Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP) Elected Officer Employment 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-_____

Mailing Address: _____ _____
Street / PO Box Apt No

_____ _____ _____
City State ZIP Code

Primary Phone: _____ **Primary Email:** _____

According to our records, your termination date from your elected position with an FRS employer is _____/_____/_____.

This form must be completed by both you and an authorized representative of your Florida Retirement System (FRS) employer to verify your employment termination. The completed form must be returned to the Division of Retirement. Your FRS pension and accumulated DROP benefits are subject to the following:

1. I understand that employment termination is required in order to receive my accumulated DROP benefits and monthly retirement benefits. My monthly FRS benefits are payable the calendar month following my employment termination and will be paid on a prospective basis only as provided in section 121.053(7)(c), Florida Statutes (F.S.). I am not eligible for retroactive pension benefits or renewed FRS membership coverage for my employment after my DROP participation ended through the calendar month I terminated my elected employment.

2. **Termination Requirement:** I understand that I must terminate all employment with FRS employers, as provided in section 121.021(39), F.S., to receive a retirement benefit.

3. I understand that my retirement becomes final when any benefit payment is cashed or deposited, and I cannot add service, change my option selection, change my type of retirement (Regular, Disability, and Early) or elect the Investment Plan.

4. If you fail to meet the termination requirement, you will void (cancel) your retirement and the DROP, and you must repay all retirement benefits received (including accumulated DROP benefits) as provided in section 121.091(13), F.S.

This further acknowledges that I have read and understand the statements about the termination requirement.

Signature:

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

Employer Certification:

(TO BE COMPLETED BY THE AGENCY HEAD OR DESIGNATED REPRESENTATIVE FOR THE ELECTED OFFICE):

I certify that the above-named member will terminate or has terminated on _____/_____/_____ with the Agency, which I am authorized to represent.

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

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

Employer Name: _____

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

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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.