

State and County Officers' and Employees' Retirement System
Application for Service Retirement and the
Deferred Retirement Option Program (DROP)



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

All of the following are **required** before you can retire and become a DROP participant.

1. A properly completed Form DP-ELE, Notice of Election to Participate in the Deferred Retirement Option Program (DROP) and Resignation of Employment (if you have not previously submitted one). If you are dually employed with one or more Florida Retirement System (FRS) employer(s), **each** employer must complete the employer's portion of a Form DP-ELE and Form DS-11.
2. A properly completed Application for Service Retirement and the DROP, Form DS-11. The DS-11 must be signed in the presence of a notary public and acknowledged by your employer. Since your DROP participation cannot be retroactive, you should send the DS-11 to the Division of Retirement prior to the first day of the month your DROP will begin even if you do not have the other required documents. The DS-11 will be accepted up to six months before your DROP participation date.
3. A properly completed Option Selection for SCOERS members, Form FST-11o. An explanation of the options is on the attached page.
4. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment. Rollovers cannot be made for upgraded service.
5. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following (except for g):
 - a. Birth Certificate
 - b. Delayed birth certificate
 - c. Census report more than 30 years old
 - d. Life Insurance policy more than 30 years
 - e. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
 - f. Certificate of Naturalization
 - g. In the absence of one of the above, a document from **two** of the following
 - (1) Birth certificate of child, showing age of parent (limit one)
 - (2) Baptismal certificate more than 30 years old
 - (3) Hospital record of birth
 - (4) School record at time of entering grammar school
6. A final certification of your earnings by your employer for the last four months of your employment prior to entering DROP. **Your employer is aware of this requirement.**
7. To designate more than one Primary beneficiary, attach a Beneficiary Designation Form, FST-12; otherwise complete the **Beneficiary Designation** section of Form DS-11.

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Member Name	_____	Member SSN	_____
Position Title	_____	Birthdate	_____
Home Phone	_____	Work Phone	_____
Home Mailing Address	_____	Present FRS Employer(s)	_____
	_____		_____
	_____		_____

I have resigned my employment on the date stated below and elect to participate in the DROP in accordance with s. 121.091(13), Florida Statutes (F.S.). My DROP participation cannot exceed a maximum of 60 months from the date I first reach my normal retirement date as determined by the Division of Retirement.

I understand that I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit. I **cannot** add service, change options, change my type of retirement or elect the Investment Plan after the DROP begin date. If I fail to terminate my employment in accordance with s. 121.021(39)(b), F.S. on my DROP termination date, my retirement will be null and void and my membership shall be established retroactively to the date I began DROP. I have read and understand the DROP Accrual and Distribution information provided with this form.

Beneficiary Designation: All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

Primary	_____	Primary SSN	_____
Relationship	_____	Primary Birthdate	_____
Contingent	_____	Contingent SSN	_____
Relationship	_____	Contingent Birthdate	_____

DROP begin date: _____ DROP termination and resignation date _____

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

Notary: State of Florida, County of _____ The above named person has sworn to and subscribed before me this _____ day of _____ 20 ____ and is personally known _____ or produced _____ as identification.

Signature of Notary Public- State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification: This is to certify that the above named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated.

Authorized Personnel Signature: _____ Agency Number: _____
Agency Phone: _____ Date: _____