

**Florida Retirement System Pension Plan  
Ballot for Member of an Existing Retirement System**



PO Box 9000  
Tallahassee, FL 32315-9000  
850-907-6500  
Toll Free 844-377-1888

Member Name: \_\_\_\_\_

Member SSN: \_\_\_\_\_

I am currently a member of the \_\_\_\_\_ .  
(NOTE: Insert Teachers' Retirement System, or State and County Officers' and Employees' Retirement System, as applicable.)

I understand that I have the option to stay in my present retirement system or to transfer to the Florida Retirement System (FRS). (Failure to submit such election in writing to the Division of Retirement within six months of reemployment will result in compulsory membership in the FRS, effective the date of reemployment.)

**COMPLETE ONE OF THE FOLLOWING:**

**YES.** I elect to transfer from my present system to the FRS, which includes Social Security Coverage. I understand that this decision cannot be revoked.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**or**

**NO.** I do not elect to transfer to the FRS. I desire to remain in my present system. I understand this decision may not be revoked.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to above address.