

**MCPS Core and Supplemental Retirement and Pension System**

**Retirement Forms Checklist**

**MCPS Core and Supplement Plan - Required Forms**

- \_\_\_\_\_ **MCPS 455-2** Application for Retirement (*Include proof of your beneficiary's date of birth if selecting option C or D. Only one beneficiary can be designated if selecting option C or D.*)
- \_\_\_\_\_ **MCPS 455-2B** Addendum to Application for Retirement / Notice of Separation Resolution of Financial Obligation to MCPS
- \_\_\_\_\_ **MCPS 455-5** Designation of Beneficiary
- \_\_\_\_\_ **MCPS W-4P** Federal Tax Withholding Request
- \_\_\_\_\_ **MCPS 281-50** MCPS Form 281-50, MCPS Employees' Retirement/Pension System Maryland State Withholding request
- \_\_\_\_\_ **Aetna EFT** Electronic Funds Transfer Authorization with "VOIDED" check
- \_\_\_\_\_ **MCPS 455-22R** Retiree Benefit Plan Enrollment  
*(Must include copy of Medicare Parts A and B card for any covered individual eligible for Medicare at retirement)*
- \_\_\_\_\_ **MCPS 480-4G** Notice of Termination/Retirement (Complete online)

**Optional Forms**

- \_\_\_\_\_ **MCPS 455-26** Application for Lump Sum (De minimis) Retirement Distribution  
*(To determine if you are eligible for a de minimis lump sum distribution, run an estimate on Penpoint. Include this form if your monthly MCPS supplement retirement benefit is less than \$100.)*
- \_\_\_\_\_ **MCPS 445-1B** Change in Personal Information
- \_\_\_\_\_ **MCPS 455-28** 403(b) Leave Payout Contribution Agreement
- \_\_\_\_\_ **MCPS 455-29** 457(b) Leave Payout Contribution Agreement
- \_\_\_\_\_ **Out-of-State Income Tax Withholding Form** (Available online)

**Where/When To Send Forms**

ALL completed forms must be submitted **30 days** prior to the date of retirement to the following address:  
Montgomery County Public Schools  
Employee and Retiree Service Center (ERSC)  
45 West Gude Drive, Suite 1200  
Rockville, MD 20850

**Medicare Eligible Retirees/Spouses**

If you and/or your covered spouse are or will be 65 on the date of retirement, you must be enrolled in both Parts A and B of Medicare to remain with the MCPS medical and prescription benefits. **You must submit a copy of the Medicare card(s) with Parts A and B to ERSC 60 days prior to your retirement date in order to continue the medical and prescription benefits through MCPS.** You should contact the Social Security Administration at 1-800-772-1213 or [www.ssa.gov](http://www.ssa.gov) for information regarding Medicare benefits.

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Application for Retirement**

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

**INSTRUCTIONS:** Complete this form 30 days prior to the effective date of retirement and return to the Employee and Retiree Service Center. Employees must be eligible for retirement as of the effective date of retirement stated below.

**RETIREMENT TYPE**—Check ONE below.

- Normal Retirement       Ordinary Disability Retirement       Normal Vested Benefit  
 Early Retirement       Accidental Disability Retirement       Early Vested Benefit

**NAME (PLEASE PRINT)**

**EFFECTIVE DATE OF RETIREMENT** 7 / 01 / 20 24

EMPLOYEE ID NUMBER

SOCIAL SECURITY NUMBER

LEMON

C

EARLY

0000 12345

Last 4 digits 6 7 8 9

*First*

*MI*

*Last*

Phone Number: 410 - 625 - 5555

E-mail Address: LEMONCEARLY@GMAIL.COM

**PAYMENT OPTION SELECTION:** Check ONE below. Use MCPS Form 455-5 to designate beneficiaries. If selecting Option C or D, only ONE beneficiary can be designated. If the monthly benefit is less than \$100, distribution will be made in a one-time lump sum payment. State law mandates that an employee may receive either a worker's compensation payment or a disability retirement payment. If you are receiving a worker's compensation payment and have retired on disability, your monthly State/MCPS disability retirement benefit may be reduced. Payment option may not be changed after your first retirement check.

**MAXIMUM:**

The maximum option provides the highest monthly benefit for your lifetime. All retirement benefits cease at your death.

**OPTION A:**

Option A provides a smaller monthly benefit than the maximum option. At the time of your death, any remaining balance of your contributions plus interest will be paid to your designated beneficiary(ies).

**OPTION B:**

Option B provides a smaller monthly benefit than Option A. At the time of your death, any remaining balance of the present value of your benefit will be paid to your designated beneficiary(ies).

**OPTION C:**

Option C provides a smaller monthly benefit than Option B. At the time of your death, 50% of the monthly benefit will be paid to your designated beneficiary for their lifetime. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

**OPTION D:**

Option D provides a smaller monthly benefit than Option C. At the time of your death, 100% of the monthly benefit will be paid to your designated beneficiary for their lifetime. The designated beneficiary cannot be more than 10 years younger than you unless they are a spouse or disabled child. If the beneficiary is a disabled child, verification from a physician must be provided. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

**MANDATORY LUMP SUM PAYMENT:**

If your benefit is less than \$100 per month, you will receive a mandatory payout of the present value of your retirement benefit in a lump sum with no benefit to your designated beneficiary. This lump sum payment also is known as a de minimis payment.

**Check here to indicate that MCPS Form 455-5, Designation of Beneficiary/Beneficiaries is attached.**

**Authorization and Acknowledgement**

I hereby authorize MCPS to distribute my retirement benefit as indicated above. I acknowledge that should my monthly benefit be less than \$100, my benefit will be disbursed in a mandatory one-time lump sum payment. I understand that the distribution of the lump sum payment makes any selected payment option above null and void.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Lemon C Early

Employee Signature

03 / 02 / 2024

Date

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

## Addendum to Application for Retirement/ Notice of Separation Resolution of Financial Obligation to MCPS

Employee and Retiree Service Center (ERSC) • Rockville, Maryland  
MONTGOMERY COUNTY PUBLIC SCHOOLS

**INSTRUCTIONS**

Complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to [ERSC@mcpsmd.org](mailto:ERSC@mcpsmd.org).

**EMPLOYEE INFORMATION**

Employee Name: Lemon C Early Employee ID: 12345

Retirement Date: 7/1/24 Resignation Date:     /    /    

If your financial obligation to MCPS is a result of salary overpayment, excess leave usage (negative earned leave), or an outstanding invoice for benefits, this liability will be reduced from your

- » upcoming paycheck(s)
- » pension refund or rollover check at separation of employment(resignation)
- » monthly pension payment from Maryland State Teacher's Pension system or MCPS core and/or supplement pension
- » Leave payout at separation of employment or retirement

**Rescinding Your Retirement**

You are only eligible for consideration to rescind your retirement if you have not received your first pension check. Your request to rescind your retirement and return to work in MCPS will be evaluated based on your current certification, skills, and/or experience, critical need of the employment area, as well as the availability of a vacant position. **Returning to MCPS as an employee, is not guaranteed and the position you currently occupy may no longer be available.**

You may contact ERSC at 301-517-8100 or via email should you need to rescind the application.

**AUTHORIZATION AND ACKNOWLEDGEMENT**

I hereby authorize MCPS to reduce my financial obligation from any payment disbursed to me as indicated above. I acknowledge that should my payment(s) indicated above be insufficient to satisfy my financial obligation to MCPS, then I will be billed for the excess amount and I am responsible to pay this amount by the due date provided on the invoice. I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: Lemon C Early Date: 03/02/2024



# MCPS Core and/or Supplemental Pension Plans Designation of Beneficiary/Beneficiaries

MCPS Form 455-5  
October 2019

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

**INSTRUCTIONS:** Please return completed form to the address listed above. Print clearly. Retain a copy for your records.

**Is this request to change your MCPS Core and/or Supplemental Pension Plan beneficiary/beneficiaries?**  Yes  No

Working  Vested  Retired (if retiring, retirement date 07 / 01 / 2024)

**IMPORTANT:** (If you are retired under Option C or D, STOP. You cannot change your beneficiary.)

**EMPLOYEE ID NUMBER:** 0000 12345 **SOCIAL SECURITY NUMBER Last 4 digits** 6 7 8 9

**NAME (PLEASE PRINT)**

First LEMON MI C Last EARLY

**HOME ADDRESS**

Street 120 EAST BALTIMORE STREET City BALTIMORE State MD Zip Code 21202

Subject to the terms of the Montgomery County Public Schools Employees' Retirement Pension, and Reformed Pension System (Plan), I request that any sum becoming payable by reason of my death be payable to the following beneficiary/beneficiaries. (Enter name, address, social security number, and relationship to you.)

Check if you used an additional MCPS Form 455-5 to name additional primary beneficiaries.

**PRIMARY BENEFICIARY/BENEFICIARIES**

Relationship\* SPOUSE SS No. 9 8 7 - 6 5 - 4 3 2 1 Birthdate (MM/DD/YYYY) 02 / 11 / 1957

Name APLLE B EARLY Address 120 EAST BALTIMORE STREET, BALTIMORE, MD 21202

\*If spouse, please indicate state/jurisdiction where marriage license issued: MARYLAND Date of marriage 9 / 24 / 1995

Relationship \_\_\_\_\_ SS No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**CONTINGENT BENEFICIARY/BENEFICIARIES** (if none of the above named Primary Beneficiary/Beneficiaries survive me.)

Check if you used an additional MCPS Form 455-5 to name additional contingent beneficiaries.

Relationship\* SON SS No. 0 1 2 - 3 4 - 5 6 7 8 Birthdate (MM/DD/YYYY) 05 / 08 / 1989

Name ORANGE EARLY Address 6151 RICHMOND STREET, ROCKVILLE, MD 20850

Relationship\* DAUGHTER SS No. 0 0 1 - 2 3 - 4 5 6 7 Birthdate (MM/DD/YYYY) 07 / 15 / 1990

Name PEAR LATE Address 45 W GUDE DRIVE, ROCKVILLE, MD 20850

I designate the above named person(s) as the beneficiary or beneficiaries to whom I request Montgomery County Public Schools (MCPS) to pay in the event of my death in active service, the total amount of the accumulated contributions standing to my credit in the Plan and, if I have completed at least one year of creditable service upon my death in active service, the death benefit as indicated in Section 13 of the Plan.

I hereby authorize Aetna Life Insurance Company to make payment to the beneficiary or beneficiaries, whom I have inserted above and 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 MCPS from any further obligation on account of the benefit. I hereby direct that should both the primary and contingent beneficiary or beneficiaries of the above-named benefit predecease me, the amount which otherwise would have been payable to such beneficiary or beneficiaries, shall become a part of and be paid to my estate, or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with MCPS, in accordance with the rules and regulations prescribed by the Plan.

If more than one person is named beneficiary, any benefit payments that they may become entitled to receive from MCPS will, unless provided herein, be paid in equal shares to such of the designated persons, survivor or survivors, as shall be living at the time of my death.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Date

Employee Signature Lemon C Early



**MONTGOMERY COUNTY PUBLIC SCHOOLS****MCPS Employees' Retirement/Pension System  
Maryland State Withholding Request**

MONTGOMERY  
COUNTY  
PUBLIC  
SCHOOLS  
Maryland  
CLEAR FORM

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**INSTRUCTIONS:** Before submitting this form to ERSC (new retirees) or Aetna (existing retirees), please consult examples #1–#4 on page 2. **You must complete the section below.**

Social Security Number (last 4 digits) 6789 Print Full Name LEMON C EARLY

**MARYLAND STATE INCOME TAX WITHHOLDING**

Please check the appropriate box indicating your election. Check only one (1).

- I am **NOT** a Maryland resident. Do not withhold Maryland Income Tax.
- I **AM** a Maryland resident, but I do not wish to have tax withheld from my monthly pension check.
- Withhold from each monthly pension check the following **WHOLE DOLLAR** amount (*not less than \$5*).  
\$ 50.00

**FOR STATES OTHER THAN MARYLAND,  
YOU WILL NEED TO CONTACT YOUR STATE OF RESIDENCE FOR THE APPLICABLE FORM.**

**SIGNATURE REQUIRED**

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Telephone ---301-625-5555 Date 03 / 02 / 2024

**INCOME TAX WITHHOLDING FOR RETIREES**

**Each retiree is responsible for having the required State income tax withheld based upon their overall income and projected tax liability.** However, it is not necessary to have withholdings from each individual income source. Instead, retirees normally need to have one Federal and one State withholding account (depending upon your state of legal residence, and applicable state tax laws). Individuals who do not have enough income tax withheld may wish to file estimated taxes or they may be subject to penalties if their withholding is not adequate.

Some states exclude pension income from taxable wages while other states exclude pension income once you have attained a certain age, such as age 65. Other states treat pension income as fully taxable. Therefore, it is critical to familiarize yourself with the tax laws and withholding requirements of your state of residence or consult a qualified tax or financial advisor for additional questions or information.

Each year, you file Federal and State income tax returns to determine your actual tax liability. Then, based upon the amount withheld during the tax year, you will either owe additional taxes or receive a tax refund. As your income grows over time, you may need to increase your tax withholdings to insure that adequate taxes have been withheld. Several forms are used to establish or update the amount of federal and state taxes that are withheld from your pension. The forms you will need depend upon your state of residence, and whether you receive your core retirement benefit from the State Teachers' Retirement System or the MCPS Employee's Retirement/Pension System through MCPS' agent, Aetna, Inc.

**The following four examples illustrate the common situations based upon plan membership and state of residence. Each example will explain the necessary forms and where to send them to establish or adjust your withholding amount.**





# Electronic Funds Transfer (EFT) Authorization Form

**Aetna Life Insurance Company**  
 Large Case Pensions – RTAA  
 151 Farmington Avenue  
 Hartford, CT 06156-0665  
**Fax:** 1-860-262-7412  
**Telephone:** 1-800-952-2700  
**Email:** [aetnapensions@aetna.com](mailto:aetnapensions@aetna.com)  
**Website:** <https://pensions.aetna.com>

Payee/Joint Account Holder Information  To be completed by Payee. Please print.	Your Name (Last, First, Middle Initial) EARLY, LEMON C	Social Security Number 123-45-6789	
	Address (Number & Street) 120 EAST BALTIMORE STREET	Telephone Number 410-625-5555	
	City/Town BALTIMORE	State MD	ZIP Code – 4 Digit ZIP 21202
	Joint Account Holder Name (Last, First, Middle Initial)  APPLE B EARLY	Joint Account Holder's Social Security Number 987-65-4321	

Financial Information  <u>(U.S. ONLY)</u>	I agree and acknowledge that you send my payments for automatic credit to: Type of Account ( <i>please check one</i> ) <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		
	Financial Institutional Name M&T BANK		
	Bank Account Number 000111222333	ABA Routing Number ( <i>9 digits</i> ) 987654321	

Payee/Joint Account Holder Agreement	<ul style="list-style-type: none"> <li>• Aetna will send payments to this account until I notify Aetna otherwise in writing.</li> <li>• If the payment due date falls on a weekend or holiday, we understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available.</li> <li>• I will advise Aetna of any change to information on this form, <b>particularly any changes in resident address to facilitate the delivery of tax documents.</b></li> <li>• I will send Aetna proof of life upon request.</li> <li>• Joint Account Holder will notify Aetna immediately in the event of the Payee's death.</li> <li>• In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment.</li> <li>• In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to Aetna any information on this account and Account Holders.</li> <li>• <b>I confirm that my name is on the account provided.</b></li> </ul>
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Signatures	Payee's Signature <i>Lemon C Early</i>	Date (mm/dd/yyyy) 03/02/2024
	Joint Account Holder's Signature ( <b>required if joint account</b> ) <i>Apple B Pear</i>	Date (mm/dd/yyyy) 03/02/2024

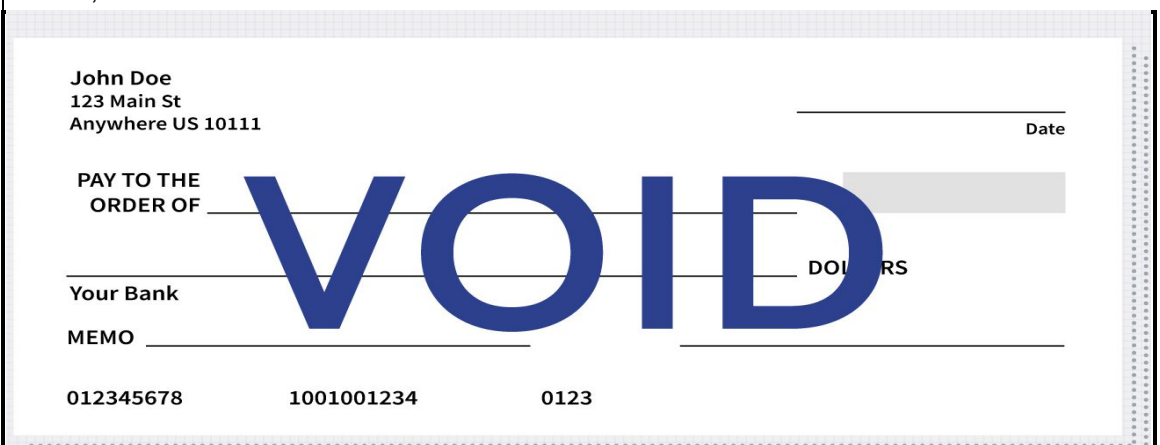
**Pre-notification**  
 Please be sure the information on this form is accurate and complete.

If EFT is available at your financial institution, processing this authorized form will cause your benefit payment to be transmitted via EFT provided all information is complete, accurate and received by Aetna in sufficient time to process your request.

If you use an institution that is not a bank, it must be able to accept payments by EFT. If it cannot, EFT will not be available.

Attach a voided personal check in the space provided.

**NOTE: When a voided check is provided, we will use the Bank Account Number, and ABA Routing Number displayed on the check, rather than anything written above.**



# MONTGOMERY COUNTY PUBLIC SCHOOLS

## Retiree Benefit Plan Enrollment FOR NEW RETIREES ONLY

Employee and Retiree Service Center (ERSC)  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 1200 • Rockville, Maryland 20850

### INSTRUCTIONS

All new retirees must make a selection in each category. Complete, sign electronically or manually on both sides of this form, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to [ERSC@mcpsmd.org](mailto:ERSC@mcpsmd.org). This form must be signed at the bottom of pages 1 and 2. Please do not mail copies to ERSC once you have faxed or emailed the enrollment form. A confirmation of your requested change(s) will be sent to you. Unsigned forms will be returned to you and become your responsibility to resubmit to ERSC by the appropriate deadline.

**SECTION I: RETIREE INFORMATION**—Please print. If your address has changed, please submit MCPS Form 445-1B, *Change in Personal Information for MCPS Retirees and Former Employees* with your benefit enrollment form. Benefit enrollment confirmations are sent to the address on file.

Name LEMON C EARLY Employee ID# 12345 SSN # 6 7 8 9  
last 4 digits

Address: Street 120 EAST BALTIMORE STREET City BALTIMORE State MD Zip 21202

Home Phone 410-625-5555 Email LEMONCEARLY@GMAIL.COM Retiree Date of Birth 08 / 18 / 1955

Retirement Date 07 / 01 / 2024 (new and existing retirees) Spouse Date of Birth 2 / 11 / 1957

### SECTION II: RETIREE ENROLLMENT INFORMATION

- Continuation of benefits in retirement—effective with retirement date.  
Please complete MCPS Form 455-4, *Request for Refund of MCPS Prepaid Benefits*.
- Continuation of benefits in retirement—effective October 1 (for 10-month employees retiring in July, August, or September)
- Transfer to active spouse MCPS plan, ID# \_\_\_\_\_ (must include MCPS Form 455-20, *Employee Benefit Plan Enrollment*)
- I cancel/decline all benefit plan enrollment effective \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of cancellation must adhere to deadline rules in RBS)—  
skip to **SECTION VI, LIFE INSURANCE OPTION**

### SECTION III: RETIREE LEVEL OF HEALTH COVERAGE

- Individual
- Two-Party
- Family

**SECTION IV: RETIREE BENEFIT PLAN ENROLLMENT INFORMATION**—You must make a selection in each category A-D. Please consult the Retiree Benefit Summary for benefit plan enrollment qualifications. **Medicare-eligible retirees (and their eligible dependents) must enroll in Medicare Parts A and B to continue coverage with MCPS.** If you enroll in a **private Medicare Part D plan**, all MCPS prescription coverage will be cancelled.

#### CATEGORY A (Medical Plans)—

##### PLEASE SELECT ONE (1) OF THE FOLLOWING OPTIONS

#### HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

- Cigna Open Access Plus In-Network (OAPIN)
- Kaiser Permanente HMO

#### OPEN POINT-OF-SERVICE (POS) PLANS<sup>1</sup>

- Cigna Open Access Plus (OAP)

#### INDEMNITY/MEDICARE SUPPLEMENTAL PLANS

- Cigna Indemnity/Medicare Supplemental Plan
- I **decline** medical coverage

<sup>1</sup>When a retiree or dependent becomes Medicare-eligible, this health plan does not coordinate with Medicare. At the time of Medicare Part B enrollment, a plan change will be required. When no plan change is submitted, coverage will default to the Indemnity/Medicare Supplemental Plan.

#### CATEGORY B (Prescription Drug Plans)—Please select one

- Caremark (available to all non-Medicare-eligible retirees except Kaiser HMO members)  Option A  Option B
- SilverScript/Caremark Part D plan for Medicare-eligible participants (available to ages 65 + only)  Option A  Option B
- Kaiser (only available to Kaiser HMO members)
- I **decline** prescription drug coverage

#### CATEGORY C (Dental Plans)—Please select one

- CareFirst Preferred Provider Organization (PPO)
- Aetna Dental Maintenance Organization (DMO)  
(Benefit plan participant must reside in a DMO service area.)
- I **decline** dental coverage

#### CATEGORY D (Vision Plan)—Please select one

- Davis Vision (provided through CareFirst)
- I **decline** vision coverage

### SIGNATURE REQUIRED ON PAGES 1 AND 2

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Date 03 / 02 / 2023



**SECTION V: COVERED PARTICIPANTS**—To enroll or drop dependent(s).

First Name	Last Name	MI	Social Security #	Date of Birth	Sex	Enroll/Drop
Spouse Apple	Early	B	987 -65-4321	2/11/1957	F	<input checked="" type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>

**FOR ADDITIONAL COVERED DEPENDENTS, PLEASE ATTACH A SEPARATE SHEET OF PAPER.**

**SECTION VI: BASIC TERM LIFE INSURANCE**

- Continue at retirement (Complete section VII and list all beneficiaries)
- I **cancel/decline** Basic Term Life Insurance (You may not reenroll once life insurance is cancelled.)

**SECTION VII: LIFE INSURANCE BENEFICIARY DESIGNATION**

- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise stated.
- The contingent beneficiary(ies) shall be entitled to life insurance benefits in the event there is no surviving primary beneficiary.
- If designating a Trust as a beneficiary, please provide a copy of the title, trustee, address, and signature pages of the Trust.

Please check **Primary** or **Contingent** for each designated beneficiary. If neither box is checked, the named beneficiary will be deemed as a **primary** beneficiary.

No change

**Primary**

Name APPLE B EARLY  
 Address 120 EAST BALTIMORE STREET, BALTIMORE, MD 21202  
 Share 100 % Relationship SPOUSE

**Primary**  **Contingent**

Name ORANGE EARLY  
 Address 6151 RICHMOND STREET, ROCKVILLE, MD 20850  
 Share 50 % Relationship SON

**Primary**  **Contingent**

Name PEAR LATE  
 Address 45 W GUDE DR, ROCKVILLE, MD 20850  
 Share 50 % Relationship DAUGHTER

**Primary**  **Contingent**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Share \_\_\_\_\_ % Relationship \_\_\_\_\_

**FOR ADDITIONAL BENEFICIARIES, PLEASE ATTACH A SEPARATE SHEET OF PAPER.**

**SIGNATURE REQUIRED ON PAGES 1 AND 2**

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Date 03/02/2024

## **MONTGOMERY COUNTY PUBLIC SCHOOLS**

*Expanding Opportunity and Unleashing Potential*

EMPLOYEE AND RETIREE SERVICE CENTER

### **MCPS Form 480-4G: Notice of Termination/Retirement (Complete online)**

Complete this online MCPS Google form *after* you have submitted your retirement forms packet to the Employee and Retiree Service Center (ERSC).

To complete Form 480-4G Notice of Retirement/Termination (Separation) go to the MCPS Office of Human Resources and Development (OHRD) careers page:  
<https://www.montgomeryschoolsmd.org/departments/careers/>

1. Go to: **For Current Employees.**
2. Click on the '**How to Terminate Your Employment**' link.
3. Complete the applicable online form for your job classification.

This electronic form can also be located on the ERSC webpage at the following link:

<https://ww2.montgomeryschoolsmd.org/departments/forms/detail.aspx?formID=318&formNumber=480-4>

## MONTGOMERY COUNTY PUBLIC SCHOOLS

## Application for Lump Sum (De minimis) Retirement Distribution

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

**INSTRUCTIONS:** Complete this form 30 days prior to effective date of retirement, and return to the Employee and Retiree Service Center.

**RETIREMENT TYPE:**  Normal or Early Retirement  Disability Retirement—Ordinary  Disability Retirement—Accidental

**NAME (PLEASE PRINT)**

**EFFECTIVE DATE OF RETIREMENT** 07 / 01 / 2024

First LEMON MI C Last EARLY

**EMPLOYEE ID NUMBER:** 0000 1 2 3 4 5 **SOCIAL SECURITY NUMBER Last 4 digits** 6 7 8 9

Home Phone 410 - 625 - 5555 E-mail Address LEMONCEARLY@GMAIL.COM

**Payment Distribution Option:** I acknowledge that I have read the Rollover Options Notice, and I understand the tax consequences of my distribution and elect the following:

- 1. Pay my entire distribution to me.** I understand that the taxable portion will be subject to the mandatory 20% federal income tax and if applicable, any state tax withholding.
- 2. Rollover to a Traditional IRA**
- 3. Rollover to a Roth IRA.** I understand that the taxable portion of this distribution will be taxable income, and I voluntarily request Aetna withholds \$ \_\_\_\_\_ in federal taxes and \$ \_\_\_\_\_.
- 4. Rollover to a Qualified Retirement Plan**
- 5. Rollover to an MCPS Fidelity 403(b) Plan 50300 or an MCPS Fidelity 457(b) Plan 62512.** (Enter 50300 or 62512 below as the account number and email DCPlans@mcpsmd.org to notify Fidelity of the pending distribution).

**Please complete the financial institution rollover information:**

Direct my eligible rollover distribution to:  IRA  Roth IRA  Qualified Plan

Name of the Financial Institution VANDELAY INDUSTRIES

Account # 325678

Address 123 MAIN STREET

NEW YORK, NY 10022

Attention GOERGE COSTANZA

### REQUIRED CERTIFICATION

Under penalty of perjury, I hereby certify that all the information is correct. I acknowledge that I have read the Rollover Options Notice and have been advised of the tax consequences of my distribution and that under current law, I have 30 days in which to make this election. I hereby waive my right to the 30-day election period and request that my distribution be processed as soon as possible in the manner I have elected.

Employee Signature

*Lemon C Early*

Date

03/02/2024

**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

**2023**

Give Form W-4R to the payer of your retirement payments.

<b>1a</b> First name and middle initial LEMON C	Last name EARLY	<b>1b</b> Social security number 123-45-6789
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Address  
120 EAST BALTIMORE STREET  
City or town, state, and ZIP code  
BALTIMORE, MD 21202

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) . . . . .	22	%
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<b>Sign Here</b>	<i>Lemon C Early</i> <b>Your signature</b> (This form is not valid unless you sign it.)	03/02/2024 <b>Date</b>
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**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. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

## Change in Personal Information for MCPS Retirees and Former Employees

Employee and Retiree Service Center (ERSC)  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

### INSTRUCTIONS (Please type or print)

Use this form to change or correct your name, title, date of birth, address, and/or Social Security number (only after receipt of your new official Social Security card). Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). **You may fax the form to 301-279-3642/301-279-3651 or email an electronically signed Adobe PDF file to ERSC@mcpsmd.org**

1. You must complete ALL sections in the first box.
2. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
3. You will need to contact Aetna and the Maryland State Retirement Agency directly to update your address with these organizations.
4. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must visit the [Employee Self-Service \(ESS\)](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) web page at [montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) and click on **My address change** to update your address with MCPS for payroll purposes.
5. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes. All W-4 changes are made online. To access the online form, visit the ESS web page and click on **My W-4** under the green My Pay banner.

### EMPLOYEE INFORMATION

Name: EARLY, LEMON, C  
*Last, First, Middle*

Effective date of change 07/01/2024 Employee ID # 12345 or Social Security # 1 2 3 4 5 6 7 8 9

### CHANGES

**CORRECT DATE OF BIRTH TO:** \_\_\_/\_\_\_/\_\_\_ Attach copy of birth certificate or valid driver's license.

\_\_\_ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.

**CHANGE NAME TO** (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree):

*Last, First, Middle*

**CHANGE SOCIAL SECURITY NUMBER TO:** \_\_\_\_\_ **Attach copy of Social Security card**

**CHANGE EMAIL ADDRESS TO:** \_\_\_\_\_

**CHANGE ADDRESS/PHONE**

**From:**

120 EAST BALTIMORE STREET  
*Street* *Apt. #*

BALTIMORE MD 21202 410-625-5555  
*City* *State* *ZIP Code* *Phone #*

**To:**

101 EASY STREET  
*Street* *Apt. #*

FT. LAUDERDALE FL 31334 410-625-5555  
*City* *State* *ZIP Code* *Phone #*

Maryland County \_\_\_\_\_

### SIGNATURE

Employee Name: (please print) LEMON C EARLY

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: Lemon C Early Date 03/02/2024

**MONTGOMERY COUNTY PUBLIC SCHOOLS****MCPS Retirement  
§403(b) Leave Payout Contribution Agreement**Associate Superintendent of Finance, Division of Investments  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850**SECTION I—Employee Information (Please Print)**First Name LEMON Last Name EARLYMCPS Employee ID (required) 1 2 3 4 5 6 Retirement Date 7 / 1 / 2024Home Phone 410-625-5555 Work Phone \_\_\_\_\_Union Affiliation:  MCAAP/MCBOA  MCEA  SEIU**SECTION II—Earned Unused Leave Payout at Retirement Election****Internal Revenue Service contribution limits for 2022:**  
**Standard limit of \$20,500. Age 50 catch-up of an additional \$6,500.**

I am eligible to contribute (based on IRS limits): \$ \_\_\_\_\_

Less YTD 403(b) contributions: \$ \_\_\_\_\_  I elect to contribute up to the maximum allowed.Estimated amount eligible to contribute: \$ \_\_\_\_\_  I elect to contribute \$ \_\_\_\_\_

Value of my earned unused leave: \$ \_\_\_\_\_

**Important notice:** If you return to work for MCPS in ANY CAPACITY and are under age 59½ you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.**SECTION III—Agreement and Signature**I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 403(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 403(b) account at Fidelity Investments. Please visit [www.NetBenefits.com/mcps](http://www.NetBenefits.com/mcps) to register and log in to your account.

I understand and agree that:

- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 403(b) Leave Payout Agreement, I certify that my salary reduction contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 415(c)(1), 403(g), and 414(v) of the Internal Revenue Code.

Employee Signature Lemon C Early Today's Date 03 / 02 / 2024For answers to Leave Payout questions, please see [403\(b\)/457\(b\) Leave Payout FAQs](#),  
also available under Tools & Resources at [www.NetBenefits.com/mcps](http://www.NetBenefits.com/mcps).**Completed form should be delivered to:****MCPS/ERSC****Attn: Retirement Team****45 West Gude Drive, Suite 1200, Rockville, MD 20850**

As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.

**MCPS Use Only**

Initials: \_\_\_\_\_

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_



**MONTGOMERY COUNTY PUBLIC SCHOOLS****MCPS Retirement  
§457(b) Leave Payout Contribution Agreement**Associate Superintendent of Finance, Division of Investments  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850**SECTION I—Employee Information (Please Print)**First Name LEMON Last Name EARLYMCPS Employee ID (required) 1 2 3 4 5 Retirement Date 07 / 01 / 2024Home Phone 410-625-5555 Work Phone \_\_\_\_\_Union Affiliation:  MCAAP/MCBOA  MCEA  SEIU**SECTION II—Earned Unused Leave Payout at Retirement Election****Internal Revenue Service contribution limits for 2022:****Standard limit of \$20,500. Age 50 catch-up of an additional \$6,500.**

I am eligible to contribute (based on IRS limits): \$ \_\_\_\_\_

Less YTD 457(b) contributions: \$ \_\_\_\_\_  I elect to contribute up to the maximum allowed.Estimated amount eligible to contribute: \$ \_\_\_\_\_  I elect to contribute \$ \_\_\_\_\_

Value of my earned unused leave: \$ \_\_\_\_\_

**Important notice:** The 457(b) plan permits distributions based on separation of service or age 59½. If you return to work for MCPS in ANY CAPACITY you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.**SECTION III—Agreement and Signature**I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 457(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 457(b) account at Fidelity Investments. Please visit [www.NetBenefits.com/mcps](http://www.NetBenefits.com/mcps) to register and log in to your account.

I understand and agree that:

- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 457(b) Leave Payout Agreement, I certify that my salary deferral contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 457(b) and 414(v) of the Internal Revenue Code.

Employee Signature Lemon C Early Today's Date 03 / 02 / 2024For answers to Leave Payout questions, please see [403\(b\)/457\(b\) Leave Payout FAQs](#),  
also available under Tools & Resources at [www.NetBenefits.com/mcps](http://www.NetBenefits.com/mcps).**Completed form should be delivered to:  
MCPS/ERSC****Attn: Retirement Team  
45 West Gude Drive, Suite 1200, Rockville, MD 20850***As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.***MCPS Use Only**

Initials: \_\_\_\_\_

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_