

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

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

FORM 60 (REV. 8/17)

SECTION ONE: To be completed by the applicant. Please use a pen and print clearly.

SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH	DAYTIME PHONE NUMBER
____-____-____	M or F	____-____-____	____-____-____
NAME		Mo. Day Yr.	
____		____	
First	Initial	Last	
EMAIL ADDRESS	EMPLOYING AGENCY		
_____	_____		

1. Have you ever been a member of the Optional Retirement Program? Yes No
2. Have you ever been a member of the Maryland State Retirement and Pension System? Yes No
 - 2a. If yes, did you participate as a result of employment with the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16? Yes No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes No

NOTES: Effective July 1, 2017, the election to participate in the Optional Retirement Program (ORP) must be made upon commencement of employment. The one year window to elect to participate in the ORP ended June 30, 2017. If you were ever employed by the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16, and were enrolled as a member of the Maryland State Retirement and Pension System (MSRPS), you may not enroll in the ORP. If you have never been employed by the state of Maryland, the University System of Maryland, Morgan State University, St. Mary's College, or any community college or regional community college established under Education Article Title 16, you may make this election to enroll in the ORP.

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

Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Pension System, and;
Whereas, the undersigned, as a condition of employment as faculty or a professional or administrative employee, has the option to join either the Teachers'/Employees' Pension System or an alternate retirement plan, approved by the Board of Trustees of the Maryland State Retirement and Pension System as set forth in Title 30, State Personnel and Pension Article, Annotated Code of Maryland; and

Whereas, such option is final, binding and irrevocable as long as the individual is an employee of any institution of higher learning which permits such option, even if there is a break in service for any length of time, and;

Whereas, the undersigned, is aware of the rights and benefits of a member of the Teachers'/Employees' Pension System, namely:

- | | |
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| <ol style="list-style-type: none"> 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service, 2) Vesting after 10 years of eligibility service, 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service, 4) Ordinary disability after five years of eligibility service, 5) Accidental disability immediate upon membership, 6) Early retirement at age 60 with 15 years of eligibility service, 7) A guaranteed retirement allowance equal to 1.5% of average | <ol style="list-style-type: none"> 8) final compensation for service credit earned on or after July 1, 2011. 9) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate, Additional service credit for military service and unused sick leave granted at no cost, and; |
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Whereas, the undersigned, waives all rights for purchasing the service rendered while a member of the optional plan.

Now, therefore, being informed of the above on (Date) _____, I hereby notify you that I wish to exercise my one-time, irrevocable election not to become a member of the Teachers'/Employees' Pension System on the date of my employment.

Complete signature: _____

SECTION TWO: To be completed by the Retirement Coordinator of the employing agency.

NOTE: If, in section one, the applicant answered "Yes" in to questions #2 and #2a, he or she is not eligible for participation in the ORP. Instead, the applicant must be re-enrolled in the MSRPS using the *Application for Membership* form (Form 1). If, in section one, the applicant answered "Yes" to question #3, he or she is not eligible for participation in either the ORP or the MSRPS.

1. What is the date of hire for the applicant? (Please use MM-DD-YYYY format.) _____ - _____ - _____
2. What is the applicant's job classification or title? _____
3. Is the applicant's position eligible for the ORP? Yes No System code: _____ Employing agency code: _____

Retirement Coordinator signature: _____ Date: _____ Telephone Number: _____

SECTION THREE: To be completed by the Maryland State Retirement Agency.	Effective date: _____ - _____ - _____	N E	3 0	
	Reviewed by: _____	Approved by: _____	# of pay periods reported per year	
	Initials Date	Initials Date		