ANNE ARUNDEL
COUNTY
MARYLAND

Anne Arundel County Retirement Application

Retirement Effective Date: _____

Member Name | **Phone Number**

Social Security Number | **Birth Date** | **Married (Yes or No)**

Address | **City** | **State** | **Zip**

Personal Email Address

Select Plan Type:

☐ Employee's Plan ☐ Tier 1 ☐ Tier 2

☐ Detention Officers & Sheriffs ☐ Fire ☐ Police

☐ DROP Entry ☐ DROP Exit: _____ ☐ DROP

I HEREBY MAKE APPLICATION FOR THE FOLLOWING RETIREMENT TYPE: (SELECT ONE)

☐ Normal ☐ Early ☐ Service-Connected Disability ☐ Non-Service Connected Disability

I HEREBY IRREVOCABLY ELECT THE FOLLOWING BENEFIT PAYMENT OPTION: (SELECT ONE)
PLEASE NOTE NOT ALL OPTION ARE AVAILABLE IN ALL PLANS

☐ 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

I hereby elect as my Joint Annuitant: _____

Social Security Number: _____ Proof of Marriage Submitted: ☐ Y ☐ N

Date of Birth: _____ Proof of Age Submitted: ☐ Y ☐ N

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

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 payment. 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: *Five Year Certain and Continuous*
If you are not married and have no minor, unmarried children at the time of your death; if you should die before receiving 60 monthly payments, benefits will continue to be paid to your designated beneficiary or estate until a total of 60 payments have been made.

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.

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

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

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

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

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

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

Do **only one** of the following.

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

(b) Complete the items below.

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

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

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

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

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

Step 3: Claim Dependent and Other Credits

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

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . $

Add other credits, such as foreign tax credit and education tax credits $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . **3** $

Step 4 (optional): Other Adjustments

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

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

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

Step 5: Sign Here

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*.

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* 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* 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.

CAUTION ***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.)*

1	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	1	$
2	Enter: • $30,000 if you're married filing jointly or a qualifying surviving spouse • $22,500 if you're head of household • $15,000 if you're single or married filing separately	2	$
3	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-"	3	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $2,000 if you're single or head of household. • $1,600 if you're married filing separately. • $1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	$
5	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	5	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	6	$

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.

FORM
MW 507P

Comptroller of Maryland
Revenue Administration Division
Annapolis, Maryland 21411-0001

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

ANNE ARUNDEL COUNTY
MARYLAND
Office of Personnel

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

ANNE ARUNDEL COUNTY GOVERNMENT
RETIREE
Direct Deposit Authorization Form

RETIREE'S NAME | SOCIAL SECURITY NO. | HOME PHONE #

1. PRIMARY ACCOUNT (select checking or savings)

☐ CHECKING
☐ SAVINGS

BANK ROUTING NUMBER

BANK NAME

ACCOUNT NUMBER

MUST BE A FULL DEPOSIT

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

☐ CHECKING
☐ SAVINGS

BANK ROUTING NUMBER

BANK NAME

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*
			X	

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*****

Electronic Signatures. The Parties agree that any form of electronic signature, including but not limited to signatures via facsimile, scanning, or electronic mail, may substitute for the original signature and shall have the same legal effect as the original signature.

Please Send Completed Forms to The Office of Personnel either by email, fax or mail:

Mail: Office of Personnel, Employee Benefits Division 2660 Riva Road, Annapolis, MD 21401
Email: pension team@aacounty.org **Phone:** 410-222-7595 **Fax:** 410-222-4512 **Mail Stop:** 9101

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 15th 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

REMINDER

CONTACT T.ROWE PRICE DIRECTLY FOR ALL

OF YOUR DEFERRED COMP NEEDS

IT'S A SNAP!

24-HOUR ACCOUNT ACCESS
1-888-457-5770
RPS.TROWEPRICE.COM

The Anne Arundel County Deferred Compensation Plan

ANNE ARUNDEL COUNTY
MARYLAND

ANNE ARUNDEL COUNTY MARYLAND

ANNE ARUNDEL COUNTY GOVERNMENT

Retiree Benefits Enrollment Form – 2026 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 Election(s) for 2026 plan year

HEALTH CARE ELECTION – ENTER NEW COVERAGE

Medical Plan

- ❒ BlueChoice Advantage EPO
- ❒ BlueChoice Advantage PPO
- ❒ Aetna Medicare PPO ESA (**Attach copy of Medicare Card**)
- ❒ No Coverage

Medical Plan Coverage Level

- ❒ Individual
- ❒ Retiree & 1 Child
- ❒ Retiree & Spouse
- ❒ Family
- ❒ Split Option:

Retiree's Plan Name _____

Retiree's Spouse's Plan Name _____

Dental Plan

- ❒ Cigna PPO (Core)
- ❒ Cigna PPO (Buy-Up)
- ❒ CIGNA DHMO

(I understand I must use a participating DHMO network dentist.) _____ (initials)

- ❒ No Coverage

Dental Plan Coverage Level

- ❒ Individual
- ❒ Retiree & 1 Child
- ❒ Retiree & Spouse
- ❒ Family

Vision Plan

- ❒ EyeMed Vision
- ❒ No Coverage

Vision Plan Coverage Level

- ❒ Individual
- ❒ Retiree & 1 Child
- ❒ Retiree & Spouse
- ❒ Family

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: 8/2025 **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 – 1/1/26 to 12/31/26

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
BLUECHOICE ADVANTAGE PPO			
Individual	$1,074.14	$859.31	$214.83
Retiree and Child	$1,897.30	$1,517.84	$379.46
Retiree and Spouse	$2,275.56	$1,820.45	$455.11
Family	$2,955.08	$2,364.06	$591.02
BLUECHOICE ADVANTAGE EPO			
Individual	$840.13	$672.10	$168.03
Retiree and Child	$1,516.30	$1,213.04	$303.26
Retiree and Spouse	$1,799.57	$1,439.66	$359.91
Family	$2,323.19	$1,858.55	$464.64

MEDICARE ADVANTAGE

(For retiree or spouse eligible for medicare due to age or disability)

AETNA MEDICARE ADVANTAGE PPO ESA	Total Cost	County Cost	Retiree Cost
Individual	$748.28	$598.62	$149.66
Retiree and Spouse	$1,496.56	$1,197.24	$299.32

	CIGNA Dental DHMO *(DHMO-network dentist required)*	CIGNA Dental PPO (Core)	CIGNA Dental PPO (Buy-up)	Vision EyeMed
Individual	$18.56	$36.07	$55.76	$3.95
Retiree and Child	$37.11	$63.97	$98.93	$7.86
Retiree and Spouse	$47.15	$82.98	$128.29	$10.06
Family	$53.61	$92.20	$142.57	$11.42

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.*

Rev. 07/2023

Metropolitan Life Insurance Company

MetLife

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	Customer number
Anne Arundel County Government	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		**A**
Address		Date of birth *(mm/dd/yyyy)*		Write in the % of proceeds assigned to this person _____%
City		State	ZIP	
Gender ☐ M ☐ F	Social Security number / Phone number	Relationship to Insured		

☐ **Individual**

First name	Middle name	Last name		**B**
Address		Date of birth *(mm/dd/yyyy)*		Write in the % of proceeds assigned to this person _____%
City		State	ZIP	
Gender ☐ M ☐ F	Social Security number / Phone number	Relationship to Insured		

☐ **Individual**

First name	Middle name	Last name		**C**
Address		Date of birth *(mm/dd/yyyy)*		Write in the % of proceeds assigned to this person _____%
City		State	ZIP	
Gender ☐ M ☐ 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. **D** Proceeds _____%

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

☐ **Living *(Inter Vivos)* Trust** – See further instructions on page 4. **F** Proceeds _____%

☐ **Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4. **G** 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		**H**
Address		Date of birth *(mm/dd/yyyy)*		Write in the % of proceeds assigned to this person _____%
City		State	ZIP	
Gender ☐ M ☐ F	Social Security number / Phone number	Relationship to Insured		

☐ **Individual**

First name	Middle name	Last name		**I**
Address		Date of birth *(mm/dd/yyyy)*		Write in the % of proceeds assigned to this person _____%
City		State	ZIP	
Gender ☐ M ☐ F	Social Security number / Phone number	Relationship to Insured		

☐ **Your Estate** — **J** Proceeds _____%

☐ **Testamentary Trust created in your Will** – The trust under your last Will and Testament as shall be admitted to probate. — **K** Proceeds _____%

☐ **Living *(Inter Vivos)* Trust** – See further instructions on page 4. — **L** Proceeds _____%

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

Please print and sign below

Insured/Owner first name	Middle name	Last name

Sign Here	Insured/Owner signature	**Date form completed** *(mm/dd/yyyy)*

STOP

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 *H.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.

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 Anne Arundel County. As you retire, you have **options** to continue your current Group Term Life coverage for yourself and your covered dependents, so you can **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?

You will receive a Conversion Letter after your group life benefits end which will include coverage amounts and eligibility dates as well as instructions. Conversion[1] allows you to convert group life insurance on yourself or your dependents to an individual whole life policy. The individual whole life policy does not require answering any health questions. Once enrolled, MetLife will mail you an Individual Whole Life Policy.

Portability[2] 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)[3] 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 if you answer medical questions and MetLife approves. Otherwise, you will be charged standard rates.

The application period for conversion or portability is time-sensitive, so be sure to take action before the deadline shown on the notice.

Conversion policies and portable coverage are effective on the 32nd day following termination of coverage under your employer's plan.

Are there any other options for obtaining Life Insurance besides converting to an Individual Whole Life Policy?

If you wish to increase your coverage amount or add spouse or child coverage, you always have the option to apply for any type of life insurance policy issued by another carrier. This will typically require that you answer medical questions and/or have a brief medical exam. Such policies are not offered, insured or serviced by MetLife.

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 financial professional from Barnum Financial 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 financial professional from Barnum Financial[2] by calling **1-877-275-6387** Monday-Friday 9:00 a.m. to 6:00 p.m. (ET).

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Understanding your options

Portability and Conversion

ANNE ARUNDEL COUNTY
MARYLAND

1. 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.
2. All coverage amounts are subject to applicable state laws. To take advantage of this benefit, coverage of at least $10,000 must be elected.
3. 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.

PlanSmart is a product of MetLife Consumer Services, Inc. (MCS). MCS administers the PlanSmart program and has arranged to have specially trained third-party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract.
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.
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. Coverage will be effective in accordance with the applicable policy and certificate after approval by MetLife. Only applicants who reside in a US state, the District of Columbia, or Guam, Northern Mariana Islands, Puerto Rico or US Virgin Islands are allowed to complete their SOH form online (where available). Otherwise, applicants will be provided with a paper SOH form. Individuals residing outside of the US or in certain US territories must be on US payroll and be approved by MetLife before being provided with an SOH form.

MetLife

It's important to understand the differences between these options. Use the chart below to help you make an informed decision.

	PORTABILITY[3]	CONVERSION
What are the basics of each option?	You can continue your **Group Term Life** and **AD&D*** insurance coverage with MetLife if your coverage terminates in whole or in part due to: **Employee Qualifying Events:** • Termination of employment or retirement • A change in your employee class • Your Group Policy is amended to end coverage, unless coverage is replaced by a similar insurance under another group insurance policy • Your Group policy ends with or without a successor plan • Reduced coverage due to age or change in plan for your employee class **Dependent Qualifying Events:** • Employee is eligible to exercise portability option • Spouse can port upon the Death of the Employee, Divorce, Annulment, Civil Union or Reciprocal Beneficiary relationship ends • Dependent no longer eligible as a Dependent You are not eligible for Portability if you received approval for Premium Waiver Death Benefits.	You can generally convert your **Group Life** insurance benefits to an **Individual Whole Life** insurance policy[9] if your coverage terminates in whole or in part due to: • Retirement or termination of employment • A change in your employee class • Dependent Qualifying Events: • Employee is eligible to exercise portability option • Spouse can port upon the Death of the Employee, Divorce, Annulment, Civil Union or Reciprocal Beneficiary relationship ends • Dependent no longer eligible as a Dependent Conversion is available on all Group Life insurance coverages. Conversion is **not** available on AD&D coverage.
Does coverage reduce or terminate?	• **Employee:** Reduces 50% at age 70, and terminates at age 100. • **Spouse:** Terminates at age 70. • **Child(ren):** 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).	There are no reductions and the policy ends at age 120
Will I have to answer medical questions?	No. However, medical questions[5] 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).	No.
What are the minimum and maximum amounts of coverage?	The standard coverage minimum amounts are: • $10,000 for employees • $ 2,500 for spouses • $10,000 for Spouse Only (no portable employee coverage) • $1,000 for children 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 for employees, $250,000 for spouses and $25,000 for children.	The coverage minimum under Conversion is subject to the Individual Life plan features.$1,000 The maximum coverage amount under Conversion may vary if the group policy covering all employees ends. Otherwise, you may convert the amount of coverage that is lost.
Can I increase or decrease coverage amounts after the initial application period?	Details about your specific coverage can be found on the Election of Portable Coverage form. 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.	Coverage cannot be increased once the policy has been issued. Coverage may be decreased, as needed.
What additional features/ services are available?	• Accelerated Benefits Option (ABO) for Life coverage(s) only[6] • Total Control Account® (TCA) for beneficiaries[7]	• Accelerated Death Benefit rider (in limited states) [6] • Total Control Account® (TCA) for beneficiaries.[7]
How do I enroll/apply for coverage?	• You will receive an Election of Portable Coverage form from your Group Life Benefits Recordkeeper. • You typically have 31 days from the date your coverage ends or is reduced to complete and return your Election of Portable Coverage form to MetLife. If notice is provided late, please refer to your Election form for more details • Coverage will take effect 32 days after your group coverage ends.	• You will receive a Notice of Conversion form. • You typically have 31 days from the date your coverage ends or is reduced to apply for Conversion by calling the 877 number on the Conversion Notice. If notice is provided late, please refer to your Conversion Notice for more details. • Coverage will take effect 32 days after your group coverage ends.
Will the rates be different from the rates I paid while I was working?	• Rates[8] 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. • 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. • 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. • 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.	• Rates for Conversion are based on your age at the time you convert your coverage and remain level throughout the life of the policy.

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 Accelerated Death Benefit due to Terminal Illness Rider pays between 50%-100% (depending on plan design) of an insured's Life Insurance proceeds (with the balance payable upon final claim) in most states if the insured becomes terminally ill. Conditions and restrictions may apply. Any outstanding loans will reduce the cash value and death benefit, show less 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).

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 or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

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. 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.

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/G2130-S.

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 I.D. 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: _____

_____

Revision 01-06

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)

Aspect of Employment	Excellent	Good	Fair	Poor
Opportunity For Advancement	☐	☐	☐	☐
Performance Appraisals	☐	☐	☐	☐
Physical Working Conditions	☐	☐	☐	☐
Competitive Salary	☐	☐	☐	☐
Feeling of Belonging	☐	☐	☐	☐
Other Company Benefits	☐	☐	☐	☐
Healthy Environment	☐	☐	☐	☐

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)

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

Comments: _____

_____

Reason for Leaving

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

Please check appropriate item(s)

- ☐ Relocation out of area
- ☐ Returning to school
- ☐ Health reasons
- ☐ Family circumstances
- ☐ Benefits
- ☐ Better career opportunity

  Where: _____

- ☐ Salary
- ☐ Dissatisfaction with Position
- ☐ Dissatisfaction with Supervisor
- ☐ Dissatisfaction with Department
- ☐ Dissatisfaction with County Government

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 _____

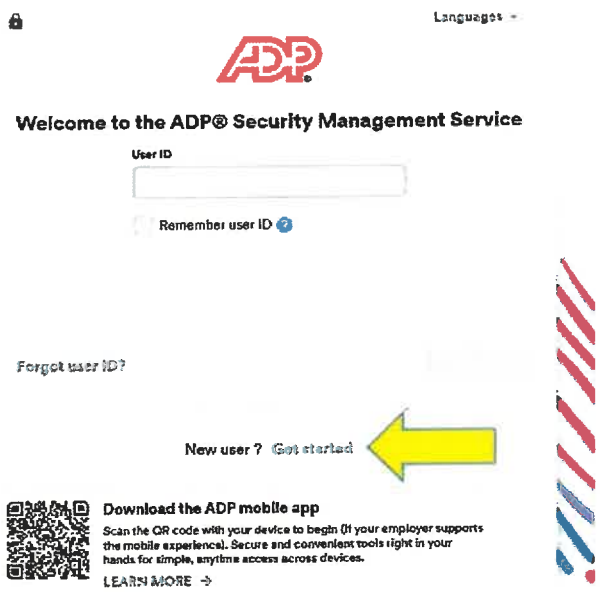
ADP SELF SERVICE PORTAL

*Registering for the first time?

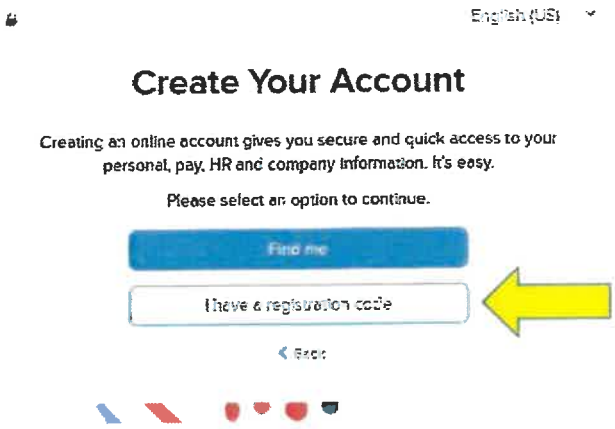
*This registration process is for individuals who are not already registered and/or have access to ADP Reporter.

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

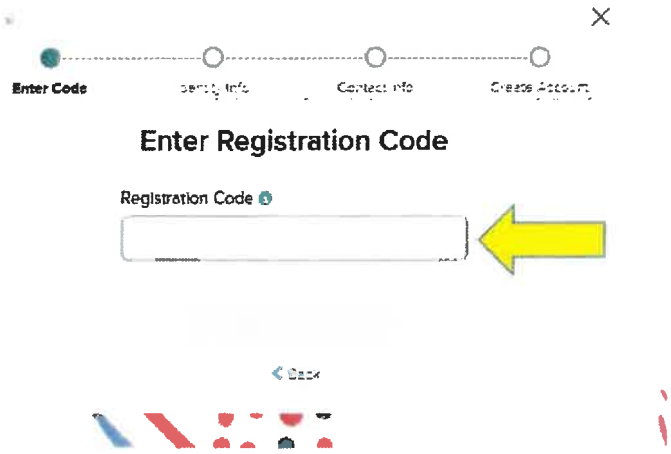
1. Open Google Chrome and type the following in the address box – netsecure.adp.com
2. Click on the **New user?** Get started link on the ADP Employee Self Service login page.



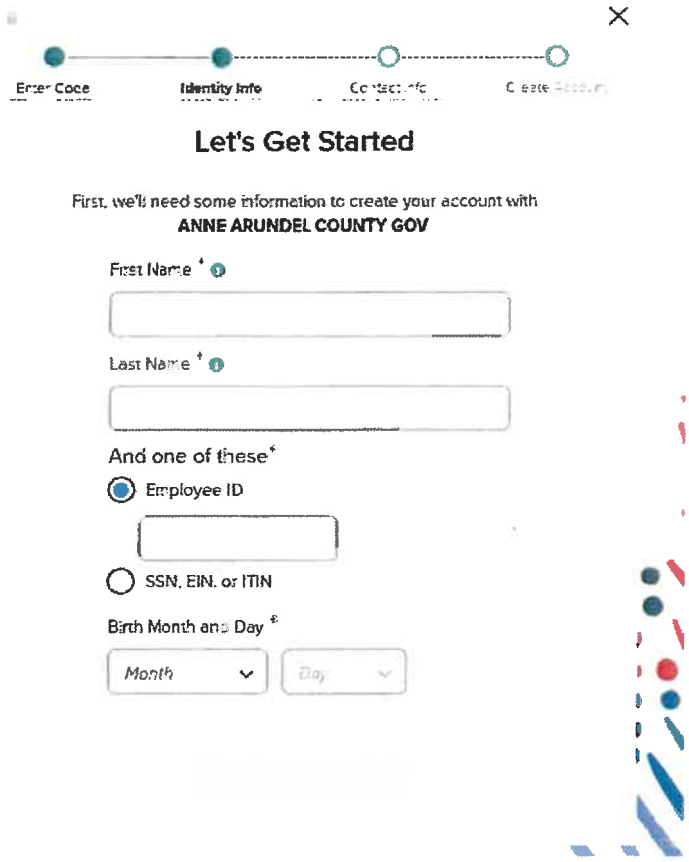
3. Click on **I have a registration code**, then enter the ADP Employee Self Service Registration passcode provided.



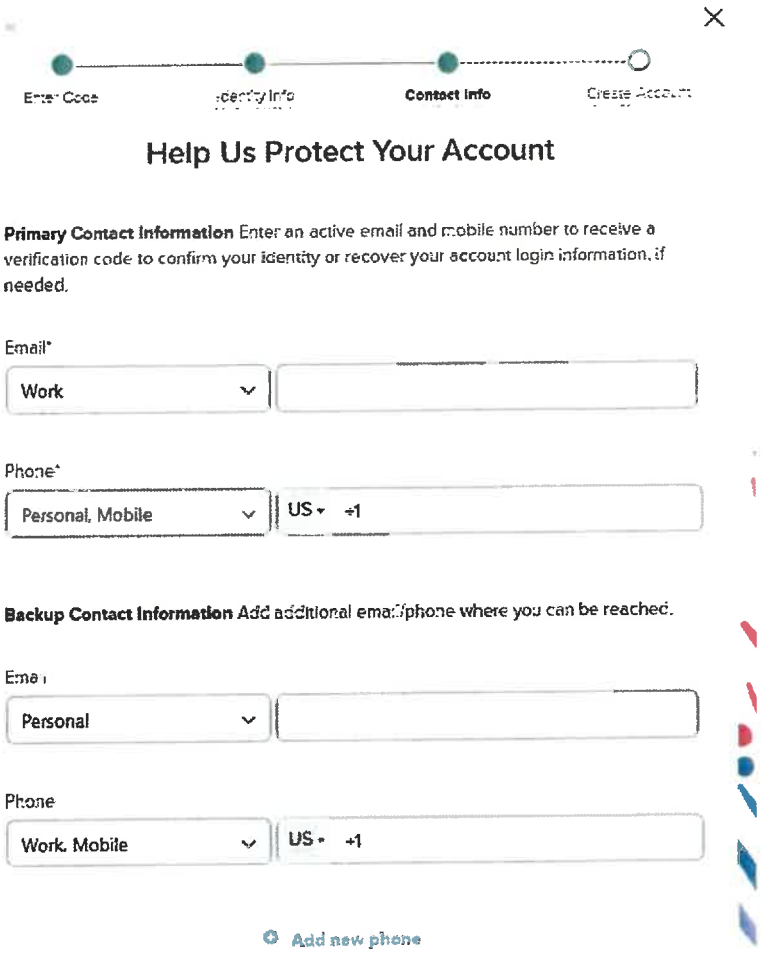
4. Enter the registration code provided.



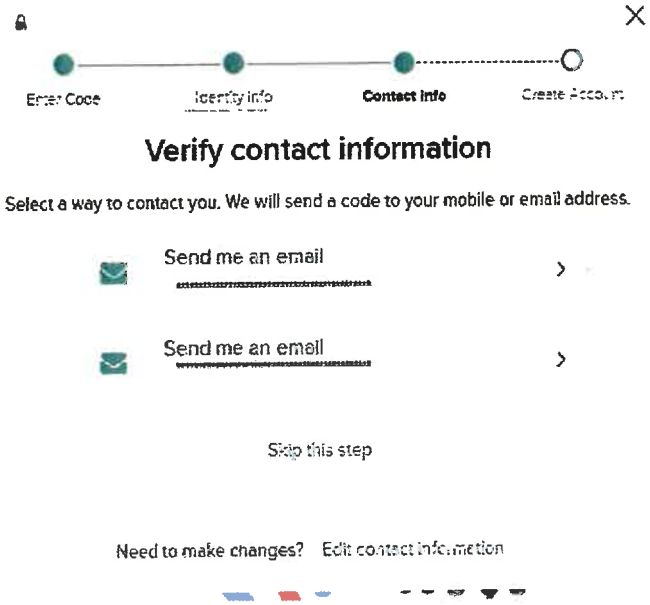
5. On the **Let's get started** panel, enter your personal information (* indicates required information) ***(Note: Have your Social Security Number ready as you fill in the 'Required' information.)***



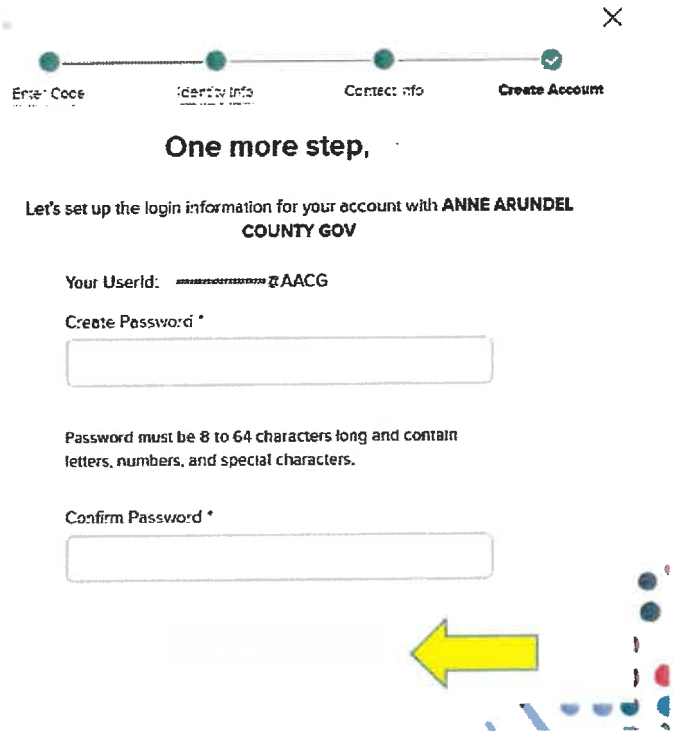
6. On the **Help us protect your account** panel, enter your email address(es) and phone number(s).



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



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.**



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
MARYLAND

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.

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

If you elected a normal or early service retirement and accept employment with the private sector or with a <u>non-participating</u> 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)