Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP)
Joint Annuitant Verification

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-_____

Joint Annuitant: _____ **Joint Annuitant SSN:** XXX-XX-_____

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

You chose Option 4 at retirement, which is an adjusted monthly benefit payable to you **while both you and your joint annuitant are living**. Upon the death of either you or your joint annuitant, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living.

The member or surviving joint annuitant must notify the Division of Retirement upon the death of either in order to avoid an overpayment of benefits. Overpaid benefits must be repaid to the Florida Retirement System Trust Fund.

The purpose of this form is to certify that your joint annuitant is still living. By signing this form below, you are certifying that your joint annuitant, as named above, is still living and you are eligible to receive the full DROP payout and the unreduced continuing monthly benefit.

Signature:

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

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.