MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

EMPLOYEE AND RETIREE SERVICE CENTER

Maryland State Core and MCPS Supplemental Plan Disability Forms Checklist

All completed forms must be submitted to the following address: Montgomery County Public Schools Employee and Retiree Service Center 45 West Gude Drive, Suite 1200 Rockville, MD 20850	
MCPS Form 455-14: Acknowledgement of Medicare Enrollment Requirements Retirees	s for All Disability
MCPS FORM 455-2A: Request for Estimate of Retirement Benefits	
MCPS FORM 455-23: Preliminary Application for Disability Benefits	
Form: Position Description To be completed by the employee and supervisor/retirement cordinator	
Form 129: Preliminary Application for Disability Retirement Must select one of the following options while the application is in process Option 1: Do not name a beneficiary, use State Form 4 if changing your current b Option 2: Must designate one beneficiary on this form.	eneficiary.
Form 21 A: Application for an Estimate of Disability Retirement Allowances	
Pages 7 - 8: To be completed by the employee and physician(s) Page 9: General Instructions	
Pages 1 - 4: To be completed by employee Pages 5 - 6: Will be completed by your retirement coordinator at the time of submit	ssion
Form 20: Statement of Disability (9 page application)	

The State Retirement Agency (SRA) will notify their decision in writing if disability benefits have been denied, deferred or approved. You will have 120 days from the date of the approval stated on the letter from SRA, to complete the forms and to accept the disability retirement. If approved, you must contact ERSC and request retirement forms. The retirement forms must be completed and submitted to ERSC.