



Application for Enrollment Deferred Retirement Option Program (DROP) Deputy Sheriff's Pension Plan

1. Application Information (please print):

Name: _____ Employee ID: _____

Gender: _____ SSN (Last 4): _____

Address: _____ Date of Birth: _____

Email Address: _____ Phone: _____

2. Election to Participate – Effective Date of Participation

In accordance with the provisions of the Prince George's County Government Deputy Sheriff's Pension Plan, I hereby elect to participate in the Deferred Retirement Option Plan (DROP). I request that my participation in the Deferred Retirement Option Plan become effective.

Participation Effective Date: _____

3. Acknowledgment of DROP Conditions

By submitting this application, I acknowledge the following:

- I have carefully reviewed the summary of the terms of DROP. I have discussed any questions I have concerning benefits payable to me under the plan and fully understand the conditions of my participation in the plan.
- I understand my election to participate in the DROP is irrevocable, and that separation from employment at the end of my DROP participation is required. I understand that my decision to retire at the end of DROP is irrevocable and I agree that I will follow all Department check-out procedures at the end of my DROP participation, including my submission of a resignation letter.
- As of the effective date of my DROP participation, I will be considered retired from the Prince George's County Police Pension Plan. Therefore, my pension benefit will be calculated based on my average final compensation and service credit earned at that time. No additional service credit is earned while I am in DROP.
- While I may continue to receive, merit and step pay increases, cost of living adjustments (COLA), and promotions during my enrollment in the DROP, any pay increases that I may receive will not impact the calculation of my pension benefit.
- I will continue to make biweekly employee contributions, which will be applied to my DROP account.
- My monthly pension benefit is calculated in the form of a single life annuity. An election of a joint and survivor option may occur at the end of the DROP period.
- I understand that participation in this plan is for three (3) years; at the end of this period, or upon my early withdrawal (for example, in the case of Disability), I will accrue no further Pension Plan benefit of any kind, my employment with the County terminates and I will begin receiving my pension benefit.

4. Election of Primary Beneficiary

In the event of death prior to the end of participation in the DROP, the balance of the DROP account will be paid to the named party below. Whether or not the named beneficiary on this form is also your spouse, a separate surviving spouse Contingent Annuitant benefit will still be payable to your spouse (if any) pursuant to Deputy Sheriff's Pension Plan Section 6.1 and based on the monthly benefit calculated at entry into DROP.

If you are naming one primary beneficiary indicate 100% as the distribution percentage. To designate more than one primary or contingent beneficiaries, include a DROP Participant Designation of Beneficiary Form. The total percentage for each classification of beneficiary must equal 100%.

Check here to indicate a beneficiary form is attached.

Name:

SSN:

Relationship:

Date of Birth:

Distribution (%):

Sign in the presence of a Notary

I hereby voluntarily make an election for the Prince George's County Deputy Sheriff's Pension Plan Deferred Retirement Option Plan (DROP) and consent to the established terms and conditions.

I understand my election is irrevocable and I cannot receive a distribution from my DROP account until I have terminated my participation in the plan.

To the best of my knowledge and understanding, the above information is correct and any benefits payable to me or my beneficiary(ies) will be determined in accordance with the above information.

Employee Signature:

Date:

On this date: _____, before me, the undersigned officer, personally appeared _____, known to me (or has satisfactorily proven) to be the person whose name is subscribed to the within the instrument and acknowledged that he/she executed the same for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public:

Expiration of Commission:

I certify that the information contained herein is correct and is furnished in accordance with the provisions of the Prince George's County Deputy Sheriff's Pension Plan.

Retirement Administrator:

Date:

Office of Human Resources Management

1400 McCormick Drive
Largo, MD 20774
301-883-6330

