Florida Retirement System Pension Plan
Deferred Retirement Option Program (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-_____

Mailing Address: _____ _____
Street / PO Box Apt No

_____ _____ _____
City State ZIP Code

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

According to our records, your DROP termination date is_____/_____/_____. You must terminate all Florida Retirement System (FRS) employment to receive your accumulated DROP benefits and begin your monthly retirement benefit. You and your employer's authorized representative must complete this form certifying your DROP employment termination. If you are employed by more than one FRS employer in the period shortly before your DROP termination date, a DP-TERM form is required for each employer.

Volunteer Services provided in accordance with section 121.091(15), Florida Statutes (F.S.), do not constitute employment by or provision of services to an FRS employer.

Termination Requirement:
During the first six calendar months from your service retirement effective date or following your DROP termination date, you cannot be in an employment relationship with, and must cease providing services to all FRS employers. An employment relationship with an FRS employer in any capacity during this six-calendar month period may void your retirement and you and your FRS employer may be held jointly and severally liable for repayment of all retirement benefits received, which include any DROP accumulation or payout. This means that each party can be held fully responsible for the repayment of the total amount of retirement benefits. There are no exceptions to the six-calendar month termination requirement.

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

This is to acknowledge that I will terminate or have terminated employment with my FRS employer on _____/_____/_____.

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 AGENCY HEAD OR DESIGNATED REPRESENTATIVE):
This is to certify that the DROP participation for 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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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.