

**Florida Retirement System Investment Plan
Option Selection for Disability Retirement**



PO Box 9000
Tallahassee FL 32315-9000
(850) 488-2968 Toll Free: 1-877-738-3725

Member Name: _____ Member SSN: _____

A member must select one of the following retirement options prior to receipt of their first monthly retirement benefit.

I select:

_____ **Option 1:** A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits, not including my transferred Investment Plan account balance. This option does not provide a continuing monthly benefit to my beneficiary.

_____ **Option 2:** A reduced monthly benefit payable for my lifetime. If I die before receiving 120 monthly payments, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving until the monthly benefit payments to both of us equal 120 monthly payments. No further monthly benefits are then payable.

_____ **Option 3:** A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. *(Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.)* No further monthly benefits are payable after both my joint annuitant and I are deceased. **The social security number of my joint annuitant is _____/_____/_____.**

_____ **Option 4:** An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of **either my joint annuitant or me**, the monthly benefit payable to the survivor **is reduced to two-thirds** of the monthly benefit received when both were living. *(Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.)* No further benefits are payable after both my joint annuitant and I are deceased. **The social security number of my joint annuitant is _____/_____/_____.**

PLEASE COMPLETE FORM SA-2

I understand I must terminate all employment with FRS employers and **cannot** be employed with any employer to receive a disability retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** change options once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

Member Signature *(Sign in presence of Notary)* _____

Notary:

State of _____, County of _____ The above named person who has sworn to and subscribed before me this _____ day of _____ 20____ and who is personally known _____ or produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public