



Retirement Plan Selection Form for Faculty and Exempt Staff

University of Maryland

Employee Name _____ Social Security Number _____ - _____

UMD Hire Date: _____ Initial Hire ___ Rehire ___ Transfer (Name of Agency) _____

Enrollment in a retirement program is mandatory by your first day of initial employment with the University of Maryland.

Regular status Exempt and Faculty employees are eligible to enroll in one of two retirement programs:

State Retirement & Pension System (SRPS)

- Defined Benefit Plan – employees’ contribute a mandatory 7%
- Handbook: “Employees’ and Teachers’ Reformed, Contributory, and Non-Contributory Pension System”*
- Required Enrollment Documents*:
 - Membership Application (Form 1)
 - Beneficiary Forms (Form 4)
- Copy of US Passport, Drivers’ License/State Issued ID, Birth Certificate
- To be eligible for Health Benefits in Retirement, retirees of the SRPS must have the following:
 - 10 years minimum of creditable service
 - If retiree has more than 10 years of creditable service, but less than 25 years of creditable service, retiree and spouse/dependents will receive a prorated subsidy.
 - 25 years of creditable service to receive the full subsidy for Health Benefits for the retiree and dependents.

Optional Retirement Program (ORP)

- Defined Contribution Plan – UMD contributes 7.25% of employees base annual salary, no mandatory employee contribution
- Handbook: “Choosing a Retirement Plan”*
- Required Enrollment Documents*:
 - Election Not to Participate in SRPS (Form 60)
 - Vender Selection Form
- Copy of Passport, Drivers’ License/State Issued ID, or Birth Certificate
- To be eligible for Health Benefits in Retirement, retirees of the ORP must have the following:
 - Retire directly with 10 years minimum of full-time equivalent (FTE) ORP service
 - Retire directly with 10 or more years of FTE ORP service, but less than 25 years of FTE ORP service, retiree only will receive a prorated subsidy. No prorated subsidy for spouse/dependents.
 - Ended service 25 years or more of FTE ORP service to receive the full subsidy for Health Benefits for the retiree and dependents

*Handbooks and Forms can be found online at www.sra.state.md.us and on the UMD-UHR website www.uhr.umd.edu

The above outline is for summary purposes only, full details are outlined in each of the respective retirement handbooks listed above. It is important that you review and research both plans before making your election. **Enrollment into an ORP is irrevocable.** If you fail to make an enrollment decision by your first day of employment, you will become “default enrolled” into the SRPS and the mandatory contribution of 7% will be withheld from your paycheck. Contributions made to the SRPS as a result of the “default” enrollment will not be returned to you until you either separate employment or reach retirement age (as defined by the Maryland State Retirement Agency). Default enrollment into the SRPS requires that you complete the SRPS enrollment documents listed above. If you are enrolled into the SRPS, you may change your election to the ORP within one year from your initial date of hire or eligibility date (for those who converted from non-exempt to exempt/faculty, “eligibility date” is the effective date of such change in employment status).

Please note: Changing plans from the SRPS to the ORP may affect retiree health insurance subsidy calculation.

If you need additional information or have questions, please contact the UHR Office of Employee Benefits at 301.405.5654.

Please initial the applicable statement(s):

_____ I have never been enrolled in Maryland Optional Retirement Program (ORP)

_____ I have been previously enrolled in the Maryland Optional Retirement Program (ORP) at _____ (Name of Institution) from _____ (mm/yyyy) to _____ (mm/yyyy)

Please initial your Retirement Selection:

_____ I elect to enroll in the Optional Retirement Program.

_____ I elect to enroll into the Maryland State Retirement & Pension System.

By signing below, you acknowledge that you have read the above statements and that it is your responsibility to make an enrollment decision by submitting the necessary enrollment documents to your department. Failure to make an enrollment decision by your first day of employment will result in your becoming “default enrolled” into the Maryland State Retirement & Pension System, in which Membership Forms will be due at that time.

Employee Signature

Date

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 001 (REV. 9/10)

IMPORTANT: PLEASE PRINT CLEARLY AND READ THE INSTRUCTIONS FIRST.

APPLICANT'S SOCIAL SECURITY NUMBER --
 GENDER (M or F)
 DATE OF BIRTH / /
Month Day Year

APPLICANT'S NAME
First Initial Last

HOME ADDRESS

Number and Street

City State Zip Code -

Home Phone Number --

1. Have you ever been a member of the Maryland State Retirement and Pension System? Yes No
2. Have you ever been a member of the Optional Retirement Plan (ORP)? Yes No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes No
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? Yes No
IMPORTANT: If yes, read carefully the transfer provisions on the back of this form and then initial here: _____.
5. Have you attached acceptable proof of birth date as described on the back of this form? Yes No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Complete Signature _____

Date Signed _____

RETIREMENT COORDINATOR COMPLETES THIS SECTION

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? Yes No
 If part-time, what percentage of time is the applicant employed? percent
- B. When did applicant begin present continuous service? Month _____ Day _____ Year _____
- C. What is the applicant's complete job classification or title? _____
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? Yes No
 If yes and the applicant checked "Yes" to question 2 above, STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ _____ What is the applicant's annual standard hours? _____
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? Yes No
- G. Number of pay periods reported per year _____

INDICATE SYSTEM: Teachers' Pension Employees' Pension Correctional Officers' Retirement
 State Police Retirement Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE
 # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER YEAR
 SYSTEM

FOR RETIREMENT USE ONLY
/ /
MO DAY YEAR
 ENTRANCE DATE

RETIREMENT COORDINATOR SIGNATURE _____

DATE _____

TELEPHONE # _____

MARYLAND STATE RETIREMENT AGENCY
 120 EAST BALTIMORE STREET
 BALTIMORE, MARYLAND 21202-6700

DESIGNATION OF BENEFICIARY

IMPORTANT: PLEASE RETURN COMPLETED FORM TO THE ADDRESS LISTED ABOVE.
 PRINT CLEARLY AND READ THE INSTRUCTIONS FIRST. FILL IN ALL
 SECTIONS. RETAIN A COPY FOR YOUR RECORDS.

FOR RETIREMENT USE ONLY FORM 4 (REV. 3/11)

APPLICANT'S SOCIAL SECURITY NUMBER Working Vested Retired (If retiring, retirement date _____)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME _____

HOME ADDRESS _____

Number and Street _____

City _____ State _____ Zip Code _____

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death. Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME _____ RELATIONSHIP* _____ Gender: _____ Birthdate: _____
 (M or F) Month Day Year

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

*If spouse, please indicate state/jurisdiction where marriage license was issued: _____ Date of marriage: _____

BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
 (M or F) Month Day Year

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

BENEFICIARY'S ADDRESS _____

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death. Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
 (M or F) Month Day Year

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

BENEFICIARY'S ADDRESS _____

BENEFICIARY'S NAME _____ RELATIONSHIP _____ Gender: _____ Birthdate: _____
 (M or F) Month Day Year

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

BENEFICIARY'S ADDRESS _____

TO THE MARYLAND STATE RETIREMENT AGENCY
 I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor.
 SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature _____ Date Signed _____

State of _____ County of _____ (or City of Baltimore) On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Official Seal must be affixed

Signature of Notary Public _____

Printed Name of Notary Public _____ My Commission Expires _____

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

Designation of Beneficiary (Form 4) should be completed and submitted with this *Application for Membership* (Form 1).

Purpose of this form:

This form is your application for membership in the Maryland State Retirement and Pension System. If you were previously enrolled in the Optional Retirement Plan (ORP) and are currently working in an ORP-eligible position, you may not join the Maryland State Retirement and Pension System. When complete, keep a copy for your records. Send the original to your Retirement Coordinator with proof of your birth date. Submission of this form and supporting documents is not a prerequisite for membership but is required for proper enrollment and reporting.

Acceptable Proof of Birth Date

Attach a visible and readable photocopy of one of the following as proof of your birth date:

- Birth Certificate
- Valid Driver's License
- United States passport
- Naturalization records
- Maryland identification card



Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? If so, the following information may affect your future benefit:

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

This provision addresses the situation involving a change in employment, which necessitates a membership change in a retirement or pension system. Previous membership may be in a retirement or pension system administered by the State Retirement Agency or by a political subdivision within Maryland.

To qualify for the transfer of service credit, your employment must be continuous and you must apply to transfer the qualified credit within one year of becoming a member of your new retirement or pension system. Continuous employment as a requirement for transfer means that you changed jobs **without** having a break in employment.

It is important to remember that any transfer of service credit must be done within one year after becoming a member of your new system. The employee contribution requirements of your new retirement or pension system determine the amount of employee contributions with interest needed to accompany the transfer of service. Inadequate employee contributions will result in a contribution deficiency on your account.

To transfer credit in another Maryland State Retirement and Pension System (SRPS) system complete a *Request to Transfer* (Form 37). To transfer credit earned outside of SRPS, you must complete a *Request to Purchase Previous Service* (Form 26). All forms can be obtained from your Retirement Coordinator or from the SRPS Web site at www.sra.state.md.us.

Need Help?

If you need help to complete this form or clarification, please call a Retirement Benefits Specialist at 410-625-5555 (local) or 1-800-492-5909.

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

1. Purpose of this form:

Active Members: Use this form to name the person or persons (beneficiaries) you want to receive any accumulated retirement contributions and death benefits if you die while you are employed.

Vested Members: The person or persons you designate on this form receive your accumulated retirement contributions, if any. No death benefits are payable upon the death of a vested member.

Retirees: Use this form only if you chose Basic Allowance, Option #1 or #4. The person or persons named receive one payment if your death occurs on the 16th of the month or later (Basic Allowance), any remaining portion of the present value of your benefit (Option #1) or the remaining portion of your accumulated contributions (Option #4).

If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66.) Please see the Maryland State Retirement Agency (MSRA) Web site at www.sra.state.md.us or call a Retirement Benefits Specialist.

2. Changing beneficiaries:

You may change your beneficiaries at any time by completing a new form and filing it with the Maryland State Retirement Agency located at 120 East Baltimore Street, Baltimore, Maryland 21202. You must fill out a new form and file it with the MSRA each time you add, subtract or change beneficiaries.

The most recent form on file at the Maryland State Retirement Agency replaces any form(s) previously filed with the MSRA.

3. Number of beneficiaries

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones", not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minor children:

You may name minor children as beneficiaries, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate:

You may name "my estate". Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate.

Trustee:

If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization:

List the complete corporate or legal name.

Monthly allowance for husband or wife:

If you die before retirement and your age and/or years of service at death meet certain requirements, your husband or wife is eligible to elect to receive either a one-time payment or a monthly allowance. If you want your husband or wife to be eligible to make this election, you must name him or her as your only primary beneficiary. You may still name contingent beneficiaries, but they are not eligible for a monthly allowance.

6. The total benefits due at your death are paid in equal shares to the living beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all primary beneficiaries die before you, and one of multiple contingent beneficiaries also dies before you, then the total benefits payable at your death are divided equally among the remaining contingent beneficiaries.

A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. Notarization

Sign in the presence of a Notary Public. This form is not valid unless notarized.

Properly completed forms should be mailed to:

Maryland State Retirement Agency
120 E. Baltimore St.
Baltimore, MD 21202-6700

NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT BENEFITS SPECIALIST
AT 410-625-5555 (LOCAL) or 1-800-492-5909 (TOLL FREE)
www.sra.state.md.us