



**BOARD OF PENSIONS**

**AND RETIREMENT**

**PHILADELPHIA PUBLIC EMPLOYEES  
RETIREMENT SYSTEM**

**DEFERRED RETIREMENT OPTION PLAN  
(DROP)  
APPLICATION**

PLEASE COMPLETE THIS FORM IF YOU WANT TO APPLY FOR DROP. PLEASE INCLUDE PROOF OF AGE, NAME CHANGES (IF APPLICABLE) AND A COPY OF YOUR SOCIAL SECURITY CARD ALONG WITH THIS FORM. APPLICATIONS RECEIVED WITHOUT THE REQUIRED DOCUMENTATION OR DROP ENTRY DATE WILL NOT BE APPROVED.

PLEASE PRINT

Employee Name \_\_\_\_\_  
Last First Middle

Payroll Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Email \_\_\_\_\_ Telephone Number \_\_\_\_\_

**DROP ENTRY DATE** \_\_\_\_\_

*(PLEASE REFER TO COVER LETTER AND ENCLOSED DROP ENTRY DATE GUIDE LETTER FOR APPROPRIATE DATE)*

**ONCE YOUR APPLICATION IS ACCEPTED INTO DROP, YOUR ELECTION TO PARTICIPATE IS IRREVOCABLE.**

YOU SHOULD SIGN THIS APPLICATION THE WAY YOU TYPICALLY SIGN YOUR NAME AND THE WAY YOU WILL ENDORSE YOUR PENSION CHECKS.

\_\_\_\_\_  
Employee Signature Date

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*To be completed by Board of Pensions & Retirement:*

Date Application Received: \_\_\_\_\_ Approved: YES NO

DROP Entry Date \_\_\_\_\_ Reason Not Approved: MINIMUM SERVICE REQUIREMENT

Staff Initials \_\_\_\_\_ MINIMUM AGE REQUIREMENT

Date \_\_\_\_\_ INCOMPLETE APPLICATION

OTHER \_\_\_\_\_

\* For a complete listing of acceptable documentation please see the back of this form.

TWO PENN CENTER PLAZA, 16<sup>TH</sup> FLOOR, PHILADELPHIA, PENNSYLVANIA 19102  
Phone: 215-496-7400

DROPAPL

Rev 10/11

## **ACCEPTABLE DOCUMENTS FOR PROOF OF AGE**

- Valid Passport
- Birth certificate
- DD 214 (Military discharge form)
- Baptism record

## **ACCEPTABLE PROOF OF NAME CHANGES:**

- Divorce Papers
- Marriage Certificate
- Death Certificate
- Legal Documents from a Court Changing Your Name