

[Date]

[Employee Name]

[Employee ID]

[Department]

[Home Address]

Subject: Acknowledgment of Enrollment in the Deferred Retirement Option Plan (DROP)

Dear [Employee Name],

This letter serves as official acknowledgment of your enrollment in the Deferred Retirement Option Plan (DROP). Your application has been reviewed and approved by the [Retirement System/Human Resources Department].

Your participation in the DROP program is confirmed with the following details:

- **Effective Entry Date:** [Date]
- **DROP Period Duration:** [Number] months/years
- **Anticipated DROP Termination Date:** [Date]
- **Final Retirement Date:** [Date]

By enrolling in this program, you acknowledge that your monthly pension benefits will be calculated based on your service credit and salary as of [Effective Entry Date]. These payments will be deposited into your DROP account rather than being paid directly to you. You also understand that your participation in DROP constitutes an irrevocable commitment to retire from [Organization Name] no later than your DROP termination date.

Please keep this document for your records. You will receive periodic statements regarding your DROP account balance. If you have any questions regarding your benefits or the terms of the program, please contact the Retirement Office at [Phone Number] or [Email Address].

Congratulations on reaching this milestone in your career.

Sincerely,

[Signature]

[Name of Plan Administrator]

[Title]

[Organization Name]