

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 Member SSN: [REDACTED]

Member Birth Date: [REDACTED]

Mailing Address: [REDACTED] Street/P.O. Box Apt. No.

[REDACTED] City [REDACTED] State [REDACTED] ZIP Code [REDACTED] Country [REDACTED]

Home Phone: [REDACTED] Cell Phone: [REDACTED]

Email: HENRIQUEZB@HCPAFL.ORG Position Title: ELECTED OFFICIAL

Current 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 section (s.) 121.091(13), Florida Statutes (F.S.), beginning the date indicated below and resign my employment on the date I terminate from the DROP, as indicated below. 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 Florida law and that my DROP participation cannot exceed 96 months from my DROP begin date, as allowable by law, although I may elect to participate for less than 96 months.

DROP Participation Begin Date: 09 / 01 / 2021 DROP Termination and Resignation Date: 08 / 31 / 2029

I understand that participation in the DROP does not guarantee my continued employment for the DROP period.

I understand that I must terminate all employment with all FRS employers as specified in s. 121.021(39)(b), F.S., following the DROP period.

Elected Officers: Elected officers may defer terminating employment after your DROP participation is ended, as specified in s. 121.091(13)(b)4., F.S. and s. 121.053, F.S. An elected officer who deferred termination as provided in s. 121.053, F.S., on or before June 30, 2023, is ineligible to extend DROP participation beyond 60 months.

I understand 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.

Notarization:

Member Signature: Robert K Henriquez

Notary: State of FL, County of Hillsborough. The above-named person has sworn to and subscribed before me by means of [] physical appearance or [] online notarization on this 18 day of July, 2023, and is personally known to me or has produced _____ as identification.

Print, Type or Stamp Commissioned Name of Notary Public

Barbara Ann Bender
Signature of Notary Public

Notary Seal

Barbara Ann Bender
Notary Public
State of Florida
Comm# HH087731
Expires 2/1/2025



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Member Name: ROBERT K. HENRIQUEZ Member SSN: [REDACTED]

Employer Certification of Member's Resignation from Employment to Participate in the DROP:

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.

DROP Participation Begin Date: 09 / 01 / 2021 DROP Termination and Resignation Date: 08 / 31 / 2029

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 Employer Signature: *John Alessi* Date: 7/18/2023

Printed Name: JOHN ALESSI Position Title: DIRECTOR OF FINANCE/PAYROLL

Employer Number: 39004 Employer Phone: 813-276-8947

