

DROP

Enter DROP

Dear Employee,

Congratulations! I understand that you are interested in applying for DROP. Please call the Florida Retirement System at 1-844-377-1888 to confirm that you qualify for DROP and to obtain an estimate of your pension benefit which will assist you in making your option selection. Through the secure web environment of Online Services, you may calculate your own informal benefit estimate. The web address is <http://frs.myflorida.com>. Please make sure to print the estimate(s). Please review your DROP estimate information and be prepared to make your option election.

The DROP application will be provided, completed and notarized on the day of your appointment. It will be necessary for you to provide identification (such as your FL Driver License or FL ID) for the notary public. You will need to provide the name, date of birth and social security number of your beneficiary (beneficiaries) regardless of option selection.

When completing a retirement application, an option selection is required. Please review the information on the retirement option election. If you are married and select Option 1 or 2, your spouse's notarized signature is required on the Spousal Acknowledgment (SA-1) form which will be provided on the day of your appointment.

Option 1 is the basic monthly benefit and will provide you, the retiree, with the maximum monthly benefit you will be eligible to receive. The benefit will stop at your death.

Options 2, 3, and 4 are less than the Option 1 amount and are designed to provide a continuing benefit to a beneficiary or joint annuitant.

Option 2 is a reduced monthly benefit payable for your lifetime. If you die within a period of ten years from your retirement date or DROP begin date, your designated beneficiary will receive the same monthly benefit you were receiving until the monthly benefits payable to both you and the beneficiary equal the balance of the ten year period. You will need to provide the date of birth and social security number of your beneficiary (beneficiaries). If you die after that ten year period, there is no continuing benefit to the beneficiary. The amount of reduction of Option 2 depends on your age only. Option 2 would be particularly appropriate if you are in ill health and your beneficiary does not qualify as a joint annuitant. Anyone can be named as a beneficiary under Option 2, as well as charities, organizations, or your estate or trust.

If you choose either option 3 or 4, your beneficiary must qualify as your joint annuitant. Your spouse, your natural and legally adopted child who is either under 25 or your natural and legally adopted child who is physically or mentally disabled and incapable of self-support (regardless of age) may qualify as your joint annuitant. **Please note that if you are electing Option 3 or**

Option 4 and elect your legal spouse as your joint annuitant, a copy of your marriage license must be provided.

Option 3 is a reduced monthly benefit payable for your lifetime. Upon your death, your joint annuitant, if living, will receive the same monthly benefit you were receiving. No further benefits are payable after both you and your joint annuitant are deceased.

Option 4 is an adjusted monthly benefit payable to you while both you and your joint annuitant are living. Upon the death of either you or your joint annuitant, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. No further benefits are payable after both you and your joint annuitant are deceased.

Additionally, proof of your birth date must be submitted at the time of your application. If you select Option 3 or 4, you must also submit birth date verification for your joint annuitant. We will accept legible photocopies of one of the following (except for g.):

- a. Birth Certificate
- b. Delayed birth certificate
- c. Census report more than 30 years old
- d. Life Insurance policy more than 30 years
- e. Letter from the Social Security Administration stating the date of birth it has established for the payment of benefits
- f. Certificate of Naturalization
- g. In the absence of one of the above, a document from two of the following
 - (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

You will have the opportunity to cash out hours from your **Personal Leave/Vacation** bank at the time of your DROP enrollment (Extended Illness/Sick Time cash out is **not** an option). The cash out request will not be process for 100% of your Personal Leave. You must maintain at least 12 hours in your Personal Leave bank. Please contact an authorized 403b/457 representative from the attached contact list in the event that you would like to shelter your Personal Leave cash out from taxes. You will need to provide the tax shelter representative with your latest check stub. The completed payroll authorization form/ salary reduction agreement form must be turned in on the day of your appointment to accompany the cash out request.

If you wish to make an appointment, please fax a copy of your DROP estimate to 305-355-5011 and include your telephone number or e-mail address on the cover sheet so that I may be contact you with an appointment. Please be advised that after the first month of participation, a DROP participant can not add additional service, change benefit payment options, change DROP begin date or change type of retirement (e.g. from service retirement to disability retirement).

Regards,

Nicole Taylor
Benefits
Human Resources Capital Management



Benefits Department
Human Resources Capital Management
1801 NW 9 Avenue, Suite 712
Miami, Florida 33136
Telephone: 786-466-8355

DROP Termination

Dear Employee,

This is in response to your inquiry concerning retirement. If you are interested in the DROP Termination process, please be advised that you will need to contact the Florida Retirement System (FRS) at 1-844-377-1888. Inform FRS of the date that you are terminating employment and terminating DROP at least 1 month in advance. You will need to bring the original DP-Term form (that you should receive from FRS upon your notification to them of your termination date) on the day of your appointment. **The “Employer Certification of Employment Termination” section of the DP-Term form will be signed by me at the time of your appointment as I am the authorized signer for FRS.**

In order for me to provide you with an appointment to process your retirement application, you must terminate your employment. Please present your manager written notification of your intentions to retire and include the effective date at least one month in advance. JHS managers are now required to use Lawson Manager Self Service (MSS) to enter these types of actions. Upon HR-Benefits receiving confirmation that the electronic PAM has been approved, you will be contacted with an appointment. Please be advised that you will need to provide identification (such as your FL Driver License or FL ID) for the notary public on the day of your appointment to process your retirement.

Employee group coverage is cancelled the last day of the pay period in which the separation of employment date falls and for which you experience a regular insurance deduction or made direct payment to Jackson Health System. At the time of retirement, you will have the opportunity to change your insurance election and enroll in any of the available JHS Retiree Insurance plans if you are currently insured. Any dependent that is currently insured under your plan may also be maintained on your coverage.

The Jackson Health System- Selection Form for New Retirees has been included in your packet to allow you time to review the rates and prepare to make your insurance selection at the time of your appointment. If you are electing life insurance, you will need to provide the date of birth and social security number of your beneficiary (beneficiaries). **In order to be eligible to enroll in the Retiree Group insurance upon retirement from Jackson Health System/Public Health Trust, you must transition into retirement within 30 days of your termination date. You will have 30 days from your termination date to enroll or change your Retiree insurance election.**

If you need information on Social Security and Medicare, please call them at 1-800-772-1213 (or website www.ssa.gov). Please contact an authorized 403b/457 representative from the attached contact list in the event that you would like to shelter your Personal Leave/Extended Illness payout from taxes. You will need to meet with the tax shelter representative to obtain the appropriate form(s). We recommend that you print a copy of your latest check stub to assist you in determining your payout. The completed and signed payroll authorization form must be turned in on the day of your appointment.

Please have your manager email me upon receipt from Process Flow that the electronic PAM has been approved. If you wish to make an appointment, please fax (or e-mail) me your DP-Term form to 305-355-5011. Include your telephone number and e-mail address on the cover sheet so that I may contact you with an appointment.

Regards,

Benefits
Human Resources Capital Management