

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: Eydie M. Tricquet Member SSN: [REDACTED]

Member Birth Date: 05/07/1963

Mailing Address: 61 N. Ojibwa Road Apt. No. —  
Street/P.O. Box

Monticello Florida 32344 USA  
City State ZIP Code Country

Home Phone: [REDACTED] Cell Phone: 850-[REDACTED] 491-5903

Email: etricquet@jeffersonschools.net Position Title: Superintendent

Current FRS Employer(s): Jefferson County Schools

**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: 02/01/2018 DROP Termination and Resignation Date: 01/31/2026

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:**

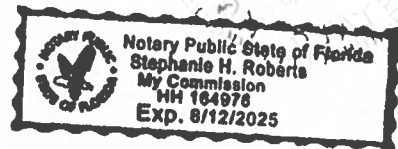
Member Signature: Eydie Tricquet

Notary: State of FL, County of Jefferson. The above-named person has sworn to and subscribed before me by means of [] physical appearance or [] online notarization on this 20<sup>th</sup> day of June, 2023, and is personally known \_\_\_\_\_ or has produced \_\_\_\_\_ as identification.

Print, Type or Stamp Commissioned Name of Notary Public

Stephanie H. Roberts  
Signature of Notary Public

Notary Seal



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Member Name: Eydie M. Tricquet 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: 02/01/2018 DROP Termination and Resignation Date: 01/31/2026

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: Taryn Bellflower Date: 6/20/2023

Printed Name: Taryn Bellflower Position Title: Assistant to Superintendent

Employer Number: RC43007 Employer Phone: 850-342-0100 x102

