

ST. LUCIE COUNTY FIRE DISTRICT
FIREFIGHTERS PENSION TRUST FUND



INTENT TO EXIT DROP

Date: _____

From: _____
(Print Employee Name)

This memo will serve as my official intent to exit the DROP:

My last official day of work will be: _____

By executing this memo, I understand that I am making an irrevocable decision, that final payroll processing procedures will take place, and the Plan Actuary will calculate final Chapter 175 supplemental pension benefit options for me.

I also acknowledge that I am responsible for ensuring that the following official signatures are obtained and the memo is delivered to the Human Resources Office for the processing of all final paperwork.

Signature of Employee:

Date:

Signature of Assistant Fire Chief:

Date:

Signature of Fire Chief:

Date:

CC: Assistant Fire Chief

**Return original form to Human Resources 60 days in advance of retirement date with
*Application for Service Retirement Benefits form 1002***

