

**Florida Retirement System Pension Plan  
Application to Reactivate Retirement Benefits**



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

**Completed by Member:**

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_  
Home Mailing \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When eligible, please reactivate my retirement benefits for the following reasons:

\_\_\_\_\_ I have been retired for 12 months.  
\_\_\_\_\_ I terminated, or will terminate, my employment on \_\_\_\_\_.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you previously had insurance premiums deducted from your benefit payment, you must contact your insurance company to have them reinstated.**

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**Employer Certification:**

I certify that the above named employee terminated or will terminate employment with (employer)

\_\_\_\_\_ on \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_