



DROP Termination Application

For Normal or Early Termination, please submit this application at least two weeks prior to your last day of work and call HPRS at 614-431-0781 to schedule a retirement exit interview with a Benefits Specialist.

Section 1 – Member Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

XXX-XX-SSN _____ DOB _____ Home Phone _____

Email Address _____ Cell Phone _____

Marital Status

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

Spouse's Name _____ Marriage Date _____

XXX-XX-SSN _____ Spouse's DOB _____ Spouse's Phone _____ Divorce Date (if applicable) _____

My last day of work is: _____

Section 2 – Type of Termination (please select one box only)

Normal Termination: I am terminating employment with the Ohio State Highway Patrol. I completed the minimum participation period in the DROP program (three years if I entered DROP at less than age 52; two years at age 52 or more).

Early Termination: I am terminating employment with the Ohio State Highway Patrol. I have **not** completed the minimum participation period in the DROP program (three years if I entered DROP at less than age 52; two years at age 52 or more). I understand that the proceeds in my DROP account will be held for the minimum participation period and that I forfeit any accrual of interest.

On-Duty Disability With Recalculation: I am no longer working for the Ohio State Highway Patrol and have been granted a disability retirement in the line of duty in accordance with Ohio Revised Code Section 5505.18(B)(1). I accept the disability pension and forfeit all DROP account proceeds. I understand that I will be treated as if I had not participated in the DROP program.

On-Duty Disability Without Recalculation: I am no longer working for the Ohio State Highway Patrol and have been granted a disability retirement in the line of duty in accordance with Ohio Revised Code Section 5505.18(B)(1). I elect to begin to receive my calculated pension benefit (notwithstanding the disability), plus any DROP account proceeds.

Off-Duty Disability: I am no longer working for the Ohio State Highway Patrol and have been granted an off-duty disability retirement in accordance with Ohio Revised Code Section 5505.18(B)(2). I elect to begin to receive my applicable pension benefit, plus any DROP account proceeds.

Section 3 – To be Completed in the Presence of a Notary Public

I am terminating my participation in the deferred retirement option plan (DROP). I understand that my monthly pension will be paid directly to me the month following submission of this form. I understand that my DROP account proceeds will not be distributed until I submit a DROP Distribution Request, which may require up to ninety (90) days to process.

I further understand that, if I become employed within sixty days of my pension eligibility date in a position covered by an Ohio public retirement system, I will forfeit up to two months of pension benefits pursuant to R.C. Section 5505.161.

▶ _____
Signature _____ **Date** _____

Notary Public Acknowledgement

State of Ohio, County of _____

On this day appeared before me _____ and attested that the information provided in this form is true and correct.

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

(Seal)

▶ _____
Notary's Signature

Print Name

Commission Expiration Date