

THE CITY OF BALTIMORE  
EMPLOYEES' AND ELECTED OFFICIALS'  
RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200  
Fax 410-528-8428

**REQUEST FOR RECORD OF SERVICE**

To the Board of Trustees of \_\_\_\_\_  
NAME OF PRIOR SYSTEM

I am an active member of the City of Baltimore Employees' and Elected Officials' Retirement Systems ("Retirement Systems"). I authorize you to release my service credit record and return this completed form to the Retirement Systems at the above address. If I decide to transfer my service credit to the Retirement Systems pursuant to the provisions of the Maryland Code, State Personnel and Pensions Article, Sections 37-101 et seq., I will notify you of my transfer decision.

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Previous employer \_\_\_\_\_

Approximate dates of employment \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\* ABOVE INFORMATION VERIFIED BY ERS ANALYST \*

ERS Signature \_\_\_\_\_ Date \_\_\_\_\_

Service Credit Record to be Completed by \_\_\_\_\_

\* THIS SECTION TO BE COMPLETED BY PRIOR SYSTEM \*

1. Is your retirement system operated on an actuarial basis?  Yes  No

2. Did your retirement system require employee contributions throughout the applicant's entire membership?  Yes  No

If no, during what period of the applicant's membership were employee contributions required? From \_\_\_\_\_ to \_\_\_\_\_.

3. What was the rate of employee contributions? \_\_\_\_\_

4. Is applicant vested?  Yes  No

5. Have accumulated contributions been refunded to applicant by your system?  Yes  No  
If yes, amount refunded \_\_\_\_\_ Date of refund \_\_\_\_\_

6. Total membership service credit \_\_\_\_\_  
Dates of membership service credit. YEARS MONTHS DAYS  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

7. Does total membership service credit include **military service** during employment or prior to  
employment?  Yes  No

If yes, total military service credited \_\_\_\_\_  
YEARS MONTHS DAYS

8. Describe your retirement system's benefit formula.

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9. Provide all salaries paid and effective dates for the applicant's membership in your system.  
Attach additional sheets if necessary.

Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____
Amount _____	From _____	To _____

**CERTIFICATION**

I certify that the above information was taken from the official records of this retirement system.

NAME OF RETIREMENT SYSTEM \_\_\_\_\_

SIGNATURE OF AUTHORIZING OFFICIAL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

NAME AND TITLE OF AUTHORIZING OFFICIAL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_