



## ELECTION FOR PAYMENT OF DISABILITY DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT

State Form 57188 (5-23)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 POLICE OFFICERS' & FIREFIGHTERS'  
PENSION & DISABILITY FUND,  
EXCISE, GAMING, AND CONSERVATION  
OFFICERS' RETIREMENT PLAN**  
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](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://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. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Read the GENERAL INFORMATION section of this document for details regarding the election for payment of disability Deferred Retirement Option Plan (DROP).
3. This completed, signed, and dated form may be faxed, mailed, 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.

### MEMBER INFORMATION

Member name	Social Security number*
Fund (select one): <input type="checkbox"/> 1977 Fund <input type="checkbox"/> EG&C Plan	Pension ID (PID) number

### DISABILITY PAYEE ELECTION

Select **only one** of the following options:

- ☐ **Choice A** – I elect to receive my disability benefits as if I had not enrolled in the DROP program.
- ☐ **Choice B** – I elect a complete one-time distribution of my disability DROP benefits **as indicated below**.
- ☐ **Choice C** – I elect three annual installment payments of my DROP benefit paid to me directly, less tax withholding.

### COMPLETE ONLY IF CHOICE B IS SELECTED

**Taxable portion:** ☐ Direct rollover ☐ Paid directly to me (less withholding)  
☐ Partial rollover in the amount of \_\_\_\_\_%, balance (less withholding) paid to me.

#### If rollover is selected

Name of eligible 401(a), 403(b), or governmental 457(b) retirement plan or eligible IRA. (This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)

**Non-taxable portion:** ☐ Direct rollover ☐ Paid directly to me  
☐ Partial rollover in the amount of \_\_\_\_\_%, balance paid to me.

#### If rollover is selected

Name of eligible 401(a), 403(b), or governmental 457(b) retirement plan or eligible IRA. **Be certain the administrator of the plan accepts post-tax funds.** (This must be the complete name of the eligible plan or eligible IRA as reported by the trustee to the Internal Revenue Service.)

### DISABILITY PAYEE ACKNOWLEDGEMENT

I elect the above distribution for my DROP benefit. I understand that if my DROP period is shorter than 12 full months, or if my disability retirement date is later than my elected DROP retirement date, my disability benefits will be calculated as if I had not enrolled in DROP. I understand that my choice for payment cannot be changed after this form is received by INPRS. By signing below, I acknowledge that I have read and understand this statement.

Member signature	Date (mm/dd/yyyy)
Printed name of member	

**Consult the IRS or a professional tax advisor for further information regarding taxes on your payments**

**INSTRUCTIONS FOR****ELECTION FOR PAYMENT OF DISABILITY DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT**

State Form 57188

**GENERAL INFORMATION****IC 36-8-8.5-16.5 Disability benefit**

Sec. 16.5. (a) This section applies to a member of the 1977 fund who becomes disabled after June 1, 2005, while the member is in the DROP, because of a disability that arose either in the line of duty or other than in the line of duty.

(b) The retirement benefit for a member who retires because of a disability while in the DROP is determined under this chapter rather than under the provisions of the applicable fund. Determinations as to whether:

- (1) the member is disabled; and
- (2) a disability is in the line of duty;

under this chapter are made under the provisions of the applicable fund.

(c) If the member retires because of a disability less than twelve (12) months after the date the member enters the DROP, the benefits for the member are calculated under the provisions of the applicable fund as if the member had never entered the DROP.

(d) If the member retires before July 1, 2017, because of a disability at least twelve (12) months after the date the member enters the DROP, the benefits for the member are calculated under section 12 of this chapter, and the member's retirement date is the date the member retires because of a disability rather than the member's DROP retirement date.

(e) If a member retires after June 30, 2017, because of a disability at least twelve (12) months after the date the member enters the DROP, the benefits for the member are as follows:

- (1) A retirement benefit paid by and calculated under the provisions of the applicable fund as if the member had never entered the DROP.
- (2) An additional, separate amount that is not calculated as a part of a disability benefit from the applicable fund and that is:
  - (A) calculated under section 12(b)(2)(B) of this chapter; and
  - (B) paid to the member in accordance with the member's election under section 12(c) of this chapter.

For purposes of paying the additional amount calculated under this subsection, the member's retirement date is the date the member retires because of a disability as determined under the provisions of the applicable fund rather than the member's DROP retirement date.

(f) A member who retired after January 1, 2015, and before July 1, 2017, because of a disability at least twelve (12) months after the date the member entered the DROP may elect to have the member's benefit actuarially adjusted, reconciled, and recalculated under subsection (e). An election under this subsection:

- (1) must be made in writing on a form prescribed by the board; and
- (2) is irrevocable.

**IMPORTANT**

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Read the GENERAL INFORMATION section of this document for details regarding the election for payment of disability Deferred Retirement Option Plan (DROP).
3. This completed, signed, and dated form may be faxed, mailed, 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.

Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.
Fund	Select one: 1977 Fund or EG&C Plan
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
<b>DISABILITY PAYEE ELECTION</b>	
Select one option	Select Choice A, Choice B, or Choice C
<b>COMPLETE ONLY IF CHOICE B IS SELECTED</b>	
Taxable portion	Select the applicable option
If rollover is selected	Enter the name of the eligible rollover entity
Non-taxable portion	Select the applicable option
If rollover is selected	Enter the name of the eligible rollover entity. <b>Be certain the administrator of the plan accepts post-tax funds.</b>
<b>DISABILITY PAYEE ACKNOWLEDGEMENT</b>	
Member signature	The form must be signed and dated by the member or member's legal representative.
Date	The form must be signed and dated by the member or member's legal representative.
Printed name of member	Print the name of the member.

**INSTRUCTIONS FOR****ELECTION FOR PAYMENT OF DISABILITY DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT**

State Form 57188

HELPFUL INFORMATION			
	INPRS/1977 FUND/EG&C PLAN	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(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	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>