

MONTGOMERY COUNTY PUBLIC SCHOOLS

Request for Refund of MCPS Prepaid Benefits

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

Please complete and submit this form to ERSC at ersc@mcpsmd.org

EMPLOYEE INFORMATION

Name (please print) _____

Employee ID# _____

Address _____

Email Address _____

Phone _____ - _____ - _____

Retirement Date ____/____/____

As a 10-month MCPS employee, I understand that my benefit premiums are paid over 20 payroll periods.

Retiring 10-month employees may complete this form to request a refund of prepaid employee benefit premiums for coverage beyond your retirement date. Please select one of the following options:

- A refund of prepaid benefits back to January 1 of the calendar year in which you retire.
- A refund of prepaid benefits for the entire fiscal year in which you retire. Please note: This will result in an adjusted W-2 for the prior calendar year. This is because premiums paid within the fiscal year impact two calendar years.

SIGNATURE

Printed Name _____

Signature _____ Date ____/____/____