



Retiring Times

New Directions for MCPS Retirees

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2005 Retiree Open Enrollment Report

The Montgomery County Public Schools (MCPS) recently concluded the annual retiree health plan open enrollment period for the 2005–2006 plan year. The open enrollment period was held over a three-week period and concluded on Tuesday, May 24, 2005. During that time, MCPS and the health plan vendors conducted three health fairs where retirees had the opportunity to learn more about the benefit offerings and meet with vendors. In addition, MCPS and UnitedHealthcare (UHC) conducted three focused presentations where details of the change to UHC were explained to retirees and their dependents. More than 1,000 people attended the information sessions.

All changes made during open enrollment were effective on Friday, July 1, 2005.

Staff were impressed by the attendance at the health fairs, as well as the quality of questions posed by MCPS retirees and their dependents. One of our objectives is to provide retirees with detailed information, enabling our retiree population to be informed health care consumers. During each open enrollment, MCPS learns of ways to improve future presentations to retirees. Thanks to each of you who participated in our health fair sessions.

Health Plan Enrollment

Effective July 1, 2005, UnitedHealthcare (UHC) replaced CareFirst BlueCross BlueShield as the administrator for the two Point-of-Service (POS) plans, and the Indemnity and Medicare supplement plans. UHC features a national network of doctors and a streamlined claims process that will especially benefit out-of-area retirees and Medicare participants.

Last year, UHC acquired the Montgomery County-based MAMSI health plan and established itself as one of the strongest providers offered in this area. UHC and MAMSI now cover 88 percent of the MCPS retiree population.

Prescription Plan Enrollment

Two years ago MCPS began offering retirees the option to choose between two prescription drug plans. In 2003, 80 percent of retirees chose prescription Option A (lower co-pays but higher monthly premiums) and 20 percent chose prescription Option B (higher co-pays but lower premiums). In 2004, there was a modest shift from Option A to Option B. During open enrollment this year, the trend toward enrolling in the Option B plan continued, as 73 percent of retirees are now enrolled in Option A and 27 percent are enrolled in Option B.

Preparing for Next Year

Effective January 1, 2006, the federal government will begin offering retirees the opportunity to enroll in Medicare's prescription drug plan (Medicare Part D). Over the next several months, you will begin to receive information from insurance companies and prescription drug vendors about this new benefit.

Many insurance companies and prescription drug vendors will market their programs with the hope of convincing retirees to enroll in their prescription plans. You should carefully consider the impact of these programs on your MCPS prescription benefits before enrolling in a Medicare Part D plan offered by an outside vendor.

Medicare Part D presents MCPS with several ways of providing prescription drug coverage to retirees. We are reviewing our options and will be communicating with retirees once a final decision is made on how MCPS coverage will work with Medicare Part D.

You will receive more information from MCPS between now and the enrollment deadline, outlining the coordination between Medicare Part D and the MCPS prescription program benefit. ■

On cover: Deputy Superintendent John Q. Porter congratulates George A. Cokinos (left) on his retirement. Cokinos was a 47-year employee.

Caremark Prior Authorization Program (PAR)

Recently, retirees inquired about the process of how Caremark verifies the prior authorization process for the prescription drug program.

The Retail Prior Authorization Program

The Caremark process is initiated when the retail pharmacist receives a message (“Prior Authorization (PA) is required—MD to call”). This will prompt the retail pharmacist to call the doctor. The doctor will then call the Caremark PA unit and answer a series of questions. Caremark will either approve or deny the filling of the prescription based on the review of the MCPS plan design. The approval or denial outcome will be communicated to the retail pharmacist by the PA unit.

The Mail Order Prior Authorization Program

Caremark will receive a “PAR Conflict” on the prescription in the system. Caremark will contact the physician to obtain a diagnosis. Caremark will then either approve or deny the filling of the prescription based on the review of the MCPS plan design. If approved, the prescription will be filled and sent immediately to the patient. If denied, the prescription will be returned to the patient along with a letter that explains the reason for denial of coverage for the prescription.

Step-by-Step Process Summary

Step 1

- **Retail:** The retail pharmacy receives a message “PA required—MD to call.”
- **Mail order:** Pharmacy receives a PAR Conflict. Caremark will review the Manual that includes clinical specifications, as well as the MCPS plan design.

Step 2

- **Retail:** The physician calls Caremark Prior Authorization Team. There is a 48-hour turnaround for Retail PA.
- **Mail order:** Caremark Prior Authorization Team will call the physician.

Step 3

The physician will answer a series of questions about the diagnosis.

Step 4

If the PA is approved, an exception is entered in the Caremark system for one year from the date the diagnosis is received. Once the PA expires, Caremark will obtain an updated diagnosis from the physician and revise the records accordingly.

Step 5

All confirmed diagnoses are documented in Caremark’s system for reference.

For the Retail Prior Authorization (PA) Program —
Caremark notifies the retail pharmacy of approval or denial.

For Mail Order Prior Authorization (PA) Program —
Caremark will fill the prescription if it is approved or send a denial letter to the patient if the prescription is denied. ■

Tips to Help Prevent Medical Errors

Medical error is one of the nation's leading causes of death and injury. A recent report by the Institute of Medicine estimates that approximately 50,000–100,000 people die in a United States hospital each year as a result of medical errors. More people die from medical errors than from motor vehicle accidents, breast cancer, or AIDS.

Government agencies and group health care providers are working together to make the U.S. health care system safer for patients.

What is Medical Error?

Medical error occurs when a specific part of your medical care does not go as planned or a wrong diagnosis is provided. Medical



error can occur anywhere in the health care systems including hospitals,

clinics, outpatient centers, doctors' offices, and nursing homes. Errors can result from incorrect medicine being prescribed, problems with a diagnosis, problems during surgery, or problems with equipment or misread lab reports.

This can happen during the most routine tasks. A hospital patient with a salt-free diet can be mistakenly given a high-salt

meal. Communication is key with your doctors and the health care workers who take care of you during your in-patient stay.

Doctors may not always help their patients make informed decisions. A recent study conducted by the Institute of Medicine found that uninvolved and uninformed patients are less likely to accept the doctor's choice of treatment. The study indicated patients are less likely to do what they need to do to make the treatment work.

The single most important way you can help prevent errors is to be an active member on your health care team. You need to take part in every decision about your health care. Patients who are more involved with their care receive better results.

The following are specific tips on how to stay involved and communicate with your physicians.

Medication

Make sure your doctors know about all the medication you have been prescribed or are currently taking. This should include any over-the-counter medications, vitamins, or dietary supplements. Once a year you should bring all of your medications to



your doctor to discuss any problems or concerns. This also can help your doctor keep your records up to date.

Your doctor should know if you have any allergies or adverse reactions to any medications. It is a good idea to make sure you can



read your doctor's handwriting on a prescription before you leave his or her office.

If you are having trouble reading the prescription, the pharmacist might as well. This could delay filling your medication.

Make sure when you pick up the medication, it is what the doctor prescribed. A study by the Massachusetts College of Pharmacy and Allied Sciences found that 88 percent of medication errors involved the wrong drug or wrong dosage.

You should clarify the medicine labels with your pharmacist. For example, does "four doses daily" mean taking a dose every six hours around the clock or just during waking hours?

Research indicates that many people do not know how to measure liquid medication properly. For example, a household tablespoon does not hold a true tablespoon of liquid. Special

devices like marked syringes can measure your dosage properly.

Ask your doctor for information about your medication. Ask if this medicine is safe to take with other medicines. Find out why a medication is prescribed and what possible side effects can occur. Find out what food or activities you should avoid while taking this medication.

Hospital Stays

If you have a choice, choose a hospital where you know several patients have had the same procedure you are about to undertake. Patients tend to have more positive results when they are treated in hospitals that have experience treating their condition.



Hand washing is an important way to prevent the spread of infections in hospitals. Ask any health care workers who have direct contact with you if they have washed their hands.

When you are being discharged from the hospital, ask your doctor to explain the treatment you will use at home. You will need to learn about any necessary medications, and how soon you can return to your regular activities.

Surgery

When undergoing surgery, make sure you, your doctor, and surgeon all agree and are clear on what procedure will be performed.



Performing surgery on the wrong part of the body is rare (right knee instead of left knee), but can happen. The American Academy of Orthopedic Surgeons recommends that patients initial the site to be operated on before surgery.

You have the right to question anyone who is involved with your care during your hospital stay. It is important that your personal doctor be in charge of your care and that health care professionals involved have all important health information about you. Do not assume that health care workers know everything about your care.

Ask a family member or friend to be at the hospital during your surgery and serve as your advocate.



It is important to have someone there to be able to speak up and ask questions for you, especially if you cannot.

You should find out about a procedure/surgery before it occurs and question why a test or treatment is necessary. You might be better off without that test or treatment. After a test, make sure to follow up with your doctor about your results. Unfortunately, no news is not necessarily good news.

If you have additional questions about your condition or treatment, ask your doctor or nurse for reliable sources of information you can investigate for treatment recommendations based on the latest scientific evidence. ■



In Memoriam

Retirees deceased between July 1, 2004, and June 30, 2005

It is with great sadness that we share the loss of our fellow MCPS retirees. Retirees are listed in alphabetical order with their date of passing.

Name	Date of Death	
Amtower, Barbara J.	Dec. 26, 04	Cooper, M.
Athey, Elmira	Aug. 17, 04	Cordelli, Daniel
Badinelli, Monta	Feb. 11, 05	Culotta, Betty W.
Banks, Elizabeth	Jan. 17, 05	Cutler, Leah
Beatty-Weiss, Martha	Feb. 21, 05	Darling, Mary
Bedsworth, M	Sep. 05, 04	Dawson, Marguerite
Benjamin, Bennie E.	Oct. 27, 04	Daye, Herman E.
Bennett, Laura A.	Aug. 13, 04	Dayhoff, Grace
Bigelow, Claribel	Apr. 10, 05	Deahl, Yates M.
Binnix Jr, George W.	Dec. 29, 04	Dickoff, Marlene S.
Bishop, Martha I.	Dec. 01, 04	Drye, Mary S.
Bondy, Malcolm E.	Mar. 09, 05	Dumais, Helen M.
Boyer, Betty B.	Mar. 20, 05	Duprey, Richard
Brashear, Paul A.	Apr. 04, 05	Duvall, Margaret
Bratt, Hazel M.	Mar. 16, 05	Dyer, William E.
Brawley, Wayne J.	Nov. 10, 04	Emma, Martha D.
Britton, David H.	May. 25, 05	Endler, Jack
Broadus, Earl R.	Jul. 21, 04	Erdlitz, Mary L.
Brown, Catherine	Sep. 11, 04	Feldberg, Janet E.
Brown, Darius E.	Dec. 08, 04	Fortner, Bernard S.
Brown, Irma	Feb. 10, 05	Foster, Anne N.
Brown, Carrie T.	Feb. 07, 05	Foster, Betty C.
Bryan, Eunice	Aug. 09, 04	Gallagher, M B.
Buckley, Donald A.	Mar. 28, 05	Gaskill, Margaret
Budd, Maxine V.	Jul. 31, 04	Gaston Jr, William A.
Bulhack, Richard D.	Feb. 02, 05	Glower, Yolanda V.
Campbell, Claudia	Jan. 01, 05	Goldsmith, George K.
Campbell, Norman R.	Nov. 23, 04	Gonano, Billie S.
Campbell, Norman H.	Nov. 23, 04	Graham, Hilda M.
Campbell, Rosalie	Sep. 06, 04	Gray, Haywood V.
Carrillo, Dorthe	Jun. 19, 05	Guidara, Nicholas
Casey, Margaret M.	Aug. 12, 04	Haines, Clayton H.
Cherry, Dorothy L.	Aug. 17, 04	Halliday, Erma L.
Clark, Crawford S.	Dec. 17, 04	Hanback, Harriet B.
Condon, Nancy L.	Nov. 18, 04	Harris, Ruth
		Hoffacker, Mary I.
		Huntley, Mary C.
		Iacangelo, Ralph P.
		Ingram, Clarence J.
		Jani, Lorraine
		Johnson, Kathleen E.
		Johnson, Gabriel D.
		Johnson, Lois W.
		Jones, Beverly J.
		Sep. 02, 04
		Nov. 17, 04
		Apr. 13, 05
		Jan. 16, 05
		Jun. 15, 05
		Jan. 14, 05
		Jan. 05, 05
		Feb. 11, 05
		Feb. 26, 05
		Oct. 05, 04
		Sep. 20, 04
		Sep. 29, 04
		Feb. 13, 05
		Jan. 09, 05
		Feb. 24, 05
		Nov. 05, 04
		May. 01, 05
		Mar. 27, 05
		Nov. 16, 04
		Dec. 26, 04
		Aug. 15, 04
		Feb. 05, 05
		Sep. 22, 04
		Oct. 10, 04
		Oct. 20, 04
		Aug. 30, 04
		Dec. 15, 04
		Dec. 17, 04
		Jun. 11, 05
		Jun. 05, 05
		Aug. 19, 04
		Nov. 09, 04
		Apr. 05, 05
		Jul. 04, 04
		Dec. 19, 04
		Oct. 14, 04
		Feb. 26, 05
		Nov. 17, 04
		Jan. 29, 05
		Feb. 23, 05
		May. 15, 05
		Aug. 11, 04
		Aug. 15, 04
		Oct. 11, 04

Retiring Times

Karr, Charles D.	Nov. 16, 04	Robertson, Katherine	Jan. 07, 05
Kauffman, Mildred H.	Jul. 07, 04	Robertson, Chas W.	Sep. 17, 04
Kenney, James T.	Mar. 15, 05	Rossie, Peggy A.	Jan. 19, 05
King, Daniel	Feb. 24, 05	Sagneri, Joseph F.	Dec. 20, 04
Kisner, Charles T.	Nov. 15, 04	Shultz, George P.	Dec. 14, 04
Kitay, Gerald L.	Oct. 25, 04	Silvey, Blanche	Dec. 20, 04
Lancaster, Norman F.	Apr. 19, 05	Simmons, Mary Franc	Jun. 09, 05
Lang, Bruce W.	Nov. 29, 04	Sivertsen, Bruce O.	Mar. 07, 05
Lee, Brenda J.	Dec. 14, 04	Sniegon, F. A.	Jul. 31, 04
Lehr, William S.	Mar. 27, 05	Spaulding, Arthur	Aug. 07, 04
Lipford, Herman C.	Dec. 21, 04	Stefanelli, Edward	Jan. 28, 05
Logan, Ellis	Mar. 08, 05	Stevens, Charles F.	Sep. 02, 04
Luke, L.	Dec. 28, 04	Stevens, Nancy L.	Jan. 24, 05
Luper, Margaret	Feb. 18, 05	Stratmann, Marie	Mar. 01, 05
Lyles, M. L.	Apr. 27, 05	Swigert, Theodore R.	Dec. 17, 04
Martin, Millie E.	Jul. 13, 04	Sykes, K. W.	Jun. 29, 05
Marton, Ilona	Sep. 04, 04	Taliaferro, Martena L.	Mar. 25, 05
Maurer, Virginia M.	Oct. 18, 04	Tartamella, Michael S.	Apr. 11, 05
Mauzy, Barbara J.	Oct. 17, 04	Thacker, Richard A.	Aug. 08, 04
McCoy, Paul D.	Jul. 12, 04	Thomas, Ruth	Aug. 15, 04
McGregor, Mary	Mar. 15, 05	Thompson, Mary E.	Jan. 26, 05
Miller, Paul	Jun. 21, 05	Thompson, Betty A.	Apr. 18, 05
Milligan, Janice B.	Jun. 23, 05	Thompson, George E.	Mar. 16, 05
Moore, Mary G.	Nov. 12, 04	Tidwell, Helen D.	Aug. 29, 04
Morgan, Donald T.	Feb. 10, 05	Topchik, Theresa B.	Apr. 13, 05
Myers, Kathryn M.	Apr. 27, 05	Tozier, Walter L.	Dec. 31, 04
Ney, Mary	Nov. 26, 04	Turner, John	Feb. 12, 05
Nickens, Albert	May. 31, 05	Vietor, Lois I.	Feb. 03, 05
Noone, Rita	Feb. 15, 05	Waddell, Wanda	Mar. 31, 05
Norwood, H.	Oct. 23, 04	Walter, Douglas H..	Apr. 28, 05
Norwood, Almeda H.	Feb. 04, 05	Wamsley, Dorothy	Apr. 30, 05
Paris, Dana S.	Nov. 25, 04	Ward, Leroy O.	Oct. 24, 04
Pecoraro, Norma E.	Mar. 14, 05	Warren, Audrey E.	Aug. 07, 04
Peters, Thomas R.	Oct. 29, 04	Washington, Sarah D.	Feb. 10, 05
Peters, Helen G.	Jul. 26, 04	Weiger, Douglas E.	Oct. 22, 04
Podell, Carol N.	Jan. 16, 05	Wight, Richard B.	Jun. 04, 05
Powers, Ann B.	May. 06, 05	Wilson, Laura E.	May. 22, 05
Preston, Lenore J.	Jul. 13, 04	Woodward, Frances	Feb. 21, 05
Price, Lois	Feb. 15, 05	Young, Marguerite	Oct. 02, 04
Pumphrey, Helen W.	Apr. 05, 05	Yoxtheimer, James L.	Oct. 08, 04
Purdum, Marie L.	Feb. 10, 05	Yui Cabrera, Rodolfo A.	Aug. 27, 04
Pyne, Jeanne M.	Dec. 10, 04	Zagarella, Rayma	Dec. 22, 04
Recchio, Rose M.	Oct. 08, 04	Zevin, Sidney H.	Feb. 14, 05
Robbins, Mollie J.	May. 18, 05	Zimmerman, Howard	Feb. 25, 05

Retirement Reception

More than 200 retirees from the Class of 2005 attended the annual Retirement Reception held at Indian Spring Country Club on Thursday, June 16, 2005.

Deputy Superintendent Mr. John Q. Porter, Board President Mrs. Patricia O'Neill, and members of the Board of Education and executive staff were on hand to congratulate retirees at the event, co-hosted by the Employee and Retiree Service Center and the Office of Human Resources.

Retirees received certificates displaying their years of service with MCPS.

MCPS Retirees Association Vice President Mr. Fred Evans participated in the event announcing each person's name, position, and years of service.

All retirees are invited to join the MCPS Retirees Association by contacting membership chair



Mrs. Frances M. Burke at 301-384-6103 or president Mr. Ken Muir at 301-460-9583 or via e-mail at kkmuir@aol.com. A membership application is included on page 11 for your convenience. ■



PHOTOS: BILL MILLS

TOP: Board Member Sharon Cox congratulates Division of Construction employee Harold U. Peddicord on his retirement. Mr. Peddicord worked for MCPS for 30 years.

MIDDLE: New retiree, Linda Walker happily accepts congratulations from Board member Dr. Charles Haughey. Ms. Walker was employed with MCPS for 33 years.

BOTTOM: MCPS Retiree Association Vice President Fred Evans announces Helen D. Mills, a 38-year employee with MCPS.

Estate Planning Considerations for Your Tax-Deferred Accounts

Participating in an employer-sponsored retirement plan and contributing to an individual retirement account (IRA) are important steps toward building a secure future for you and your family. Equally important is designating the appropriate beneficiaries for these accounts, and reviewing those designations periodically, so that the advantage of tax-deferred investing can be passed on when you die.

Know the Rules

Typically, the beneficiary designations that you have on file with your investment company, not the provisions of your will, determine the distribution of your tax-deferred investments. When beneficiaries are not designated, your investment company, acting as the custodian of your account, will follow the rules in its account documents when passing on your assets. For example, if you have an IRA with T. Rowe Price without beneficiary designations on your file, your assets would be first passed on to your surviving spouse. If no surviving spouse exists, your assets would be passed on to your estate, which could result in an immediate distribution and the loss of future tax-deferred growth.

Consider Your Beneficiaries

As you plan for the distribution of your estate, it is important to review all of your assets and your beneficiaries' short-term and long-term needs. If an heir—such as a spouse residing in a nursing

home—could benefit most from an immediate cash inheritance, then it is probably best to leave the heir cash or assets that can be easily converted to cash, such as mutual funds or securities in your taxable investment accounts. If another heir—such as a younger working spouse or grandchild—will not need immediate income, passing on assets in tax-deferred accounts can provide the opportunity for continued tax-deferred growth.

Stretch Out Tax-Deferred Growth

Under current IRS rules, a beneficiary is not required to immediately cash out and pay taxes on the entire inherited IRA. Instead, a beneficiary who is an individual may take required minimum distributions from the account based on his or her life expectancy (according to IRS tables). Stretching out the distributions allows the assets in the inherited IRA to continue to benefit from tax deferral. If necessary, a beneficiary may always take more than the required minimum distribution.

In light of these IRS rules, Christine Fahlund, a senior financial planner with T. Rowe Price, suggests that IRA owners “should always be thinking about the youngest generation as potential beneficiaries” for tax-deferred accounts.

Consider an IRA in the amount of \$100,000 left to beneficiaries who are ages 65, 40, and 10. Based on withdrawing all of the assets

in the IRA by taking only the required minimum distribution amount over their life expectancies, the total pretax distributions for the 65-year-old would be about \$240,000. The 40-year-old can expect almost \$794,000. And the 10-year-old, with the longest anticipated life expectancy, could expect more than \$4.6 million.*

Passing on Roth IRAs

Unlike Traditional IRAs, Roth IRA distributions can be tax-free for your designated beneficiaries. Spousal beneficiaries do not need to take distributions from an inherited Roth IRA if they roll the assets over into their own Roth IRA. However, non-spouse beneficiaries of Roth IRAs must take annual required minimum distributions or withdraw all of the assets within five years.

Passing on Employer-Sponsored Plans

In employer-sponsored retirement plans, such as 401(k)s, the employers establish the guidelines for inherited accounts for your designated beneficiaries. Depending on the plan's rules, your non-spouse beneficiaries, for example, may have to take withdrawals sooner than they would like. Fortunately, spousal beneficiaries can roll over these accounts into an IRA, which offers significant advantages, including:

- ◆ Your spouse may have a wider range of investment options, and
- ◆ The beneficiaries of your

continued on next page

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surviving spouse can take smaller distributions over their own life expectancies and may be able to preserve the assets for future generations.

Remember the Following

As you plan for the distribution of your tax-deferred assets upon your death, be sure to:

- ◆ Specify the percentage of your assets each beneficiary is to receive unless they are to share equally.
- ◆ Designate secondary benefi-

ciaries in case your primary beneficiaries are no longer alive or disclaim the assets.

- ◆ Make sure your investment company has your most recent beneficiary designations.
- ◆ Keep a copy of the beneficiary designations with your important papers, and let your beneficiaries know the location of those papers.
- ◆ Review and update your beneficiary designations to reflect changes in your life.

Deciding how much to pass on your tax-deferred accounts requires careful planning. Your thoughtful consideration today can provide your heirs with a

valuable legacy tomorrow.

For more information about estate planning or for help with reviewing your beneficiary designations, visit the Estate Planning Section of our Web site at troweprice.com/epg.

* Examples based on current IRS tables for required minimum distributions and life expectancies with an assumed 8% pretax annual return. These examples are for illustrative purposes only and are not meant to represent the performance of a particular investment.

Reprinted courtesy of T. Rowe Price

Take Your Summer/Fall Life Experiences to a New Level

...start that project you always dreamed of pursuing

...take that educational cruise or tour you wanted to take a few years ago

...prepare to start a new business or career

...and more!

Montgomery County Public Schools (MCPS) Adult Education—*Learning for Life* has been serving the Montgomery County community for 68 years and continues to offer classes, workshops, and travel experiences for county and noncounty residents of all ages.

The Adult Education—*Learning for Life* courses will allow you to immerse yourself in new activities. Learning new things keeps your brain sharp and agile, and studies have shown that it can even reverse memory loss. It can be a part of a wellness strategy for seniors to read, write, and be active as much as possible. So, turn off the TV and start stretching your brain. Stimulate your senses and your creativity... take a cooking class or even learn to sail. The rewards are good for your health.

Want to know more?

Call the Adult Education Information Line at 301-279-3495 and leave your name and address to receive our next catalog, free, or log on to www.mcpsadulthood.org for all class and tour listings. We hope to see you!



Application for Membership Maryland Retired Teachers Association

Montgomery County Public Schools Retirees Association Unit #16

Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____
(9 digits please)

Social Security No: _____

Telephone No: _____

Please sign Authorization for Dues Deduction only if you are a member of the State Retirement and Pension System of Maryland. Please make checks payable to MCPSRA and include your check with this application.

State Dues: \$25.00
Local Dues: \$10.00

Total Dues: \$35.00

Mail check and application to:
Frances M. Burke
14517 Perrywood Drive
Burtonsville, MD 20866

For additional questions, please contact Mrs. Burke via e-mail at edbfmb@comcast.net.

_____ I hereby authorize
the Teachers Retirement System of the State of Maryland to deduct annual membership dues* for
the State and Local Retired Teachers Association from one of my retirement checks yearly.

This authorization will remain in effect until revoked in writing.

Signature: _____ Date: _____

*Dues will be deducted annually.
Application forms received in the Maryland Retired Teachers Association (MRTA) office by June 15 will be deducted from your July pension check. Applications received by September 15 will be deducted from your October pension check. Applications received by December 15 will be deducted from your January pension check.

Retiring Times

DID YOU KNOW?

Applicable Cost-of-Living Adjustment

There was a 2.667 percent cost-of-living adjustment (COLA) for retirees receiving core benefits from the State Retirement Agency (SRA). The new COLA was effective July 1, 2005, for state retirees who retired on or before July 1, 2004. You received the COLA increase in your July 2005 retirement check. The COLA for retirees receiving their core benefit from MCPS is effective each January. All retirees who retired as of December 1, 2004, received the COLA in January 2005.

Retiring Times

News from the Employee and
Retiree Service Center
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