



1. I acknowledge that I am eligible to receive a service retirement benefit under La. R.S. 11:3381 and 11:3384 as one of the following:
  - Old System Firefighter, who is employed before January 1, 1968, is a contributing member of the System and has submitted an election in writing to the Board of Trustees to come under the provisions of La. R.S. 11:3384.
  - New System Firefighter, who is employed after December 31, 1967.
2. I acknowledge that I have at least 12 years of creditable service.
3. I acknowledge that I am at least 50 years old.
4. I acknowledge that I have not previously participated in the DROP.

**C. ELECTION TO PARTICIPATE IN THE DROP**

- I hereby elect to participate in the DROP. I have read and understand La. R.S. 11:3385.1 applicable to the DROP and agree to be bound by all provisions therein contained. I select the following effective date of participation in the DROP: \_\_\_\_\_

By electing to participate in the DROP, I understand that during the time I am enrolled in the DROP, all the provisions of La. R.S. 11:3385.1 will apply to me, including the following terms and conditions:

1. I may participate in the DROP for no more than five (5) years;
2. I must complete the Application for Service Retirement Benefit and select one of the optional forms of service retirement benefit payment. I understand that once I commence participation in the DROP, I cannot change my service retirement benefit payment option;
3. I understand that any beneficiary designation originally made in conjunction with the benefit payment option for my Service Retirement Benefits cannot be changed once I commence participation in the DROP, even if my beneficiary dies before I separate from employment;
4. I may terminate my participation in the DROP at any time by completing an Application to Withdraw from the DROP and submitting it to the Fund Office;
5. During my participation in the DROP, the City of New Orleans will not make contributions to the Fund on my behalf; compensation and creditable service will be frozen as of the date I entered the DROP, and no military service credit or pension credit based on military service will be accrued;
6. My DROP account will not be credited with interest or other earnings, nor be charged an administrative fee until my completion of the DROP. However, I understand that if I continued to be employed by the Fire Department for the City of New Orleans ("Department"); after my termination in the DROP, my DROP account will earn interest and be subject to a yearly two percent (2%) administrative fee.

7. I am not entitled to any cost of living adjustments (“COLAs”) that may be granted by the Fund from time to time during my DROP period. I will be eligible for COLAs only after one (1) full year following the termination of my employment with the Department;
8. I understand that I will not receive my DROP lump sum payment until I have terminated employment with the Department. I understand that the only form of payment that I may receive for my participation in the DROP is a lump sum payment.
9. I understand that if I continue to work for the Department, I will receive an additional retirement benefit for any service after my participation in the DROP has ended. I understand that the service retirement benefit option and beneficiary designation I made before I commenced participation in the DROP shall also apply to any additional retirement benefit I will receive for my additional service.
10. I understand that I must submit a written application, at any time after my employment with the Department has terminated, in order to receive my DROP benefits.

**D. ELECTION TO PARTICIPATE IN THE REVERSE DROP**

*You may elect this option only if you have not previously participated under the DROP under Section C.*

- I hereby elect to participate in the DROP on a retroactive basis and receive a lump sum benefit of up to five years, based upon the value of the pension on the retroactive date selected. I select the following retroactive date: \_\_\_\_\_

**E. FIREFIGHTER’S ACKNOWLEDGEMENT**

I hereby elect to defer my Service Retirement Benefits to apply for participation in the DROP or Reverse DROP with the Firefighters’ Pension & Relief Fund for the City of New Orleans. I agree to be bound by the Louisiana statutes establishing the Fund: La. R.S. 11:3361 et seq., specifically establishing the DROP; La. R.S. 11:3385.1; and the Rules and Regulations adopted thereunder by the Board of Trustees of the Fund, as amended from time to time. I certify that all statements in this Application are true and correct to the best of my knowledge, information and belief.

I understand that this Application will be reviewed by the Board only after my Application file is complete and I have provided all requested documentation, including but not limited to the Application for Service Retirement Benefits, and other documentary evidence as requested by the Board of Trustees.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Date filed with Board of Trustees of the  
Firefighters’ Pension & Relief Fund for the City of New Orleans: \_\_\_\_\_  
(To be completed by the Fund Office)