

**Date:** \_\_\_\_\_

Howard County Public School System  
Office of Human Resources – Employee Services

To Whom This May Concern:

This letter is to inform you that I will be retiring from the Howard County Public School System effective \_\_\_\_\_ . I understand and acknowledge that my signature on this Letter of Intent authorizes HCPSS to begin the retirement process, which will result in declaring my position a vacancy. I further acknowledge that if I decide to rescind my retirement for any reason, that I may not have the ability to return to the position and/or building that I occupied prior to submitting my intent to retire.

Please confirm your acceptance of the terms of your intent to retire by signing this letter and returning it to the Leave and Retirement Office. If you have any questions, please contact your Leave & Retirement Specialist.

Sincerely,

Printed Name: \_\_\_\_\_  
**Last Name** **First Name**

Signature: \_\_\_\_\_

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



**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 120<sup>th</sup> day after the approval.

FOR RETIREMENT  
USE ONLY

FORM 13-23 (REV. 10/20)

**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](http://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 1<sup>st</sup> retirement date, the five year period begins on January 1<sup>st</sup> 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, 2017**

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
Brunswick, City of	Harford County Board of Education	St. Mary's County Metropolitan Commission
Calvert County Board of Education	Harford County Government	St. Michaels, Commissioners of
Cambridge, City of	Harford County Library	Salisbury, City of
Caroline County Board of Education	Housing Authority of Cambridge	Shore Up!
Caroline County Sheriff Deputies	Howard Community College	Snow Hill, Town of
Carroll County Board of Education	Howard County Board of Education	Somerset County Board of Education
Carroll County Public Library	Howard County Community Action Committee	Somerset County Commission
Carroll Soil Conservation District	Hurlock, Town of	Somerset County Economic Development Commission
Catoctin & Frederick Soil Conservation District	Hyattsville, City of	Somerset County Sanitary District, Inc.
Cecil County Board of Education	Kent County Board of Education	Southern Maryland Tri-County Community Action Committee
Cecil County Government	Kent County Commissioners	Sykesville, Town of
Cecil County Library	Kent Soil and Water Conservation District	Takoma Park, City of
Centreville, Town of	Landover Hills, Town of	Talbot County Board of Education
Chesapeake Bay Commission	La Plata, Town of	Talbot County Council
Chestertown, Town of	Lower Shore Private Industry Council	Taneytown, City of
Cheverly, Town of	Manchester, Town of	Thurmont, Town of
College of Southern Maryland	Maryland Health & Higher Education Facilities Authority	Tri-County Council of Western Maryland
College Park, City of	Middletown, Town of	Tri-County Council for the Lower Eastern Shore
Crisfield, City of	Montgomery College	University Park, Town of
Crisfield Housing Authority	Morningside, Town of	Upper Marlboro, Town of
Cumberland, City of	Mount Airy, Town of	Walkersville, Town of
Cumberland, City of - Police Department	Mount Rainier, City of	Washington County Board of Education
Denton, Town of	New Carrollton, City of	Washington County Board of License Commission
District Heights, City of	North Beach, Town of	Washington County Library
Dorchester County Board of Education	Northeast Maryland Waste Disposal Authority	Westminster, City of
Dorchester County Commission	Oakland, Town of	Worcester County Board of Education
Dorchester County Roads Board	Oxford, Town of	Worcester County Commission
Dorchester County Sanitary Commission	Pocomoke, City of	Wor-Wic Community College
Eastern Shore Regional Library	Preston, Town of	
Edmonston, Town of	Prince George's Community College	
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

   
 (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																									

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

**I request that my retirement allowance be effective on**  Month  Day  Year

Have you applied to purchase all additional credit for which you are eligible and intend to purchase?  Yes  No

Are you a U.S. citizen?  Yes  No

Have you applied for credit for your active duty military service?  Yes  No

I have Voluntary Monies: (see instructions on page one)  
 I want my voluntary funds refunded in a one-time distribution.  
 OR  
 I want my voluntary funds to remain as a monthly additional annuity

**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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RELATIONSHIP \_\_\_\_\_

Gender

   
 (M or F)

DATE OF BIRTH

Month													Day			Year		

BENEFICIARY'S NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Initial Last

BENEFICIARY'S ADDRESS

Number and Street																									
City																									

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.



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.



Complete Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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 notary public _____ Title of office _____ 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 16<sup>th</sup> 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

*To be completed by employer and returned with application*

## 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.

<b>Initial Reporting:</b>	Total <b>DAYS</b> of unused sick leave (If none, enter word <b>NONE</b> ) _____ as of _____ <span style="margin-left: 600px;">MO</span> <span style="margin-left: 50px;">DAY</span> <span style="margin-left: 50px;">YR</span>
<b>Recertified Sick Leave:</b>	Total <b>DAYS</b> of unused sick leave (If no change, enter no change) _____ as of _____ <span style="margin-left: 600px;">MO</span> <span style="margin-left: 50px;">DAY</span> <span style="margin-left: 50px;">YR</span> 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)*

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

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

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- 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.**

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*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. 9/19)

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

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

Signature Date Signed

This form must be signed and notarized in order to be valid.

- Please check (✓) for your system:
( ) 1 Teachers' Retirement System
( ) 2 Employees' Retirement System
( ) 2C Correctional Officers' Retirement System
( ) 3 State Police Retirement System
( ) 6 Teachers' Pension System (Incl. Bifurcated)
( ) 7 Employees' Pension Sys. (Incl. Bifurcated)
( ) 8/9 Law Enforcement Officers' Pension System

State of County of (or City of Baltimore)
On this day of, 20, before me, the undersigned officer,
personally appeared NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
Signature of Notary Public
Printed Name of Notary Public My Commission Expires
\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

Official Seal 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](http://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.



## MARYLAND STATE RETIREMENT AGENCY

120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

### PLEASE READ THIS CAREFULLY

**IMPORTANT:** It may take up to 30 days from receipt of a properly completed form and the existence of a retirement/beneficiary/alternative payee account, whichever is later, for the Maryland State Retirement Agency to process the request. To avoid delays in receiving your monthly pension benefit, do not close your old bank account until you have received the direct deposit of your monthly pension benefit into your new bank account listed on this form.

All information on the first page of this form, including the individual Social Security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent the receipt of payments through the Electronic Funds Transfer Program.

#### Special Notice to Joint Account Holders

Joint account holders should immediately advise both the Maryland State Retirement Agency and the financial institution of the death of the Maryland State Retirement Agency payee. Funds deposited after the date of death are to be returned to the Maryland State Retirement Agency. The Maryland State Retirement Agency will then make a determination regarding survivor rights, and process survivor benefit payments, if any.

#### Cancellation

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Maryland State Retirement Agency. Upon cancellation by the recipient, that recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Maryland State Retirement Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Maryland State Retirement Agency.

#### Changing Receiving Financial Institutions

The payee's Electronic Fund Transfer arrangement will continue until the Maryland State Retirement Agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new Form 85. **The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.**

#### International Automated Clearing House Transaction Rules

Electronic payments to your designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control.

If you receive your monthly retirement benefit via direct deposit at a U.S. bank and then you have the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), please check the box labeled **F** on the front side of this form.

sra.maryland.gov



**Part I**  
**FEDERAL INCOME TAX WITHHOLDING**

The periodic retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Federal income tax withholding. For further information, please refer to IRS Publication 575, *Pension and Annuity Income*, regarding the taxability of pension and annuity income.

As a retiree, the following Federal income tax withholding alternatives are available to you:

1. You may elect not to have Federal income tax deducted from your monthly retirement payment, or
2. You may claim a certain number of exemptions and have the Maryland State Retirement and Pension System deduct the appropriate amount, if any, in accordance with the Federal income tax tables and you may designate an additional specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Federal withholding apply to your monthly retirement payments, or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the IRS estimated tax rules if your withholding and estimated tax payment are not sufficient. New retirees, especially, should consider IRS Publication 505, *Tax Withholding and Estimated Tax*.

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**Part II**  
**MARYLAND STATE INCOME TAX WITHHOLDING**

The monthly retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Maryland income tax withholding.

As a retiree and a Maryland resident, the following Maryland income tax withholding alternatives are available to you:

1. You may elect not to have Maryland income tax deducted from your monthly retirement payment, or
2. You may designate a specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Maryland withholding apply to your monthly retirement payments, or if you do not have enough Maryland income tax withheld, you may be responsible for payment of estimated tax.

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<p><b>NOTE:</b> The Maryland State Retirement Agency does NOT withhold state income taxes for states other than Maryland.</p>
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An election of any one of the alternatives will remain in effect until you revoke it. You may revoke or change your election at any time by filing a new Federal and Maryland State Tax Withholding Request.

The Maryland State Retirement Agency cannot assist you in the preparation of tax returns. Please contact the Internal Revenue Service at 1-800-829-1040, the Comptroller's Taxpayer Service Information Line at 410-260-7980 (in Central Maryland) or 1-800-638-2937, or a tax consultant for any assistance.

To receive additional copies of the Federal and Maryland State Tax Withholding Request form, or for other information concerning your retirement benefits, call 410-625-5555, or toll free in Maryland 1-800-492-5909, or visit our website at [sra.maryland.gov](http://sra.maryland.gov).

**SEE PRECEDING PAGE FOR FEDERAL AND MARYLAND STATE TAX WITHHOLDING REQUEST**

## Additional Instructions:

Section references are to the Internal Revenue Code.  
Agency refers to the Maryland State Retirement Agency.

**Completing the form.** Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505 to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2020. You may also use the Withholding Calculator on the IRS website at [www.irs.gov/w4app](http://www.irs.gov/w4app) for help in determining how many withholding allowances to claim on your Form W-4P.

**Multiple pensions/more-than-one-income.** To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all income sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You can also get forms and publications from the IRS website at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P. You may not make this choice for eligible rollover distributions.

**Caution.** *There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.*

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3. If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments to be Delivered Outside of the United States*.

**Caution.** *If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,100 a month.*

If you submit a Form W-4P that does not contain your correct Social Security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans and tax-exempt organizations described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

## Changing Your "No Withholding" Choice

**Periodic Payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer.

## Payments to Foreign Persons and Payments to be Delivered Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for additional details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year. For the full instructions, including guidance on personal allowances and calculating withholding, see the IRS' Form **W-4P**, with instructions.

Federal and Maryland State Tax Withholding Request (REV. 1/21)

**THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM**  
**Retiree Designation of Beneficiary Form**

NAME \_\_\_\_\_ S.S. \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    Last                    First                    Middle

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
                    Street                    City                    State                    Zip

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_ DATE OF RETIREMENT \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIMARY BENEFICIARY**

Primary _____ Relationship _____ Last                    First                    Middle	
Address _____	Phone _____
S.S.# ____/____/____	Date of Birth ____/____/____
Primary _____ Relationship _____ Last                    First                    Middle	
Address _____	Phone _____
S.S.# ____/____/____	Date of Birth ____/____/____

**CONTINGENT BENEFICIARY**

Contingent _____ Relationship _____ Last                    First                    Middle	
Address _____	Phone _____
S.S.# ____/____/____	Date of Birth ____/____/____
Contingent _____ Relationship _____ Last                    First                    Middle	
Address _____	Phone _____
S.S.# ____/____/____	Date of Birth ____/____/____

**You may change your beneficiary any time, according to the terms of the Group Policy.**

If more than one primary beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no primary beneficiaries survive, the proceeds shall be paid in equal shares to the named contingent beneficiaries, if any. If no beneficiary survives, payment shall be made according to the terms of the policy. I understand certain payment due to a minor shall be made only to the legal guardian of that minor.

**I hereby accept the form of group insurance presently contracted for by The Howard County Public School System in the amount for which I am or may become eligible.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's Signature \_\_\_\_\_