MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP)

Transfer Request of Prior Service

SECTION I – TO BE COMPLETED BY EMPLOYEE

Name _____
Last First Middle Maiden

Social Security # _____ Date of Birth _____
Month Day Year

Montgomery County Date of Hire _____ Current Status ____ Full Time ___Part Time

Name, Address & Phone Number of Prior Employer:

_____

_____

_____

_____

Prior Employer Date of Hire _____ Prior Status ____ Full Time ____ Part Time

Prior Employer Date of Termination _____
Month Day Year

I REQUEST CERTIFICATION OF MY RETIREMENT SERVICE CREDIT FOR THE PERIOD(S) I WAS A MEMBER OF THE _____ RETIREMENT / PENSION SYSTEM.

_____ _____
EMPLOYEE'S SIGNATURE DATE

Please return completed form to:

MCERP - Retirement
101 Monroe Street, 15th Floor
Rockville, MD 20850

Fax – 301-279-1424

SECTION II - TO BE COMPLETED BY AGENCY CERTIFYING SERVICE

Agency	Service (From–To)	Salary	Type of Employment (Full Time, Part Time)

Total Credited Service: _____ - _____ Is Applicant Vested? Yes ___ No ___
Years Months

Does Credited Service Include Any Service Purchased? Yes ___ No ___
If Yes, Total Purchased Service Credited: _____
Years Months

Does Credited Service Include Credit For Military Duty? Yes ___ No ___
If Yes, Total Military Credited Service: _____
Years Months

Does Total Credited Service Include Any Break In Service? Yes ___ No ___

Was this a Contributory Plan: Yes ___ No ___

If Yes, were Applicant's Contributions Refunded: Yes ___ No ___ Date: _____

NOTE: A break in service is any period of time contributory members did not make a contribution or any period of time a non-contributory member was not paid.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____
Form completed by: (Please print name)

_____ _____
SIGNATURE DATE

_____ _____
TITLE TELEPHONE

Please return completed form to:

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Rockville, MD 20850

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