

# COOPER CITY GENERAL EMPLOYEES RETIREMENT PLAN

## DEFERRED RETIREMENT OPTION PLAN (DROP) APPLICATION PACKAGE

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Return Completed DROP Application Package to:  
Cooper City General Employees Retirement Plan  
c/o Resource Centers  
4360 Northlake Blvd., Suite 206  
Palm Beach Gardens, FL 33410  
Phone: 561.624.3277  
Fax: 561.624.3278

**COOPER CITY GENERAL EMPLOYEES RETIREMENT PLAN  
APPLICATION FOR DEFERRED RETIREMENT OPTION PROGRAM  
(DROP) PARTICIPATION AND SERVICE RETIREMENT**

Name: _____	Current Date: _____
SSN: _____	Birth Date: _____
Home Address: _____	Hire Date: _____
City/State/Zip: _____	Membership Date: _____
Phone: _____	DROP Begin Date: _____
Email: _____	DROP End Date: _____
Department: _____	Years of Service: _____
Position: _____	
Joint Survivor: _____	Relationship: _____
Birth Date: _____	SSN: _____

I elect to participate in the DROP in accordance with the provisions of Cooper City Ordinance No. 2002-10-02 and to concurrently retire from employment on the date I terminate my participation in the DROP. I understand that the earliest date my participation in the DROP can begin is the first day I reach my normal retirement date upon the attainment of age fifty-five with fifteen years of credited service and that my DROP participation cannot exceed a maximum of five years from the date of DROP participation, although I may elect to participate in DROP for less than five years. Participation in the DROP does not guarantee my employment for the DROP period. I understand that when my participation in the DROP begins, my DROP benefit will be based upon the years of service and compensation levels as of the date of DROP participation. Such DROP benefits shall accrue under my name with earnings for the duration of my DROP participation. Upon termination of my employment and DROP participation, I must elect one of the optional methods of payment within 90 days of termination. If I do not make an election of one of the optional methods of payment within the 90-day period, the Cooper City General Employees Retirement Plan will pay directly to me the accrued DROP benefits in a lump sum, less IRS tax. I understand that I cannot add additional service or purchase additional service after my DROP begin date. I also understand that my election to participate in DROP is irrevocable and that termination from employment with the City of Cooper City and DROP participation must occur on or prior to the specified DROP end date. I also understand that this application represents a binding agreement to participate in DROP and to terminate employment once fully executed upon the approval of the Board of Pension Trustees. However, until such time as this application is approved by the Board of Pension Trustees, I may cancel the effectiveness of this application upon delivery of a written request for such cancellation. In addition to the foregoing representations and acknowledgments, I hereby acknowledge that I have read and understand the statements and materials contained in the following documents and agree to the provisions contained herein:

1. Election to Participate in DROP and information checklist for review of DROP Program information.
2. Article XVI of the City Code Governing the DROP.
3. Booklet on Frequently Asked Questions on the DROP.

I have attached a copy of my certified birth certificate as verification of age.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Cooper City General Employees Retirement Plan  
Election to Participate in DROP and Information Checklist  
for the Review of DROP Program Information**

Name: \_\_\_\_\_ SSN: # \_\_\_\_\_

If you are a Member of the City Cooper City General Employees Retirement Plan and have the service necessary to be eligible for time service retirement, you may elect to participate in DROP.

DROP provides access to a lump sum benefit in addition to your normal monthly retirement allowance.

If you elect to participate in DROP, you must terminate your employment with the City of Cooper City and retire from service no later than the end of the DROP participation period. There is a cap on your participation in DROP. You may not participate in DROP for a period longer than sixty (60) months. Your election to participate in DROP and your agreement to terminate City employment and retire are IRREVOCABLE.

Your election to participate in DROP and your agreement to retire and terminate from employment are irrevocable regardless of what may happen between now and your retirement date. For example, if you elect to participate in DROP and your family circumstances change such that you would rather continue working with the City, you still must retire and terminate employment at the end of the period of time you designated for your participation in DROP.

You should consider an election to participate in DROP very carefully. This election to participate and information checklist is designed to help you think carefully about your decision to participate in DROP. A written election to participate in the DROP is a requirement of DROP participation. This document asks you specific questions to provide assurances to the Board of Pension Trustees that you have in fact carefully considered your decision to participate in DROP and understand the consequences of that decision.

Please take the information contained in this document seriously. If anything is unclear, please talk to the Pension Office staff for clarification.

The acknowledgments requested on the following pages are important because it demonstrates that you have carefully considered your election to participate in DROP.

By providing an initial on each page and by signing this election form, I acknowledge the following:

**General Statements and Acknowledgments**

I have read and understand the provisions of Article XVI of Ordinance No. 14-2-3, which sets forth the terms and conditions for participation in DROP.

I have read and understand the booklet provided by the Pension Office, which addresses "Frequently Asked Questions" on the DROP.

I understand that the Board of Pension Trustees has the authority to adopt Rules and Regulations governing the administration of the DROP and that such document, if adopted, will be available to me upon my request. I understand that the Board reserves the right to change such Rules and Regulations from time to time.

Employee Initial Here: \_\_\_\_\_

I have had the opportunity to meet with the Pension Fund's administrative staff and ask them questions regarding the operation of DROP and its effect on my benefits under the Pension Plan, as well as any potential benefit that may be received by my survivors under the Pension Plan.

I have had the opportunity to seek advice from a professional tax advisor, and understand that the administrative staff of the Pension Office, although providing some general information, cannot and has not rendered legal advice to me on the effect DROP will or may have on the taxation of any benefit I may receive under the Pension Plan, or any potential benefit that may be received by my survivors under the Pension Plan.

In electing to participate in DROP, I have relied upon written information provided by the administrative staff of the Pension Office. My decision to elect to participate in DROP is based solely on my understanding of the program as provided in the Pension Plan and in the Rules and Regulations for the administration of DROP, as adopted by the Board.

I meet the eligibility requirements of DROP as set forth in the Pension Plan or will meet such requirements as of the intended effective date of my participation in DROP.

I understand that upon the effective date of my participation in DROP, my obligation to make contributions to the Pension Fund will be eliminated.

I will terminate my employment with the City no later than completion of my DROP participation period.

I will abide by the terms and conditions of DROP as set forth in Article 16 of Ordinance No. 14-2-3 and will comply with the administrative rules established by the Board of Pension Trustees.

I voluntarily elect to participate in DROP. I have not been subject to any pressure, coercion, intimidation or threats by the City, or the Pension Office staff or any of the agents of the foregoing in connection with my election to participate in DROP.

I have had sufficient time to consider my options regarding my employment with the City.

I understand my election to participate in DROP means I will retire and terminate my employment with the City no later than the period of time I designate to participate in DROP.

I further understand there is a maximum period of sixty (60) months for participation in DROP.

I understand that DROP participation has very important consequences for me and is legally binding on me. I have been advised by the Pension Office staff to consult an attorney of my choosing if I have any questions about the DROP and the execution of any document related thereto.

I understand that my participation in DROP and obligation to terminate employment with the City is irrevocable except in the case of my being designated as an appointed official or becoming an elected official of the City of Cooper City.

I understand that I may withdraw my DROP application at any time before the Board of Pension Trustees approves the application. I further understand that my request to withdraw must be made in writing and received by the Trustees prior to its approval, and that once acted upon by the Trustees, the irrevocability of my DROP participation is in effect.

I understand that the beginning date of the DROP period will generally be the first full month subsequent to the date this election form is received and accepted by action of the Board of Pension Trustees.

Employee Initial Here: \_\_\_\_\_

I understand that my retirement benefits as calculated under the terms of the Pension Plan will be determined as of the effective date of my participation in DROP. I also understand that as a consequence of my election to participate in DROP, the following will apply beginning on the effective date of my DROP participation:

- I will forgo any otherwise applicable additional improvements in my retirement pension attributable to increase in pay or years of service with the City;
- As of the effective date of my participation in DROP, I will be ineligible to receive a disability pension under the terms of the Pension Plan.
- As of the effective date of my participation in DROP, I will not be eligible for death benefits that may otherwise be available to active employees.
- In the event of my death, my surviving spouse or estate is entitled to receive the accumulated value of my DROP account

I understand that once I elect to participate in the DROP, I will no longer be eligible for promotion, nor will I be eligible to receive pay for educational reimbursement (other than the cost of training and education necessary to maintain certification).

I understand that steps have been taken to structure the DROP in a way, which complies with the provisions of the Internal Revenue Code, and that the Board will not knowingly take any action, which may jeopardize the qualified status of the Pension Plan. I further understand that the final authority in all matters is the Internal Revenue Service and the Board cannot guarantee, absent IRS approval any particular tax treatment of my DROP account. I understand that in order to address the goal of continued tax qualification, my DROP account must be administered and distributed in such a manner as to comply with IRS regulations so as to preserve the tax qualified status of the Pension Fund. I further understand that this means that if IRS procedures change, that the Board may have to make certain changes in the DROP plan to comply with those tax requirements and that I agree, as a condition of participating in the DROP program to any such changes which may be required by law.

Upon termination of my employment and DROP, I understand that I must elect one of the following methods of payment within 90 days of termination:

1. Lump sum.
2. Annual distribution.
3. Monthly distribution.
4. Combination of lump sum and periodic distribution.
5. Direct rollover.

I also understand that if I fail to elect a method of payment within 90 days of termination of the DROP, the Board will pay directly to me the accrued benefits in a lump sum, less IRS taxes.

I also understand that all benefits payable under this DROP program shall be paid solely from DROP assets. Neither the City nor the Board of Trustees shall have any liability or duty to pay or to furnish the DROP with any funds, securities or assets except to the extent required by applicable law.

I understand that my DROP account shall be charged an administrative fee of one-half (½) of one percent (1%) which will be deducted from my DROP account annually.

I understand that any form of payment that I select must comply with the minimum distribution requirements per Section 401(a)(9) of the Internal Revenue Code.

Employee Initial Here: \_\_\_\_\_

**Waiver**

I release the City, the Pension Board and all Pension Trustees from any and all claims based on my election to participate in DROP and my agreement to retire and terminate my employment with the City upon completion of my participation in DROP. I release the City, the Pension Board and the Pension Trustees from any and all such claims under the Florida and Federal Age Discrimination in Employment laws and Civil Rights laws as these laws relate to my participation in DROP and my agreement to terminate employment with the City upon the completion of my participation in DROP.

**Covenant Not to Sue**

I will not sue the City, the Pension Board, the Pension Trustees or their employees, officers and agents for any claim arising out of my election to participate in DROP, my participation in DROP or my decision to retire and terminate City employment upon the completion of my participation in DROP.

**Acknowledgment**

I acknowledge receipt of this Election to Participate Form. By signing this form, I am acknowledging that I have carefully read this form and that I understand the Election Form. In addition, I am acknowledging that I do not challenge or disagree with any of the representations or statements made in this Election Form and that I have signed my name voluntarily. I further acknowledge that the initials located in the bottom left corner of the pages of this application are my initials.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number**

NOTE: An Election Form will be deemed not received if it is incomplete or submitted without an Application for DROP Participation.

**COOPER CITY GENERAL EMPLOYEES  
RETIREMENT PLAN**

**AGE DISCRIMINATION IN EMPLOYMENT ACT**

**NOTICE**

I acknowledge that I have been given not less than 45 days advance notice of program availability in which to consider participation in the DROP plan and was provided at least 7 days following the submittal of the DROP application in which to revoke my application.

Acknowledgment of Notice:

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number**