

Retirement/ DROP Rescission Form



Employee information

Employee name	Employee ID	
Department	Manager	
Retirement	DROP Date	Phone Number

Agreements

Signing below rescinds the above Retirement/DROP date, as checked.

In order to enter DROP or the Retirement process, a new application must be submitted to the Retirement Department.

For Retirement rescissions, any pending Retiree healthcare enrollments will be terminated, and the benefits may not be utilized.

Signature

Date

Office Use Only

HC Termed _____ Benefit Termed _____ Sent to: _____ Risk _____
_____ Payroll _____
_____ Dept HRL _____