

MCPS Core and Supplemental Retirement and Pension System

Retirement Forms Checklist

MCPS Core and Supplement Plan - Required Forms

- _____ MCPS 455-2 Application for Retirement (*Include proof of your beneficiary's date of birth if selecting option C or D. Only one beneficiary can be designated if selecting option C or D.*)
- _____ MCPS 455-2B Addendum to Application for Retirement / Notice of Separation Resolution of Financial Obligation to MCPS
- _____ MCPS 455-5 Designation of Beneficiary
- _____ MCPS W-4P Federal Tax Withholding Request
- _____ MCPS 281-50 MCPS Form 281-50, MCPS Employees' Retirement/Pension System Maryland State Withholding request
- _____ Aetna EFT Electronic Funds Transfer Authorization with "VOIDED" check
- _____ MCPS 455-22R Retiree Benefit Plan Enrollment (*Must include copy of Medicare Parts A and B card for any covered individual eligible for Medicare at retirement*)
- _____ MCPS 480-4G Notice of Termination/Retirement (Complete online)

Optional Forms

- _____ MCPS 455-26 Application for Lump Sum (De minimis) Retirement Distribution (*To determine if you are eligible for a de minimis lump sum distribution, run an estimate on Penpoint. Include this form if your monthly MCPS supplement retirement benefit is less than \$100.*)
- _____ MCPS W-4R Federal Tax Withholding
- _____ MCPS 455-4 Request for Refund of MCPS Prepaid Benefits
- _____ MCPS 445-1B Change in Personal Information
- _____ MCPS 455-28 403(b) Leave Payout Contribution Agreement
- _____ MCPS 455-29 457(b) Leave Payout Contribution Agreement
- _____ Out-of-State Income Tax Withholding Form (Available online)

Where/When To Send Forms

ALL completed forms must be submitted **30 days** prior to the date of retirement to the following address:

Montgomery County Public Schools
Employee and Retiree Service Center (ERSC)
45 West Gude Drive, Suite 1200
Rockville, MD 20850

Medicare Eligible Retirees/Spouses

If you and/or your covered spouse are or will be 65 on the date of retirement, you must be enrolled in both Parts A and B of Medicare to remain with the MCPS medical and prescription benefits. **You must submit a copy of the Medicare card(s) with Parts A and B to ERSC 60 days prior to your retirement date in order to continue the medical and prescription benefits through MCPS.** You should contact the Social Security Administration at 1-800-772-1213 or www.ssa.gov for information regarding Medicare benefits.

MONTGOMERY COUNTY PUBLIC SCHOOLS**Application for Retirement**

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Complete this form 30 days prior to the effective date of retirement and return to the Employee and Retiree Service Center. Employees must be eligible for retirement as of the effective date of retirement stated below.

RETIREMENT TYPE—Check ONE below.

- Normal Retirement Ordinary Disability Retirement Normal Vested Benefit
 Early Retirement Accidental Disability Retirement Early Vested Benefit

NAME (PLEASE PRINT)

EFFECTIVE DATE OF RETIREMENT ____/01/20____

EMPLOYEE ID NUMBER

SOCIAL SECURITY NUMBER

____ 0000 ____ Last 4 digits ____

First

MI

Last

Phone Number: ____-____-____ E-mail Address: _____

PAYMENT OPTION SELECTION: Check ONE below. Use MCPS Form 455-5 to designate beneficiaries. If selecting Option C or D, only ONE beneficiary can be designated. If the monthly benefit is less than \$100, distribution will be made in a one-time lump sum payment. State law mandates that an employee may receive either a worker's compensation payment or a disability retirement payment. If you are receiving a worker's compensation payment and have retired on disability, your monthly State/MCPS disability retirement benefit may be reduced. Payment option may not be changed after your first retirement check.

MAXIMUM:

The maximum option provides the highest monthly benefit for your lifetime. All retirement benefits cease at your death.

OPTION A:

Option A provides a smaller monthly benefit than the maximum option. At the time of your death, any remaining balance of your contributions plus interest will be paid to your designated beneficiary(ies).

OPTION B:

Option B provides a smaller monthly benefit than Option A. At the time of your death, any remaining balance of the present value of your benefit will be paid to your designated beneficiary(ies).

OPTION C:

Option C provides a smaller monthly benefit than Option B. At the time of your death, 50% of the monthly benefit will be paid to your designated beneficiary for their lifetime. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

OPTION D:

Option D provides a smaller monthly benefit than Option C. At the time of your death, 100% of the monthly benefit will be paid to your designated beneficiary for their lifetime. The designated beneficiary cannot be more than 10 years younger than you unless they are a spouse or disabled child. If the beneficiary is a disabled child, verification from a physician must be provided. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

MANDATORY LUMP SUM PAYMENT:

If your benefit is less than \$100 per month, you will receive a mandatory payout of the present value of your retirement benefit in a lump sum with no benefit to your designated beneficiary. This lump sum payment also is known as a de minimis payment.

Check here to indicate that MCPS Form 455-5, Designation of Beneficiary/Beneficiaries is attached.

Authorization and Acknowledgement

I hereby authorize MCPS to distribute my retirement benefit as indicated above. I acknowledge that should my monthly benefit be less than \$100, my benefit will be disbursed in a mandatory one-time lump sum payment. I understand that the distribution of the lump sum payment makes any selected payment option above null and void.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature

____/____/____
Date

MONTGOMERY COUNTY PUBLIC SCHOOLS

Addendum to Application for Retirement/ Notice of Separation Resolution of Financial Obligation to MCPS

Employee and Retiree Service Center (ERSC) • Rockville, Maryland
MONTGOMERY COUNTY PUBLIC SCHOOLS

INSTRUCTIONS

Complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to ERSC@mcpsmd.org.

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID: _____

Retirement Date: ____/____/____ Resignation Date: ____/____/____

If your financial obligation to MCPS is a result of salary overpayment, excess leave usage (negative earned leave), or an outstanding invoice for benefits, this liability will be reduced from your

- » upcoming paycheck(s)
- » pension refund or rollover check at separation of employment(resignation)
- » monthly pension payment from Maryland State Teacher's Pension system or MCPS core and/or supplement pension
- » Leave payout at separation of employment or retirement

Rescinding Your Retirement

You are only eligible for consideration to rescind your retirement if you have not received your first pension check. Your request to rescind your retirement and return to work in MCPS will be evaluated based on your current certification, skills, and/or experience, critical need of the employment area, as well as the availability of a vacant position. **Returning to MCPS as an employee, is not guaranteed and the position you currently occupy may no longer be available.**

You may contact ERSC at 301-517-8100 or via email should you need to rescind the application.

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize MCPS to reduce my financial obligation from any payment disbursed to me as indicated above. I acknowledge that should my payment(s) indicated above be insufficient to satisfy my financial obligation to MCPS, then I will be billed for the excess amount and I am responsible to pay this amount by the due date provided on the invoice. I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: _____ Date: ____/____/____



MCPS Core and/or Supplemental Pension Plans Designation of Beneficiary/Beneficiaries

MCPS Form 455-5
October 2019

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Please return completed form to the address listed above. Print clearly. Retain a copy for your records.

Is this request to change your MCPS Core and/or Supplemental Pension Plan beneficiary/beneficiaries? Yes No

Working Vested Retired (if retiring, retirement date ____/01/____)

IMPORTANT: (If you are retired under Option C or D, STOP. You cannot change your beneficiary.)

EMPLOYEE ID NUMBER: 0000 _____ **SOCIAL SECURITY NUMBER Last 4 digits** _____

NAME (PLEASE PRINT)

First _____ MI _____ Last _____

HOME ADDRESS

Street _____ City _____ State _____ Zip Code _____

Subject to the terms of the Montgomery County Public Schools Employees' Retirement Pension, and Reformed Pension System (Plan), I request that any sum becoming payable by reason of my death be payable to the following beneficiary/beneficiaries. (Enter name, address, social security number, and relationship to you.)

Check if you used an additional MCPS Form 455-5 to name additional primary beneficiaries.

PRIMARY BENEFICIARY/BENEFICIARIES

Relationship* _____ SS No. _____ - _____ - _____ Birthdate (MM/DD/YYYY) ____/____/____

Name _____ Address _____

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

Relationship _____ SS No. _____ - _____ - _____ Birthdate (MM/DD/YYYY) ____/____/____

Name _____ Address _____

CONTINGENT BENEFICIARY/BENEFICIARIES (if none of the above named Primary Beneficiary/Beneficiaries survive me.)

Check if you used an additional MCPS Form 455-5 to name additional contingent beneficiaries.

Relationship* _____ SS No. _____ - _____ - _____ Birthdate (MM/DD/YYYY) ____/____/____

Name _____ Address _____

Relationship* _____ SS No. _____ - _____ - _____ Birthdate (MM/DD/YYYY) ____/____/____

Name _____ Address _____

I designate the above named person(s) as the beneficiary or beneficiaries to whom I request Montgomery County Public Schools (MCPS) to pay in the event of my death in active service, the total amount of the accumulated contributions standing to my credit in the Plan and, if I have completed at least one year of creditable service upon my death in active service, the death benefit as indicated in Section 13 of the Plan.

I hereby authorize Aetna Life Insurance Company to make payment to the beneficiary or beneficiaries, whom I have inserted above and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of MCPS from any further obligation on account of the benefit. I hereby direct that should both the primary and contingent beneficiary or beneficiaries of the above-named benefit predecease me, the amount which otherwise would have been payable to such beneficiary or beneficiaries, shall become a part of and be paid to my estate, or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with MCPS, in accordance with the rules and regulations prescribed by the Plan.

If more than one person is named beneficiary, any benefit payments that they may become entitled to receive from MCPS will, unless provided herein, be paid in equal shares to such of the designated persons, survivor or survivors, as shall be living at the time of my death.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Date

Employee Signature

Withholding Certificate for Periodic Pension or Annuity Payments

2022

▶ Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . ▶ \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . ▶ \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add other credits, such as foreign tax credit and education tax credits ▶ \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here		
		3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment .	4(c)	\$

Step 5: Sign Here

▶ _____ ▶ _____
 Your signature (This form is not valid unless you sign it.) Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

! **Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard

deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1 \$ _____
2	Enter: $\int \left. \begin{array}{l} \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\} \dots\dots\dots$	2 \$ _____
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3 \$ _____
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,750 if you're single or head of household. • \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • \$2,800 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5 \$ _____
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Employees' Retirement/Pension System
Maryland State Withholding Request**

MONTGOMERY
COUNTY
PUBLIC
SCHOOLS
Maryland
CLEAR FORM

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: Before submitting this form to ERSC (new retirees) or Aetna (existing retirees), please consult examples #1–#4 on page 2. **You must complete the section below.**

Social Security Number (last 4 digits) _____ Print Full Name _____

MARYLAND STATE INCOME TAX WITHHOLDING

Please check the appropriate box indicating your election. Check only one (1).

- I am **NOT** a Maryland resident. Do not withhold Maryland Income Tax.
- I **AM** a Maryland resident, but I do not wish to have tax withheld from my monthly pension check.
- Withhold from each monthly pension check the following **WHOLE DOLLAR** amount (*not less than \$5*).
\$ _____

**FOR STATES OTHER THAN MARYLAND,
YOU WILL NEED TO CONTACT YOUR STATE OF RESIDENCE FOR THE APPLICABLE FORM.**

SIGNATURE REQUIRED

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature _____ Telephone ----- Date ____/____/____

INCOME TAX WITHHOLDING FOR RETIREES

Each retiree is responsible for having the required State income tax withheld based upon their overall income and projected tax liability. However, it is not necessary to have withholdings from each individual income source. Instead, retirees normally need to have one Federal and one State withholding account (depending upon your state of legal residence, and applicable state tax laws). Individuals who do not have enough income tax withheld may wish to file estimated taxes or they may be subject to penalties if their withholding is not adequate.

Some states exclude pension income from taxable wages while other states exclude pension income once you have attained a certain age, such as age 65. Other states treat pension income as fully taxable. Therefore, it is critical to familiarize yourself with the tax laws and withholding requirements of your state of residence or consult a qualified tax or financial advisor for additional questions or information.

Each year, you file Federal and State income tax returns to determine your actual tax liability. Then, based upon the amount withheld during the tax year, you will either owe additional taxes or receive a tax refund. As your income grows over time, you may need to increase your tax withholdings to insure that adequate taxes have been withheld. Several forms are used to establish or update the amount of federal and state taxes that are withheld from your pension. The forms you will need depend upon your state of residence, and whether you receive your core retirement benefit from the State Teachers' Retirement System or the MCPS Employee's Retirement/Pension System through MCPS' agent, Aetna, Inc.

The following four examples illustrate the common situations based upon plan membership and state of residence. Each example will explain the necessary forms and where to send them to establish or adjust your withholding amount.

INCOME TAX WITHHOLDING FOR RETIREES

EXAMPLE #1

**Core Benefit from Maryland State Retirement System
Supplemental Benefit from MCPS/Aetna
Resident of Maryland**

	Federal Tax Withholding	State of Maryland Tax Withholding
Withheld From	State Monthly Benefit	Either State Monthly Benefit or MCPS Supplemental Benefit
Form to use when establishing or adjusting your withholding amount	IRS Form W-4P	If from State Benefit, lower portion of SRA Form 766.11. If from MCPS Benefit, then Section II of MCPS Form 281-50.
Available Online	Yes	Yes
Online Address	See footnote #1.	For State Form, footnote #1. For MCPS/Aetna Form see footnote #2.
Where to send completed tax forms at retirement	To ERSC along with all retirement forms	To ERSC along with all retirement forms
Where to send completed forms for subsequent changes	Directly to: State Retirement Agency of Maryland, 120 E. Baltimore St., Baltimore, MD 21202-6700	State form to State Retirement Agency MCPS Form to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156

EXAMPLE #2

**Core Benefit from Maryland State Retirement System
Supplemental Benefit from MCPS/Aetna
Non-Resident of Maryland**

	Federal Tax Withholding	State Tax Withholding States Other Than Maryland
Withheld From	State Monthly Benefit	MCPS Supplemental Benefit
Form to use when establishing or adjusting your withholding amount	IRS Form W-4P	See footnote #3.
Available Online	Yes	Yes
Online Address	See footnote #1.	See footnote #2.
Where to send completed forms at retirement	To ERSC along with all retirement forms	To ERSC along with all retirement forms
Where to send completed forms for subsequent changes	Directly to: State Retirement Agency of Maryland, 120 E. Baltimore St., Baltimore, MD 21202-6700	Directly to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156

EXAMPLE #3

**Core Benefit from MCPS/Aetna
Supplemental Benefit from MCPS/Aetna
Resident of Maryland**

	Federal Tax Withholding	State of Maryland Tax Withholding
Withheld From	MCPS/Aetna Monthly Benefit	MCPS Monthly Benefit
Form to use when establishing or adjusting your withholding amount	IRS Form W-4P	Section II of MCPS Form 281-50
Available Online	Yes	Yes
Online Address	See footnote #2.	See footnote #2.
Where to send completed forms at retirement	To ERSC along with all retirement forms	To ERSC along with all retirement forms
Where to send completed forms for subsequent changes	Directly to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156	Directly to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156

EXAMPLE #4

**Core Benefit from MCPS/Aetna
Supplemental Benefit from MCPS/Aetna
Non-Resident of Maryland**

	Federal Tax Withholding	State Tax Withholding States Other Than Maryland
Withheld From	MCPS/Aetna Monthly Benefit	MCPS Monthly Benefit
Form to use when establishing or adjusting your withholding amount	IRS Form W-4P	See footnote #3.
Available Online	Yes	Yes
Online Address	See footnote #2.	See footnote #2.
Where to send completed forms at retirement	To ERSC along with all retirement forms	To ERSC along with all retirement forms
Where to send completed forms for subsequent changes	Directly to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156	Directly to: Aetna, Inc., Large Case Pensions, RS2A, 151 Farmington Avenue Hartford, CT 06156

FOOTNOTES:

1. IRS Form W-4P
2. www.montgomeryschoolsmd.org/departments/forms/pdf/281-50.pdf
3. If your state has an income tax withholding form for Pension or Annuity payments, you should complete your state form. Information regarding income tax withholding allowances can be obtained from your state taxing authority. For those retirees living in Virginia, Delaware, West Virginia, and the District of Columbia, forms are available from the following websites:
www.tax.virginia.gov/
www.state.de.us/revenue
www.wv.gov
<http://cfo.dc.gov/otr/site>

FOR OTHER STATES, YOU WILL NEED TO CONTACT YOUR STATE OF RESIDENCE FOR THE APPLICABLE FORM.



Electronic Funds Transfer (EFT) Authorization Form

Aetna Life Insurance Company

Large Case Pensions – RTAA

151 Farmington Avenue

Hartford, CT 06156-0665

Fax: 1-860-262-7412

Telephone: 1-800-952-2700

Email: aetnapensions@aetna.com

Website: <https://pensions.aetna.com>

Payee/Joint Account Holder Information To be completed by Payee. Please print.	Your Name (Last, First, Middle Initial)	Social Security Number	
	Address (Number & Street)	Telephone Number	
	City/Town	State	ZIP Code – 4 Digit ZIP
	Joint Account Holder Name (Last, First, Middle Initial)	Joint Account Holder's Social Security Number	

Financial Information <u>(U.S. ONLY)</u>	I agree and acknowledge that you send my payments for automatic credit to:			
	Type of Account (<i>please check one</i>)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
	Financial Institutional Name			
Bank Account Number	ABA Routing Number (<i>9 digits</i>)			

Payee/Joint Account Holder Agreement	<ul style="list-style-type: none"> • Aetna will send payments to this account until I notify Aetna otherwise in writing. • If the payment due date falls on a weekend or holiday, we understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available. • I will advise Aetna of any change to information on this form, particularly any changes in resident address to facilitate the delivery of tax documents. • I will send Aetna proof of life upon request. • Joint Account Holder will notify Aetna immediately in the event of the Payee's death. • In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment. • In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to Aetna any information on this account and Account Holders. • I confirm that my name is on the account provided.
---	---

Signatures	Payee's Signature	Date (mm/dd/yyyy)
	Joint Account Holder's Signature (required if joint account)	Date (mm/dd/yyyy)

Pre-notification Please be sure the information on this form is accurate and complete.	If EFT is available at your financial institution, processing this authorized form will cause your benefit payment to be transmitted via EFT <u>provided all information is complete, accurate and received by Aetna in sufficient time to process your request.</u> If you use an institution that is not a bank, it must be able to accept payments by EFT. If it cannot, EFT will not be available.
---	---

Attach a voided personal check in the space provided.

NOTE: When a voided check is provided, we will use the Bank Account Number, and ABA Routing Number displayed on the check, rather than anything written above.

Please attach VOIDED CHECK (For checking account only)

Note: If the type of bank account elected is Other, include a copy of your bank statement or a letter from the bank with the bank official's signature so that we may verify the name, address, account number and bank routing number.

Get Language Assistance and Nondiscrimination Notice

TTY: 711

To access language services at no cost to you, call 1-800-952-2700.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-952-2700. (Spanish)

如欲使用免費語言服務，請致電 1-800-952-2700。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800 952-2700. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-952-2700. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-952-2700 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-952-2700. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-800-952-2700. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800 - 952 -2700. (Italian)

言語サービスを無料でご利用いただくには、1-800-952-2700 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-952-2700 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800-952-2700 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-800-952-2700. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-952-2700. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-952-2700. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-952-2700. (Vietnamese)

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 1-800-952-2700.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

MONTGOMERY COUNTY PUBLIC SCHOOLS

**Retiree Benefit Plan Enrollment
FOR NEW RETIREES ONLY**

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200 • Rockville, Maryland 20850

INSTRUCTIONS

All new retirees must make a selection in each category. Complete, sign electronically or manually on both sides of this form, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to ERSC@mcpsmd.org. This form must be signed at the bottom of pages 1 and 2. Please do not mail copies to ERSC once you have faxed or emailed the enrollment form. A confirmation of your requested change(s) will be sent to you. Unsigned forms will be returned to you and become your responsibility to resubmit to ERSC by the appropriate deadline.

SECTION I: RETIREE INFORMATION—Please print. If your address has changed, please submit MCPS Form 445-1B, *Change in Personal Information for MCPS Retirees and Former Employees* with your benefit enrollment form. Benefit enrollment confirmations are sent to the address on file.

Name _____ Employee ID# _____ SSN # _____
last 4 digits

Address: Street _____ City _____ State ____ Zip _____

Home Phone ____-____-____ Email _____ **Retiree Date of Birth** ____/____/____

Retirement Date ____/____/____ (new and existing retirees) **Spouse Date of Birth** ____/____/____

SECTION II: RETIREE ENROLLMENT INFORMATION

- Continuation of benefits in retirement—effective with retirement date.
Please complete MCPS Form 455-4, *Request for Refund of MCPS Prepaid Benefits*.
- Continuation of benefits in retirement—effective October 1 (for 10-month employees retiring in July, August, or September)
- Transfer to active spouse MCPS plan, ID# _____ (must include MCPS Form 455-20, *Employee Benefit Plan Enrollment*)
- I cancel/decline all benefit plan enrollment effective ____/____/____ (Date of cancellation must adhere to deadline rules in RBS)—skip to **SECTION VI, LIFE INSURANCE OPTION**

SECTION III: RETIREE LEVEL OF HEALTH COVERAGE

- Individual
- Two-Party
- Family

SECTION IV: RETIREE BENEFIT PLAN ENROLLMENT INFORMATION—You must make a selection in each category A-D. Please consult the Retiree Benefit Summary for benefit plan enrollment qualifications. **Medicare-eligible retirees (and their eligible dependents) must enroll in Medicare Parts A and B to continue coverage with MCPS.** If you enroll in a **private Medicare Part D plan**, all MCPS prescription coverage will be cancelled.

CATEGORY A (Medical Plans)—

PLEASE SELECT ONE (1) OF THE FOLLOWING OPTIONS

HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

- Cigna Open Access Plus In-Network (OAPIN)
- Kaiser Permanente HMO

OPEN POINT-OF-SERVICE (POS) PLANS¹

- Cigna Open Access Plus (OAP)

INDEMNITY/MEDICARE SUPPLEMENTAL PLANS

- Cigna Indemnity/Medicare Supplemental Plan
- I **decline** medical coverage

¹When a retiree or dependent becomes Medicare-eligible, this health plan does not coordinate with Medicare. At the time of Medicare Part B enrollment, a plan change will be required. When no plan change is submitted, coverage will default to the Indemnity/Medicare Supplemental Plan.

CATEGORY B (Prescription Drug Plans)—Please select one

- Caremark (available to all non-Medicare-eligible retirees except Kaiser HMO members) Option A Option B
- SilverScript/Caremark Part D plan for Medicare-eligible participants (available to ages 65 + only) Option A Option B
- Kaiser (only available to Kaiser HMO members)
- I **decline** prescription drug coverage

CATEGORY C (Dental Plans)—Please select one

- CareFirst Preferred Provider Organization (PPO)
- Aetna Dental Maintenance Organization (DMO) (Benefit plan participant must reside in a DMO service area.)
- I **decline** dental coverage

CATEGORY D (Vision Plan)—Please select one

- Davis Vision (provided through CareFirst)
- I **decline** vision coverage

SIGNATURE REQUIRED ON PAGES 1 AND 2

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature _____ Date ____/____/____

SECTION V: COVERED PARTICIPANTS—To enroll or drop dependent(s).

First Name	Last Name	MI	Social Security #	Date of Birth	Sex	Enroll/Drop
Spouse						<input type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>

FOR ADDITIONAL COVERED DEPENDENTS, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

SECTION VI: BASIC TERM LIFE INSURANCE

- Continue at retirement (Complete section VII and list all beneficiaries)
- I **cancel/decline** Basic Term Life Insurance (You may not reenroll once life insurance is cancelled.)

SECTION VII: LIFE INSURANCE BENEFICIARY DESIGNATION

- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise stated.
- The contingent beneficiary(ies) shall be entitled to life insurance benefits in the event there is no surviving primary beneficiary.
- If designating a Trust as a beneficiary, please provide a copy of the title, trustee, address, and signature pages of the Trust.

Please check **Primary** or **Contingent** for each designated beneficiary. If neither box is checked, the named beneficiary will be deemed as a **primary** beneficiary.

No change

Primary

Name _____

Address _____

Share _____ % Relationship _____

Primary **Contingent**

Name _____

Address _____

Share _____ % Relationship _____

Primary **Contingent**

Name _____

Address _____

Share _____ % Relationship _____

Primary **Contingent**

Name _____

Address _____

Share _____ % Relationship _____

FOR ADDITIONAL BENEFICIARIES, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

SIGNATURE REQUIRED ON PAGES 1 AND 2

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature _____ Date ____/____/____

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

EMPLOYEE AND RETIREE SERVICE CENTER

MCPS Form 480-4G: Notice of Termination/Retirement (Complete online)

Complete this online MCPS Google form *after* you have submitted your retirement forms packet to the Employee and Retiree Service Center (ERSC).

To complete Form 480-4G Notice of Retirement/Termination (Separation) go to the MCPS Office of Human Resources and Development (OHRD) careers page:
<https://www.montgomeryschoolsmd.org/departments/careers/>

1. Go to: **For Current Employees.**
2. Click on the '**How to Terminate Your Employment**' link.
3. Complete the applicable online form for your job classification.

This electronic form can also be located on the ERSC webpage at the following link:

<https://ww2.montgomeryschoolsmd.org/departments/forms/detail.aspx?formID=318&formNumber=480-4>

MONTGOMERY COUNTY PUBLIC SCHOOLS

**Application for Lump Sum (De minimis)
Retirement Distribution**

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Complete this form 30 days prior to effective date of retirement, and return to the Employee and Retiree Service Center.

RETIREMENT TYPE: Normal or Early Retirement Disability Retirement—Ordinary Disability Retirement—Accidental

NAME (PLEASE PRINT) _____ **EFFECTIVE DATE OF RETIREMENT** ____ / **01** / **20**____

First _____ MI _____ Last _____

EMPLOYEE ID NUMBER: 0000 _____ **SOCIAL SECURITY NUMBER Last 4 digits** _____

Home Phone _____ - _____ - _____ E-mail Address _____

Payment Distribution Option: I acknowledge that I have read the Rollover Options Notice, and I understand the tax consequences of my distribution and elect the following:

- 1. Pay my entire distribution to me.** I understand that the taxable portion will be subject to the mandatory 20% federal income tax and if applicable, any state tax withholding.
- 2. Rollover to a Traditional IRA**
- 3. Rollover to a Roth IRA.** I understand that the taxable portion of this distribution will be taxable income, and I voluntarily request Aetna withholds \$ _____ in federal taxes and \$ _____.
- 4. Rollover to a Qualified Retirement Plan**
- 5. Rollover to an MCPs Fidelity 403(b) Plan 50300 or an MCPs Fidelity 457(b) Plan 62512.** (Enter 50300 or 62512 below as the account number and email DCPlans@mcpsmd.org to notify Fidelity of the pending distribution).

Please complete the financial institution rollover information:

Direct my eligible rollover distribution to: IRA Roth IRA Qualified Plan

Name of the Financial Institution _____

Account # _____

Address _____

Attention _____

REQUIRED CERTIFICATION

Under penalty of perjury, I hereby certify that all the information is correct. I acknowledge that I have read the Rollover Options Notice and have been advised of the tax consequences of my distribution and that under current law, I have 30 days in which to make this election. I hereby waive my right to the 30-day election period and request that my distribution be processed as soon as possible in the manner I have elected.

Employee Signature

Date

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

2023

Give Form W-4R to the payer of your retirement payments.

1a First name and middle initial	Last name	1b Social security number
----------------------------------	-----------	---------------------------

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
--	----------	---

Sign Here	Your signature (This form is not valid unless you sign it.)	Date
------------------	---	------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MONTGOMERY COUNTY PUBLIC SCHOOLS

Request for Refund of MCPS Prepaid Benefits

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Please complete and submit this form to ERSC at ersc@mcpsmd.org

EMPLOYEE INFORMATION

Name (please print) _____

Employee ID# _____

Address _____

Email Address _____

Phone _____ - _____ - _____

Retirement Date ____/____/____

As a 10-month MCPS employee, I understand that my benefit premiums are paid over 20 payroll periods.

Retiring 10-month employees may complete this form to request a refund of prepaid employee benefit premiums for coverage beyond your retirement date. Please select one of the following options:

- A refund of prepaid benefits back to January 1 of the calendar year in which you retire.
- A refund of prepaid benefits for the entire fiscal year in which you retire. Please note: This will result in an adjusted W-2 for the prior calendar year. This is because premiums paid within the fiscal year impact two calendar years.

SIGNATURE

Printed Name _____

Signature _____ Date ____/____/____

Change in Personal Information for MCPS Retirees and Former Employees

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS (Please type or print)

Use this form to change or correct your name, title, date of birth, address, and/or Social Security number (only after receipt of your new official Social Security card). Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). **You may fax the form to 301-279-3642/301-279-3651 or email an electronically signed Adobe PDF file to ERSC@mcpsmd.org**

1. You must complete ALL sections in the first box.
2. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
3. You will need to contact Aetna and the Maryland State Retirement Agency directly to update your address with these organizations.
4. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must visit the [Employee Self-Service \(ESS\)](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) web page at montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/ and click on **My address change** to update your address with MCPS for payroll purposes.
5. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes. All W-4 changes are made online. To access the online form, visit the ESS web page and click on **My W-4** under the green My Pay banner.

EMPLOYEE INFORMATION

Name: _____
Last, First, Middle

Effective date of change ____/____/____ Employee ID # _____ **or** Social Security # _____-_____-_____

CHANGES

CORRECT DATE OF BIRTH TO: ____/____/____ Attach copy of birth certificate or valid driver's license.

____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.

CHANGE NAME TO (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree):

Last, First, Middle

CHANGE SOCIAL SECURITY NUMBER TO: _____-_____-_____ **Attach copy of Social Security card**

CHANGE EMAIL ADDRESS TO: _____

CHANGE ADDRESS/PHONE

From:

Street _____
Apt. #

City _____
State _____
ZIP Code _____
Phone #

To:

Street _____
Apt. #

City _____
State _____
ZIP Code _____
Phone #

Maryland County _____

SIGNATURE

Employee Name: (please print) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: _____ Date ____/____/____

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Retirement
§403(b) Leave Payout Contribution Agreement**Associate Superintendent of Finance, Division of Investments
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850**SECTION I—Employee Information (Please Print)**

First Name _____ Last Name _____

MCPS Employee ID (required) _____ Retirement Date ____/____/____

Home Phone ____-____-____ Work Phone ____-____-____

Union Affiliation: MCAAP/MCBOA MCEA SEIU**SECTION II—Earned Unused Leave Payout at Retirement Election****Internal Revenue Service contribution limits for 2022:
Standard limit of \$20,500. Age 50 catch-up of an additional \$6,500.**

I am eligible to contribute (based on IRS limits): \$ _____

Less YTD 403(b) contributions: \$ _____ I elect to contribute up to the maximum allowed.Estimated amount eligible to contribute: \$ _____ I elect to contribute \$ _____

Value of my earned unused leave: \$ _____

Important notice: If you return to work for MCPS in ANY CAPACITY and are under age 59½ you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.**SECTION III—Agreement and Signature**I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 403(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 403(b) account at Fidelity Investments. Please visit www.NetBenefits.com/mcps to register and log in to your account.

I understand and agree that:

- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 403(b) Leave Payout Agreement, I certify that my salary reduction contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 415(c)(1), 403(g), and 414(v) of the Internal Revenue Code.

Employee Signature _____ Today's Date ____/____/____

**For answers to Leave Payout questions, please see 403(b)/457(b) Leave Payout FAQs,
also available under Tools & Resources at www.NetBenefits.com/mcps.****Completed form should be delivered to:****MCPS/ERSC****Attn: Retirement Team****45 West Gude Drive, Suite 1200, Rockville, MD 20850***As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.***MCPS Use Only**

Initials: _____

Date Input: ____/____/____

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Retirement
§457(b) Leave Payout Contribution Agreement**Associate Superintendent of Finance, Division of Investments
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850**SECTION I—Employee Information (Please Print)**

First Name _____ Last Name _____

MCPS Employee ID (required) _____ Retirement Date ____/____/____

Home Phone ____-____-____ Work Phone ____-____-____

Union Affiliation: MCAAP/MCBOA MCEA SEIU**SECTION II—Earned Unused Leave Payout at Retirement Election****Internal Revenue Service contribution limits for 2022:
Standard limit of \$20,500. Age 50 catch-up of an additional \$6,500.**

I am eligible to contribute (based on IRS limits): \$ _____

Less YTD 457(b) contributions: \$ _____ I elect to contribute up to the maximum allowed.Estimated amount eligible to contribute: \$ _____ I elect to contribute \$ _____

Value of my earned unused leave: \$ _____

Important notice: The 457(b) plan permits distributions based on separation of service or age 59½. If you return to work for MCPS in ANY CAPACITY you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.**SECTION III—Agreement and Signature**I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 457(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 457(b) account at Fidelity Investments. Please visit www.NetBenefits.com/mcps to register and log in to your account.

I understand and agree that:

- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 457(b) Leave Payout Agreement, I certify that my salary deferral contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 457(b) and 414(v) of the Internal Revenue Code.

Employee Signature _____ Today's Date ____/____/____

**For answers to Leave Payout questions, please see 403(b)/457(b) Leave Payout FAQs,
also available under Tools & Resources at www.NetBenefits.com/mcps.****Completed form should be delivered to:
MCPS/ERSC****Attn: Retirement Team
45 West Gude Drive, Suite 1200, Rockville, MD 20850***As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.***MCPS Use Only**

Initials: _____

Date Input: ____/____/____

Leave Payout Question and Answer for Rolling Earned Unused Leave into Fidelity 403(b)/and or 457(b) Account(s)

1. What percentage of my earned unused leave can I roll into my Fidelity 403(b) and/or 457(b) account?

The percentage is determined by your union membership. Please see your union contract for details. Union contracts are available on the Department of Labor Relations website:

<http://www.montgomeryschoolsmd.org/departments/associationrelations/>.

2. What is the dollar amount of my leave payout that I can roll into my 403(b) and/or 457(b) account?

The dollar amount will vary. The dollar amount is affected by:

- a. The amount you have already contributed to your 403(b) and/or 457(b) in the calendar year that you retire and;
- b. IRS limits in effect for the calendar year that you retire.

3. Do I have to fill out the 457(b) and the 403(b) Leave Payout forms if I want my leave rolled into both my 403(b) and 457(b) accounts?

Yes.

4. I currently am not making a contribution to my 403(b) and/or 457(b) account. Can I submit a Leave Payout form?

Yes, but to help ensure proper processing of your payout, you should start contributing a nominal amount to your 403(b) and/or 457(b) at least two pay periods prior to your retirement date. To set up your contribution, please log in to www.NetBenefits.com/mcps or call Fidelity at 1-800-343-0860.

5. If I roll over my leave payout to my 403(b) and/or 457(b), will I have to pay taxes on that amount?

You will have to pay some taxes. The example below is for illustrative purposes only.

Total amount of leave payout: \$19,292.00

Amount that was rolled to 403(b):	\$8,500.00
Amount that was rolled to 457(b):	\$8,500.00
Total:	\$17,000.00

Taxes paid before rollover (paid on the total amount of \$19,292.00):

FICA OAS = \$1,196.11

FICA Med = \$279.73

Taxes paid after rollover (paid on \$2,292.00; difference between total value of leave and amount rolled over):

Fed Tax = \$504.24

MD Tax = \$125.73

Mont. Co tax = \$ 69.97

6. Do I have to submit my Leave Payout forms with my retirement forms?

Yes.

7. Do I need to complete a Leave Payout form if I want my earned unused leave paid to me directly?

No.

8. What if I change my mind about rolling over my leave payout to my 403(b) or 457(b) plan prior to my retirement date?

If you wish to change your election, please contact the plan administrator at 240-740-2821 or submit a revised Leave Payout form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to your retirement. It is not possible to accommodate all requests.

9. When will my leave payout be deposited into my Fidelity account?

It generally takes 6 to 8 weeks after your retirement date for the leave payout to be deposited into your Fidelity 403(b) and/or 457(b) account(s). The deposit will occur on a regularly scheduled pay date. Once the payout is deposited, you can view it in your Fidelity account (login at www.NetBenefits.com/mcps).

10. Will leave transferred from my former employer be paid out by MCPS at retirement?

Leave transferred from another employer will not be paid out by MCPS at retirement.

Note: 403(b) and/or 457(b) participants who retire and become re-employed by MCPS in any capacity cannot withdraw money penalty-free from their plan(s) if they are not age eligible (59.5 for both plans). Once you are re-hired by MCPS as a temporary employee or substitute teacher you are eligible to participate in the plan(s) again by electing to contribute a percentage of your pay.