

## DROP Enrollment Form - New Participant

### Enrollment

To participate in the Deferred Retirement Option Plan (DROP), a member of the retirement system must submit the following to MFPRSI:

1. A DROP Enrollment Form, completed and signed by the member and by the chief.
2. A copy of a completed resignation letter with the city (Use the sample form attached or a resignation form required by the city).
3. A Designation of Beneficiary Form.
4. A copy of the member's birth certificate.

Upon the member's completion of the enrollment form and the resignation letter (1 and 2 above), these two documents must be submitted to the department for execution.

The department will make and keep a copy of these two documents for their records.

The completed packet of all four documents will then be submitted to MFPRSI.

### Eligibility

The active member of the retirement system must be at-least age 55 with at-least 22 years of Chapter 411 service to enter the DROP program.

**Note 1:** The accrual of the DROP benefit will occur in accordance with the following administrative rule adopted by MFPRSI:

#### 14.4 Accrual of DROP Benefit

An amount equal to seventy-five percent of the member's DROP benefit shall accrue to the benefit of the member for each month of participation in the plan. An amount equal to twenty-five percent of the member's accumulated DROP benefit shall accrue to the benefit of the member upon the occurrence of any of the following events:

1. Termination of participation in the plan on the selected plan termination date;
2. Termination of participation prior to the selected plan termination date as the result of entitlement to a disability benefit under either section 411.6(3) or section 411.6(5);  
or,
3. Death prior to the selected plan termination date.

This rule is intended to implement Iowa Code section 411.6C(2)(c).

## DROP Enrollment Form - New Participant

\_\_\_\_\_  
First Name Last Name Last 5 digits of SSN Date of Birth

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Email Phone

Check one:  Police or  Fire City: \_\_\_\_\_

DROP Enrollment Date (must be the first day of the month of DROP participation) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Term of DROP You Elect (select one):  3 Years  4 years  5 years

- I have examined the information provided, which describes the Deferred Retirement Option Plan (DROP) and do hereby elect to participate in the DROP.
- I understand that if I terminate my participation in the DROP prior to the completion of the term I select, other than by death or disability, that I will receive the amount of funds accrued in the account to that date, as described in the DROP benefit plan description.
- I agree to retire from my current covered employment at the end of the DROP period.
- I understand that if I do not terminate my employment at that time, I am entitled to the accrued DROP amount, not the 25% increase for completion of the DROP period. Additionally, my monthly pension will not commence until I actually retire.
- I understand the DROP distribution will not be paid until I actually terminate 411 service and have been retired for at least one month.

\_\_\_\_\_  
Signature of DROP participant Date

Department's Confirmation of Member's Hire Date (insert hire date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Signature of department chief of designee Date

## Resignation Letter

For submission to the city\*

Upon entering the Deferred Retirement Option Plan, I hereby submit my resignation with my final day of employment to be: \_\_\_\_\_

Insert the completion date of the DROP period you selected. The Chapter 411 termination date must be the last day of the final month of DROP participation.

I understand that my employer's acceptance of my resignation does not constitute a guarantee of my employment through the effective date of my resignation.

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of department chief or designee

\_\_\_\_\_  
Date

A copy of the resignation letter is forwarded with DROP forms to MFPRSI.

\*The city may substitute its own resignation form.

## DROP Participant's Beneficiary Designation

I hereby designate the individual below as my beneficiary under DROP.

Member Information		
First Name	Last Name	Last 5 digits of SSN
Email	Phone	

Beneficiary Information			
First Name	Last Name	Last 5 digits of SSN	Date of Birth
Street Address	City	State	Zip
Email	Phone		
Relationship to Member			

- I reserve the right to revoke or change my beneficiary designation made in accordance with the provisions of the plan and acknowledge that any change or revocation is binding upon the administration of the plan only upon its receipt at the plan's administrative offices. This designation is **applicable only to the DROP plan and does not alter any designation** made for the Iowa Code Chapter 411 retirement benefit plan.
- I hereby revoke all prior designations (if any) of beneficiaries for the DROP plan. The Plan Administrator will pay any sums payable under the plan by reason of my death to the beneficiary, if he/she survives me. If no named beneficiary survives me, and no spouse survives me, the Plan Administrator will disburse any such amounts due in accordance with Chapter 411 of the Iowa code.

\_\_\_\_\_  
 Signature of member (participant)

\_\_\_\_\_  
 Date