

**FRS PENSION PLAN – REGULAR RETIREMENT**  
**RETIREMENT PACKET & CHECKLIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLID: \_\_\_\_\_ Position: \_\_\_\_\_

School/Dept: \_\_\_\_\_

**Retirement Application:**

***Directions:***

***Please carefully read each section and check each box as you move through the application process. If you are mailing in the application, (to the Palm Beach County School District), make sure that you send in a self-addressed envelope with your application and we will mail a copy back to you. This will be your confirmation.***

**FORMS**

**FR-11 Florida Retirement System Pension Plan Application for Service Retirement**

Complete the Demographic information at the top of the form (Name, SSN, position, date of birth, phone number, home address, etc). Present employer is the Palm Beach County School District.

***NOTE:***

1. IN GENERAL, YOUR LAST DAY OF WORK IS YOUR RETIREMENT DATE
2. Beneficiary designation: If more than one primary or contingent beneficiary, please request form FST-12 Florida Retirement System Pension Plan Beneficiary Designation Form (Retired Members Only)

**FR-11o Florida Retirement System Pension Plan Option Selection for FRS Members**

Choosing an option that is right for you is your choice, not the employer's. We are here to guide you through the process. You may want to consult your own financial planner before making your final decision.

**SA-1 Spousal Acknowledgement Form**

This form must be signed and notarized acknowledging marital status.

***NOTE:*** Option selections are FINAL once the retirement check has been cashed.

**BIRTH VERIFICATION CHECKLIST**

**A copy of your official birth certificate is needed (FRS will accept one of the following in the absence of a birth certificate):**

- Birth certificate
- Delayed birth certificate
- Census report more than 30 years old
- Life insurance policy more than 30 years old
- Letter from the Social Security Administration, stating the date of birth it has established for the payment of benefits
- Certificate of Naturalization

**Or, in the absence of one of the above, a document from two of the following categories will be acceptable:**

- Birth certificate of child, showing age of parent
- Baptismal certificate more than 30 years old
- Hospital record of birth
- School record at the time of entering grammar school
- Additionally, if you have selected option 3 or 4, a copy of your spouse's birth certificate is required as well. (Options, as above, can be used)**

## SICK TIME PAYOUT

Sick time is paid out based on total FRS years of service multiplied by the maximum allowable percentage per Florida Statute. Sick time is paid out as follows:

6	.....	Years of service	.....	40%
7-10	.....	Years of service	.....	45%
10+-12	.....	Years of service	.....	50%
12+	.....	Years of service	.....	100%

**BENCOR** - All teachers and Non-Bargaining Unit employees who have 10 consecutive years of service with the District must participate in this plan. Information concerning the plan and application will be provided to you. All those who do not qualify for the plan will receive the above sick time payout as a direct deposit minus taxes.

*Allow a minimum of 6-8 weeks for this process.*

## VACATION TIME PAYOUT FOR 12- MONTH EMPLOYEES

Annual time is paid out to a maximum of 480 hours.

**BENCOR** - All teachers and Non Bargaining Unit employees who have 10 consecutive years of service with the District must participate in this plan. Information concerning the plan and application will be provided to you. All those who do not qualify for the plan will receive the above vacation time payout as a direct deposit minus taxes.

*Allow a minimum of 6-8 weeks for this process.*

## POST RETIREMENT INFORMATION (DISCUSSION AT COUNSELING SESSION)

**Effective Date of Retirement:** The first day of the month following the month you leave the District.

**First Pension Check:** Pension checks come at the end of the month. Allow 6-8 weeks for your first check to arrive. You will receive the following documents with your first check:

1. Health Insurance Subsidy Form
2. Tax Form
3. Direct Deposit Form

**BENCOR book and application (if applicable)**

**After You Retire** brochure

**Florida Retirement System Pension Plan  
Application for Service Retirement**



P O Box 9000  
Tallahassee FL 32315-9000  
850 488-6491 Toll Free 888 738-2252

Member Name	_____	Member SSN	_____
Position Title	_____	Birthdate	_____
Home Phone	_____	Work Phone	_____
Home Mailing Address	_____	Present FRS Employer(s)	_____
	_____		_____
	_____		_____

My services terminated, or will terminate, on \_\_\_\_\_. Your retirement date is determined by the Division of Retirement.

**Beneficiary Designation:** All previous beneficiary designations are null and void unless you are applying for a second career retirement benefit. In the case of a second career benefit, this application does not affect your original benefit in any way. To designate more than one primary beneficiary, attach a Beneficiary Designation Form, FST-12.

Primary	_____	Primary SSN	_____
Relationship	_____	Primary Birthdate	_____
Contingent	_____	Contingent SSN	_____
Relationship	_____	Contingent Birthdate	_____

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I cannot add service, change options, change my type of retirement (Regular, Disability, and Early) or elect the Investment Plan once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited.

**Member Signature:** (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ and is personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public- State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**Employer Certification:** This is to certify that the above named member was employed by this agency and will terminate, or has terminated, on \_\_\_\_\_ with the last day worked on \_\_\_\_\_.

Authorized Personnel Signature: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Florida Retirement System Pension Plan  
Option Selection for FRS Members**



P O BOX 9000  
TALLAHASSEE FL 32315-9000  
(850) 488-6491 Toll Free (888) 738-2252

Member Name \_\_\_\_\_ Member SSN \_\_\_\_\_

A member must select one of the following retirement options prior to receipt of their first monthly retirement benefit.

**I select:**

\_\_\_\_\_ Option 1: A monthly benefit payable for my lifetime. Upon my death the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.

\_\_\_\_\_ Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.

\_\_\_\_\_ Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payment in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.  
**The social security number of my joint annuitant is \_\_\_\_\_ .**

\_\_\_\_\_ Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of **either my joint annuitant or me**, the monthly benefit payable to the survivor is **reduced to two-thirds** of the monthly benefit received when both were living. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased. **The social security number of my joint annuitant is \_\_\_\_\_ .**

**PLEASE COMPLETE FORM SA-1**

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** add service, change options or change my type of retirement (Regular, Disability and Early) once my retirement becomes final. My retirement becomes final when any benefit payment is cashed, deposited or when my Deferred Retirement Option Program(DROP) participation begins.

**Member Signature** (sign in the presence of a Notary) \_\_\_\_\_

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ and is personally known \_\_\_\_\_ or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida  
Rule 60S 9.001, F.A.C.  
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\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**Florida Retirement System Pension Plan  
Spousal Acknowledgment Form**



PO BOX 9000  
Tallahassee FL 32315-9000  
(850) 488-6491 Toll Free (888) 738-2252

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:**

MARRIED: \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES AND YOU SELECTED OPTION 1 OR 2,  
YOUR SPOUSE MUST ALSO COMPLETE BOX 2.

**Notarized Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**SPOUSAL ACKNOWLEDGMENT:** I, \_\_\_\_\_ being the spouse of the  
above named member, acknowledge that the member has selected either Option 1 or 2.

**Notarized Signature of Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2

**Notary:** State of Florida, County of \_\_\_\_\_ The above named person has sworn to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and is personally known \_\_\_\_\_ or  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

**The following is an explanation of all four Florida Retirement System Options:**

- Option 1: A monthly benefit payable for my lifetime. Upon my death, the monthly benefit will stop and my beneficiary will receive only a refund of any contributions I have paid which are in excess of the amount I have received in benefits. This option does not provide a continuing benefit to my beneficiary.
- Option 2: A reduced monthly benefit payable for my lifetime. If I die within a period of ten years after my retirement date, my designated beneficiary will receive a monthly benefit in the same amount as I was receiving for the balance of the 10-year period. No further benefits are then payable.
- Option 3: A reduced monthly benefit payable for my lifetime. Upon my death, my joint annuitant, if living, will receive a lifetime monthly benefit payable in the same amount as I was receiving. (Exception: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.
- Option 4: An adjusted monthly benefit payable to me while both my joint annuitant and I are living. Upon the death of either my joint annuitant or me, the monthly benefit payable to the survivor is reduced to two-thirds of the monthly benefit received when both were living. (Exception: The benefit paid to the joint annuitant under age 25, who is not your spouse, will be your option one benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case the benefit will continue for the duration of the disability.) No further benefits are payable after both my joint annuitant and I are deceased.

E. Wayne Gent  
Superintendent of Schools  
School District of Palm Beach County  
3300 Forest Hill Boulevard, Suite C-316  
West Palm Beach, FL 33406

Dear Mr. Gent,

This is to notify you of my intent to retire from the Palm Beach County School system. I am in the Pension Plan and will meet the requirements of Board Policy 3.79 which may entitle me to continue receiving individual health insurance coverage under the District's plan. My last day of service as

\_\_\_\_\_ at  
(Position)  
\_\_\_\_\_ will be  
(School/Department)  
\_\_\_\_\_  
(Retirement Date)

I understand that my name will be presented to the School Board on the next scheduled personnel agenda. I have completed my exit interview and have filled out all necessary retirement paperwork in the Department of Compensation & Human Resources Planning.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)