

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Notice of Denial for Deferred Retirement Option Plan (DROP) Enrollment

Dear [Employee Name],

Thank you for your application to enroll in the Deferred Retirement Option Plan (DROP), which we received on [Date]. After a thorough review of your retirement file and eligibility status, we regret to inform you that your application for enrollment has been denied.

The denial is based on the following reason(s):

- [Insert Reason: e.g., Insufficient years of creditable service]
- [Insert Reason: e.g., Failure to meet minimum age requirements]
- [Insert Reason: e.g., Application submitted outside of the required timeframe]

Based on our records, you currently have [Number] years of service and your current age is [Age]. To be eligible for DROP, the current requirements are [List Requirements].

If you believe there is an error in our records or if you have additional documentation that may affect this decision, you have the right to appeal. Please submit a written appeal to the [Department Name] within [Number] business days of receiving this letter.

If you have any questions regarding this notice or your retirement benefits, please contact the Retirement Office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Name of Representative]

[Title]

[Organization Name]