4 years by Montgomery County Code, Section 33-41 (i)
- For Prior Military, Federal, or other State/Municipality Service, you must have a minimum of 5 years membership in the Montgomery County Employees' Retirement System

Employee Signature

Date

You will be provided an estimate of the total cost to purchase the service indicated above.

Please return these forms to Montgomery County Employee Retirement Plans
101 Monroe Street, 6th Floor, Rockville, Maryland 20850

Employee Name: _____

TO BE COMPLETED BY AGENCY CERTIFYING SERVICE

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

Prior Employer Date of Termination _____
Month Day Year

<u>Agency</u>	<u>Service</u> (From-To)	<u>Salary</u>	<u>Type of Employment</u> (Full Time, Part Time)
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Total Credited Service: _____ - _____ Is Applicant Vested? Yes ___ No ___
Years Months

Does Credited Service Include Any Service Purchased? Yes ___ No ___

If Yes, Total Purchased Service Credited: _____
Years Months

Does Credited Service Include Credit for Military Duty? Yes ___ No ___

If Yes, Total Military Credited Service: _____
Years Months

Does Total Credited Service Include Any Break in Service? Yes ___ No ___

Was this a Contributory Plan: Yes ___ No ___

If Yes, were Applicant's Contributions Refunded: Yes ___ No ___ Date: _____

NOTE: A break in service is any period of time contributory members did not make a contribution or any period of time a non-contributory member was not paid.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Form completed by: (Please print name)

SIGNATURE

DATE

TITLE

TELEPHONE