



MONTGOMERY COUNTY
Guaranteed Retirement Income Plan (GRIP) Election Form

For eligible full-time, participating agency employees

Please print:

Employee Identification 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 full-time, participating agency employees have 150 days from their date of hire to make a one-time irrevocable election to participate in the GRIP. Eligible full-time, participating agency employees who do not elect to participate in the GRIP will automatically participate in the RSP.

If you are an eligible full-time, participating agency employee and want to participate in the GRIP, you must complete this election form and return it to the office of Human Resources (OHR). Be sure to check the box below and sign the form. If a completed election form is not received within 150 days of becoming an eligible full-time employee, you will automatically participate in the RSP. Your membership in either the GRIP or the RSP will begin on the first full pay period 180 days from your date of hire as an employee.

Note: If you are an eligible part-time employee and want to participate in either the RSP or the GRIP, you will need to complete the *Retirement Plan Election Form for Eligible Part-Time Employees*, available by contacting OHR at 240-777-0311 or online at www.montgomerycountymd.gov/OHR.

IMPORTANT: If you wish to participate in the RSP, please do *not* check the box below and do *not* return this form.

I am an eligible full-time, participating agency employee and elect to participate in the GRIP. I understand that this is a one-time irrevocable election, that I must submit this form within 150 days of my hire date and that late submissions will not be accepted.

➡ **Return this form to:**

OHR Health Insurance Team
101 Monroe Street, 7th floor, Rockville, MD 20850

– LATE SUBMISSIONS WILL NOT BE ACCEPTED –

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 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 this is a one-time irrevocable election and acknowledge that the election is completely voluntary. Further, 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: _____

Membership date*: _____

Retirement code: _____

Election due date (150 days from DOH): _____

Benefits: _____

Date: _____

*Participation in the GRIP will begin on the first full pay period after completing 180 days of employment