



# Interest of Participation Form Deferred Retirement Option Program (DROP) Police Pension Plan

Please complete this form and send as an attachment to [pgcpolicedrop@co.pg.md.us](mailto:pgcpolicedrop@co.pg.md.us). Employees must have at least 22 years of service as of their anticipated DROP entry date.

Completion of this form is neither final nor binding. Your DROP enrollment date is determined exclusively by your seniority. **You must submit this form no less than 30 days prior to your desired enrollment date, for consideration.**

### 1. Participant Information (please print):

<b>Name:</b>	<b>Employee ID:</b>
<b>Email Address:</b>	<b>Phone:</b>
<b>Desired DROP Enrollment Date:</b>	

I am providing this written notice of my intent to enter DROP. I understand that upon confirmation of my entry date, I must file the Application for Enrollment with the Retirement Administrator.

<b>Employee Signature:</b>	<b>Date:</b>
<b>Received by OHRM Pensions Division:</b>	<b>Date:</b>

### For Office Use Only

<b>Hire Date:</b>	<b>Seniority #:</b>
<b>Years of Service:</b>	<b>DROP Entry Date:</b>
<b>Completed by:</b>	<b>Verified by:</b>

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