

**Florida Retirement System Pension Plan  
Notice of Election to Participate in the Deferred Retirement Option  
Program (DROP) and Resignation of Employment**



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

Member Name Robert K. Henriquez  
Position Title Elected Official  
Home Phone [REDACTED]  
Home Mailing Address [REDACTED]

Member SSN [REDACTED]  
Birth Date [REDACTED]  
Work Phone (813) 276-8815  
Present FRS Employer(s) Hillsborough County Property Appraiser

**Resignation From Employment to Participate in the DROP:**

I elect to participate in the DROP in accordance with s 121.091(13), Florida Statutes (F.S.), as indicated below, and resign my employment on the date I terminate from the DROP. I understand that the earliest date my participation in the DROP can begin is the first date I reach normal retirement date as determined by law and that my DROP participation cannot exceed a maximum of 60 months from the date I reach my normal retirement date, although I may elect to participate for less than 60 months. Participation in the DROP does not guarantee my employment for the DROP period.

I understand that I must terminate all employment with FRS employers to receive a monthly retirement benefit and my DROP benefit under Chapter 121, F. S. Termination requirements for elected officers are different as specified in s.121.091(13)(b)4., F. S. I cannot add service, change options, change my type of retirement or elect the Investment Plan after my DROP begin date. I have read and understand the DROP Accrual and Distribution information provided with this form.

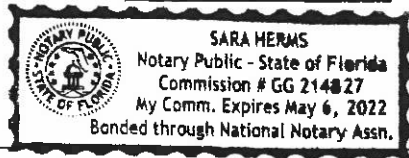
DROP begin date: 09 /01/ 2021 DROP termination and resignation date: 08/31/2026

Member Signature: (sign in the presence of a Notary)

Robert K. Henriquez

Notary: State of FL, County of Hillsborough. The above named person who has sworn to and subscribed before me this 27<sup>th</sup> day of September 2021 and is personally known  or has produced \_\_\_\_\_ as identification.

Sara Herms  
Signature of Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

**Employer Certification:** This is to certify that the above named member will be enrolled as a DROP Participant on the date stated and will terminate his or her employment on the date stated.

**For educational agencies only:** I certify that the member's position of \_\_\_\_\_ meets the definition of instructional personnel under Section 1012.01(2) Florida Statutes.

Authorized Personnel Signature: Sara Herms  
Agency Phone: 813 276-8945

Agency Number 39004  
Date 09/27/2021