



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** Notice of Termination/Retirement in Hub+ (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 for information regarding Medicare benefits.

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 07 / 01 / 20 26

EMPLOYEE ID NUMBER SOCIAL SECURITY NUMBER

Lemon C Early 0000 12345 Last 4 digits 6 7 8 9

First *MI* *Last*

Phone Number: 301 - 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 / 26

Date

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.

EMPLOYEE INFORMATION

Employee Name: Lemon C Early Employee ID: 12345

Retirement Date: 7 / 1 / 26 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: 3/2/26



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 / 26)

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) 2 / 11 / 1957

Name Apple 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) 2 / 11 / 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) 7 / 15 / 1990

Name Pear Late Address 45 W Gude Dr, 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.

Employee Signature Lemon C Early

Date 03/02/2026

**Withholding Certificate
for Periodic Pension or Annuity Payments**

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2025

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial <u>Lemon C</u>	Last name <u>Early</u>	(b) Social security number <u>123-45-6789</u>
Address <u>120 East Baltimore Street</u> City or town, state, and ZIP code <u>Baltimore MD 20212</u>		
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**
Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

**Step 3:
Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
Multiply the number of other dependents by \$500	\$ _____	
Add other credits, such as foreign tax credit and education tax credits	\$ _____	
Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** . . . **4(c)** \$ _____

**Step 5:
Sign
Here**

Lemon C Early
Your signature (This form is not valid unless you sign it.)

03/02/2026
Date

MCPS Employees' Retirement/Pension System Maryland State Withholding Request

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). **You must complete the section below.** AETNA'S contact information is Fax: 1-860-262-7412, Telephone: 1-800-952-2700, Email: aetnapensions@aetna.com, Website: <https://pensions.aetna.com>.

Social Security Number (last 4 digits) 6 7 8 9 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 3 / 2 / 26

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

Complete this form or update your EFT information on our Website: <https://pensions.aetna.com>

Aetna, Large Case Pensions, PO Box 818048, Cleveland OH 44181-8048
Phone:1-800-952-2700 Fax:1-860-262-7412 Email:aetnapensions@aetna.com

Payee Name (Last, First, Middle Initial) Early, Lemon C		System No or Social Security No 123-45-6789	
Address (Number & Street) 120 East Baltimore Street		Telephone Number 301-625-5555	
City/Town Baltimore		State MD	ZIP Code – 4 Digit ZIP 20212
Email Address Lemoncearly@gmail.com		Joint Account Holder's Social Security Number 987-65-4321	
Joint Account Holder Name (Last, First, Middle Initial) Early, Apple B			

(U.S. ONLY)	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 (9 digits) 987654321	

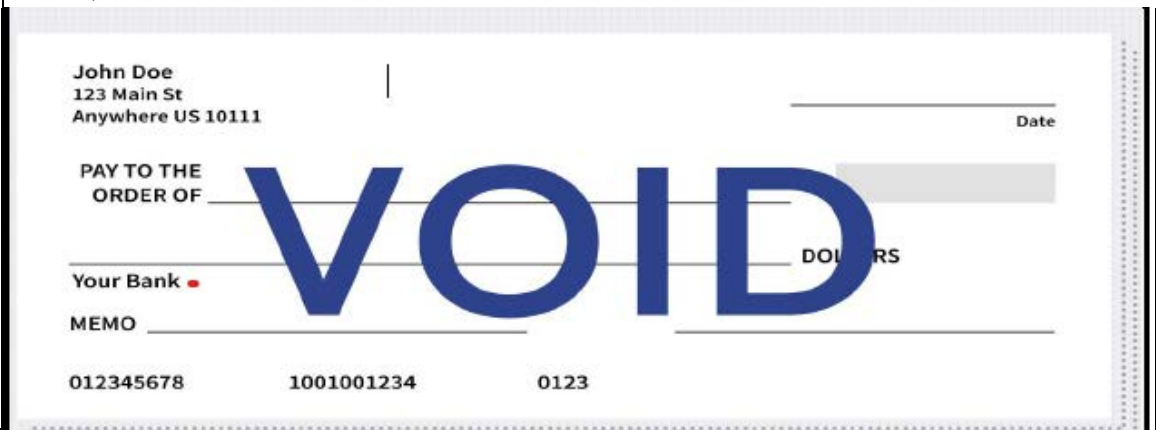
Payee/Joint Account Holder Agreement	<ul style="list-style-type: none"> Aetna will send payments to this account until I notify Aetna otherwise in writing. If the payment due date falls on a weekend or holiday, I understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available. I will advise Aetna of any change to information on this form, particularly any changes in resident address to facilitate the delivery of tax documents. I will send Aetna proof of life upon request. Joint Account Holder will notify Aetna immediately in the event of the Payee's death. In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment. 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, and Joint Account Holder will return to Aetna any overpaid amount not recovered from the financial institution. I confirm that my name is on the account provided.
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Signatures	Payee's Signature <i>Lemon C Early</i>	Today's Date (mm/dd/yyyy) 3/2/2026
	Joint Account Holder's Signature (<i>required if joint account</i>) <i>Apple B Early</i>	Today's Date (mm/dd/yyyy) 3/2/2026

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.

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.



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. 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 21205

Home Phone 301 - 625 - 5555 Email Lemoncearly@gmail.com Retiree Date of Birth 8 / 18 / 55

Retirement Date 07 / 01 / 26 (new and existing retirees) Spouse Date of Birth 2 / 11 / 57

SECTION II: RETIREE ENROLLMENT INFORMATION

- Continuation of benefits in retirement—effective October 1 (for 10-month employees retiring in July, August, or September)
- Continuation of benefits in retirement—effective with retirement date
- 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) (with Care Management)
- Cigna Open Access Plus In-Network (OAPIN) (without Care Management)
- Kaiser Permanente

OPEN POINT-OF-SERVICE (POS) PLANS¹

- Cigna Open Access Plus (OAP) (with Care Management)
- Cigna Open Access Plus (OAP) (without Care Management)

INDEMNITY/MEDICARE SUPPLEMENTAL PLANS

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

¹When 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 / 26

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		987654321	2/11/57	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.

Primary

Name Apple Early
Address 120 East Baltimore street, Baltimore MD 21202
Share 100 % Relationship Spouse Date of Birth 2 / 11 / 57

Primary **Contingent**

Name Orange Early
Address 6151 Richmond Street, Rockville MD 20850
Share 50 % Relationship Son Date of Birth 5 / 8 / 89

Primary **Contingent**

Name Pear Late
Address 45 W Gude Dr, Rockville MD 20850
Share 50 % Relationship Daughter Date of Birth 7 / 15 / 90

Primary **Contingent**

Name _____
Address _____
Share _____ % Relationship _____ Date of Birth ____/____/____

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.

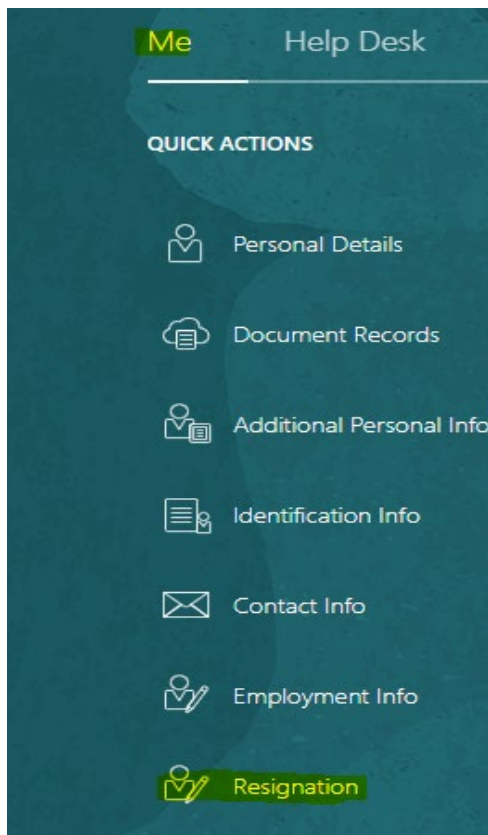
Signature Lemon C Early Date 3 / 2 / 26

Notice of resignation of employment

Please complete your resignation form in MCPS Hub+ *before or on the same day* you are submitting your retirement forms packet to the Employee and Retiree Service Center (ERSC).

Resignation/Retirement

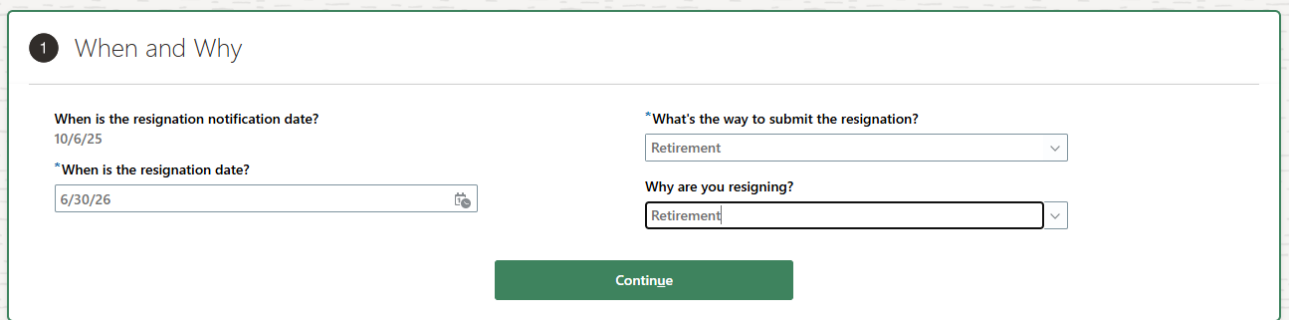
- Sign into the Hub+: <https://www.montgomeryschoolsmd.org/departments/hub/>
(using your MCPS Outlook login, mcpsmd.org account credentials)
- Select **Me**
- Select **Resignation** (on left side of screen)



On the next screen:

1. Enter the resignation effective date which must be the day before your retirement date. For example, if you are retiring 07/01/2026, the resignation date is the day before your retirement date 06/30/2026.

2. Select **Retirement** from drop down menu.
3. Select a reason for your resignation as **Retirement**.
4. Press CONTINUE.



1 When and Why

When is the resignation notification date?
10/6/25

*When is the resignation date?
6/30/26

*What's the way to submit the resignation?
Retirement

Why are you resigning?
Retirement

Continue

On the next section, you may add Comments or just select **Submit** at the top of the screen.

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 7 / 01 / 20 26

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 301 - 625 - 5555 Email 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 George 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

3/2/2026

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

OMB No. 1545-0074

2025

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

1a First name and middle initial Lemon C	Last name Early	1b Social security number 123456789
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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.

2 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)	2	22	%
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Sign Here	<i>Lemon C Early</i>	03/02/2026
	Your signature (This form is not valid unless you sign it.)	Date

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.

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.

2024 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%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 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 date of birth, gender, 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 update your address, as needed, by visiting Hub+, logging in as a retiree, and selecting the **Personal Information** tile under the Me tab. If you do not have access to a computer, you may use this form to update your address and other personal information.
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 through Hub+. To access the online form, log in to Hub+ as a retiree, and select the Direct Deposit & W-4 tile.

RETIREE AND FORMER EMPLOYEE INFORMATION

Name: Early, Lemon C
Last, First, Middle

Effective date of change 7 / 1 / 26 Employee ID # 12345 or Social Security # 1 2 3 - 4 5 - 6 7 8 9

CHANGES

The following changes must be made using this form:

- CORRECT DATE OF BIRTH TO:** ___/___/___
Attach copy of birth certificate or valid driver's license.
- CORRECT GENDER TO:** Female Male Nonbinary
- CHANGE SOCIAL SECURITY NUMBER TO:** _____ - _____ - _____ *Attach copy of Social Security card*

The following changes **must be made through HUB+** unless you do not have access to a computer.

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

- CHANGE HOME ADDRESS/PHONE**

From:

120 East Baltimore Street
Street *Apt. #*

Baltimore MD 21202 301 - 625 - 5555
City *State* *ZIP Code* *Phone #*

To:
101 Easy Street
Street *Apt. #*

Ft. Lauderdale FL 31331 301 - 625 - 5555
City *State* *ZIP Code* *Phone #*

Maryland County _____

- EMAIL ADDRESS:** _____

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 3 / 2 / 26