



EMPLOYEES' RETIREMENT SYSTEM

The Maryland-National Capital Park and Planning Commission

6611 Kenilworth Avenue, Suite 100
Riverdale, Maryland 20737

(301) 454-1415 - Telephone
(301) 454-1413 - Facsimile

Andrea L. Rose
Administrator

ORIENTATION CHECKLIST

Name: _____

SSN: _____

Work Location: _____

Work Phone No.: _____

Home Phone No.: _____

Please place a check mark next to each completed item and note all items to be returned.

_____ 1. Orientation Package

_____ 2. Application for Membership

_____ 3. Proof of Date of Birth

_____ 4. Designation of Beneficiaries for New Members (on reverse side of Application for Membership)

_____ 5. Information Regarding Designation of Beneficiaries

_____ 6. Transfer Notice

_____ 7. Request to Transfer Prior Service Credit

_____ 8. (Part-Time Employees Only) Waiver of Membership

TO BE RETURNED TO THE ERS:

1.

2.

3.

4.

Completed By: _____

Date: _____



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INFORMATION REGARDING DESIGNATION OF BENEFICIARY

PLEASE READ CAREFULLY!

1. Your designation is effective only if your death occurs while in active service. At the time of retirement, you will be requested to complete another Designation of Beneficiary form.
2. There are two spaces to designate primary beneficiaries and two spaces to designate contingent beneficiaries. However, it is not necessary to complete all the space provided. If you desire to name one primary beneficiary and one contingent beneficiary, you may do so by completing number 1 under "Primary Beneficiary" and number 1 under "Contingent Beneficiary".
3. Beneficiaries need not be related to the member. It is necessary, however, that the complete name, the Social Security number, and the date of birth of the beneficiary be given. For example, "Mary Jones" and not "Mrs. John Jones".
4. Minor children may be designated but you cannot designate a Guardian for the minor children. The designation of Guardian may be done by your will. At the time of death, if children have been named on this form, the Court will appoint a Guardian and a copy of the Court Order must be forwarded to the Retirement System Office before payment can be made.
5. The designation of "unborn children" or "children born of the marriage" is not acceptable. You may request a Revised Designation of Beneficiary form to restate your designation, if your situation changes.
6. If you do not desire to name a person, you may name "my estate". At the time of your death, if the estate has been designated, the Trustee or Administrator must forward to the Retirement System Office a copy of the Court Order of the appointment. You may indicate in the space provided for address, the name and address of the person to contact concerning the administration of the estate.
7. You may designate a charitable organization or church, but the complete corporate or legal name and address must be indicated.
8. If more than one person is named beneficiary, any benefit payments that they may be entitled to receive from the Retirement Trust Fund will, unless otherwise provided herein, be paid in equal shares to each of the designated persons, as shall be living at the time of your death.

Designating a Beneficiary – Active Members

All Plans

An important aspect of membership in the Employees' Retirement System of the Maryland-National Capital Park and Planning Commission (ERS) is the payment of benefits to your named beneficiary. Upon your death, the ERS will pay death benefits to the last named beneficiary, or beneficiaries, on file with the ERS. It is, therefore, very important to keep your beneficiary information up to date.

In order to designate a beneficiary while an active member, a Designation of Beneficiary form must be completed and returned to the ERS. Unlike most beneficiary designations, the ERS plan specifies the first (Primary) and second (Contingent) payor of benefits when there is a spouse or eligible children (under the age of 18, under the age of 23, if a full-time student, or regardless of age if permanently disabled).

The ERS Plan states the first payor of benefits is an eligible spouse. In order to exclude a spouse from benefits, members must complete a spousal exclusion form.

If there is no eligible spouse or the spouse has been excluded, the ERS pays eligible children (under the age of 18, under the age of 23, if a full-time student, or regardless of age if permanently disabled). Eligible children may not be excluded.

Example 1:

If the member is legally married and lists his/her brother as the primary beneficiary, the spouse automatically receives benefits if the member dies in active service and does not complete a spousal exclusion form.

Example 2:

If the member is divorced, has a child under age 18 and lists his/her best friend as the primary beneficiary, the child automatically receives benefits up to age 18 or age 23, if a full-time student, or permanently if disabled.

You cannot designate a Guardian for the minor children. The designation of Guardian may be done by your Will. At the time of death, if children have been named on this Form, the Court will appoint a

Guardian and a copy of the Court Order must be forwarded to the ERS before payment can be made.

IMPORTANT INSTRUCTIONS

Completing the Designation of Beneficiary Form

Either type this form or complete it in ink. This is a legal document, so erasures or other corrections (including cross-outs) are not acceptable. Except for trust agreements, attachments are not acceptable.

- There are two spaces to designate primary beneficiaries and two spaces to designate contingent beneficiaries. If you need more than one page to name your beneficiaries, use multiple forms, marking them "Page 1 of 2", "Page 2 of 2", and so forth. However, it is not necessary to complete all the beneficiary spaces provided. Remember the first primary MUST be your spouse or eligible child (ren). You can name as many contingent beneficiaries as you wish.
- Benefits will be paid in equal shares to each surviving primary beneficiary listed. In the event all primary beneficiaries are deceased, benefits will be paid in equal shares to each surviving contingent beneficiary listed, if more than one.
- It is necessary that the complete name, address, phone number, Social Security number, and the date of birth of the beneficiary (ies) be given.
- The designation of "unborn children" or "children born of the marriage" is not acceptable. You may request a Revised Designation of Beneficiary form to restate your designation, if your situation changes.
- If you do not desire to name a person, you may name "my estate". At the time of your death, if the estate has been designated, the Trustee or Administrator must forward to the ERS a copy of the Court Order of the appointment. You may indicate in the space provided for address, the name and address of the person to contact concerning the administration of the estate.
- You may designate a charitable organization or church, but the complete corporate or legal name and address must be indicated.



You should consider updating your beneficiary or beneficiaries any time you experience a major life event such as marriage, divorce, birth or adoption of a child, or the death of a spouse, child or parent by completing a Revised Designation of Beneficiaries form.

Incapacity of Beneficiary

If the Board determines payment should not be made due to the incapacity of the beneficiary, then alternative payments will be made.

Disappearance of Beneficiary

If the ERS is unable to locate a beneficiary after making every reasonable effort to do so for three years, the beneficiary's interest shall be forfeited.

****IMPORTANT NOTICE****

Beneficiary Designations Pursuant to a Power of Attorney

On February 4, 2003, the Board of Trustees (the Board) made a determination regarding beneficiary designations in accordance with power of attorney documents. The Board determined that granting power of attorney to someone does not give that person the right to change your ERS beneficiary. In order for the person who has been granted legal permission to act in your best interest (an attorney-in-fact) to make any changes to your ERS Designation of Beneficiary form, the authority to do so must be specifically written in the power of attorney document. That is, the ERS member must explicitly state, in the power of attorney document, that the attorney-in-fact has permission to make beneficiary changes or designations.

Further, if there is any uncertainty or vagueness regarding whether the power of attorney document provides for beneficiary designations, the ERS will refuse to act on it until the uncertainty or vagueness is resolved. This Board action was taken after review and advice from legal counsel.

THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION
EMPLOYEES' RETIREMENT SYSTEM

APPLICATION FOR MEMBERSHIP

PLAN C
(PARK POLICE)

Name of Applicant _____

Social Security Number: _____ Date of Birth: _____

Name of Spouse: _____

Social Security Number: _____ Date of Birth: _____

County/Dept/Position: _____

Date Began Present Career M-NCPPC Employment: _____

I, the undersigned employee, request that I become a participant in Plan C of the Maryland-National Capital Park and Planning Commission (M-NCPPC) Employees' Retirement System (ERS). I hereby authorize appropriate employee contributions (including any to satisfy a deficiency in regular employee contributions that may arise) to be paid on my behalf as provided by the ERS provisions. I authorize the staff of the ERS to have access to my personnel file, as needed. I agree to be bound by the provisions of the ERS as adopted, and as thereafter amended. I also understand that I may not withdraw my contributions from the ERS except upon termination of employment.

I understand that I must provide the ERS with proof of date of birth, which may be satisfied by one of the following documents:

- ◆ Birth Certificate;
- ◆ Birth Registration;
- ◆ DD214 (military record);
- ◆ Passport;
- ◆ Naturalization or Immigration Arrival Record;
- ◆ Statement of Age Card from the Health Department;
- ◆ Federal Census Record;
- ◆ Marriage or Baptismal Certificate showing Birth Date.

I further understand that if I have prior service with the State of Maryland or any political subdivision of the State, service credit may be transferable to the M-NCPPC ERS, if certified as transferable by the former System. I understand it is my responsibility to request transfer of eligible service, in writing, directly to the Administrator of the M-NCPPC ERS within one year of transfer to The M-NCPPC.

Signature of Applicant

Date

Signature of Witness

Date

DESIGNATION OF BENEFICIARIES FOR NEW MEMBERS

In the event of my death as a member while in active service, I do hereby authorize the Administrator of the M-NCPPC Employees' Retirement System to make payment as provided below:

SPOUSE'S AND CHILDREN'S BENEFIT: I understand that under Article C, Section C-6.1, if I am survived by an eligible spouse or eligible children, an annuity shall be paid to my spouse or children in accordance with the provisions of the System.

ORDINARY DEATH BENEFITS/Cash Payment of Beneficiary: I understand that under Article C, Section C-6.2, if I do not leave an eligible spouse or eligible children entitled to the benefits above, the Beneficiary (ies) herein designated shall be entitled to the total amount of the accumulated contributions (with interest) to my credit in the Trust Fund, and an amount equal to fifty percent of my average annual earnings.

PRIMARY BENEFICIARY (IES): [Benefits Will Be Paid In Equal Shares To Each Surviving Primary Beneficiary Listed, If More Than One]

I, the undersigned, do hereby designate as **PRIMARY BENEFICIARY (IES)**:

(1) Full Name _____ Relationship _____
Address _____
Date of Birth _____ Social Security Number _____

(2) Full Name _____ Relationship _____
Address _____
Date of Birth _____ Social Security Number _____

CONTINGENT BENEFICIARY (IES): [Benefits To Be Paid In Equal Shares To Each Surviving Contingent Beneficiary Listed, If More Than One, In the Event All Primary Beneficiaries Are Deceased]

I do hereby designate as **CONTINGENT BENEFICIARY (IES)**:

(1) Full Name _____ Relationship _____
Address _____
Date of Birth _____ Social Security Number _____

(2) Full Name _____ Relationship _____
Address _____
Date of Birth _____ Social Security Number _____

I hereby authorize the Administrator of the M-NCPPC Employees' Retirement System to make payment to the beneficiary (ies) whom I have above designated, and agree on behalf of myself, my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Trust Fund from any further obligation on account of the benefit. I hereby direct that, should all the Primary and Contingent Beneficiary (ies) predecease me, the amount which should otherwise have been payable to said beneficiary (ies) shall become a part of and be paid to my estate, or to such other beneficiary (ies) as I shall hereafter nominate, by written designation filed with the Administrator in accordance with the rules and regulations prescribed by the Board of Trustees.

Signature of Member _____ Date _____

Social Security Number _____ Date of Birth _____

Address _____

Witness _____ Date _____



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TRANSFER NOTICE

In accordance with Title 37 of the Annotated Code of Maryland, all members of an actuarially funded Retirement System of the State of Maryland, or any political subdivision of the State MAY APPLY to transfer credited service to any other Retirement System of an applicable subdivision or the State.

Members MAY BE ABLE to transfer if: 1) a break in employment has not been incurred 2) a claim for the service is filed within one year of becoming a member of the new System; and 3) within one year after becoming a member of the new system the member deposits total accumulated contributions from the previous system.

All service must be certified as transferable by the former System.

Transfers from Contributory Systems – The ERS is a contributory system. Therefore, if you transfer from a contributory system, you will be required to transfer your accumulated contributions. Note: Both taxed and untaxed contributions must be transferred. This may require you to turnover funds paid to you directly by your prior system.

Transfers from Non-Contributory Systems – If you transfer from a non-contributory system, there will be an actuarial deficiency at the time of retirement.

Transfers from certain Maryland State Pension Plans – Transfers from certain Maryland State Pension Plans may require deposit of the sum of:

1. the total accumulated contributions to your credit in the annuity savings fund of a Maryland State Pension Plan;
2. the difference, if any, between the member contributions at the rate provided for in the M-NCPPC Employees' Retirement System, including interest on those contributions, and the total accumulated contributions to your credit in the annuity savings fund of the Maryland State Pension Plan; and
3. the accumulated contributions that would have been deducted during the period you were a member of a Maryland State Pension Plan while it was a noncontributory system if you had earned the transferred service credit under the ERS, including interest on those contributions.

OR

If you elect not to deposit the missing contributions as indicated in (2) and (3) above, you are still required to transfer the amount in (1) above. Upon retirement from the Maryland-National Capital Park and Planning Commission Employees' Retirement

System, your retirement benefit shall be reduced by the actuarial equivalent of the amounts determined under (2) and (3).

If you have applicable prior service, it is your responsibility to request a transfer of this service, in writing, to the Administrator of the M-NCPPC ERS. For your convenience, a transfer form will be provided at the time of orientation.

Due to the complexity of the transfer provisions, all questions concerning transfers should be forwarded to the M-NCPPC Employees' Retirement System at (301) 454-1415.

Please sign below attesting that you have been advised of your rights regarding transfer of prior service credit with a state or local government agency.

Name – Please Print

Employee ID Number

Signature

Date

Witness

Date



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REQUEST TO TRANSFER PRIOR SERVICE CREDIT

I, _____, hereby attest that I have been advised of my rights to apply to transfer previous credited service to The Maryland-National Capital Park and Planning Commission (M-NCPPC) Employees' Retirement System (ERS), in accordance with Title 37 of the Annotated Code of Maryland and the provisions of the M-NCPPC ERS.

- I understand that I must apply **WITHIN ONE YEAR OF TRANSFER** to the M-NCPPC ERS.
- I understand that if I came from a contributory system, I am required to transfer my contributions from that system to the ERS.
- I understand that if I came from a Maryland State Pension Plan I may be required to deposit the sum of the following:
 1. the total accumulated contributions to your credit in the annuity savings fund of the Maryland State Pension Plan;
 2. the difference, if any, between the member contributions at the rate provided for in the M-NCPPC ERS, including interest on those contributions, and the total accumulated contributions to your credit in the annuity savings fund of the Maryland State Pension Plan; and
 3. the accumulated contributions that would have been deducted during the period you were a member of the Maryland State Pension Plan while it was a noncontributory system if you had earned the transferred service credit under the contributory system, including interest on those contributions.

OR

If I elect not to deposit the missing contributions as indicated in (2) and (3) above, I am required to transfer the amount in (1) above. Upon retirement from the M-NCPPC ERS, my retirement benefit shall be reduced by the actuarial equivalent of the amounts determined under (2) and (3).

- I understand that if I came from a non-contributory system, there will be an actuarial deficiency at the time of retirement.

I do hereby make application for transfer of my previous service credit.

Name of Agency: _____

Retirement System **within the state of Maryland**: _____

Dates of Participation: _____

Social Security No.: _____

Name – Please Print

Signature

Date

(August, 2007)