



MONTGOMERY COUNTY
Guaranteed Retirement Income Plan (GRIP) Election Form

For Elected Officials

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 Elected Officials' Plan (EOP) and the Guaranteed Retirement Income Plan (GRIP). The GRIP is a benefit structure offered within the Employees' Retirement System. Elected Officials have 150 days from their date of commencement to make a one-time irrevocable election to participate in the GRIP. Elected Officials who do not elect to participate in the GRIP will automatically participate in the EOP.

If you are an Elected Official, 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, you will automatically participate in the EOP. Your membership in either the GRIP or the EOP will begin on the first full pay period 180 days from your date of commencement.

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

I am an Elected Official 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 date of commencement and that late submissions will not be accepted.

⇒ **Return this form to:**

OHR Records Management
101 Monroe Street, 12th 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 Elected Officials' Plan Summary Description. 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 commencement date.

Elected Official signature: _____ **Date:** ____/____/____

This section to be completed by OHR:

Date of commencement: _____ Retirement code: _____
 Membership 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.