



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

For eligible full-time employees

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). The GRIP is a benefit structure offered within the Employees' Retirement System. Eligible full-time employees have 150 days from their date of hire to make a one-time irrevocable election to participate in the GRIP. Eligible full-time employees who do not elect to participate in the GRIP will automatically participate in the RSP.

If you are an eligible full-time employee and want to participate in the GRIP, you must complete this election form and return it to MCERP. 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 MCERP at 240-777-8230, online at www.montgomerycountymd.gov/retirement or at Retirement@montgomerycountymd.gov.

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 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:**
MCERP - Retirement

101 Monroe Street, 15th 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 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 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 MCERP:

Date of hire: _____ Retirement code: _____
 Membership date*: _____ Benefits: _____ Date: _____
 Election due date (150 days from DOH): _____ Records Management: _____ Date: _____

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