

## 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:
Name:   *Birth certificate or proof of birth is required							
Date of Birth:				Social Security #:			
Add	Iress:			City:	St	ate:	Zip:
Pho	one #:			Work Phone #:			
				Date of DROP enrollment:			
	ail Address:			( <u>MUST</u> be a pay period start date.)			
	□ Single □ Divorced □ Married □ Widowed Spouse Name:						
Spo	use Social Security #:			Spouse Birthdate:			
٢	Primary Beneficiary	Name**:	1				
BENEFICIARY	Relationship:	SSN:		DOB:			
ENEF	Alternate Beneficiary	Name:					
	Relationship:		SSN:		DOB:		
**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. An alternate beneficiary may be designated for payment in the event the primary beneficiary has passed away. If beneficiary designations are different from membership data card, this election is considered filed with the Board and is considered binding.							
l ha	ave been informed of the	,, ,	, ,	Single Life Annuity			Hours of Sick
(0		d have elected to take:	:	□ 50% Option □ 66 <sup>2</sup> / <sub>3</sub> % Op		Leave Held	
(P	lease enclose copy of spouse's b Joint and Last Survivo	r Option has been elected)	icense ij	□ 75% Option □ 100% Opti	ion	(40 hours maxii	mum)
	-			nty Employees' Retirement Syster			-
		•		my employment will TERMINATE a	at the en	d of the DROF	period.
I understand that if I become disabled I may be required to exit the DROP program.   Employee Signature: Date:							
				to the Retirement Systems. (Please	Date:	-	r vour records )
Supe	ervisor acknowledgement w		300111331011	to the Kethement Systems. (Fleuse	Keep u t	copy oj tins jo	your records.)
Supervisor Acknowledgement:				Date:			
-							
-				t sign and date below and have sign ent options available (see reve			and Last
				at counseling is available rega	-		
	Retirement Systems off						
Sig	nature of Spouse:				Date:		
				t required if the member is NOT ma			
TO BE COMPLETED BY NOTARY or other Court Official authorized to take acknowledgements							
St	State of City/County of						
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.							
My commission expires							
Date: Notary Signature: Registration #:						ition #:	

## **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%  $66^{2}/_{3\%}$ , 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.

A	1000/	750/	$cc^{2}/20/$	500/
Age of Spouse	<u>100%</u>	<u>75%</u>	<u>66²/3%</u>	<u>    50%   </u>
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%	<u>75%</u>	<u>66<sup>2</sup>/3%</u>	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.



Fairfax County Retirement Systems 12015 Route 50 \* Suite 350 \* Fairfax, VA 22033 703-279-8200 \* TTY: 711 \* Fax: 703-653-9543 www.fairfaxcounty.gov/retirement/