

Current Date: [Date]

To: [Name of Retirement System/Pension Board]

Attn: [Department Name or Specific Official]

[Address Line 1]

[Address Line 2]

Re: Notice of Cancellation of DROP Enrollment

Dear [Name or Pension Administrator],

Please accept this letter as formal notification that I wish to cancel my enrollment in the Deferred Retirement Option Plan (DROP).

My details are as follows:

- Full Name: [Your Full Name]
- Employee ID Number: [Your ID Number]
- Social Security Number (Last 4 digits): [XXX-XX-0000]
- Effective Date of Original Enrollment: [Original Date]

I have decided not to proceed with my participation in the DROP program at this time. I understand that by canceling this enrollment, I will continue my regular employment and retirement contributions as per the standard pension guidelines.

Please confirm in writing that this cancellation has been processed and inform me if there are any additional forms or steps required to finalize this request.

Thank you for your assistance.

Sincerely,

[Signature]

[Printed Name]

[Phone Number]

[Email Address]