



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 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 RECEIVED, 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

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, 16TH FLOOR, PHILADELPHIA, PENNSYLVANIA 19102
Phone: 215-685-3441 Fax: 215-496-7420

DROPAPL

ACCEPTABLE DOCUMENTS FOR PROOF OF AGE

- Valid Passport
- Driver License
- 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