



Howard County Police and Fire Employees' Retirement Plan Request to Transfer Service Form

To the Board of Trustees of _____
I am a Participant in the Howard County Police and Fire Employees' Retirement Plan. I am considering transferring my service credit from your retirement system under the provisions of the State Personnel and Pensions Article of the Annotated Code of Maryland, Title 37. I authorize you to release my service credit record and return this completed form to: Howard County Police and Fire Employees' Retirement System, 3430 Court House Drive, Ellicott City, MD 21043.

Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____
Street _____
City _____ State _____ Zip _____

Approximate Dates of Service Requested: _____

Type of Service Requested (check one):

- Probationary or sworn police officer, career firefighter, or police cadet service (within the State of Maryland) from a governmental retirement or pension plan which required that employee contributions be withheld.
Your contributions and associated earnings may be transferred to the Howard County Police and Fire Employees' Retirement Plan, however, the transfer must be completed within one year of your participation.
- Probationary or sworn police officer, career firefighter, or police cadet service (within the State of Maryland) from a governmental retirement or pension plan which did not require that employee contributions be withheld.

Signature: _____ Date: _____

VERIFICATION OF EMPLOYMENT AND MEMBERSHIP RECORD

Previous Employer or Retirement System for: _____

- | | | | |
|---|--------------|---------------------|------|
| (1) Total membership service as a police officer: | Years | Months | Days |
| Dates of hire and termination as a police officer: | / / | / / | / / |
| | Date of Hire | Date of Termination | |
| (2) Total membership service as a career fire fighter: | Years | Months | Days |
| Dates of hire and termination as a career fire fighter: | / / | / / | / / |
| | Date of Hire | Date of Termination | |
| (3) Total membership service as a police cadet in Maryland: | Years | Months | Days |
| Dates of hire and termination as a police cadet in Maryland: | / / | / / | / / |
| | Date of Hire | Date of Termination | |
| (4) Total membership service in a position not listed above: | Years | Months | Days |
| Dates of hire and termination in a position not listed above: | / / | / / | / / |

- (5) Was this applicant vested or receiving a benefit from your system: Yes No
- (6) This Applicant's employment was: full time part time
 (Check all that apply.) permanent temporary other
- (7) Does the membership service credit shown in 1, 2, or 3 above include transferred credit from another retirement or pension system? Yes No

Yes, From _____ To _____
 Transferred from: _____

- (8) Does the membership service credit shown in 1, 2, or 3 above include military leave which interrupted or preceded this applicant's service with your system? Yes No

Yes, From _____ To _____
 Total military leave or service credited _____
 Years Months Days

- (9) Does the membership service credit shown in 1, 2, or 3 above include any breaks in employment, leaves of absence, or missing time? Yes No

Yes, From _____ To _____
 From _____ To _____
 From _____ To _____
 Total missing time to be subtracted: _____
 Years Months Days

I cannot certify the requested service because (specify reason): _____

CERTIFICATION OF CONTRIBUTIONS AND REFUND

Did this applicant have employee contributions in your system: Yes No

Yes, employee contributions were: \$ _____ Before Tax
 \$ _____ After Tax
 \$ _____ Interest
 \$ _____ Total

Refund made: _____
 Year Month Day

I certify that the information shown on this form was taken from the official records of:

 Employer or Retirement System

 Address

 City State Zip

 Signature of Authorized Official

 Title

 Date Signed