

Florida Retirement System Pension Plan Request For Refund of Employee Contributions



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

MEMBER INFORMATION (please type or print):

MEMBER NAME: _____ MEMBER SSN: _____
(First, Middle, Last Name)

DATE OF BIRTH : _____ DAYTIME PHONE:(_____) _____ E-MAIL: _____
(MM/DD/YYYY)

MAILING ADDRESS: _____
(Street; including apartment) (City) (State) (Zip Code)

EMPLOYMENT INFORMATION:

List your last date of employment with any Florida Retirement System (FRS) employer: _____
(Month/Day/Year)

List all employers you worked for within the last 3 months. In addition to FRS-covered employment, work includes, but is not limited to part-time work, temporary work, other personal services (OPS), substitute teaching, adjunct instructing or non-Division approved contractual services: _____

IMPORTANT INFORMATION ABOUT REFUNDING EMPLOYEE CONTRIBUTIONS

1. To be eligible to receive a refund of your employee contributions you must terminate employment from all FRS participating employers and remain off payroll with all FRS-participating employers for three complete calendar months following your employment termination date. See list above for examples of employment with FRS participating employers. If your FRS employer reports your position for retirement purposes, your employer must also report your employment termination date to the FRS. *For example: If you terminate your employment July 6th, the earliest you may receive a refund of employee contributions is during the month of November.*
2. A refund of your accumulated employee contributions cancels the service credit represented by the contributions. By receiving a refund, you waive all rights under the FRS (or other existing systems administered by the FRS) to the service credit represented by refunded contributions.
3. Your non-employee contributory FRS service credit (if applicable) will not be affected by this refund.
4. If you are vested in the FRS Pension Plan your employee contributions can be left on deposit and qualify for a future monthly retirement benefit.
5. Refunding employee contributions may have serious tax implications. Read the enclosed Special Tax Notice Regarding Plan Payments for additional information and consult a tax professional if you have questions.

By signing this form, I am requesting a refund of all employee contributions and I acknowledge that I have read and understand the above information.

MEMBER SIGNATURE: _____ DATE: _____

Return the completed form to the address or fax number listed above.