



**Congratulations on your decision to retire and thank you for your service to the children of the Howard County Public School System (HCPSS)!**

This packet includes all the information and forms you will need to finalize your retirement with HCPSS and the Maryland State Retirement Agency (MSRA).

Please take the time to review the information provided and complete the forms in this packet. We recognize that the volume of forms and breadth of information can be overwhelming, which is why we are here to answer any questions you may have concerning the retirement process.

**Enclosed Documents**

- MSRA Retirement forms
- HCPSS Retiree Medical Benefits forms

**Review (Optional)**

Meeting with us is not required but if you would like to make a 15-minute appointment to review your completed forms, please contact your Retirement Specialist based on your last name:

- A-G, Jennifer (Lisa) Watkins: [Jennifer Watkins](#) or 410-313-1501
- H-O, Fatima Sye: [Fatima Sye](#) or 410-313-6695
- P-Z, Gale Gibbs: [Gale Gibbs](#) or 410-313-1508

**Submission**

You can submit the completed forms in one of the following ways:

- Email your Retirement Specialist
- Mail/drop off at Central Office

**Additional Resources**

- MSRA can answer eligibility, service purchase, and retirement allowance options questions:
  - Phone: 410-625-5555
  - Website: <https://sra.maryland.gov>
  - mySRPS portal: <https://sra.maryland.gov/member-portal>
  - Schedule an appointment with a MSRA Retirement Counselor using [this link](#)
- HCPSS Retiree Benefits FAQs can be found [here](#)
- HCPSS Retiree Benefit questions: [benefits@hcpss.org](mailto:benefits@hcpss.org) or 410-313-7333, option 2
- HCPSS' Employee Assistance Program (EAP) – we know that the retirement decision can be difficult to make, so we also encourage you to use the EAP. The Well-Being website can be found here <https://www.hcpss.org/well-being/staff/> and provides great resources.

We look forward to helping you through this process!

Sincerely,

The HCPSS Retirement Office  
Department of Human Resources



## **Retirement Application Process**

### **Intent to Retire**

- Complete the [Intent to Retire form](#)
- A Years of Service Audit will be completed to determine your HCPSS Retiree Health Benefit eligibility. Please allow 6-8 weeks for the audit to be emailed to you

### **Application for Service or Disability Retirement**

- Read pages 1-4 for instructions on completing the paperwork
- Complete page 5; this form must be notarized
  - Your retirement effective date must be the first of the month
  - If you choose the Basic Option or option 1 or 4 and you will have more than one beneficiary, the Designation of Beneficiary form needs to be completed instead of putting the beneficiary information on page 5
  - If you choose option 2, 3, 5, or 6, your one beneficiary's proof of birth is required. (A copy of his/her driver's license, birth certificate, or passport).
- Complete page 6 (Retirement Allowance Options)
- Complete the top portion of page 7 (Employer's Certification of Sick Leave)
  - Your Retirement Specialist will complete the rest of the form

### **Direct Deposit Authorization**

- Include a copy of a voided check, deposit slip, or first page of a bank statement

### **Federal IRS W-4P Federal Tax Withholding & Maryland State Tax Withholding Request**

- You may change your federal and/or state tax withholding at any time by obtaining new
- forms from MSRA
- If you wish to have Maryland income tax withheld, you must determine a whole dollar
- amount to be deducted each month
- If you need assistance with determining a withholding amount, please contact a tax planner/advisor. **Retirement Specialists are not able to assist in determining tax withholding amounts**

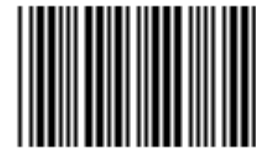
### **Retiree Designation of Beneficiary form (Life Insurance) (if applicable)**

- Complete this form only if you have at least 10 cumulative years of permanent service with HCPSS at the time of retirement
- You may copy this form if you need more space for primary and/or contingent beneficiaries
- There is no cost to the retiree for this life insurance

### **Retiree Health Authorization form (if applicable)**

- This form authorizes MSRA to deduct the cost of retiree monthly benefit premiums from your pension check
- Complete this form only if you meet the requirements below and you would like to enroll in HCPSS Retiree Health Benefits:
  - Have at least 15 cumulative years of permanent service with HCPSS at the time of retirement AND if you have/will have carried health insurance for at least one full year immediately prior to your retirement date

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



**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT**

**IMPORTANT:** If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 22.06.01.03B states that the disability retirement application is submitted on the date that it is received at the Retirement Agency's mailing address. A disability form is not considered submitted if it is provided to an employer of the applicant. Contact the Agency to confirm receipt. COMAR 17.04.03.16E also states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120<sup>th</sup> day after the approval.

**FOR RETIREMENT  
USE ONLY**

**FORM 13-23 (REV. 11/24)**

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

**IMPORTANT:** Read the following instructions and information carefully before filling out this form.

1. In addition to this form, you should complete Form 85 (Direct Deposit Authorization), IRS Form W-4P (Federal Tax Withholding) and Form 766.11 (Maryland State Tax Withholding Request).
2. If you have chosen payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof of birth. You can name only one beneficiary under these options. For information on other acceptable proofs of birth date, call a retirement benefits specialist at the number shown above.
3. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 with this application.
4. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
5. If you are choosing the Basic Allowance, the Option 1 Allowance, or the Option 4 Allowance and you wish to name more than one beneficiary, you should not fill out the "Designation of Beneficiary" section on page 5. Instead, fill out and attach *Designation of Beneficiary* (Form 4).
6. If you are eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents after your death. Contact your employing agency for details.
7. You may change your retirement allowance selection only by filing a change with the Maryland State Retirement Agency before your first payment normally becomes due. In most cases, the first payment is due 30 days after the effective date of your retirement. For example, if your effective retirement date is July 1 and you elected Option 5, you have until July 30 to change your option selection with the State Retirement Agency. You may not change your option selection after monthly benefit payments have commenced.
8. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
9. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a retirement benefits specialist.
10. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
11. Generally speaking, a member may not receive more than one type of retirement benefit.
12. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a retirement benefits specialist at the number shown below.

**NEED HELP:** If you need help to complete this form, or need information on your retirement benefits or retirement process, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

## Reemployment After Retirement

**VIDEO:** For an overview of this information, go to [sra.maryland.gov](http://sra.maryland.gov), select YouTube or Vimeo and watch “Reemployment After Retirement.”

### FOR RETIREES OF THE TEACHERS’ RETIREMENT/PENSION, EMPLOYEES’ RETIREMENT/PENSION, CORRECTIONAL OFFICERS’ RETIREMENT, OR LOCAL FIRE & POLICE PENSION SYSTEMS

Keep a copy of this information on file as a handy reference. You should also keep your Notice of Retirement Allowance that the State Retirement Agency sends to you as a new retiree. The Notice of Retirement Allowance lists the amount of your monthly retirement allowance, your designated beneficiary(ies) and your earnings limitation. Refer to your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and the amount of your earnings limit. Then, apply the reemployment rules printed below to determine if an earnings limit applies for you. Once retired, you cannot enroll in another Maryland State Retirement and Pension System (SRPS) plan or the Optional Retirement Program (ORP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the SRPS you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

### INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the greater the difference between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an “independent contractor” may not meet the IRS’ standard.

### MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. This rule applies even if you retired from an employer that withdrew from the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

### SERVICE RETIREMENT

**(For disability retirement rules, see following page.)**

**Applicable to all systems:** If you accept employment with a participating employer, that is an employer who offers State Retirement Benefits to their employees (a list of these employers can be found on page three), you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. If you accept employment with the *same employer* from which you retired, you are subject to an earnings limit. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules. If you are subject to an earnings limit, your allowance will be reduced only if your *reemployment earnings* exceed the earnings limitation printed on your Notice of Retirement Allowance.

Reemployment earnings are the annual reemployment compensation reported to the IRS that you received during a calendar year. Your benefit is reduced one dollar for every dollar you earn in excess of your limit, up to a maximum of the full retirement allowance. If you retired as an elected or appointed official, contact the State Retirement Agency to learn how the reemployment provisions apply to you.

**Applicable only to Employees’/Teachers’ Systems:** Additionally, if you accept an early retirement *and* have been retired fewer than 12 months, you are subject to an earnings limit if you return to work for *any* participating employer during the first 12 months of retirement.

### SERVICE RETIREMENT: EXCEPTIONS

**Applicable to all systems:** Earnings limits do not apply if your average final compensation used in your retirement calculation is less than \$25,000 and you are reemployed on a permanent, temporary or contractual basis. Earnings limits do not apply if you have been retired more than five years. With the exception of a January 1<sup>st</sup> retirement date, the five year period begins on January 1<sup>st</sup> of the year following the year of retirement.

**Applicable only to Teachers’ Systems:** Earnings limits do not apply if you are a teacher who meets all of the following criteria:

- Is or has been certified to teach in the state,
- Has verification of satisfactory or better performance in last assignment prior to retirement,
- Has been appointed in accordance with §4-103 of the Education Article, and
- Retired with normal service retirement, or retired with an early service retirement and has been retired at least 12 months

**AND**

(continued on following page)

## SERVICE RETIREMENT EXCEPTIONS

(continued from previous page)

Is employed as a classroom teacher, substitute classroom teacher or teacher mentor for the Maryland School for the Deaf or in a public school that

- Is not making adequate yearly progress or is a school in need of improvement as defined under the federal No Child Left Behind Act of 2001, or
- Is receiving funds under Title 1 of the federal No Child Left Behind Act of 2001, or
- Has more than 50% of the students attending that school who are eligible for free and reduced-price meals, or
- Provides an alternative education program for adjudicated youths or students who have been expelled, suspended or identified for suspension or expulsion from public school

### AND

- Shall teach in an area of critical shortage, or a special education class for students with special needs, or a class for students with limited English proficiency, or
- Is hired to teach any subject or class or provide education services under a special limited provision granted to the superintendent.

The superintendent may also grant a special limited exception to the earnings limit if the retiree is employed at any school to teach in an area of critical shortage, a special education class with special needs, a class for students with limited English proficiency, or provide education services.

Earnings limits do not apply if you are employed: **1)** as a principal within 5 years of retirement or **2)** as a principal not more than 10 years before retirement and were employed in a position supervising principals in the retiree's last assignment prior to retirement **AND** you are rehired as a principal at a public school outlined above.

Note: Teachers and principals must receive satisfactory or better performance evaluations each year to continue with the earnings limitation exception.

If you retired directly from employment as a faculty member with a 10-month salary at the University System of Maryland, Morgan State University, St. Mary's College or a Title 16 community college and are reemployed by the same employer, the following types of compensation will not be subject to an earnings limit: bonuses, overtime, summer school or adult education salaries, temporary payments for special research, honorariums or vehicle stipends.

**Applicable to Employees' Systems (rehired health care practitioners):** Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as a health care practitioner by the Department of Health and Mental Hygiene in a state residential center, chronic disease center, a state facility or a local health department are exempt from the earnings limitation (applies only to normal service retirement or early service retirement once the retiree has been retired for 12 months.)

**Applicable to Employees' Systems (rehired as parole and probation employees):** Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as parole and probation employees in positions with the Division of Parole and Probation in the Department of Public Safety and Correctional Services are exempt from an earnings limit for not more than 4 years.

**Applicable to Correctional Officers' Retirement System (rehired correctional officers):** Retirees of the Correctional Officers' Retirement System who are reemployed on a contractual basis as a correctional officer by the Division of Corrections, the Division of Pretrial Detention and Services or the Patuxent Institution in the Department of Public Safety and Correctional Services in an eligible correctional facility are exempt from the earnings limitation for a maximum of 4 years (does not apply to a disability retirement).

**Applicable to Teachers' Systems and Employees' Systems:** Retirees of the Teachers' Retirement System, Employees' Retirement System, Teachers' Pension System, and Employees' Pension System who are reemployed by the same employer from which they retired are not subject to a reemployment earnings limitation if the current employer is a unit of Maryland state government and compensation does not include any state funds.

## DISABILITY RETIREMENT

**Suspension of Disability Retirement:** An Ordinary or Accidental Disability allowance shall be temporarily suspended during a period of reemployment if a retiree is reemployed by any participating employer at an annual compensation that is at least equal to the retiree's average final compensation at retirement. If the disability retiree is eligible to receive a normal service retirement or began receiving a disability retirement allowance before July 1, 1998, no suspension of benefits is applied. There is no additional benefit accrued while reemployed by a participating employer.

If suspended, the retiree's allowance is reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. Also, the retiree's allowance at time of reinstatement is adjusted to reflect the accumulated cost of living adjustments during the period of suspension.

**Earnings limitation for Ordinary Disability Retirees Only:** If you have not reached normal retirement age and you accept employment with a participating employer and your current earnings from the employment exceeds your earnings limitation, then your benefit is reduced. The reduction is \$1.00 for every \$2.00 over the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit. If your pension is temporarily suspended as provided above, this earnings limitation does not apply during the period of suspension.

**There is no earnings limit for an Ordinary Disability Retiree who is reemployed with a non-participating employer.**

**The earnings limit does not apply for Accidental Disability Retirees.**

**Note:** An additional exception to the suspension of benefits and the earnings limitation applies to law enforcement officers formerly employed by an employer that participated in the Law Enforcement Officers' Pension System. These former officers are exempt if reemployed by a participating employer in any position other than a probationary status law enforcement officer, a law enforcement officer or chief, as defined in §3-101 of the Public Safety Article.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

**PARTICIPATING EMPLOYERS\***  
**Maryland State Retirement and Pension System**

**State of Maryland**  
**University System of Maryland**  
**Baltimore City and All County Boards of Education (Teachers' System)**  
**Community Colleges and All Public Libraries (Teachers' System)**

**Participating Governmental Units in the Employees' System as of July 1, 2024**

Allegany College of Maryland  
Allegany County Board of Education  
Allegany County Government  
Allegany County Public Library  
Annapolis, City of  
Anne Arundel County Board of Education  
Anne Arundel County Community College  
Berlin, Town of  
Berwyn Heights, Town of  
Bladensburg, Town of  
Bowie, City of - Police Dept. (LEOPS)  
Brentwood, Town of  
Brunswick, City of  
Calvert County Board of Education  
Cambridge, City of  
Caroline County Board of Education  
Caroline County Sheriffs  
Carroll County Board of Education  
Carroll County Government  
Carroll County Public Library  
Cecil County Board of Education  
Cecil County Government  
Cecil County Public Library  
Centreville, Town of  
Chesapeake Bay Commission  
Chestertown, Town of  
Cheverly, Town of  
College Park, City of  
Crisfield, City of  
Crisfield Housing Authority  
Cumberland, City of  
Cumberland, City of - Police Department  
Denton, Town of  
District Heights, City of  
Dorchester County Board of Education  
Dorchester County Council  
Dorchester County Roads Board  
Dorchester County Sanitary Commission  
Eastern Shore Regional Library, Inc.  
Edmondston, Town of  
Emmitsburg, Town of  
Federalsburg, Town of  
Frederick County Board of Education  
Frostburg, City of  
Fruitland, City of

Frederick County Soil Conservation  
Garrett County Board of Education  
Garrett County Community Action Committee, Inc.  
Greenbelt, City of  
Greensboro, Town of  
Hagerstown, City of  
Hagerstown Community College  
Hampstead, Town of  
Harford County Board of Education  
Harford Community College  
Harford County Government  
Harford County Public Library  
Harford County Liquor Control Board  
Howard Community College  
Howard County Board of Education  
Howard County Community Action Council  
Hurlock, Town of  
Hyattsville, City of  
Kent County Board of Education  
Kent County Government  
Kent Soil and Water Conservation District  
Landover Hills, Town of  
LaPlata, Town of  
Manchester, Town of  
Maryland Health and Higher Educational Facilities Authority  
Middletown, Town of  
Montgomery College  
Morningside, Town of  
Mount Airy, Town of  
Mount Rainier, City of  
New Carrollton, City of  
North Beach, Town of  
Northeast Maryland Waste and Disposal Authority  
Oakland, Town of  
Oxford, Town of  
Pocomoke, City of  
Preston, Town of  
Prince George's Community College  
Prince George's County Board of Education  
Prince George's County Government  
Prince Georges County Crossing Guards

Prince George's County Memorial Library  
Princess Anne, Town of  
Queen Anne's County Board of Education  
Queen Anne's County Commission  
Queenstown, Town of  
Ridgely, Town of  
Rock Hall, Town of  
St. Mary's County Board of Education  
St. Mary's County Government  
Saint Mary's County Housing Authority  
St. Mary's County Metropolitan Commission  
St. Michaels Commissioners  
Salisbury, City of  
Shore Up!, Inc.  
Snow Hill, Town of  
Somerset County Board of Education  
Somerset County Economic Development Commission  
Somerset County Government  
Somerset County Sanitary District  
Southern Maryland, College of  
Southern Maryland Tri-County Community Action Committee, Inc.  
Sykesville, Town of  
Takoma Park, City of  
Talbot County Board of Education  
Talbot County Government  
Taneytown, City of  
Thurmont, Town of  
Tri County Council for Lower Eastern Shore, Maryland  
Tri-County Council for Western Maryland, Inc.  
University Park, Town of  
Upper Marlboro, Town of  
Walkersville, Town of  
Washington County Board of Education  
Washington County Board of Liquor Commissioners  
Washington County Free Library  
Westminster, City of  
Worcester County Board of Education  
Worcester County Government  
Wor-Wic Community College

**\*NOTE:** The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

# APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

Gender

**APPLYING FOR:** Check only one box.

- ☐ Service Retirement  
☐ Ordinary Disability Retirement  
☐ Accidental Disability Retirement



APPLICANT'S NAME

First Initial Last

HOME ADDRESS

Number and Street City State ZIP Code

Home telephone - -

Home email address:

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. ☐ Yes ☐ No

I request that my retirement allowance be effective on Month - Day - Year

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No  
 I have Voluntary Monies: (see instructions on page one)  
☐ I want my voluntary funds refunded in a one-time distribution.

Have you applied for credit for your active duty military service? ☐ Yes ☐ No

OR  
☐ I want my voluntary funds to remain as a monthly additional annuity

**DESIGNATION OF BENEFICIARY:** If more than one beneficiary will be designated by members who select either the Basic Allowance, the Option 1 allowance, or the Option 4 allowance complete the "Designation of Beneficiary" Form 4 instead of the following section. Retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child. ☐ Check here to indicate that Form 4 is attached.

BENEFICIARY'S SOCIAL SECURITY NUMBER

Gender

DATE OF BIRTH

RELATIONSHIP BENEFICIARY'S NAME (M or F) Month Day Year

First Initial Last

BENEFICIARY'S ADDRESS

Number and Street City State ZIP Code

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT.** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES,** I want the designation of beneficiary in this application to take effect (check only one box):  
☐ Immediately ☐ Only upon the effective date of my retirement  
**I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.**
- REGARDING REEMPLOYMENT,** I have read and understand the information about reemployment after retirement on pages two through four of this application. I agree to notify the Board of my anticipated earnings if I return to work. I understand that exceeding the legal limit on my post-retirement earnings could cause a temporary reduction or termination of my monthly retirement allowance. I understand that, to retire, I must be separated from any and all employment and reemployment, of any kind whatsoever, for at least 45 days after my retirement effective date, with any employer that participates in the SRPS. I also certify to the Board that at the date of my retirement, I will be in compliance with that requirement, and that I have had no discussions about reemployment with any employer that participates in the SRPS.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE,** if I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

Signature Date Signed

This form must be signed and properly notarized to be valid. The below section must be completed by a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of \_\_\_\_\_, County of \_\_\_\_\_ (or City of Baltimore)

This form was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
 Name of individual whose signature is being acknowledged\*

Signature of Notarial Officer \_\_\_\_\_

Title of office (Notary Public, Clerk of the Court, etc.) \_\_\_\_\_ My commission expires \_\_\_\_\_

☐ Check here if this notarial act involved a remotely located individual and the use of communication technology.

\* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

## RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.

INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW.

### BASIC ALLOWANCE:

The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16<sup>th</sup> of the month or later.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

**IMPORTANT:** This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

### Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

**For:** \_\_\_\_\_  
Applicant's Name Job Classification

Applicant's Social Security number: \_\_\_\_\_

**A.** The most recent payroll period reported was: \_\_\_\_\_  
Month Day Year

**B.** The projected payroll information to be reported prior to retirement is:

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR

**Final**  
**Contribution** \$ \_\_\_\_\_ Standard Hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

**C.** The employee is separating from employment with the employer. The employee's last day on payroll is: \_\_\_\_\_

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. State law requires that there be a minimum of 45 days from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a participating employer.

**D. Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... ☐ YES ☐ NO

If yes, the employee's new annual salary is \$ \_\_\_\_\_ and is effective \_\_\_\_\_  
MO DAY YR

**E. Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

<b>Initial Reporting:</b>	Total <b>DAYS</b> of unused sick leave (If none, enter word <b>NONE</b> ) _____ as of _____ MO DAY YR
<b>Recertified Sick Leave:</b>	Total <b>DAYS</b> of unused sick leave (If no change, enter no change) _____ as of _____ MO DAY YR Retirement Coordinator recertifying leave must initial here: _____ Date: _____

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Employer

\_\_\_\_\_  
**DIRECT** Telephone Number

**Submit form directly to:** Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700



# PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

## 1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

## 2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

**Important note for active members who are married:** If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at [sra.maryland.gov](http://sra.maryland.gov) or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

**Important note for participants of more than one State system:** If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for each system. Members of the Judges'

Retirement System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

## 3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

## 4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

## 5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

**Minors:** You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

**Your estate:** You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

**Trustee:** If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

**Church or charitable organization:** List the complete corporate or legal name.

## 6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

## 7. Notarization

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

**Important note for all individuals filing this form:** This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

**Withholding Certificate  
for Periodic Pension or Annuity Payments****Give Form W-4P to the payer of your pension or annuity payments.****2025****Step 1:  
Enter  
Personal  
Information****(a)** First name and middle initial

Last name

**(b)** Social security number

Address

City or town, state, and ZIP code

**(c)** ☐ **Single or Married filing separately**☐ **Married filing jointly or Qualifying surviving spouse**☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2:  
Income  
From a Job  
and/or  
Multiple  
Pensions/  
Annuities  
(Including a  
Spouse's  
Job/  
Pension/  
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Complete the items below.

**(i)** If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

**(ii)** If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

**(iii)** Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3:  
Claim  
Dependent  
and Other  
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 . . . \$

Add other credits, such as foreign tax credit and education tax credits \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . **3** \$**Step 4  
(optional):  
Other  
Adjustments**

**(a) Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** \$

**(b) Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . **4(b)** \$

**(c) Extra withholding.** Enter any additional tax you want withheld from **each payment** . **4(c)** \$

**Step 5:  
Sign  
Here****Your signature** (This form is not valid unless you sign it.)**Date**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	1	\$	
2	Enter: { • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately } . . . . .	2	\$	
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .	3	\$	
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information . . . . .	4	\$	
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	5	\$	
6	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	6	\$	

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

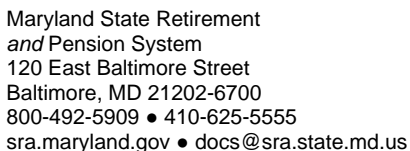
Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Maryland State Tax Withholding Request

Are you a registered mySRPS user? If so, you can update your Maryland state tax withholding online. This is the fastest and most secure method to update your Maryland state tax withholding. You can log into your account here: <https://mysrps.sra.maryland.gov>. Not a registered mySRPS user? You can sign up for a mySRPS account here: <https://mysrps.sra.maryland.gov>.



## Important

- ☒ You must include a voided check, deposit slip, or page 1 of your bank statement with this form (not attached.)
- ☒ This authorization is an agreement that remains in effect until payee cancels it or changes it by written notice to the State Retirement Agency (SRA).
- ☒ The institution named by the payee on this form must participate in the Automated Clearing House Network.
- ☒ If you're changing your direct deposit authorization, we recommend not closing your old bank account until you have received a confirmation from the SRA.

## Social Security Number

--	--	--	--	--	--	--	--	--

Daytime Telephone Number

	-		-	
--	---	--	---	--

First Name

[illegible]

Initial

1

Last Name

[illegible]

### Street Address

[illegible]

City

[illegible]

State

--	--

ZIP Code

--	--	--	--	--

Email Address

[illegible]

NOTE: The account receiving the Electronic Fund Transfer (EFT or direct deposit) must be in the payee's name, either individually or jointly.

Name of Financial Institution: \_\_\_\_\_

Routing Number

--	--	--	--	--	--	--	--	--

Account Number

[illegible]

**Type of Account**  
(choose one)

- ☐ Checking
- ☐ Savings

## Foreign Transfers

(check this box if the statement below is true)

- ☐ The direct deposit will go to a foreign bank **or** the **entire amount** will be transferred from a US bank to a foreign bank.





Maryland State Retirement  
and Pension System  
120 East Baltimore Street  
Baltimore, MD 21202-6700  
800-492-5909 • 410-625-5555  
sra.maryland.gov

# Direct Deposit Authorization

(continued)

## Provide Your Signature(s)

### Payee please sign below.

By signing my name below, I certify that I have read all instructions on this form. I certify that I am the payee identified above, and hereby authorize the SRA to deposit my payment into my account at my financial institution, and also authorize the SRA to share the information provided on this form for processing and validation purposes. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release to SRA by the financial institution of my current address and names and current addresses of all persons listed on the account, including but not limited to those listed as "payable on death" or "transfer on death."

Payee First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial

--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Joint account holder please sign below.

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Joint Account Holder First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial

--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## How to Submit Your Form to Us

### Important!

- ☒ Please send **both pages** of your completed form to us.
- ☒ You must **enclose a voided check**, deposit slip, page 1 of your bank statement or a letter signed by a bank representative as proof of your account. All documents **must** include your full name and full account number.
- ☒ We cannot accept handwritten information as proof of account (ex: starter checks).
- ☒ **Do not attach it** to your form.
- ☒ **Do not** give this form to your employer.

**US Mail:** Maryland State Retirement Agency  
120 E. Baltimore St.  
Baltimore, MD 21202-6700

## How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.

**THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM**  
**Retiree Designation of Beneficiary Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Date of retirement \_\_\_\_\_ Phone number \_\_\_\_\_

**PRIMARY BENEFICIARY**

Primary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

Primary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

**CONTINGENT BENEFICIARY**

Contingent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

Contingent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

**You may change your beneficiary any time, according to the terms of the Group Policy.**

If more than one primary beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designed beneficiaries who survive the employee. If no primary beneficiaries survive, payment shall be made according to the terms of the policy. I understand certain payment due to a minor shall be made only to the legal guardian of that minor.

I hereby accept the form of group insurance presently contracted for by The Howard County Public School System in the amount for which I am or may become eligible.

The completed form should be emailed to [benefits@hcpss.org](mailto:benefits@hcpss.org).

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Applicant's E# \_\_\_\_\_



## Retiree Health Authorization form

I, \_\_\_\_\_, hereby authorize the Maryland State Retirement/Pension Systems to deduct premiums from my monthly annuity check, if I am eligible to receive health benefits through Howard County Public School System. In order to be eligible for retiree benefits you must meet all of the following: fifteen years or more of cumulative service with HCPSS, retire from Maryland State Retirement Pension System and be enrolled in one of the school system's medical, dental, or vision plans at least one year prior to retirement date.

**ALL changes to health coverage must be completed within thirty (30) days of the effective retirement date. A completed Benefits Change Form must be submitted to the Benefits Office *within this time*.** Changing medical plans is only allowed if one is moving out of the HMO service area. If you do not submit your retirement paperwork at least 30 days in advance, it may result in delayed processing and a break in your insurance benefits.

If an employee retires after the last day of school, he/she is eligible to maintain current benefits without additional premium payments through August 31. **Any changes / termination made to health insurance coverage for July 1 or August 1 retirees will be effective September 1.**

**ALL HCPSS retiree health plans require enrollment in Medicare parts A and B when eligible for Medicare. If you do not enroll in Medicare parts A and B, your claims will be processed as if Medicare were your primary insurance.** Employees eligible for Medicare B upon retirement, should apply for Medicare coverage prior to the retirement date. The effective Medicare Part B date for retirees in July or August is September 1. For all other retirees, Medicare Part B is effective the month of retirement. If you are approved for Social Security disability and become eligible for Medicare, you **MUST** elect Medicare Part B. **Send a copy of the Medicare B card to the Benefits Office upon receipt for our records.**

Retiree health benefits information is located online at [www.hcpss.org/employees/retiree-benefits/](http://www.hcpss.org/employees/retiree-benefits/) to include the monthly premium costs and plan information.

**PLEASE KEEP YOUR ADDRESS CURRENT WITH THE BENEFITS OFFICE**, as a Retiree Health Benefits packet will be mailed to you each year for open enrollment. If you have any questions, please contact the **Benefits Office at 410-313-7333 or email [benefits@hcpss.org](mailto:benefits@hcpss.org).**

**Important Note:** The completed Health Authorization form must be submitted to the Benefits Office via email; [benefits@hcpss.org](mailto:benefits@hcpss.org) or via fax; **410-313-1531** within 30 days of your retirement date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN# (last four digits only) \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_