

Current Date: [Date]

To: [Name of Retirement System/Pension Board]

From: [Your Full Name]

Employee ID: [Your ID Number]

Department: [Your Department]

Subject: Letter of Intent to Enroll in the Deferred Retirement Option Plan (DROP)

Dear [Name of Pension Administrator or Department Head],

Please accept this letter as formal notification of my intent to enroll in the Deferred Retirement Option Plan (DROP), effective [Proposed Start Date].

I understand that by entering this program, I am establishing a fixed retirement date. My anticipated final date of employment with [Name of Employer/Organization] will be [Final Retirement Date].

I have reviewed the terms and conditions of the DROP program and request that you provide the necessary enrollment applications and benefit calculation forms required to finalize this process. Please advise if any additional documentation or meetings are necessary to complete my enrollment.

Thank you for your assistance in this transition.

Sincerely,

[Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]