



**MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP)**

**Transfer Request of Prior Service**

**SECTION I – TO BE COMPLETED BY EMPLOYEE**

Name \_\_\_\_\_  
Last First Middle Maiden

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Montgomery County Date of Hire \_\_\_\_\_ Current Status \_\_\_ Full Time \_\_\_ Part Time

Name, Address & Phone Number of Prior Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Employer Date of Hire \_\_\_\_\_ Prior Status \_\_\_ Full Time \_\_\_ Part Time

Prior Employer Date of Termination \_\_\_\_\_  
Month Day Year

**I REQUEST CERTIFICATION OF MY RETIREMENT SERVICE CREDIT FOR THE PERIOD(S) I WAS  
A MEMBER OF THE \_\_\_\_\_ RETIREMENT / PENSION SYSTEM.**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

Please return completed form to:

MCERP - Retirement  
101 Monroe Street, 15<sup>th</sup> Floor  
Rockville, MD 20850

Fax – 301-279-1424

# Transfer Request of Prior Service

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

## **SECTION II - TO BE COMPLETED BY AGENCY CERTIFYING SERVICE**

<u>Agency</u>	<u>Service</u> (From-To)	<u>Salary</u>	<u>Type of Employment</u> (Full Time, Part Time)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credited Service: \_\_\_\_\_ - \_\_\_\_\_ Is Applicant Vested? Yes \_\_\_ No \_\_\_  
Years Months

Does Credited Service Include Any Service Purchased? Yes \_\_\_ No \_\_\_

If Yes, Total Purchased Service Credited: \_\_\_\_\_  
Years Months

Does Credited Service Include Credit For Military Duty? Yes \_\_\_ No \_\_\_

If Yes, Total Military Credited Service: \_\_\_\_\_  
Years Months

Does Total Credited Service Include Any Break In Service? Yes \_\_\_ No \_\_\_

Was this a Contributory Plan: Yes \_\_\_ No \_\_\_

If Yes, were Applicant's Contributions Refunded: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_

NOTE: A break in service is any period of time contributory members did not make a contribution or any period of time a non-contributory member was not paid.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_ Form completed by: (Please print name)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE

Please return completed form to:

MCERP  
101 Monroe Street, 15<sup>th</sup> Floor  
Rockville, MD 20850  
Fax - 301-279-1424