

**Florida Retirement System Pension Plan  
Deferred Retirement Option Program (DROP)  
Void Form**



PO Box 3090  
Tallahassee FL 32315-3090  
(850) 487-4856  
Toll Free: 1-877-738-3767

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
Present FRS  
Employer(s): \_\_\_\_\_  
\_\_\_\_\_

**I elected to participate in the Deferred Retirement Option Program (DROP) as follows:**

DROP begin date: \_\_\_\_\_ DROP termination and resignation date: \_\_\_\_\_

I have rescinded my resignation and will continue my employment.

**I understand my DROP retirement and participation will be null and void and my FRS membership shall be reestablished to the date I began DROP.** I understand that I may not be eligible for DROP participation in the future. I will be required to terminate all FRS employment and submit the appropriate application for retirement benefits in the future. I understand that the option selected upon entering DROP is null and void and the DROP accrual is forfeited. The beneficiary named while in DROP will remain the beneficiary unless a change of beneficiary form submitted.

**Member Signature (sign in the presence of a 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

**Employer Certification:** This is to certify that the \_\_\_\_\_ (agency name) has rescinded the resignation of the above named member and the member will continue working in a regularly established position with FRS coverage. We understand the member's DROP participation will be null and void, the membership in the FRS Pension Plan will be reestablished to the date the member joined the DROP and we will begin immediately reporting the correct retirement plan and contributions to the Division of Retirement. FRS will adjust previous payrolls reported under the DROP based upon the member not having joined the DROP. In addition, we understand that contributions, plus interest, may be required. Future payrolls should reflect the retirement plan of active membership.

Authorized Personnel Signature \_\_\_\_\_ Agency #: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Date: \_\_\_\_\_