

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



Division of Retirement
PO BOX 9000
Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name	_____	Member SSN	XXX-XX
Position Title	_____		_____
Home Phone	_____	Work Phone	_____
Home Mailing Address	_____	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I have rescinded my resignation and will continue my employment.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 is submitted.

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

Notary: State of Florida, County of _____ sworn to and subscribed before me this _____ day of _____, 200_____ by _____ who is Personally Known _____ or who 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Employer Certification: This is to certify that the _____ (agency name) has rescinded the resignation of the above named member, and the member will continue working in a regularly established position with FRS coverage.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 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 Agency Personnel Signature _____

Agency Number _____ Agency Phone _____ Date _____