

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

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

Dear [Employee Name],

We are pleased to inform you that your application to participate in the Deferred Retirement Option Plan (DROP) has been officially approved. Your enrollment details are as follows:

- **DROP Entry Date:** [Start Date]
- **DROP Termination/Retirement Date:** [End Date]
- **Maximum Participation Period:** [Number of Months/Years]
- **Monthly Pension Benefit Amount:** \$[Amount]

As a participant in DROP, you are considered retired for purposes of the pension system, while continuing to work as a full-time employee. During this period, your monthly pension benefits will be deposited into your designated DROP account. These funds will accumulate interest at a rate of [Percentage]% per annum.

Please note that by enrolling in this program, you have established a binding resignation date of [End Date]. You must terminate your employment with [Company/Organization Name] no later than this date.

Upon your final retirement, you will be required to select a distribution method for your accumulated DROP account balance. Options typically include a lump-sum payment, a rollover to a qualified retirement account, or a combination of both.

Please retain a copy of this letter for your records. If you have any questions regarding your account or the program requirements, please contact the Retirement Office at [Phone Number] or [Email Address].

Congratulations on reaching this milestone in your career.

Sincerely,

[Signature]

[Name of Retirement Administrator]

[Title]

[Organization Name]