



REQUEST FOR ESTIMATE FOR DEFERRED RETIREMENT OPTION PLAN (DROP)

State Form 54974 (R5 / 9-22)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

INSTRUCTIONS

1. Type or print using black ink
2. Complete all information. Your full name and last four digits of your Social Security number are required.
3. This completed, signed, and dated form may be mailed, faxed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

NOTICE

Completion and submission of this form is for a Deferred Retirement Option Plan (DROP) ESTIMATE only. It is not the application for entry into the DROP, nor is it an acceptance into the DROP. If you have questions about the DROP, visit the INPRS website or contact INPRS customer service either by telephone or e-mail.

MEMBER INFORMATION

Member's name <i>(full name)</i>		Social Security number* <i>(last 4 digits)</i>	Pension ID (PID) number
Address <i>(number and street)</i>			Date of birth <i>(mm/dd/yyyy)</i>
City		State	ZIP Code
Telephone number with area code	Other telephone number with area code	E-mail address	

DROP ELECTION DATES FOR ESTIMATE

DROP entry date for ESTIMATE / /
(mm / dd / yyyy)

You must have 20 years of service and be age 52 by this date. This date cannot be earlier than when your DROP election form ([Application for Participation in the Deferred Retirement Option Plan \(DROP\), State Form 51145](#)) is received by INPRS at the address on the form.

DROP retirement date for ESTIMATE / effective date of retirement / /
(mm / dd / yyyy)

This must be at least 12 months after your DROP entry date (entered above) but cannot be more than 36 months after the DROP entry date.

MEMBER ACKNOWLEDGEMENT

I authorize the release of my account information as is necessary for the Fund to process and complete my request for a DROP estimate.

Member's signature	Date <i>(mm/dd/yyyy)</i>
Printed name of member	

ADDITIONAL INFORMATION

- Allow 30 days for processing.
- **This is ONLY an ESTIMATE.**
- To enroll in the Deferred Retirement Option Plan (DROP), submit the completed, signed, and dated [Application for Participation in the Deferred Retirement Option Plan \(DROP\) \(State Form 51145\)](#) to INPRS at the address on the form.
- If you do not receive a response from INPRS within 60 days, contact INPRS customer service.

**INSTRUCTIONS FOR
REQUEST FOR ESTIMATE FOR DEFERRED RETIREMENT OPTION PLAN (DROP)**

State Form 54974

IMPORTANT

1. Type or print using black ink
2. Complete all information. Your full name and last four digits of your Social Security number are required.
3. This completed, signed, and dated form may be mailed, faxed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

NOTICE

Completion and submission of this form is for a Deferred Retirement Option Plan (DROP) ESTIMATE only. It is not the application for entry into the DROP, nor is it an acceptance into the DROP. If you have questions about the DROP, visit the INPRS website or contact INPRS customer service either by telephone or email.

Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete member's name.
Social Security number*	Enter the last 4 digits of the member's Social Security number.*
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of birth	Enter the member's date of birth. Format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
DROP ELECTION DATE	
DROP entry date	Follow the instructions and enter the date. Format = mm/dd/yyyy.
DROP retirement date	Follow the instructions and enter the date. Format = mm/dd/yyyy.
MEMBER ACKNOWLEDGEMENT	
Member's signature	The member must sign and date this form.
Date	The member must sign and date this form. Format = mm/dd/yyyy.
Printed name of member	Enter the printed name of the member signing the form.
ADDITIONAL INFORMATION	
<ul style="list-style-type: none"> Allow 30 days for processing. This is ONLY an ESTIMATE. To enroll in the Deferred Retirement Option Plan (DROP), submit the completed, signed, and dated Application for Participation in the Deferred Retirement Option Plan (DROP) (State Form 51145) to INPRS at the address on the form. If you do not receive a response from INPRS within 60 days, contact INPRS customer service. 	

HELPFUL INFORMATION			
	INPRS/1977 Fund	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) (Toll-free)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor