



Florida Retirement System (FRS) - New Employee Certification Form

This is **not** an enrollment form. An FRS Retirement Choice kit will be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. Indicate your previous State of Florida administered retirement plan **and** complete Section III or IV.

FRS Pension Plan (incl. DROP)

TRS

Other¹

FRS Investment Plan

SCOERS

III. I am **not retired**² from any State of Florida administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months or received my first distribution or rollover from the FRS Investment Plan within the last 6 calendar months. I understand that if it is later determined that I have violated the termination or reemployment provisions of the FRS, I **must repay** any benefits received. **My employer may also be liable for repaying any benefits I have received.**

SIGNATURE

DATE

IV. I am **retired**² from the Florida Retirement System. The effective date of my retirement or conclusion of DROP from the Pension Plan, or first distribution from the FRS Investment Plan was _____.

I understand that as a Pension Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first calendar month** after I retired or ended my participation in DROP, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**³, and I must reapply for retirement benefits before my retirement will be effective.

b. If I am reemployed at any time during the 2nd through the 12th months after my retirement or conclusion of DROP, my monthly retirement benefit **must be suspended**³ during these months of my retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

I understand that as an Investment Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.

b. If I am reemployed at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional Investment Plan distributions³ until I terminate employment or complete 12 calendar months of retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

SIGNATURE

DATE

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, non-FRS plans are available to certain State University (i.e., SUSORP), Community College (i.e., CCORP) and State Senior Management Class (i.e., SMSOAP) employees. Contact your employer for deadline and other information.

²You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution (including a rollover) under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP).

³The Division of Retirement and the Investment Plan Administrator have the right to request a return of distributions received in violation of the reemployment provisions.