

Florida Retirement System Pension Plan
Extension of Deferred Retirement Option Program
(DROP) for Specified K-12 Personnel

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500

Toll Free: 844-377-1888

FAX: 850-410-2010

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): _____

K-12 instructional personnel with a district school board, Florida School for the Deaf and Blind as defined in s.1012.01(2)(a) - (d), F.S., or instructional personnel as defined in s. 1012.01(2)(a), F.S., with a developmental research school are allowed to participate in DROP beyond 96 months (up to a total of 120 months), as stated in s. 121.091(13) F.S. Instructional personnel who are authorized to extend DROP participation beyond the 96-month period must have a termination date that is the last working day of the school year within the DROP extension granted by the employer.

K-12 administrative personnel as defined in s. 1012.01(3), F.S. are also granted the potential to extend DROP participation beyond 96 months to reach the last working day of the school year, as stated in s. 121.091(13), F.S.

Any participant who is eligible to participate for more than 96 months must receive authorization from the employer for each year of participation after the initial 96-month period. To be considered eligible for DROP extension, the individual must be employed and remain in an eligible position during the initial DROP period and period of extension. If the participant changes positions to a non-eligible position during the period of DROP extension the participant's retirement and DROP are voided. Participation in DROP does not guarantee employment for the DROP period.

DROP Dates (MM/DD/YYYY):

Initial DROP Participation Begin Date: ___/___/___ Initial DROP Termination and Resignation Date: ___/___/___

I am requesting to extend my DROP participation through ___/___/___ (may not exceed 24 calendar months).

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



Florida Retirement System Pension Plan
Extension of Deferred Retirement Option Program
(DROP) for Specified K-12 Personnel

PO BOX 9000, Tallahassee, FL 32315-9000

Local Phone: 850-907-6500

Toll Free: 844-377-1888

FAX: 850-410-2010

Member Name: _____ **Member SSN:** _____

Employer Certification:

This is to certify that the _____ (employer name) has rescinded the resignation of the above-named member whose position meets the definition of an instructional/administrative position. The agency has approved a new termination date of ___/___/___ the last working day of the school year. The agency stipulates that this member is eligible to participate in DROP beyond 96 months and the member will continue working in a regularly established position as a _____.

Superintendent of Designee Signature: _____

Date: ___/___/___

Printed Name: _____ **Position Title:** _____

Employer Number: _____ **Employer Phone:** _____

