

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



**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT  
LAW ENFORCEMENT OFFICERS**

**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 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also 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.

RETIREMENT  
USE ONLY

FORM 98-101 (REV. 11/24)

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

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

1. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you also should complete Form 85 (Direct Deposit Authorization), IRS Form W-4P (Federal Tax Withholding) and Form 766.11 (Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen the Basic Allowance or 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. For information on acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown below.
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 disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 (Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary) 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, The Basic Allowance or 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 State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
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, no member may 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 a completed *Application for Withdrawal of Voluntary Funds Package* to this application. This package may be obtained by calling a Retirement Benefits Specialist at the number shown below.

**NEED HELP?:** If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or toll-free 1-800-492-5909.

## **Reemployment After Retirement for Retirees of the Law Enforcement Officers' Pension System**

**VIDEO: For an overview of this information, go to [sra.maryland.gov](http://sra.maryland.gov), select YouTube or Vimeo and watch "Reemployment After Retirement."**

Keep a copy of this information on file as a handy reference for the future. You should also keep your Notice of Retirement Allowance that the Retirement Agency will send to you as a new retiree. The Notice of Retirement Allowance includes information such as the amount of your monthly retirement allowance, the beneficiary you designated and your earnings limitation. To determine what, if any, earnings limitation applies and the effect, if any, on your retirement allowance, you need your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and your earnings limitation. Then apply the reemployment rules. Reemployment earnings are the annual reemployment compensation reported to the IRS that the retiree received during a calendar year. Note the reemployment rules do not apply while a retiree is participating in the Deferred Retirement Option Program (DROP).

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 State Retirement and Pension System (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 more differences 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**

There must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

### **SERVICE RETIREMENT**

There is no earnings limit regardless of your employer. Your monthly benefit allowance will not be reduced by any earnings made after you have retired. If you are reemployed by a participating employer, you will not rejoin the system and you will not earn service credit from your new employment.

### **(FOR DISABILITY RETIREMENT RULES, PLEASE SEE FOLLOWING PAGE)**

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered. I understand that I must be separated from any and all employment, including substitute, seasonal, temporary, contractual, and/or permanent employment, with any employer that participates in the SRPS at the date of my retirement. By signing this form, I am certifying to the Maryland State Retirement Agency that at the date of my retirement, I will not be employed in any capacity by any employer that participates in the SRPS and that no discussions or offers of reemployment after my retirement have occurred between me and any employer that participates in the SRPS.

**DISABILITY RETIREMENT**  
**(continued from previous page)**

**Suspension of Disability Retirement:** An ordinary or accidental disability allowance shall be temporarily suspended if the retiree:

- Is not eligible for normal service retirement, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that is at least equal to the retiree's average final compensation at retirement.

There is no additional benefit accrued while employed. If suspended, the retiree's allowance will be reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. The retiree's allowance at time of reinstatement will be adjusted to reflect the accumulated cost-of-living adjustments during suspension. Please note that the temporary suspension of a disability benefit causes the temporary suspension of retiree health insurance coverage if a deduction was being made from your monthly benefit for this coverage.

**Earnings Limitation for Ordinary Disability Retirees Only:** A retiree receiving an ordinary disability allowance shall be subject to an earnings limitation if the retiree:

- Is under normal retirement age, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that exceeds the retiree's earnings limitation.

The reduction will be \$1 for every \$2 earned in excess of the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1 for every \$5 over the limit.

**An earnings limitation does not apply for Accidental Disability Retirees.**

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

**PARTICIPATING EMPLOYERS\***  
**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 July 1, 2024**

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

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

Grid for Social Security Number

APPLYING FOR: Check only one box

- Service Retirement
Ordinary Disability Retirement
Accidental Disability Retirement



APPLICANT'S NAME

Grid for Applicant's Name

First HOME ADDRESS

Grid for Home Address

Number and Street

Grid for Number and Street

City

Home telephone

State

ZIP Code

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released.

I request that my retirement allowance be effective on

Month - Day - Year grid

Have you applied to purchase all additional credit for which you are eligible and intend to purchase?

Are you a U.S. citizen?

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

- I want my voluntary funds refunded in a one-time distribution.
OR
I want my voluntary funds to remain as a monthly additional annuity.

DESIGNATION OF BENEFICIARY:

NOTE: If more than one beneficiary will be designated by members without a spouse or children under age 26 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.

BENEFICIARY'S SOCIAL SECURITY NUMBER

Grid for Beneficiary's Social Security Number

RELATIONSHIP

Gender

DATE OF BIRTH

Gender (M or F) grid

Month - Day - Year grid

BENEFICIARY'S NAME

Grid for Beneficiary's Name

First BENEFICIARY'S ADDRESS

Grid for Beneficiary's Address

Number and Street

Grid for Number and Street

City

State

ZIP Code

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

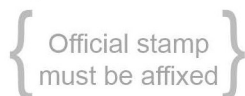
- 1. REGARDING PAYMENT OF MY RETIREMENT BENEFIT, I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application.
2. REGARDING EACH OF MY BENEFICIARIES, I want the designation of beneficiary in this application to take effect (check only one box):
3. REGARDING REEMPLOYMENT, I have read and understand the information about reemployment after retirement on pages two through four of this application.
4. 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...

Signature

Date Signed

This form must be signed and properly notarized to be valid. The below section must be completed by a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of \_\_\_\_\_, County of \_\_\_\_\_ (or City of Baltimore)



This form was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ Name of individual whose signature is being acknowledged\*

Signature of Notarial Officer \_\_\_\_\_

Title of office (Notary Public, Clerk of the Court, etc.) \_\_\_\_\_ My commission expires \_\_\_\_\_

Check here if this notarial act involved a remotely located individual and the use of communication technology.

\* IMPORTANT: If the name of the individual whose signature is being notarized 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**

**BLOCK 1 - BASIC ALLOWANCE**

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, one-half of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then one-half of the monthly allowance will be paid in equal shares to your children who are under age 26 until every child dies or attains age 26. If you have no spouse or no children under age 26, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16<sup>th</sup> of the month or later. If you die **before** the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

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

**BLOCK 2 - OPTIONAL ALLOWANCES**

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die **before** the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

**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 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 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 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 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

**IMPORTANT:** This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

### Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

**For:** \_\_\_\_\_  
Applicant's Name Job Classification

Applicant's Social Security number: 

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**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. State law requires that there be a minimum of 45 days from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a 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="float: right;">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="float: right;">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