

**JUDGES' RETIREMENT SYSTEM  
APPLICATION FOR SERVICE RETIREMENT**

FOR RETIREMENT  
USE ONLY

FORM 16 (REV. 5/21)

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

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

1. **If you are married at the time of your retirement**, you must designate your spouse as your sole beneficiary. With your spouse as your sole designated beneficiary your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon your death, your surviving spouse would be paid fifty percent (50%) of your retirement allowance.<sup>6</sup>

DO NOT complete the Retirement Allowance Options section on the second page of the application.

2. **If you are not married at the time of your retirement, but have at least one child under the age of 26**, you must designate your child or children under age 26 as your beneficiary or beneficiaries. With your child or children under age 26 as your beneficiary or beneficiaries, your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon your death, fifty percent (50%) of your retirement allowance will be divided equally to your child or children under age 26, until all have reached age 26.

DO NOT complete the Retirement Allowance Options section on the second page of the application.

3. **If you are not married at the time of your retirement and have no children under the age of 26**, you may designate one or multiple beneficiaries, and you must select one of the Retirement Allowance Options on the second page of the application.

If you designate only one beneficiary, you may select any of the Retirement Allowance Options on the second page of the application. Please carefully read the descriptions of each Retirement Allowance Option.

If you designate more than one beneficiary, you may select only Option 1 or Option 4 of the Retirement Allowance Options. Please carefully read the descriptions of each Retirement Allowance Option.

To designate multiple beneficiaries, complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).

4. **For all retirees**, if you marry or remarry after retirement, any designation of beneficiary other than your spouse is void, and your spouse is automatically entitled to the survivor monthly allowance due under the Basic Allowance (50% Survivor Option).
5. Please complete this form by printing in ink.
6. Sign this form in the presence of a Notary Public. This form must be notarized.
7. Submit completed forms to the Maryland State Retirement Agency at 120 East Baltimore Street, Baltimore, Maryland 21202.
8. In addition to this *Judges' Retirement System Application for Service Retirement* form, you should also complete and submit to the Retirement Agency a *Direct Deposit – Electronic Funds Transfer Sign-Up* (Form 85) to authorize the direct deposit of your monthly allowance into your bank account, and a *Federal and Maryland State Tax Withholding Request* (Form 766) to designate the federal and Maryland State taxes you want deducted from your monthly allowance. Both of these forms are available for download from our website at [sra.maryland.gov](http://sra.maryland.gov).
9. If you need help to complete this form, or need information on your retirement benefits or the retirement process, please contact a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

## Reemployment After Retirement

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 earnings limitation.

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

Employment after retirement, under certain circumstances, may cause your retirement allowance to be reduced.

#### Service Retirement

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.

#### Exceptions

Earnings limits do not apply if:

- You have been temporarily assigned to sit in a court of Maryland under the authority of Article IV, §3A of the Maryland Constitution.
- You have been retired for more than five years. With the exception of a January 1 retirement date, the five-year period begins on January 1 of the year following the year of retirement.
- You are employed as a member of the faculty of a public institution of higher education in Maryland

# Participating Employers\* of the 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 June 30, 2019

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

Judges' Retirement System Application for Service Retirement

SOCIAL SECURITY NUMBER

Grid for Social Security Number

GENDER

Box for Gender

M or F

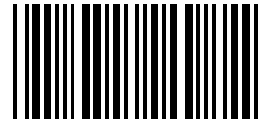
DATE OF BIRTH

Grid for Date of Birth

Month

Day

Year



APPLICANT'S NAME

Grid for Applicant's Name

First

Initial

Last

HOME ADDRESS

Grid for Home Address

Number and Street

Grid for Number and Street

State

ZIP Code

City

Home email address:

I request that my retirement allowance be effective on:

Grid for effective date

Month

Day

Year

Last judicial position held:

Home telephone number:

BASIC ALLOWANCE (SEE PAGE 2 FOR OPTIONAL ALLOWANCES) In accordance with the provisions of the State Personnel and Pension Article, §27-402. I elect to receive a pension from the Judges' Retirement System. I understand that I shall receive the retirement allowance provided by law for my lifetime. At my death, my surviving spouse shall receive one-half of the monthly benefit for his or her lifetime. If there is no surviving spouse at time of my death, my children under the age of 26 shall receive the retirement allowance that would have been paid to a surviving spouse (If more than one child, retirement allowance is divided equally). If there is no surviving spouse or children under age 26 at my death, the allowance ceases and my estate will receive one monthly payment if my death occurs on the 16th of the month or later. If I marry or remarry following retirement, my new spouse becomes eligible for the continuing monthly benefit provided under the basic allowance.

SPOUSE'S NAME

Grid for Spouse's Name

First

Initial

Last

SPOUSE'S SOCIAL SECURITY NUMBER

Grid for Spouse's Social Security Number

GENDER

M or F

DATE OF BIRTH

Grid for Spouse's Date of Birth

Month

Day

Year

CHILD UNDER AGE 26 (For additional children under age 26, use a separate page.)

DATE OF BIRTH

Grid for Child's Date of Birth

Month

Day

Year

GENDER

M or F

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

- 1. 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.
2. 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.
3. 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.
4. REGARDING REEMPLOYMENT, I have read and understand the information about reemployment after retirement on pages two and three 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, with any employer that participates in the SRPS. I also certify to the Board that at the time 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Notary section containing fields for State, County, Date, Signature of Notarial Officer, Title of office, and a checkbox for remote notarization.

# RETIREMENT ALLOWANCE OPTIONS

## Optional Allowance - Reduced Benefit

Complete this section only if (1) you do not have a spouse or children under age 26 and (2) you elect not to accept the basic retirement allowance. You may designate one beneficiary to receive an allowance under Option 2, 3, 4, 5, or 6. You may designate one or more beneficiaries to receive the Option 1 retirement allowance in equal shares. Selection of an optional retirement allowance provides a reduced benefit for you for your lifetime. Please note that your choice of option and beneficiary/ies is irrevocable. Indicate your selection by signing the appropriate box below. If you elected an optional allowance, you also must complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).

### **OPTION 1:**

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, based on life expectancy statistics. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **OPTION 2:**

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:**

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:**

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 who remains alive.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **OPTION 5:**

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  $\Delta$ pop-up<sup>®</sup> to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the death 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 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:**

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  $\Delta$ pop-up<sup>®</sup> to the Basic Allowance for your lifetime if your beneficiary dies before you. 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 \_\_\_\_\_