



**CERTIFICATION FOR TRANSFER OF SERVICE CREDIT  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
EMPLOYEES' RETIREMENT/PENSION SYSTEM**

**INSTRUCTIONS:** Please complete this data for the member/former member of your retirement system. If you have questions, please contact the Employee and Retiree Service Center (240) 740-8100.

Name: \_\_\_\_\_ Maiden or Other Last Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Name of Employer Where Service Credit was Earned: \_\_\_\_\_

Retirement System Covering this Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

- 1) Is your plan qualified?  Yes  No
- 2) Is your plan actuarially funded?  Yes  No
- 3) Is your plan a :  Defined Benefit Plan;  Defined Contribution Plan;  
 Deferred Compensation Plan;  Other

If you answered NO to questions 1 and 2, then stop here and sign the certification section on page 2.

4) Date applicant joined your system: \_\_\_\_\_  
*Year month day*

5) Date applicant terminated membership: \_\_\_\_\_  
*Year month day*

6) Is the applicant vested?  Yes  No

7) Applicant's service credit in:  contributory plan,  non-contributory plan, or  
 both

8) Annual Salary? \_\_\_\_\_

9) Standard Hours? \_\_\_\_\_

If both, please delineate service credit in each plan:

\_\_\_\_\_ *Contributory*  
 \_\_\_\_\_ *Non-Contributory*

10) If Contributory: Contribution: \_\_\_\_\_ % of salary;

Other: \_\_\_\_\_

Taxed Contributions: \$ \_\_\_\_\_

Non-Taxed Contributions: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

11) Have the accumulated contributions been refunded to the applicant?  Yes  No  
If "Yes", amount refunded \$ \_\_\_\_\_ Date: \_\_\_\_\_

12) Total membership service credit, including military service and/or military leave credit:

Full-Time Service \_\_\_\_\_  
Years Months Days

Part-Time Service \_\_\_\_\_  
Years Months Days

If both, please explain: \_\_\_\_\_  
\_\_\_\_\_

13) List all membership service time credited during this employment, including all periods worked, transferred, prior service periods, military credit, etc.

From: \_\_\_\_\_ To: \_\_\_\_\_ Type: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Type: \_\_\_\_\_

14) Has missing time been subtracted from total member service credit recorded in (11)? (Missing time is any pay period during which a contributory member did not make a contribution or pay a pay period for which a non-contributory member was not paid.)

Yes  No

If time was missed, give dates, reasons: From: \_\_\_\_\_ To: \_\_\_\_\_

Explanation: \_\_\_\_\_

### Certification Section

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name of Retirement System

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Street

\_\_\_\_\_  
Title

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

Please return this form to:

**Montgomery County Public Schools  
Employee and Retiree Service Center  
45 West Gude Drive, Suite 1200  
Rockville, MD 20850**