



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

State Form 53688 (R9 / 2-18)

**INDIANA PUBLIC RETIREMENT SYSTEM  
STATE EXCISE POLICE, GAMING AGENT,  
GAMING CONTROL OFFICER & CONSERVATION  
ENFORCEMENT OFFICERS' RETIREMENT PLAN**  
One North Capitol, 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. 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. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. EST.

**MEMBER INFORMATION**

Member's name		Social Security number ( <i>last 4 digits</i> )*		Pension ID (PID) number	
Date of application ( <i>mm/dd/yyyy</i> )			Date of birth ( <i>mm/dd/yyyy</i> )		
Address		Telephone number with area code		Other telephone number with area code	
City		State	ZIP Code	E-mail address	
Marital status ( <i>Check one</i> ): <input type="checkbox"/> Married <input type="checkbox"/> Single					

**SPOUSE INFORMATION**

Spouse's name	Social Security number*	Date of birth ( <i>mm/dd/yyyy</i> )
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**DROP ELECTION DATES**

DROP entry date ( <i>mm/01/yyyy</i> ) <i>You must be eligible to receive an unreduced annual retirement allowance by this date.</i>  <div style="text-align: center;">/ 01 /</div>	DROP retirement date / effective date of retirement ( <i>mm/01/yyyy</i> )  <div style="text-align: center;">/ 01 /</div> <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 and must be on or before the mandatory retirement age.</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 State Excise Police, Gaming Agent, Gaming Control Officer & Conservation Enforcement Officers' Retirement Plan. By signing below, I acknowledge that I have read and understand this statement.

Member's signature	Date ( <i>mm/dd/yyyy</i> )
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 last four (4) digits of 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.
Marital status	Check either the "married" or "single" box.
<b>SPOUSE INFORMATION</b>	
Spouse's name	Enter the full name of your spouse.
Social Security number	Enter your spouse's FULL Social Security number (not just the last four (4) digits.)
Date of birth	Enter your spouse's date of birth. A copy of your spouse's birth certificate will be needed before survivor benefits will be paid to your spouse, so you may wish to enclose a copy with this document.
<b>DROP ELECTION DATES</b>	
DROP entry date	Enter your DROP entry date.
DROP retirement date	Enter your DROP retirement date.
<p><i>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>	
<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/C&amp;E</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) 233-4018 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>