

# ANNE ARUNDEL COUNTY RETIREMENT APPLICATION

RETIREMENT EFFECTIVE DATE: \_\_\_\_\_

APPLICANT INFORMATION email address: \_\_\_\_\_

MEMBER NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ MARRIED Y N  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### SELECT PLAN TYPE:

- EMPLOYEE  TIER 1  TIER 2  
 DETENTION OFFICERS & SHERIFFS  DROP Entry  DROP Exit Date \_\_\_\_\_  
 FIRE  POLICE  DROP

I HEREBY MAKE APPLICATION FOR THE FOLLOWING RETIREMENT TYPE *(Please select one)*:

- Normal  Service Connected Disability  
 Early  Non-Service Connected Disability

I HEREBY IRREVOCABLY ELECT THE FOLLOWING BENEFIT PAYMENT OPTION *(Please select one)*:

- PUBLIC SAFETY (Fire/Police) NORMAL PENSION OPTION MARRIED Y N  
 NORMAL PENSION OPTION  
 JOINT AND \_\_\_\_\_% SURVIVOR OPTION  
 JOINT AND \_\_\_\_\_% SURVIVOR WITH POP-UP OPTION  
 SOCIAL SECURITY ADJUSTMENT OPTION AT AGE 62

**PLEASE NOTE: NOT ALL OPTIONS ARE AVAILABLE IN ALL PLANS**

I hereby elect as my Joint Annuitant:

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Proof of Marriage Submitted

DATE OF BIRTH \_\_\_\_\_

Proof of Age Submitted

*I certify that the information on this form is true and correct to the best of my knowledge.*

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PENSION PAYMENT OPTIONS  
EMPLOYEES' PLAN  
DETENTION OFFICERS' AND DEPUTY SHERIFFS' PLAN**

**1. MODIFIED CASH REFUND OPTION:**

Employees Plan: This option gives you a lifetime monthly pension payments. At your Death, if the total benefits you received do not equal your total retirement, the difference will be paid to your beneficiary in a lump sum. This is the normal form of payment for a participant of the Employees' Plan.

Detention Officers' and Deputy Sheriff Plan:

**2. SOCIAL SECURITY ADJUSTMENT OPTION (Employee Plan Only):**

This option gives you a larger monthly benefit until you turn the age of 62, then your monthly benefit is reduced thereafter. The intention is to provide a constant level of total income from both sources from date of retirement until death. Your benefits are guaranteed for your lifetime. At your death, if the total benefits you received do not equal your total retirement contributions plus accrued interest through your date of retirement, the difference will be paid to your beneficiary in a lump sum.

**3. JOINT AND SURVIVOR OPTION:**

This option gives you a reduced monthly benefit to provide a lifetime guarantee to your joint annuitant (normally your spouse). Payments are guaranteed to you for life. At your death, your joint annuitant will receive lifetime monthly payments in a pre-selected percentage of 100%, 80%, 66 2/3% or 50%, of your benefit.

**4. JOINT & SURVIVOR POP-UP OPTION :**

This option gives you a reduced monthly benefit to provide a lifetime benefit to your and your joint annuitant. At your death, your joint annuitant will receive lifetime payments in a pre-selected percentage, 100%, 80%, 66 2/3%, or 50%, of your benefit. If your joint annuitant should predecease you, your monthly pension benefit will "Pop-up" (increase) to a maximum allowance under the Modified cash refund option.

# Withholding Certificate for Periodic Pension or Annuity Payments

2025

Department of the Treasury  
Internal Revenue Service

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

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

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

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

Do **only one** of the following.

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

**(b)** Complete the items below.

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

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

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

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

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

<b>Step 3:</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim Dependent and Other Credits</b>	Multiply the number of qualifying children under age 17 by \$2,000 . . . . .	\$	_____
	Multiply the number of other dependents by \$500 . . . . .	\$	_____
	Add other credits, such as foreign tax credit and education tax credits . . . . .	\$	_____
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . .		<b>3</b> \$

<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld from <b>each</b> payment . . . . .	<b>4(c)</b>	\$ _____

**Step 5:**

**Sign Here** \_\_\_\_\_ **Your signature** (This form is not valid unless you sign it.) \_\_\_\_\_ **Date** \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**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 have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

### Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments 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 amounts from any job(s) or pension/annuity payments. 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 pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, 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 **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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



<b>1</b>	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). 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 . . . . .	<b>1</b>	\$ _____			
<b>2</b>	Enter: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}	<b>2</b>	\$ _____
{	<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}				
<b>3</b>	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .	<b>3</b>	\$ _____			
<b>4</b>	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> <li>• \$2,000 if you're single or head of household.</li> <li>• \$1,600 if you're married filing separately.</li> <li>• \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.</li> <li>• \$3,200 if you're married filing jointly and both of you are age 65 or older.</li> </ul> Otherwise, enter "-0-". See Pub. 505 for more information . . . . .	<b>4</b>	\$ _____			
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	<b>5</b>	\$ _____			
<b>6</b>	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	<b>6</b>	\$ _____			

**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. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). 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, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. 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 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.

**Maryland Income Tax Withholding  
 for Annuity, Sick Pay and  
 Retirement Distributions**

Type or print full name	Social security number	
Home address (number & street)		
City, state, and zip code		
A. Contract claim or identification number .....		
B. Enter the amount withheld from each annuity, sick pay or retirement distribution payment .....	\$	
I request voluntary income tax withholding from any annuity, sick pay or retirement distribution payments as authorized by Section 10-907(b) of the Tax-General Article of the Annotated Code of Maryland.		
COM/RAD-044 (Rev. 01-08) 08-49	(Signature)	(Date)

**Instructions**

**Who may file** – Any recipient of an annuity, sick pay or retirement distribution payment may file this form to have Maryland income tax withheld from each payment. However, the annuity must be payable over a period longer than one year.

**Sick pay** – The term “sick pay” means any amount which is paid to an employee pursuant to a plan to which the employer is a party and constitutes remuneration or a payment in lieu of remuneration for any period during which the employee is temporarily absent from work on account of sickness or personal injuries.

**Where and how to file** – *File this form with the payer of your annuity, sick payment or retirement distribution.* Enter in item B of page 1, the whole dollar amount that you wish withheld from each annuity or sick pay payment. The amount must not be less than \$5 a month for annuities and retirement distributions and at least \$2 per daily payment in the case of sick pay.

You may find it convenient to request an amount to be withheld which will reduce your year-end tax balance on your individual Maryland tax return to an amount of \$500 or less and thus avoid having to file an individual Declaration of Estimated Tax (Form 502D or 502 DEP).

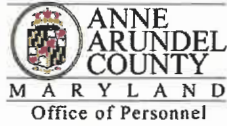
You may use the worksheet provided with the declaration as a guide in estimating your income tax liability.

**Duration of withholding request** – Your request for voluntary withholding will remain in effect until you terminate it.

**How to terminate a withholding request** – You may terminate, at any time, your request for voluntary withholding by giving your payers a written termination notice.

**Statement of income tax withheld** – At the close of the year, your payer will furnish you with a Form 1099 or other appropriate form showing the gross amount of annuity or sick pay payments and the total amount deducted and withheld as tax during the calendar year.

**Do not mail this form to the Maryland Revenue Administration Division**



## Pension Beneficiary Form Retirees

Employee Name		Email
Social Security Number	Phone Number	Date of Birth

### Primary Beneficiaries

Name (1)		Relationship	
Social Security Number	Birth Date	Phone Number	
Address	City	State	Zip
Name (2)		Relationship	
Social Security Number	Birth Date	Phone Number	
Address	City	State	Zip

### Contingent Beneficiaries

Name (1)		Relationship	
Social Security Number	Birth Date	Phone Number	
Address	City	State	Zip
Name (2)		Relationship	
Social Security Number	Birth Date	Phone Number	
Address	City	State	Zip

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For questions, please contact the Pension Team at 410-222-7595 or email [pension\\_team@aacounty.org](mailto:pension_team@aacounty.org)**



**ANNE ARUNDEL COUNTY GOVERNMENT  
RETIREE  
Direct Deposit Authorization Form**

RETIREE'S NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

**1. PRIMARY ACCOUNT** (select checking or savings)

<input type="checkbox"/>	CHECKING	BANK ROUTING NUMBER	BANK NAME
	SAVINGS		

ACCOUNT NUMBER	MUST BE A FULL DEPOSIT
----------------	------------------------

**2. SECONDARY ACCOUNT - OPTIONAL** (select checking or savings)

<input type="checkbox"/>	CHECKING	BANK ROUTING NUMBER	BANK NAME
	SAVINGS		

ACCOUNT NUMBER	A PORTION OF YOUR FULL DEPOSIT
	\$

I authorize you and the bank listed above to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

RETIREE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE \*\*\*\*\* FOR PAYROLL USE ONLY

PRIMARY	FILE #	I.D. #		
1. DED CODE	ABA# IF DIFFERENT	ACCOUNT# IF DIFFERENT	FULL DEPOSIT	PRE-NOTE Y OR N
			<b>X</b>	
SECONDARY				
2. DED CODE	ABA# IF DIFFERENT	ACCOUNT# IF DIFFERENT	FULL DEPOSIT	PRE-NOTE Y OR N

PROCESSED BY \_\_\_\_\_ DATE KEYED \_\_\_\_\_

( ) WE COULD NOT PROCESS THIS REQUEST FOR THE FOLLOWING REASONS:

\*\*\*INSTRUCTIONS ARE ON THE BACK\*\*\*



## INSTRUCTIONS:

1. Complete all applicable items down to signature line and sign the form.
2. Attach a voided or a copy of your personal check.
3. If your request is to a Savings Account, please provide a copy of any account verification your bank may have supplied.
4. Mail completed form to the address below.
5. Your form must be received by the 15<sup>th</sup> of the month in order to be processed the following month.
6. Once your request is processed, your following benefit check will be a live check and will be mailed to the address on file in the Benefits' office.
7. All subsequent checks will go to your new account.

### Sample:

- a. January 15 – request is processed
- b. February 1 – live check
- c. March 1 – new direct information will take place

Revised 11/30/06



## Reemployment After Retirement

As a retiree from the County, it is important that you understand the consequences of reemployment after you retire. In some instances, there may be a limitation as to what you may earn before it affects your pension benefit. In other situations, there may be a restriction imposed by the Internal Revenue Service (IRS).

### Reemployment with a County Government participating employer:

Anne Arundel County plan rules require that there be a minimum 30-day break in employment between the person's date of retirement with the County and their subsequent date of re-hire. This break applies to ALL retired County employees regardless of their age at their date of retirement or employment classification upon re-hire.

### Tax Consequences

IRS guidelines prohibit distributions from a qualified pension plan to participants who are actively employed in either a full-time or part-time position with an employer covered by the plan. This prohibition extends to participants under the age of 59 ½ years who are re-employed after retirement without a bona fide break in service. The IRS may impose a 10% penalty on your retirement benefit if you violate the prohibition.

**Consequently, you must be removed from the County payroll for at least 30 days before being reemployed by the County. Also, your decision to retire must not be conditioned upon an offer of re-employment. In fact, no offer of re-employment should be discussed by you and your employer prior to retirement.**

### Pension Earnings Offset

If you are reemployed with an Anne Arundel County Government employer after you retire, certain types of employment are subject to an earnings limit and your retirement benefit may be reduced by \$1.00 for every \$2.00 you earn as an employee. Prior to accepting employment with the County, you should contact the Pension Team to discuss any potential impact on your retirement allowance.

### Exceptions to the Pension Earnings Offset

Exceptions to the earnings offset applied if the employee is retired from the County as:

- A classified employee and is *reemployed* by the County as:
  1. An exempt employee under §802(a)(14) of the Charter; which would be a person assigned to an hourly rate position for temporary help, but only for the first 1,500 hours worked per calendar year;  
**This does not apply to DROP retirees covered under IAFF or Battalion Chiefs at retirement \_\_\_\_\_**

2. An exempt employee under §802(a)(17) of the Charter; which would be any person who is paid in whole or in part with State or Federal grant funds, regardless of the number of hours worked.  
**This does not apply to DROP retirees covered under IAFF or Battalion Chiefs at retirement\_\_\_\_\_**
3. An employee of the Sheriff in a position that requires the employee to be certified as a Police Officer by the Police Training Commission if the employee was certified as a Police Officer by the Police Training Commission at the time the employee retired; or
4. An employee of the State's Attorney in a position that requires the employee to be certified as a Police Officer by the Police Training Commission if the employee was certified as a Police Officer by the Police Training Commission at the time the employee retired;

Or

- Retired from the County as an exempt employee under the County Personnel Code § 6-2-101, 6-2-104, or 6-2-105 in a position that is *not exempt* from the provisions of the Fair Labor Standards Act, 29 U.S.C §207 et seq. and is reemployed by the County as an exempt employee under § 802(a)(14) of the Charter, which would be a person assigned to an hourly rate position for temporary help;

Or

- The employee is retired from the County as a classified employee, **except for DROP retirees covered under IAFF or Battalion Chiefs**, and:
  1. It is at least 90 days between the date of retirement and the date of reemployment if reemployed as a classified employee; and
  2. The retiree is reemployed in a different job classification than that which the retiree held at the time of retirement; and
  3. If the retiree was a uniformed officer as defined in §6-1-101(22), the retiree is reemployed as a non-uniformed officer or in a different department from which the retiree retired.

Reemployed by the private sector or a public sector employer OTHER THAN Anne Arundel County Government:

If you elected a normal or early service retirement and accept employment with the private sector or with a non-participating County Government employer, there are no restrictions. You will continue to receive your full monthly retirement benefit regardless of your employment income.

You should discuss specific circumstances with the Pension Team to ensure that you make an informed decision regarding your retirement benefits and any offset that may be applicable.

**Deferred Compensation 457(b) Plan:**

If you return to employment in any capacity with Anne Arundel County Government, even as a contractual employee, you would **not** be permitted to take distributions from your Deferred Compensation account with T. Rowe Price during your period of employment. Distributions are only permitted upon Severance from Employment, or upon meeting the requirements for an In-Service Distribution under Article V of the Deferred Compensation Plan of Anne Arundel County, which are limited to the following:

- 1) Loan
- 2) Unforeseeable Emergency (Financial Hardship), or
- 3) If you have not contributed for at least two years and have a balance less than \$5,000
- 4) You are 59 ½ or older
- 5) Qualified Birth or Adoptions

I have read and discussed the above information and understand the how reemployment may impact my pension earnings from the Anne Arundel County Retirement System.

\_\_\_\_\_  
(Retiree Name)

\_\_\_\_\_  
(Date)



**Anne Arundel County**  
**Notice of Employment Separation Form**  
*(Retirement - All Sections Completed by Benefits Analyst)*

**To Be Completed by Employee**

Separation Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Employee ID. Number: \_\_\_\_\_

Department: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

*Each terminating employee is to have a confidential Exit Interview with a representative of the Office of Personnel. A representative from the Office of Personnel will notify you of your scheduled Exit Interview.*

**To Be Completed By Supervisor - Attach Form to PAA and send to MS 9101**

Name of Supervisor (Please Print): \_\_\_\_\_

Separated:  Resignation  Retirement  Other \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Termination Effective Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

(If these two dates vary, please explain): \_\_\_\_\_

Notice Given:  Yes  No Date: \_\_\_\_\_

Eligible for Rehire:  Yes  No (If no, explain fully): \_\_\_\_\_

**To Be Completed By The Office Of Personnel At The Exit Interview**

What factors contributed to your accepting a job with Anne Arundel County Government? Have your feelings changed?

Comments: \_\_\_\_\_

Did you understand the job expectations when you were hired?

Yes  No

Comments: \_\_\_\_\_

Did you receive sufficient training to meet those expectations? Did you know how or where to get information you needed to succeed in your job?

Yes  No

Comments: \_\_\_\_\_

How would you rate your own performance on the job?

**County Government as a Place to Work**

How would you rate the following aspects of your employment here?

*Please check appropriate item(s)*

<u>Aspect of Employment</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Opportunity For Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Appraisals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competitive Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of Belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Company Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

If you were in charge of your work unit, what would you do differently?

What made your employment enjoyable?

What would make you interested in returning to work with Anne Arundel County Government?

## Quality of Supervision

How would you rate your supervisor in the following area?

*Please check appropriate item(s)*

<u>Supervisory Area</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Demonstrates Fair & Equal Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Appropriate Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves Complaints/Difficulties in Timely Fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informs Employee of Matters Relating to Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Knowledgeable in Own Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses Instructions Clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Adequate Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

## Reason for Leaving

Was your decision to leave Anne Arundel County Government influenced by any of the following?

*Please check appropriate item(s)*

- |  |   |
|--|---|
| <input type="checkbox"/> Relocation out of area    | <input type="checkbox"/> Salary                                 |
| <input type="checkbox"/> Returning to school       | <input type="checkbox"/> Dissatisfaction with Position          |
| <input type="checkbox"/> Health reasons            | <input type="checkbox"/> Dissatisfaction with Supervisor        |
| <input type="checkbox"/> Family circumstances      | <input type="checkbox"/> Dissatisfaction with Department        |
| <input type="checkbox"/> Benefits                  | <input type="checkbox"/> Dissatisfaction with County Government |
| <input type="checkbox"/> Better career opportunity |   |

Where: \_\_\_\_\_

**If leaving for a new job:**

Are you leaving for a similar job? \_\_\_\_\_

How is your new job different from the old one? Are you staying in the same field? \_\_\_\_\_

What part does salary play in your decision to leave?

What made you begin looking for another position, or, if appropriate, what made you interested in interviewing for another position?

What could Anne Arundel County Government have done to encourage you to stay?

If you are going to another job, what does the job offer you that your job here did not?

Employee Signature

Date

HR Representative Signature

Date



# REMINDER

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County Deferred  
Compensation Plan



OCURS-AGE

## **Special Tax Notice Regarding Lump-Sum Withdrawals**

You are receiving this notice because all or a portion of a payment you are receiving from the Anne Arundel County Pension Plan (the “Plan”) is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

### **General Information About Rollovers**

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59 ½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

#### **Where may I roll over the payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### **How do I do a rollover?**

There are **two** ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you **do** a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you **do not** do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the

portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 ½ (unless an exception applies).

### **How much may I roll over?**

If you wish to do a rollover, you may roll over all of part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70 ½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949) or after death
- Hardship distributions
- Payments of employee stock ownership plan (ESOP) dividends
- Corrective Distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of your first contribution
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).
- Distributions of certain premiums for health and accident insurance

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

### **If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

#### **The 10% additional income tax does not apply to the following payments from the Plan:**

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations

- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year)
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions that you request to withdraw within 90 days of your first contribution
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters
- Phased retirement payments made to federal employees

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.

Additional exceptions apply for payments from an IRA, including:

- Payments for qualified higher education expenses
- Payments up to \$10,000 used in a qualified first-time home purchase
- Payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status)

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

## **Special Rules and Options**

### **If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

### **If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59 ½, disability, or the participant's death). Under the special rule,

the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a roller for a payment that includes employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the outstanding amount of the loan, typically when your employment ends. The offset amount is treated as a distribution to you at the time of the offset. Generally, you may roll over all or any portion of the offset amount. Any offset amount that is not rolled over will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) You may roll over offset amounts to an IRA or an employer plan (if the terms of the employer plan permit the plan to receive plan loan offset rollovers.)

How long you have to complete the rollover depends on what kind of plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a plan loan in good standing is offset because your employer plan terminates, or because you sever from employment. If your plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRA Publication 575, *Pension and Annuity Income*.

### **If your payment is from a governmental section 457(b) plan**

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59 ½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59 ½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences include that you cannot do a rollover if the payment is due to an “unforeseeable emergency” and the special rules under “if your payment includes employer stock that you do not rollover” and “if you were born on or before January 1, 1936” do not apply.

### **If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan

payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

### **If you roll over your payment to a Roth IRA**

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 ½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

### **If you do a rollover to a designated Roth account in the Plan**

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you can roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. In general, the 10% additional tax on early distributions will not apply. However, if you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59 ½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

### **If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 ½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 ½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 ½ (if the participant was born before July 1, 1949) or age 72 (if the participant was born after June 30, 1949).

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

**Payments under a qualified domestic relations order.** If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.



## **Other Special Rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*.

You may also have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

## **For More Information**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)* and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

You know that life insurance is a **critical part of your overall benefits plan** — that's why you chose to enroll in the Group Term Life insurance program offered by your employer. As you leave your employment, you have **options** to continue your current Group Term Life coverage and **maintain this important protection** for you and your family.

Now you have **important decisions to make** about continuing your Group Term Life insurance benefits. There are **two options** under which you can continue your coverage — **Portability** and **Conversion**. This brochure is designed to answer the most common questions about each option and give you a side-by-side comparison, so you can choose the option that best meets your needs.

**Is there anything else I need to know?**

To continue your life coverage benefits, you will receive a notice after your group life benefits end which includes coverage amounts and eligibility dates.

If you wish to increase your coverage amount or add spouse or child coverage, the non-underwritten policy available through the Conversion process may not meet your needs. An individually underwritten policy may be more cost-effective and provide additional benefits, such as the ability to elect waiver of premium, accidental death benefit and/or a children's term rider, that are not available with a Conversion policy. You may apply for a medically underwritten life insurance policy simultaneously with your application for the Conversion policy. Underwritten policies are subject to underwriting requirements, so you may have to provide medical information. If you apply for both the Conversion policy and an underwritten policy and are approved for the underwritten policy, then you can choose the underwritten policy. If you are not approved for the underwritten policy, then the Conversion policy will be issued and become effective on the 32nd day after your group coverage ends.

Portability or porting is an optional feature chosen by your former employer. It allows you and your dependents to continue their Group Term Life and Accidental Death and Dismemberment (AD&D)<sup>1</sup> insurance under a separate policy. Once enrolled, MetLife will mail you a portable certificate and your initial bill. Instructions on how to set up the monthly Electronic Funds Transfer (EFT) can be found on the back of your bill. If you apply for Portability, preferred portable rates are available for you and your spouse or domestic partner with Evidence of Insurability (EOI). Portable coverage is effective on the 32nd day after group coverage ends.

**What if I still have questions?**

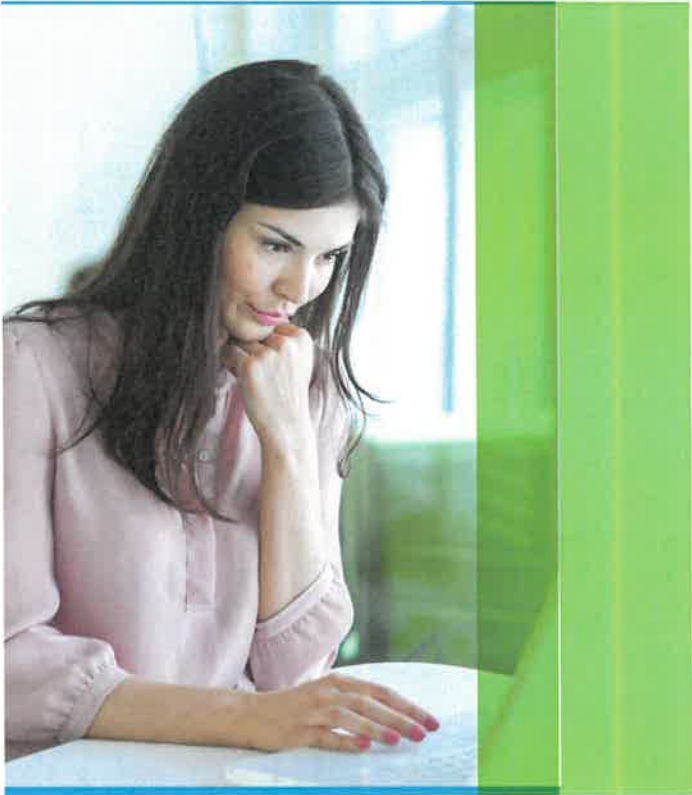
Helping you make the best decision for you and your family's needs is important to us.

To speak with a MetLife representative who can answer your questions about Portability, call: **1-888-252-3607**.

We want to help you understand conversion and other options available to you. We have arranged for specially-trained third party financial professionals to help explain your options, if you choose, since MetLife cannot provide you with individual guidance. If you have any questions, you can arrange a meeting with a specially-trained third party financial professional<sup>2</sup> by calling **1-877-275-6387** Monday-Friday 9:00 a.m. to 6:00 p.m. (ET).

# Understanding your options

Portability and Conversion



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
L0725033765/exp0725[All States]DC.GU.MP.PR.VI © 2023 MetLife Services and Solutions, LLC

1. AD&D insurance does not include payment for certain losses as described in more detail in your certificate. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator.  
2. Any information provided as part of the PlanSmart program is for educational purposes only. It is not intended to provide legal, tax, investment, or financial advice or make any recommendation as to whether any investment or savings option is appropriate for you. Each individual's legal, tax, and financial situation is unique; therefore, you should consult with your own attorney, accountant, financial professional or investment advisor regarding your specific circumstances. MetLife does not provide legal, tax, or investment recommendations or advice.  
Third-party financial professionals provide securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC. www.SIPC.org. 6 Corporate Drive, Shelton, CT 06484, Tel: 203-513-6000. MMLIS is not affiliated with MetLife Consumer Services or any of its affiliates.  
3. All coverage amounts are subject to applicable state laws. To take advantage of this benefit, coverage of at least \$10,000 must be elected.  
4. You may later convert ported coverage when ported benefits end, or if the portable plan is terminated by MetLife. Conversion is not available on AD&D coverage. Conversion rates are based on your age at the time you convert.  
5. All applications for coverage are subject to review and approval by MetLife. If you choose to apply for increased coverage, the increase may be subject to underwriting. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife's underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.

# It's important to understand the differences between these options.

## Use the chart below to help you make an informed decision.

### PORTABILITY<sup>5</sup>

### CONVERSION

<p>What are the basics of each option?</p>	<p>You can continue your <b>Group Term Life</b> and <b>AD&amp;D*</b> insurance coverage with MetLife if your coverage terminates in whole or in part due to:</p> <p><b>Employee Qualifying Events:</b></p> <ul style="list-style-type: none"> <li>Termination of employment or retirement</li> <li>A change in your employee class</li> <li>Your Group Policy is amended to end coverage, unless coverage is replaced by a similar insurance under another group insurance policy</li> <li>Your Group policy ends with or without a successor plan</li> <li>Reduced coverage due to age or change in plan for your employee class</li> </ul> <p><b>Dependent Qualifying Events:</b></p> <ul style="list-style-type: none"> <li>Employee is eligible to exercise portability option</li> <li>Spouse can port upon the Death of the Employee, Divorce, Annulment, Civil Union or Reciprocal Beneficiary relationship ends</li> <li>Dependent no longer eligible as a Dependent</li> </ul> <p>You are not eligible for Portability if you received approval for Premium Waiver Death Benefits.</p> <p>* Your plan may not include the Portability feature on every product presented on the Election of Portable Coverage Form. The Recordkeeper for your plan will identify which coverage(s) and coverage amount(s) you are eligible to port.<sup>4</sup></p>	<p>You can generally convert your <b>Group Life</b> insurance benefits to an <b>Individual Whole Life</b> insurance policy<sup>9</sup> if your coverage terminates in whole or in part due to:</p> <ul style="list-style-type: none"> <li>Retirement or termination of employment</li> <li>A change in your employee class</li> </ul> <p>Conversion is available on all Group Life insurance coverages. Conversion is <b>not</b> available on AD&amp;D coverage.</p>
<p>Does coverage reduce or terminate?</p>	<ul style="list-style-type: none"> <li><b>Employee:</b> Reduces 50% at age 70, and terminates at age 100.</li> <li><b>Spouse:</b> Terminates at age 70.</li> <li><b>Child(ren):</b> Terminates at age 25. At age 25, each child may apply to continue their portable coverage by completing a NewPort election form. They will also have the option to apply for Preferred Life Rates (lower preferred rates).</li> </ul>	<p>Coverage reductions and termination are subject to the terms of the policy chosen.</p>
<p>Will I have to answer medical questions?</p>	<p>No. However, medical questions<sup>5</sup> must be answered to apply for Preferred Life Rates (lower preferred rates). If approved by MetLife, you will be billed using the Preferred Life Rates (lower preferred rates).</p>	<p>No.</p>
<p>What are the minimum and maximum amounts of coverage?</p>	<p>The standard coverage minimum amounts are:</p> <ul style="list-style-type: none"> <li>\$10,000 for employees</li> <li>\$ 2,500 for spouses</li> <li>\$10,000 for Spouse Only (no portable employee coverage)</li> <li>\$1,000 for children</li> </ul> <p>Your coverage maximum amount is generally limited to the amount you had at the time group benefits terminated and may vary, depending on the type of coverage you had. The standard maximum coverage amount is \$2 million.</p> <p>Details about your specific coverage can be found on the Election of Portable Coverage form.</p>	<p>The coverage minimum under Conversion is subject to the Individual Life plan features.</p> <p>The maximum coverage amount under Conversion varies based on the following:</p> <ul style="list-style-type: none"> <li>The reason group benefits ended.</li> <li>The amount of group insurance you have.</li> <li>Your eligibility for any other group benefits within 31 days after current benefits terminate.</li> <li>Specific state regulations.</li> </ul>
<p>Can I increase or decrease coverage amounts after the initial application period?</p>	<p>Coverage can be increased in \$25,000 increments up to \$250,000 with Evidence of Insurability (EOI) at the initial application and annually at the insured's portability anniversary date. Portable coverage may also be decreased, as needed.</p>	<p>Coverage cannot be increased at any time and cannot be decreased on Whole Life policies.</p>
<p>What additional features/services are available?</p>	<ul style="list-style-type: none"> <li>Accelerated Benefits Option (ABO) for Life coverage(s) only<sup>6</sup></li> <li>Total Control Account<sup>®</sup> (TCA) for beneficiaries<sup>7</sup></li> </ul>	<p>Total Control Account<sup>®</sup> (TCA) for beneficiaries.<sup>7</sup></p>
<p>How do I enroll/apply for coverage?</p>	<ul style="list-style-type: none"> <li>You will receive an Election of Portable Coverage form from your Group Life Benefits Recordkeeper.</li> <li>You have 31 days from the date on the Election form to complete and return this form to MetLife.</li> <li>Coverage will take effect 32 days after your group coverage ends.</li> </ul>	<ul style="list-style-type: none"> <li>You will receive a Notice of Conversion form from your Group Life Benefits Recordkeeper.</li> <li>You have 31 days from the date your coverage ends to elect to convert your coverage.</li> </ul>
<p>Will the rates be different from the rates I paid while I was working?</p>	<ul style="list-style-type: none"> <li>Rates<sup>8</sup> are based on your current age and differ from the rates you paid while employed. As with any group of insureds, rates may change based on the financial experience of the group.</li> <li>MetLife will bill you monthly for your coverage. The option to make monthly payments via Electronic Funds Transfer is available by contacting MetLife at 1-888-252-3607.</li> <li>There is a \$3 administrative fee added to each monthly premium. However the monthly administrative fee is waived for insureds who use Electronic Funds Transfer.</li> <li>Employee or Spouse can apply for Preferred Life (lower preferred rates) premium rates by answering medical questions. If not approved, Employee and Spouse can still participate in portable coverage at the Non-Preferred (higher) premium rates.</li> </ul>	<ul style="list-style-type: none"> <li>Rates for Conversion are based on your age at the time you convert your coverage and remain level throughout the life of the policy.</li> </ul>

6. You can receive a percentage of your life insurance proceeds in the event that you become terminally ill and your life expectancy is certified by a physician to be less than a specified period of time as described in your certificate and the group policy. The availability of and exact terms of the Accelerated Benefits Option (ABO) are subject to your plan design as well as state availability and regulation. This option is not available for dependent child coverage. The ABO benefits are intended to qualify for favorable federal tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)), in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family. This is a life insurance benefit that also gives you the option to accelerate some or all of the death benefit in the event you meet the criteria for a qualifying event described in the policy. This policy or certificate does not provide long-term care insurance subject to California long-term care insurance (LTC) law. This policy or certificate is not a California Partnership for Long-Term Care program policy. LTC insurance provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that need constant supervision. This policy or certificate is not a Medicare supplement (policy or certificate).

7. Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The assets backing the Total Control Account (TCA) are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to make a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on the Account will not be less than the rate guaranteed on the welcome guide. The TCA and other available settlement options are not bank products and are not insured by the FDIC or any other governmental agency. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by each state's insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations ([www.NOLHGA.com](http://www.NOLHGA.com) or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

8. Cost of insurance rates are determined using methodologies that vary by company. These rates can vary and will generally increase with age. Rates for active employees may be different than those available to terminated or retired employees. It's important to look at all factors when evaluating the overall competitiveness of rates and the value of life insurance coverage.

9. A non-renewable term life policy may precede a whole life conversion policy if your group coverage is issued in New York or West Virginia.

Nothing in these materials is intended to be advice for a particular situation or individual. Please consult with your own advisors for such advice. Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or MetLife for costs and complete details.

MetLife Group Term Life insurance and AD&D is issued by Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166 under Policy Form GPN99/GP130-S.



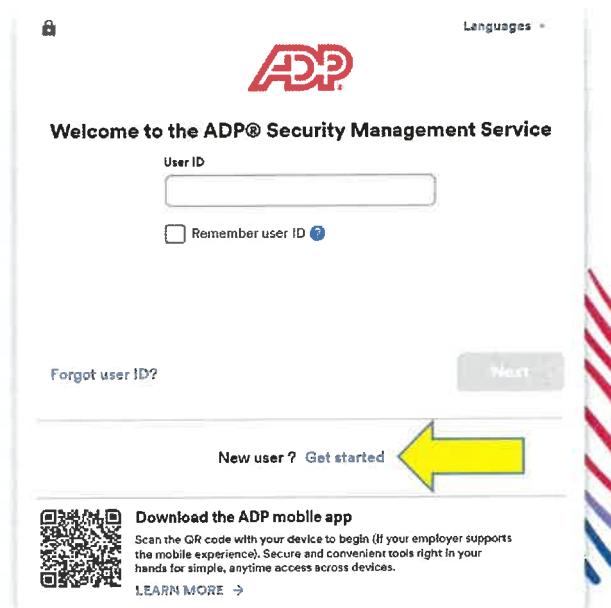
# ADP SELF SERVICE PORTAL

## \*Registering for the first time?

\*This registration process is for individuals who are not already registered and/or have access to ADP Reporter.

To begin using ADP Employee Self Service, you must first register, using the following steps:

1. Open Google Chrome and type the following in the address box – [netsecure.adp.com](https://netsecure.adp.com)
2. Click on the **New user? Get started** link on the ADP Employee Self Service login page.



ADP

Welcome to the ADP® Security Management Service

User ID

Remember user ID

Forgot user ID? Next

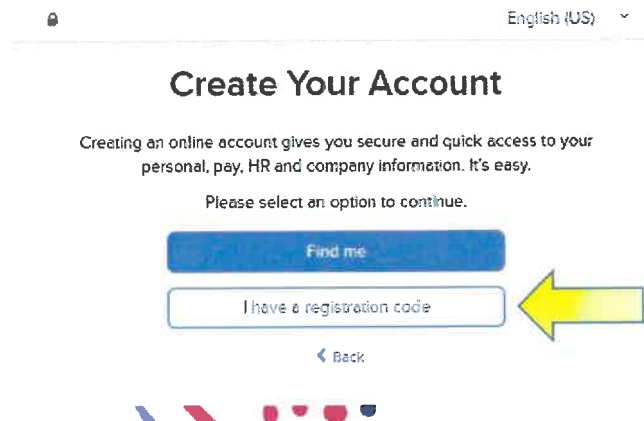
New user? **Get started**

Download the ADP mobile app

Scan the QR code with your device to begin (if your employer supports the mobile experience). Secure and convenient tools right in your hands for simple, anytime access across devices.

LEARN MORE →

3. Click on **I have a registration code**, then enter the ADP Employee Self Service Registration passcode provided.



English (US)

## Create Your Account

Creating an online account gives you secure and quick access to your personal, pay, HR and company information. It's easy.

Please select an option to continue.

Find me

**I have a registration code**

Back

4. Enter the registration code provided.

The screenshot shows a registration progress bar at the top with four steps: 'Enter Code' (active), 'Identity Info', 'Contact Info', and 'Create Account'. Below the progress bar is the title 'Enter Registration Code'. A text input field labeled 'Registration Code' is highlighted with a yellow arrow pointing to it from the right. Below the input field is a 'Continue' button and a '< Back' link. The bottom of the page features a decorative graphic with red, white, and blue diagonal stripes.

5. On the Let's get started panel, enter your personal information (\* indicates required information)  
(Note: Have your Social Security Number ready as you fill in the 'Required' information.)

The screenshot shows a registration progress bar at the top with four steps: 'Enter Code', 'Identity Info' (active), 'Contact Info', and 'Create Account'. Below the progress bar is the title 'Let's Get Started'. The text reads: 'First, we'll need some information to create your account with ANNE ARUNDEL COUNTY GOV'. There are two text input fields for 'First Name' and 'Last Name', both marked with an asterisk and an information icon. Below these is a section 'And one of these\*' with two radio button options: 'Employee ID' (selected) and 'SSN, EIN, or ITIN'. The 'Employee ID' option has a text input field below it. The 'SSN, EIN, or ITIN' option has two dropdown menus for 'Month' and 'Day', both marked with an asterisk. At the bottom is a 'Continue' button. The bottom right of the page features a decorative graphic with red, white, and blue diagonal stripes.

6. On the **Help us protect your account** panel, enter your email address(es) and phone number(s).

**Help Us Protect Your Account**

**Primary Contact Information** Enter an active email and mobile number to receive a verification code to confirm your identity or recover your account login information, if needed.

Email\*  
Work [dropdown] [input field]

Phone\*  
Personal, Mobile [dropdown] US +1 [input field]

**Backup Contact Information** Add additional email/phone where you can be reached.

Email  
Personal [dropdown] [input field]

Phone  
Work, Mobile [dropdown] US +1 [input field]

[+ Add new phone](#)

7. The system will prompt you to select either the email address or mobile phone number you provided or to receive a verification code.

**Verify contact information**

Select a way to contact you. We will send a code to your mobile or email address.

Send me an email [dropdown]

Send me an email [dropdown]

[Skip this step](#)

[Need to make changes? Edit contact information](#)

8. Next, view your User ID and create your password. Your password must be at least eight characters long and have at least one letter and one number. When completed, click on **Create your account**.

Enter Code Identity Info Contact Info **Create Account**

**One more step,**

Let's set up the login information for your account with **ANNE ARUNDEL COUNTY GOV**

Your UserId: \*\*\*\*\*@AACG

Create Password \*

Password must be 8 to 64 characters long and contain letters, numbers, and special characters.

Confirm Password \*

✓ Create your account

Your registration is **complete** and you're ready to access ADP Employee Self Service

Go to <https://my.adp.com> to log in.



# ANNE ARUNDEL COUNTY GOVERNMENT

## Retiree Benefits Enrollment Form – 2025 Plan Year

**Employee Information (Please Print)**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Gender: \_\_\_ Email Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

**Retirement Date** \_\_\_\_\_ **Subsidy Code** \_\_\_\_\_

**Health Care Election – Enter Coverage Elections(s) for 2025 plan year**

**HEALTH CARE ELECTION – ENTER NEW COVERAGE**

<p><b>Medical Plans</b></p> <p><input type="checkbox"/> Aetna Open Choice PPO</p> <p><input type="checkbox"/> Open Access Aetna Select HMO-EPO</p> <p><input type="checkbox"/> Aetna Medicare PPO ESA (Attach copy of Medicare Card)</p> <p><input type="checkbox"/> No Coverage</p> <p><b>Dental Plans</b></p> <p><input type="checkbox"/> Cigna PPO (Core)</p> <p><input type="checkbox"/> Cigna PPO (Buy-Up)</p> <p><input type="checkbox"/> CIGNA DHMO</p> <p>(I understand I must use a participating DHMO network dentist. _____ (initials))</p> <p><input type="checkbox"/> No Coverage</p> <p><b>Vision Plan</b></p> <p><input type="checkbox"/> EyeMed Vision</p> <p><input type="checkbox"/> No Coverage</p>	<p><b>Medical Plan Coverage Level</b></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Retiree &amp; 1 Child</p> <p><input type="checkbox"/> Retiree &amp; Spouse</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Split Option:</p> <p>Retiree's Plan Name _____</p> <p>Retiree's Spouse's Plan Name _____</p> <p><b>Dental Plan Coverage Level</b></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Retiree &amp; 1 Child</p> <p><input type="checkbox"/> Retiree &amp; Spouse</p> <p><input type="checkbox"/> Family</p> <p><b>Vision Plan Coverage Level</b></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Retiree &amp; 1 Child</p> <p><input type="checkbox"/> Retiree &amp; Spouse</p> <p><input type="checkbox"/> Family</p>
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**Waive Insurance Coverage**

**I DECLINE INSURANCE COVERAGE IN THE FOLLOWING PLAN(S):**     MEDICAL     DENTAL / VISION     LIFE INSURANCE

I understand that if I am declining coverage now and decide at a later date to request coverage, I generally will have to wait until the next Open Enrollment period, unless I have a special enrollment right or I experience a qualifying family status change event and notify the Benefits Team within 31 days of that event.    **Initials (Attach proof of other insurance coverage)**

**List All Eligible Individuals for Whom Coverage is requested; Attach copy of Marriage/Birth Certificate(s)**

Name	Relationship S = Spouse C = Child	Social Security Number	Gender M/F	Birth Date

I hereby request enrollment as indicated above and authorize the corresponding deductions from my earnings. I understand that the above elections will remain in effect for the Plan Year noted on this Form and will continue in effect indefinitely beyond the Plan Year noted above unless I make an election change permitted under the Plan. I understand that I may change the above elections for a future Plan Year by submitting a new Enrollment Form during a later annual election period. I understand that I may change my elections for coverage during a Plan Year only under certain conditions, as described in the plan document. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I agree that my payroll deductions will automatically change accordingly unless I submit a new Enrollment Form during the appropriate annual election period to change or terminate that coverage. I also understand that, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the County may automatically increase or decrease the amount of payroll deductions I am required to make per pay period to pay for that benefit option.

I understand that the County may modify my benefit elections if appropriate to ensure that the Plan complies with the terms of the Plan and the requirements of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, the County retains the right to amend or terminate coverage under a benefit option. Also, I understand that the County may modify my elections for certain health benefit options if required to do so by a Medical Child Support Order that requires me to provide health coverage for a dependent.

If I am electing any coverage that provides for coverage for an individual as my spouse or dependent on a pre-tax basis, I understand that I am responsible for determining if my spouse or dependent is eligible to be treated as my spouse or dependent for federal tax purposes. I certify that any person for whom I am electing such coverage meets the applicable requirements for spouse or dependent coverage and I agree to inform the Benefits Team if that changes while my election of coverage is in effect. I understand that the County may also require proof that my spouse or dependent meets the Plan's eligibility requirements and retains the ultimate authority to determine any person's eligibility for coverage. I attest that the information provided above is complete and true to the best of my knowledge. I understand that false information provided on this Form will result in claim denial and possible termination of coverage.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE OF PERSONNEL USE ONLY:**  
 COVERAGE DATE: \_\_\_\_\_ HEALTH \_\_\_\_\_ RX: \_\_\_\_\_ DENTAL/VISION: \_\_\_\_\_  
 I2K: \_\_\_\_\_ HWSE: \_\_\_\_\_ KEYED: \_\_\_\_\_ VERIFIED: \_\_\_\_\_  
 Rev: 8/2024 RETURN THIS FORM TO THE OFFICE OF PERSONNEL, BENEFITS TEAM, MS 9101, 2660 RIVA ROAD, ANNAPOLIS, MD 21401 OR SEND VIA EMAIL TO: **benefits\_team@aacounty.org**



Anne Arundel County

# RETIREE Rate Schedule

Effective – 1/1/25 to 12/31/25

At retiree cost share of 20% for medical; 100% for dental; 100% for vision.

This rate sheet reflects an employer retiree subsidy of 80%. For retirees who were not eligible for an early or normal retirement as of January 1, 2017, in accordance with Section 6-1-308(i) of the County Code, the employer subsidy rates vary and are based on years of service at the time of retirement. Please contact the Benefits Unit for specific subsidy rate information.

Retirees and spouses must enroll in Medicare at age 65 (or when you first become eligible) to avoid Medicare's late-enrollment penalties and to receive the maximum coverage available.


Plan & Coverage Level	Monthly Total Cost	Monthly County Cost	Monthly Retiree Cost	
<b>Aetna Open Choice PPO</b>				
Individual	\$1,013.34	\$810.67	\$202.67	
Retiree and Child	\$1,789.91	\$1,431.93	\$357.98	
Retiree and Spouse	\$2,146.75	\$1,717.40	\$429.35	
Family	\$2,787.81	\$2,230.25	\$557.56	
<b>Open Access Aetna Select HMO-EPO</b>				
Individual	\$792.58	\$634.06	\$158.52	
Retiree and Child	\$1,430.47	\$1,144.38	\$286.09	
Retiree and Spouse	\$1,697.71	\$1,358.17	\$339.54	
Family	\$2,191.69	\$1,753.35	\$438.34	
<b>MEDICARE ADVANTAGE</b>				
(For retiree or spouse eligible for medicare due to age or disability)				
<b>Aetna Medicare Advantage PPO ESA</b>	<b>Total Cost</b>	<b>County Cost</b>	<b>Retiree Cost</b>	
Individual	\$675.16	\$540.13	\$135.03	
Retiree and Spouse	\$1,350.32	\$1,080.26	\$270.06	
	<b>CIGNA Dental DHMO (DHMO-network dentist required)</b>	<b>CIGNA Dental PPO (Core)</b>	<b>CIGNA Dental PPO (Buy-up)</b>	<b>Vision EyeMed</b>
Individual	\$18.56	\$33.59	\$51.93	\$3.90
Retiree and Child	\$37.11	\$59.58	\$92.13	\$7.76
Retiree and Spouse	\$47.15	\$77.28	\$119.48	\$9.93
Family	\$53.61	\$85.87	\$132.78	\$11.27

**Group Term Life Insurance Beneficiary Designation**

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

**Things to know before you begin**

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (*primary or contingent*) and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we cannot record your choices.

 If you make a mistake anywhere on this form, cross it out and initial it.

**SECTION 1: About the Insured**

First name	Middle name	Last name	
Date of birth (mm/dd/yyyy)	Social Security number	Phone number	
Address	City	State	ZIP
Employer name Anne Arundel County Government	Customer number 168573		

**SECTION 2: About the Primary Beneficiaries**

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

**About the Primary Beneficiaries (continued)**

**Individual**

First name		Middle name	Last name		<b>A</b>	
Address			Date of birth (mm/dd/yyyy)			Write in the % of proceeds assigned to this person
City		State	ZIP			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured			_____ %

**Individual**

First name		Middle name	Last name		<b>B</b>	
Address			Date of birth (mm/dd/yyyy)			Write in the % of proceeds assigned to this person
City		State	ZIP			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured			_____ %

**Individual**

First name		Middle name	Last name		<b>C</b>	
Address			Date of birth (mm/dd/yyyy)			Write in the % of proceeds assigned to this person
City		State	ZIP			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured			_____ %

**Your Estate** – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary.

<b>D</b>
Proceeds _____ %

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

<b>E</b>
Proceeds _____ %

**Living (Inter Vivos) Trust** – See further instructions on page 4.

<b>F</b>
Proceeds _____ %

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>G</b>
Proceeds _____ %

**Total proceeds for all primary beneficiaries (A-G plus any listed on separate pages) must equal 100%. 100%**

### SECTION 3: About the Contingent Beneficiaries

Skip this section if you're not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds **only** if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your contingent beneficiaries, leave **all** of the proceeds % fields blank.

**Individual**

First name		Middle name	Last name		<b>H</b>	
Address			Date of birth (mm/dd/yyyy)			Write in the % of proceeds assigned to this person  _____ %
City		State	ZIP			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured			

**Individual**

First name		Middle name	Last name		<b>I</b>	
Address			Date of birth (mm/dd/yyyy)			Write in the % of proceeds assigned to this person  _____ %
City		State	ZIP			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured			

**Your Estate**

<b>J</b>
Proceeds _____ %

**Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate.

<b>K</b>
Proceeds _____ %

**Living (Inter Vivos) Trust** – See further instructions on page 4.

<b>L</b>
Proceeds _____ %

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>M</b>
Proceeds _____ %

**Total proceeds for all contingent beneficiaries (H-M plus any listed on separate pages) must equal 100%.**

100%

#### SECTION 4: About your Trust/Charity/Organization Beneficiaries

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries. Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary (*primary or contingent*) and that you sign and date these page(s).

Please include:

- Trust/Charity/Organization name
- Address
- Phone number
- Type of Beneficiary (*primary or contingent*)
- % of proceeds you are assigning to the Trust/Charity/Organization


Additional information required for Living (*Inter Vivos*) Trust(s):

- Trust date
- Trust Tax ID number
- Trustee first, middle and last name

#### SECTION 5: Signature required

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

- Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

<b>Please print and sign below</b>		
Insured/Owner first name	Middle name	Last name
 Insured/Owner signature		Date form completed ( <i>mm/dd/yyyy</i> )



#### Did you remember to...

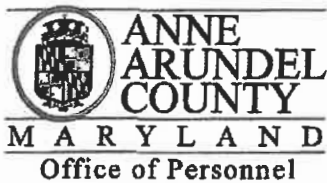
- ✓ Provide complete information for each of your beneficiaries?
- ✓ Make sure the total "proceeds %" for your **primary beneficiaries** (*including those on a separate page*) equals 100%? Separately, did you remember to make sure the total "proceeds %" for your **contingent beneficiaries** (*including those on a separate page*) equals 100%?
- ✓ Complete, sign and date any extra pages that list beneficiary information (*such as Living Trust/Charity/Organization beneficiaries*)?
- ✓ Cross out and initial any mistakes you made? (*If you crossed out any answers, your signature is not enough. You must also initial all your corrections.*)

Example: ~~12/20/25~~ 12/20/15 *J.M.* ⇐ *answer corrected, initials required*

Please note: we cannot record your beneficiary choices unless you complete these items.

#### SECTION 6: How to submit this form

Return this **entire** form (*and any additional pages*) to your employer or benefits administrator. Retain a copy of this completed form for your records.



2660 Riva Road, 1<sup>st</sup> Floor  
Annapolis, MD 21401  
Phone (410) 222-7595

*Notice – Opportunity to continue your life insurance*

Dear Participant:

As a result of your employment and/or Group Life Insurance coverage ending, you may be eligible to purchase Group Life Insurance or exercise your conversion right to purchase an Individual Whole Life policy. To take advantage of this opportunity, MetLife must receive an application and premium payment from you **within 31 days** after the date your employment terminates or **within 31 days** after a qualifying event.

For more information on portability and conversion please contact MetLife at 877-275-6387.

Sincerely,  
The Anne Arundel County Benefits Team

## Notice of Group Life Insurance Conversion Privilege

Metropolitan Life Insurance Company

*This Notice is not a conversion application or policy*

### Instructions

#### Instructions to Policyholder/Recordkeeper:

Complete this Notice and provide a copy to the employee when group coverage terminates or reduces. If coverage has been assigned, provide notice to the Assignee.

#### Instructions to Eligible Person:

You may convert your coverage to an individual life insurance policy, which will be issued without medical examination if you apply for it and pay the required premium within the application period.

#### Application Period:

The application period is based on the date your group coverage terminates and the date of this Notice. Generally, you have 31 days from the date group coverage ends to apply for conversion. However, if this Notice is dated more than 15 days from date of termination, your application period is extended for an additional 15 days. If the 15-day extension applies to you, it will not exceed more than 91 days from the date group insurance was terminated.

The conversion application period is time-sensitive. If you are interested in converting your group coverage, you can meet with a specially-trained financial professional and complete an application. MetLife has an arrangement for third party financial professionals to explain your options. Call us at 877-275-6387 to arrange for a third party financial professional to contact you directly.

### Eligible Person / Employee Information

Date of This Notice (mm/dd/yyyy) | Date Group Coverage Terminates or Reduces (mm/dd/yyyy)

#### ► Insured

First Name	Middle Name	Last Name
Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Dependent	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)

#### ► Owner (If certificate is assigned)

First Name	Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	

#### ► Dependent (If applicable)

First Name	Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	

Address	City	State	ZIP
---------	------	-------	-----

Phone Number

Date Group Life Benefits Became Effective for Insured (mm/dd/yyyy)

Reason for Termination:  Termination of Employment  Termination of Group Policy or Class  
 Retirement  No Longer an Eligible Dependent  Total Disability

**Coverage Information**

Complete the relevant column based on the event triggering conversion.  
If an accelerated benefits option claim was paid, reduce the amount available for conversion by the ABO claim amount.

If coverage is ending due to termination of employment or eligibility, or is reducing, complete the applicable fields below.

If the group policy or a class under the policy is ending, complete the applicable fields below. The amount of coverage available for conversion is the lesser of the amount lost, or \$10,000, provided the insured was covered under the plan for at least five years.

Coverage Type	Group Policy Report Number	Coverage Amount	Coverage Amount. Cannot Exceed \$10,000
Basic Life			
Supplemental Life			
Dependent Spouse Life			
Dependent Child Life			
Group Universal Life			
Group Variable Universal Life			
Survivor			

**Group Policyholder**

Name

Address

City

State

ZIP



Phone Number

**Authorized Group Policyholder Representative (Print)**

First Name

Last Name



## Employer Subsidy Notice

### For employees retiring on or after January 1, 2017

**For employees hired before January 1, 2015, and who were not eligible for a normal or early retirement on January 1, 2017**, the employer subsidy for health insurance benefits, exclusive of dental and vision coverage, is based on years of credited service plus DROP participation.

The chart below explains the employer subsidy for your health insurance benefits. Based on the chart, your years of service = \_\_\_\_\_, and you will be eligible for \_\_\_\_\_% employer subsidy. This percentage will be your employer subsidy going forward.

At least 10, but less than 15 years of service	At least 15, but less than 20 years of service	At least 20, but less than 25 years of service	At least 25 years of service
County pays 50%	County pays 60%	County pays 70%	County pays 80%

**For employees hired after January 1, 2015 and who retire after January 1, 2017**, the employer subsidy for health insurance benefits, exclusive of dental and vision coverage, is based on years of actual plan service plus DROP participation.

The chart below explains the employer subsidy for your health insurance benefits. Based on the chart, your years of service = \_\_\_\_\_, and you will be eligible for \_\_\_\_\_% employer subsidy.

At least 10, but less than 15 years of service	At least 15, but less than 20 years of service	At least 20, but less than 25 years of service	At least 25 but less than 30 years of service	At least 30 years but less than 40 years	At least 40 years
County pays 30%	County pays 40%	County pays 50%	County pays 70%	County pays 75%	County pays 80%

**For terminated vested employees hired before January 1, 2014.\*** The employer subsidy, exclusive of dental and vision coverage, for terminated vested employees hired before January 1, 2014 and who retire after July 1, 2014, shall be based on their credited service as of their dates of retirement.

The chart below explains the employer subsidy for your health insurance benefits. Based on the chart, your years of service = \_\_\_\_\_, and you will be eligible for \_\_\_\_\_% employer subsidy.

At least 5 years but less than 10 years	At least 10 years but less than 15 years	At least 15 years but less than 20 years	At least 20 years but less than 25 years	At least 25 years but less than 30 years
County Pays 30%	County Pays 40%	County Pays 50%	County Pays 70%	County Pays 75%

By signing below, I understand and acknowledge the employer subsidy available to me at retirement.

---

Name \_\_\_\_\_

Date \_\_\_\_\_

*\*Terminated vested employees hired after January 1, 2014 are not eligible upon retirement to participate in a retiree health insurance plan.*