



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	M	AIDEN
Date of Birth		_Last 4 SSN		
Address				
Previous employer				
Approximate dates of employr	nent			
Member Signature		Date		
* ABOVE I	NFORMATION VER	IFIED BY ERS A	NALYST *	
ERS Signature		Date	-	
Service Credit Record to be C	ompleted by			
* THIS SECT	ION TO BE COMPI	ETED BY PRIOF	R SYSTEM *	
1. Is your retirement system o	perated on an actua	rial basis?	Yes 🗆	No
2. Did your retirement system	require employee	contributions thro	ughout the app	licant's entire
· · · · · · · · ·	□ No			
If no, during what period	l of the applicant's	s membership w	vere employee	contributions
required? From	to			
3. What was the rate of emplo	yee contributions?			
4. Is applicant vested?				

5. H	lave accumulated	contributions beer	refunded to	applicant by	your system? 🛛 Yes	🛛 No
1	f ves amount refu	nded		Date of refun	Ч	

ii yes, amount refunded				
6. Total membership servio				
Dates of membership se	ervice credit.		MONTHS	DAYS
From	То	From	То	
From	То	From	То	
From	То	From	То	
. Does total membership	service credit include	military serv	/ice during emp	loyment or prior
employment? 🛛 Yes	🗖 No			
If yes, total military serv	ice credited			
. Describe your retiremen	YEARS		MONTHS	DAYS
9. Provide all salaries particular of the salaries of the salaries of the salaries of the salar		s for the appli	cant's members	hip in your syste
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
Amount	From		То	
	CERTIFI	CATION		
certify that the above info	rmation was taken fro	m the official	records of this re	etirement system
AME OF RETIREMENT SYSTEM			F AUTHORIZING OFFIC	
		SIGNATURE C	I AUTHORIZING OFFIC	

STREET ADDRESS

CITY STATE ZIP

DATE

NAME AND TITLE OF AUTHORIZING OFFICIAL

PHONE NUMBER

FAX NUMBER