

**Florida Retirement System Pension Plan
Application to Reactivate Retirement Benefits**



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

Completed by Member:

Member Name: _____ Member SSN: _____
Home Mailing Address _____ Home Phone: _____

When eligible, please reactivate my retirement benefits for the following reasons:

_____ I have been retired for 12 months.
_____ I terminated, or will terminate, my employment on _____.

Member Signature: _____ Date: _____

If you previously had insurance premiums deducted from your benefit payment, you must contact your insurance company to have them reinstated.

Employer Certification:

I certify that the above named employee terminated or will terminate employment with (employer)

_____ on _____

Signature: _____ Title: _____

Date: _____ Phone: _____