



## Investment Plan Separation Letter

\_\_\_\_\_ Date

Retirement Office (M-DCPS)  
1450 NE 2<sup>ND</sup> AVENUE, SUITE 607  
Miami, FL 33132  
**W/L 9307-SBAB Bldg.**  
**Ph. 305-995-7080**  
**Fax # (305) 995-7053**

This is to notify your office that I am separating from Miami-Dade County Public Schools (M-DCPS) as of \_\_\_\_\_, 20\_\_\_\_\_. I am a member of the Florida Retirement System (FRS) Investment Plan.

I wish to apply for the benefits afforded to M-DCPS retirees.

I understand that to qualify as a “retiree” of the FRS Public Employee Optional Retirement Program, I must terminate all FRS covered employment and take a full or partial distribution, as provided in Florida Statutes s.121.591.

I acknowledge that, depending on my Investment Plan effective date of transfer and termination, I could have a waiting period of up to three (3) calendar months before receiving a distribution. **Effective July 1, 2009, Investment Plan retirees may not be re-employed with an FRS employer in any capacity for six calendar months following the month a distribution (including a rollover) is taken.**

I understand that it is my responsibility to provide the Retirement Office with proof of my Investment Plan distribution. Upon receipt of this proof, I will be allowed to transfer from the Comprehensive Omnibus Budget Reconciliation Act (COBRA) Insurance Benefits (18-month limit on coverage) provided former employees, to a retiree insurance status with Miami-Dade County Public Schools.

Please read the Distribution Notice published by the FRS Investment Plan.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Phone Number