



P.O. Box 44213, Baton Rouge, LA 70804-4213  
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### Harbor Police Retirement Plan (HARP) Deferred Retirement Option Plan Agreement / Penalties Per State Statute

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

#### SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### SECTION 2: MEMBER SIGNATURE

I have entered the Deferred Retirement Option Plan (DROP). My DROP will begin on  and end on .

**I understand that La. R.S. 11:3685 requires that DROP participants cease employment with the Harbor Police Department at the end of the DROP participation period (maximum five years). I understand that if I do not cease employment at the end of my DROP participation period, I will be subject to the following:**

I will not be eligible to receive monthly pension checks nor will monthly pension checks accrue in my favor until I terminate employment and officially retire.

I will forfeit any and all accrued interest on my DROP account which would otherwise be paid to me had I chosen to terminate employment at the end of my DROP participation period.

Payments into my DROP account will immediately cease and I will immediately be paid a lump sum payment equal to the balance in my DROP account without the addition on any interest. The account will be terminated.

During post-DROP employment, neither my employer on my behalf nor I will contribute into LASERS.

I will assume inactive membership status in the retirement system (LASERS) and no additional service or additional benefits will be earned. My retirement benefits will not be recalculated in the future.

I certify that I have read the information on this page pertaining to my DROP account and hereby acknowledge with my signature and date below.

Member's Signature	Date
<input type="text"/>	<input type="text"/>

Social Security Number

**SECTION 3: AGENCY SIGNATURE AND CERTIFICATION**

Name of Personnel Officer

Name of Agency

Title

Personnel Officer Email Address

Daytime Area Code/Phone Number

Signature of Personnel Officer

Date