



**Howard County Police and Fire
Employees' Retirement Plan
Deferred Retirement Option Plan
Election to Participate**

To: Retirement Coordinator
From: _____
Date: _____
RE: Notice of Election to Participate in DROP

I am a member of the Howard County Police and Fire Employees' Retirement Plan eligible to participate in the Deferred Retirement Option Plan (DROP). In accordance with the provisions of Section 1.438A of the Plan, I am providing this written notice of my intent to enter DROP. I understand that this election must be filed with the Retirement Coordinator no earlier than 90 days prior to my DROP entry date and no later than 30 days prior to my DROP entry date.

Indicate your DROP entry date on the line below (must be the first of a month):

_____ I elect to begin my DROP participation on _____
(INITIAL) month/day/year

I understand that I am required to provide written notice to the Retirement Coordinator and my department 18 months prior to exiting DROP if my exit date is earlier than my maximum eligibility. Failure to provide the required notification will result in an interest penalty to my DROP account. Furthermore, I understand that my exit date will become irrevocable 60 days after providing notification.

I understand that if I do not complete the minimum 2 years in DROP, my retirement will be recalculated as if I had never entered DROP and I will not receive the balance of the DROP account.

Employee Signature

Date

Received by the Retirement Coordinator

Date