

Howard County Retirement Plan

Request to Purchase or Transfer Service Form

Part A: Employee Information

Name: _____ Social Security No.: _____

Maiden Name at Time of Service: _____ Date of Birth: _____

Address: _____

I request my previous employer or retirement system to certify my service, and provide all other relevant benefit information, to the Howard County Retirement Plan.

Signature: _____ Date: _____

Part B: Previous Employer or Retirement System Information

Plan Name: _____

Address: _____

Dates of Service Requested:

From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

Type of Service Requested (check one):

- Service from a defined benefit pension plan sponsored by the State of Maryland or a political subdivision within the State of Maryland for which contributions were withheld.
Your contributions and associated earnings must be transferred to this plan within one year of your participation.
- Service from a defined benefit pension plan sponsored by the State of Maryland or a political subdivision within the State of Maryland for which contributions were not withheld.
You must apply for this credit within one year of your participation.
- Out of state municipal and/or federal government service.
Your service must be valued by the plan and purchased by you within one year of your retirement. When you are notified of the value of this service credit, you may decline to purchase it.
- Military service.
You will receive: (a) credit for up to 4 years of military service if you have at least 10 years of creditable service with this plan, or (b) credit to the extent required by federal law for any military service.

Return this form to the Office of Human Resources, Howard County Retirement Plan, 3430 Courthouse Drive, Ellicott City, Maryland 21043

For Office of Human Resources ONLY

Signature

Date

Howard County Retirement Plan

Certification of Service/Benefit/Contributions

Part A: Applicant Information

Name: _____ Social Security No.: _____

Maiden Name at Time of Service: _____ Date of Birth: _____

Address: _____

I request my previous employer or retirement system to certify my service, and provide all other relevant benefit information, to the Howard County Retirement Plan.

Signature: _____ Date: _____

Part B: Previous Employer or Retirement System Information

Plan Name: _____

Address: _____

Date of Service Requested:

From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

Part C: Service and Benefit Verification

Total membership service credit, including military service and/or military leave credit: _____
Years Months Days

List all membership service, include all periods of service during which the applicant was a member of your system:

From: _____ To: _____; From: _____ To: _____; From: _____ To: _____
 From: _____ To: _____; From: _____ To: _____; From: _____ To: _____

Does the membership credit listed above include military leave DURING employment AND/OR credit for military service PRIOR to employment? Yes No

If "Yes" DURING employment, give dates From: _____ To: _____ Total military leave and/or military service credited:

If "Yes" PRIOR to employment, give dates From: _____ To: _____
Years Months Days

Has missing time been subtracted from total membership service credit above? (Missing time is any pay during which a contributory member did not make a contribution; or, a pay period for which a non-contributory member was not paid.) Yes No -- because the member had no missing time or contributions.

If "Yes", give dates From: _____ To: _____; From: _____ To: _____

Accrued benefit payable at normal retirement: \$ _____/mo Plan's normal retirement age: _____ Form of payment: _____

Annual salary for applicant's years of service (show pay from July 1-June 30 if possible). For additional space, please attach a sheet to this form.

Year: _____; salary \$ _____ Year: _____; salary \$ _____ Year: _____; salary \$ _____
 Year: _____; salary \$ _____ Year: _____; salary \$ _____ Year: _____; salary \$ _____

Part D: Contribution Verification

After-Tax Employee Contributions	Before-Tax (Pick-up) Employee Contributions	Total Interest Credited to Employee	Total Account
\$ _____	\$ _____	\$ _____	\$ _____

Has your system refunded this applicant's accumulated contributions and interest? Yes No

If "Yes", amount refunded \$ _____ Date of refund ____/____/____

Form completed by: _____ Title: _____

Date: _____ Telephone number: (____) _____

Return this form to the Office of Human Resources, Howard County Retirement Plan, 3430 Courthouse Drive, Ellicott City, Maryland 21043