

MONTGOMERY COUNTY PUBLIC SCHOOLS

Certification for Transfer of Service Credit

Employees' Retirement/Pension System
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

INSTRUCTIONS

Please complete this data for the member/former member of your retirement system. If you have questions, please contact the Employee and Retiree Service Center at (301) 517-8100.

FULL MEMBER INFORMATION

Name _____ Maiden or other last name _____

Social Security Number _____ - _____ - _____

Dates of employment ____/____/____ to ____/____/____

Name of employer where service credit was earned _____

Retirement system covering this employment _____

Job title _____

PLAN DETAILS

1. Is your plan qualified? Yes No
2. Is your plan actuarially funded? Yes No
3. Is your plan a Defined Benefit Plan Defined Contribution Plan Deferred Compensation Plan
 Other _____

If you answered NO to questions 1 and 2, then stop here and sign the certification section on page 2.

4. Date applicant joined your system ____/____/____
5. Date applicant terminated membership ____/____/____
6. Applicant's annual salary? \$ _____
7. Standard number of hours weekly? _____
8. Was the applicant vested? Yes No
9. Applicant's service credit in: Contributory Plan Non-Contributory Plan, OR Both
 If both, please delineate service credit in each plan: _____ Contributory
 _____ Non-Contributory

If Contributory: Contribution: _____% of salary

Taxed Contributions	\$ _____
Non-Taxed Contributions	\$ _____
Interest	\$ _____
Other	_____

PLAN DETAILS (CONTINUED)

10. Have the accumulated contributions been refunded to the applicant? Yes No
If "Yes", amount refunded \$ _____ Date: ___/___/___

11. Total membership service credit, including military service and/or military leave credit

Full-time Service Years _____ Months _____ Days _____

Part-time Service Years _____ Months _____ Days _____

If both, please explain _____

12. List all membership service time credited during this employment, including all periods worked, transferred, prior service periods, military credit, etc.

From ___/___/___ To ___/___/___ Type _____

From ___/___/___ To ___/___/___ Type _____

From ___/___/___ To ___/___/___ Type _____

13. Has missing time been subtracted from total member service credit recorded in item 11 above? Yes No
(Missing time is any pay period during which a contributory member did not make a contribution or pay a pay period for which a non-contributory member was not paid.)

14. If time was missed, give dates From ___/___/___ To ___/___/___ Explanation

CERTIFICATION SECTION

I certify that the above information is true and correct to the best of my knowledge.

Name of retirement system _____

Signature of authorized official _____ Title _____

Address _____

Telephone number ____-____-____ Date ___/___/___

Please return this form to:

**Montgomery County Public Schools
Employee and Retiree Service Center
45 West Gude Drive, Suite 1200
Rockville, Maryland 20850**