

**KCPERS  
PLOP Application Form**

I am requesting an explanation of my rights and benefits available to me under the Partial Lump-sum Option Payment or PLOP plan. I understand that the KCPERS office must receive this request at least 90 days prior to my intended retirement date. I also understand that if I wish to make an election under the PLOP plan, that I must notify the KCPERS office of my election to do so at least 30 days prior to my intended retirement date.

Name: \_\_\_\_\_ Serial # \_\_\_\_\_

Current Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Signed: \_\_\_\_\_

Daytime Contact #s: \_\_\_\_\_

**Civilians Only**

If married, do you want 100% Joint & Survivor Option:    Yes                    NO  
(Circle One)