

**Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP)
Termination Notification**



PO BOX 3090 Tallahassee, FL 32315-3090
(850) 487-4856 Toll Free: 1- 877-738-3767 FAX (850) 410-2199

Member Verification:

Member Name : _____ Member SSN: _____
Mailing Address _____ Home Telephone Number: _____

According to our records, your DROP termination date is _____. You must terminate your DROP employment to receive your accumulated DROP benefits and begin your monthly retirement benefits. You and your employer's authorized representative must complete this form certifying your DROP employment termination.

By signing this form you are acknowledging having read the termination requirements and re-employment limitations below.

1. If your **DROP termination date is on or before June 30, 2010**: Your termination requirement means you cannot remain employed or become re-employed with any Florida Retirement System (FRS) covered employer during the FIRST calendar month following your DROP termination date. This includes but is not limited to: part-time work, temporary work, other personal services (OPS), substitute teaching or non-Division approved contractual services. During the 2nd -12th calendar months following your DROP termination date, you may return to work for a participating FRS employer but must suspend your monthly retirement benefit for any of these months you are employed unless the position you hold is eligible for a reemployment exception. After the 12th calendar month following your DROP termination date, there are no more reemployment limitations.
2. If your **DROP termination date is on or after July 1, 2010**: Your termination requirement means you cannot remain employed or become re-employed with any Florida Retirement System (FRS) covered employer during the FIRST SIX calendar months following your DROP termination date. This includes but is not limited to: part-time work, temporary work, other personal services (OPS), substitute teaching or non-Division approved contractual services. During the 7th-12th calendar months following your DROP termination date, you may return to work for a participating FRS employer but must suspend your retirement benefit for any of these months you are employed. There are no reemployment exceptions during the reemployment limitation period. After the 12th calendar month following your DROP termination date, there are no reemployment limitations.

If you fail to meet the termination requirements noted above, you will void (cancel) your retirement and DROP participation, you must repay all retirement benefits received including your DROP accumulation, and you must apply to establish a future retirement date. If you void your retirement your employer will be responsible for making retroactive retirement contributions and you will be awarded service credit for the period during which you were in DROP through your new termination date. Your eligibility for DROP participation will be determined by your future retirement date and you may lose your eligibility to participate in DROP.

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 above statements.
(Date)

Member Signature: (Sign in the presence of a Notary) _____

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

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification of Employment Termination:

This is to certify that the DROP participation for the above named member will terminate or has terminated on _____
_____ with the Agency, who I am authorized to represent.
(Date)

Authorized Signature: _____ Position Title: _____

Print Name: _____ Phone Number: _____

Agency Name: _____ Agency #: _____ Date: _____