

**Florida Retirement System Pension Plan
Information Request**



PO Box 9000
Tallahassee FL 32315-9000

Member Name _____ Birth Date _____ SSN _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Spouse/Joint Annuitant (*) Name _____ Birth Date _____ Relationship _____

(*) This is not an official beneficiary designation for retirement.

Members of the Florida Retirement System (FRS) can name only a spouse or joint annuitant to receive survivor benefits under option 3 or 4. See the FRS Today booklet for definition of joint annuitant.

Information Requested

_____ Compute an estimate of benefits based on a termination of employment on _____
Current annual rate of pay \$ _____
Circle length of contract or regular work year: 9 10 11 12 months.

_____ Compute Deferred Retirement Option Program (DROP). Begin date _____ End date _____

For members employed by educational agencies only: Your employer must certify that your position meets the definition of instructional personnel under Section 1012.01(2), Florida Statutes, upon entering DROP. Are you currently in such a position?

Yes _____ No _____

_____ Compute the amount due for:

- _____ Leave of absence – Contact your personnel office for Form FR-28. Complete the FR-28 and attach to this form.
- _____ In-state or out-of-state service – Contact your personnel office for Form FR-30. Requirements for purchasing your in-state or out-of-state service (includes federal and non-wartime military service) are listed on the FR-30. Upon receipt of the FR-30 from your former pension system, we will audit your retirement account and advise you of the cost to claim your in-state or out-of-state service.
- _____ Military service – Attach a copy of your discharge papers (DD-214 or equivalent) for each period of military service you wish to claim. Requirements for purchasing military service can be found on the form MF-1 or in the FRS Today booklet (available in your personnel office). If you are not eligible to claim your military as active wartime service or as a leave of absence, you may be eligible to claim the service as out-of-state service.
- _____ Refunded service – You must be reemployed in a position covered for retirement for one continuous year.

_____ Compute my total years of service.

_____ Other _____

Current Job Title _____ Member Signature _____ Date _____

Employer Use Only

Is the member currently on leave of absence? _____ Contact person _____

List all periods of Workers' Compensation _____ Employer No. _____ SUNCOM# _____

_____ Local Phone _____

Comments: _____ Retirement credit for Workers' Compensation is available at no cost to the member. However, restrictions do apply. For a listing of requirements for Workers' Compensation, contact your personnel office and request a copy of Chapter 2, Part I.C. in the *FRS Employer Handbook*.