



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

State Form 57188 (R / 5-24)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND,  
EXCISE, GAMING, AND CONSERVATION OFFICERS' RETIREMENT 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](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. There must be a signed and dated copy of either the [Application for Participation in the Deferred Retirement Option Plan \(DROP\) for the 1977 Police Officers' and Firefighters' Retirement Fund \(State Form 51145\)](#) or the [Application for Participation in the Deferred Retirement Option Plan \(DROP\) for the Excise, Gaming and Conservation Officers' Retirement Fund \(State Form 53688\)](#) on file with INPRS.
2. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address on this form.
3. Read the INFORMATION section of this document for details regarding the election for payment of disability Deferred Retirement Option Plan (DROP).
4. Type or print using black ink.
5. 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.
6. 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 Fund	Pension ID (PID) number

**DISABILITY PAYMENT 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 for the taxable portion**

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 for the non-taxable portion**

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.)

\_\_\_\_\_

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

State Form 57188

Member name	Social Security number* - -	Pension ID (PID) number
-------------	--------------------------------	-------------------------

**DISABILITY PAYEE ACKNOWLEDGEMENT**

I elect the above distribution for my DROP benefit. I understand that if my DROP period is less 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 these statements.

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.**

**INFORMATION****Disability benefit****[IC 36-8-8.5-16.5](#)**

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.

**[IC 5-10-5.5-22](#)**

Sec. 22. (k) If a participant becomes disabled, in the line of duty or other than in the line of duty while in the DROP, the participant's annual retirement allowance is computed as follows:

- (1) If the participant retires because of a disability less than twelve (12) months after the date the participant enters the DROP, the participant's annual retirement allowance is calculated as if the participant had never entered the DROP.
- (2) If the participant retires because of a disability at least twelve (12) months after the date the participant enters the DROP, the participant's annual retirement allowance is calculated under this section, and the participant's retirement date is the date the member retires because of a disability rather than the participant's DROP retirement date.

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

State Form 57188

Member name	Social Security number* - -	Pension ID (PID) number
-------------	--------------------------------	-------------------------

## INFORMATION (Continued)

1977 Fund and EG&C members approved for disability retirement benefits are entitled to receive their disability benefit in addition to a modified DROP lump sum if the following criteria are met:

- Member has been enrolled in the DROP program for at least 12 full months.
- Member has not yet retired or forfeited by terminating employment prior to the member's DROP End Date or worked past the member's DROP Retirement Date.
- Member's disability retirement effective date (day after last day on the department payroll) is no later than the DROP Retirement Date the member elected when enrolled in the DROP program or the extended DROP Retirement Date by submission of the [Extension of the Retirement Date for the Deferred Retirement Option Plan \(DROP\) for the 1977 Police Officers' & Firefighters' Fund Application \(State Form 57388\)](#) or the [Extension of the Retirement Date for the Deferred Retirement Option Plan \(DROP\) for the Excise, Gaming and Conservation Officers' Retirement \(State Form 57389\)](#).

After an eligible member has been approved for 1977 Fund or EG&C Fund disability retirement benefits, the member must complete and submit this form to INPRS.

The 3 election options (refer to the DISABILITY PAYMENT ELECTION section of this form) are the same as for regular retirement.

### Pre-1990 Line of Duty Disability, Class 1 and Class 2 Disability

**Effective July 1, 2017**, and retroactive to **January 1, 2015**, members approved for line-of-duty or duty-related disability benefits are eligible to receive both their disability monthly benefit as well as a modified DROP lump sum.

If the member chooses Option A, there is no DROP lump sum payable, and the member's disability retirement is processed as if the member had not enrolled in the DROP program.

Refer to the [1977 Police Officers' and Firefighters' Retirement Fund Member Handbook](#) and the [Excise, Gaming, and Conservation Officers' Retirement Fund Member Handbook](#) available on the [INPRS website](#) for additional information about DROP Disability.

**INSTRUCTIONS FOR**

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

State Form 57188

**IMPORTANT**

1. There must be a signed and dated copy of either the [Application for Participation in the Deferred Retirement Option Plan \(DROP\) for the 1977 Police Officers' and Firefighters' Retirement Fund \(State Form 51145\)](#) or the [Application for Participation in the Deferred Retirement Option Plan \(DROP\) for the Excise, Gaming and Conservation Officers' Retirement Fund \(State Form 53688\)](#) on file with INPRS.
2. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address on this form.
3. Read the INFORMATION section of this document for details regarding the election for payment of disability Deferred Retirement Option Plan (DROP).
4. Type or print using black ink.
5. 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.
6. 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: <b>1977 Fund</b> or <b>EG&amp;C Fund</b>
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
<b>DISABILITY PAYMENT ELECTION</b>	
Select one option	Select one from: <b>Choice A</b> , <b>Choice B</b> , or <b>Choice C</b> . Refer to the section of the form for details about each choice.
<b>COMPLETE ONLY IF CHOICE B IS SELECTED</b>	
Taxable portion	Select the applicable option: <b>Direct rollover</b> , <b>Paid directly to me</b> , or <b>Partial rollover</b>
If rollover is selected for the taxable portion	Enter the name of the eligible rollover entity for the taxable portion
Non-taxable portion	Select the applicable option: <b>Direct rollover</b> , <b>Paid directly to me</b> , or <b>Partial rollover</b>
If rollover is selected for the non-taxable portion	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. Format = mm/dd/yyyy
Printed name of member	Print the name of the member.
<b>INFORMATION</b>	
Read this section of this form to better understand the Deferred Retirement Option Plan (DROP) regarding Disability. The section includes linked references to other information available from the <a href="#">INPRS website</a> .	

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/1977 FUND/EG&amp;C FUND</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<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>