



# Interest of Participation Form

## Deferred Retirement Option Program (DROP)

### Deputy Sheriff's Pension Plan

Please complete this form and send as an attachment to [pensions@co.pg.md.us](mailto:pensions@co.pg.md.us). Employees must have at least 22 or 27 years of service depending on date of hire or attain age 57 with at least 5 years of continuous service, as of their anticipated DROP entry date. Completion of this form is neither final nor binding. Your DROP enrollment date is determined exclusively by your seniority. **You must submit this form no less than 30 days prior to your desired enrollment date, for consideration.**

#### 1. Participant Information (please print):

<b>Name:</b>	<b>Employee ID:</b>
<b>Email Address:</b>	<b>Phone:</b>
<b>Desired DROP Enrollment Date:</b>	

I am providing this written notice of my intent to enter DROP. I understand that upon confirmation of my entry date, I must file the Application for Enrollment with the Retirement Administrator.

<b>Employee Signature:</b>	<b>Date:</b>
<b>Received by OHRM Pensions Division:</b>	<b>Date:</b>

#### For Office Use Only

<b>Hire Date:</b>	<b>Seniority #:</b>
<b>Years of Service:</b>	<b>DROP Entry Date:</b>
<b>Completed by:</b>	<b>Verified by:</b>

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