



## Transfer of Service & Associated Funds To ERS From Maryland State, City or County Municipality Within Maryland

### New Hybrid (Class D) Pension Members

Employees' Retirement System (ERS), 7 E. Redwood Street, 13<sup>th</sup> Floor, Baltimore, MD 21202

Phone: (443) 984-3200 / Email: [contactERS@bcers.org](mailto:contactERS@bcers.org) / Website: [www.bcers.org](http://www.bcers.org)

**ELIGIBILITY:** New members enrolled in the Hybrid Class D pension plan may transfer accumulated or earned service credit and associated funds (total accumulated contributions) into ERS from the State of Maryland retirement system or any city (including Baltimore City), county municipal retirement system within the State of Maryland if there is no more than a 30-day break in service between prior employment and employment with the City of Baltimore. **IMPORTANT NOTE:** When you become a member of ERS Class D pension system after completing one year of service from your hired/rehired date, your request for transfer of service credit and associated funds from your prior retirement system must be made within one (1) year of becoming an ERS (Class D) pension member.

**HOW TO TRANSFER SERVICE CREDIT & FUNDS TO ERS:** There is a two-step process to transfer service credit and associated funds (total accumulated contributions) to ERS within one year of membership in the Hybrid Class D pension system.

- 1) **Step 1: ERS Request For Record Of Service Form:** The new ERS Class D member must complete the top portion of the enclosed ERS **Request For Record Of Service** Form.
  - a. Fill in the name of the prior retirement system, your personal and employment information, your signature and date.
  - b. Contact ERS by phone at 443-984-3200 or email at [contactERS@bcers.org](mailto:contactERS@bcers.org) to be assigned to a Retirement Analyst (RA) that will walk you through the process.
  - c. Submit the form to your assigned Retirement Analyst (RA) via your RA's direction. Your RA will review, approve, sign-off on the form and forward the form to your prior retirement system for completion and certification.
- 2) **Step 2: Withdraw Total Accumulated Contributions From Prior Retirement System:** In order to transfer your service credit and funds to your ERS (Class D) membership, you must withdraw your total accumulated contributions from your prior retirement system. Contact your prior retirement system to rollover your total accumulated contributions to ERS. You must select the rollover option on your prior retirement system's Withdrawal Election Form and designate "Baltimore City ERS" as the Employer Retirement Plan. **Note:** In addition, you should receive a written notification from your prior retirement system indicating that your retirement account has been closed. Submit a copy of this notification to your assigned Retirement Analyst.

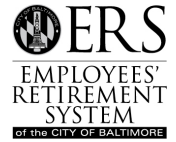
**IMPORTANT NOTE:** When transferring service credit to ERS, the total associated funds (accumulated contributions) must also be transferred to ERS even if the employee contribution rate made to the prior retirement system is greater than the employee contribution rate made to ERS as a Class D member. **Transfers of service credit from other governmental plans within Maryland to the Employees' Retirement System (ERS) are governed by the State Personnel and Pensions Article of the Maryland Code. Employees transferring from a Contributory Maryland County or Municipal Plan must deposit the total accumulated contributions from the prior retirement plan into ERS.**

**POSTING SERVICE CREDIT & FUNDS TO ERS MEMBERSHIP:** When your assigned Retirement Analyst receives the completed ERS Request For Record Of Service Form, a check payable to "Baltimore City ERS" for the total accumulated contributions and the written notification that your account has been closed from your prior retirement system, your service credit and total accumulated contribution amount will be posted to your ERS Class D pension membership account. Once posted to your ERS membership account, you will be able to view the accumulated service credit and total accumulated contributions on the Member Service Portal at [www.bcers.org](http://www.bcers.org) under Member Service – Self Service Login – View Your Pension Data – Service (*Accumulative Service Credit*) & Closing Balance as of the current date (*Accumulated Contributions*).

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**Employees' and Elected Officials' Retirement Systems**  
**7 East Redwood Street -- 13th Floor**  
**Baltimore, Maryland 21202-3470**  
**Phone: 443-984-3200 Fax: 443-853-3767**  
**Member Self-Service Portal: [bcers.org](http://bcers.org) (Member Services)**



## 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 \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

\* ABOVE INFORMATION VERIFIED BY ERS ANALYST \*

ERS Analyst Name \_\_\_\_\_

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

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

Service Credit Record Completed By \_\_\_\_\_

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 \_\_\_\_\_

5a. Pre-Tax Contribution \_\_\_\_\_ Post-Tax Contribution \_\_\_\_\_ Interest \_\_\_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_