

Application to Participate in the Teacher Deferred Retirement Option Plan (T-DROP)

Member Information	
Member's Name _____	SSN _____
Mailing Address _____	
City _____	State _____ Zip _____
Telephone Number (____) _____	E-mail Address _____

To enroll in the Arkansas Teacher Retirement System (ATRS) T-DROP program, you must meet eligibility requirements and this application must be received by ATRS no later than May 31st to begin participation on July 1 of the same year. Applications will be accepted between March 1st and May 31st.

It is the member's responsibility to submit a completed form to ATRS by mail, email, fax, or in office.

Your election to participate in T-DROP is **irrevocable**. Your T-DROP benefits with ATRS will accrue in the T-DROP plan upon the effective date of your participation. T-DROP benefits are only payable when you retire and begin drawing annuity benefits from ATRS.

By signing this election form, you acknowledge that you are required to continue as an active employee with an ATRS covered employer to participate in T-DROP. You also acknowledge that you will no longer earn additional service credit. Salary earned after entering T-DROP will not be used in your retirement annuity calculation.

Member's Signature _____ Date _____

Employer Verification of Final Salary and Service for T-DROP

This section must be completed by all your ATRS covered employers (including public colleges and universities) that you received salary from this fiscal year. (Make copies of this form as needed.)

Note: Employee contributions are not withheld after a member begins participating in T-DROP.

Member's Name _____

Member's SSN _____

Name of Employer _____

Enter the projected amount of regular or contract salary and number of days worked for the members last year of employment ending June 30.

Total number of days worked this fiscal year: _____
Total salary for this fiscal year \$ _____

Provide the last date the member will receive a salary payment from the employer for this fiscal year: / /
(MM / DD / YYYY)

Representative Name (Please Print) _____ Title: _____

Telephone Number (____) _____ E-mail Address _____

Representative Signature _____ Date: _____