CITY OF DELRAY BEACH FIREFIGHTERS' RETIREMENT SYSTEM

REQUEST FOR DROP PARTICIPATION AND CALCULATIONS

I, the undersigned, do hereby state that I wish to participate in the City of Delray Beach Firefighters' Retirement System's Deferred Retirement Option Plan ("DROP") and thus request the calculation of benefits available to me as outlined in the City of Delray Beach Ordinance Section 33.84.

Name: _____

Address: _____

_____

Phone Number & Email: _____

Social Security Number: *** - ** - _____

Date of Birth: _____

Date of DROP Plan Participation: _____

Length of DROP Plan Participation: 60 months (5 years) or until I reach 30 years of credited service (whichever is shorter)

Beneficiary Information:
   Name: _____

   Date of Birth: _____

   Relationship: _____

I understand the following:
- the earliest DROP participation date available to me is the first day of the first calendar month 30 days after my request for calculation has been received by the Board of Trustees (or Pension Administrator);
- the maximum period of time I may participate in the DROP is 60 months or the date I reach 30 years of credited service, whichever is shorter;
- upon completion of my participation in the DROP, my employment with the City of Delray Beach shall terminate;
- my last day in the DROP cannot be extended beyond the maximum DROP participation period;
- I may choose to participate in the DROP for a lesser period of time than the maximum allowed;
- once I elect to participate in the DROP, I may not participate in an Early Retirement Incentive Plan (if available); and
- the City of Delray Beach Firefighters' Retirement System pays the cost of one "inquiry" calculation and the final calculation of benefits but if I want additional "inquiry" calculations, I must pay for such additional calculations.

I have received a copy of City of Delray Beach Ordinance Section 33.84.

_____   _____
Employee Signature   Date