

Deferred Retirement Option Plan (DROP) Application



Section 1 – Member Information

Last Name	First Name	Middle Initial
Street Address	Rank	
City	State	Zip Code
SSN	DOB	Home Phone
Email Address		Cell Phone
Current District	Current Post	Academy Class #
(DROP begins the following day, which is the first day of the pay period.)		
Saturday Pay Period End Date		

Type of Retirement: Age & Service

Section 2 – Marital and Dependent Information

Marital Status – CHECK ALL THAT APPLY

Single
 Married (**Must submit copy of Marriage Certificate**)
 Divorced
 Widowed

Gender: Male
 Female

Spouse's Name

Marriage Date Spouse's SSN Spouse's DOB

Dependent Children Name(s)	Gender (M/F)	SSN	DOB	Check (✓) if Disabled

Section 3 – Service Credit

You, as a member, may purchase credit for prior HPRS withdrawn credit, active duty military service, and FULL-TIME service under any Ohio public retirement system (OPERS, STRS, SERS, OP&F, and Cincinnati Retirement System), subject to certain restrictions. Military, OP&F and OPERS (only contributing service while at the Academy) can be used toward your 25 years of service.

Please mark if applicable:	Date(s)	From:	To:	Have Purchased:
Military		-		Yes / No
Prior Withdrawn HPRS		-		Yes / No
Ohio Police & Fire Pension Fund		-		Yes / No
Ohio Public Employee Retirement System		-		Yes / No
State Teachers Retirement System		-		Yes / No
School Employees Retirement System		-		Yes / No
Cincinnati Retirement System		-		Yes / No

Other Service Credit

You may also be eligible to apply for credit for any period, not to exceed three years, during which you were not receiving a salary from the State Highway Patrol but were receiving benefits under Chapters 4121. and 4123. of the Revised Code (BWC).

Are you currently receiving or have you in the past received BWC payments as a result of your employment with the Highway Patrol?

Yes No If yes, BWC Claim Number: _____

Please indicate the dates: From: _____ To: _____

Incident Date: _____

Claim (Injuries): _____

If there has been more than one period of time in which you received BWC payments, please identify the time periods, BWC claim number, incident date, and injuries of each on additional paper.

Section 4 – Payment Plan Selection

A surviving spouse is eligible to receive a survivor benefit. Any combination of payments made to a surviving spouse and/or any other beneficiary selected under the **Joint and Survivor Annuity** or **Life Annuity Certain and Continuous** cannot exceed the pension the retiree was receiving at the time of death.

Please select **ONE** of the plans by providing your signature and documentation, if requested.

Single Life Annuity

I authorize HPRS to pay my service retirement pension on the basis of a Single Life Annuity payment plan. I understand that I shall be paid the highest monthly amount I am entitled to receive throughout my life and that the payment ends upon my death. I also understand that this cannot be changed after my retirement unless I marry or remarry. If I marry after I retire, I realize that I can cancel the single life annuity plan and reselect a joint and survivor annuity plan naming my spouse at the time as beneficiary.

▶ _____ _____
Member's Signature **Date**

Joint and Survivor Annuity (this plan reduces your pension) - This is in addition to any survivor benefit

Copies of member and beneficiary birth certificates are required. Copy of marriage certificate is required if member and beneficiary are married.

I authorize HPRS to pay my service retirement pension on the basis of the Joint and Survivor Annuity payment plan I have selected below. I nominate _____ as my beneficiary, whose relationship to me is that of _____ and whose Social Security number is _____, to receive a lifetime monthly allowance upon my death equal to _____ percent or max (cannot exceed the pension amount the retirant was receiving at the time of death) of my actuarially reduced monthly allowance. I understand that this selection cannot be changed after retirement except as follows:

- (1) If within ONE year of receiving a retirement pension OR if my marriage to the beneficiary ends, I understand that with the written consent of the beneficiary, I can cancel this plan and convert to the Single Life Annuity plan which pays me the highest monthly allowance I am entitled to receive.
- (2) If I marry after retirement, I can cancel this plan if I am not married to the beneficiary and re-select a Joint and Survivor Annuity plan naming my spouse beneficiary.

The Joint and Survivor Annuity plan is automatically canceled by law and the pension payment converts to the Single Life Annuity plan upon submission of a death certificate to the HPRS.

I understand my pension must be actuarially reduced to provide this additional benefit.

▶ _____
Member's Signature Date

Life Annuity Certain and Continuous (this plan reduces your pension)

Copies of member and beneficiary birth certificates are required.

I authorize HPRS to pay my service retirement pension on the basis of the Life Annuity Certain and Continuous payment plan with a guaranteed period of _____ year(s). I understand that if I die before the expiration of the guaranteed period, which begins with my effective date of retirement, I hereby designate _____ as my beneficiary, whose relationship to me is that of _____, and whose Social Security number is _____, to receive my reduced monthly allowance throughout the balance of the guaranteed period. If my nominated beneficiary and I die before the expiration of the guaranteed period, then the present value of the remaining payments will be paid to the estate of the person last receiving the allowance. I understand that neither this payment nor the beneficiary nominated may be changed after my retirement.

I understand my pension must be actuarially reduced to provide this additional benefit.

▶ _____
Member's Signature Date

Partial Lump Sum (PLUS) – Only applies to Single Life Annuity retirement

In addition to selecting the Single Life Annuity payment plan, you may select this one-time, Partial Lump-Sum (PLUS) payment at retirement with a reduced monthly lifetime benefit. The amount designated shall not be less than six (6) or more than sixty (60) times the Single Life Annuity monthly benefit amount. To be eligible for this option you must have attained age 52 with at least 20 years of total service credit. A pension estimate should be requested before completing this section. Contact HPRS for an estimate, if interested, before submitting this application.

- I want to receive the minimum six times my Single Life Annuity monthly benefit (amount will be rounded up to nearest \$1,000)
- I want to receive the maximum 60 times my Single Life Annuity monthly benefit (amount will be rounded down to nearest \$1,000)
- I want to receive a Partial Lump Sum payment of \$ _____ (amount must be in multiples of \$1,000)
- I wish to directly rollover all or part of my eligible retirement contributions to a qualified tax plan and have confirmed that my plan accepts direct rollovers from Section 401(a) retirement plans.

Complete the Following for PLUS Transfers – NOT PAYABLE UNTIL DROP TERMINATION

This option is irrevocable and the amount cannot be changed after the Electronic Deposit and/or Transfer distribution is made. You must submit a voided check from a personal account if payable to you.

Financial Institution or Plan Name

Attention

Mailing Address

City

State

Zip Code

Account Number

- Type of Account (check one):
- | | |
|--|--|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> 457 (b) Governmental Plan |
| <input type="checkbox"/> 401 (a) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 403 (b) | |

I understand my pension will be reduced for life to provide this one-time lump sum payment.

▶ _____
Member's Signature _____ **Date**

Section 5 – Beneficiary for DROP Account

- Upon your passing, Chapter 5505 of the Ohio Revised Code **provides for the payment to be issued to the surviving spouse.**
- If there is no surviving spouse, upon your passing your DROP account will be refunded to your designated beneficiary.
- If you leave no survivors or beneficiaries, your accounts will be refunded to your estate.
- **DO NOT LIST SPOUSE**

Beneficiary Name	Relationship	Date of Birth	SSN
Alternate Beneficiary Name (optional)	Relationship	Date of Birth	SSN

Section 6 – To be Completed in the Presence of a Notary Public

I, _____ make application for pension benefits as provided in Section 5505.16, 5505.162, and 5505.17 of the Revised Code of Ohio.

I understand my gross pension amount is computed with payroll data provided by the State Highway Patrol, and is subject to audit upon receipt of official payroll records. This final audit could result in an adjustment in my gross pension amount.

I also understand that should I become employed within sixty days of my pension allowance eligibility date in a position covered by any of the other public retirement systems in Ohio, I must comply with R.C. 5505.161 and the appropriate Internal Management Rule which requires the forfeiture of my pension, or repayment of any pension received during this sixty day period.

▶ _____
Signature Date

Notary Public Acknowledgement

State of Ohio, County of _____

On this day appeared before me _____, who having been duly sworn deposes and says he/she is the person herein described; that his/her will and intent is to apply for retirement under Chapter 5505 of the Ohio Revised Code; and that the statements made herein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me in my presence this _____ day of _____, _____

(Seal)

▶ _____
Notary's Signature

Print Name

Commission Expiration Date