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

ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' SYSTEM BY FACULTY OR ADMINISTRATIVE OFFICERS OF INSTITUTIONS OF HIGHER LEARNING

ORM 60 (REV. 9/10)

I ACCELL ON ADMINISTRATIVE OFFICERS OF INSTITUT	FORM 60 (REV. 9/10)
If you need assistance in completing this application, telephone a retirement specialist APPLICANT COMPLETES THIS SECTION: (print in ink or type)	at 410-625-5555 or our toll-free number 1-800-492-5909.
	ER M or F) DATE OF BIRTH
NAME 	Mo. Day Yr.
First Initial	Last
ADDRESS	EMPLOYING AGENCY
 Have you ever been a member of the Maryland State Retirement and Pension System. If Yes, have you withdrawn your accumulated contributions? Are you presently receiving a retirement allowance from the Maryland State Retirement. NOTE: If you are retired from any Maryland State Retirement and Pension System, membership in the Optional Retirement Program(ORP). 	()Yes ()No ment and Pension System? ()Yes ()No
ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' PENSION S Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Per Whereas, the undersigned, as a condition of employment as faculty or an administrativ System or an alternate retirement plan, approved by the Board of Trustees of the Mary Personnel and Pension Article, Annotated Code of Maryland; and Whereas, such option is final, binding and irrevocable as long as the individual i such option, even if there is a break in service for any length of time, and; Whereas, the undersigned, is aware of the rights and benefits of a member of the Teac 1) Death Benefit of 100% of annual salary for completion of one (1) year of elig 2) Vesting after five (5) years of eligibility service, 3) Service retirement with thirty (30) years of eligibility service or at age 62 with 4) Ordinary disability after (5) years of eligibility service, 5) Accidental disability immediate upon membership, 6) Early retirement at age 55 with fifteen (15) years of eligibility service, 7) A guaranteed retirement allowance equal to 1.2% of average final salary for service credit earned after July 1, 1998. 8) Automatic cost of living increases limited to 3% of the current retirement allo 9) Additional service credit for military service and unused sick leave granted a Whereas, the undersigned, waives all rights for purchasing the service rendered while Now therefore, being informed of the above on	nsion System, and, re officer has the option to join either the Teachers'/Employees' Pension re officer has the option to join either the Teachers'/Employees' Pension re an employee of any institution of higher learning which permits reservices'/Employees' Pension System, namely: represervice, service, service credit earned up to July 1, 1998, and 1.8% of average salary for represervices, represervices of the optional plan. The proposed of the optional plan. The prop
	Complete Signature
within instrument and acknowledged that (he/she) executed the same for the purposes hereunto set my hand and official seal. Signature of Notary Public	personally appeared be the person whose name is subscribed to the must be
UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ATTACH A COPY OF THE ALTERNATE RETIREMENT PLAN'S CONTRACT OR API	
RETIREMENT COORDINATOR COMPLETES THIS SECTION: Full-time employee? () (Check one) A. Is the applicant a PERMANENT Part-time employee? () B. If a permanent part-time employee, does the applicant: (1) Receive an annualized salary, rather than an hourly or per diem rate? (2) Receive pro-rata fringe benefits [annual leave, sick leave, holidays, etc.]? (3) Maintain a fixed work schedule? C. What is the applicant's job classification? D. What is the applicant's annual salary? \$ E. What is the applicant's annual standard hours? F. Briefly describe the applicant's duties:	If part-time, what are the scheduled hours per pay period? () Yes () No () Yes () No () Yes () No
RETIREMENT COORDINATOR COMPLETES THIS SECTION:	FOR MARYLAND STATE RETIREMENT AGENCY USE ONLY
SYSTEM EMPLOYING AGENCY #OF PAY PERIODS CODE REPORTED PER	
Signature Date	Reviewed Approved By By
Agency Name/Telephone Number	Initials Date Initials Date
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