

**Florida Retirement System Pension Plan
Deferred Retirement Option Program (DROP)
Elected Officers' Termination Notification**



Retired Payroll Section
PO BOX 3090
Tallahassee, FL 32315-3090
(850) 487-4856
Toll Free: 1-877-738-3767

MEMBER NAME _____ MEMBER SSN _____

According to your request, your DROP termination date is _____. This form must be completed by both you and your employer and returned to the Division of Retirement in order to receive your DROP benefits and your monthly retirement benefits.

Any elected officer who is a member of the Elected Officers' Class (EOC) and wishes to terminate his or her DROP participation without terminating his or her employment must agree to the following in order to collect DROP:

I understand that I must elect to enroll in the appropriate subclass of the Elected Officers' Class effective the first day of the month following my DROP Termination. (Please refer to enclosed EOC-1.)

I understand that I may not again enroll in DROP.

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

TO BE COMPLETED BY AGENCY HEAD OR DESIGNATED REPRESENTATIVE:

I certify that DROP participation for the above named member will terminate or has terminated on _____ with the Agency, who I am authorized to represent. Employment after that date (date)

will be reported under the appropriate renewed membership plan and class.

Authorized Signature _____ Print Name _____

Agency Name _____ Agency Number _____

Date Signed _____ Phone # _____