

New Jersey Division of Pensions and Benefits
ENROLLMENT APPLICATION

(Please follow the instructions on page 2 of this form)

DO NOT WRITE IN THIS BOX LOCATION NO. MEMBERSHIP NO.

Select Pension Fund: (Check one) [] Teachers' Pension and Annuity Fund [] Public Employees' Retirement System

APPLICANT INFORMATION: (Please Print or Type)

1. Name: Last First (no nicknames) Middle Maiden Surname and Surname Used During Previous Membership
2. Address: Street City State Zip Code
3. Social Security #: 4. Gender: [] Male [] Female
5. Date of Birth: / / 6. Daytime Phone: () -
7. (For Elected Official ONLY) Veteran Status: (a) Date of Induction (b) Date of Discharge

8. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time? [] Yes [] No
(If "Yes", please provide retirement system name)

EMPLOYER INFORMATION (Please Print or Type):

9. Employer Name:
10. County: 11. Location #: Bureau #: Payroll #:
If Applicable State Loc Only
12. Title/Position of Applicant:
13. Is the applicant currently employed by more than one public employer? [] No [] Yes (If "Yes", please provide name of employer(s))

14. (To be completed for TPAF applications only)
(a.) Date Employment Began: / / (Do not include temporary or substitute service)
(b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? [] Yes [] No
(c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? [] Yes [] No
(d.) For NJ Department of Education Only: Is the position Unclassified Professional? [] Yes [] No
15. (To be completed for PERS applications only)
(a.) Date Employment Began: / / (b.) Date of Regular or Permanent Appointment: / /
(c.) Is the applicant still considered temporary or provisional? [] Yes [] No

16. Current Annual Base Salary \$ 17. (Check one) [] 10-Month Position [] 12-Month Position

EMPLOYER CERTIFICATION

18. Name of Human Resources Representative Completing Application:
19. Phone Number: () - Ext.:
20. Certifying Officer: Print Name Signature Date: / /
Month Day Year

Note: If this application is not submitted on a timely basis, a late employer liability may be assessed. See instructions for beneficiary designation information

ENROLLMENT APPLICATION INSTRUCTIONS

(This application to be completed by enrolling employer)

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the *Enrollment Application* if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Elected Official's Veteran Status** — For an elected official who is a veteran with active military service, enter dates of induction and discharge to determine date of enrollment in the system.
8. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer resides.
11. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Multiple Public Employers** — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.

14. (TPAF applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment. Do not include temporary or substitute service.
- (b.) **New Jersey Certificate Required** — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (c.) **Applicant has New Jersey Certificate** — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

15. (PERS applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment.
- (b.) **Permanent Appointment Date** — Enter the date of the applicant's regular or permanent appointment.
- (c.) **Temporary or Provisional** — Indicate if the applicant is still considered a temporary or provisional employee.

16. **Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.

17. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.

EMPLOYER CERTIFICATION

18. **Name of Person Completing Application** — Print the name of the human resources representative who completes this *Enrollment Application* for the applicant.
19. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
20. **Certifying Officer** — The Certifying Officer should print his/her name, then **sign and date this application**. Unsigned applications will be returned.

Please Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information online — or submit a paper *Designation of Beneficiary* form.