

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

RETIREMENT
 USE ONLY

FORM 129 (REV. 3/12)

PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

____ - ____ - _____

DATE OF BIRTH

____/____/____
 Month Day Year

APPLICANT'S NAME

____ Gender (M or F) _____
 First Initial Last

HOME ADDRESS

 Number and Street

 City State Zip Code

Purpose. The purpose of filing a Preliminary Application for Disability Retirement is to protect the benefit payable by the board of trustees to the beneficiary, designated below, if I am granted a disability retirement allowance but die during the Applicable Period (as defined below). If I die after the expiration of the Applicable Period, this application shall have no force and effect and no benefits shall be payable under this application. If I die within seven days of completing this form and the Maryland State Retirement Agency receives this form within 30 days of my death, my surviving beneficiary may be eligible to apply for a benefit.

Definition: Term. When used in this form, the term "Applicable Period" means the period that begins on the date that I submit a completed Preliminary Application for Disability Retirement to the State Retirement Agency and that ends on the first to occur of the following dates: (1) the retirement date that I select on a completed Application for Disability Retirement (Agency Form SRA 13/23) on file with the State Retirement Agency, or (2) the date required for filing an Application for Disability Retirement under COMAR 22.06.05.03 - .05.

Application. By filing this Preliminary Application for Disability Retirement with the State Retirement Agency, I hereby apply for and accept the board of trustees' grant of a disability retirement allowance. I understand that a disability retirement benefit is payable under this Preliminary Application only if, during the Applicable Period, the board of trustees grants me a disability retirement allowance and I die before filing an Application for Disability Retirement (Agency Form SRA-23).

Effective Date. The effective date of my disability retirement shall be as provided in COMAR 22.06.05.06.

Selection of Allowance. Instead of the basic allowance, I hereby elect to receive a reduced allowance to be paid as one of the following options. Place an "X" next to the payment Option you choose - (1) or (2)

Option 1 - Lump Sum:
 I elect to have the Option 1 allowance under which the present value of my retirement benefit is paid at my death in a lump sum to the most recent designation of beneficiary(ies) on file with the State Retirement Agency. The beneficiary designation can be changed by completing a Designation of Beneficiary form (Form 4).

Option 2 - Survivor Annuity:
 I elect to have the Option 2 allowance under which 100% of the allowance payable to me shall be paid to the beneficiary listed below for his or her lifetime. Only one beneficiary can be designated under Option 2. You cannot designate a beneficiary under Option 2 who is more than 10 years younger unless the beneficiary is your spouse or disabled child.
Complete only if you selected Option 2:
 Beneficiary's Name: _____ Beneficiary's address: _____
 Birth Date: _____ Gender (circle): M F Relationship (check): Spouse Disabled child Other
 If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: _____
 Date of marriage: _____ I understand that my beneficiary is required to provide the agency with a birth certificate.

Effect of Approval for Disability Retirement. I understand that in accordance with COMAR 17.04.03.16E, if I am a state employee approved by the State Retirement Agency for disability retirement, I must accept the disability retirement within 120 days of the approval date or I will be considered by my agency as resigned from my position.

Effect of Pursuing Other Claims. I understand that if I die after having been granted an ordinary disability allowance but while pursuing a claim for an accidental disability allowance, the claim shall terminate and survivor benefits shall be payable for the ordinary disability retirement allowance, according to the optional form of allowance selected under that benefit.

If Power of Attorney signs, copy of Power of Attorney must accompany this application

 Applicant's Signature or Signature of Power of Attorney Date
 Sign in the presence of a Notary Public. This form valid only when notarized.

State of _____ City of _____ on this _____ day of _____
 Year _____ personally appeared before me the said named _____
 known to me to be the person described in and who executed the foregoing instrument and he (or she)
 acknowledged that he (or she) executed the same, and being duly sworn by me. } Official Seal
 must be
 affixed }
 My Commission expires: _____ Signature of Notary Public: _____

Retirement Coordinator : Complete This Section.

Signature _____ Date _____ Agency _____