

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:	
<i>*Birth certificate or proof of birth is required</i>		Social Security #:	
Date of Birth:	City:	State:	Zip:
Address:	Work Phone #:		
Personal Phone #:	Date of DROP enrollment: <i>(MUST be a pay period begin date.)</i>		
Email Address:	Has employment been continuous? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, indicate break(s) in service:		
Date of Employment:	Spouse Name:	Spouse SSN:	Spouse DOB:
Spouse Name:	Spouse SSN:	Spouse DOB:	
Dependent Name(s):	SSN:	DOB:	
Automatic Benefit to Surviving Spouse and Children - An automatic death benefit will be paid to your eligible surviving spouse and children in the event of your death after DROP.			
Primary Beneficiary Name: ** <i>(if no spouse or dependents)</i>		SSN:	DOB:
<p>I have been informed of the Joint & Last Survivor Options available to me and have elected to take: <i>(You must provide a copy of your marriage license and copies of birth certificates for both yourself and your spouse)</i></p> <p> <input type="checkbox"/> No Option <input type="checkbox"/> 66²/₃% Option Number of Hours of Sick Leave Held Back: _____ <input type="checkbox"/> 25% Option <input type="checkbox"/> 75% Option <i>(40 hours maximum)</i> <input type="checkbox"/> 50% Option <input type="checkbox"/> 100% Option </p>			
<p>Request to enter DROP: Under the provisions of the Fairfax County Police Officer 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>			
Employee Signature: _____		Date: _____	
<p><i>Supervisor acknowledgement MUST be received PRIOR to submission to the Retirement Systems. (Please keep a copy of this for your records.)</i></p>			
Supervisor Signature: _____		Date: _____	
<p><i>**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.</i></p>			
Retirement Systems Authorization: _____		Date Entered into DROP: _____	

JOINT AND CONTINGENT SPOUSE AND HANDICAPPED CHILD OPTIONS

Retiring members of the **Police Officers Retirement System** (Normal and Early Service) may elect a Joint and Contingent Spouse and Handicapped Child Option, which entitles the surviving spouse or surviving handicapped child to receive all or a percentage (25%, 50%, 66²/₃%, 75% or 100%) of their base retirement benefit after their death. If the Joint and Contingent Option is elected, the retiree's benefit will be reduced. The amount of reduction depends on the difference in age between the retiree and his or her beneficiary (see chart below). A partial year is not considered a difference in age.

If the beneficiary should pre-decease the retiree, the retiree's benefit will be increased to what it would have been if no option had been elected.

A member who elects a Joint and Contingent Spouse and Handicapped Child Option at retirement is required to provide notice and proof of his or her spouse or handicapped child's death before the retirement system will increase the amount of his or her retirement allowance to what he or she would have received in the absence of his or her earlier election of a Joint and Contingent Spouse and Handicapped Child Option.

JOINT AND CONTINGENT OPTION REDUCTION FACTORS

Age of spouse:

Younger	100%	75%	66 ² / ₃ %	50%	25%	Older	100%	75%	66 ² / ₃ %	50%	25%
-12	84.80%	88.40%	89.20%	92.10%	96.00%	+1	90.00%	92.30%	93.10%	94.70%	97.30%
-11	85.20%	88.70%	89.50%	92.30%	96.10%	+2	90.40%	92.60%	93.40%	94.90%	97.40%
-10	85.60%	89.00%	89.80%	92.50%	96.20%	+3	90.80%	92.90%	93.70%	95.10%	97.50%
-9	86.00%	89.30%	90.10%	92.70%	96.30%	+4	91.20%	93.20%	94.00%	95.30%	97.60%
-8	86.40%	89.60%	90.40%	92.90%	96.40%	+5	91.60%	93.50%	94.30%	95.50%	97.70%
-7	86.80%	89.90%	90.70%	93.10%	96.50%	+6	92.00%	93.80%	94.60%	95.70%	97.80%
-6	87.20%	90.20%	91.00%	93.30%	96.60%	+7	92.40%	94.10%	94.90%	95.90%	97.90%
-5	87.60%	90.50%	91.30%	93.50%	96.70%	+8	92.80%	94.40%	95.20%	96.10%	98.00%
-4	88.00%	90.80%	91.60%	93.70%	96.80%	+9	93.20%	94.70%	95.50%	96.30%	98.10%
-3	88.40%	91.10%	91.90%	93.90%	96.90%	+10	93.60%	95.00%	95.80%	96.50%	98.20%
-2	88.80%	91.40%	92.20%	94.10%	97.00%	+11	94.00%	95.30%	96.10%	96.70%	98.30%
-1	89.20%	91.70%	92.50%	94.30%	97.10%	+12	94.40%	95.60%	96.40%	96.90%	98.40%
SAME AGE	89.60%	92.00%	92.80%	94.50%	97.20%						

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