



RICHMOND RETIREMENT SYSTEM
City of Richmond, Virginia

Deferred Retirement Option Program (DROP)
RETIREMENT APPLICATION

PART A. MEMBER INFORMATION

1. Name: John B. Doe		2. SSN: 111-22-3333	3. Birth Date: 07/01/1952
4. Address: 900 East Broad Street, Richmond, Virginia 23219		5. Phone Number: 804.646.5958	
6. Department: Retirement	7. DROP Entry Date: 7/1/2012	8. DROP Exit Date: 7/1/2017	
9. Position Title: Master Firefighter or Police Officer	10. Membership Plan (Check One) <input type="checkbox"/> Defined Benefit <input checked="" type="checkbox"/> Defined Benefit with Enhanced Option		

PART B. TYPE OF RETIREMENT (Refer to the Members Handbook for Public Safety Members)

11. Type of Retirement (Check One)
 Service (Normal Retirement - Age 60 or older)
 Early Service (Age & Service)
 Early Service (Service)

PART C. BENEFIT PAYMENT OPTIONS (Refer to the Members Handbook for Public Safety Employees)

12. Benefit Payment Options (Check One)
 Basic Benefit Level Payment Smooth-Out
 % Pop-Up Joint and Last Survivorship % Joint and Last Survivorship

PART D. SURVIVOR INFORMATION (Complete Part D only if you chose a survivorship option in Part C.)

13. Name:	14. SSN:	15. Birth Date:
16. Address:		17. Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Other

PART E. CERTIFICATION

18. Member's Certification
 I hereby certify that: 1) all of the foregoing facts are correct, 2) I have read and understand the service retirement information in the Members Handbook, 3) I have read and understand the DROP Administrative Guidelines, 4) I have satisfied the retirement eligibility requirements set forth in the City of Richmond Code Chapter 78 and 5) I fully understand Section 78-208 of the City of Richmond Code governing the DROP and Article IX of Chapter 78 of the City of Richmond Code governing payment options available to me. I further understand that I must: 1) submit proof of my birth date, 2) submit proof of my contingent beneficiary's birth date, if I elect a survivorship option, 3) make an election to retain all or part of my unused sick leave upon entry into the DROP, and 4) complete additional payroll forms upon exiting DROP. Additionally, I understand that I am considered a retired member for all purposes related to the System and I agree that I or my estate will repay any excess payment of benefits, if any, to which I was not entitled.

 Member's Signature _____
 Date

TO BE COMPLETED BY NOTARY or by other Court Official authorized to take acknowledgements:
 State of _____ City/County of _____ on _____ 20 ____
 The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.

 Notary Public My commission expires: _____
 Notary Registration Number: _____

RRS Use Only

Board of Trustees Agenda Date: _____ Member's Creditable Service: _____
 Member's Age: _____

RICHMOND RETIREMENT SYSTEM
City of Richmond, Virginia
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
ELECTION OF SICK LEAVE BENEFITS

Name: John B. Doe	Social Security Number: 111-22-3333
Present Mailing Address: 900 East Broad Street, Richmond, Virginia, 23219	Phone No.: 804.646.5958
Department: Police Officer or Firefighter	DROP Entry Date: 7/1/2012

I understand that as a member of the Richmond Retirement System:

- I may elect to convert any or all of my unused sick leave to creditable service upon my entry into the DROP pursuant to the provisions of Chapter 78 of the Retirement Code.
- I will continue to accrue additional sick leave during my DROP period.
- If I elect to retain part of my unused sick leave during my DROP period, any unused sick leave remaining at the end of the DROP period will not be eligible for conversion.
- I may not change this election after my DROP entry date.

I hereby elect the following action regarding my accrued sick leave:

_____ To convert all hours of my unused sick leave to creditable service, or
JBD To convert 1240 hours of my unused sick leave to creditable service.

Member's Signature _____ **Date** _____

Department Certification of Unused Sick Leave

This is to certify that _____ had _____ total hours
of unused sick leave as of _____.
(Date of Termination)

Department: _____

Payroll Clerk **Date:** _____

Agency/Department Head **Date:** _____

NOTE: This form is to be completed as of the date of separation and forwarded to the Richmond Retirement System within five (5) days of termination.



**RICHMOND RETIREMENT SYSTEM
DEFERRED RETIREMENT OPTION PROGRAM
ACCOUNT DISTRIBUTION ELECTION**

I plan to exit the Deferred Retirement Option Program (DROP) on 07/01/12 and hereby make the following election from my DROP account:

- I elect to receive payment of the DROP benefits in a lump sum, less all applicable federal and state withholding taxes.
- I elect to receive payment of the DROP benefits via direct rollover, paid directly from the DROP to the custodian of an eligible retirement plan as defined in section 401(a), 401(k), 403(b) or 457 of the Internal Revenue Code, a traditional individual retirement account (IRA) or an individual retirement annuity. (NOTE: Rollover instructions must be provided from the qualified plan.)

I ACKNOWLEDGE THAT I AM AWARE OF THE TAX CONSEQUENCES OF MY ELECTION AND THAT THIS ELECTION IS IRREVOCABLE AND CANNOT BE CHANGED.

_____ Date _____
Member/Designated Beneficiary Signature

Member/Designated Beneficiary Printed Name

In the State of _____, City/County of _____, on _____, 20_____ the individual whose name is signed above appeared before me, acknowledged the foregoing signature to be his/hers, and, having been duly sworn by me, made an oath that the above statements are true.

Notary Public: _____

My commission expires: _____

Notary Registration number: _____



CITY OF RICHMOND

RICHMOND RETIREMENT SYSTEM

**Healthcare Enhancement for Local Public Safety (HELPS) Provision
(Sec. 845 of P.L. 109-280)**

**PUBLIC SAFETY OFFICERS AUTHORIZATION FORM
FOR TAX-EXEMPT HEALTH INSURANCE DISTRIBUTIONS**

Name: John B. Doe SSN: 111-22-3333

Address: 900 East Broad Street

City, State, Zip Richmond, Virginia 23219

Participation Authorization:

- The Richmond Retirement System (the "Plan") permits any retired public safety officer who separated from service with the City of Richmond by reason of disability or attainment of normal retirement age, age 60 (an "eligible retired public safety officer") to elect to have qualified health insurance premiums for the City provided health insurance plan subtracted from pension distributions.
- Amounts which you elect to have paid directly to the insurer will not be includible in income for Federal income tax purposes. This tax exclusion may not apply to state taxes.
- As a result of this tax exclusion, the income tax withholding from your monthly pension annuity may be reduced. You should consult with your tax advisor to make sure that enough money is paid from taxes withheld from your pension or through estimated taxes to avoid underpayment penalties.
- The amount that may be excluded under this election is limited to \$3,000 annually. You may not elect additional tax-preferred treatment from this Plan or any other qualified retirement plan (i.e., governmental defined benefit plans, 457(b) plans, or 403(b) plans) in excess of this limit.
- The Plan is complying with federal law by withholding insurance premiums from my pension benefits. In doing so, the Plan is only performing an administrative function and is only responsible for the payment of premiums, as required by law.

I understand the information above and the effect of this election. In addition, I hereby affirm that I am an eligible public safety officer and elect to have my qualified health insurance premiums paid by the Plan directly to the insurer on my behalf pursuant to the exclusion.

Signature

Date