

**State University System Optional Retirement Program (SUSORP)  
Retirement Conversion Form**



PO Box 9000, Tallahassee, FL 32315-9000  
Toll Free: 844-377-1888 Local: 850-907-6500 Fax: 850-410-2196

If you have service credit in the FRS Pension Plan for the period between the time you first became eligible to transfer to the SUSORP and your actual date of transfer, you may elect to transfer to the SUSORP a sum representing the present value of your accumulated benefit obligation for this brief period of service (a maximum of 3 months). To elect this option, service credit must have been earned during the period July 1, 1984 through December 31, 1992. Upon transfer of this sum, your service credit under the FRS Pension Plan for this period will be nullified. If you are interested in the present value transfer, you may contact the division at 844-377-1888, for a calculation of the amount to be transferred.

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Agency: \_\_\_\_\_ Position Title: \_\_\_\_\_

I am actively employed and currently enrolled in the SUSORP. I elect to remain in SUSORP and transfer to my SUSORP account the present value of my accrued benefit under the FRS Pension Plan (from July 1, 1984 through December 31, 1992) for service credit I earned between my initial date of SUSORP eligibility and my SUSORP effective date. I understand that by making this election that any service credit I may have accumulated in the FRS Pension Plan between the time I became eligible to transfer to the SUSORP and my actual date of transfer (from July 1, 1984 through December 31, 1992) will be transferred to the SUSORP. I understand that upon the transfer of the present value of this service that my service credit under the FRS Pension Plan associated with this service will be nullified.

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

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**TO BE COMPLETED BY EMPLOYER**

Employing Agency \_\_\_\_\_ Agency Number \_\_\_\_\_

Date of Employment \_\_\_\_\_ Class Code \_\_\_\_\_ Position Title \_\_\_\_\_

**I certify that the above information is accurate as shown above.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_