



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS (MCERP) Retirement Plan Election Form

For eligible part-time employees

Please print:

Social Security Number	Last Name	First Name	Middle Initial
Mailing Address	City	State	Zip
Birth Date / /	Home Telephone - -	Office Telephone - -	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Montgomery County Government sponsors the Retirement Savings Plan (RSP) and the Guaranteed Retirement Income Plan (GRIP). The GRIP is a benefit structure offered within the Employees' Retirement System. Eligible part-time employees can enroll in the RSP or the GRIP at any time. To enroll, complete this election form and return it to MCERP. Be sure to check the appropriate box below and sign the form. Your membership in either the RSP or the GRIP will begin the later of the first full pay period 30 days from the date of completing this form or 180 days from your date of hire as an employee.

Note: If you are an eligible full-time employee and want to participate in the GRIP, you will need to complete the *Guaranteed Retirement Income Plan (GRIP) Election Form*, available by contacting MCERP at 240-777-8230, online at www.montgomerycountymd.gov/retirement or email at Retirement@montgomerycountymd.gov.

- I am an eligible part-time employee and elect to participate in the RSP. I understand that this is a one-time irrevocable election.
- I am an eligible part-time employee and elect to participate in the GRIP. I understand that this is a one-time irrevocable election.

Important: Be sure to complete the *Retirement Beneficiary Designation/Change Form* to designate your retirement plan beneficiaries, available online at www.montgomerycountymd.gov/retirement.

**Office of Human Resources, Records Management
101 Monroe Street, 12th floor, Rockville, MD 20850**

I acknowledge that I have received and reviewed all information made available regarding the retirement plans, including the Summary Descriptions for the GRIP and the RSP. I acknowledge that I have been advised by MCERP to consult with my tax and financial advisors regarding this decision. I have not been given any advice regarding this decision by any County or participating agency employee. I understand that, if I choose to join a retirement plan, it is a one-time irrevocable election and acknowledge that the election is completely voluntary. Further, if I join a retirement plan, I understand that the vesting schedule begins on the date my plan membership begins—not my hire date.

Employee signature: _____ Date: ___/___/___

This section to be completed by OHR:

Date of hire: _____ Retirement code: _____
Fidelity Vesting Date: _____ Records Management: _____ Date: _____

*Participation in the retirement plan will begin the later of the first full pay period 30 days from the date of submitting this form or 180 days from the employee's date of hire.