If you need assistance in completing this application, telephone a retirement counselor at 410-625-5555, if local, or our toll free number 1-800-492-5909, if long distance.

**STATE RETIREMENT AGENCY**
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

# ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' SYSTEM BY FACULTY OR ADMINISTRATIVE OFFICERS OF INSTITUTIONS OF HIGHER LEARNING

**APPLICANT COMPLETES THIS SECTION: (print in ink or type)**

SOCIAL SECURITY NUMBER _____ (SEX M or F) _____ DATE OF BIRTH _____ Mo. _____ Day _____ Yr.

NAME _____ First _____ Initial _____ Last

ADDRESS _____ EMPLOYING AGENCY _____

1. Have you ever been a member of the State Retirement and Pension System of Maryland? ( ) Yes ( ) No
2. If Yes, have you withdrawn your accumulated contributions? ( ) Yes ( ) No
3. Are you presently receiving a retirement allowance from the State Retirement and Pension System of Maryland? ( ) Yes ( ) No

**NOTE:** If you are retired from any Maryland State Retirement and Pension System, you are not eligible for membership in the Optional Retirement Program(ORP).

**ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' PENSION SYSTEM:**

Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Pension System, and,
Whereas, the undersigned, as a condition of employment as faculty or an administrative officer has the option to join either the Teachers'/Employees' Pension System or an alternate retirement plan, approved by the Board of Trustees of the State Retirement and Pension System of Maryland as set forth in Title 30, State Personnel and Pension Article, Annotated Code of Maryland; and
Whereas, such option is final, binding and irrevocable as long as the individual is an employee of an institution of higher learning which permits such option, and;
Whereas, the undersigned, is aware of the rights and benefits of a member of the Teachers'/Employees' Pension System, namely:

1) Death Benefit of 100% of annual salary for completion of one (1) year of eligibility service,
2) Vesting after five (5) years of eligibility service,
3) Service retirement with thirty (30) years of eligibility service or at age 62 with 5 years of eligibility service,
4) Ordinary disability after (5) years of eligibility service,
5) Accidental disability immediate upon membership,
6) Early retirement at age 55 with fifteen (15) years of eligibility service,
7) A guaranteed retirement allowance equal to 1.2% of average final salary for service credit earned up to July 1, 1998, and 1.8% of average salary for service credit earned after July 1, 1998.
8) Automatic cost of living increases limited to 3% of the current retirement allowance,
9) Additional service credit for military service and unused sick leave granted at no cost, and;

Whereas, the undersigned, waives all rights for purchasing the service rendered while a member of the optional plan.
Now therefore, being informed of the above on _____ (Date), I hereby notify you that I wish to exercise my right not to become a member of the Teachers'/Employees' Pension System on the date of my employment.

_____
Complete Signature

Sworn to and subscribed before me this .....day of ....., year of..... { Official Seal must be affixed. }

My Commission expires..... .....
(Signature of Notary Public)

UPON COMPLETION, FORWARD THE ORIGINAL AND PERSONNEL FILE COPY TO YOUR RETIREMENT COORDINATOR, RETAIN THE APPLICANT'S COPY. ALSO, ATTACH A COPY OF THE ALTERNATE RETIREMENT PLAN'S CONTRACT OR APPLICATION TO THE ORIGINAL COPY OF THIS FORM.

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

Full-time employee? ( ) (Check one) If part-time, what are the scheduled hours per pay period?_____

A. Is the applicant a PERMANENT Part-time employee? ( )
B. If a permanent part-time employee, does the applicant:
   (1) Receive an annualized salary, rather than an hourly or per diem rate? ( ) Yes ( ) No
   (2) Receive pro-rata fringe benefits [annual leave, sick leave, holidays, etc.]? ( ) Yes ( ) No
   (3) Maintain a fixed work schedule? ( ) Yes ( ) No
C. What is the applicant's job classification? _____
D. What is the applicant's annual salary? $_____
E. What is the applicant's annual standard hours? _____
F. Briefly describe the applicant's duties:_____

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

SYSTEM CODE _____ EMPLOYING AGENCY _____ # OF PAY PERIODS REPORTED PER YEAR _____

_____
Signature Date

_____
Agency Name/Telephone Number

FORM-60 (REV. 4/07)

**FOR STATE RETIREMENT AGENCY USE ONLY**

EFFECTIVE DATE _____ - _____ - _____ N E

Reviewed By _____ Initials _____ Date _____

Approved By _____ Initials _____ Date _____

**ORIGINAL**