

# Florida Retirement System Pension Plan Application for Service Retirement and the Deferred Retirement Option Program (DROP)

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

All of the following are **required** before you can retire and become a DROP participant.

1. A **properly** completed ~~Form DP-ELE~~, Notice of Election to Participate in the Deferred Retirement Option Program (DROP) and Resignation of Employment, **Form DP-ELE** (if you have not previously submitted one). If you are dually employed with one or more Florida Retirement System (FRS) employer(s), **each** employer must complete the employer's portion of a Form DP-ELE and Form DP-11.
2. A **properly** completed Application for Service Retirement and the DROP, Form DP-11. The DP-11 must be **acknowledged signed in the presence of a notary public and approved** by your employer. Since your DROP participation cannot be retroactive, you should send the DP-11 to the Division of Retirement prior to the first day of the month your DROP will begin even if you do not have the other required documents. The DP-11 will be accepted up to six months before your planned DROP **begin participation** date.
3. A **properly** completed **Florida Retirement System Pension Plan** Option Selection for **FRS** Members, Form FRS-11o. An explanation of the options is **available** on the **"FRS Retirement Options" document, which can be found at <https://frs.fl.gov/forms/what-option.pdf>. attached page titled "What Retirement Option Should You Choose."**
4. ~~A completed Retired Member and DROP Participant Beneficiary Designation Form, Form FST-12. All previous beneficiary designations are null and void A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.~~
5. ~~A completed Spousal Acknowledgment Form, Form SA-1 A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put the last four of your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment.~~
6. Proof of your birth date and, if you selected Option 3 or 4, you must also submit birth date verification for your beneficiary, **who must qualify as a joint annuitant. The division ~~We~~ will accept legible photocopies of **one** of the following (except for **h i**) in accordance with Rule 60S-4.0035(2), F.A.C.:**
  - ~~a. A valid driver's license issued after January 1, 2010, that indicates compliance with the federal REAL ID Act~~
  - ~~ba. Copy of a Bbirth Ccertificate~~
  - ~~cb. Delayed birth certificate~~
  - ~~de. Valid, unexpired U.S. passport~~
  - ~~ed. Census report more than 30 years old~~
  - ~~fe. Life insurance policy more than 30 years~~
  - ~~f. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits~~
  - ~~g. Certificate of Naturalization~~
  - ~~h. A valid driver's license issued after January 1, 2010, that indicates compliance with the federal REAL ID Act~~
  - ~~hi. In the absence of one of the above, a photocopy of **two** of the following documents:~~
    - ~~(1) Birth certificate of child, showing age of parent (limit one)~~
    - ~~(2) Baptismal certificate more than 30 years old~~
    - ~~(3) Hospital record of birth~~
    - ~~(4) School record at time of entering grammar school~~
7. A copy of your recorded marriage certificate if you selected **O**ption 3 or 4 and named your spouse as your joint annuitant.
8. ~~A statement of Military Eligibility will be mailed to you if you claim military service and the form is needed. A final certification of your earnings by your employer for the last four months of your employment. Your employer is aware of this requirement.~~

**Florida Retirement System Pension Plan**  
**Application for Service Retirement and the Deferred Retirement Option Program**  
**(DROP)**

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9. ~~New recipients of retirement benefits are required to be paid by direct deposit, pursuant to section 17.076(7), Florida Statutes. A retiree packet will be mailed to you after your name has been added to the retired payroll. Once you have received your retiree packet, you can log into your FRS Online account (frs.fl.gov) to add your direct deposit information. If you are a State employee, currently using direct deposit, you will automatically continue using direct deposit unless you cancel your authorization. A statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.~~
10. ~~A Beneficiary Designation, Form FST-12, if designating more than one beneficiary; otherwise complete the Beneficiary Designation section of Form DP-11.~~

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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):**

Position Title \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Present FRS Employer(s) \_\_\_\_\_

Email \_\_\_\_\_

I have resigned my employment on the date stated below and elect to participate in the DROP in accordance with section s. 121.091(13), Florida Statutes (F.S.). I understand that my DROP participation cannot exceed a maximum of 96 months. My DROP participation cannot exceed a maximum of 60 months from the date I first reach my normal retirement date as determined by the Division of Retirement.

~~I understand I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 121, F. S. If I fail to terminate my employment in accordance with s. 121.021(39)(b), F.S., on my DROP termination date, my retirement will be null and void and my FRS membership shall be established retroactively to the date I began DROP. Termination requirements for elected officials are different as specified in s 121.091(13)(b)(4), F.S. Participation in the DROP does not guarantee my employment for the DROP period. I cannot add service, change options, change my type of retirement or elect the Investment Plan after the DROP begin date. I have read and understand the DROP Accrual Distribution information provided with this form.~~

~~**Beneficiary Designation:** All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.~~

**DROP Dates (MM/DD/YYYY):**

Primary \_\_\_\_\_

Contingent \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

DROP B~~egin~~ Date: \_\_\_\_\_/04/\_\_\_\_\_ DROP T~~ermination~~ and R~~esignation~~ D~~ate~~ \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

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following the DROP period.

- I understand that my FRS employer and I may be held jointly and severely liable for any benefit overpayment I receive.
- I understand I cannot add service, change my option selection, change my type of retirement, or elect the Investment Plan after the DROP begin date.

**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.

**Signature:**

**Member Signature:** (sign in the presence of a Notary) \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_. The above-named person has sworn to and subscribed before me by means of [  ] **physical appearance** or [  ] **online notarization** on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Print, Type or Stamp Commissioned Name of Notary Public**

\_\_\_\_\_  
**Signature of Notary Public**

**Employer Acknowledgement Certification:**

This is to acknowledge ~~certify~~ 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**For educational agencies only:** I certify that the member's position of \_\_\_\_\_ meets the definition of instructional personnel under section 1012.01(2), Florida Statutes.

**Authorized Employer Personnel Signature:** \_\_\_\_\_ **Agency Number:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Number:** \_\_\_\_\_ **Employer Phone:** \_\_\_\_\_

*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.*