

OFFICE OF ADMINISTRATION AND FINANCE – HUMAN RESOURCES

Retirement Plan Option Form
Exempt Staff and Faculty Employees

I understand that certain newly employed University System of Maryland (USM) Exempt Staff and Faculty have the option of participating in one of two retirement programs: the Employees/Teachers Pension System (SRPS) or the Optional Retirement Program (ORP).

I have reviewed the information available on the Maryland State Retirement and Pension System (MSRPS) website at <http://www.sra.state.md.us/Participants/Members/Downloads/Handbooks/BenefitHandbook-ORP.pdf> as well as the attached chart regarding my retirement program options. I have had an opportunity to ask questions and I understand that I am free to seek information from the MSRPS, the ORP vendors, and the Maryland Department of Budget and Management – Employee Benefits Division regarding retiree health benefits and any outside financial or other consultants of my choice.

I understand that if I ever participated as a member of the SRPS (other than as an employee of a local K-12 school system), I may NOT enroll in the ORP, and if I ever participated in the ORP, I may not enroll in the SRPS.

In Sections I. and II., please initial all statement(s) that apply to you.

I. CERTIFICATION – NO PRIOR SERVICE WITH AN ENTITY LISTED BELOW

A. _____ Before I began or will begin my USM position, I was never employed by any agency, department or unit of the State of Maryland, or I was employed but did not receive benefits including SRPS or ORP. This includes *but is not limited to*:

- The USM, any of its constituent institutions or centers and any predecessors to these (such as a former State of Maryland Board of Trustees school prior to the creation of the University System);
- Morgan State University;
- St. Mary's College of Maryland;
- The Maryland Higher Education Commission;
- Any public community or regional college in the State of Maryland; or
- A predecessor of any of the above.

If you selected I.A., please skip Section II. and go on to Section III.

II. CERTIFICATION – PRIOR SERVICE WITH AN ENTITY LISTED ABOVE

A. _____ Before I began or will begin my USM position, I was employed by an agency, department or unit of the State of Maryland and participated in SRPS or the ORP. This includes *but is not limited to any of the entities listed below*. If you initial this item, please provide details on the next page, including the name of the agency, department, unit or institution(s), your position(s), and your approximate dates of employment. If you do not know this exact information, you should still initial this box and provide any information that you can. You should list **all State agencies, departments or units by which you were employed, including the employers listed above in Section I.A. (If you were employed by more than 4 employers from the list above, please continue your employer list on a separate page and attach it to this form).**

Section II.A., cont'd.

Name of Institution: _____ Dates of Employment _____

Position Title: _____ Exempt/Non-Exempt: _____ Enrolled in ORP: Yes ___ No ___

Name of Institution: _____ Dates of Employment _____

Position Title: _____ Exempt/Non-Exempt: _____ Enrolled in ORP: Yes ___ No ___

Name of Institution: _____ Dates of Employment _____

Position Title: _____ Exempt/Non-Exempt: _____ Enrolled in ORP: Yes ___ No ___

Name of Institution: _____ Dates of Employment _____

Position Title: _____ Exempt/Non-Exempt: _____ Enrolled in ORP: Yes ___ No ___

- B. _____ I am presently receiving a retirement allowance from the MSRPS.
- C. _____ I withdrew my employee contributions from the MSRPS when I previously left State employment.
- D. _____ I received a lump sum distribution from the MSRPS when I previously left State employment.

III. PLAN ELECTION

If you initialed I.A., please initial ONE of the following options below and then move on to Section IV. If you selected IIA., II.B, II.C., or II.D., please skip this section and proceed to Section IV.

_____ **I elect to participate in the ORP** by filing an ORP vendor selection form, along with all supporting paperwork/documents and I understand that I also need to complete an Election Not to Participate in SRPS (EPS/TPS) – Form 60.

_____ **I elect not to participate in the ORP** and I understand that I must enroll in the SRPS by completing an Application for Membership – Form 1 and a Designation of Beneficiary – Form 4.

IV. AUTHORIZATION

I understand that my employment history and pension and retirement plan participation and benefits determine my eligibility to participate in a retirement or pension system and/or the ORP, in accordance with Maryland law. In some instances, this information also determines whether I must participate in the MSRP or the ORP. If any of the information I have provided in Sections I.- II. is incorrect, I understand that USM will enroll me in such retirement or pension option (if any) as is permitted or required by Maryland law. USM and/or the MSRPS may also change my participation election if the choice I made is not permitted by law. By my signature below, I authorize the MSRPS to release information to the USM relating to the history of my participation in any State of Maryland retirement or pension system. By my signature below, I also release both the MSRPS and the ORP vendors (past and present) to release information to the USM relating to any ORP elections I may have made, and the history of my participation in the ORP.

Employee's Printed Name

DATE

Employee's Signature

Benefits Coordinator's Printed Name / Institution Name

DATE

Benefits Coordinator's Signature