

**Teachers' Retirement System  
Application for Service Retirement and the  
Deferred Retirement Option Program (DROP)**

PO 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 completed 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 DT-11.
2. A completed Application for Service Retirement and the DROP, Form DT-11. The DT-11 must be acknowledged by your employer. Since your DROP participation cannot be retroactive, you should send the DT-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 DT-11 will be accepted up to six months before your planned DROP begin date.
3. A completed Option Selection for Teachers' Retirement System and State and County Officers' and Employees' Retirement System for Members, Form FST-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>.
4. A completed Retired Member and DROP Participant Beneficiary Designation, Form FST-12. All previous beneficiary designations are null and void.
5. A completed Spousal Acknowledgment Form, Form SA-1.
6. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary, who must also qualify as a joint annuitant. The division will accept legible photocopies of **one** of the following (except for h) 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
  - b. Birth certificate
  - c. Delayed birth certificate
  - d. Valid, unexpired U.S. passport
  - e. Census report more than 30 years old
  - f. Life Insurance policy more than 30 years
  - g. Certificate of Naturalization
  - h. In the absence of one of the above, a copy 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 Option 3 or 4 and name 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.
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](https://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.



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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):** \_\_\_\_\_

I have resigned my employment on the date stated below and elect to participate in the DROP in accordance with section 121.091(13), Florida Statutes (F.S.). I understand that my DROP participation cannot exceed a maximum of 96 months.

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

**DROP Begin Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DROP Termination and Resignation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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., following the DROP period.
- I understand that my FRS employer and I may be held jointly and severally 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.

**Signature:**

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Acknowledgement:**

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

**Authorized Employer Signature:** \_\_\_\_\_ **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.*

