Florida Retirement System Pension Plan
Extension of Deferred Retirement Option Program (DROP) for Specified K-12 Personnel

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

_____ _____ _____ **Member Date of Birth:** _____/_____/_____
City State ZIP Code

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

Position Title: _____

Current FRS Employer(s): _____

K-12 instructional personnel with a district school board, Florida School for the Deaf and Blind as defined in section 1012.01(2)(a)-(d), Florida Statutes (F.S.), or instructional personnel as defined in section 1012.01(2)(a), F.S., with a developmental research school are allowed to participate in the DROP beyond 96 months (up to a total of 120 months), as stated in section 121.091(13) F.S. Instructional personnel who are authorized to extend DROP participation beyond the 96-month period must have a termination date that is the last working day of the school year within the DROP extension granted by the employer.

K-12 administrative personnel as defined in section 1012.01(3), F.S., are also granted the potential to extend DROP participation beyond 96 months to reach the last working day of the school year, as stated in section 121.091(13), F.S.

Any participant who is eligible to participate for more than 96 months must receive authorization from the employer for each year of participation after the initial 96-month period. To be considered eligible for the DROP extension, the participant must be employed and remain in an eligible position during the initial DROP period and period of extension. If the participant changes positions to a non-eligible position during the period of DROP extension, section 121.091(13)(c)5.d., F.S. applies. Participation in the DROP does not guarantee employment for the DROP period.

DROP Dates (MM/DD/YYYY):

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

I am requesting to extend my DROP participation through _____/_____/_____ (must be the last day of the last calendar month of the school year).

Signature:

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

Employer Certification:

This is to certify that the _____ (employer name) has rescinded the resignation of the above-named member whose position meets the definition of an instructional/administrative position. The employer has approved a new termination date of _____/_____/_____the last day of the last calendar month of the school year. The employer stipulates that this member is eligible to participate in the DROP beyond 96 months and the member will continue working in a regularly established position as a(n) _____.

Superintendent or Designee Signature: _____ **Date:** _____/_____/_____

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

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.