



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP) Retirement Plan Election Form

For eligible OPT/SLT part-time employees *hired on/after 7/1/2023*

Please print:

Social Security Number	Last Name	First Name	Middle Initial
Mailing Address		City	State
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). As a part-time employee hired on/after 7/1/2023 you have defaulted to the GRIP but have 150 days from full-time employment to make a one-time irrevocable election to participate in RSP. If you would like to enroll in the RSP, complete this election form and return it to OHR. Your membership in either the RSP or the GRIP will begin the later of the first full pay period 30 days from the date of completing this form or 180 days from your date of hire as an employee.

- I am an eligible part-time employee and elect to participate in the RSP. I understand that this is a one-time irrevocable election.
- I am an eligible part-time employee and elect to NOT participate in the GRIP or RSP. I understand that this is a one-time irrevocable election.

Note: Accumulated assets in a RSP account are impacted by the volatility of the stock market and other factors surrounding a participant's specific investment choice, whereas the assets in a GRIP account grow at a guaranteed annual return which is currently 7.25% per annum.

Important: Be sure to complete your beneficiary information in Fidelity's website, available online at <https://nb.fidelity.com/public/nb/MCG/home>.

Email this form to: Records.OHR@montgomerycountymd.gov

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 by MCERP 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, if I choose to join a retirement plan, it is a one-time irrevocable election and acknowledge that the election is completely voluntary. Further, if I join a retirement plan, 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: _____ Retirement code: _____
Fidelity Vesting Date: _____ Records Management: _____ Date: _____

*Participation in the retirement plan will begin the later of the first full pay period 30 days from the date of submitting this form or 180 days from the employee's date of hire.