

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



P.O. Box 9000
Tallahassee, FL 32315-9000
(850) 488-8837
Toll Free 1-877-377-3675

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.