



**Howard County Police and Fire Employees'
Retirement Plan
Benefit Election Form**
3430 Court House Drive
Ellicott City, MD 21043

Use this form to request payment of your retirement benefit from the Howard County Police and Fire Employees' Retirement Plan. You must also complete federal and state tax withholding forms, and a direct deposit form (if you wish to have your payments deposited directly into your bank account). All completed forms must be returned to the Office of Human Resources. If you have questions about this form, contact the Retirement Coordinator at (410) 313-3456 before signing it.

Participant Information

Name: _____ Social Security Number: _____ Date of Retirement: _____

Address: _____
City State Zip +4 Code

Date of Birth: _____ Telephone No.: _____

Payment Method (check one)

<input type="checkbox"/> Life Only Annuity (the automatic payment method)
<input type="checkbox"/> Option #1 – 50% Survivor. <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/> Option #2 – 100% Survivor. <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/> Option #3 – 50% Pop Up. <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____
<input type="checkbox"/> Option #4 – 100% Pop Up. <i>Please provide the following beneficiary information:</i> Name _____ Social Security Number _____ Date of Birth ____/____/____

Direct Bank Deposit (check one)

- I want my payments to be deposited directly into my bank account. (*Attach a completed direct deposit authorization.*)
- I do not want my payments to be deposited directly into my bank account. Please mail the checks to me at the address shown on this form.

Retiree Health Insurance (if applicable)

If you are eligible and want to enroll in the Howard County Retiree Health Insurance Program, check the box below and attach a completed health insurance deduction authorization form.

- I want to enroll in the Howard County Retiree Health Insurance Program.
- I am opting out of the Howard County Retiree Health Insurance Program at this time. I understand that I may enroll at a later date. (If you are covered by your spouse's insurance and your spouse is a Howard County employee, this does not count as your one "Opt-Out".)

Signature and Date:

I accept the terms and conditions of the Howard County Police and Fire Employees' Retirement Plan as they affect the elections I have made on this form. I understand that I may not change the payment option, or my designated beneficiary, once I receive my first benefit payment. For retirees enrolling in retiree health insurance, I also understand and accept the terms and conditions of the Howard County Retiree Health Insurance Program.

Signature: _____ **Date:** _____

For Office of Human Resources Only			
Total monthly benefit:	\$ _____	<input type="checkbox"/>	W-4P Attached
Benefit Start Date:	____/____/____	<input type="checkbox"/>	Maryland Withholding Exemption attached
Date of Plan Participation:	____/____/____	<input type="checkbox"/>	Direct Deposit Authorization attached
Health Insurance Premium	\$ _____	<input type="checkbox"/>	Health Insurance Authorization attached Start Date: ____/____/____
Net Benefit (before tax withholding)	\$ _____		
By:	_____	Date:	____/____/____