

**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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**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**



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**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:** \_\_\_\_\_

