

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

RETIREMENT USE ONLY FORM 22 (REV. 12/16)

**STATE POLICE RETIREMENT SYSTEM: APPLICATION FOR AN ESTIMATE OF DISABILITY RETIREMENT ALLOWANCES**

**IMPORTANT: To be completed by member:** Print in ink or type. If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

**To be completed by the member\*.** At actual retirement, if your effective date is other than the first of a month, your monthly retirement benefit will not commence until the first of the month following your selected retirement date. Benefits are paid at the end of each month for the month just ended.

\* Application by Surviving Beneficiary: Your surviving beneficiary may be eligible to apply for a benefit if you die within seven days of completing the Preliminary Application for Disability Retirement (Form 129) and the Maryland State Retirement Agency receives the form within 30 days of your death. In this situation, your beneficiary should contact the Maryland State Retirement agency for filing instructions.

**TYPE OF DISABILITY:** (PLEASE CHECK):  ORDINARY  SPECIAL

**SOCIAL SECURITY NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**EFFECTIVE DATE OF RETIREMENT**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO DAY YR

**DAYTIME TELEPHONE NUMBER**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**NAME**

\_\_\_\_\_  
FIRST INITIAL LAST

**ADDRESS**

\_\_\_\_\_

**NUMBER AND STREET**

\_\_\_\_\_

**CITY**

**STATE**

**ZIP CODE**

**EMAIL ADDRESS:**

\_\_\_\_\_

**RETIREMENT ALLOWANCES:** If you are married at the time of retirement, you will receive an estimate for the Basic Allowance only. If you are unmarried and name a beneficiary, you will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, you will receive an estimate for the Basic Allowance and Options 1 and 4 only. Remember, once your first retirement check is paid, you may not change your allowance option.

**IF OPTION 2, 3, 5 or 6 IS REQUESTED INDICATE:**

Relationship (check):  Disabled child  Other

Beneficiary's Date of Birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Beneficiary's Gender

**BENEFICIARY'S NAME**

\_\_\_\_\_  
FIRST INITIAL LAST

If electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child.

**BASIC:** Provides the largest monthly allowance each month until your death. At the retiree's death, 80% of the monthly allowance will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse then 80% of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 18 until each child dies or attains age 18. If the retiree has no spouse or no children under age 18, the allowance ceases at the retiree's death.

**THE FOLLOWING OPTIONAL ALLOWANCES ARE AVAILABLE ONLY TO MEMBERS WITHOUT SPOUSES.**

**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.

**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 your final retirement application.

**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 your final retirement application.

**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.

**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 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 your final retirement application.

**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 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 your final retirement application.

Do you wish to purchase any previous service for which you are eligible?  YES  NO

If yes, obtain a request to purchase previous service from your retirement coordinator and attach a copy with this application.

Member's Signature

Date