

PERSONAL INSURANCE CONTRIBUTION REMITTANCE

Public Employees' Retirement System

Teachers' Pension and Annuity Fund

Name _____

Membership Number _____

Home Address _____

Monthly Base Salary at Start of Leave \$ _____ Premium \$ _____ covers _____
Month Year

Please complete the above and enclose a certified copy of the resolution of employer granting an official leave of absence. Regular insurance contributions must be paid monthly, in advance. If official leave is not granted, both your non-contributory and contributory coverage will terminate 31 days from the date of termination of service.

INSTRUCTIONS

- Members of the **Public Employees' Retirement System** – Make check payable to PERS Contributory Group Insurance Premium Fund at the premium rate of .5% (.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% (.004) of your base salary.
- Payment is due the first of each month covering that month's leave.
- Mail check to **Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.**
- Acceptance of a premium after expiration does not extend the expiration date of insurance coverage.

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