

**Florida Retirement System Pension Plan
Notification of Reemployment for
Suspension of Retirement Benefits**



PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

If your effective retirement date or DROP termination date was prior to July 1, 2010, you are subject to the following:

Termination Requirement - Your retirement will be canceled if you are employed in any capacity with an FRS employer during the first calendar month of your retirement or during the first calendar month following your DROP termination date.

Reemployment Limitation period - Employment with any FRS employer during the second through the twelfth calendar month of your retirement or the second through twelfth calendar month following your DROP termination date will result in suspension of your retirement benefits for the remainder of the reemployment limitation period. Prohibited employment includes full-time, part-time, temporary, other personal services (OPS), and contractual services. Exceptions for FRS retirees are outlined in Section 121.091(9), F.S. Exceptions for TRS retirees are outlined in Section 238.181, F.S.

If your effective retirement date or DROP termination date was on or after July 1, 2010, you are subject to the following:

Termination Requirement - Your retirement will be canceled if you are employed in any capacity with an FRS employer during the first six calendar months of your retirement or during the first six calendar months following your DROP termination date.

Reemployment Limitation period - Employment with any FRS employer during the seventh through the twelfth calendar month of your retirement or the seventh through twelfth calendar month following your DROP termination date will result in suspension of your retirement benefits for the remainder of the reemployment limitation period. Exceptions for FRS retirees are outlined in Section 121.091 (9) F.S. Prohibited employment includes full-time, part-time, temporary, other personal services (OPS), and contractual services.

To be completed by member:

Member Name: _____ Member SSN: _____
Home Mailing _____ Home Phone: _____
Address _____ Date Retired: _____
_____ Date Employed: _____
_____ Employer: _____

I was employed, or will be employed by the named employer on the stated date that is within my reemployment limitation period which requires suspension of my benefits. I will submit a completed Application to Reactivate Retirement Benefits, Form FR-23a, when I am eligible to have my benefits resume.

Member Signature: _____ Date _____

If insurance premiums are being made from your retirement payment, please advise your insurance provider that your benefit is being suspended.

Employer Certification:

Position: _____ Effective Date: _____

I certify that the above retiree has been or will be employed with this agency in the named position on the effective date.

Signature: _____ Title: _____ Date: _____

Agency Number: _____ Agency Phone: _____