

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



PO BOX 3090 Tallahassee, FL 32315-3090
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Verification:

Member Name: _____ Member SSN: _____
Mailing Address: _____ Home Telephone Number: _____

According to our records, your DROP termination date is _____. You must terminate all Florida Retirement System (FRS) employment to receive your accumulated DROP benefits and begin your monthly retirement benefits. You and your employer's authorized representative must complete this form certifying your DROP employment termination.

Termination Requirement:

In order to satisfy your employment termination requirement, you must terminate all employment relationships with all participating FRS employers for the first 6 calendar months after your DROP termination date. Termination requirement means you cannot remain employed or become employed with any FRS covered employer in a position covered or non-covered by retirement for the first 6 calendar months following your DROP termination date. This includes but is not limited to: part-time work, temporary work, other personal services (OPS), substitute teaching, adjunct professor or non-Division approved contractual services.

Reemployment Limitation:

You may return to work for a participating FRS employer during the 7th - 12th calendar months following your DROP termination date, but your monthly retirement benefit will be suspended for those months you are employed. There are no reemployment limitations after the 12th calendar month following your DROP termination date.

If you fail to meet the termination requirement, you will void (cancel) your retirement and DROP participation and you must repay all retirement benefits received (including accumulated DROP benefits). If you void your retirement, your employer will be responsible for making retroactive retirement contributions and you will be awarded service credit for the period during which you were in DROP through your new employment termination date. You must apply to establish a future retirement date. Your eligibility for DROP participation will be determined by your future retirement date and you may lose your eligibility to participate in DROP.

This is to acknowledge that I will terminate or have terminated employment with my FRS employer on _____.

This further acknowledges that I have read and understand the above statements.

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 has produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification of Employment Termination:

This is to certify that the DROP participation for the above named member will terminate or has terminated on _____ with the Agency, who I am authorized to represent.

(Date)

Authorized Signature: _____ Position Title: _____
Print Name: _____ Phone Number: _____
Agency Name: Miami-Dade County Public Schools Agency# _____ Date: _____