

[Your Name]
[Your Employee ID Number]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Pension Plan Administrator/Human Resources Director]
[Name of Department/Organization]
[Address]
[City, State, Zip Code]

Subject: Application for Enrollment in the Deferred Retirement Option Plan (DROP)

Dear [Name of Administrator],

Please accept this letter as my formal application to enroll in the Deferred Retirement Option Plan (DROP). I am currently employed as a [Your Job Title] within the [Your Department Name].

After reviewing the eligibility requirements, I have decided to elect participation in the DROP program. I request that my participation begin on [Requested Start Date]. I understand that by entering this program, I am establishing a firm retirement date of [Final Retirement/Exit Date], which is no later than [Number] months from my effective start date as per plan regulations.

I have attached the required enrollment forms and documentation as specified by the [Name of Pension System]. Please let me know if any additional information is required to process this application or if a formal meeting is necessary to finalize my participation.

Thank you for your assistance in processing my transition into this phase of my retirement planning.

Sincerely,

[Signature]

[Your Printed Name]