Statement of Military Service
Employee's Retirement or Pension System

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS for 455-18
November 2011

INSTRUCTIONS: To be completed by employees who only participate in the Montgomery County Public Schools (MCPS) Retirement or Pension Systems. Employees must have a minimum of ten (10) years of credited MCPS service to be eligible for Military credit. Please submit original documentation and one copy to the Employee and Retiree Service Center (ERSC).

MCPS System (check one)
☐ Retirement ☐ Pension

Name _____ _____
Last *First* *MI* *Employee ID #*

Address _____ _____ _____ _____
Street *City* *State* *ZIP Code*

I am a member of the MCPS Employees' Retirement or Pension System with at least ten (10) years of service and do hereby affirm that I served in the _____ from ____/____/____ to ____/____/____.
Branch of Service *Date of Entry* *Date of Discharge*

I do hereby affirm that I have not received any retirement credit and/or benefit for this period of military service under this or any other retirement system except for disability payments, Social Security (F.I.C.A.), The National Railroad Retirement Act, the Federal Government on account of National Guard or Reserve service, or for the Maryland State Retirement or Pension Systems.

I do further declare that in the event I do receive any retirement credit and/or benefit for a period of military service from any other retirement system except for disability payments, Social Security (F.I.C.A), The National Railroad Retirement Act, The Federal Government on account of National Guard or Reserve service, or for the Maryland State Retirement or Pension Systems, I shall promptly notify the ERSC in writing.

_____ ____/____/____
Signature, Employee *Date*

Attach a copy of your discharge papers, Form DD214: *Report of Transfer or Discharge* or similar document showing dates of entrance and discharge of active duty military service.

TO BE COMPLETED BY THE EMPLOYEE AND RETIREE SERVICE CENTER (ERSC)

Membership Service Credited to Service Record: ____ Year(s) ____ Month(s)

Reviewed by:

_____ ____/____/____
Signature *Date*

_____
Print Name

Approved by:

_____ ____/____/____
Signature *Date*

_____
Print Name

DISTRIBUTION: COPY 1/Employee and Retiree Service Center (ERSC); COPY 2/Employee