Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP)
Elected Officer DROP Termination Notification

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-_____

My DROP termination date is _____/_____/_____. As an elected officer, I may end my DROP participation without terminating my elected office as provided in section 121.091(13)(b)4., Florida Statutes (F.S.). I have chosen to continue employment as an elected officer until the end of my current term of this office. This term will end on _____/_____/_____. If I am re-elected, I will need to re-certify for each successive term.

If you choose to continue your eligible elected employment, you must acknowledge the following:

1. This provision applies only to employment as an elected official.
2. I cannot be paid monthly pension benefits or my accumulated DROP benefits until all FRS employment is terminated as provided in section 121.021(39)(b), F.S.
3. If my DROP participation began on or after July 1, 2010, my DROP account will not accrue additional monthly benefits and will not accrue interest during the period after my DROP participation ends through the month of my elected employment termination, as provided in section 121.053(7)(a)1., F.S. If my DROP participation began before July 1, 2010, at the conclusion of my participation, my DROP account will not accrue additional monthly benefits, but will continue to earn interest through the month of my elected employment termination.
4. My elected employment, from the calendar month after my DROP participation ends through the calendar month that my elected employment is terminated, is subject to the following:
   - Renewed membership service credit will not be earned.
   - Retirement benefits for this period will be forfeited.

I understand that I may not enroll in the DROP again.

Signature:

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

Employer Certification:

(THIS SECTION IS TO BE COMPLETED BY THE AGENCY HEAD OR DESIGNATED REPRESENTATIVE FOR THE ELECTED OFFICE.)

This is to certify that the above **elected** member's **DROP participation** will terminate or has terminated on _____/_____/_____ with the Employer, who I am authorized to represent. I acknowledge that the member's post-DROP employment (from the calendar month following the month his or her DROP participation ended through the calendar month of his or her elected employment termination) is subject to paying contributions, as specified in section 121.053(7)(a)2., F.S.

I further certify that the above-named elected official's current term in office will end on _____/_____/_____.

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.