



EMPLOYMENT TERMINATION FORM



The Date of Termination can be provided on the monthly payroll file or by logging on to the Division of Retirement – FRS Online. This form may not be filed with the Investment Plan Administrator until the member has been terminated from ALL employment with FRS-participating employers for three calendar months following the date of termination. An exception exists for members who meet the Pension Plan normal retirement requirements, in which case the form can be filed on or after the 15th of the month prior to the eligibility date.

Under Florida law, a member may not receive benefits under the Florida Retirement System (FRS) Investment Plan unless the member has been terminated from **all** employment with all FRS employers. For purposes of this form, "termination" means that the member ceased all employment relationships with your agency. If the member is continuing employment with your agency, in any capacity, (including temporary employment, OPS, etc.) this form should not be submitted to the Investment Plan Administrator. If you have any questions, please call the Employer Assistance Line, toll-free at 1-866-377-2121, Option 3.

The only exception to this 3 calendar month period is if the member meets the normal retirement requirements for the Pension Plan. For example, age 62 with at least 6 years of creditable service or 30 years of FRS covered service regardless of age. For Special Risk Class, age 55 with at least 6 years of special risk service or 25 years of special risk service regardless of age. If the member meets normal retirement requirements, the member may be eligible to receive a one-time distribution of up to 10% of their account balance after being off all FRS-covered payrolls for one full calendar month and the remaining balance after a total of 3 calendar months.

CERTIFICATION OF TERMINATION BY FRS EMPLOYER

The following information below MUST be completed and signed by the authorized employer signatory.

By completing the form below, I hereby certify that the member named below has terminated employment with this agency on:

Date of Termination

Social Security No:	Last Name	First Name	MI	Birth Date

The information below MUST be completed by the employer.

Please Print: Name of authorized employer signatory

Signature (Authorized Employer Signatory)

Date

(_____)_____
Telephone Number

Employing Agency Name

Employing Agency Code Number

Mail to:
FRS Investment Plan Administrator OR
PO Box 785027
Orlando, FL 32878-5027

FAX to:
1-888-310-5559
Attn: FRS Investment Plan Administrator
DO NOT MAIL HARD COPY IF FAXING

Note: This form will NOT initiate a distribution. Any FRS employer who hires any retired FRS member (Pension Plan or Investment Plan) in violation of the reemployment after retirement provisions will be held jointly and severally liable for reimbursement of any FRS benefits paid.