

**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 17.04.03.16E 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. 10/15)**

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

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

**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.

1. Under *the non-contributory pension system*, benefit payments cannot be paid for periods prior to the date you file this application, so file at least two weeks before your selected effective date.
2. In addition to this form, you are required to complete Forms 127 (Reemployment After Retirement), 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. 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.
4. 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.
5. 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.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. 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.
8. 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.
9. 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.
10. 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.
11. 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.
12. Generally speaking, a member may not receive more than one type of retirement benefit.
13. 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 above.
14. Refer to Form 127 (Reemployment After Retirement), which should be submitted with this application, for an explanation of how post retirement employment may affect your retirement benefits.

# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

Gender

**APPLYING FOR :**

Service Retirement

Check only one box

Ordinary Disability Retirement

Accidental Disability Retirement

APPLICANT'S NAME

First  
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

I have Voluntary Monies: (see instructions on page one)

I want my voluntary funds refunded in a one-time distribution.

Have you applied for credit for your active duty military service?

Yes

No

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. Effective January 1, 2006, 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

Gender

DATE OF BIRTH

RELATIONSHIP \_\_\_\_\_

Month - Day - Year

BENEFICIARY'S NAME

First  
BENEFICIARY'S ADDRESS

Number and Street

City

I hereby authorize the Board of Trustees to make payment according to the retirement allowance option selected on page three (3) to the beneficiary whom I have designated and 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 System from any further obligation on account of the benefit. I hereby direct that should the beneficiary of the above-named benefit die before me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate, or to such other beneficiary as I shall hereafter designate by written designation filed with the State Retirement Agency in accordance with the rules and regulations prescribed by the Board of Trustees.

Complete Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned

officer, personally appeared \_\_\_\_\_, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*

Official Seal must be affixed

(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.

# 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
<b>Final Contribution</b> \$ _____	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. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same 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: 500px;">MO    DAY    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: 500px;">MO    DAY    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	<b>DIRECT</b> 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)*

---

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

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

---

- 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)
  - Reemployment After Retirement* (Form 127)

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.**

*Continued on following page.*

---

The Maryland State Retirement and Pension System  
120 East Baltimore Street · Baltimore, MD 21202-6700

# 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 on the most current *Reemployment After Retirement* (Form 127) 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.