## FB-0425-0418

## PERSONAL INSURANCE CONTRIBUTION REMITTANCE

		AL INSURANCE					
	Public Employees' Retirement	ent System	ourb		nsion and Annuity Fund		
Name		- lore '	0 60	Membersh	nip Number		
Address	s	<u> </u>		<u> </u>			
Monthly	Base Salary at Start of Leave \$	41	Premium \$	S /	covers		
contribut	complete the above and enclose a certified of tions must be paid monthly, in advance. If of from the date of termination of service.					Regular ins	
			RUCTIONS				
the 2. Mer prei 3. Pay 4. Mai	mbers of the <b>Public Employees' Retiremen</b> premium rate of .5 percent (.005) of your base mbers of the <b>Teachers' Pension and Annu</b> mium rate of .4 percent (.004) of your base s rment is due the first of each month covering all check to <b>Division of Pensions &amp; Benefits</b> exptance of a premium after expiration does	use salary. i <b>ty Fund</b> – Make ( salary. 9 that month's leav s, <b>P.O. Box 295, T</b> i	check payable to e. <b>renton, NJ 086</b>	o TPAF Cont	ributory Group Insurance		
FB-0425	-0418 PERSOI	NAL INSURANCE	CONTRIBUTIO	ON REMITT	ANCE		
	Public Employees' Retirem	ent System		eachers' Pei	nsion and Annuity Fund		
Name_		re	our Be	Members	nip Number		
Address	3			0			
Monthly	Base Salary at Start of Leave \$	4	Premium \$	ts	covers		Year
contribu	complete the above and enclose a certified tions must be paid monthly, in advance. If o from the date of termination of service.	fficial leave is not					
1. Mei	mbers of the Public Employees' Retireme			to PERS Co	ontributory Group Insurar	ice Premiun	n Fund at
the 2. Mer pre 3. Pay 4. Mai	premium rate of .5 percent (.005) of your base mbers of the <b>Teachers' Pension and Annu</b> mium rate of .4 percent (.004) of your base ment is due the first of each month covering il check to <b>Division of Pensions &amp; Benefit</b> ceptance of a premium after expiration does	ase salary. <b>ity Fund</b> – Make salary. g that month's leav <b>s, P.O. Box 295, T</b>	check payable to ve. renton, NJ 086	o TPAF Con <b>325-0295</b> .	tributory Group Insurance		
FB-0425-	-0418 PERSON						
	Public Employees' Retirement	ent System	I Te	eachers' Per	nsion and Annuity Fund		
Name		rey		Membersh	nip Number		
		0,0,	0 0				
Address		UX C	N	20			
Monthly	Base Salary at Start of Leave \$		Premium \$		covers Mor		Year
contribut	complete the above and enclose a certified to tions must be paid monthly, in advance. If of from the date of termination of service.						
			RUCTIONS				
1. Mer	mbers of the Public Employees' Retiremer	nt System – Make	check payable	to PERS Co	ontributory Group Insuran	ce Premium	1 Fund at

- the premium rate of .5 percent (.005) of your base salary.
  Members of the Teachers' Pension and Annuity Fund Make check payable to TPAF Contributory Group Insurance Premium Fund at the premium rate of .4 percent (.004) of your base salary.
- 3. Payment is due the first of each month covering that month's leave.
- 4. Mail check to Division of Pensions & Benefits, P.O. Box 295, Trenton, NJ 08625-0295.
- 5. Acceptance of a premium after expiration does not extend the expiration date of insurance coverage.