

**Florida Retirement System Pension Plan  
Application for Service Retirement**

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

All of the following are **required** before your name can be added to the retired payroll.

1. Termination of all employment with all employers under the Florida Retirement System (FRS). If you are dually employed with one or more FRS employer(s), you must terminate from all positions.
2. A properly completed Application for Service Retirement, Form FR-11. The FR-11 must be signed in the presence of a notary public and approved by your employer. Since your retirement date will be determined by the date we receive the FR-11, you should send the FR-11 to the Division of Retirement even if you do not have the other required documents. The FR-11 will be accepted up to six months before your desired retirement date. Notify the division of any address or telephone number changes that occur after you submit your FR-11.
3. A properly completed Option Selection for Members, Form FRS-11o. An explanation of the options is on the attached page titled "What Retirement Option Should You Choose."
4. A properly completed Spousal Acknowledgment Form, Form SA-1. You must complete and sign the top portion in the presence of a notary. If you are married and select option 1 or 2, your spouse should complete the bottom portion in the presence of a notary.
5. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. You may roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due. Form PRO-1, Pretax Direct Rollover, must be received with the payment.
6. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following (except for i):
  - a. Copy of a birth certificate
  - b. Delayed birth certificate
  - c. Valid, unexpired U.S. passport
  - d. Census report more than 30 years old
  - e. Life Insurance policy more than 30 years
  - f. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
  - g. Certificate of Naturalization
  - h. Florida driver's license issued after January 1, 2010 that indicated compliance with the federal REAL ID Act
  - i. In the absence of one of the above, a copy of two of the following documents:
    - (1) Birth certificate of child, showing age of parent (limit one)
    - (2) Baptismal certificate more than 30 years old
    - (3) Hospital record of birth
    - (4) School record at time of entering grammar school
7. A copy of your marriage certificate if you selected option 3 or 4 and name your spouse as your joint annuitant.
8. A final certification of your earnings by your employer for the last four months of your employment. **Your employer is aware of this requirement.**
9. A Statement of Military Eligibility will be mailed to you if you claim military service and the form is needed.
10. A Beneficiary Designation, Form FST-12, if designating more than one beneficiary; otherwise complete the **Beneficiary Designation** section of Form FR-11.
11. Direct Deposit of your benefit is available through the state's Electronic Funds Transfer (EFT) program. An application will be mailed to you after your name has been added to the retired payroll. If you are a state employee, currently on EFT, you will automatically continue on EFT unless you cancel your authorization.

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Application for Service Retirement**



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Member Name	_____	Member SSN	_____
Position Title	_____	Birth Date	_____
Home Phone	_____	Work Phone	_____
Home Mailing Address	_____	Present FRS Employer(s)	_____
	_____		_____
	_____		_____

My services terminated, or will terminate, on \_\_\_\_\_. Your retirement date is determined by the Division of Retirement.

**Beneficiary Designation:** All previous beneficiary designations are null and void unless you are applying for a second career retirement benefit. In the case of a second career benefit, this application does not affect your original benefit in any way. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

<u>Primary</u>		<u>Contingent</u>	
Name	_____ Relation _____	Name	_____ Relation _____
SSN	_____ DOB _____	SSN	_____ DOB _____
Phone	_____	Phone	_____
Address	_____	Address	_____

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. This includes but is not limited to: part-time work, other personal services(OPS), substitute teaching, adjunct professor or non-Division approved contractual services. I also understand that I cannot add service, change options, change my type of retirement (Regular, Disability, and Early) or elect the Investment Plan once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

**Member Signature:** (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of \_\_\_\_\_, County of \_\_\_\_\_. The above named person who has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**Employer Certification:** This is to certify that the above named member was employed by this agency and will terminate, or has terminated on \_\_\_\_\_ with the last day worked on \_\_\_\_\_.

Authorized Personnel Signature: \_\_\_\_\_ Agency Number: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Florida Retirement System Pension Plan  
Option Selection for FRS Members**



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

A member must select one of the following retirement options prior to receipt of their first monthly retirement benefit.

**I select:**

\_\_\_\_\_ Option 1: A monthly benefit payable for my lifetime. Upon my death the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.

\_\_\_\_\_ Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.

\_\_\_\_\_ Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

**The social security number of my joint annuitant is \_\_\_\_\_.**

\_\_\_\_\_ Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of **either my joint annuitant or me**, the monthly benefit payable to the surviving person (my joint annuitant or me) **is reduced to two-thirds** of the monthly benefit payable while we were both living. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

**The social security number of my joint annuitant is \_\_\_\_\_.**

**COMPLETE AND RETURN FORM SA-1**

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** add service, change options or change my type of retirement (Regular, Disability or Early) once my retirement becomes final. My retirement becomes final when any benefit payment is cashed, deposited or when my Deferred Retirement Option Program (DROP) participation begins.

**Member Signature:** (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of Florida, County of \_\_\_\_\_, The above named person who has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**Florida Retirement System Pension Plan  
Spousal Acknowledgment Form**



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

**CHECK ONE OF THE FOLLOWING:**

MARRIED: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES AND YOU SELECTED OPTION 1 OR 2,  
YOUR SPOUSE MUST ALSO COMPLETE BOX 2.

**Notarized Signature of Member:** \_\_\_\_\_

1 **Notary:** State of Florida, County of \_\_\_\_\_. The above named person who has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

SPOUSAL ACKNOWLEDGMENT: I, \_\_\_\_\_ being the spouse of the above named  
member, acknowledge that the member has selected either Option 1 or 2.

**Notarized Signature of Spouse:** \_\_\_\_\_

2 **Notary:** State of Florida, County of \_\_\_\_\_. The above named person who has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**The following is an explanation of all four Florida Retirement System Options:**

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

## FLORIDA RETIREMENT SYSTEM PENSION PLAN TERMINATION AND REEMPLOYMENT AFTER RETIREMENT

To receive a retirement benefit, including the Deferred Retirement Option Program (DROP) payout, you must terminate all employment, to include but not limited to: part-time work, other personal services (OPS), poll worker, substitute teaching, adjunct professor, or non-Division approved contractual services with all employers participating under the Florida Retirement System (FRS). If you are dually employed with one or more FRS employers, you must terminate this employment as well.

After you retire without participating in DROP (service retirement), or terminate DROP participation, you are subject to the following Termination Requirements and Reemployment restrictions in the first 12 calendar months of your service retirement beginning with the month of your effective retirement date or following your DROP termination date:

**Termination Requirements** - During the first six calendar months of your service retirement beginning with the month of your effective service retirement date or following your DROP termination date, you cannot be reemployed in any capacity with any FRS participating employer. If you are reemployed with an FRS employer in any capacity during this six calendar month period, your retirement application will be cancelled and you will be required to repay all retirement benefits received including any DROP accumulation or payout. There are no exceptions to the six calendar month termination requirements.

Examples of six month termination requirement period:

- If you retire without participating in DROP and terminate your employment on June 10 and retire effective July 1, you cannot have any employment relationship with any FRS employer during the calendar months of July through December.
- If you terminate DROP on August 31, you cannot have any employment relationship with any FRS employer during the calendar months of September through February.

**Reemployment Restrictions** - During the seventh through the twelfth calendar months of your service retirement or following your DROP termination date, you may return to work for an FRS participating employer but your retirement benefits shall be suspended for the months you are employed in any capacity with a participating FRS employer. Exceptions for FRS retirees are outlined in Section 121.091(9), Florida Statutes.

There are no restrictions on working for an FRS employer after the twelfth calendar month.

If you retired under the disability provisions of the FRS and become employed with any employer whether public or private, your disability benefit will be discontinued. There are no reemployment exceptions for disability retirees.

When your name is added to the retired payroll, you will receive a "READY.SET.RETIRE." guide that further explains the FRS reemployment provisions.

If you have any questions about the effects of reemployment on your retirement benefits, you may call toll free at (844) 377-1888 or the local number (850) 907-6500, e-mail [retirement@dms.myflorida.com](mailto:retirement@dms.myflorida.com) or write to:

Division of Retirement  
Post Office Box 9000  
Tallahassee, Florida 32315-9000

**Independent contractors** are self-employed individuals in the business of providing services to the general public. After retiring from the FRS Pension Plan you may enter into a contract with any FRS employer as an independent contractor without being subject to the reemployment after retirement provisions. Becoming a contract employee with a FRS employer who receives a Form 1099 instead of a W-2 is not becoming an independent contractor.

If you are considering providing independent contractor services to a FRS employer during the first 12 calendar months of your effective service retirement date or following your DROP termination date, you must complete the Employment Relationship Questionnaire (ERQ-1) and submit a copy of your contract to the Division of Retirement's Enrollment Section for a worker status determination.

**CAUTION: DO NOT RETURN TO WORK AS A "CONSULTANT" OR INDEPENDENT CONTRACTOR WITH AN FRS EMPLOYER UNTIL THE DIVISION OF RETIREMENT HAS FIRST PROVIDED YOU A DETERMINATION OF YOUR WORKER STATUS.**