

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

Alternate Benefit Program

APPLICATION FOR TRANSFER / REHIRE
(INTRA-FUND)

This application must be completed by all Alternate Benefit Program participants who are transferring employers and continuing their Alternate Benefit Program participation.

PART I: To be completed by the employee. (Please Print)

I, _____, ABP Membership No.: _____
(ASSIGNED BY DIVISION OF PENSIONS AND BENEFITS)

resigned my position as _____ at _____

on the _____ day of _____, 20 _____. I hereby notify the Division of Pensions and

Benefits that I have accepted employment at _____ and request that

the Division continue my participation in the Alternate Benefit Program with this new employer.

IMPORTANT: Any change which you wish to make to beneficiaries or to payroll deductions must be made on the appropriate change forms which may be obtained from your benefits officer. If you had a Salary-Reduction Agreement with your former employer and wish to continue the reduction, you must sign a new agreement with your new employer.

PART II: To be completed by the new employer.

1. Employee's Title: _____

2. Appointment Date: _____

3. Full-Time Employee: Yes No

4. Employed: Ten-Months Twelve-Months

5. Social Security No.: _____

6. Annual Base Salary: \$ _____

7. Location or Payroll No.: _____

I certify that this employee is a full-time permanent employee eligible under the rules and regulations of the Department of Higher Education, for participation in the Alternate Benefit Program.

SIGNATURE OF CERTIFYING OFFICER

TITLE

INSTITUTION

DATE