



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, 15th 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, 15th 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 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 or by calling 240-777-8230.

- Modified Cash Refund Annuity
Ten Year Certain and Continuous
Joint and Survivor Annuity (100%, 70%, 50%, 30%, 20%)
Joint and Survivor Pop-Up Annuity (100%, 70%, 50%, 30%, 20%)
Social Security Adjustment (age 62, age 65)
Social Security Adjustment Combined with Joint and Survivor (age 62, age 65, 100%, 70%, 50%, 30%, 20%)
Social Security Adjustment Combined with Joint and Survivor Pop Up Annuity (age 62, age 65, 100%, 70%, 50%, 30%, 20%)

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 subsequent Disability Retirement award.

I elect as my Joint Annuitant (name), (SSN)

(date of birth)

- Proof of Age submitted for Spouse/Domestic Partner annuitant
Proof of Marriage submitted
Domestic Partner Affidavit submitted
Social Security Card
Proof of Birth Certificate (for child annuitant)

Participant's Signature Date

MCERP Date Received: Ret Code: 04/13