

TUSCALOOSA POLICE OFFICERS AND FIREFIGHTERS RETIREMENT PLAN Deferred Retirement Option Plan (DROP) Election Form

(This form and the Declaration of Benefit Option Form must be completed and returned to the City of Tuscaloosa Human Resources Department at least 30 days and no more than 90 days prior to your effective DROP date.)

Member:

Last Name: _____ First: _____ MI: _____
D.O.B.: _____ Sex: M F SSN: _____ D.O.H.: _____

Beneficiary:

Last Name: _____ First: _____ Middle: _____
D.O.B.: _____ Sex: M F SSN: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____

Beneficiary:

Last Name: _____ First: _____ Middle: _____
D.O.B.: _____ Sex: M F SSN: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____

Beneficiary:

Last Name: _____ First: _____ Middle: _____
D.O.B.: _____ Sex: M F SSN: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____

I hereby elect to enter the DROP effective _____ .
month day year

Attached is a copy of Sec. 7.14 of Act HR 817 (the pension act) which explains the DROP. I have read and understand this attachment.

Warning: "Sec. 7.14 (e) Any member who elects the DROP and does not retire from active service by the end of the DROP period chosen under 7.14 (a) shall (i) forfeit the balance of his or her DROP account at the end of the DROP period and not have any additional benefits deposited into the DROP account, and (ii) have his or her benefit determined at actual retirement without regard to service or salary earned during the DROP period."

Member's Signature _____ Date: _____

Subscribed and sworn before me this _____ Day of _____ .
month year

Notary Public My Commission expires _____