

# City of Tallahassee DROP to Retirement Notification

Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_ \*Retirement Date: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Dept.: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

	Pension Plan	*Termination Date
<input type="checkbox"/>	General	Your termination date is your last day of employment. Your monthly retirement check is paid at the end of each month. So, if you terminate employment on any day other than the last day of the month, that month's pension payment will go into your DROP account. That means you will not receive your first monthly pension until the following month.
<input type="checkbox"/>	Police	
<input type="checkbox"/>	Fire	

### Personal and Sick Leave Payout

*Remember: You will only be paid up to the max balance of personal leave you had when you entered the DROP.*

*You will be paid out for your Sick Leave according to your employment class.*

<input type="checkbox"/>	Payout (There will be a 25% federal withholding.)
<input type="checkbox"/>	Rollover into a tax deferred savings account, MAP 401(k) or RSVP 457
<input type="checkbox"/>	Not sure

### Health Insurance/Benefits

Eligible for Medicare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you currently have City Health Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Health Insurance is the only benefit you can add outside of the open enrollment period

Do you plan to continue City Health Insurance or pick it up at retirement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
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### Empower Retirement Tax Deferred Savings Accounts – MAP 401(k), RSVP 457, Police/ Firefighters Supplemental Share Plan

You are not required to take distribution of any of these accounts. You may vest them with Empower Retirement until you reach age 70 ½ with no fees or penalties. Although you can no longer contribute to these accounts after you retire, you do retain investment control over them.

### Employee Signature

Signature _____	Date _____
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### Retirement Representative Signature

By signature below, the Retirement Division acknowledges eligibility for this employee's Retirement Notification as indicated above.

Signature _____	Date _____
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Please give the Retirement Office at least 30 days notice of your intent to retire.