



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

State Form 53688 (R11 / 4-22)

**INDIANA PUBLIC RETIREMENT SYSTEM
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
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. 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, signed, and dated form may be mailed, faxed, or 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 through Friday, 8 a.m. to 8 p.m. ET.

MEMBER INFORMATION

| | | | | | |
|--|--|---|----------------------------|---------------------------------------|--|
| Member's name | | Social Security number (last 4 digits)* | | 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 | |
| Marital status (Check one): <input type="checkbox"/> Married <input type="checkbox"/> Single | | | | | |

SPOUSE INFORMATION

| | | | | | |
|---------------|--|-------------------------|--|----------------------------|--|
| Spouse's name | | Social Security number* | | Date of birth (mm/dd/yyyy) | |
|---------------|--|-------------------------|--|----------------------------|--|

DROP ELECTION DATES

| | | | |
|---|--|---|--|
| DROP entry date (mm/01/yyyy) <i>You must be eligible to receive an unreduced annual retirement allowance by this date.</i> / 01 / | | DROP retirement date / effective date of retirement (mm/01/yyyy) / 01 / <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> | |
|---|--|---|--|

MEMBER ACKNOWLEDGEMENT

I elect the above dates for participation in the Deferred Retirement Option Plan (DROP). **I understand that my DROP election is irrevocable and may be made only once in my lifetime per IC 5-10-5.5-22.** 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 Excise, Gaming and Conservation Officer's Retirement Plan (EG&C), formerly the State Excise Police, Gaming Agent, Gaming Control Officer & Conservation Enforcement Officers' Retirement Plan (C&E). By signing below, I acknowledge that I have read and understand this statement.

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

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

State Form 53688

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| Entry field | Field description | | |
|--|---|--|--|
| MEMBER INFORMATION | | | |
| 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 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. | | |
| SPOUSE INFORMATION | | | |
| Spouse's name | Enter the complete name of your spouse. | | |
| Social Security number* | Enter the spouse's complete Social Security number (not just the last 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. | | |
| DROP ELECTION DATES | | | |
| DROP entry date | Enter your DROP entry date. | | |
| DROP retirement date | Enter your DROP retirement date or your effective 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 DROP election is irrevocable and may be made only once in your lifetime per IC 5-10-5.5-22. 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> | | | |
| MEMBER ACKNOWLEDGEMENT | | | |
| Member signature and date | Member must sign and enter date of signature on the form. | | |
| Printed name of member | Member must print full name. | | |
| HELPFUL INFORMATION | | | |
| | INPRS/EG&C | 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 | (317) 232-8729 Tax questions |
| | | (800) 829-4059 TDD (hearing impaired) | (317) 232-4952 TDD (hearing impaired) |
| | | | (317) 233-2329 Fax |
| Web site | www.inprs.in.gov | www.irs.gov | www.in.gov/dor |