

Maryland State Core and MCPS Supplemental Retirement and Pension System

Retirement Forms Checklist: State Core Plan - Required Forms

- ____ Form 13/23 Application for Service or Disability Retirement
(Include proof of your beneficiary's date of birth if selecting option 2, 3, 5 or 6)
- ____ Form 4 Designation of Beneficiary (do not use if selecting option 2, 3, 5 or 6)
- ____ Form W-4P Federal Tax Withholding
- ____ Form 766.11 Maryland State Tax Withholding Request
- ____ Form 85 Electronic Funds Transfer Sign-Up

MCPS 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
- ____ MCPS 455-2B Resolution of Financial Obligation to MCPS
- ____ MCPS 455-5 Designation of Beneficiary
- ____ MCPS W-4P Federal Tax Withholding
- ____ 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 W4-R 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.

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



FOR RETIREMENT
USE ONLY

FORM 13-23 (REV. 10/21)

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

1. In addition to this form, you should complete Forms 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request).
2. If you have chosen payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof of birth. You can name only one beneficiary under these options. For information on other acceptable proofs of birth date, call a retirement benefits specialist at the number shown above.
3. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 with this application.
4. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
5. If you are choosing the Basic Allowance, the Option 1 Allowance, or the Option 4 Allowance and you wish to name more than one beneficiary, you should not fill out the "Designation of Beneficiary" section on page 5. Instead, fill out and attach *Designation of Beneficiary* (Form 4).
6. If you are eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents after your death. Contact your employing agency for details.
7. You may change your retirement allowance selection only by filing a change with the Maryland State Retirement Agency before your first payment normally becomes due. In most cases, the first payment is due 30 days after the effective date of your retirement. For example, if your effective retirement date is July 1 and you elected Option 5, you have until July 30 to change your option selection with the State Retirement Agency. You may not change your option selection after monthly benefit payments have commenced.
8. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
9. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a retirement benefits specialist.
10. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
11. Generally speaking, a member may not receive more than one type of retirement benefit.
12. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a retirement benefits specialist at the number shown below.

NEED HELP: If you need help to complete this form, or need information on your retirement benefits or retirement process, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

Reemployment After Retirement

VIDEO: For an overview of this information, go to sra.maryland.gov, select YouTube or Vimeo and watch “Reemployment After Retirement.”

FOR RETIREES OF THE TEACHERS’ RETIREMENT/PENSION, EMPLOYEES’ RETIREMENT/PENSION, CORRECTIONAL OFFICERS’ RETIREMENT, OR LOCAL FIRE & POLICE PENSION SYSTEMS

Keep a copy of this information on file as a handy reference. You should also keep your Notice of Retirement Allowance that the State Retirement Agency sends to you as a new retiree. The Notice of Retirement Allowance lists the amount of your monthly retirement allowance, your designated beneficiary(ies) and your earnings limitation. Refer to your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and the amount of your earnings limit. Then, apply the reemployment rules printed below to determine if an earnings limit applies for you. Once retired, you cannot enroll in another Maryland State Retirement and Pension System (SRPS) plan or the Optional Retirement Program (ORP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the SRPS you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the greater the difference between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an “independent contractor” may not meet the IRS’ standard.

MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. This rule applies even if you retired from an employer that withdrew from the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

SERVICE RETIREMENT

(For disability retirement rules, see following page.)

Applicable to all systems: If you accept employment with a participating employer, that is an employer who offers State Retirement Benefits to their employees (a list of these employers can be found on page three), you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. If you accept employment with the *same employer* from which you retired, you are subject to an earnings limit. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules. If you are subject to an earnings limit, your allowance will be reduced only if your *reemployment earnings* exceed the earnings limitation printed on your Notice of Retirement Allowance.

Reemployment earnings are the annual reemployment compensation reported to the IRS that you received during a calendar year. Your benefit is reduced one dollar for every dollar you earn in excess of your limit, up to a maximum of the full retirement allowance. If you retired as an elected or appointed official, contact the State Retirement Agency to learn how the reemployment provisions apply to you.

Applicable only to Employees’/Teachers’ Systems: Additionally, if you accept an early retirement *and* have been retired fewer than 12 months, you are subject to an earnings limit if you return to work for *any* participating employer during the first 12 months of retirement.

SERVICE RETIREMENT: EXCEPTIONS

Applicable to all systems: Earnings limits do not apply if your average final compensation used in your retirement calculation is less than \$25,000 and you are reemployed on a permanent, temporary or contractual basis. Earnings limits do not apply if you have been retired more than five years. With the exception of a January 1st retirement date, the five year period begins on January 1st of the year following the year of retirement.

Applicable only to Teachers’ Systems: Earnings limits do not apply if you are a teacher who meets all of the following criteria:

- Is or has been certified to teach in the state,
- Has verification of satisfactory or better performance in last assignment prior to retirement,
- Has been appointed in accordance with §4-103 of the Education Article, and
- Retired with normal service retirement, or retired with an early service retirement and has been retired at least 12 months

AND

(continued on following page)

SERVICE RETIREMENT EXCEPTIONS

(continued from previous page)

Is employed as a classroom teacher, substitute classroom teacher or teacher mentor for the Maryland School for the Deaf or in a public school that

- Is not making adequate yearly progress or is a school in need of improvement as defined under the federal No Child Left Behind Act of 2001, or
- Is receiving funds under Title 1 of the federal No Child Left Behind Act of 2001, or
- Has more than 50% of the students attending that school who are eligible for free and reduced-price meals, or
- Provides an alternative education program for adjudicated youths or students who have been expelled, suspended or identified for suspension or expulsion from public school

AND

- Shall teach in an area of critical shortage, or a special education class for students with special needs, or a class for students with limited English proficiency, or
- Is hired to teach any subject or class or provide education services under a special limited provision granted to the superintendent.

The superintendent may also grant a special limited exception to the earnings limit if the retiree is employed at any school to teach in an area of critical shortage, a special education class with special needs, a class for students with limited English proficiency, or provide education services.

Earnings limits do not apply if you are employed: **1)** as a principal within 5 years of retirement or **2)** as a principal not more than 10 years before retirement and were employed in a position supervising principals in the retiree's last assignment prior to retirement **AND** you are rehired as a principal at a public school outlined above.

Note: Teachers and principals must receive satisfactory or better performance evaluations each year to continue with the earnings limitation exception.

If you retired directly from employment as a faculty member with a 10-month salary at the University System of Maryland, Morgan State University, St. Mary's College or a Title 16 community college and are reemployed by the same employer, the following types of compensation will not be subject to an earnings limit: bonuses, overtime, summer school or adult education salaries, temporary payments for special research, honorariums or vehicle stipends.

Applicable to Employees' Systems (rehired health care practitioners): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as a health care practitioner by the Department of Health and Mental Hygiene in a state residential center, chronic disease center, a state facility or a local health department are exempt from the earnings limitation (applies only to normal service retirement or early service retirement once the retiree has been retired for 12 months.)

Applicable to Employees' Systems (rehired as parole and probation employees): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as parole and probation employees in positions with the Division of Parole and Probation in the Department of Public Safety and Correctional Services are exempt from an earnings limit for not more than 4 years.

Applicable to Correctional Officers' Retirement System (rehired correctional officers): Retirees of the Correctional Officers' Retirement System who are reemployed on a contractual basis as a correctional officer by the Division of Corrections, the Division of Pretrial Detention and Services or the Patuxent Institution in the Department of Public Safety and Correctional Services in an eligible correctional facility are exempt from the earnings limitation for a maximum of 4 years (does not apply to a disability retirement).

Applicable to Teachers' Systems and Employees' Systems: Retirees of the Teachers' Retirement System, Employees' Retirement System, Teachers' Pension System, and Employees' Pension System who are reemployed by the same employer from which they retired are not subject to a reemployment earnings limitation if the current employer is a unit of Maryland state government and compensation does not include any state funds.

DISABILITY RETIREMENT

Suspension of Disability Retirement: An Ordinary or Accidental Disability allowance shall be temporarily suspended during a period of reemployment if a retiree is reemployed by any participating employer at an annual compensation that is at least equal to the retiree's average final compensation at retirement. If the disability retiree is eligible to receive a normal service retirement or began receiving a disability retirement allowance before July 1, 1998, no suspension of benefits is applied. There is no additional benefit accrued while reemployed by a participating employer.

If suspended, the retiree's allowance is reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. Also, the retiree's allowance at time of reinstatement is adjusted to reflect the accumulated cost of living adjustments during the period of suspension.

Earnings limitation for Ordinary Disability Retirees Only: If you have not reached normal retirement age and you accept employment with a participating employer and your current earnings from the employment exceeds your earnings limitation, then your benefit is reduced. The reduction is \$1.00 for every \$2.00 over the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit. If your pension is temporarily suspended as provided above, this earnings limitation does not apply during the period of suspension.

There is no earnings limit for an Ordinary Disability Retiree who is reemployed with a non-participating employer.

The earnings limit does not apply for Accidental Disability Retirees.

Note: An additional exception to the suspension of benefits and the earnings limitation applies to law enforcement officers formerly employed by an employer that participated in the Law Enforcement Officers' Pension System. These former officers are exempt if reemployed by a participating employer in any position other than a probationary status law enforcement officer, a law enforcement officer or chief, as defined in §3-101 of the Public Safety Article.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

PARTICIPATING EMPLOYERS *
Maryland State Retirement and Pension System

State of Maryland
University System of Maryland
Baltimore City and All County Boards of Education (Teachers' System)
Community Colleges and All Public Libraries (Teachers' System)

Participating Governmental Units in the Employees' System as of July 1, 2021

Allegany College of Maryland	Federalsburg, Town of	Prince George's County Board of Education
Allegany County Board of Education	Frederick County Board of Education	Prince George's County Crossing Guards
Allegany County Commission	Frostburg, City of	Prince George's County Government
Allegany County Housing Authority	Fruitland, City of	Prince George's County Memorial Library
Allegany County Library	Garrett County Board of Education	Princess Anne, Town of
Allegany County Transit Authority	Garrett County Community Action Committee	Queen Anne's County Board of Education
Annapolis, City of	Greenbelt, City of	Queen Anne's County Commission
Anne Arundel County Board of Education	Greensboro, Town of	Queenstown, Town of
Anne Arundel County Community College	Hagerstown, City of	Ridgely, Town of
Berlin, Town of	Hagerstown Community College	Rock Hall, Town of
Berwyn Heights, Town of	Hampstead, Town of	St. Mary's County Board of Education
Bladensburg, Town of	Hancock, Town of	St. Mary's County Commission
Bowie, City of – Police Dept. (LEOPS)	Harford Community College	St. Mary's County, Housing Authority
Brentwood, Town of	Harford County Board of Education	St. Mary's County Metropolitan Commission
Brunswick, City of	Harford County Government	St. Michaels, Commissioners of
Calvert County Board of Education	Harford County Library	Salisbury, City of
Cambridge, City of	Housing Authority of Cambridge	Shore Up!
Caroline County Board of Education	Howard Community College	Snow Hill, Town of
Caroline County Sheriff Deputies	Howard County Board of Education	Somerset County Board of Education
Carroll County Board of Education	Howard County Community Action Committee	Somerset County Commission
Carroll County Public Library	Hurlock, Town of	Somerset County Economic Development Commission
Carroll Soil Conservation District	Hyattsville, City of	Somerset County Sanitary District, Inc.
Catoctin & Frederick Soil Conservation District	Kent County Board of Education	Southern Maryland Tri-County Community Action Committee
Cecil County Board of Education	Kent County Commissioners	Sykesville, Town of
Cecil County Government	Kent Soil and Water Conservation District	Takoma Park, City of
Cecil County Library	Landover Hills, Town of	Talbot County Board of Education
Centreville, Town of	La Plata, Town of	Talbot County Council
Chesapeake Bay Commission	Lower Shore Private Industry Council	Taneytown, City of
Chestertown, Town of	Manchester, Town of	Thurmont, Town of
Cheverly, Town of	Maryland Health & Higher Education Facilities Authority	Tri-County Council of Western Maryland
College of Southern Maryland	Middletown, Town of	Tri-County Council for the Lower Eastern Shore
College Park, City of	Montgomery College	University Park, Town of
Crisfield, City of	Morningside, Town of	Upper Marlboro, Town of
Crisfield Housing Authority	Mount Airy, Town of	Walkersville, Town of
Cumberland, City of	Mount Rainier, City of	Washington County Board of Education
Cumberland, City of - Police Department	New Carrollton, City of	Washington County Board of License Commission
Denton, Town of	North Beach, Town of	Washington County Library
District Heights, City of	Northeast Maryland Waste Disposal Authority	Westminster, City of
Dorchester County Board of Education	Oakland, Town of	Worcester County Board of Education
Dorchester County Commission	Oxford, Town of	Worcester County Commission
Dorchester County Roads Board	Pocomoke, City of	Wor-Wic Community College
Dorchester County Sanitary Commission	Preston, Town of	
Eastern Shore Regional Library	Prince George's Community College	
Edmonston, Town of		
Emmitsburg, City of		

***NOTE:** The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER _____ Gender Male Female (M or F) **APPLYING FOR:** Check only one box.
 Service Retirement
 Ordinary Disability Retirement
 Accidental Disability Retirement

APPLICANT'S NAME _____
 First Initial Last _____

HOME ADDRESS _____
 Number and Street _____
 City _____ State _____ ZIP Code _____
 Home telephone _____ Home email address: _____

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. Yes No
 I request that my retirement allowance be effective on _____ - _____ - _____.
 Month Day Year
 Are you a U.S. citizen? Yes No
 I have Voluntary Monies: (see instructions on page one)
 I want my voluntary funds refunded in a one-time distribution.
 I want my voluntary funds to remain as a monthly additional annuity **OR**

DESIGNATION OF BENEFICIARY: If more than one beneficiary will be designated by members who select either the Basic Allowance, the Option 1 allowance, or the Option 4 allowance complete the "Designation of Beneficiary" Form 4 instead of the following section. Retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child. **Check here to indicate that Form 4 is attached.**

BENEFICIARY'S SOCIAL SECURITY NUMBER _____ Gender _____ DATE OF BIRTH _____
 (M or F) Month Day Year
 RELATIONSHIP _____
 BENEFICIARY'S NAME _____
 First Initial Last _____

BENEFICIARY'S ADDRESS _____
 Number and Street _____
 City _____ State _____ ZIP Code _____

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT,** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I 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 the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES,** I want the designation of beneficiary in this application to take effect (check only one box):
 Immediately Only upon the effective date of my retirement
I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
- REGARDING REEMPLOYMENT,** I have read and understand the information about reemployment after retirement on pages two through four of this application. I agree to notify the Board of my anticipated earnings if I return to work. I understand that exceeding the legal limit on my post-retirement earnings could cause a temporary reduction or termination of my monthly retirement allowance. I understand that, to retire, I must be separated from any and all employment and reemployment, of any kind whatsoever, for at least 45 days after my retirement effective date, with any employer that participates in the SRPS. I also certify to the Board that at the date of my retirement, I will be in compliance with that requirement, and that I have had no discussions about reemployment with any employer that participates in the SRPS.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE,** if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

STOP
 You must sign and date this form in the presence of a Notary Public. Your application will be rejected and your retirement delayed if the date of your signature does not match the date of your appearance before the Notary Public as provided in the box below.
 STOP

Complete Signature _____ **Date Signed** _____
 Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of _____, County of _____ (or City of Baltimore)
 This form was acknowledged before me on the _____ day of _____, 20____.
 By _____
 Name of individual whose signature is being acknowledged*
 Signature of Notarial Officer _____
 Title of office (Notary Public, Clerk of the Court, etc.) _____ My commission expires _____

Official stamp
 must be affixed

Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.

INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW.

BASIC ALLOWANCE:

The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

SIGNATURE _____ DATE _____

OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: _____
Applicant's Name Job Classification

Applicant's Social Security number: |_|_| - |_|_| - |_|_|_|_|_|

A. The most recent payroll period reported was: |_|_| - |_|_| - |_|_|_|_|_|
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$ _____ Standard hours _____ Actual Hours Paid _____ Pay Period Ending _____
MO DAY YR

Contribution \$ _____ Standard hours _____ Actual Hours Paid _____ Pay Period Ending _____
MO DAY YR

Contribution \$ _____ Standard hours _____ Actual Hours Paid _____ Pay Period Ending _____
MO DAY YR

Final Contribution \$ _____ Standard Hours _____ Actual Hours Paid _____ Pay Period Ending _____
MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: _____.

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. State law requires that there be a minimum of **45 days** from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a participating employer.

D. Salary Change: Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... YES NO

If yes, the employee's new annual salary is \$ _____ and is effective _____
MO DAY YR

E. Unused Sick Leave: Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) _____ as of _____ MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

 Signature of Authorized Agent Printed Name of Authorized Agent Title of Authorized Agent

 Date Full Name of Employer **DIRECT** Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Important Points To Know...

when filing the

Application for Service or Disability Retirement (Form 13-23)

Please review the following information when planning and filing for retirement.

For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- Apply to purchase any eligible service credit that is not in your account by completing the *Request to Purchase Previous Service* (Form 26) in the 12 months before you retire. You must submit your request to purchase service prior to retiring. A purchase of service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.
- Claim your military service by completing the *Claim of Retirement Credit for Military Service* (Form 43) and submitting it to SRA before you retire. You must have at least 10 years of creditable state service in order to claim military service that occurred prior to your membership. Claiming military service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.
- Submit a request for an estimate by filing the *Application for an Estimate of Service Retirement Allowance* (Form 9) within 12 months of retiring. See the Important Points to Know sheet that accompanies Form 9 for more information.
- Determine when you want to retire. Go to your Retirement Coordinator, usually someone in your personnel or payroll office, and ask for the retirement forms to retire. You should receive the following forms:
 - Application for Service or Disability Retirement Form* (Form 13-23)
 - Direct Deposit Electronic Fund Transfer Sign-Up* (Form 85)
 - Federal and State Tax Withholding Request* (Form 766)

Retirement forms should be sent to the Retirement Agency four to eight weeks before you retire. Form 13-23 can only be sent to the Agency from your employer so please allow sufficient time for your employer to process information on the back of the form and send it to the Agency.

- Ask any questions you have on retirement issues or forms to SRA retirement benefits specialists. You can make an appointment to see a specialist or you can talk with a specialist by calling 410-625-5555 or toll-free 1-800-492-5909.
- Read carefully the first page of Form 13-23. Be sure you understand all information on the front page before completing the form. If you need any help, contact a retirement benefits specialist at 410-625-5555 or toll free at 1-800-492-5909.
- Any unused sick leave days that you have at retirement may be converted into months to add to your monthly benefit provided you retire within 30 days of separating from employment.**

Continued on following page.

The Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov

Important Points to Know when filing the *Application for Service or Disability Retirement* (Form 13-23)

Continued from previous page.

- For State employees and employees of the University System of Maryland: If you are eligible to participate in the State Employees' Health Insurance Program, only selection of Option 2, 3, 5, or 6 will allow your eligible surviving dependents to continue health program coverage after your death. You must choose either Option 2, 3, 5, or 6 and name your spouse as beneficiary in order for the spouse to continue health insurance after your death.
- Choose a retirement date. If you choose the first of a month as your retirement date, you will receive your monthly retirement benefit at the end of that month. If you choose a date other than the first of the month, your first retirement benefit will be paid the end of the following month and it will be for one month's income only. You must be separated from employment on the date that you enter as your retirement date.
- If you have voluntary money, decide how you want that money paid to you. To verify if you have any voluntary money, refer to your most recent Personal Statement of Benefits or call a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.
- Name your beneficiary (ies). If you have selected Option 2, 3, 5, or 6, you may only name one beneficiary. If you choose the Basic Allowance, Option 1 or Option 4, you may name multiple beneficiaries. If you are naming multiple beneficiaries, check the box on Form 13-23 that indicates you are submitting Form 4 with your beneficiary information. Do not enter one beneficiary on Form 13-23 and the rest on Form 4. Enter multiple beneficiaries on Form 4.
- Choose your payment option. Be sure you understand each option before making your choice. Your estimate should be helpful in choosing the option best suited to you and to those who may rely upon you for continuing income after your death. Contact a retirement benefits specialist if you have questions regarding the payment options. **You may not change your payment option once your first payment comes due.**
- Submit proof of birth of your beneficiary if you choose Option 2, 3, 5, or 6. You may submit a copy of an unexpired driver's license, MD identification card provided by the Motor Vehicle Administration, birth certificate, passport, or military documentation, as examples.
- If you have chosen Option 2 or Option 5 and your beneficiary is your disabled child, you must have a physician complete the *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and attach it to this application.
- No offers of reemployment should be made or discussed by you and your current employer until after you have retired.** Maryland law requires you to wait at least 45 days from your date of retirement before being reemployed as a retiree by your same employer. In this instance, all state agencies including the University System of Maryland are considered the same employer. If you return to work for the same employer, you may be subject to an earnings limitation as well as IRS rules may apply. Refer to the information contained in this packet for an explanation of the reemployment rules. If you have any questions, contact a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.
- Again, to receive credit for any unused sick leave days you have at retirement, you must retire within 30 days from when you separated from employment. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.



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. 3/21)

APPLICANT'S SOCIAL SECURITY NUMBER

Grid for Social Security Number

CHECK ONE: Active 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

Grid for Applicant's Name

First HOME ADDRESS

Grid for Home Address

Number and Street

Grid for 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.

Form for Primary Beneficiary 1: Name, Relationship, Gender, Birthdate, Address

Form for Primary Beneficiary 2: Name, Relationship, Gender, Birthdate, Address

Form for Primary Beneficiary 3: Name, Relationship, Gender, Birthdate, Address

Form for Primary Beneficiary 4: Name, Relationship, Gender, Birthdate, 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.

Form for Contingent Beneficiary 1: Name, Relationship, Gender, Birthdate, Address

Form for Contingent Beneficiary 2: Name, Relationship, Gender, Birthdate, Address

Form for Contingent Beneficiary 3: Name, Relationship, Gender, Birthdate, Address

Form for Contingent Beneficiary 4: Name, Relationship, Gender, Birthdate, Address

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay any benefits due upon my death to my designated beneficiary(ies). I agree on behalf of my estate, heirs, and assigns that payment by the agency releases the agency from any further obligation regarding these benefits. I direct the agency to pay any benefits to my estate if I have not designated any beneficiary(ies) or if they all die before me. I understand that I may change my beneficiary(ies) 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 that payment due to a minor shall be made only to a legally appointed adult. SIGN IN THE PRESENCE OF A NOTARIAL OFFICER (Notary Public, Clerk of the Court, etc.)



Signature _____

Date Signed _____



Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of _____, County of _____ (or City of Baltimore)

This form was acknowledged before me on the _____ day of _____, 20____,

By _____

Name of individual whose signature is being acknowledged*

Signature of Notarial Officer _____

Title of office (Notary Public, Clerk of the Court, etc.) _____ My commission expires _____

Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

{ Official stamp must be affixed }

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for each system. Members of the Judges'

Retirement System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

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.

Minors: You may name a minor (child less than 18 years of age) as a beneficiary, 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" as your sole primary beneficiary. 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. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

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.

6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary 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 of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. 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

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

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: } <ul style="list-style-type: none"> • \$19,400 if you're head of household • \$25,900 if you're married filing jointly or qualifying widow(er) • \$12,950 if you're single or married filing separately 	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.



Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Maryland State Tax Withholding Request

Important:

Are you a registered mySRPS user? If so, you can update your Maryland state tax withholding online. This is the fastest and most secure method to update your Maryland state tax withholding. You can log into your account here: <https://mysrps.sra.maryland.gov>. Not a registered mySRPS user? You can sign up for a mySRPS account here: <https://mysrps.sra.maryland.gov>.

Provide Your Information

Social Security Number

Daytime Telephone Number

 - -

First Name

Initial

Last Name

Street Address

City

State

ZIP Code

Email Address

Please check the appropriate box indicating your election for Maryland State tax withholding:

- Do not withhold any amount from my monthly retirement allowance for Maryland income tax.
- Withhold the following whole dollar amount from my monthly retirement allowance for Maryland income tax:

\$. 0 0

Please sign below.

Signature: _____

Today's Date: _____

How to Submit Your Form to Us

Email: docs@sra.state.md.us

Fax: 410-468-1707

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

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.





Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Direct Deposit Authorization

Important

- You must include a voided check, deposit slip, or page 1 of your bank statement with this form (not attached.)
- This authorization is an agreement that remains in effect until payee cancels it or changes it by written notice to the State Retirement Agency (SRA).
- The institution named by the payee on this form must participate in the Automated Clearing House Network.
- If you're changing your direct deposit authorization, we recommend not closing your old bank account until you have received a confirmation from the SRA.

Provide Your Information

Social Security Number

Daytime Telephone Number

 - -

First Name

Initial

Last Name

Street Address

City

State

ZIP Code

Email Address

Enter Financial Institution Information

NOTE: The account receiving the Electronic Fund Transfer (EFT or direct deposit) must be in the payee's name, either individually or jointly.

Name of Financial Institution: _____

Routing Number

Account Number

Type of Account
(choose one)

- Checking
- Savings

Foreign Transfers

(check this box if the statement below is true)

- The direct deposit will go to a foreign bank **or** the **entire amount** will be transferred from a US bank to a foreign bank.





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Direct Deposit Authorization

(continued)

Provide Your Signature(s)

Payee please sign below.

By signing my name below, I certify that I have read all instructions on this form. I certify that I am the payee identified above, and hereby authorize the SRA to deposit my payment into my account at my financial institution, and also authorize the SRA to share the information provided on this form for processing and validation purposes. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release to SRA by the financial institution of my current address and names and current addresses of all persons listed on the account, including but not limited to those listed as "payable on death" or "transfer on death."

Payee First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Payee Signature: _____ Date: _____

Joint account holder please sign below.

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Joint Account Holder First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Signature: _____ Date: _____

How to Submit Your Form to Us

Important!

- Please send **both pages** of your completed form to us.
- You must **enclose a voided check**, deposit slip, or page 1 of your bank statement. **Do not attach it** to your form.
- Do not** give this form to your employer.

Email: docs@sra.state.md.us

Fax: 410-468-1707

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

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.

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.
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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), CRCoordinator@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.

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

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 ____/____/____

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.