



**PART-TIME EMPLOYEE
ERS RETIREMENT ELECTION FORM**

Employee name (please print)

Social Security Number

As a part-time employee who is eligible for the County's Employees' Retirement System (ERS) defined benefit retirement plan, I understand and acknowledge the following:

- I have the choice of whether or not to join the ERS.
- If I do not join the ERS when first eligible, I can join at any time during my County employment.
- Once I elect to join, I must remain an active member until I am no longer eligible to participate.
- Credited service and the vesting schedule begin on the date I join the ERS; not on my date of hire.
- I have received and reviewed all information made available regarding the retirement plans, including the Summary Description for the ERS.

Please check one:

No, I do not elect to join the ERS at this time.

Yes, I elect to join the ERS.



Employee signature

Date

IMPORTANT: If you checked "Yes" above, you must designate your retirement plan beneficiaries by completing the separate form entitled *Retirement Beneficiary Designation/Change Form*.

Submit this completed form to the Office of Human Resources, 101 Monroe Street, 7th Floor EOB, Rockville, MD 20850 and keep a copy for your records.

To be completed by OHR:

Original Date of Hire: _____ Retirement Code _____ Membership Date _____

Specialist _____ Date _____