

DROP Entry Checklist

**** PLEASE BE SURE TO CAREFULLY COMPLETE ALL REQUIRED FIELDS AND PROVIDE ALL ADDITIONAL DOCUMENTATION. FAILURE TO DO SO WILL CAUSE A DELAY IN PROCESSING YOUR BENEFIT ****

- ☐ Complete all paperwork and required documents and return to the Retirement Systems office SIXTY (60) DAYS prior to your DROP Entry date, including:
 1. **Application to Enter DROP (Deferred Retirement Option Program) Form:** It is important to complete all sections. Processing may be delayed if any item is missing or unclear.
 2. **Proof of Birth:** You must provide proof of your date of birth: copy of a birth certificate, copy of a passport, copy of a Real ID, or copy of citizenship
 3. **Spouse's Notarized Signature:** All legally married applicants, must have a spouse sign in the presence of a notary no matter what Joint & Last Survivor Option is selected. If you have chosen a Joint & Last Survivor Option, remember to include proof of birth for your spouse, and a copy of your marriage certificate.
 4. Agency head/supervisor must sign the DROP application

- ☐ Return completed forms to your Retirement Analyst via:
 - E-mail: SCDavis@fcps.edu or Stephanie.Davis2@fairfaxcounty.gov
 - Fax: 703-653-9543
 - Mail (please do not send through courier)
 - Walk-Ins: Monday – Friday from 11am – 2pm

**** walk-ins are for dropping off forms, please call or email me directly with any questions ****

All questions regarding health, life or dental insurance processes should be directed to FCPS Benefits at HRConnection@fcps.edu or (571) 423-3200, option 3, option 2.

Application to Enter DROP (Deferred Retirement Option Program)

Original application must be received by the Retirement Systems office AT LEAST 60 days prior to DROP enrollment date.

Last Name:		First Name:		Middle Initial:			
*Birth certificate or proof of birth is required Date of Birth:		Social Security #:					
Address:		City:	State:	Zip:			
Phone #:		Work Phone #:					
Email Address:		Date of DROP enrollment: (MUST be a pay period start date.)					
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Spouse Name:					
Spouse Social Security #:		Spouse Birthdate:					
BENEFICIARY	Primary Beneficiary		Name**:				
	Relationship:		SSN:	DOB:			
	Alternate Beneficiary		Name:				
	Relationship:		SSN:	DOB:			
<p>**In the event of death during DROP, if the member has chosen a Joint & Last Survivor (J&LS) option, the spouse will receive the DROP balance and the J&LS annuity. If no J&LS option is elected, the beneficiary will receive the DROP account balance and any remaining member contribution balance.</p> <p>An alternate beneficiary may be designated for payment in the event the primary beneficiary has passed away.</p> <p>If beneficiary designations are different from membership data card, this election is considered filed with the Board and is considered binding.</p>							
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> I have been informed of the Joint & Last Survivor Options available to me and have elected to take: (Please enclose copy of spouse's birth certificate and marriage license if Joint and Last Survivor Option has been elected) </td> <td style="width: 20%; vertical-align: top;"> <input type="checkbox"/> Single Life Annuity <input type="checkbox"/> 50% Option <input type="checkbox"/> 66²/₃% Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option </td> <td style="width: 30%; vertical-align: top;"> Number of Hours of Sick Leave Held Back: (40 hours maximum) _____ </td> </tr> </table>					I have been informed of the Joint & Last Survivor Options available to me and have elected to take: (Please enclose copy of spouse's birth certificate and marriage license if Joint and Last Survivor Option has been elected)	<input type="checkbox"/> Single Life Annuity <input type="checkbox"/> 50% Option <input type="checkbox"/> 66 ² / ₃ % Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option	Number of Hours of Sick Leave Held Back: (40 hours maximum) _____
I have been informed of the Joint & Last Survivor Options available to me and have elected to take: (Please enclose copy of spouse's birth certificate and marriage license if Joint and Last Survivor Option has been elected)	<input type="checkbox"/> Single Life Annuity <input type="checkbox"/> 50% Option <input type="checkbox"/> 66 ² / ₃ % Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option	Number of Hours of Sick Leave Held Back: (40 hours maximum) _____					
<p>Request to enter DROP: Under the provisions of the Fairfax County Employees' Retirement System Ordinance, I hereby elect the DROP option. I understand that I am entering DROP for THREE years and that my employment will TERMINATE at the end of the DROP period. I understand that if I become disabled I may be required to exit the DROP program.</p>							
<p>Employee Signature: _____ Date: _____</p> <p>Supervisor acknowledgement MUST be received PRIOR to submission to the Retirement Systems. (Please keep a copy of this for your records.)</p> <p>Supervisor Acknowledgement: _____ Date: _____</p>							
<p>Spousal Acknowledgment (For all married applicants: Spouse must sign and date below and have signature notarized.)</p> <p>I have read and understand the Joint and Last Survivor payment options available (see reverse) and the Joint and Last Survivor Option elected by my spouse. Further, I am aware that counseling is available regarding payment options through the Retirement Systems office.</p> <p>Signature of Spouse: _____ Date: _____</p> <p>..... Notarization of this application is not required if the member is NOT married</p>							
<p>TO BE COMPLETED BY NOTARY or other Court Official authorized to take acknowledgements</p> <p>State of _____ City/County of _____</p> <p>On this _____ day of _____, _____, the persons whose names are signed above, personally appeared before me and acknowledged the foregoing signatures to be his or hers, and having duly sworn before me, made oath that the statements made in the said instrument are true.</p> <p>My commission expires _____</p> <p>Date: _____ Notary Signature: _____ Registration #: _____</p>							

JOINT AND LAST SURVIVOR OPTIONS

A retiring member of the Fairfax County **Employees' Retirement System** may elect a Joint and Last Survivor option if he or she retires under normal, early or deferred vested retirement provisions.

If you make this election, you will receive a reduced retirement benefit. However, after your death, your surviving spouse will continue to receive a percentage (50% $66\frac{2}{3}\%$, 75%, or 100%) of your reduced benefit for life.

This J&LS election does not include the Pre-Social Security Benefit.

The amount of reduction to your benefit depends on the difference between your age and your spouse's age, and on the percentage of your benefit that your spouse will receive. The Retirement Systems office can give you additional information about how the joint and last survivor option affects the amount of your benefit.

The joint and last survivor option may not be changed once you have retired except in the event of the death of your spouse or in the event of divorce.

Death – If your spouse should die before you, your benefit will be increased to an amount equal to the monthly benefit you would have received if you had not elected the joint and last survivor option.

Divorce – If you and your spouse divorce following your retirement, you may elect to discontinue the joint and last survivor option provided that your divorced spouse's rights under the joint and last survivor options have been extinguished pursuant to the final decree of divorce or the final property order entered in connection with your divorce case. Your benefit will be increased to an amount equal to a monthly

benefit you would have received if you had not elected the joint and last survivor option. Once it has stopped, you may not elect the joint and last survivor option again, even if you remarry.

JOINT AND LAST SURVIVOR BENEFIT REDUCTION FACTORS

Age of Spouse	100%	75%	$66\frac{2}{3}\%$	50%
22 yrs younger	69.6%	75.8%	79.0%	83.2%
21 yrs younger	70.3%	76.4%	79.5%	83.6%
20 yrs younger	71.0%	77.0%	80.0%	84.0%
19 yrs younger	71.7%	77.6%	80.5%	84.4%
18 yrs younger	72.4%	78.2%	81.0%	84.8%
17 yrs younger	73.1%	78.8%	81.5%	85.2%
16 yrs younger	73.8%	79.4%	82.0%	85.6%
15 yrs younger	74.5%	80.0%	82.5%	86.0%
14 yrs younger	75.2%	80.6%	83.0%	86.4%
13 yrs younger	75.9%	81.2%	83.5%	86.8%
12 yrs younger	76.6%	81.8%	84.0%	87.2%
11 yrs younger	77.3%	82.4%	84.5%	87.6%
10 yrs younger	78.0%	83.0%	85.0%	88.0%
9 yrs younger	78.7%	83.6%	85.5%	88.4%
8 yrs younger	79.4%	84.2%	86.0%	88.8%
7 yrs younger	80.1%	84.8%	86.5%	89.2%
6 yrs younger	80.8%	85.4%	87.0%	89.6%
5 yrs younger	81.5%	86.0%	87.5%	90.0%
4 yrs younger	82.2%	86.6%	88.0%	90.4%
3 yrs younger	82.9%	87.2%	88.5%	90.8%
2 yrs younger	83.6%	87.8%	89.0%	91.2%
1 yr younger	84.3%	88.4%	89.5%	91.6%
SAME AGE	85.0%	89.0%	90.0%	92.0%

Age of Spouse	100%	75%	$66\frac{2}{3}\%$	50%
1 yr older	85.7%	89.6%	90.5%	92.4%
2 yrs older	86.4%	90.2%	91.0%	92.8%
3 yrs older	87.1%	90.8%	91.5%	93.2%
4 yrs older	87.8%	91.4%	92.0%	93.6%
5 yrs older	88.5%	92.0%	92.5%	94.0%
6 yrs older	89.2%	92.6%	93.0%	94.4%
7 yrs older	89.9%	93.2%	93.5%	94.8%
8 yrs older	90.6%	93.8%	94.0%	95.2%
9 yrs older	91.3%	94.4%	94.5%	95.6%
10 yrs older	92.0%	95.0%	95.0%	96.0%
11 yrs older	92.7%	95.6%	95.5%	96.4%
12 yrs older	93.4%	96.2%	96.0%	96.8%
13 yrs older	94.1%	96.8%	96.5%	97.2%
14 yrs older	94.8%	97.0%	97.0%	97.6%
15 yrs older	95.5%	97.0%	97.5%	98.0%
16 yrs older	96.0%	97.0%	98.0%	98.4%
17 yrs older	96.0%	97.0%	98.0%	98.8%

***If your spouse is older or younger than you, beyond the ages listed on this table, please contact your retirement counselor for percentages.*

***It is your obligation to notify the Retirement System's office in the event of your spouse's death.**

DROP Application Schedule

The original application must be received by Retirement Systems AT LEAST 60 DAYS PRIOR to the DROP enrollment date.
Please refer to the chart below that matches your current pay schedule.

Employees Paid Bi-Weekly	
DROP entry date:	Application must be received by:
7/27/2024	5/28/2024
8/10/2024	6/11/2024
8/24/2024	6/25/2024
9/7/2024	7/9/2024
9/21/2024	7/23/2024
10/5/2024	8/6/2024
10/19/2024	8/20/2024
11/2/2024	9/3/2024
11/16/2024	9/17/2024
11/30/2024	10/1/2024
12/14/2024	10/15/2024
12/28/2024	10/29/2024
1/11/2025	11/12/2024
1/25/2025	11/26/2024
2/8/2025	12/10/2024
2/22/2025	12/24/2024
3/8/2025	1/7/2025
3/22/2025	1/21/2025
4/5/2025	2/4/2025
4/19/2025	2/18/2025
5/3/2025	3/4/2025
5/17/2025	3/18/2025
5/31/2025	4/1/2025
6/14/2025	4/15/2025

Employees Paid Monthly	
DROP entry date:	Application must be received by:
8/1/2024	6/3/2024
9/1/2024	7/1/2024
10/1/2024	8/1/2024
11/1/2024	9/3/2024
12/1/2024	10/1/2024
1/1/2025	11/1/2024
2/1/2025	12/2/2024
3/1/2025	1/2/2025
4/1/2025	2/3/2025
5/1/2025	3/3/2025
6/1/2025	4/1/2025
7/1/2025	5/1/2025
8/1/2025	6/2/2025
9/1/2025	7/1/2025
10/1/2025	8/1/2025
11/1/2025	9/2/2025
12/1/2025	10/1/2025
1/1/2026	11/3/2025
2/1/2026	12/1/2025
3/1/2026	1/2/2026
4/1/2026	2/2/2026
5/1/2026	3/2/2026
6/1/2026	4/1/2026
7/1/2026	5/1/2026

HOW TO USE THE RETIREMENT BENEFIT ESTIMATOR

1. Visit the Retirement Systems Website at www.fairfaxcounty.gov/retirement and go to MyRetirement Log In

2. Enter your username and password.

Retirement SYSTEMS
EMPLOYEES' POLICE Officers UNIFORMED

FAIRFAX COUNTY RETIREMENT SYSTEMS
WEB MEMBER SERVICE

Welcome to Web Member Services

Sign In

Username

Password **Login**

[Forgot your password?](#)

[Forgot your username?](#)

Why Register?

As a Member

- View your member information
- Estimate your benefit
- View your nominated beneficiaries
- View your on-file contact information

3. Use the menu on the left to access the Benefit Estimator.

Retirement SYSTEMS
EMPLOYEES' POLICE Officers UNIFORMED

FAIRFAX COUNTY RETIREMENT SYSTEMS
WEB MEMBER SERVICE

Member Information

- Account Summary
- Nominated Beneficiary
- Benefit Estimator**

User Information

- Personal Information

Account Summary

Summary Information

Current Plan: Employees' Retirement System

Current Employer(s): Fairfax County

Current Status: Active

Date of Birth: 07/10/1980

Benefit Estimate: Projected Dates

Projected Dates

Estimate Type: Retirement

Projected Dates: Service Retirement: 04/03/2026

Projected Separation: Service Retirement: 04/03/2026

Projected Payments Begin: Early Retirement: 10/03/2023
Deferred Vested: 04/03/2028
Early Deferred Vested: 04/13/2025

Continue **Cancel**

4. For Estimate Type, use the drop down to select: Retirement.

4a. For Projected Dates, use the drop down to select: Service Retirement. This option allows you to do a DROP or Normal Retirement estimate.

Once you are Vested (5 years service), the Deferred Vested option date appears.

4b. You can only enter DROP after the date that is listed for Service Retirement. If you are choosing that first eligible date to produce your DROP estimate, the two fields below will have populated themselves correctly. If you want to choose a date AFTER your first eligibility date, you can override the date in the 3rd box "Projected Date of Separation." If you override that date, you must also override the "Projected Payments Beginning Date" by inserting a date one day later than the date above.

Projected Separation: 04/03/2026

Projected Payments Begin: 04/04/2026

Projected Payment begins the day after the Projected Separation date.

Benefit Estimate: Eligible Benefit Options

Projected Dates

Estimate Type: Retirement
 Projected Separation: 04/03/2026
 Projected Payments Begin: 04/04/2026

Eligible Benefit Options

Projected Eligibility Service: 17.00233
 Benefit Type:
 Continue

5. On the next screen, you select the Benefit Type you would like. Select Service Retirement for Normal Retirement.

On the Benefit Estimate - your unused sick leave credit may be up to one month behind.

Benefit Estimate: Calculation Options

Projected Dates


Estimate Type: Retirement
 Projected Separation: 04/03/2026
 Projected Payments Begin: 04/04/2026

Eligible Benefit Options

Proj Eligibility Service: 17.00233
 Benefit Type: Service Retirement

Calculation Options

Projected Benefit Service: 16.96993
 Projected Final Average Salary: \$5,673.89
 Payment Options:
 Download

 You will need a copy of the Adobe Acrobat Reader, which can be [downloaded](#) for free from Adobe's site.

6. Projected Benefit Service (benefit eligible time worked) & Projected Final Average Salary allow you to inflate your number of years of service and potential salary, taking into consideration any expected pay increases over the next few years.

The Payment Options shows reduction factors for providing a Joint & Last Survivor Option (J&LS). The J&LS allows you to leave your spouse and **only your spouse** a reduced monthly benefit. Selecting this will reduce your monthly benefit. The reduction depends on the age difference between you and your spouse and on the percentage of your benefit that your spouse will receive. A Single Life Annuity is opting out of the J&LS.

If you select - Single Life Annuity, you do not need to insert any Beneficiary Information.

★ If you select "All Options," you must complete the Beneficiary information.

Once you have completed all the fields, click "Download." You can open the file or find it in the "Downloads" folder on your computer.

Payment Options:
 Beneficiary Name:
 Beneficiary Relationship:
 Beneficiary Date of Birth:
 Download
 Your estimate will be downloaded as a PDF file.

Downloads

Fairfax_Estimate_20220329_105252.pdf
 Open file

Fairfax County Public School members (and any part time members) -

Please be aware that Projected Benefit Service will over-project service years for all members working less than 2,080 hours per year (including: most FCPS employees working in transportation, food services, teaching, administration, and all part-time Fairfax County employees). This will result in an over-estimated monthly benefit.