



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DROP FORMS – Instructions (Group G)

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. **DROP Entry Form** – Please read disclosure carefully

- Complete the effective date you are entering DROP. This date should be the 1st of the month and should be the same date that was entered on the Retirement Application.
- Indicate the number of sick leave hours you would like applied towards your retirement calculation
- Below is the link to your Summary Plan Description to access the sick leave chart.
<https://www.montgomerycountymd.gov/mcerp/Resources/Files/pdfs/HRpdfs/ers/G%20Fire%20OSPD%2001-2015.pdf>

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

**APPLICATION FOR DEFERRED RETIREMENT OPTION PROGRAM (DROP)
FOR ELIGIBLE MEMBERS OF GROUP G**

In accordance with the provisions of Section 33-38A of the Montgomery County Code, I hereby apply for participation in the Deferred Retirement Option Plan. In making this application, I acknowledge the following:

- I have been provided with information regarding the DROP and fully understand the conditions of my participation in this program.
- I have completed at least 20 years of credited service.
- I am submitting this application to Montgomery County Employee Retirement Plans (MCERP), 101 Monroe Street, 15th Floor, Rockville, MD 20850 at least 45 days and no more than 75 days before the date I am electing to participate, which date is the first of a month.
- I understand that to enter DROP, I must elect an irrevocable retirement pension payment option that cannot be changed upon exiting DROP.
- I understand that the maximum participation in this plan is three years and that if I elect to stop participating before the end of the 36 month period, I must notify MCERP and the Department of Fire and Rescue Services at least 60 days before stopping participation in the program.
- I understand that I may withdraw this pending application within two weeks after submitting it.
- I understand that when my participation in the DROP ends, I must stop working for the County and receive a pension benefit.

I request that my DROP participation become effective _____.

I want to apply _____ hours of sick leave towards my retirement calculation. Any unused, accrued sick leave while in DROP will be applied when I exit DROP.

Employee Name (Print)

SSN

Employee Signature

Date

MCERP Date Received: _____

Ret Code: _____

02/13



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.