



**APPLICATION FOR PARTICIPATION IN THE DEFERRED RETIREMENT OPTION PLAN (DROP)**

State Form 51145 (R6 / 4-15)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 POLICE OFFICERS' & FIREFIGHTERS'  
PENSION & DISABILITY FUND**  
1 North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 526-1687 (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. Type or print using black ink
3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Direct questions or changes to the information on this form to customer service, Toll-free at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

**MEMBER INFORMATION**

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

**DROP ELECTION DATES**

DROP entry date (mm/dd/yyyy) <i>You must have twenty (20) years of service and be age fifty-two (52) by this date. This date cannot be earlier than when your DROP election form is mailed.</i>	DROP retirement date / effective date of retirement (mm/dd/yyyy) <i>This must be at least twelve (12) months after your DROP entry date, but cannot be more than thirty-six (36) months after this date.</i>
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**MEMBER ACKNOWLEDGEMENT**

I elect the above dates for participation in the Deferred Retirement Option Plan (DROP). I understand that in order to remain eligible for DROP benefits upon retirement, my choice for dates of entry and retirement under DROP cannot be changed after this form is received by the 1977 Police Officers' & Firefighters' Pension & Disability Fund. By signing below, I acknowledge that I have read and understand this statement.

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

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Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the complete name of the member.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Date of application	Enter the application date.
Date of birth	Enter the member's date of birth.
Address, City, State, ZIP Code	Enter the member's street or 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.
<b>DROP ELECTION DATES</b>	
DROP entry date	Enter your DROP entry date.
DROP retirement date	Enter your DROP retirement date or your effective retirement date.
<p><i>You may select any day of the month as a DROP entry date or a DROP retirement date. Your DROP lump sum amount will be calculated based upon the number of full and partial calendar months. The length of the DROP period must be no less than twelve (12) months and no more than thirty-six (36) months.</i></p> <p><i>Your DROP retirement date is the first day your retirement benefit is effective. Your retirement is effective on the first day after your last day of employment. Please choose this date carefully. In order to be eligible to choose DROP benefits, your employer must certify to INPRS that your last day of paid employment was the day before your DROP retirement date.</i></p> <p><i>Example 1: If you select a DROP entry date of March 20, 2010, and a DROP retirement date of March 20, 2012, your DROP lump sum will be calculated based on twenty-four (24) completed months. Your DROP retirement date is the day after your last day of employment. To be eligible to choose the DROP benefit, your employer must certify that your last day of employment is March 19, 2012. Your pension will begin as soon as administratively possible and you will be paid a prorated retirement benefit of March 2012, and a full month's pension benefit in April 2012.</i></p> <p><i>Example 2: If you select a DROP entry date of March 20, 2010, and a DROP retirement date of March 1, 2012, your DROP lump sum will be calculated based on 23.33 months in the DROP because you will have been in the DROP for only 23.33 full months. To be eligible to choose the DROP benefit, your employer must certify that your last day of employment is February 29, 2012. Your pension will begin as soon as administratively possible and you will be paid a full month's pension benefit for March 2012.</i></p>	
<b>MEMBER ACKNOWLEDGEMENT</b>	
Member signature and date	Member must sign and enter date of signature on the form.
Printed name of member	Member must print full name.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/PERF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 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>