

OBLIGATED SERVICE AGREEMENT
STUDENT LOAN REPAYMENT PLAN

For Maryland Department of Health Employees

This Obligated Service Agreement, herein referred to as "Agreement," is entered into by and between the below named employee and the _____ (Employing Agency). In consideration of student loan repayments under the Student Loan Repayment Plan ("the Plan") that the employee will receive in accordance with this Agreement, the employee agrees to the following:

1. I understand and agree that, beginning January 1, 2019, I am required to maintain my full-time permanent position, or receive a promotion to another qualifying position within the same agency, which enables me to receive student loan repayments as indicated by each loan repayment interval below:

After one year: up to \$2,000
After year three: up to \$2,000
After year five: up to \$4,000
After year seven: up to \$6,000
After year ten: up to \$6,000
Total after 10 years: up to \$20,000

2. I understand and agree that if I transfer to another State agency while participating in the Plan, it is my responsibility to consult with the new agency to determine whether the new agency will permit my continued participation in the Plan.
3. I understand and agree that the maximum loan repayment that I may receive is \$20,000, and that the repayments are considered income, and are subject to both federal and State taxation.
4. I understand and agree that there will be no prorated payments for partial completion of a repayment interval.
5. I understand and agree that loan repayments made under this Plan may not exceed the employee's loan payments made during the applicable repayment interval.
6. I understand and agree to provide all items requested by the Program Administrator with my completed *Student Loan Repayment Plan Request for Repayment*, including my employee identification number ("W" number); proof of loan payments made to school(s); and transcripts from the college or university attended.

Employee's Name (Printed): _____ Date: _____

Employee's Signature: _____

Program Director: _____ Date: _____

Mail to: David Mark, Student Loan Repayment Plan, Room 106, 201 W. Preston Street,
Baltimore, MD 21201