

Instructions

Purpose of this Form: *The Election to Transfer Service from a Local Retirement or Pension System to the Maryland State Retirement and Pension System (Form 37.26)* should be used by a member who wishes to transfer service from a local plan to the Maryland State Retirement and Pension System.

General Instructions: Please print in ink, using one space per letter or number and skipping a space between words. If you need assistance completing this form, please contact the Retirement Agency at 410-625-5555 or 1-800-492-5909.

Your completed form may be mailed to the Maryland State Retirement Agency at 120 East Baltimore Street, Baltimore, MD 21202-6700.

► **Section One (to be completed by the member):** The member should provide his or her Social Security number, daytime telephone number, name, mailing address and email address.

The member should write in the name of the local plan from which he or she is transferring service to the Maryland State Retirement and Pension System and the name of the system within the Maryland State Retirement and Pension System to which he or she is a member. Valid systems within the Maryland State Retirement and Pension System are the Correctional Officers' Retirement System, the State Police Retirement System, the Teachers' Pension System, the Employees' Pension System, or the Law Enforcement Officers' Pension System.

The member must sign and date the form.

IMPORTANT: The decision to transfer service from a local retirement or pension system to the Maryland State Retirement and Pension System is an irrevocable election that cannot be reversed. The transfer of your service may result in a contribution deficiency on your membership record within the Maryland State Retirement and Pension System. If your transfer does result in a contribution deficiency and you do not pay that contribution deficiency before you retire, your future retirement/pension benefit will be actuarially reduced to reflect the unpaid contribution deficiency.

► **Section Two:**

To the employer verifying employment:

Verify employment and yearly salaries, including employment dates (month/day/year), resignation dates, periods of leave of absence (indicate reason) and dates of salary changes.

Indicate the percentage of part-time employment for each year or partial year of employment.

Indicate position, title and type of employment (for example: permanent, temporary, contractual, etc.)

Verification must be signed and dated.

Upon completion, return to the Maryland State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-6700.

To the local plan certifying membership:

Certify amount of service credited and refund given to former member of your system.

Withdrawal date and total amount withdrawn must be completed. If retirement plan is non-contributory, indicate under Total Amount Withdrawn.

Important: Indicate if member is currently receiving a benefit from your system for this period of service.

Certification must be signed and dated.

Upon completion, return to the Maryland State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-6700.

NEED HELP?

If you need help to complete this form, please call a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.