

Florida Retirement System Pension Plan Information Request

PO Box 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500 **Toll Free:** 844-377-1888 **FAX:** 850-410-2010

Important Information for FRS Pension Members:

This form is **exclusively** for **FRS Pension Plan** members with **specific account inquiries**. FRS Investment Plan Members should visit MyFRS.com for assistance with their account.

We highly encourage all Pension Plan members to create an FRS Online account at FRS.FL.gov. It is the fastest, most secure, and most comprehensive way to manage your retirement information.

Through FRS Online, you can:

- Quickly and securely upload documents, including this completed form, for faster processing.
- Review your Service History.
- Designate your beneficiary(ies).
- Generate personalized Pension Plan estimates.
- Apply for service retirement, the Deferred Retirement Option Program (DROP), or a refund of employee contributions.
- Sign up for electronic document delivery.

General Inquiries	Action / Where to Look
General Plan Information	Refer to the Retirement Guides under Publications at FRS.FL.gov .
Other Types of Creditable Service	Refer to the Member Handbook for details. Submit any necessary forms or documentation required to evaluate your eligibility to purchase additional creditable service. If you previously inquired about other types of creditable service but no longer wish to proceed, please upload a signed and dated statement clearly declining the purchase to your FRS Online account at FRS.FL.gov.
Missing Creditable Service (Post-Audit)	If you believe your service history is inaccurate after we have audited your account , you must contact your employer directly to initiate a correction.



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Page 1 should be reviewed prior to completing this page.

Member Name: _____ **Member SSN:** XXX-XX-_____

Mailing Address: _____
Street / PO Box _____ Apt No _____

City _____ State _____ ZIP Code _____

Member Date of Birth: ____/____/____ **Primary Phone:** _____

Primary Email: _____ **Position Title:** _____

Current FRS Employer(s): _____

Spouse/Joint Annuitant (JA) Name: _____

(This is not an official beneficiary designation for retirement).

JA Date of Birth: ____/____/____ **JA Relationship (if not spouse):** _____

Member Signature: _____ **Date:** ____/____/____

Information Requested:

Please select the applicable category and check the specific estimate(s) you are requesting.

A. Non-Vested Members (Currently Employed):

If you are currently employed in an FRS-covered position and have **not yet met** the vesting requirements:

- I would like to know the approximate date when I am expected to reach the years of creditable service required to be vested and eligible for a monthly benefit.

B. Vested Members (Currently Employed):

If you are currently employed in an FRS-covered position and **have met** the vesting requirements, please select one or both of the following estimate requests:

- Earliest eligible month of participation in the Deferred Retirement Option Program (DROP).
 Retiring without participation in the DROP with an anticipated termination date of ____/____/____.

C. Vested Members (No Longer Employed):

If you are **no longer employed** in an FRS-covered position but are a vested member, please select **one** of the following options for your estimate:

- Receiving benefits as soon as possible (earliest date allowed by law).
 Deferred to normal retirement age.
 Deferred to a certain age: _____. (Please specify the desired age).

D. Other Types of Creditable Service:

- | | |
|---|---|
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> In-state or out-of-state service | <input type="checkbox"/> Refunded Service |
| <input type="checkbox"/> Past Service | <input type="checkbox"/> Upgraded Service |

Reminder to login to FRS.FL.gov to upload this form to receive your audit.

