



## 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 1<sup>st</sup> 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, 15<sup>th</sup> 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, 15<sup>th</sup> 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

101 Monroe Street, 15<sup>th</sup> Floor • Rockville, Maryland 20850  
Investments 240.777.8220 Benefits 240.777.8230 Fax 301.279.1424



**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](http://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.***

**Montgomery County Employee Retirement Plans**

101 Monroe Street, 15<sup>th</sup> Floor • Rockville, Maryland 20850  
Investments 240.777.8220    Benefits 240.777.8230    Fax 301.279.1424