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

ELECTION TO COMBINE SERVICE WITHIN THE EMPLOYEES' OR TEACHERS' PENSION SYSTEM (§23-303.1)

FORM 37.37 (REV. 8/19)

This form applies to a member of the Employees' Pension System ("EPS") or Teachers' Pension System ("TPS") who has prior service in the EPS or TPS that is subject to a different rate of benefit accrual, and is eligible to combine the service with the member's current account in accordance with Section 23-303.1 of the State Personnel and Pensions Article, Annotated Code of Maryland.

MEMBER'S SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER

MEMBER'S NAME

First **Initial** **Last**

HOME ADDRESS

Number and Street

City **State** **ZIP Code**

To the Board of Trustees: I do hereby elect to combine my prior vested eligibility service, and/or accumulated contributions, if required, in the Employees' or Teachers' Pension System with my current eligibility service in the Employees' or Teachers' Pension System. I understand that this is a two-step process. Upon my election to combine my eligibility service, a review of my account will be completed. If the transfer results in a contribution deficiency, I will be notified in writing. I understand that I will have to accept the contribution deficiency in writing and pay the contribution deficiency before the transfer of service will be processed. I understand that this is an irrevocable election and that once made cannot be reversed.

Signature: _____ Date: _____

► ► ► Upon completion, forward to your retirement coordinator. ◄ ◄ ◄

Retirement Coordinator completes this section:

Current Employer: _____ Job Title: _____

A. When did this person begin employment with your agency? _____

B. Is this person a PERMANENT full-time employee? ☐ If part-time what are scheduled
part-time employee? ☐ hours per pay periods?_____

C. What is this person's annual salary? _____

D. How many pay periods will be reported per year? _____

System Agency Code # Pay Periods Reported Per Year

Signature/Retirement Coordinator: _____ Date: _____

Ret. Coordinator Telephone Number: ___ - ___ - ____