



Department of Technology, Management & Budget
Office of Retirement Services
www.michigan.gov/ors (800) 381-5111
P.O. Box 30171
Lansing MI 48909-7671

DROP Early Termination Form

For State Police

MEMBER'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	MEMBER ID OR SSN
MAILING ADDRESS	WORK TELEPHONE ()	HOME TELEPHONE ()
CITY, STATE, ZIP CODE	PREVIOUS DROP END DATE	

Section I – Requirements

Complete this form if you are ending your Deferred Retirement Option Plan (DROP) participation before your original election date.

To ensure timely processing of your first pension payment, submit this form to the Office of Retirement Services (ORS) 30 days before your new DROP end date.

Section II – Certification of New DROP End Date

My new DROP end date is: _____.

By my signature below, I certify that I elect to terminate my DROP participation before my original end date. I request my monthly pension payments to begin as of the first of the month following my new DROP participation end date specified above.

EMPLOYEE'S SIGNATURE	DATE
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Return this completed form to:
Office of Retirement Services
P.O. Box 30171
Lansing, MI, 48909-7671

CC: State Police HR

R0667H (Rev. 4/2010)

Authority: 1986 P.A. 182, as amended