

**MONTGOMERY COUNTY EMPLOYEES' RETIREMENT SYSTEM  
APPLICATION TO PURCHASE PRIOR RETIREMENT SERVICE CREDITS**

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

Date of Birth: \_\_\_\_\_ Montgomery County Hire Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of prior service: Montgomery County \_\_\_\_ State of Maryland \_\_\_\_ Military \_\_\_\_  
State \_\_\_\_ Municipality \_\_\_\_ Federal \_\_\_\_

Dates of Employment with above employer:

From \_\_\_\_\_ To \_\_\_\_\_

Specify type of prior service:

Full time: From \_\_\_\_\_ To \_\_\_\_\_

Part time: From \_\_\_\_\_ To \_\_\_\_\_

Dates of Membership in  
Prior Retirement System:

From \_\_\_\_\_ To \_\_\_\_\_

Contributions Refunded:

Yes \_\_\_\_\_ No \_\_\_\_\_

- For Military Service provide a Copy of DD-214 indicating dates of service
- For Prior Military/Uniformed Service, purchase of prior service is limited to 4 years by Montgomery County Code, Section 33-41 (i)
- For Prior Military, Federal, or other State/Municipality Service, you must have a minimum of 5 years membership in the Montgomery County Employees' Retirement System

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

You will be provided an estimate of the total cost to purchase the service indicated above.

Please return these forms to Montgomery County Employee Retirement Plans  
101 Monroe Street, 15<sup>th</sup> Floor, Rockville, Maryland 20850

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

**TO BE COMPLETED BY AGENCY CERTIFYING SERVICE**

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

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

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

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