

**FRS INVESTMENT PLAN – INVESTMENT PLAN EXIT
CHECKLIST**

Name: _____ Date: _____

EMPLID: _____ Position: _____

School/Dept: _____

INVESTMENT PLAN EXIT:

Directions:

Please carefully read each section and check each box as you move through the exit process. If you are mailing in the exit packet, (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

FRS Investment Plan Employment Termination Form

Complete the Demographic information at the top of the form (Name, SSN, position, date of birth, phone number, etc), sign and date the second page and return the form to Compensation and HR Planning A-115.

Investment Plan Exit Letter and Board Policy

This letter may be used to notify your principal or department head of your impending retirement. It also serves to communicate to the Benefits department that you may be eligible for continued individual health insurance coverage pursuant to Board Policy 3.79 (www.palmbeachschools.org/policies).

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.



EMPLOYMENT TERMINATION FORM



Social Security Number / /		Last Name		First Name		MI
Birth Date / /	Work Telephone ()	Home Telephone ()		EMAIL:		

NOTE: This form may not be filed with the FRS Investment Plan Administrator until you have been terminated from ALL FRS-covered employment for three calendar months following your date of termination. An exception exists for members who meet the FRS Pension Plan normal retirement requirements, in which case the form can be filed 1 calendar month following termination. The earliest a distribution can be made is the first of the month following compliance with the termination requirements. This form will NOT initiate a distribution. The Investment Plan Administrator will only process a distribution based upon verbal direction from you by calling 1-866-446-9377, Option 4 (TRS 711) or online under "Manage My Benefit" at MyFRS.com.

Under Florida law, you may not receive benefits under the Florida Retirement System (FRS) Investment Plan unless you have terminated **all** employment with all FRS employers.

For purposes of this form, "termination" means that you have ceased all employment relationships with all FRS employers and have been off all FRS covered payrolls for three calendar months following your date of termination. If you are continuing employment with a public employer in the State of Florida and are uncertain whether your new employer participates in the FRS, please call the MyFRS Financial Guidance Program at 1-866-446-9377 (TRS 711), and connect to the FRS Investment Plan Administrator. You can find additional information about termination from the FRS at MyFRS.com. If you are hired or rehired by an FRS employer within three calendar months following your date of termination, or if you are reemployed with an FRS employer when you request a distribution, you are not considered terminated and are ineligible to receive your benefits.

Before a distribution can occur, you are required to terminate your FRS covered employment and be off all FRS covered payrolls for three full calendar months. There must not be a continuing relationship between yourself and any FRS employer. You cannot be actively employed by any FRS-covered employer in **any** capacity (including OPS, temporary employment, etc.) at the time of the distribution or have any intention of returning to work for an FRS employer within the next several months following a distribution. Should you violate the reemployment after retirement provisions outlined in Section 121.091(9), F.S., you will be required to repay any FRS benefits paid to you.

A distribution may be requested once you have been off all FRS-covered payrolls for three full calendar months. For example, if you terminate employment on January 15, you must be off FRS covered payrolls the months of February, March, and April, and then on May 1 or after, you may contact the FRS Investment Plan Administrator to request a distribution from your account.

The only exception to this 3-month period is if you have met the normal retirement requirements for the FRS Pension Plan. For example, you must be age 62 and have 6 years of creditable service or 30 years of FRS covered service regardless of age. If you are a member of the Special Risk Class, you must be age 55 and have 6 years of special risk service or 25 years of special risk service regardless of age. If you have met the normal retirement requirements, you may be eligible to receive a one-time distribution of up to 10% of your account balance after being off all FRS-covered payrolls for one full calendar month and the remaining balance after a total of 3 calendar months.

SPECIAL NOTE

If you transfer to the Investment Plan immediately prior to termination of employment and then request a distribution from your Investment Plan account, the estimated accumulated benefit obligation ("ABO") transferred from the Pension Plan, pursuant to Florida Statute, will be subject to a final calculation within 60 days after the transfer date of the initial ABO to ensure that the correct amount has been transferred. Section 121.4501(3)(c)3, Florida Statutes, requires that if an overpayment has occurred, you will be legally liable for reimbursing the FRS for any excess amount paid. If we determine that an underpayment has occurred, you will be entitled to receive an additional distribution.

TERMINATION AGREEMENT

1) I understand that when I submit this completed form and the Investment Plan Administrator receives it, I am certifying my termination from all positions with ALL FRS-covered employers. This employment termination agreement includes any employment by any employer participating in the FRS.

2) I understand that if I am on an approved Leave of Absence at the time I make my initial retirement plan election or use my 2nd plan election that I must return to active FRS-covered employment prior to termination in order to effectuate my plan election. I cannot receive a distribution from the Investment Plan until my plan choice is effective.

3) I understand that if I receive a valid distribution of any portion of my Investment Plan account balance, I will be considered "retired" under the Investment Plan and the following will apply:

- I forfeit any account balance that is not vested and any past service credit associated with it.
- If I am reemployed with an FRS employer, I will no longer be eligible for disability coverage under the FRS.
- If I am reemployed with an FRS employer, I will not be eligible to participate in the Deferred Retirement Option Program (DROP).
- If I am reemployed with an FRS employer, I will no longer be entitled to be a member of the Special Risk Class.
- There will be a mandatory 20% Federal tax withholding applied to all taxable withdrawals not directly rolled over to another tax-deferred retirement plan. Additional early withdrawal penalties may apply based on my age.
- I will be required to return any overpayment promptly upon receipt of written notification from the Investment Plan Administrator.

4) I understand that if I request a distribution and accept employment with another FRS employer prior to or during the distribution process that I must promptly notify the Investment Plan Administrator.

5) I understand that if I am ineligible for participation in the FRS Investment Plan and I receive a distribution from the FRS Investment Plan, I must comply with the rules and statutes applicable to membership in the FRS Pension Plan.

Signature of Investment Plan Member

Date

CERTIFICATION OF TERMINATION BY FRS EMPLOYER
(To be completed and signed by the authorized Retirement Coordinator on file with the FRS.)

This form **may not be filed** with the Investment Plan Administrator until the employee has been terminated from ALL employment with all FRS-covered employers for **three calendar months** following the employee's date of termination. An exception exists for members who meet the FRS Pension Plan normal retirement requirements, in which case the form can be filed 1 calendar month following termination. **If you fax the form, do not mail the original.**

By signing below, this will certify that the employee named above terminated employment with this agency on: _____
(Date of Termination)

Please Print: Retirement Coordinator Name

Signature of authorized Retirement Coordinator

Date

(_____) _____
Telephone Number

Employing Agency Name

Employing Agency Code Number

Mail completed form to:
FRS Investment Plan Administrator
PO Box 785027
Orlando, FL 32878-5027

OR
Fax to:
DO NOT MAIL HARD COPY OF THE FORM IF FAXING

FAX: 1-888-310-5559
Attn: FRS Investment Plan Administrator

Note: Any FRS employer who hires any retired FRS member (Pension Plan or Investment Plan) in violation of the reemployment after retirement provisions will be held jointly and severally liable for reimbursement of any FRS benefits paid.

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 Investment 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)

Policy 3.79 Definition of "Retiree" for Purposes of the Health Plan

1. **Purpose** -- For purposes of a retiree's option of continuing in the District's health insurance program under Fla. Stat. § 112.0801, this Policy is adopted to clarify the terms "retirement," "retiree," or "retired employee" under the FRS Pension Plan and the FRS Investment Plan.
2. **General Definitions.**-- The following terms are defined as follows:
 - a. "FRS Pension Plan" means the defined-benefit retirement plan administered under Part I of Florida Statutes Chapter 121.
 - b. "FRS Investment Plan" means the Public Employee Optional Retirement Program, a defined contribution plan created under Part II of Florida Statutes Chapter 121, which began enrolling members in July 2002.
3. **Definition of "Retiree" under the FRS Pension Plan.**-- For purposes of continuing in the District's health insurance program, the term "retiree" or "retired employee" under the FRS Pension Plan means, similar to Fla. Stat. § 110.123(2)(g), a person who meets all of the following criteria:
 - a. has retired and terminated employment under the FRS Pension Plan or is placed on FRS disability retirement with a minimum of one (1) full year of creditable service, as defined by FRS, in Palm Beach County School District immediately preceding retirement;
 - b. was insured under the District's group health insurance program at the time of retirement; and
 - c. begins receiving FRS retirement benefits immediately after termination of employment.
4. **Definition of "Retiree" under the FRS Investment Plan** -- For purposes of continuing in the District's health insurance program, the term "retiree" or "retired employee" under the FRS Investment Plan means, similar to Fla. Stat. §§ 121.4501(2)(j) and 110.123(2)(g), a person who meets all of the following criteria:
 - a. has retired and terminated employment or been placed on disability retirement under the FRS Investment Plan;
 - b. was insured under the District's group health insurance program at the time of retirement;
 - c. begins receiving retirement benefits immediately after termination of employment (i.e., has taken a distribution (either lump sum, direct rollover, or periodic amount as provided in Fla Stat. § 121.591(1)(c), except for a mandatory distribution of a de minimis account authorized by the State Board of Administration); and
 - d. meets one of the following age and service requirements, as applicable:
 - i. *Regular and Senior-Management Class Employees and Elected Class Members:* having six (6) years of creditable Palm Beach County School District service within the immediate past ten (10) years *and* either:
 - A. reaching age sixty-two (62); or
 - B. completion of 30 years of creditable service, regardless of age, which may include a maximum of 4 years of military service credit as long as such credit is not claimed under any other system.
 - ii. *Special Risk Employees* (as defined by FRS): having six (6) years of creditable Palm Beach County School District service within the immediate past ten (10) years, *and* either
 - A. reaching age fifty-five (55); or
 - B. completing 25 years of creditable service in the Special Risk Class, regardless of age; or
 - C. completing 25 years of creditable service and attaining age 52, which service may include a maximum of 4 years of military service credit as long as such credit is not claimed under any other system and the remaining years are in the Special Risk Class).
 - iii. *Special Situation under IRS Code and Fla. Stat. § 110.121(2)(g)2 when Applicable:* the age specified by section 72 (t)(2)(A)(i) of the Internal Revenue Code (age 59½) with six (6) years of creditable Palm Beach County School District service within the immediate past ten (10) years.

STATUTORY AUTHORITY: §§ 1001.41(2); 1001.43(2), (11), Fla. Stat.

LAWS IMPLEMENTED: §§ 110.123(2)(g); 112.0801; 121.021(29); 121.4501(2)(j), Fla. Stat.

HISTORY: New: 9/13/2004