

**Florida Retirement System (FRS) Pension Plan
Request For Refund of Employee Contributions**



PO BOX 3090
Tallahassee, FL 32315-3090
Local Phone: (850) 487- 4856 Toll Free: (877) 738-3767
Fax: (850) 410-2199

MEMBER INFORMATION (please type or print):

MEMBER NAME: _____ MEMBER SSN: _____
(First, Middle, Last Name)

DATE OF BIRTH : _____ DAYTIME PHONE:(_____) E-MAIL: _____
(MM/DD/YYYY)

MAILING ADDRESS: _____
(Street; including apartment) (City) (State) (Zip Code)

EMPLOYMENT INFORMATION:

List your last date of employment with any FRS employer: _____
(Month/Day/Year)

List all FRS employers you worked for within the last 3 months of FRS employment: _____

IMPORTANT INFORMATION ABOUT REFUNDING EMPLOYEE CONTRIBUTIONS

1. You must terminate all Florida Retirement System (FRS) employment and remain off all FRS payrolls for 3 complete calendar months following your employment termination to be eligible to receive a refund of your employee contributions. Each FRS employer must report your employment termination date to the FRS. *For example: If you terminate your employment July 6th, the earliest you may receive a refund of employee contributions is during the month of November.*
2. A refund of accumulated employee contributions cancels the service credit represented by the contributions. By receiving a refund, you waive all rights under the FRS (or other existing systems administered by the FRS) to the service credit represented by refunded contributions.
3. Your non-employee contributory FRS service credit (if applicable) will not be affected by this refund.
4. A member who has vested in the FRS may leave employee contributions on deposit and qualify for a future monthly retirement benefit.
5. Refunding employee contributions may have serious tax implications. Please read the enclosed Special Tax Notice Regarding Plan Payments for additional information. You should also consult a tax professional.

By signing this form, I am requesting a refund of all employee contributions and I acknowledge that I have read and understand the above information.

MEMBER SIGNATURE: _____ DATE: _____

Please return the completed form to the address or fax number listed above.