

Florida Retirement System Pension Plan
Application for Service Retirement and the Deferred Retirement Option Program
(DROP)

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

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 DP-11.
2. A properly completed Application for Service Retirement and the DROP, Form DP-11. The DP-11 must be signed in the presence of a notary public and approved by your employer. Since your DROP participation cannot be retroactive, you should send the DP-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 DP-11 will be accepted up to six months before your planned DROP participation date.
3. A properly completed and notarized Option Selection for Members, Form FRS-110, for you to choose a benefit payment option. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
4. A **Beneficiary Designation** Form FST-12.
5. A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.
6. 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.
7. Proof of your birth date and, if you selected option 3 or 4, you must also submit birth date verification for your beneficiary, who must qualify as a joint annuitant. We will accept legible photocopies of **one** of the following (except for i):
 - a. Birth certificate
 - b. Delayed birth certificate
 - c. Valid, unexpired U.S. passport
 - d. Census report more than 30 years old
 - e. Life insurance policy more than 30 years
 - f. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
 - g. Certificate of Naturalization
 - h. Florida driver's license issued after January 1, 2010, that indicates compliance with the federal REAL ID Act
 - i. In the absence of one of the above, a photocopy of **two** of the following documents:
 - (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
8. A copy of your marriage certificate if you selected option 3 or 4 and named your spouse as your joint annuitant.
9. A statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
10. A final certification of your earnings from your employer for the last four months of your employment. **Your employer is aware of this requirement.**



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Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** _____

Member Birth Date: ___/___/_____

Mailing Address: _____
Street/P.O. Box _____ Apt. No. _____

City _____ State _____ ZIP Code _____ Country _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Position Title:** _____

Current 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.). I understand that my DROP participation cannot exceed a maximum of 96 months.

DROP Dates (MM/DD/YYYY):

Initial DROP Participation Begin Date: ___/___/_____ Initial DROP Termination and Resignation Date: ___/___/_____

I understand that participation in the DROP does not guarantee my continued employment for the DROP period.

I understand that I must terminate all employment with all FRS employers as specified in s. 121.021(39)(b), F.S, following the DROP period.

I understand that my FRS employer and I will be jointly and severally liable for any benefit overpayment I receive.

Elected Officers: Elected officers may defer terminating employment after your DROP participation is ended, as specified in s. 121.091(13)(b)4., F.S. and s. 121.053, F.S. An elected officer who deferred termination as provided in s. 121.053, F.S., on or before June 30, 2023, is ineligible to extend DROP participation beyond 60 months.

I understand I cannot add service, change options, change my type of retirement, or elect the Investment Plan after the DROP begin date.

I have read and understand the DROP Accrual Distribution information provided with this form.

Notarization:

Member Signature: _____

Notary: State of _____, County of _____. The above-named person has sworn to and subscribed before me by means of [] **physical appearance** or [] **online notarization** on this _____ day of _____, 20____, and is personally known _____ or has produced _____ as identification.

Notary Seal

Print, Type or Stamp Commissioned Name of Notary Public

Signature of Notary Public



Florida Retirement System Pension Plan
Application for Service Retirement and the Deferred Retirement Option Program
(DROP)

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** _____

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.

Initial DROP Participation Begin Date: ___/___/_____ Initial DROP Termination and Resignation Date: ___/___/_____

For educational agencies only: I certify that the member's position of _____
meets the definition of instructional personnel under section 1012.01(2), Florida Statutes.

Authorized Employer Signature: _____ **Date:** ___/___/_____

Printed Name: _____ **Position Title:** _____

Employer Number: _____ **Employer Phone:** _____



FST-12
Effective 07/16
Survivor Benefits

Florida Retirement System Pension Plan
Retired Member and DROP Participant Beneficiary Designation Form
PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

This form is for retired members, including Deferred Retirement Option Program (DROP) participants, who wish to designate or change their beneficiaries. Benefits due for the month of your death will be paid to your estate. Benefits due (if applicable) after the month of death are payable to the designated beneficiary on file with the division.

Return the notarized form to the Division of Retirement at the above address and keep a copy for your records. Any questions on designating beneficiaries should be directed to the Division of Retirement. **Please keep your beneficiary designation current at all times.**

This form can be obtained under [Forms](#) on the Retirees tab on our website, www.FRS.MyFlorida.com, or by contacting the Division of Retirement.

Florida Retirement System Pension Plan
Retired Member and DROP Participant Beneficiary Designation Form
PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010



Member Name: _____ Member SSN: _____

Please list (type or print) your beneficiaries' information below. To designate more than two primary or contingent beneficiaries, use additional copies of this form as needed. If additional forms are required, the total percentage between all forms must equal 100 percent. Write the sequence of multiple pages at the top of each form. For example: Page 1 of 2.

1. Primary Beneficiary(s) - Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

A. _____ %

Name of Primary	Birthdate	Gender	Relationship	Percentage
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SSN of Primary	Primary Address	Primary Phone
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B. _____ %

Name of Primary	Birthdate	Gender	Relationship	Percentage
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SSN of Primary	Primary Address	Primary Phone
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2. Contingent Beneficiary(s) - Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries and contingent beneficiaries, any remaining benefits are paid to the last beneficiary's estate.

A. _____ %

Name of Contingent	Birthdate	Gender	Relationship	Percentage
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SSN of Contingent	Contingent Address	Contingent Phone
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B. _____ %

Name of Contingent	Birthdate	Gender	Relationship	Percentage
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SSN of Contingent	Contingent Address	Contingent Phone
-------------------	--------------------	------------------

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
 Rule 60S-4.011, F.A.C

 Print, Type or Stamp Commissioned Name of Notary Public

Florida Retirement System Pension Plan
Notice of Election to Participate in the Deferred Retirement Option Program (DROP)
and Resignation of Employment

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** _____

Member Birth Date: ___/___/_____

Mailing Address: _____
Street/P.O. Box _____ Apt. No. _____

City _____ State _____ ZIP Code _____ Country _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Position Title:** _____

Current FRS Employer(s): _____

Resignation From Employment to Participate in the DROP:

I elect to participate in the DROP in accordance with section (s.) 121.091(13), Florida Statutes (F.S.), beginning the date indicated below and resign my employment on the date I terminate from the DROP, as indicated below. I understand that the earliest date my participation in the DROP can begin is the first date I reach normal retirement date as determined by Florida law and that my DROP participation cannot exceed 96 months from my DROP begin date, as allowable by law, although I may elect to participate for less than 96 months.

DROP Participation Begin Date: ___/___/_____ **DROP Termination and Resignation Date:** ___/___/_____

I understand that participation in the DROP does not guarantee my continued employment for the DROP period.

I understand that I must terminate all employment with all FRS employers as specified in s. 121.021(39)(b), F.S, following the DROP period.

Elected Officers: Elected officers may defer terminating employment after your DROP participation is ended, as specified in s. 121.091(13)(b)4., F.S. and s. 121.053, F.S. An elected officer who deferred termination as provided in s. 121.053, F.S., on or before June 30, 2023, is ineligible to extend DROP participation beyond 60 months.

I understand I cannot add service, change options, change my type of retirement, or elect the Investment Plan after my DROP begin date.

I have read and understand the DROP Accrual and Distribution information provided with this form.

Notarization:

Member Signature: _____

Notary: State of _____, County of _____. The above-named person has sworn to and subscribed before me by means of [] **physical appearance** or [] **online notarization** on this _____ day of _____, 20____, and is personally known _____ or has produced _____ as identification.

Print, Type or Stamp Commissioned Name of Notary Public

Notary Seal

Signature of Notary Public



Florida Retirement System Pension Plan
Notice of Election to Participate in the Deferred Retirement Option Program (DROP)
and Resignation of Employment

PO BOX 9000, Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Member Name: _____ **Member SSN:** _____

Employer Certification of Member's Resignation from Employment to Participate in the DROP:

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.

DROP Participation Begin Date: ___/___/___ **DROP Termination and Resignation Date:** ___/___/___

For educational agencies only: I certify that the member's position of: _____ meets the definition of instructional personnel under Section 1012.01(2), Florida Statutes.

Authorized Employer Signature: _____ **Date:** ___/___/___

Printed Name: _____ **Position Title:** _____

Employer Number: _____ **Employer Phone:** _____



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DROP Accrual Distribution Methods

When your participation in DROP begins, your DROP benefit is based on the option selected at retirement (begin date for the DROP), and will accrue, with interest and cost-of-living adjustments, for the duration of your DROP participation. Upon your termination of employment and DROP, you must elect one of the following methods of payment for the DROP benefit within 60 days of your DROP employment termination.

1. Lump sum

All accrued DROP benefits, plus interest, less 20 percent tax remitted to the Internal Revenue Service (IRS), shall be paid to the DROP participant or the surviving beneficiary.

2. Direct rollover:

All accrued DROP benefits, plus interest, shall be paid from the DROP directly to the custodian of an eligible retirement plan as defined in s. 402(c)(8)(B), Internal Revenue Code (IRC). However, in the case of an eligible rollover distribution to the surviving spouse of a deceased participant, an eligible retirement plan is an individual retirement account or annuity as described in s. 402(c)(9), IRC.

3. Partial lump sum

A portion of the accrued DROP benefits shall be paid to the DROP participant or surviving spouse, less IRS tax, and the remaining DROP benefits shall be transferred directly to the custodian of an eligible retirement plan as defined in s. 402(c)(8)(B), IRC. However, in the case of an eligible rollover distribution to the surviving spouse of a deceased participant, an eligible retirement plan is an individual retirement account or annuity as described in s. 402(c)(9), IRC. The proportions shall be specified by the DROP participant or surviving spouse.

If you do not make an election of one of the above methods within the 60-day period, the Division of Retirement will pay directly to you the accrued benefits in a lump sum, less IRS tax. If you fail to terminate in accordance with s. 121.021(39)(b), Florida Statutes (F.S.) on your DROP termination date, **your retirement will be null and void** and your Florida Retirement System membership established retroactively to the date you began DROP.



**Florida Retirement System Pension Plan
Option Selection for FRS Members**



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name _____ Member SSN _____

A member must select one of the following retirement options prior to receipt of their first monthly retirement benefit.

I select:

_____ Option 1: A monthly benefit payable for my lifetime. Upon my death the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.

_____ Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.

_____ Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

The social security number of my joint annuitant is _____.

_____ Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of **either my joint annuitant or me**, the monthly benefit payable to the surviving person (my joint annuitant or me) **is reduced to two-thirds** of the monthly benefit payable while we were both living. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

The social security number of my joint annuitant is _____.

COMPLETE AND RETURN FORM SA-1

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** add service, change options or change my type of retirement (Regular, Disability or Early) once my retirement becomes final. My retirement becomes final when any benefit payment is cashed, deposited or when my Deferred Retirement Option Program (DROP) participation begins.

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

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

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

**Florida Retirement System Pension Plan
Spousal Acknowledgment Form**



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name: _____ Member SSN: _____

CHECK ONE OF THE FOLLOWING:

MARRIED: _____ YES _____ NO IF YES AND YOU SELECTED OPTION 1 OR 2,
YOUR SPOUSE MUST ALSO COMPLETE BOX 2.

Notarized Signature of Member: _____

1 **Notary:** State of Florida, County of _____. The above named person who 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

SPOUSAL ACKNOWLEDGMENT: I, _____ being the spouse of the above named
member, acknowledge that the member has selected either Option 1 or 2.

Notarized Signature of Spouse: _____

2 **Notary:** State of Florida, County of _____. The above named person who 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

The following is an explanation of all four Florida Retirement System Options:

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

FLORIDA RETIREMENT SYSTEM PENSION PLAN TERMINATION AND REEMPLOYMENT AFTER RETIREMENT

Toll Free: 844-377-1888 Locally: 850-907-6500 Email: Retirement@dms.fl.gov

To begin receiving a retirement benefit, including the Deferred Retirement Option Program (DROP) payout, you must terminate all employment relationships with and cease providing services to all FRS employers. If you are dually employed with one or more FRS employers, you must terminate from all positions, even if one of those positions is not an FRS-covered position. You must terminate from all positions that include, but are not limited to:

- full time work
- part time work
- other personal services (OPS)
- election poll work
- substitute teaching
- adjunct instructing
- contractual services
- third-party companies providing services to FRS employers

Beginning July 1, 2023, Volunteer Services in accordance with section 121.091(15), Florida Statutes, do not constitute employment by or provision of services to an FRS employer.

You are subject to the following termination requirement in the first 6 calendar months from your service retirement effective date or following your DROP termination date:

TERMINATION REQUIREMENT: 1st through 6th calendar months

During the first six calendar months from your service retirement effective date or following your DROP termination date, you cannot be in an employment relationship with and must cease providing services to all FRS employers. An employment relationship with an FRS employer in any capacity during this six-calendar month period may void your retirement and you and your FRS employer may be held jointly and severally liable for repayment of all retirement benefits received, which include any DROP accumulation or payout. This means that each party can be held fully responsible for the repayment of the total amount of retirement benefits. **There are no exceptions to the six-calendar month termination requirement. Examples of violations:**

- You terminate from all FRS employment on June 10 and apply to begin receiving your monthly retirement benefit in July. Your service retirement effective date is July 1, and your six-calendar month termination requirement is from July through December. You become employed part-time with an FRS employer in September. This employment voids your retirement. Your retirement will be cancelled, and you and your employer will be held jointly and severally liable for repayment of any retirement benefits paid to you during that time.
- You are dually employed with two FRS employers and are in DROP. You work for your primary employer in a regularly established position, and with your other employer as an adjunct, a non-reported position. You terminate employment with your primary employer and exit DROP on August 31. You receive your DROP payout and begin receiving your monthly retirement benefit in September. Your six-calendar month termination requirement is from September through February. You never terminated your other position, an adjunct with an FRS employer. This employment voids your DROP. Your retirement will be cancelled, and you and your employer will be held jointly and severally liable for repayment of any retirement benefits paid to you, including your entire DROP payout.

Beginning with the 7th calendar month from your service retirement effective date or following your DROP termination date, there are no restrictions on working for an FRS employer.

If you retired under the disability provisions of the FRS and become employed with any employer, whether public or private, your disability benefit will be discontinued. There are no reemployment exceptions for disability retirees.

For more information about the effects of reemployment on your retirement benefits, visit our website, frs.myflorida.com, where you can view our "[READY.SET.RETIRE.](#)" guide that further explains the FRS reemployment provisions.

Disclaimer:

As much as possible, this guide is written in nontechnical terms, avoiding the formal language of retirement laws and rules. If questions of interpretation arise as a result of the attempt to make the retirement provisions easy to understand, Chapter 121 of the Florida Statutes, chapters 60S and 19 of the Florida Administrative Code, and applicable federal law remain the final authority.