

**Florida Retirement System Pension Plan
Application to Reactivate Retirement Benefits**



P O Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252

Completed by Member:

Member Name _____ Member SSN _____
Home Mailing Address _____ Home Phone _____

When eligible, please reactivate my retirement benefits for the following reasons:

_____ I have been retired for 12 months.
_____ I terminated, or will terminate, my employment on _____.

Member Signature: _____ Date: _____

If you previously had insurance premiums deducted from your benefit payment, you must contact your insurance company to have them reinstated.

Employer Certification:

I certify that the above named employee terminated or will terminate employment with (employer)

_____ on _____.

Signature: _____ Title: _____

Date: _____ Phone: _____