Florida Retirement System Pension Plan
Notice of Election to Participate in the Deferred Retirement Option Program (DROP) and Resignation of Employment

PO Box 9000, Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** XXX-XX-_____

Mailing Address: _____ _____
Street / PO Box Apt No

_____ _____ _____
City State ZIP Code

Member Date of Birth: _____/_____/_____ **Primary Phone:** _____

Primary Email: _____ **Position Title:** _____

Current FRS Employer(s): _____

Resignation From Employment to Participate in the DROP:

I elect to participate in the DROP in accordance with section 121.091(13), Florida Statutes (F.S.), beginning the date indicated below and resign my employment on the date I terminate from the DROP, as indicated below. I understand that the earliest date my participation in the DROP can begin is the first date I reach normal retirement date as determined by Florida law and that my DROP participation cannot exceed 96 months from my DROP begin date, as allowable by law, although I may elect to participate for less than 96 months.

DROP Begin Date: _____/_____/_____ **DROP Termination and Resignation Date:** _____/_____/_____

Pursuant to Rule 60S-11.001(3), F.A.C., the DROP begin date shall be no sooner than the first day of the month following the receipt of the DROP application by the Division. A member may apply for the DROP up to 6 months prior to his or her DROP begin date.

I understand that participation in the DROP does not guarantee my continued employment for the DROP period. I understand that I must terminate all employment with all FRS employers as specified in section 121.021(39)(b), F.S., following the DROP period.

Elected Officers: Elected officers may defer terminating employment after their DROP participation has ended, as specified in section 121.091(13)(b)4., F.S., and section 121.053, F.S. An elected officer who deferred termination as provided in section 121.053, F.S., on or before June 30, 2023, is ineligible to extend DROP participation beyond 60 months.

I understand I cannot add service, change options, change my type of retirement, or elect the Investment Plan after my DROP begin date.

Signature:

Member Signature: _____ **Date:** _____/_____/_____

Employer Acknowledgement of Member's Resignation from Employment to Participate in the DROP:

This is to acknowledge that the above-named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated.

DROP Begin Date: _____/_____/_____ **DROP Termination and Resignation Date:** _____/_____/_____

Authorized Employer Signature: _____ **Date:** _____/_____/_____

Printed Name: _____ **Position Title:** _____

Employer Name: _____

Employer Number: _____ **Employer Phone:** _____

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Member Name: _____ **Member SSN:** XXX-XX-_____

Pursuant to the Privacy Act of 1974, 5 U.S.C. section 552a, the Division is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. section 666. The purpose(s) for the requested information is that social security numbers collected on the form will be used by the Department of Management Services as follows: identification of payee; enforcement of child support or alimony obligations; other deductions permitted by section 121.091, F.S., or otherwise permitted by law. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(4) and (5), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.