



New Employee Orientation Program

Onboarding Paperwork Packet

FY 2020

The onboarding paperwork included in this packet are reviewed as part of the onboarding orientation session. **The new hire is responsible for completing the paperwork in the packet electronically and emailing the packet to their Agency Human Resources Liaison (HRL) within 48 hours after completing orientation.**

The Agency HRL will work directly with the new hire to ensure that paperwork is completed correctly, verify I-9 documentation, and submit the final onboarding paperwork packet with copies of supporting documentation to OHRM via email at OHRMRecords@co.pg.md.us on behalf of the employee.

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ACKNOWLEDGEMENT OF RECEIPT OF NEW EMPLOYEE ORIENTATATION MANUAL

I hereby acknowledge that I have been given a copy of the Prince George's County New Employee Orientation Manual and it has been reviewed with me.

I further acknowledge that the New Employee Orientation Manual is not a contract for employment.

I further acknowledge that I am responsible for knowing and understanding the policies of the County Government which are outlined in the manual; and that I should refer to the Personnel Law, any applicable collective bargaining agreement, or the rules and procedures made pursuant to either, for an official statement of County policy.

The following policies are enclosed in the New Employee Orientation Manual:

- Administrative Procedure 119 – Electronic Information Policy
- Administrative Procedure 211 – Employee Photo Identification System
- Administrative Procedure 221 – Grievance Procedure for Harassment
- Administrative Procedure 224 – Substance Abuse Policy
- Administrative Procedure 513 – Managing Workplace Disturbances

Print Name

Date

Signature

Payroll Form

Prince George's County, MD
Office of Finance/Payroll Division

Direct Deposit Authorization

Please write or print clearly. Note: Direct deposit updates can be made via Employee Self Service.

INSTRUCTIONS: (Call the Payroll Section at (301) 952-5362 with questions or email to PayrollDepartment@co.pg.md.us)

1. Use this form to initiate direct deposit of your **pay and any reimbursements**.
2. Allow up to 14 days to become effective. **DO NOT CLOSE EXISTING BANK ACCOUNT UNTIL FIRST DEPOSIT IS RECEIVED IN THE NEW ACCOUNT.**
3. Please deliver this form **IN PERSON** to 1301 McCormick Drive, Suite 1100, Largo, MD 20774.

Employee Name:

Daytime Phone:

Employee ID:

Last 4 Digits of SS#

NET PAY DEPOSIT (MANDATORY)

Name of Financial Institution:

Net pay and reimbursements will be deposited here:

Checking:

New:

ABA Routing Number:

Savings:

Change:

Account Number:

OPTIONAL FLAT AMOUNT DEPOSIT (Allotment)

Name of Financial Institution:

Fixed deposit amount each pay period:

\$

.

Checking:

New:

ABA Routing Number:

Savings:

Change:

Account Number:

OPTIONAL FLAT AMOUNT DEPOSIT (Allotment)

Name of Financial Institution:

Fixed deposit amount each pay period:

\$

.

Checking:

New:

ABA Routing Number:

Savings:

Change:

Account Number:

I certify that the above account(s) are located in the U.S., bear my name and that I am an unrestricted and authorized signor on each account. I authorize Prince George's County (PGC) and the bank(s) indicated above to deposit the assigned amount of my pay and any reimbursements automatically into my savings or checking account(s) each payday. If money to which I am not entitled is deposited into my account, I understand that PGC has authority to direct the bank(s) to return those funds. I have read the information contained in this form and my signature confirms my understanding.

Employee Signature

Date Signed

PAYROLL OFFICE USE ONLY:

Processed by:

Effective Date:

SELF-IDENTIFICATION OF DISABILITY

Name (Last, First, Middle Initial)

Date of Birth (MM/YYYY)

UghZci f'X][]hg cZnci f'GGB

Purpose:

Self-identification of disability status is essential for effective XUHVW`YVWcbz UbUnog UbX`fYdcf]b[`cZH.Y`7ci bmg\]f]b[`dfUMWVg" While self-identification is voluntary, your cooperation in dfcj]X]b[`UWVfUHY`]bZcfa U]cb`]g`]a dcfUobH` `9j Yfm precaution is taken to ensure that the information dfcj]YX`VmYUW` Ya d`cnYY`]g`_Ydh]b`h.Y`gf]M]ghVcbZ]XYbW" H\]gZcfa `k`]`bchVY`]bW`XYX`]b`nci f`CZ]VU`DYfgcbbY`:`]Y"

ENTER CODE HERE →

Targeted Disabilities or Serious Health Conditions:

- 02- Developmental Disability, for example, autism spectrum disorder
- 03- Traumatic Brain Injury
- 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
- 20- Blind or serious difficulty seeing even when wearing glasses
- 31- Missing extremities (arm, leg, hand and/or foot)
- 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- 60- Partial or complete paralysis (any cause)
- 82- Epilepsy or other seizure disorders
- 90- Intellectual disability
- 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- 92- Dwarfism
- 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders

Other Disabilities or Serious Health Conditions:

- 13- Speech impairment
- 41- Spinal abnormalities, for example, spina bifida or scoliosis
- 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
- 51- HIV Positive/AIDS
- 52- Morbid obesity
- 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis
- 80- Cardiovascular or heart disease
- 81- Depression, anxiety disorder, or other psychiatric disorder
- 83- Blood diseases, for example, sickle cell anemia, hemophilia
- 84- Diabetes
- 85- Orthopedic impairments or osteo-arthritis
- 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- 87- Kidney dysfunction
- 88- Cancer (present or past history)
- 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)
- 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia
- 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis
- 97- Liver disease, for example, hepatitis or cirrhosis
- 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs)
- 99- Endocrine disorder, for example, thyroid dysfunction

Other Options:

- 01- I do not wish to identify my disability or serious health condition.
- 05- I do not have a disability or serious health condition.
- 06- I have a disability or serious health condition, but it is not listed on this form.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**MARYLAND
FORM
MW507**

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
2. Additional withholding per pay period under agreement with employer. 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
 - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 - District of Columbia Virginia West Virginia
 - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. 8. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

Personal Exemptions Worksheet

Line 1

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. a. _____
- b. Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below. b. _____
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,550 and a maximum of \$2,300. c. _____
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind.. . . . d. _____
- e. Add total of lines a through d. e. _____
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. f. _____

If your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

PRIOR SERVICE CREDIT AND/OR CUMULATIVE CREDIT REQUEST FORM

Date: _____

Employee Name: _____

SSN or Employee ID #: _____

Department: _____

This is a request for prior and/or cumulative service credit. I understand that prior service credit will adjust annual leave earnings rate, and cumulative service credit will adjust length of service for service recognition awards (not for retirement eligibility). Cumulative service credit will only be granted for dates of service worked with Prince George's County Government (not for partially-funded agencies). I further understand that service credit will not be given for: employment in a Limited Term Grant Funded position; for any month of service for which an employee receives a retirement payment; or to any employee who is terminated for cause.

Below are the agencies and dates of previous employment service (either partially-funded or fully-funded by the County) for which I might be eligible for service credit:

<u>AGENCY</u>	<u>DATES OF SERVICE</u>
_____	_____ to _____

In accordance with Personnel Procedure 215 – Service Recognition Awards, verification(s) of employment must be submitted if the claimed dates of service are prior to 1975 **OR** if the agency worked for was partially-funded by the County.

Employee Signature

Note: Pursuant to Personnel Procedure 215, request for prior and cumulative service credit must be submitted to the Office of Human Resources Management within one (1) year from the date of return.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your 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 the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the 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 each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)		▶ _____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Basic Life Insurance
PRINCE GEORGE'S COUNTY GOVERNMENT
BENEFICIARY FORM

By completing this Form, you are designating the beneficiary for your **Basic, Supplemental, Extra and Accidental Death & Dismemberment life insurance; any salary earned up to your date of death; the balance of any annual and sick leave** to which you are entitled to be paid and the **balance of any contributions you made to the County Pension Plans that are payable in accordance with the provisions outlined in the Pension plan documents.** Please contact the Pensions and Investments Division at (301) 883-6390 for more information about the payment provisions outlined in the County Pension plan documents. Your beneficiary will only be paid for those benefits to which you are entitled on your date of death. You may change your beneficiary at any time by completing a *Beneficiary Form* and submitting it to the Benefits Administration Division, Office of Human Resources Management, 1400 McCormick Drive, Suite 245, Largo, Maryland 20774. Any changes will not be considered to have been made unless the Form has been received by the Benefits Administration Division **prior to your date of death.**

Name: _____ Soc. Sec. No: _____
 (Please Print)

Home Address: _____

Previous name if your name has changed recently: _____

Work Telephone: _____ Home Telephone: _____

Instructions: Decide on your primary beneficiary. If you name one primary beneficiary, write 100% in the “Share” column. If you name more than one primary beneficiary, write the percentage you want each beneficiary to receive in the “Share” column. If you select a contingent beneficiary, **this person(s) will only receive a payment if the primary beneficiary is deceased at the time of your death.** If no named beneficiary is living at the time of your death, the amount that would have been payable to such beneficiary shall become part of and be paid to your estate. **The total of shares for each category of beneficiary cannot exceed 100%.** Please **print** all information, sign and date this Form. See additional instructions on reverse side.

PRIMARY BENEFICIARY(IES)	RELATIONSHIP	DATE OF BIRTH	SHARE
Name: _____ Address: _____			%
Name: _____ Address: _____			%
Name: _____ Address: _____			%
Name: _____ Address: _____			%

CONTINGENT BENEFICIARY(IES)	RELATIONSHIP	DATE OF BIRTH	SHARE
Name: _____ Address: _____			%
Name: _____ Address: _____			%
Name: _____ Address: _____			%
Name: _____ Address: _____			%

Signature: _____ Date: _____

OFFICE OF HUMAN RESOURCES MANAGEMENT
BENEFITS ADMINISTRATION DIVISION

Please review the following instructions prior to completing a new Beneficiary Form.

1. There are four spaces to designate primary beneficiaries and four spaces to designate contingent beneficiaries. However, it is not necessary to complete all the spaces provided. If you desire to name one primary beneficiary and one contingent beneficiary, you may do so by completing one block under “Primary Beneficiary” and one block under “Contingent Beneficiary.” Please note that Contingent Beneficiary(ies) are only eligible for benefits if **all** primary beneficiaries are deceased.
2. Beneficiaries need not be related to the member. **It is necessary**, however, that the **complete name** of the beneficiary be given; for example, designate “Mary Jones” not “Mrs. John Jones.” It is also necessary to indicate the **relationship**; for example, specify spouse, mother, brother, etc. and the **birth date** of the beneficiaries.
3. Minor children may be designated, but you cannot designate a Guardian for the minor children. The designation of a Guardian may be done through your will. At the time of your death, if minor children have been named on this Form, the Court will appoint a Guardian. A copy of the Court Order must be forwarded to the Benefits Administration Division before payment can be made.
4. The designation of “unborn children” or “children born of this marriage” is not acceptable. You may request a new Beneficiary Form to add another child to your beneficiaries. The full name of the child must be given.
5. If you do not desire to name a person, you may name “my estate.” You cannot designate an Executor or Administrator as a beneficiary. At the time of your death, if the estate has been designated to the Executor or Administrator, he or she must forward a copy of the Court Order of his/her appointment to the Benefits Administration Division. You may indicate in the space provided for the address, the person or place to contact concerning the administration of the estate.
6. If you are electing to designate an irrevocable trust, please contact the Benefits Administration Division for further instructions.
7. You may designate a charitable organization or church, but the complete corporate or legal name must be indicated.
8. **The total shares for each category must add up to 100%.** For example, with three primary beneficiaries, indicate 34%, 33% and 33% which totals to 100%. **You must use whole percentages – 33⅓% is not acceptable.**
9. **The Form must be signed and dated by you. Please retain the “YELLOW” copy for your records.**

Should you have any questions, please contact the Benefits Administration Division at (301) 883-6380 (press option 9) or 1-800-634-5231 (press number 2 for Benefits, and then option 9).



ACKNOWLEDGEMENT OF RECEIPT OF COBRA RIGHTS

I hereby acknowledge that I have received notice of rights to continue health plan coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

I understand that I (and/or my spouse and dependent children) **must complete and submit the attached COBRA Election Form within 60 days of (1) the date of this notice or (2) the loss of coverage (whichever is later)** in order to be considered for continuation of coverage. I further understand that all costs of continuation coverage will be at my expense.

Print Name _____

Date _____

Signature _____

If any of the individuals entitled to coverage under your plan do not reside at your address, please list those individuals and their current address(es) below so they may receive notification of their COBRA rights as soon as possible. Attach a separate page with additional names and addresses if necessary.

Name _____

Address:

Street

City

State

Zip

Name _____

Address:

Street

City

State

Zip



EXPRESS ENROLLMENT FORM 9

PRINCE GEORGE'S COUNTY 457 DEFERRED COMPENSATION PLAN

Enrolling in the Prince George's County 457 Deferred Compensation Plan is the first step to saving for a secure retirement. Please follow the steps shown below to complete the enrollment process.

1. Tell us about yourself!
2. **Determine how much you will contribute.** You can change the amount of your contributions at any time, with changes effective the month following your request.
3. **Review your investment options.** The *Investment Option Sheet* shows the available investments.

Mail or drop off in person to:

Prince George's County Government
Pensions & Investments Division
1400 McCormick Drive, Suite 110, Largo, Maryland 20774
301-883-6390

After you receive your Welcome Letter, log into Account Access to **designate your beneficiaries online: www.icmarc.org/pgcounty**



STEP 1: Your Information

Employer Plan Number **300428** Employer Name **Prince George's County** State **MD**

Social Security Number
____ - ____ - _____

Last Name _____

First Name _____ M.I. _____

Mailing Address/Street _____

City _____

State _____ Zip Code _____

Date of Birth (MM/DD/YYYY)
____ / ____ / _____

Date Employed/Rehired (MM/DD/YYYY) _____ Rehire? (CHECK IF YES.)

Email Address _____

Job Title _____

Preferred Phone Number (____) _____ - _____ Marital Status Married Single

Go Green! ICMA-RC's e-Delivery service will send you email notifications when your financial documents (quarterly statements and transaction confirmations) are available online. You will be enrolled in the e-Delivery service automatically, unless you opt out by checking the following box: I do not want e-Delivery at this time.



STEP 2: Contributions

I would like to contribute the following pre-tax amount of my pay each pay period:

\$20 \$50 \$100 Other: \$ _____

Learn how to set your deferral rate on the back of this page.



STEP 3: Investment Strategy — Select One Option

For more information, visit Prince George's County 457 Deferred Compensation website: www.icmarc.org/pgcounty. Please note that ICMA-RC's **Guided Pathways**® can help you identify your risk level, build a diversified portfolio, and determine how much you should save.

- Option 1: **Simplified Investor:** I want to invest 100% of my contributions in a Target Date Fund that is designed to match the year I expect to begin making gradual withdrawals.

By selecting this option, your contributions will be invested in the plan's target date default investment fund selected by your employer. You have the right to direct the investment of assets in your account to any of the funds offered in your plan. To change the investment of your future contributions, or to allocate assets from the plan's default fund to other funds available in your plan, you may access your account online at www.icmarc.org/pgcounty.

- Option 2: **Do-It-Myself Investor:** I'm comfortable selecting investments, choosing funds, and making periodic adjustments as needed. Invest my contributions according to the allocation instructions shown below. *Please use whole percentages (for example: 4%, not 4.5% or 4½%). Refer to the Investment Options Sheet for a list of funds and codes. You may use an additional sheet of paper if more space is needed.*

Allocate _____% to (Fund Code) _____ Allocate _____% to (Fund Code) _____

Allocate _____% to (Fund Code) _____ Allocate _____% to (Fund Code) _____

Total = 100%

- Option 3: **Do-It-For-Me**²: I choose to have my account professionally managed and enroll 100% in ICMA-RC's **Managed Accounts**² service. I understand the service is free for the first year; after that I will pay a fee based on the assets in my account. I can opt out of Managed Accounts at any time.

By selecting this option you agree to have your account professionally managed by ICMA-RC. You must also provide the information below and **complete the "Supplemental Managed Accounts Information."**

Annual Salary \$ _____ Desired Retirement Age _____ Number of Dependents _____

Your Annual Desired Retirement Income \$ _____ or _____%
(100% of current annual after-tax salary is recommended)

Your Annual Plan Contribution _____% or \$ _____

Will you receive Social Security retirement benefits? Yes No

Will you receive pension payments outside of Social Security or your 457 or 401 plan retirement accounts? Yes No *If you select "Yes," please complete A, B, and C below.*

A. Age at which pension begins _____

B. Annual pension benefit amount (choose only one)

Option 1: \$ _____ (in today's dollars) you expect to receive in retirement

or

Option 2: _____% of your salary you expect to receive in retirement

C. Is your pension subject to a cost-of-living adjustment (COLA) in retirement? Yes No

Signature

I acknowledge that I have read and agreed to the disclosures^{1,2} on the following page.

Participant Signature _____

Print date: 02/06/2018

Date: ____ / ____ / ____

EK300428

Enrollment Form

Prince George's County Deferred Compensation Plan and Trust
Prince George's County
61313-1-1



This form is for first time enrollments only. Updates to your existing account will not be processed based on this form.

1 Enter your personal information (Please print clearly)

- Employee Surviving Beneficiary (attach notice of death form)
 Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)		Participant's Social Security Number (SSN)
Street Address	Apt. No	Birthdate: mm - dd - yyyy
City	State	Zip
()	()	
Daytime Phone	Evening Phone	Email Address
Marital Status: <input type="radio"/> Married <input type="radio"/> Single or Legally Separated <input type="radio"/> Check here to sign up for email notification*		

Plan Administrator Use Only

(Form cannot be processed without this required information and signature)

Hire Date ____/____/____ Plan Entry Date ____/____/____

Payroll Frequency: Monthly (12/Yr) Semi-Monthly (24/Yr) Bi-Weekly (26/Yr) Weekly (52/Yr)

Years of credited services as of last plan year end:_____ (if this information is **NOT** provided, MassMutual will assume the employee has completed a year of service for each year since hire date.)

As Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature.

Plan Administrator Signature	Date
------------------------------	------

2 Choose your payroll deduction method

- Before-Tax Contribution:** \$_____ of my compensation each pay period for deposit to my before-tax account. Each before-tax contribution amount cannot exceed any applicable limit set by the Plan. In addition, total before-tax contributions to all qualified retirement plan(s) you participate in cannot exceed \$19,000 for the 2019 calendar year.
- If you reach age 50 any time during the calendar year or are over 50, you may be eligible to contribute up to an additional \$6,000 as a catch-up contribution for the 2019 calendar year. Please check with your Plan Administrator.
- Decline Plan Participation:** I elect to make no contributions (0%) at this time. I understand I may revoke this election at any time or I may change this election as allowed by the Plan.

Enrollment Form

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3 Choose one of the investment strategies below

Your investment strategies are outlined on the following pages. **Choose the selection that works for you.**

IMPORTANT NOTE: This investment election applies to your rollover and all future contributions. Investment allocation strategies are a convenient way of allocating your account among certain of the plan's individual investment options. Any investment allocation strategies included in these materials are not intended to be investment advice or recommendations to you and may or may not be appropriate for your circumstances. In applying investment allocation strategies to your individual circumstances, you should consider your other assets, income and investments as well as your risk tolerance. If you direct your contributions or current account balance to an investment allocation strategy, your contributions or account balance will be invested in each of the individual investment alternatives in the percentages indicated for the strategy. The plan may offer other investment options not included in the strategies and the individual investment alternatives included in the strategies may also be available on a stand-alone basis. The Investment Portfolio chart lists asset classes, along with their weightings in the allocation strategy. Additional investment options may exist that are not included in the portfolio. When selecting your investments, choose only **ONE** portfolio from any of the strategies, sign the form and you're done **OR** you can select individual investment options (under Option C) and build your own portfolio. See below for a complete list of options. The investment options available in this plan may change at the direction of the Plan Sponsor. Elections made on this form may be modified to follow the intent of those changes.

If you are currently invested in a CustomChoice Strategy and you change your investments, you will no longer be invested in the strategy.

Until you make your investment selection, your contributions will be invested in the Target Asset Allocation Investment Option listed below which has the target retirement date closest to your 65th birthday. If you are near, at or past your 65th birthday, your contributions will be invested in the target asset allocation investment option that shows no target retirement date. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Asset Allocation Option your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

A: Age-Based Investment Option

(If you make a selection here, do not make a selection under any other option. If multiple Investment Options are selected, you will be defaulted as instructed above.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you're almost done! Check the appropriate box and go to Step 4.

- | | | | |
|--|--|--|--|
| <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2005 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2010 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2015 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2020 Fd |
| <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2025 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2030 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2035 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2040 Fd |
| <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2045 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2050 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2055 Fd | <input type="radio"/> MM Slct T.Rowe Pr Rtmt 2060 Fd |

Target Asset Allocation Investment Options are single solutions that offer professional management and monitoring as well as diversification – all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date. Your plan is designed to invest your contributions into one of these options as the default investment based on your date of birth and a projected retirement age of 65. You may always choose new investment options at any time.

or

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 Prince George's County
 61313-1-1

B: Custom Portfolio Investment Option

(If you make a selection here, do not make a selection under any other option. If multiple Investment Options are selected, you will be defaulted as instructed above.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. The amounts of each individual fund contained in the different Custom Portfolio options are shown on the right side of the following fund list. If you select one of these Custom Portfolio investment options, you're almost done! Check the appropriate box and go to Step 4.

- Conservative
 Moderate Conservative
 Moderate
 Aggressive
 Ultra Aggressive

or

B: Individual Fund Option C: Individual Fund Option

(If you enter selections here, do not make a selection under any other option above. If multiple Investment Options are selected, you will be defaulted as instructed above.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. If the percentages below are not whole percentages or do not total 100%, your contributions will be invested in the plan's default fund detailed above. When they add up to 100%, you're almost done! Go to Step 4.

Investment Options	All Contributions	Breakdowns for Custom Portfolio Options				
		Conservative	Moderate Conservative	Moderate	Aggressive	Ultra Aggressive
SF Guaranteed	_____%	66%	46%	20%	9%	
Lord Abbett Short Dur Incm Fd	_____%					
PIMCO Real Return Fund	_____%	2%	2%	3%	3%	
Hartford Total Rtrn Bd HLS Fd	_____%	2%	2%	3%	3%	
PIMCO Income Fund	_____%	5%	5%	7%	5%	5%
Templeton Global Bond Fund	_____%	5%	5%	7%	5%	5%
Invesco Equity and Income Fund	_____%					
American Cent Strt Allc Con Fd	_____%					
American Cent Strt Allc Mod Fd	_____%					
American Cent Strt Allc Agr Fd	_____%					
MM Sict T.Rowe Pr Rtmt Blnd Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2005 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2010 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2015 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2020 Fd	_____%					

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Breakdowns for Custom Portfolio Options

Investment Options	All Contributions	Breakdowns for Custom Portfolio Options				
		Conservative	Moderate Conservative	Moderate	Aggressive	Ultra Aggressive
MM Sict T.Rowe Pr Rtmt 2025 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2030 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2035 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2040 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2045 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2050 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2055 Fd	_____%					
MM Sict T.Rowe Pr Rtmt 2060 Fd	_____%					
American Century Eqty Incm Fd	_____%	9%	7%	8%	11%	13%
Vanguard 500 Index Fund	_____%		8%	10%	11%	13%
JP Morgan US Equity Fund	_____%					
Sel TRP/LS Blue Chip Growth Fd	_____%	6%		6%		
AmerCentury Ultra Fund	_____%		5%		9%	11%
Victory Sycamore Est Value Fd	_____%		3%	5%	5%	5%
Columbia Mid Cap Index Fund	_____%		4%	5%	5%	6%
Hartford MidCap HLS Fund	_____%					
American Century Sm Cap Val Fd	_____%		3%	4%	4%	3%
Columbia Small Cap Index Fund	_____%					3%
Ivy Small Cap Growth Fund	_____%			3%	4%	3%
Northern Intl Equity Index Fnd	_____%		3%	4%	5%	7%
Hartford Intl Opp HLS Fd	_____%	5%	4%	4%	6%	7%
AmerFunds EuroPacific Gr Fund	_____%		3%	4%	5%	6%
Invesco Opp Dvlpng Mrk Fd	_____%			4%	6%	8%
Invesco Real Estate Fund	_____%			3%	4%	5%

***All contributions must equal 100%**

4 Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will

Enrollment Form

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send you written confirmation once your account is established.

I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.



Participant's Signature

Date

IMPORTANT NOTE: IF YOU ENROLL BY MAILING THIS FORM TO MASSMUTUAL, BUT THEN SUBSEQUENTLY CHANGE YOUR ELECTIONS THROUGH THE AUTOMATED PHONE LINE OR THE PARTICIPANT WEBSITE, THE MOST RECENTLY DATED ACTIVITY WILL PREVAIL. FOR YOUR MAILING ADDRESS, PROVIDE EITHER A STREET ADDRESS OR P.O. BOX, NOT BOTH. IF YOU PROVIDE BOTH, MASSMUTUAL WILL FOLLOW USPS GUIDELINES AND USE THE P.O. BOX AS YOUR MAILING ADDRESS.

If you have selected an investment strategy and one or more of the strategy's component investments listed on your form has been replaced, any contributions that would have been invested in that component investment will be invested according to the investment allocation in effect at the time the strategy is implemented and the new component will be listed on your confirmation form.

Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see the prospectus available from your plan sponsor, on the participant website at www.retiresmart.com or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. Read it carefully before investing.

***By selecting 'Email Notification' in Section 1 above, you are consenting to receive electronic notices regarding materials for your retirement plan. You will receive an email notification that will contain a link to our secure participant website log-in page. Once you log-in to your account, you will be able to view all available plan-related documents referenced in the electronic notice. You may view the documents online, save them to your personal computer, or print them for your records. Documents will be posted either in HTML or PDF format. By electing 'Email Notification,' you are verifying that you possess the ability to view and download HTML and PDF documents. These documents may include, for example, a Summary Plan Description (SPD), a Summary of Material Modification, individual benefit statements, investment related information, as well as any notice or communication required under the Internal Revenue Code (IRC), including but not limited to, loan notes, notices to interested parties and notices of available distribution options. In the event of an invalid email address, full mailbox, or spam settings, MassMutual will send printed material via U.S. mail. The election or cancellation date of the email notification program may result in notifications remaining in their existing delivery method for a short period of time. Adobe Acrobat Reader version 7.0 or higher is required to view retirement statements. Visit www.adobe.com for a free download.**

To get the most out of your plan...You may also roll over your eligible distributions from your prior employer's qualified plan.



**Prince George's County Deferred Compensation Plan and Trust
Beneficiary Designation**

Fax to 816-701-8005 or Email to RSCSOProcessing@massmutual.com

Account Number **61313-1-1**

Participant's Name _____
first middle last

Participant's Address _____
street

city state zip

For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the P.O. Box as your mailing address.

Social Security No. _____ Marital Status: Married Single or Legally Separated

This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name, Address/Phone: _____

Spouse's Social Security No. _____ Spouse's Date of Birth _____
mm/dd/yyyy

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: [Up to 3 decimals may be entered when assigning percentages (e.g., 33.333%, 33.334%, etc.), but the total for all primary beneficiaries must equal 100%.]

Name	Relationship	Social Security #	Percent
Address		Phone Number	
Name	Relationship	Social Security #	Percent
Address		Phone Number	
Name	Relationship	Social Security #	Percent
Address		Phone Number	
Name	Relationship	Social Security #	Percent
Address		Phone Number	

(must total 100%)

Contingent Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: [Up to 3 decimals may be entered when assigning percentages (e.g., 33.333%, 33.334%, etc.), but the total for all contingent beneficiaries must equal 100%.]

NOTE: MassMutual will not display Contingent Beneficiary information on our participant website at www.RetireSmart.com. An electronic copy of this form is kept on record.

Name	Relationship	Social Security #	Percent
Address		Phone Number	

Name	Relationship	Social Security #	Percent
Address		Phone Number	
Name	Relationship	Social Security #	Percent
Address		Phone Number	
Name	Relationship	Social Security #	Percent
Address		Phone Number	

(must total 100%)

SIGNATURE

I understand that this beneficiary designation supersedes any previous designation.

Participant

_____/_____/_____
Date

IMPORTANT: If no valid beneficiary designation is on file or if your beneficiary designation cannot otherwise be determined, the beneficiary will be determined by the plan fiduciary according to plan documents and applicable law. Please keep a copy of this Beneficiary Designation for your records, and provide a copy to your Employer.

Sample wording for use in completing this form:

To Designate	Use This Wording
Your estate	Executors or Administrators of my estate
The trustee of the Trust established under your Will	(Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)
The trustee of your Revocable or Irrevocable Trust	(Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust)
Two or more Primary Beneficiaries, equally among the survivors	John Doe, son, 33.333% Carol Smith, daughter, 33.333% Mark Doe, son 33.334% or equally among the survivors
Two or more Primary Beneficiaries, with their share to their children	John Doe, son, 33.333% Carol Smith, daughter, 33.333% Mark Doe, son 33.334% per stirpes
Primary and Contingent Beneficiaries	Primary: Jane Doe, wife, 100% if living; Contingent: John Doe, son, 33.333% Carol Smith, daughter, 33.333% Mark Doe, son 33.334% either equally among the survivors or per stirpes

Trust as Beneficiary:

Before designating a trust as the beneficiary of your plan benefit, you should consult an attorney with expertise in trusts and estates law. Some of the factors to consider include:

1. Who is going to be the beneficiary – your spouse, a minor child – and what are their financial needs?
2. Are the protections of a trust desirable?
3. What are the income tax consequences of designating a trust as beneficiary?

The following requirements must be satisfied before your trust beneficiaries will be treated as your retirement plan's designated beneficiary:

1. The trust must be valid under state law.
2. The trust must be irrevocable or must, by its terms, become irrevocable on your death.
3. The trust's beneficiaries must be identifiable from the trust instrument.
4. You must provide trust documentation to the retirement plan administrator.
5. All trust beneficiaries must be individuals.

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for each system. Members of the Judges' Retirement

System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minors: You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate: You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

Trustee: If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization: List the complete corporate or legal name.

6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. Notarization

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

INSTRUCTIONS

Purpose of this Form: The Application for Membership form provides the Maryland State Retirement Agency (“Agency”) with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System (“System”).

Instructions for Applicant (Section One):

1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, and home telephone number.
2. Review and answer all of the questions in **Section One**. Note that if you answer “Yes” to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver’s license, Maryland identification card, birth certificate, and United States passport.
5. It is strongly recommended by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

Instructions for Retirement Coordinator (Section Two):

1. Review the applicant’s answers to questions 1-5 in **Section One**.
If the applicant answered “Yes” in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in **Section Two**. Pay particular attention to questions D and G.
If in question D, you have indicated that the applicant’s current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.
If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant’s employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) must be submitted to the Agency.

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.



THE PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES MANAGEMENT
PENSIONS AND INVESTMENTS DIVISION
 1400 McCormick Drive, Suite 110, Largo, Maryland 20774

CLAIM FOR PREVIOUS SERVICE CREDIT

Name: (Last, First, Middle)	Social Security Number:	
Home Address:	City, State, Zip	
Date of Birth:	Former Name(s):	Phone Number:

Provide Name and Address of Place of Employment or Retirement System during the period to be credited.	Name:	Dates of Service
	Address:	From:
		To:

Member's Signature _____ Date _____

Certification of Membership (To Be Completed By Administrator of Previous Retirement System)				
Retirement System	Dates of Membership		Total Service	
	To	From	Years	Months

Contribution History					
Employer Contributions			Employee Contributions		
Contributions	Interest	Total	Contributions	Interest	Total

Contributions Withdrawn? Yes No If yes, date withdrawn: _____
 Is applicant vested or receiving a benefit from your system? Yes No

Salary History (To Be Provided by Previous Employer)	
Please provide salary history for service period including starting salary and all subsequent salary changes.	

Signature of Certifier _____ Date _____

Print Name _____ Title _____ Phone _____

Please Return To: Office of Human Resources Management
 Pensions and Investments Administration
 1400 McCormick Drive, Largo, Maryland 20774