

APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN (DROP)

INSTRUCTIONS: This form is to be used by a member applying for the Deferred Retirement Option Plan (DROP). Part A is to be completed and signed by the member applying for the option. Part B is to be completed by the municipality's PMRS contact person. Once completed, the form is to be mailed to PMRS at the address identified below **along with a completed PMRB-8 "Application for Retirement Benefits" form or a completed PMRB-50 "Application for Retirement Benefits for Plans with Automatic Spouse's Death Benefits" form (whichever is applicable). Additionally a copy of the member's resignation letter to the municipality which specifies the intended DROP end date must be included.**

**Please mail this form and all requested documents to:
PMRS
P.O. BOX 1165
HARRISBURG, PA 17108-1165**

PLEASE TYPE OR PRINT ALL ENTRIES IN INK AND SIGN WHERE REQUESTED.

PART A: To be completed by member.

1. NAME <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> _____ <i>First</i> _____ _____ <i>Middle</i> _____ _____ <i>Last</i> _____ _____ <i>Suffix</i> _____ </div>		2. SOCIAL SECURITY NUMBER <div style="text-align: center; margin: 0 auto;"> _____ - _____ - _____ </div>
3. EMPLOYING MUNICIPALITY _____	4. MUNICIPAL CODE _____ - _____ - _____	
5. DROP EFFECTIVE DATE <div style="text-align: center; margin: 0 auto;"> ____ / ____ / ____ <i>MM DD YYYY</i> </div>	6. DROP END DATE <div style="text-align: center; margin: 0 auto;"> ____ / ____ / ____ <i>MM DD YYYY</i> </div>	

7. I elect to participate in the Deferred Retirement Option Plan (DROP) for a period not to exceed three (3) consecutive years. I understand that the ending date I have specified above cannot be extended and may be shortened only by termination of my employment. I also acknowledge that all the provisions of the DROP program have been fully explained to me and that by my election to participate in the DROP, I agree to forego as of the DROP effective date: (a) active membership in the pension plan; (b) any further growth in the final average salary used to calculate my retirement benefit; and (c) any additional credited service to be used in the calculation of my retirement benefit. I understand that my election to participate in DROP is irrevocable.

I certify that the information contained in Part A is true and accurate and I am aware it represents my application for enrollment in the Deferred Retirement Option Plan.

Signature of Employee

____ / ____ / ____
MM DD YYYY

PART B: To be completed by municipality.

8. I, as an authorized representative of the municipality, certify that the DROP effective and DROP end dates listed above are correct. The municipality agrees that the member's employment with the municipality shall be terminated upon the DROP end date, and also agrees to notify PMRS immediately if the member's employment is terminated prior to the DROP end date. I understand that during the DROP period, the member shall be considered a retired member of the pension plan.

Signature of Municipal Contact

____ / ____ / ____
MM DD YYYY

PART C: For PMRS use only.

REMARKS OR CORRECTIONS: _____

PROCESSED BY _____ VERIFIED BY _____ CKLIST: PMRB-8 _____ PMRB-50 _____

NOTIFICATION TO ENTER THE DEFERRED RETIREMENT OPTION PROGRAM

TO: _____
Employer

FROM: _____
Employee

DATE: _____
Date of Notification

RE: Notification to Enter the Deferred Retirement Option Program

In accordance with Municipal Pension Base Plan Document Addendum C § C.03, this serves as notification of my resignation for the purposes of entering the Deferred Retirement Option Program (DROP) administered by the Pennsylvania Municipal Retirement System (PMRS).

My last day of pensionable service will be _____ (30 days or more after date of notification), at which point I will enter the DROP. While in the DROP, I will continue to perform my duties. Subsequently, I will exit the DROP for retirement on or before _____ (which is not more than 36 full months after entering the DROP).

Signature