



Refund of Accumulated Contributions

For Non-Vested Hybrid (Class D) Pension Members

7 E. Redwood Street, 13th Floor, Baltimore, MD 21202
(443) 984-3200 / contactERS@bcers.org / www.bcers.org

PENSION MEMBERSHIP: Membership in the Baltimore City Employees' Retirement System (BCERS) Hybrid (Class D) pension plan, which is one component of your Hybrid plan, begins one year after your hired/rehired date of employment in a retirement benefit-eligible position with the City of Baltimore (COB) or the Baltimore City Public School System (BCPSS) – (*Hired in Non-Instructional Positions*). If you are under age 55 with less than 10 years of membership service credit or age 55 or older with less than 5 years of membership service credit at the time you have terminated your employment from the COB or the BCPSS and have made mandatory employee contributions to your Hybrid (Class D) pension plan, you may be entitled to a refund of your accumulated contributions plus 3% annual interest.

VESTED CRITERIA: To be eligible for a vested Class D pension retirement benefit, you must have 10 or more years of membership service credit if under age 55 or attain age 55 with at least five years of membership service at the time of your termination of employment from the COB or BCPSS. If you meet the vested requirements, you will be guaranteed a retirement benefit in the future and will not be entitled to a refund of your accumulated contributions plus 3% annual interest paid directly to you. However, you do have the option to Transfer and Rollover ERS Service Credits & Funding to an Employer Retirement Plan with the State of Maryland or a city, county, or municipality in the State of Maryland within one year of membership in the new employer retirement plan. If you do not meet the vested requirement, you may be entitled to a refund of your Hybrid (Class D) employee contributions plus the 3% annual interest.

TERMINATION FROM EMPLOYMENT: To receive a refund of your accumulated employee contributions as a non-vested Hybrid (Class D) pension member of BCERS, you must first notify your supervisor and Agency HR Department in writing of your termination from employment. When your Agency HR Department processes your termination of employment request in their HRIS system, BCERS will be notified electronically of your termination from employment, which takes up to 2-4 weeks. BCERS will start the process once the electronic notification has been received. You will be assigned a Retirement Benefit Analyst to assist you with the process and receive a personalized letter and packet in the mail to your home address regarding your eligibility and options for a refund of your accumulated contributions from your assigned Retirement Benefit Analyst.

REFUND PAID DIRECTLY TO YOU: In your Refund of Accumulated Contributions Election Packet, you will be given the option to either elect to have the entire refund be paid directly to you or elect to rollover all or a portion of your refund to a retirement plan on the **Refund of Accumulated Contributions Election Form**. If you elect to have the entire refund or a portion of your refund paid directly to you, you will be subject to a mandatory 20% federal income tax withholding and state income tax withholding. If you reside in Maryland, you will be subject to a 7.75% state income tax withholding. You will be required to complete the mandatory Direct Deposit Form and attach a blank, voided check with your name imprinted on it or a statement on your bank's letterhead with your name, account type, account number and routing number.

ROLLOVER REFUND TO A RETIREMENT PLAN: If you elect to rollover all or a portion of your refund to a retirement plan, you will not be subject to a federal and state income tax withholding. Your rollover refund will

be made payable to your designated Rollover Financial Institution or Employer Retirement Plan indicated on the required official Financial Institution's Rollover Instructions submitted and must be picked up by you with a valid photo ID after you have been notified by your Retirement Analyst when the rollover refund check is available for pick up from the ERS Accounting Division. **You will be responsible for getting the rollover check to your Rollover Financial Institution or Employer Retirement Plan within 60 days from the date of the issued check date, typically the 1st day of the payroll processing month.**

REQUIRED FORMS & DOCUMENTS: In order to receive a refund of your contributions and associated interests directly paid to you or as a rollover to your designated rollover financial institution or employer retirement plan, you will be required to provide the following documents to your assigned Retirement Benefit Analyst.

1. A copy of your birth certificate (*or naturalization certificate*), marriage certificate(s) (*including for verification of name changes*), valid photo ID and social security card
2. The completed **Refund of Accumulation Contributions Election Form** (*included with this packet*) that must be notarized by a Notary Public
3. The completed mandatory **Direct Deposit Form** (*included with this packet*) if you elect to have your entire refund or a portion of your refund paid directly to you:
 - a. You must also provide a blank, voided check with your full name imprinted on it; or
 - b. A statement on your bank's official letterhead listing your name, account type, account number and routing number

TRANSFER OF SERVICE TO A MARYLAND MUNICIPALITY: In addition, if you are recently employed by the State of Maryland or a city, county, or municipality in the State of Maryland and you elect on your Refund of Accumulated Contributions Election Form to rollover all or a portion of your refund to your new employer retirement plan, you should immediately contact your new retirement system to request a **Transfer of Service Credit** form. In order to transfer your ERS service credit and funding to your new retirement system on time, the entire transfer process must be completed within one year of the date you become a new member of your retirement system. When you receive the **Transfer of Service Credit** form from your new retirement system, please be sure to complete the top portion of the form, sign and date the form and mail or email it to your assigned Retirement Benefit Analyst's attention to BCERS for completion and submission to your new retirement system. You should be notified by your new retirement plan of an acceptance/denial.

DEADLINES: Please be mindful that there is a 2-month turnaround period for the refund to be disbursed directly to you or the rollover financial institution or employer retirement plan once all paperwork is received by BCERS. For **Transfer of Service Credit** and **Rollover of Refund to an Employer Retirement Plan**, the 2-month turnaround period is included in the one-year deadline date from your membership in the new employer retirement plan.

HYBRID (401a): Regarding your 401a defined contribution retirement plan with Nationwide, which is the second component of your Hybrid retirement plan, please contact the Baltimore City Retirement Savings Plan (RSP) at 443-984-3405 to verify if you are entitled to any retirement benefits due to your termination of employment with the COB or BCPSS (*Hired in Non-Instructional Positions*).

NOTE: If you have not been assigned a Retirement Benefit Analyst, please contact BCERS at 443-984-3200 and request to speak to a Retirement Benefit Analyst regarding your eligibility for a Refund of your Accumulated Contributions before submitting completed, notarized forms and required documents.

ENCLOSED: Refund of Accumulated Contributions Election Form / Your Rollover Options / Direct Deposit Form / Re-employment Rules for Hybrid Class D Members / Change of Address Form

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

REFUND OF ACCUMULATED CONTRIBUTIONS ELECTION FORM

TO THE EMPLOYEES' RETIREMENT SYSTEM BOARD OF TRUSTEES:

I have read and understand the enclosed notice titled "Your Rollover Options" regarding the taxability of my distribution from the Employees' Retirement System and my rollover options. I hereby elect to receive my distribution in the following manner:

☐ **I ELECT TO HAVE MY ENTIRE DISTRIBUTION PAID TO ME.** If you have the distribution paid to you, the distribution is subject to a mandatory 20% federal income tax withholding and an applicable state income tax withholding. (State withholding for Maryland residents is 7.75%.) The distribution is taxable in the year you receive it unless, within 60 days, you roll it over to an individual retirement account ("IRA") or another employer retirement plan that accepts rollovers.

Select One Option: ☐ **Check (Pick Up Only)** or ☐ **Direct Deposit (Attach voided check or banking verification document).**

☐ **I ELECT TO ROLLOVER ALL OR A PART OF MY DISTRIBUTION TO A RETIREMENT PLAN:** You can choose to a direct rollover of all or a part of your distribution to an individual retirement account ("IRA") or another employer retirement plan that accepts rollovers. Indicate in the designated spaces below the amount or percentage you want to rollover and the name, address, and account # of the financial institution where the IRA is established or the name of the employer retirement plan along with any special instructions. The check will be made payable to the financial institution or employer retirement plan on your behalf and must be picked up by you with a valid photo ID. **You are responsible for delivering the check to the rollover financial institution or employer retirement plan for deposit in your retirement account within 60 days of the issued check date.** **NOTE:** If you elect to rollover only part of your taxable distribution, the portion that will be paid to you is subject to a mandatory 20% federal income tax withholding and applicable state income tax withholding. (State withholding for Maryland residents is 7.75%.)

NAME OF ROLLOVER INSTITUTION OR EMPLOYER PLAN: _____

ADDRESS: _____

☐ Attach an official statement on company letterhead of ROLLOVER INSTRUCTIONS from your FINANCIAL INSTITUTION including name, account number and payment address to ensure accuracy of payment.

☐ ROLLOVER AMOUNT: _____ / ☐ % TO ROLLOVER: _____ / ACCOUNT #: _____

☐ IF ANY PORTION PAID TO YOU INDICATE FLAT DOLLAR AMOUNT: _____ OR PERCENTAGE: _____

If Portion Paid to You: ☐ **Check (Pick Up Only)** or ☐ **Direct Deposit (Attach voided check or banking verification document).**

COMPLETE THIS SECTION IN THE PRESENCE OF A NOTARY PUBLIC TO BE NOTARIZED BELOW.

PRINT NAME: _____ SSN: _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____ PHONE #: _____

State/Commonwealth of _____

County/City of _____

On this ____ day of _____, 20____ before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

Commission Expires: _____

FOR ERS USE ONLY

PENSION #: _____

DATE RECEIVED: _____

Notary Public

{SEAL}