



Employer Pensions and Benefits Information Connection (EPIC)

EPIC User's Information Guide

[Printable version](#) Adobe PDF (1.6MB - 70 pages)

EPIC Registration Information

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PART I - Welcome to EPIC

The Employer Pensions and Benefits Information Connection (EPIC) is a set of Internet based applications that allow registered employers access to their employees' pension and, if applicable, health benefit account information. The Division of Pensions and Benefits has designed EPIC to be both fast and easy to use. Once you begin to use EPIC, we believe you will find it to be one of your most useful resources for the accurate information you need for the day-to-day administration of your employees' pensions and benefits.

Access to EPIC is granted through the *MyNewJersey* Web site (www.state.nj.us). *MyNewJersey* is the platform through which the State of New Jersey provides a variety of e-business services and online information. By routing access to EPIC through *MyNewJersey*, the Division of Pensions and Benefits is able to provide registered employers with a technology platform that is secure, efficient, and easy to use.

For more about becoming a registered user of EPIC and *MyNewJersey*, see the [EPIC Registration Information page](#).

The EPIC Home Page

When you first sign onto EPIC you are taken to the EPIC Home Page.

njhome | mynewjersey | people | business | government | departments

new jersey division of pensions and benefits
employer pensions and benefits information connection

pensions and benefits home Logout

Employer Information:
Select a location from the dropdown menu.
020020340 - TREASURY-DIV OF ▼
TREASURY - DIV OF EPIC
50 WEST STATE STREET
TRENTON NJ 08625
JOHN JONES
(609) 555-5555
Email: J.JONES@EMAIL.NJ
If the above information is not correct, please contact your EPIC Security Officer
Search Help
Links & Forms
Select MBOS Role

Employer Applications:
Enter the Member Search information below and click on an application button.
Member Search:
Member ID: - SSN:
Last Name: First Name:
Payroll Certifications State Health Benefits Program
Enrollment Application Status Loan Estimate
Retirement Application Status Retirement Calculator
Member Account Information Deferred Compensation Info.
Check for Existing Account Suppl. Annuity Collective Trust
Transmittal Electronic Payment Report of Contributions (IROC)

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On the left side of the EPIC Home Page you will find "Employer Information" that identifies the employer through which you have access and helpful links — the online help screen is available by clicking the "Search Help" button.

- A drop-down box identifies the pension fund and employer location number and name through which you are logged onto EPIC.
- If you have EPIC access to other pension funds or employing locations, you may select them by clicking on the arrow at the right of the drop-down listing. Once you select another location number from the list, the employer information for that employing location will be displayed on the left side of the EPIC Home Page.

Note: As an EPIC user, you are only permitted access to information about employees of the employing location shown in the drop-down box at the top of the "Employer Information" area. The single exception to this security precaution is the "Check for Existing Account" application [described below](#) in Part II.

On the right side of the EPIC Home Page are the "Employer Applications". The application area contains:

- Text fields for entering the membership number, Social Security number, or the name of employees whose account information you wish to retrieve.
- Buttons for calling up the various online applications. Additional information about these applications is provided in the next section.

Note: EPIC users have access to a variety of online applications. The specific group of application buttons you will see depends on the type of employer you represent and the level of access authorized by your EPIC Security Officer.

Note for MBOS Users

If you have EPIC access through your employer and are also registered as a member in the *Member Benefits Online System* (MBOS), you will need to select the role you wish to open for the session each time you log on (below).

SAMPLE APPLICATION BUTTONS



Select Role

Employer

Active Member

Note: If you are registered with multiple roles through EPIC and/or MBOS, you may click the "Select MBOS Role" button on the EPIC Home Page to leave the current EPIC session and access your MBOS account.

EPIC Support

If, after reading this *EPIC User's Guide*, you still have questions about or difficulty accessing or using EPIC, registered users may contact the Division's EPIC Help Desk at (609) 777-0534 or send e-mail to: pensions.nj@treas.state.nj.us.

PART II - EPIC Applications

Navigating Between Applications

All of EPIC's Employer Applications contain a navigation bar at the top of the page that allows you to begin a new search in the current application or access other EPIC applications without having to return to the EPIC Home Page.

employer pensions and benefits information connection pensions and benefits home

New Search Member ID # 2- [] SSN [] [] []

Select Application []

Home Logout

To begin a new search in the same application, enter the employee's membership number or Social Security number in the appropriate field and click the "New Search" button. To go to another application, click the application name which is found in the "Select Application" drop-down box.

Check for Existing Account

In most cases, EPIC users are only permitted access to information about employees at their employing location. An exception to this is provided for the Check for Existing Account application. This application is designed to allow employers to check for an existing pension account and determine the status of any prior pension accounts (active, expired, withdrawn, retired, etc.) when hiring new employees.

- Knowledge of an existing active pension account is important so that the employer and employee can complete the appropriate enrollment or transfer application.
- Knowledge of retiree status is important because of salary or position limitations that can affect retirees who return to public employment.

Access to the application requires the employee's Social Security number.

Enter the Social Security number on the EPIC Home Page and click the "Check for Existing Account" button.

The page that appears will show the status of any New Jersey State-administered pension account listed for that Social Security number. If the account listed was with your employer it is marked with an asterisk.

Check for Existing Account

	Member Name	Member ID	Fund	Account Status	Last Quarter Contribution Date	Multiple Location
*	MEMBER, IMA	02-0999555	PERS	ACTIVE	03/31/2000	No
*	MEMBER, IMA	02-0555599	PERS	WITHDRAWN		No
* THIS MEMBER IS ENROLLED THROUGH YOUR LOCATION			Total Records Found 2			

Membership Account Information

The Membership Account Information application allows you to view pension account information for any of your enrolled employees.

Access to the application requires the employee's membership number, Social Security number, or name. Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Membership Account Information" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

Member Account Information

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

THIS INFORMATION IS CURRENT AS OF 03/31/2002

Personal Data

FULL NAME	MEMBER, IMA		
PENSION FUND AND ID#	PERS	02-0555999	
SSN 123-45-6789	DATE OF ENROLLMENT	02/01/1989	
DATE OF BIRTH	08/14/1956	SEX	F
PROOF OF AGE ON FILE WITH DIVISION	YES		
VETERAN STATUS	NO		

Account Status

LAST REPORTED QUARTER OF CONTRIBUTIONS	1 - 2002		
EMPLOYEE CONTRIBUTION	\$10,792.09		
NET CONTRIBUTIONS AFTER LOANS	\$5,927.71		
SERVICE CREDIT	12 Years 02 Months		
CHAPTER 8 25 YR DATE	N/A		
CHAPTER 8 BARGAINING UNIT	N/A		
LIFE INSURANCE COVERAGE			
CONTRIBUTORY AND NON CONTRIBUTORY			
DEFERRED COMPENSATION ENROLLMENT	NO		
SUPPLEMENTAL ANNUITY COLL TRUST ENROLLMENT			
REGULAR	NO	TAX-SHELTERED	NO
NOTICE OF DEATH			

Loans, Arrears and Back Deductions

SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
LOAN	41	\$84.37	\$4,864.38
ARREARS			
BACK DEDUCTIONS			
PAY SCHEDULE	BIWEEKLY/MONTHLY		

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On the left side of the page you will find information that identifies the employee and information on the current status of any loan, arrears/purchase, or back deduction amounts due to the Division.

On the right side of the page is account information including the date of the last reported contribution, total employee contributions to the pension fund, pension service credit, life insurance coverage status, and - if available to your employees - information for the State Employees Deferred Compensation Plan and Supplemental Annuity Collective Trust of New Jersey.

Payroll Certifications

The Payroll Certifications application allows you to view the *Certifications of Payroll Deductions* issued by the Division of Pensions and Benefits for your employees. Payroll certifications are issued to authorize the start of pension deductions for new employees, for back deductions due to the Division, pension loan payments, or arrears/purchase payments.

To access the application, click the "Payroll Certifications" button on the EPIC Home Page.

On the page that appears you can request all certifications or choose only a specific type of certification (loans, back deduction, etc.).

You may also request certifications for all employees or view certifications for an individual employee by entering a membership number, Social Security number, or name.

The screenshot shows the 'Payroll Certifications' application interface. At the top, the title 'Payroll Certifications' is displayed with a logo. Below it, the location is identified as '02-00102-00 DIV OF PENSIONS AND BENEFITS'. The 'Selection Criteria' section contains several input fields: 'Location' (02-00102-00), 'Cert Type' (a dropdown menu currently set to 'ALL'), 'Member ID' (2 - [input]), 'SSN' ([input]), 'Last Name' ([input]), and 'First Name' ([input]). A 'Legend' button is located to the right of the 'Cert Type' dropdown. A 'Submit' button is positioned at the bottom center of the form area. Two arrows point from the text on the left to the 'Cert Type' dropdown and the 'Last Name' input field.

When all selections have been made, click the "Submit" button and a page will load with a list of certifications that met the selected criteria (past certifications are archived for up to two years).

Certifications are retrieved in groups of 25 and presented five at a time. If the certification you are looking for is not in the first five returned, click the "Next" button to view the next five certifications in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 certifications, click the "Next Group" button. The next 25 certifications will then be loaded and displayed five at a time.

The total number of records available for viewing will be listed in the bottom right table cell.

	No	Deduction Date	Certification Type	Member ID	Member Name
<input type="checkbox"/>	61	03/23/2002	LOANS	02-0123456	EMPLOYEE, JOHN
<input type="checkbox"/>	62	03/23/2002	ADJUS	02-0555999	MEMBER, IMA
<input type="checkbox"/>	63	03/23/2002	SACT	02-0999555	DOE, JOSEPHINE
<input type="checkbox"/>	64	03/23/2002	LOANS	02-0111222	JONES, SAM
<input type="checkbox"/>	65	03/23/2002	LOANS	02-0222111	WORKER, STEPHANIE
Select All <input type="checkbox"/>				Total Records Found 898	

To view a specific certification, click the check box that corresponds to the certification you want and then click the "Details" button. You may also request to view more than one certification by clicking on several check boxes (or click the "Select All" box to view all certifications from this search). Selected certifications are presented one at a time with navigation buttons to go to the "Next" or "Previous" certification.

<p>STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PENSIONS AND BENEFITS P.O. BOX 295 TRENTON, N.J. 08625-0295</p>	<p>CERTIFICATION OF PAYROLL DEDUCTION</p> <p>ALL DEDUCTIONS BEGIN 02/09/2002</p>																												
<p>PUBLIC EMPLOYEES' RETIREMENT SYSTEM</p> <p>NAME MEMBER, IMA MEMBER ID 02-0555999 SSN 123-45-6789 ACCUMULATED BASE SALARY \$3,337.16 SALARY THIS QUARTER BIWEEKLY FULL PENSION RATE 5% PENSION DEDUCTION SUPPLEMENTAL ANNUITY COLLECTIVE TRUST CONTRIBUTORY INSURANCE EFFECTIVE INSURABILITY REQUIRED NO DATE OF BIRTH 05/28/1964 DATE OF ENROLLMENT 10/20/2001 DATE OF TRANSFER MONTHS OF PRIOR SERVICE ENROLLED AS:</p> <p>CONTRIBUTORY INSURANCE COVERED; RETRO PREMIUM DUE IS \$ 33.37</p>	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">SCHEDULE</th> <th style="text-align: center;">NUMBER OF PAYMENTS</th> <th style="text-align: center;">AMOUNT PER PAYMENT</th> <th style="text-align: center;">TOTAL AMOUNT</th> </tr> </thead> <tbody> <tr> <td>LOAN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARREARS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BACK DEDUCTION</td> <td style="text-align: center;">8</td> <td style="text-align: center;">\$25.03</td> <td style="text-align: center;">\$200.24</td> </tr> <tr> <td>PAY SCHEDULE</td> <td colspan="3" style="text-align: center;">BIWEEKLY</td> </tr> <tr> <td>LOCATION#</td> <td colspan="3" style="text-align: center;">102</td> </tr> <tr> <td colspan="4" style="text-align: center;"> DIV OF PENSIONS AND BENEFITS SUPERVISOR PAYROLL UNIT PO BOX 210 TRENTON NJ 08625-0295 </td> </tr> </tbody> </table>	SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT	LOAN				ARREARS				BACK DEDUCTION	8	\$25.03	\$200.24	PAY SCHEDULE	BIWEEKLY			LOCATION#	102			DIV OF PENSIONS AND BENEFITS SUPERVISOR PAYROLL UNIT PO BOX 210 TRENTON NJ 08625-0295			
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LOCATION#	102																												
DIV OF PENSIONS AND BENEFITS SUPERVISOR PAYROLL UNIT PO BOX 210 TRENTON NJ 08625-0295																													

Note: The payroll certification for newly hired employees can be viewed only upon the completion of the enrollment process. You may check the enrollment status using the "Enrollment Application Status" application.

Enrollment Application Status

The Enrollment Application Status application allows you to check the enrollment status of newly hired employees. Once an *Enrollment Application* is received by the Division, and processing has begun, it will be accessible by this application.

Access to the application requires the employee's Social Security number. Enter the Social Security number on the EPIC Home Page and click the "Enrollment Application Status" button.

The page that appears will show any *Enrollment Applications* processed for the individual along with the current processing status. If the processing of the enrollment has been delayed pending the need for additional information, the pending reason will be displayed.

Enrollment Application Status

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

No	Member Name	SSN	Application Processed	Certification Date
1	EMPLOYEE, JOHN	123-45-6789	Yes	10/10/1998
Pending Reason				
			Total Records Found 2	

If processing is complete and a *Certification of Payroll Deductions* is pending or has been issued, the certification date will be displayed (see above for [Payroll Certifications](#)).

PERS Enrollment Application

The PERS Enrollment Application allows employers to enroll eligible, newly hired employees into the Public Employees' Retirement System (PERS).

To access the application, click the "PERS Enrollments" button on the EPIC Home Page.

On the page that appears you will see a list of enrollments for your employing location that are pending approvals by the Certifying Officer and/or the Supervisor of the Certifying Officer — as required under N.J.S.A. 43:3C-15. See below for details on [required certification of enrollments](#).

PERS Enrollment

Enrollment Applications awaiting Certification

Click on a member's name to complete the Application.

Date Entered or Modified	Member Name	Member DOB	Date of Hire	CO Cert* Completed	Supervisor CO* Cert Completed
12/22/2011	Anna Bella	09/14/1975	12/01/2011		Mary Smith
12/27/2011	Colin Douglas	08/16/1959	12/01/2011	John Jones	
12/27/2011	Ethel Francis	07/13/1967	01/01/2012		
01/03/2012	Gerald Harrison	01/01/1957	01/01/2012	John Jones	

New Enrollment

*The CO and SC cannot be the same person.

If the Enrollment List does not appear, there are no enrollments pending for your employing location and the PERS Enrollment Application form will open automatically.

Otherwise, to enter a new PERS Enrollment, click the "New Enrollment" button. The PERS Enrollment Form page will open where you should:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk * are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

PERS Enrollment

Please provide the information requested to enroll an employee in the Public Employees' Retirement System.

Please note that Chapter 92, PL 2007 established a Defined Contribution Retirement Program for elected and certain appointed officials. For additional information and guidance please see the Division's website:

<http://www.state.nj.us/treasury/pensions/>

Fields marked with an * (asterisk) are required.

APPLICANT INFORMATION

* First Name: Middle Name: * Last Name: Suffix: Maiden/Formal Name:

* Social Security Number: - - * Date of Birth: * Gender: Male Female

* Applicant's Address Line 1: (mm/dd/yyyy)

Applicant's Address Line 2:

* City: * State: * ZIP Code: -

POSITION INFORMATION

* Payroll Schedule : 10 Month 12 Month

* Date of Hire (No Break In Service Is Allowed): (mm/dd/yyyy)

* Current Annual Salary: \$.

* Are the applicant's hours fixed at 32 hours or more per week? Yes No

If the title is not in the drop down list, please enter the full title (no abbreviation)

* Job Title:

* Payroll/Benefits Office Phone Number: () - Ext.

Additional pages will be presented to request additional details about the applicant and the position.

Please check any of the items that apply.

Please check any of the following that apply to this employee.

Member Name: Jane Jones **Social Security Number:** 123-45-6789

Is the applicant a Workers' Compensation Judge?

Is the applicant an Elected Official?

Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in Ch. 92, P.L. 2007 [?](#)

Has the applicant been awarded a professional services contract [?](#)

- To return to a previous page, click the "Back" button.
- When all applicable questions on a page have been answered, click the "Continue" button to proceed to the next page.

Please check all of the following that are applicable to this position.

Member Name: Jane Jones **Social Security Number:** 123-45-6789

Civil Service Position

Unclassified Yes

Classified Yes

* Permanent Appointment Date: (mm/dd/yyyy)

Temporary/Provisional Yes

Non-Civil Service Position

Budgeted Yes

Non-Budgeted Yes

Substitute Yes

On-Call or Bedside or Home Bound Instructor [?](#) Yes

Part Time At a Vocational/Technical School Yes

When all applicable questions on a page have been answered, click the "Continue" button to proceed to the next page.

Please check all of the following that are applicable to this position.

Member Name: **Jane Jones**

Social Security Number: **123-45-6789**

- Is the applicant receiving a benefit from a [local](#) New Jersey retirement system or the [ABP](#) at this time?
- Is this position part of [JTPA or WIA](#) ?
- Is this position [seasonal or intermittent](#) ?
- Is this a school CROSSING GUARD position who is receiving a retirement benefit from Social Security, the Federal Government or the Military?
- Is the position a PFRS or County LEO Position [?](#)
- * Will a [Social Security deduction](#) be withheld from the applicant's pay for this position? Yes No
- * By law, does the position require AND does the applicant hold or is pending a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? (For all Substitutes and Bedside Instructors, select "No") Yes No
- * Is your location a bi- or multi-state agency pursuant to [Ch. 263, P.L. 2003](#) ? Yes No

Continue

Back

Please Note:

- **If the employee's enrollment *cannot* be processed online**, you will see a message explaining the reason and providing further instructions on how to proceed with the enrollment.
- **If it is determined that the employee' may be eligible for a Interfund Transfer**, you will see a message requesting that you notify the member they may be eligible for an Interfund Transfer. If necessary, provide them with the [Interfund Transfer form Adobe PDF \(17K\)](#) *Interfund Transfer form*. You will be able to click the "Continue" button to complete the online enrollment process.
- **In certain cases, online enrollments may require additional review.** If this is the case, you will see a message indicating that the Division of Pensions and Benefits will notify you of the final enrollment status within 30 days. You will be able to click the "Continue" button to complete the submission of the enrollment data.
- **Do Not submit paper enrollment applications** for PERS employees who are processed through the online application.
- **Do Not submit TPAF or PFRS enrollment requests** through the online PERS application.

When all applicable questions have been answered you will see a Summary Page. Please review the information to verify that it is correct.

The information displayed below is based on the data you have entered. If correct, Continue for Approval. Otherwise, use the Modify button provided to make the necessary corrections.

MEMBER INFORMATION

Member Name: Jane R Jones Former Name : Smith Gender: Female
Social Security Number: 123-45-6789 Date of Birth: 02/22/1987
Address: 123 Main Street City, State, ZIP: Anytown, NJ 08080

POSITION INFORMATION

Payroll Schedule: 12 Month Job Title: Business Clerk
Date of Hire: 03/01/2008 Current Annual Salary: \$37000.00
Completed by: A Brown Payroll/Benefits Office Phone Number: (609) 555-5555 Ext.555

Are the applicant's hours fixed at 32 hours or more per week? Yes
Is the applicant a Workers' Compensation Judge? No
Is the applicant an Elected Official? No
Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in Ch. 92, P.L. 2007? No
Has the applicant been awarded a professional services contract? No
Civil Service Position
Unclassified? No
Classified? Yes
Permanent Appointment Date: 03/01/2008
Temporary/Provisional? No
Non-Civil Service Position
Budgeted? No
Non-budgeted? No
Substitute? No
Long Term, Replacement or Temporary? N/A
On-Call or Bedside or Home Bound Instructor? No
Date Eligibility established: N/A
Part Time At a Vocational/Technical School? No
Is the applicant receiving a benefit from a local New Jersey retirement system or the ABP at this time? No
Is this position part of JTPA or WIA? No
Is this position seasonal or intermittent? No
Is this a school CROSSING GUARD position who is receiving a retirement benefit from Social Security, the Federal Government or the Military? No
Is the position a PFRS or County LEO Position? No
Will a Social Security deduction be withheld from the applicant's pay for this position? Yes
By law, does the position require AND does the applicant hold or is pending a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? (For all Substitutes and Bedside Instructors, select "No") No
Is your location a bi- or multi-state agency pursuant to Ch. 263, P.L. 2003? No

I certify that this employee and position meet the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15.

- To change any of the information presented, click the "Modify" button.
- To cancel the enrollment without submitting it, click the "Cancel" button.
- If all of the information presented is correct, click the "Continue for Approval" button to proceed to the Approval process.

When an enrollment application is successfully submitted, you will see a confirmation message.

This application is now pending and requires approval by the Certifying Officer and Supervisor to the Certifying Officer after the required training under N.J.S.A. 43:3C-15 is completed. Please notify them of the pending application.

Home

Required Enrollment Approvals

At this point the PERS Enrollment information is saved and *pending approval certifications* from the Certifying Officer **and** the Supervisor of the Certifying Officer. The enrollment cannot be processed by the Division of Pensions and Benefits until both certifications are completed.

- If the person entering the information on the PERS Enrollment Form page is either the Certifying Officer or the Supervisor of the Certifying Officer, their approval certification will be automatically appended to the information.
- Otherwise the Certifying Officer **and** the Supervisor of the Certifying Officer must each separately log on to EPIC and the PERS Enrollment Application and certify each pending enrollment application.

To certify an enrollment, click an individual's name on the list of pending enrollment applications.

PERS Enrollment

Enrollment Applications awaiting Certification					
Click on a member's name to complete the Application.					
Date Entered or Modified	Member Name	Member DOB	Date of Hire	CO Cert* Completed	Supervisor CO* Cert Completed
12/22/2011	Anna Bella	09/14/1975	12/01/2011		Mary Smith
12/27/2011	Colin Douglas	08/16/1959	12/01/2011	John Jones	
12/27/2011	Ethel Francis	07/13/1967	01/01/2012		
01/03/2012	Gerald Harrison	01/01/1957	01/01/2012	John Jones	

[New Enrollment](#)

*The CO and SC cannot be the same person.

The enrollment Summary Page will open.

The Certifying Officer or the Supervisor of the Certifying Officer should check the information presented for accuracy.

Note: Under N.J.S.A. 43:3C-15, both the Certifying Officer and the Supervisor of the Certifying Officer **must** complete required training on pension enrollments **and** each **must** certify that the information submitted is correct and that the person enrolled is eligible for enrollment in the pension fund or retirement system in accordance with the relevant rules or regulations and law. By submitting the enrollment certification the Certifying Officer and the Supervisor of the Certifying Officer each acknowledge that knowingly making a false statement, falsifying, or permitting to be falsified any record,

application, form, or report of a pension fund or retirement system, is an attempt to defraud the fund or system and any such act is punishable with prosecution as a crime of the fourth degree.

I certify that this employee and position meet the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15.

Cancel

Modify

Continue for Approval

- If the information presented is correct, click the "Continue for Approval" **or** the "Submit" button, as provided, certifying that the information is correct and that the person is eligible for enrollment in the retirement system in accordance with current regulations and laws.
- If any changes are required, make them prior to any approvals by clicking the "Modify" button. (Once any approval Certification has been made, modifications are no longer permitted.)
- If you cannot modify the information or you need to stop the enrollment process without submitting it, click the "Cancel" button. (In this case, any enrollment for the individual will require an entirely new application to be entered.)

E-Mail Confirmation of Enrollment

Upon successful submission and full certification of an online PERS Enrollment Application, the saved information is released to the Division of Pensions and Benefits and the Certifying Officer will receive an e-mail confirmation that the enrollment is complete.

- A printable PDF version of the completed *PERS Enrollment Application* will be attached to the e-mail message. Print 2 copies of this application attachment. Give one copy to the newly enrolled member and keep the other copy for your records.
- Please go over the information contained on the Enrollment Application with the member.

This enrollment is now complete. Click the "Home" button to exit the application.

IMPORTANT: The online PERS Enrollment Application **does not** include a Designation of Beneficiary page. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record.

- Once members are enrolled, they will have the opportunity to open a [Member Benefits Online System](#) (MBOS) account and update their Designation of Beneficiary online. Details about MBOS are provided on the application printout.
 - Members may also choose to complete and mail the standard [Designation of Beneficiary Adobe PDF \(23K\)](#) form to the Division.
-

TPAF Enrollment Application

The TPAF Enrollment Application allows education employers to enroll eligible, newly hired employees into the Teachers' Pension and Annuity Fund (TPAF).

To access the application, click the "TPAF Enrollments" button on the EPIC Home Page.

On the page that appears you will see a list of enrollments for your employing location that are pending approvals by the Certifying Officer and/or the Supervisor of the Certifying Officer — as required under N.J.S.A. 43:3C-15. See below for details on [required certification of enrollments](#).

TPAF Enrollment

Enrollment Applications awaiting Certification					
Click on a member's name to complete the Application.					
Date Entered or Modified	Member Name	Member DOB	Date of Hire	CO Cert* Completed	Supervisor CO* Cert Completed
12/22/2011	Anna Bella	09/14/1975	12/01/2011		Mary Smith
12/27/2011	Colin Douglas	08/16/1959	12/01/2011	John Jones	
12/27/2011	Ethel Francis	07/13/1967	01/01/2012		
01/03/2012	Gerald Harrison	01/01/1957	01/01/2012	John Jones	

*The CO and SC cannot be the same person.

If the Enrollment List does not appear, there are no enrollments pending for your employing location and the TPAF Enrollment Application form will open automatically.

Otherwise, to enter a new TPAF Enrollment, click the "New Enrollment" button. The TPAF Enrollment Form page will open where you should:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk * are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

TPAF Enrollment

Fields marked with an * (asterisk) are required.

APPLICANT INFORMATION

*First Name: Middle Name: *Last Name: Suffix: Maiden or Former Name:

*Social Security Number: - - *Date of Birth: (mm/dd/yyyy) *Gender: Male Female

*Applicant's Address Line 1:

Applicant's Address Line 2:

*City: *State: *ZIP Code: -

* Is the applicant receiving a benefit from a [local](#) New Jersey retirement system or the [ABP](#) at this time? Yes No

POSITION INFORMATION

* By Law, does the position *require* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? (For all Substitutes and Bedside Instructors, select "NO") Yes No

* Does the applicant *hold* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? Yes No [Certificate Pending](#)

* Is the position Temporary? Yes No

* Is the position Bedside or Home-bound Instruction? Yes No

* Is the position Substitute? (On-call, Permanent, Long-term, etc.) Yes No

* Is the position for an interim Certificated Superintendent or Certificated Administrator? Yes No
(As defined under [Chapter 355, P. L. 2001](#).)

* Is this a Vocational Technical school? Yes No

* Are the applicant's hours fixed at 32 hours or more per week? Yes No

*Date Employment Began:
(Do not include temporary or substitute service)

(mm/dd/yyyy)

*Current Annual Salary:

\$.00
(Enter dollar amount only)

*Job Title:

*Payroll Schedule :

10 Month 12 Month

*Payroll/Benefits Office Phone Number: () - Ext.

Please Note:

- **If the employee's enrollment *cannot* be processed online**, you will see a message explaining the reason and providing further instructions on how to proceed with the enrollment.
- **If it is determined that the employee' may be eligible for a Interfund Transfer**, you will see a message requesting that you notify the member they may be eligible for an Interfund Transfer. If necessary, provide them with the [Interfund Transfer form Adobe PDF \(17K\)](#) *Interfund Transfer* form. You will be able to click the "Continue" button to complete the online enrollment process.
- **In certain cases, online enrollments may require additional review.** If

this is the case, you will see a message indicating that the Division of Pensions and Benefits will notify you of the final enrollment status within 30 days. You will be able to click the "Continue" button to complete the submission of the enrollment data.

- **Do Not submit paper enrollment applications** for TPAF employees who are processed through the online application.
- **Do Not submit PERS enrollment requests** through the online TPAF application.

When all required questions have been answered you will see a Summary Page. Please review the information to verify that it is correct.

The information displayed below is based on the data you have entered. If correct, Continue for Approval. Otherwise, use the Modify button provided to make the necessary corrections.

MEMBER INFORMATION

Member Name: **Ann Winston**

Former Name : **N/A**

Gender: **Female**

Social Security Number: **357-65-4334**

Date of Birth: **02/14/1989**

Address: **123 Main Street**

City, State, ZIP: **Anytown, NJ 08000**

POSITION INFORMATION

Payroll Schedule: **10 Month**

Job Title: **Teacher**

Date of Hire: **09/01/2011**

Current Annual Salary: **\$28000**

Completed by: **Ed Brown**

Payroll/Benefits Office Phone Number: **(609) 555-5555**

Is the applicant receiving a benefit from a local New Jersey retirement system or the ABP at this time? **No**

By law, does position require a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? (For all Substitutes and Bedside Instructors, select "NO") **Yes**

Does the applicant hold a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? **Yes**

Is the position Temporary? **No**

Is the position Bedside or Home-bound Instruction? **No**

Is the position Substitute? (On-call, Permanent, Long-term, etc.) **No**

Is the position for an interim Certificated Superintendent or Certificated Administrator? (As defined under Chapter 355, P. L. 2001.) **No**

Is this a Vocational Technical school? **No**

Are the applicant's hours fixed at 32 hours or more per week? **Yes**

I certify that this employee and position meet the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15.

Cancel

Modify

Continue for Approval

- To change any of the information presented, click the "Modify" button.
- To cancel the enrollment without submitting it, click the "Cancel" button.

- If all of the information presented is correct, click the "Continue for Approval" button to proceed to the Approval process.

When an enrollment application is successfully submitted, you will see a confirmation message.

This application is now pending and requires approval by the Certifying Officer and Supervisor to the Certifying Officer after the required training under N.J.S.A. 43:3C-15 is completed. Please notify them of the pending application.

[Home](#)

Required Enrollment Approvals

At this point the TPAF Enrollment information is saved and *pending approval certifications* from the Certifying Officer **and** the Supervisor of the Certifying Officer. The enrollment cannot be processed by the Division of Pensions and Benefits until both certifications are completed.

- If the person entering the information on the TPAF Enrollment Form page is either the Certifying Officer or the Supervisor of the Certifying Officer, their approval certification will be automatically appended to the information.
- Otherwise the Certifying Officer **and** the Supervisor of the Certifying Officer must each separately log on to EPIC and the TPAF Enrollment Application and certify each pending enrollment application.

To certify an enrollment, click an individual's name on the list of pending enrollment applications.

TPAF Enrollment

Enrollment Applications awaiting Certification
Click on a member's name to complete the Application.

Date Entered or Modified	Member Name	Member DOB	Date of Hire	CO Cert* Completed	Supervisor CO* Cert Completed
12/22/2011	Anna Bella	09/14/1975	12/01/2011		Mary Smith
12/27/2011	Colin Douglas	08/16/1959	12/01/2011	John Jones	
12/27/2011	Ethel Francis	07/13/1967	01/01/2012		
01/03/2012	Gerald Harrison	01/01/1957	01/01/2012	John Jones	

[New Enrollment](#)

*The CO and SC cannot be the same person.

The enrollment Summary Page will open.

The Certifying Officer or the Supervisor of the Certifying Officer should check the information presented for accuracy.

Note: Under N.J.S.A. 43:3C-15, both the Certifying Officer and the Supervisor of the Certifying Officer **must** complete required training on pension enrollments **and** each **must** certify that the information submitted is correct and that the person enrolled is eligible for enrollment in the pension fund or retirement system in accordance with the

relevant rules or regulations and law. By submitting the enrollment certification the Certifying Officer and the Supervisor of the Certifying Officer each acknowledge that knowingly making a false statement, falsifying, or permitting to be falsified any record, application, form, or report of a pension fund or retirement system, is an attempt to defraud the fund or system and any such act is punishable with prosecution as a crime of the fourth degree.

I certify that this employee and position meet the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15.

Cancel

Modify

Continue for Approval

- If the information presented is correct, click the "Continue for Approval" **or** the "Submit" button, as provided, certifying that the information is correct and that the person is eligible for enrollment in the retirement system in accordance with current regulations and laws.
- If any changes are required, make them prior to any approvals by clicking the "Modify" button. (Once any approval Certification has been made, modifications are no longer permitted.)
- If you cannot modify the information or you need to stop the enrollment process without submitting it, click the "Cancel" button. (In this case, any enrollment for the individual will require an entirely new application to be entered.)

E-Mail Confirmation of Enrollment

Upon successful submission and full certification of an online TPAF Enrollment Application, the saved information is released to the Division of Pensions and Benefit and the Certifying Officer will receive an e-mail confirmation that the enrollment is complete.

- A printable PDF version of the completed *TPAF Enrollment Application* will be attached to the e-mail message. Print 2 copies of this application attachment. Give one copy to the newly enrolled member and keep the other copy for your records.
- Please go over the information contained on the Enrollment Application with the member.

This enrollment is now complete. Click the "Home" button to exit the application.

IMPORTANT: The online TPAF Enrollment Application **does not** include a Designation of Beneficiary page. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record.

- Once members are enrolled, they will have the opportunity to open a [Member Benefits Online System](#) (MBOS) account and update their Designation of Beneficiary online. Details about MBOS are provided on the application printout.
 - Members may also choose to complete and mail the standard [Designation of Beneficiary](#) Adobe PDF (23K) form to the Division.
-

DCRP Enrollment Application

The DCRP Enrollment Application allows *employers* to enroll:

- Eligible Elected or Appointed Officials into the Defined Contribution Retirement Program (DCRP); or
- Other employees who are ineligible for PERS or TPAF enrollment because they *do not* meet the minimum salary requirements for the PERS or TPAF.

The DCRP was created under the provisions of Chapter 92, P.L. 2007 and extended under the provisions of Chapter 103, P.L. 2007, and Chapter 89, P.L. 2008. Specific guidelines on eligibility and enrollment are available in the [Employers Pension and Benefits Administration Manual](#) (EPBAM) or in [Fact Sheet #80, DCRP for Elected or Appointed Officials](#), Adobe PDF (41K) and [Fact Sheet #82, DCRP if Ineligible for the PERS or TPAF](#). Adobe PDF (36K)

To access the application, click the "DCRP Enrollments" button on the EPIC Home Page.

On the page that appears:

- Enter the information for the elected or appointed official who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk * are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

DCRP Enrollment

Please provide the information requested to enroll employee in the Defined Contribution Retirement Program.

Fields marked with an * (asterisk) are required.

APPLICANT INFORMATION

*First Name:	M.I.:	*Last Name:	Suffix:
<input type="text" value="John"/>	<input type="text" value="J"/>	<input type="text" value="Jones"/>	<input type="text" value="III"/>
*Social Security Number:	*Date of Birth:	*Gender:	
<input type="text" value="123"/> - <input type="text" value="45"/> - <input type="text" value="6789"/>	<input type="text" value="08/10/1972"/> (mm/dd/yyyy)	<input checked="" type="radio"/> Male <input type="radio"/> Female	
*Applicant's Daytime Phone Number:	Ext:		
<input type="text" value="(609) 555 - 5555"/>	<input type="text" value=""/>		
*Applicant's Address Line 1:			
<input type="text" value="123 Main Street"/>			
*Applicant's Address Line 2:			
<input type="text" value=""/>			
*City:	*State:	*Zip Code:	
<input type="text" value="Anytown"/>	<input type="text" value="NJ"/>	<input type="text" value="08080"/> - <input type="text" value=""/>	

POSITION INFORMATION

*Date of Hire:	<input type="text" value="02/01/2008"/> (mm/dd/yyyy)
*Current Annual Salary:	<input type="text" value="\$65000"/> (Only Numbers. \$1,500 Minimum.)
*Job Title:	<input type="text" value="Director of Funding"/>

SELECT ONE

- *The applicant is an Elected Official. ?
- *The applicant is appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C. ?
- *The applicant qualifies under Chapter 89, P.L. 2008. ?
- *Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time? Yes No
- *Payroll/Benefits Office Phone Number: Ext:

You will be shown a Summary Page. Please review the information to verify that it is correct.

DCRP Enrollment

The information displayed below is based on the data you have entered. If correct, SUBMIT. Otherwise, use the Modify button provided to make the necessary corrections.

MEMBER INFORMATION

Member Name:	JOHN J JONES III	Gender:	M
Social Security Number:	123-45-6789	Date of Birth:	8/10/1972
Address:	123 MAIN STREET	City, State, ZIP:	ANYTOWN, NJ 08080
Day Time Phone Number:	(609) 555-5555		

POSITION INFORMATION

Job Title:	DIRECTOR OF FUNDING	Current Annual Salary:	\$65,000.00
Date of Hire:	2/1/2008		

Is the applicant an Elected Official?	NO
Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in N.J.S.A. 43:15C?	YES
Does the applicant intend to waive participation in the Defined Contribution Retirement Program (tax eligible Waiver of Retirement Program Form to (609) 984-5990)?	NO

Completed by: Payroll/Benefits Office Phone Number: Ext.

- If you need to make any changes, click the "Modify" button to return to the previous page.
- If all of the information is correct, click the "Submit" button to complete the enrollment process.

When a submission is successfully completed, you will see a confirmation page.

DCRP Enrollment

[printable version](#)

<p>State of New Jersey Department of the Treasury Division of Pensions and Benefits Trenton, NJ 08625</p>	<p>CERTIFICATION OF PAYROLL DEDUCTIONS ALL DEDUCTIONS BEGIN: 3/20/2008</p>																
<p>Name: JONES, JOHN Membership Number: 2300173 Social Security Number: 123-45-6789 Accumulated Base Salary: Salary This Quarter: Full Pension Rate: Pension Deduction: Supplemental Variable Annuity: Contributory Insurance Effective: Insurability Required: No Date of Birth: 8/10/1972 Date of Enrollment: 3/20/2008 Date of Transfer: Months of Prior Service: Enrolled As: DELAYED VESTING</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">BACK DEDUCTION SCHEDULE</th> <th style="width: 25%;">ARREARS SCHEDULE</th> <th style="width: 25%;">LOAN SCHEDULE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">NUMBER OF PAYMENTS</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">AMOUNT PER PAYMENT</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">TOTAL AMOUNT</td> <td colspan="3"></td> </tr> </tbody> </table> <p style="text-align: center;">LOCATION # 020010200</p>		BACK DEDUCTION SCHEDULE	ARREARS SCHEDULE	LOAN SCHEDULE	NUMBER OF PAYMENTS				AMOUNT PER PAYMENT				TOTAL AMOUNT			
	BACK DEDUCTION SCHEDULE	ARREARS SCHEDULE	LOAN SCHEDULE														
NUMBER OF PAYMENTS																	
AMOUNT PER PAYMENT																	
TOTAL AMOUNT																	
<input type="button" value="Return"/>																	

At the top of the page is a link to a printable version of the completed DCRP enrollment information. Print 2 copies of this information and give one copy to the newly enrolled member and keep the other copy for your records.

Please go over the information contained on the Enrollment Application with the member.

IMPORTANT: The online DCRP Enrollment Application **does not** include a Designation of Beneficiary page. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record. Members should complete and mail the standard [ABP/DCRP Designation of Beneficiary Adobe PDF \(20K\)](#) form to the Division of Pensions and Benefits as soon after enrollment as possible.

This enrollment is now complete. Click the "Return" button to exit the application.

ABP Enrollment Application

The ABP Enrollment Application allows employers to enroll eligible, newly hired employees into the Alternate Benefit Program (ABP).

To access the application, click the "ABP Enrollment Application" button on the EPIC Home Page.

On the page that appears:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk * are required.
- Include the ABP Title or Position from the provided list.
- When all the information is entered, click the "Continue" button.

ABP Enrollment

Please provide the information requested to enroll employee in the ABP Online Enrollment Program.

Fields marked with an * (asterisk) are required.

*First Name: <input type="text" value="John"/>	M.I.: <input type="text" value="A"/>	*Last Name: <input type="text" value="Jones"/>	Maiden/Former Name: <input type="text"/>
*Social Security Number: <input type="text" value="999"/> - <input type="text" value="99"/> - <input type="text" value="9999"/>	*Date of Birth: <input type="text" value="06/01/1979"/> (mm/dd/yyyy)	*Appointment Date: <input type="text" value="04/01/2011"/> (mm/dd/yyyy)	
*Full Time Employee: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Bachelor's Degree: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Title/Position: <input type="text" value="ASSISTANT PROFESSOR"/>	

Page two of the Enrollment Application will request additional information.

- Be sure to carefully answer all the questions. Questions marked with an asterisk * are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

When a submission is successfully completed, you will see a confirmation page.

ABP Enrollment

[printable version](#)

First Name: JOHN M I: A Last Name: JONES

THE ENROLLMENT APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED

You can print a copy of the enrollment application by clicking "Printable Version" link above.

You will receive a copy of the payroll certification from the Division of Pensions and Benefits.

Home

At the top of the page is a link to a printable version of the completed ABP enrollment information. Print 2 copies of this information and give one copy to the newly enrolled member and keep the other copy for your records.

Please go over the information contained on the Enrollment Application with the member.

IMPORTANT: The online ABP Enrollment Application **does not** include a Designation of Beneficiary page. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record. Members should complete and mail the standard [ABP/DCRP Designation of Beneficiary Adobe PDF \(20K\)](#) form to the Division of Pensions and Benefits as soon after enrollment as possible.

This enrollment is now complete. Click the "Return" button to exit the application.

Delayed Enrollments

The Delayed Enrollments application allows employers to view amounts currently due and/or past payments made for [delayed enrollments](#).

To access to the application click the "Delayed Enrollments" button on the EPIC Home Page.

The page that appears will show any current delayed enrollment balance(s) that is due. If there is no current balance due, a message to that effect will appear instead.

Delayed Enrollment Bill

LOCATION: 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	112347	03/04/2005	\$124.07	Yes
2	112348	06/10/2005	\$9,222.18	Yes
3	112349	07/08/2005	\$14,827.58	Yes
4	112350	08/05/2005	\$10,789.64	Yes

Total Records Found 4

Paid Invoices

[Frequently Asked Questions](#)

Click on the "Paid Invoices" button to view past, paid Delayed Enrollment Bill information.

Click the "Frequently Asked Questions" link to view more information about Delayed Enrollments.

Delayed Enrollment Bill

LOCATION: 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	112345	07/08/2005	\$246.88	No
2	112346	10/07/2005	\$687.50	No

Total Records Found 2

[Unpaid Invoices](#)

Click on the "Unpaid Invoices" button to return you to the previous screen.

Click on any "Invoice Number" to view the billing information in more detail.

INVOICE: 112348 INVOICE DATE: 06/10/2005

No.	Member Name	Member No.	Delayed Enrollment Amount	Delayed Appropriations Amount	Total
1	ROSS, ARNOLD	234567	\$3,432.15	\$1,002.19	\$4,434.34
2	LORENZO, ANNA	234566	\$1,852.88	\$541.04	\$2,393.92
3	WILSON, BILL	223456	\$1,852.88	\$541.04	\$2,393.92

[Return](#)

Purchase Certification

The Purchase Certification application allows for online submission of the employment information required by the Division of Pensions and Benefits when processing an employee's (or former employee's) request to purchase service credit. This application replaces the need for employers to submit a paper certification (formerly the [Employment Verification Form](#)). [Adobe PDF \(28K\)](#)

When a new Purchase Certification is required, the Certifying Officer will receive e-mail notification from the Division of Pensions and Benefits.

To access the application, click the "Purchase Certification" button on the EPIC Home Page.

On the page that appears, the employer will see the names of any employees for whom there is an outstanding request for a Purchase Certification.

Employment Verification—Purchase

Location: 020010200 TREASURY

Member Name	Former Name	Member Number	Service Type
Mary Jones		2-987654	Uncredited
Karl Carlson		2-7654321	Leave of Absence
Jane Member		2-1234567	Uncredited
John Davenport		2-345678	Uncredited

Clicking on the member's name will open the online form and permit the verification of the employment.

If the Purchase Type is listed as **"Uncredited"** the *Add Title* page will open.

Indicate the Official Payroll Title of the position, the Dates of Employment (including Appointment Date, Hire date, etc.), and salary information requested.

Please complete all required fields on the verification page.

Employment Verification—Purchase

Add Title

Member Name: Jane Member		Maiden/Former Names:	
Social Security Number: 012-34-5678		Date of Birth: 11/17/1947	
Member ID: 2-1234567			

Purchase Type: *Uncredited* **Period Requested:** *02/19/2003 to 05/16/2003*

Official Payroll Title:
 Permanent Appt. Date:

Please select the following if applicable:

- Member was employed under the Job Training Partnership Act (JTPA)
- Member was employed under the Workforce Investment Act (WIA)
- Member was employed under the CETA Program

Date of Hire:

This payroll title was a: 10 month 12 month position (choose one)

Is this Employment at a Board of Education? :

Please provide Total Base Salary for each year of service shown. Do not include overtime, bonuses, stipends, longevity pay, sick or vacation time paid in a lump sum or retroactive salary adjustments in the salary provided.

Period	Employment Dates		Title Classification	No. of Days	Total Base Salary [?]
	FROM	TO			
1	<input type="text" value="2/19/2003"/>	<input type="text" value="5/16/2003"/>	-Title Classification	62	\$ 16,000.00
2	<input type="text"/>	<input type="text"/>	-Title Classification		\$
3	<input type="text"/>	<input type="text"/>	-Title Classification		\$
4	<input type="text"/>	<input type="text"/>	-Title Classification		\$

Was the employee a member of a New Jersey public retirement system through employment in the above payroll title? YES NO

Was this position covered by Social Security? YES NO

Title Classification

- Title Classification
- Title Classification**
- Budgeted Appointment
- Home Bound/Bedside Teacher
- Independent Contractor/Consultant
- Interim
- Per Diem Substitute Teacher
- Intermittent
- Long-Term Substitute Teacher
- Non-Budgeted Appointment
- On-Call Substitute
- Provisional/Temporary

In the "Title Classification" field, select a classification from the list that best represents the type of position held by the employee.

If the Purchase Type is listed as "**Leave of Absence**" the *Add Leave of Absence* page will open.

Indicate the Dates and Reason of the Leave of Absence.

Please complete all required fields on the page.

Employment Verification—Purchase

Add Leave of Absence

Member Name: Jane Member	Maiden/Former Names:
Social Security Number: 012-34-5678	Date of Birth: 11/17/1947
Member ID: 2-1234567	

Purchase Type: **Period Requested:**

Leave of Absence **01/01/2001 to 10/17/2004**

This purchase type was a: 10 month 12 month position (choose one)

Leave of Absence cannot extend beyond the effective date of resignation or termination.

LEAVE OF ABSENCE WITHOUT PAY:

From: 1/9/2007	To: 4/27/2007	Reason: -Select Reason-
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason:

- Select Reason-
- Select Reason-**
- Personal Reason
- Maternity
- Pregnancy Disability
- Child Care Rearing
- Personal Illness
- Care for Family Member
- Workers' Compensation
- Furlough
- Adoption
- Union Business

In the "Reason" field, select a reason for the Leave of absence from the list provided.

When all of the information has been entered, click the "Continue" button and you will be shown a *Summary Page*.

Employment Verification—Purchase

Please verify that the information you have provided for the member below is correct, based on the member's employment at your location.

Member Name: Jane Member
Social Security Number: 012-34-5678
Member ID: 2-1234567

Maiden/Former Names:
Date of Birth: 11/17/1947

Purchase Type:
Uncredited

Period Requested:
02/19/2003 to 05/16/2003

Official Payroll Title 1: Account Assistant

Date of Permanent Appointment: 5/17/2003

Date of Hire: 2/19/2003

Ten or Twelve Month Position: 12

Member was not part of any job training program

EMPLOYMENT

	From	To	Title Classification	No. of Days	Total Base Salary
Period 1:	02/19/2003	05/16/2003	Budgeted	62	\$16000

Was employee a member of a New Jersey State public retirement system? No

Retirement System: N/A

Was this position covered by Social Security? Yes

Modify

Comments:

Payroll/Benefits Office Phone Number: (609) 555 - 5555 , Ext. 55

Add a Title

Submit

Please review the information on the *Summary Page* to verify that it is correct.

- If you need to make changes click the "Modify" button.
- To add another Payroll Title for this employee , click the "Add Another Title" button.
- If the information is correct, enter a contact telephone number in case there are additional questions about information submitted and click the "Submit" button

You will be shown a confirmation that the Purchase Certification was submitted successfully.

A link at the top of this page will open a "Printable Version" of the *Summary Page* information that you can print for your records.

Employment Verification—Purchase

Member Name: **Jane Member**
Social Security Number: **012-34-5678**
Member ID: **2-1234567**

Maiden/Former Names:
Date of Birth: **11/17/1947**

Purchase Type:
Uncredited

Period Requested:
02/19/2003 to 05/16/2003

**Your Employment Verification — Purchase
for the above member has been submitted successfully.**

Please print a copy of this *Employment Verification — Purchase* for your records.

[Next Employment Verification](#)

To exit the application, click the "Home" button near the EPIC page header. You will be returned to the menu page that lists requested certifications.

From here you can complete another employee's certification, or click the "Home" button *again* to exit the application and return to the EPIC Home Page.

Employer Certification of Withdrawal

The Employer Certification of Withdrawal application allows employers to complete and certify the withdrawal information for retirement system members who have **terminated employment** (but who *have not* applied for retirement). This information is used to verify eligibility for a withdrawal and to calculate the withdrawal payment due to the member.

To access the application, click the "Certification of Withdrawal" button on the EPIC Home Page.

On the page that appears, you will see the names of any of your employees who have submitted an Application for Withdrawal where the Employer Certification is still outstanding.

Click on the member's name to continue with completing that certification.

Employer's Certification for Withdrawal

Please select the member for whom you wish to complete the *Employer's Certification for Withdrawal*, by clicking on the member's name

Member Name	Member Number	Data Submitted
SARA MEMBER	02-2345678	03/09/2006

[Add New Part II](#)

By clicking the "Add New Part II" button, employers may also submit a "new certification" for a member who is not listed but who is in the process of submitting an Application for Withdrawal.

When submitting a "new certification", enter the member's ID number and name on the "Member Search" page.

Employer's Certification for Withdrawal

Member Search:

* **Member ID:** 2 -

* **Last Name:** **First Name:**

On the Certification Page, indicate the reason and dates for the employee's termination, the status of any Workers' Compensation claim, and a contact telephone number for the employer representative completing the certification.

When done, click the "Submit Certification" button.

Employer's Certification for Withdrawal

This certification will be used to calculate the withdrawal payment due for member

Member Name: SARA MEMBER
Member Number: 02-2345678 **Social Security Number:** 345-67-8901

I certify that this former employee:

Resigned
 Was Dismissed (no appeal pending)
 Was Dismissed (appeal pending)

from this organization on : (MM/DD/YYYY)

The last pension deduction was made: /

The employee is, or is not receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment

The employee Does, or Does not have Worker's Compensation claim or litigation pending.

Payroll/Benefits Office Phone Number: () - ext.

You will see a confirmation page to indicate that the certification has been submitted successfully.

At the top of the page is a link to a "printable version" of the confirmation page. You should print and keep a copy on this confirmation for your records.

Member Name: SARA MEMBER

Member Number: 02-2345678

Social Security Number: 345-67-8901

Withdrawal Certification Submitted Successfully on 03/09/2006

You have indicated that:

- This employee **resigned** from the employment on **02/14/2006**;
- This employee **is not** receiving periodic benefits for Worker's Compensation and **does not** have a Workers' Compensation claim or litigation pending.

Retirement Certification

The Retirement Certification application allows for online submission of the *Certification of Service and Final Salary for Retirement*.

When an employee submits an *Application for Retirement*, the Certifying Officer will receive an e-mail message that the certification is requested.

To complete the Certification, click the "Retirement Certification" button on the EPIC Home Page.

On the page that appears, the employer will see the names of any employees for whom there is an outstanding request for a Certification.

Clicking on the member's name will open the online form and permit the certification of service and salary.

Location: 02-0010200 TREASURY

Certification of Service and Final Salary --- Retirement

Please select the member for whom you wish to complete the *Certification of Service and Final Salary Retirement*, by clicking on the member's name.

Member Name	Member Number	Date of Retirement
JOSEPH B RIVES	02-0574552	11/01/2006
JOAN J KLINGER	02-0368351	07/01/2007
JEAN BORDEN	02-1129064	12/01/2007
SHARON JOHNSON	02-0667060	06/01/2008

Add Certificaiton of Retirement

Retro Salary Adjustment

Buttons are also provided that allow employers to add a Certification for a retiring employee who is not yet on the list, or a Certification of Retroactive Salary for a previously retired employee.

On the *Certification Page*, you will answer questions about the employee's retirement.

Fields with additional questions may appear if the employee:

- Was dismissed;
- Applied for Accidental Disability; or
- Has an active Workers' Compensation claim.

Please provide an answer for all questions that are shown.

Certification of Service and Final Salary — Retirement


Member Name: JEAN BORDEN
Retirement Date: 12/01/2007

Member Number: 02-1129064
Date of Birth: 06/12/1945


I certify that this former employee:

- Resigned
 was Dismissed

from this organization on : (MM/DD/YYYY)

11/30/2007 

The last pension deduction was made:

PayPeriod 

The employee is applying for:

- Accidental Disability, Ordinary Disability, Involuntary Retirement, or N/A.

Has the employee filed a claim for Workers' Compensation?

- Yes No

The employee IS IS NOT receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment

Did the member receive a significant annual salary increase in the last five (5) years of employment?

- Yes No

Payroll/Benefits Office Phone Number: () - ext.


Submit


Reset


You will also be asked to indicate whether or not the employee had a **significant** increase in salary within the last 5 years of employment, and supply salary information as appropriate.

Did the member receive a significant annual salary increase in the last five (5) years of employment? Yes No

Please provide the salary information for the last year of employment.
Please Fax all supporting documents to 609-292-6656.

Annual Salary: Effective Date: 

Annual Salary: Effective Date: 

Annual Salary: Effective Date: 

Do you have additional salary information?

A contact telephone number is also **required** in case there are additional questions about information submitted.

Payroll/Benefits Office Phone Number: () - ext.

When all of the information is submitted, you will be shown a *Summary Page*. Please review the information on the *Summary Page* to verify that it is correct. Then click the "Submit" button.

Certification of Service and Final Salary — Retirement

Member Name: JEAN BORDEN
Retirement Date: 12/01/2007

Member Number: 02-1129064
Date of Birth: 06/12/1945

I certify that this former employee: **Resigned**
from this organization on : (MM/DD/YYYY) 11/30/2007
The last pension deduction was made: 24 2007

The member is not applying for an Accidental Disability Retirement.

The employee is not receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment.

The employee does not have a Worker's Compensation claim or litigation pending.

The member annual salary increase in the last year of employment were:
^^Please Fax all supporting documents to 609-292-7524.^^

Annual Salary: 45000.00 Effective Date: 4/3/2007

You will be shown a confirmation that the Retirement Certification was submitted successfully. A separate e-mail confirmation will also be sent.

A link at the top of this page will open a "Printable Version" of the *Summary Page* information that you can print for your records. It is also advisable to print a copy and give it to the employee who is retiring for his or her records.

 [printable version](#)

Location: 02-0010200 TREASURY

Certification of Service and Final Salary — Retirement

Member Name: JEAN BORDEN
Retirement Date: 12/01/2007

Member Number: 02-1129064
Date of Birth: 06/12/1945

The Retirement Certification has been submitted successfully.

You will receive an e-mail message containing information about the Retirement Certification you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the EPIC page header. You will be returned to the menu page that lists requested certifications.

From here you can complete another employee's certification, or click the "Home" button *again* to exit the application and return to the EPIC Home Page.

Retirement Estimate Calculator

The Retirement Calculator application allows you to **estimate** how much employees may be eligible to receive at retirement for any retirement date up to two years in the future.

Access to the application requires the employee's membership number, Social Security number, or name. Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Calculator" button.

Retirement Calculator

Name: **JANE MEMBER** Mem #: **02-0123456**

Date of Birth: 05 / 17 / 1957

Retirement Type: Service

Retirement Date: Month / 1 / Year Termination Date: Month / Day / Year

Add Beneficiary: Yes No

Submit Reset

On the page that appears:

- Select the type of retirement from the drop-down menu.

Service

Service

Early

Deferred

Ordinary Disability

- Enter the employee's planned retirement date (All retirements must be for a date no more than two years in the future **and** must start on the first of a month).
- Enter the date on which the employee will terminate employment (must be prior to the retirement date).
- If the employee is planning to purchase additional service credit, enter the service in the "Additional Service" field (optional).
- By clicking "Yes" in the "Add Beneficiary" area, a box will open where you may include the employee's beneficiary's name, date of birth, and spouse information. **Note:** By providing this information we will be able to calculate additional pension payment options that include survivor payments (optional).

Beneficiary Name:

Beneficiary Date Of Birth:

Is This Person Your Spouse? Yes No

- When all of the information has been entered, click the "Submit" button.

The page that appears will show the retirement estimate.

ESTIMATE OF RETIREMENT BENEFITS

March 17, 2005

JANE MEMBER

RE: **02-0123456**

This Quotation of Retirement Benefits was prepared based on the following information:

Retirement Date:	06/01/2017	Type of Retirement:	DEFERRED
Service Termination Date:	12/31/2005	Date of Birth:	05/17/1957
Pension Membership Credit as of Termination Date:	21 years 5 months	Nearest age at Retirement*:	60
		Salary used in calculation:	\$ 76,627.67
Your Beneficiary:		Beneficiary's Date of Birth:	00/00/0000

* If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

PENSION Payment Options at Retirement

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit
Maximum Option	\$ 29,838.24	\$ 2,486.52	No benefit payable to a beneficiary.
Option A	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option B	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option C	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option D	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 1	\$ 28,883.40	\$ 2,406.95	\$ 286,447.10 reduced each month by \$ 2,406.95.
Option 2	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 3	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 4	N/A		None requested
Life Insurance after Retirement:	\$ 15,095.11	Life insurance available for conversion:	\$ 226,426.67

Note: All calculations are **ESTIMATES ONLY** and are based on service and salary information currently posted to your pension account by the Division of Pensions and Benefits.

Application for Retirement — *Employer version*

The online Application for Retirement permits an employer to submit an *Application for Retirement* for one of their employees in cases of an "involuntary retirement" application or when assisting an employee who is applying for retirement.

Note: As a general rule, a member who is *not* being retired *Involuntarily* and capable of completing the application on their own, should submit their application using their personal [MBOS account](#).

Access to the application requires the employee's membership number or Social Security number, and name. Enter the employee's pension membership number or Social Security number and first and last name on the EPIC Home Page.

Then click the "Application for Retirement" button.

The first page will ask for the employee's e-mail address. Please enter the e-mail address and click the "Continue" button.

Retirement Application

If available, please enter the applicant's Email address!

Note: While not required, it is highly recommended that the e-mail address be provided for electronic confirmation or in cases where follow-up contact with the employee is needed.

Before applying for retirement, all members should receive an *Estimate of Retirement Benefits* and consider the pension payment options available to them and any beneficiary. The online Retirement Application provides a link to the Retirement Estimate Calculator.

- To calculate an estimate of benefits for the employee prior to completing an application, click the "Yes" button.
- If the employee already has an estimate and you are ready to complete the application, click "No" and the application form will open.

Retirement Application

Name: Jane Member **Member Number:** 02-0123456

**Before submitting your Retirement Application,
it is recommended that you review an estimate of your retirement benefits! ?**

Do you wish to see an estimate of your retirement benefits?

for help call (609) 777-0534 | [contact us](#) | [privacy notice](#)



Member Information

The *Member Information* page asks about the retiree. Please complete all of the requested fields.

- Some fields may be pre-filled.
- If any of the pre-filled information is incorrect, it can be corrected.

After you have entered all of the information for this page, click the "Continue" button.

Retirement Application

MEMBER INFORMATION

Name: Jane Member **Member Number:** 02-0123456

Date of Birth: 08/14/1956

Street Address 1: 123 MAIN STREET **Street Address 2:** APT B2

City: TRENTON **STATE:** NJ **ZIP:** 08625 -

Country: UNITED STATES OF AMERICA

Home/Cell Phone: (609) 555 - 5555 **Work Phone:** (609) 555 - 5544 **Ext:**

E-mail: JMEMBER@STATE.MAIL

Retirement Type

On the *Select Retirement Type* page, choose the employee's "Retirement Date" and "Retirement Type".

Because all retirements begin *the first day of the month* select only the Retirement **Month** and Retirement **Year** from the drop down lists.

Then select the employee's "Retirement Type" by clicking a selection button. Only **ONE** type of retirement may be selected.

Note: Click on the "question mark" icon next to "Retirement Type" to open a page with detailed explanations of each type of retirement.

- If you select Ordinary Disability or Accidental Disability Retirement, a field will open where you should enter additional information about the employee's disability. Please note that all disability retirement information submitted to the Division is kept strictly confidential.

You must also answer the question about any pending **purchase of service credit**.

Retirement Application

SELECT RETIREMENT TYPE

Name: Jane Member **Member Number:** 02-0123456

What is the date of your retirement? Select month / 01 / Select year

Retirement Type: ?

Service Deferred

Early Veteran

Ordinary Disability Involuntary Ordinary Disability

Accidental Disability Involuntary Accidental Disability

Have you applied for a purchase of service credit within the past 6 months? Yes No

Were your last 36 months of salary also your highest salary years? Yes No
If not, you will be asked to provide the three Fiscal Years during which highest salary was earned.

For PERS and TPAF retirements, you must also answer the question about the last or highest years of salary.

- Most PERS and TPAF retirements are calculated using the employee's last 3 years of salary – which are usually the highest. If the employee's last 3 years are **not** the highest salary years, select "No" and additional fields will open where you will enter the highest three fiscal years of salary. A fiscal year runs from July 1st through to June 30th.

After you have entered all of the information for this page, click the "Continue" button.

Note: The next pages of the application differ depending upon the member's retirement system.

The PERS and TPAF are discussed first with the PFRS and SPRS [following](#).

PERS and TPAF Retirements

The *Option Selection* page will open. You will need to select the member's pension option and list a pension beneficiary.

- The pension options provide for varying amounts that can be paid to the retiree, and to a named beneficiary after the retiree's death. Click on the "question mark" icon next to "Select Pension Option" to view detailed explanations of each pension option.
- You may choose **only ONE** of the 9 different options that are offered.
- **IMPORTANT: Please be certain that the employee understands the options available and that it is chosen carefully.** The retiree has the opportunity to **change** the option selection until at least 30 days after the retirement date, **however, once the retirement becomes "Due and Payable" the option CANNOT be changed.**

Retirement Application

OPTION SELECTION

Name: Jane Member

Member Number: 02-0123456

Select Pension Option: ?

- Maximum Option (NO PENSION BENEFIT TO BENEFICIARY -- Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death.)
- Option A (100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)
- Option B (75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.)
- Option C (50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.)
- Option D (25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.)
- Option 1 (REDUCING RETIREMENT RESERVE TO A BENEFICIARY -- Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.)
- Option 2 (100% TO BENEFICIARY - PERMANENT REDUCTION -- You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)

When this section is completed, click the "Continue" button at the bottom of the page and you will go to the [Life Insurance Beneficiary](#) page.

PFRS and SPRS Retirements

The *Marital Status* page will open. List the name and other requested information as appropriate for a spouse, civil union partner, or eligible same-sex domestic partner. (If the employee is single or divorced, select "None of the Above".)

On a following page you will also be asked to list information for any dependent children.

Retirement Application

MARITAL STATUS

Name: William Member **Member Number:** 03-0123456

Marital Status: Husband Wife Civil Union Partner Domestic Partner
 None of the above

Spouse's Name:
First: Jane **Last:** Member **SSN:** 123 - 45 - 6789

Birthdate: Month / Day / (MM)

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?: Yes No

Life Insurance Beneficiaries

On the *Life Insurance Beneficiary* page, **all retirees** are required to list information about one or more beneficiaries for any Group Life Insurance payable upon the retiree's death.

When you have entered all of the information for this page, click the "Continue" button.

Retirement Application

LIFE INSURANCE BENEFICIARY INFORMATION

Please [click here](#) for Group Life Insurance Conversion rights

Name: Jane Member

Member Number: 02-0123456

First Name

William

Last Name

Member

SSN

987 65 4321

Birth Date

06/06/1950 (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Other Estate

Beneficiary Type: Primary Contingent

Is your address different from your Husband /Wife /Domestic Partner /Civil Union Partner's Address? Yes No

Add Another Beneficiary

Continue

Back

Reset

View Summary and Submit

All of the information needed for the Retirement Application should now be entered, and you will be shown the *Summary Page*.

Please review the summary information and selections carefully as this is what will be submitted to the Division of Pensions and Benefits to begin processing the retirement.

- If you need to change any of the information shown, click on the heading of any section to go back and make changes.
- If all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to submit the application.

Summary of Retirement Application Information

If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.

MEMBER INFORMATION

Name: JANE MEMBER

Member Number: 02-0123456

Date of Birth: 08/14/1956

Address: 123 MAIN

City: TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

Home/Cell Phone:

Work Phone Number: Ext.:

E-mail: JMEMBER@STATE.MAIL

Employer Name: DEPARTMENT OF THE TREASURY

RETIREMENT INFORMATION

Retirement Date: 04/01/2008

Retirement Type: SERVICE

Service credit purchase application WAS NOT submitted within the past 6 months

Last 36 months of salary WERE the highest salary years

PENSION OPTION INFORMATION

Pension Option Selected: Option 1

Beneficiary Information

Name: WILLIAM MEMBER

You will see a *Confirmation Page* indicating that the application has been submitted successfully. In addition, **both** you and the employee will receive a separate e-mail confirmation.

At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print the summary information for your records **AND provide a copy to the employee.**

 [printable version](#)

Retirement Application

Name: Jane Member

Member Number: 02-0123456

Your Retirement Application has been submitted successfully.

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the EPIC page header.

Retirement Application Status

The Retirement Application Status application allows you to check the status of employees who have submitted a retirement application to the Division of Pensions and Benefits.

Click the "Retirement Application Status" button to request information on all retiring employees, or enter a membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Application Status" button to request the retirement application status for an individual employee.

Retirement Application Status

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

No	Member Name	Member ID	SSN	Retirement Date	Application Received Date	Certification Received Date	Quote Letter Date	Board Date	
<input type="radio"/>	6	JONES, SAM	02-0111222	123-45-6789	07/01/2002	03/23/2001	04/23/2001	04/18/2002	04/18/2002
<input type="radio"/>	7	WORKER, STEPHANIE	02-0222111	234-56-7890	07/01/2002	05/28/2002			
<input type="radio"/>	8	EMPLOYEE, JOHN	02-0123456	987-65-4321	07/01/2002	04/18/2002	05/21/2002	05/23/2002	05/23/2002
<input type="radio"/>	9	DOE, JOSEPHINE	02-0999555	876-54-3210	04/01/2001	12/06/2000	12/14/2000	12/27/2000	12/27/2000
<input type="radio"/>	10	MEMBER, IMA	02-0555999	111-22-3333	07/01/2002	05/19/2000	09/26/2000	04/15/2002	04/15/2002
			Total Records Found 24						

The page that appears will show the date the retirement application was received from the employee, the retirement date, and the date of receipt of the employer's *Certification of Service and Final Salary*. If available, the list will also include the date the quote letter was prepared and mailed to the member and the date the retirement will be presented for approval to the pension fund's Board of Trustees.

Retirement information records are retrieved in groups of 25 and presented five at a time. If the retirement information you are looking for is not in the first five records returned, click the "Next" button to view the next five records in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 records, click the "Next Group" button. The next 25 records will then be loaded and displayed five at a time.

The total number of records available for viewing will be listed in the bottom right table cell.

Death Claim Certification

The Employers' Death Claim Certification application allows online submission of the service and salary information required by the Division of Pensions and Benefits following the death of an employee.

To access the application, click the "Death Claim Certification" button on the EPIC Home Page.

Employer's Certification: Death Claim

Click on a member's name to complete the *Employers' Certification — Death Claim*. To certify a new death claim click on the "Certify a New Death Claim" button.

Member Name	Member Number	Date of Death
ANNA MEMBER	2-0123456	08/18/2006
MORT WILSON	2-0345678	08/17/2006

[Certify a New Death Claim](#)

Retroactive salary adjustments must be submitted manually. Please complete the paper [Employer Certification Death Claim](#) form.

On the page that appears, you will see the names of any employees for whom there is an outstanding request for an Employer Certification for Death Claim.

- *Click on the member's name* to continue with completing that certification.
- By clicking the "Certify a New Death Claim" button, an employer may also enter information on a recent death, thereby generating a "report of death" to the Division.
- **Note:** *When a new Death Claim Certification is required, employers will receive an e-mail notification from the Division of Pensions and Benefits.*

Upon making your selection to complete an existing or new certification, the Certification Form will appear.

Name of Deceased: ANNA MEMBER Date of Birth: 11/13/1947 Membership Number: 2-0123456

Date of Death: 08/18/2006

Member's Last Known Address:

Street Address 1:

Street Address 2:

City: State: Zip Code: -

Date Employed:

From: To:

Annual Salaries and Effective Dates(Bi-Weekly: pp/yyyy) of Wages in Last Year of Service [?](#)

Salary Effective Date:

Salary Effective Date:

Salary Effective Date:

Was Contributory Insurance in force at the time of member's death YES NO

Was death due to an accident in the course of employment? YES NO

In case of accidental death, please mail, fax or email the [Accidental Death on Duty](#) form. The form can be faxed to (609) 984-1674, or mailed to: Division of Pensions and Benefits, PO Box 295, Trenton, NJ, 08625-0295; ATTN: Beneficiary Services or emailed to: pensions.nj@treas.state.nj.us.

Last Day Of Active Service:

Continue

Reset

After you have entered the information that is requested on the form, click the "Continue" button. You will have a chance to review the information to make changes or complete the submission.

Upon completion, you will see a confirmation page to indicate that the Death Claim Certification has been submitted successfully. An e-mail confirmation is also sent to confirm the transaction.

At the top of the page is a link to a "printable version" of the confirmation page. You should print and keep a copy on this confirmation for your records.

Death Claim Certification has been submitted successfully.

You will receive a confirmation e-mail of this transaction. If you do not receive the email, please contact the Division of Pensions and Benefits by email, or you may call the Help Desk at (609)777-0534.

Employer Appropriations Bill

The Employer Appropriations Bill application allows employers to view amounts currently due and/or past payments made for pension system employer appropriations.

To access to the application click the "Employer Appropriations Bill" button on the EPIC Home Page.

The page that appears will show the current Employer Appropriations bill.

Employer Appropriations Bill

Location: 03-212340-00 BOROUGH OF ANYTOWN

	Type	Amount
	Normal Contribution	\$ 970,803.00
	Accrued Liability	\$ 356,058.00
	Total Regular Pension Contributions	\$ 1,326,861.00
	Chapter 108, P. L. 2004 Phase-in Credit	\$ (530,744.40)
Due and Payable April 01, 2006		
	Adjusted Balance	\$ 796,116.60
	Total Balance Due	\$ 0.00

To view Employer Appropriations bill for another year, select the year/date from the drop down list at the top of the Employer Appropriations Bill page.

Select Bill :

(Year - Print Date)

- 2005-10/07/2005
- 2004-07/26/2004

Transmittal Electronic Payment System (TEPS)

The Transmittal Electronic Payment System (TEPS) application allows you to view past payments that have been made through TEPS. To access to the application, click the "Transmittal Electronic Payment" button on the EPIC Home Page.

The page that appears will show the current quarterly posting of account information by the Division of Pensions and Benefits.

QR/YR 3/2004

To Make Payments [Click Here](#)

	Effective	Deposit	Pension	Insurance	SACT	TSA
	MO/YR	Date	Amount	Amount	Amount	Amount
	07/2004	07/27/2004	\$20,847.74	\$1,972.38	\$0.00	\$0.00
	08/2004	08/26/2004	\$20,712.06	\$1,975.50	\$0.00	\$0.00
	09/2004	10/14/2004	\$28,788.96	\$2,522.86	\$0.00	\$0.00
		Total	\$70,348.76	\$6,470.74	\$0.00	\$0.00
ROC Due Amt.			\$68,239.00	\$6,369.99	\$0.00	\$0.00

By clicking on the "Select Period" drop-down box, you can access TEPS payment records from previous quarters.

Select Period

- Select Period
- 2004-3
- 2004-2
- 2004-1
- 2003-4
- 2003-3
- Last 6 Months

You can print the TEPS information page by clicking the "Printable Version" link at the top of the TEPS page.

Clicking on the [To Make Payments Click Here](#) link, will take you to the TEPS Online Payment System where you can make payments over the Internet (instead of payments over the phone).

Welcome to the New Jersey Division of Pensions and Benefits TEPS Program.

Log On

Please enter your information to access our secure system.

Location Number:

Password:

Note: *You must be a registered user to make TEPS payments online* — your Location Number and TEPS Password are required to access the Online Payment System.

Internet-based Report of Contributions (IROC)

[Click here to view the IROC Users Guide](#)

The Internet-based Report of Contributions (IROC) application allows you to view, update, and submit your quarterly Report of Contributions over the Internet. To access to the application, click the "Report of Contributions" button on the EPIC Home Page.



njhome | mynewjersey | people | business | government | departments

new jersey division of pensions and benefits
employer pensions and benefits information connection

pensions and benefits home Logout

Employer Information:

Select a location from the dropdown menu.

010703601 - ANYTOWN BOARD OF ED

ANYTOWN BOARD OF ED
123 MAIN STREET
P.O. BOX 321
ANYTOWN, NJ 08080-0000
JANE DOE
(609) 123-4567
Fax : (609) 123-4568
Email: EMPLOYER@MAIL.COM

If the above information is not correct, please contact your EPIC Security Officer

Search Help

Links & Forms

Employer Applications:

Enter the Member Search information below and click on an application button.

Member Search:

Member ID: 1- SSN:

Last Name: First Name:

Report Of Contributions

Detailed instructions on using the IROC application are contained in the [IROC Users Guide](#).

Supplemental Annuity Collective Trust (SACT) (If applicable)

The Supplemental Annuity Collective Trust (SACT) Plan Information application allows you to view SACT account information for any of your employees who participate in SACT.

Access to the application requires the employee's Social Security number or name. Enter the Social Security number or name on the EPIC Home Page and click the "Supplemental Annuity Collective Trust" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

THIS INFORMATION IS CURRENT AS OF 12/31/2003

Full Name: William A. Member

Member ID: 02-0601234

SACT Type	Regular
Member Status	Contributing
Current Rate	1%
Contributions	\$5,668.00
Gain/ Loss	\$3,660.00

SACT Unit Values

"THIS INFORMATION DOES NOT REFLECT THE COMBINED TOTALS FOR MEMBERS PARTICIPATING IN MORE THAN ONE PENSION FUND"

By clicking on the "SACT Unit Values" box, you can access the unit values of the investment fund for the past quarter.

Month	Year	Value
October	2003	51.0979
November	2003	51.5834
December	2003	54.1661

To begin a new search in the same application, click the "back" button until you reach the EPIC Home Page. Enter the employee's Social Security number or name in the appropriate field and click the "Supplemental Annuity Collective Trust" button.

Alternate Benefit Program (ABP) Applications (If applicable)

ABP Annual Report of Covered Lives

Each year the Division of Pensions and Benefits asks Colleges and Universities that participate in the New Jersey Alternate Benefit Program (ABP) to provide updated salary information for active members of the ABP. The **ABP Report of Covered Lives** application has been designed to allow employers to provide salary information online.

Choose your location from the drop-down menu" box, and click the "Alternate Benefit Program" button to access the application.

Alternate Benefit Program

Active Member List as of 01/10/2005

Location: 512 OCEAN COUNTY COLLEGE

Updated	No	Member name	Member Number	SSN	Empl. Date	Annual Salary	Vesting Status
	1	Anderson, Harlee W.	900845	123-45-6789	04/01/1969	<input type="text" value="0"/>	<input type="text" value="Wested"/>
	2	Einstein, Alferd Q.	900846	987-65-4321	04/01/1969	<input type="text" value="0"/>	<input type="text" value="Wested"/>
	3	Faculiee, Shirley-Ann	900850	321-08-7654	04/01/1969	<input type="text" value="0"/>	<input type="text" value="Wested"/>
	4	Member, William A.	900853	123-54-1234	04/01/1969	<input type="text" value="0"/>	<input type="text" value="Wested"/>
	5	Newton, Isaac	900858	199-88-7777	04/01/1969	<input type="text" value="0"/>	<input type="text" value="Wested"/>
				Total Records Found 188			

Next

Next Group

The application will present up to five (5) ABP members per screen. Individuals are listed in order by ABP member number. You can advance through the list by using the "Next" and/or "Previous" buttons located at the bottom of the page.

For each active member, indicate the member's contractual base salary as of June 30, of the report year, and modify vesting status if necessary. Salaries must be included for any member who terminated employment on or after June 30, of the report year. Salaries are to be **reported in whole dollars only** and corrections may be made online until September 30, of the report year, or until you choose to submit the report (See [IMPORTANT NOTICE](#) below).

For members absent from the online list, but employed at your institution prior to June 30, of the report year, please provide an [ABP Enrollment Application Adobe PDF \(496K\)](#) or [Intrafund Transfer Form Adobe PDF \(68K\)](#) indicating the individual's hire date. If this information has previously been submitted to the Division, please contact the Defined Contribution Plans Unit at (609) 777-0887 to resolve the matter.

No salary information should be entered for members ceasing employment prior to June 30, of the report year. However, leave or termination information must be submitted and may be done so through this on-line application as described below.

Reporting Employment Status Changes — If a member has had a change in employment status and is no longer actively employed, report that information to the Division by using the member-specific update screen. To access the member-specific screen, click the individual's name, for you wish to report the change, where it appears in the list on the Report of Covered Lives list.

In the window that opens (below), you can select a leave or termination reason from a drop-down menu and insert the effective date for the leave (start date). If the individual has returned from a leave, the return date (end date) may be entered in the field provided. Fields are also provided for updates to the member's name.

Alternate Benefit Program

Location: 512 OCEAN COUNTY COLLEGE

<u>LABEL</u>	<u>ORIG DATA</u>	<u>UPDATE DATA</u>		
		First	Last	Mi
Member Name:	William A. Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Number:	900858			
SSN:	123-45-6789			
Empl Date:	04/01/1969			
Pay Schedules:	Select Pay Schedule <input type="text"/>			
Leave Termination:	Select Leave Reason <input type="text"/>			
Start Date:	<input type="text"/> (Format MM/DD/YYYY)			
End Date:	<input type="text"/> (Format MM/DD/YYYY)			

Once you have completed updating the individual member's record, click the "Submit" button and you will be returned to the Report of Covered Lives screen where you may select another member, continue entering annual salary information, updating vesting status, or end your session.

Ending Your Session — You may leave the ABP application by using the "Home" and/or "Logout" buttons at the top of the page.

IMPORTANT NOTICE — When you decide to leave the ABP Report of Covered Lives application you will be presented with a question: "Are you finished updating the ABP?"

- ONLY answer "YES" if you have completed all entries and wish to submit your entire salary report for processing. Answering "YES" to this question will also prohibit any further updates to the Annual Salary data field.
- Selecting "NO" will save your entries but permit you to return later to continue or review your work before final submission.

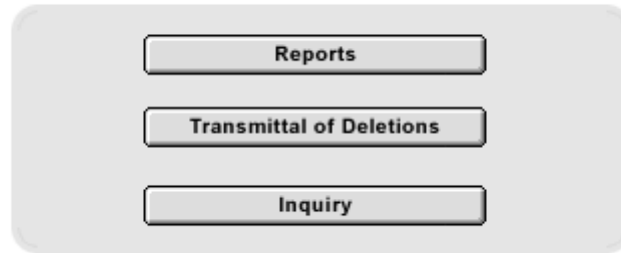
Health Benefits Applications Available only to SHBP/SEHBP participating employers

SHBP/SEHBP Home Page

The Health Benefits applications are for employers that participate in the **State Health Benefits Program (SHBP)** or the **School Employees' Health Benefits Program (SEHBP)**. To access the applications click the "SHBP/SEHBP" button on the EPIC Home Page.

The screen that appears is the SHBP/SEHBP Home Page.

SHBP/SEHBP Home Page



Here you will find buttons for the SHBP/SEHBP applications. The application buttons that appear will vary based upon the type of employer (State, Local Government, Local Education, etc.) as well as your individual access as assigned by your EPIC Security Officer.

Note: Pages for the School Employees' Health Benefits Program (SEHBP) may continue to display SHBP headings until full programming updates can be made.

SHBP/SEHBP Reports

The SHBP/SEHBP Reports application allows employers to view, print, or download (and save) the **Health Benefits List of Covered Employees, Alpha List, Activity Report**, and (if applicable) the Local or State **Monthly Bill**.

To access the application click the "Reports" button on the SHBP/SEHBP Home Page in EPIC.

Local Government, Local Education, and State Monthly Employers — this section describes Reports for Local and State Monthly employers — State biweekly employers [click here](#).

Depending on the health benefits coverage agreements of your employing entity, the first page of the application may ask you to select reports for either the **Active** or **Retired** health benefits group. If requested, select the appropriate group and click the "Submit" button.

SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

SHBP/SEHBP Report Group Selection

Choose the health benefits group you wish to view and click "Submit"

Active Employees

Retirees

Submit

Reports for local government/education or State monthly employers are provided by month. The page that opens lists the current monthly report cycle, a summary of costs, and up to 11 months of prior reports and costs.

SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

SHBP/SEHBP Active Employee Health Benefits Costs

MONTH	MEDICAL	Rx PLAN	DENTAL	TOTAL
October 2009	\$76,853.21	\$25,653.09	\$0.00	\$102,506.30
September 2009	\$77,263.87	\$25,786.60	\$0.00	\$103,050.47
August 2009	\$77,844.98	\$25,981.28	\$0.00	\$103,826.26
July 2009	\$77,792.38	\$25,953.48	\$0.00	\$103,745.86
June 2009	\$78,581.48	\$26,220.50	\$0.00	\$104,801.98

Click on a month to view additional detail

[Back](#)

Click on the linked month/year for the reports you wish to view.

The page that opens contains buttons for the selected month's reports and monthly bill.

SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

SHBP/SEHBP Active Employee Health Benefits Activity

Select the type of information you wish to view

August 2009

[Summary Totals](#)

[Alpha Listing](#)

[Activity Report](#)

[Bill](#)

[Legend](#)

[Back](#)

To view the information click the button for the report or bill. The Reports open in PDF format.

SHBP/SEHBP Reports

SHBP/SEHBP Biweekly Active Employee Health Benefits Activity

Select the type of information you wish to view

08/24/2009(200918)

Summary Totals

Alpha Listing

Activity Report

Legend

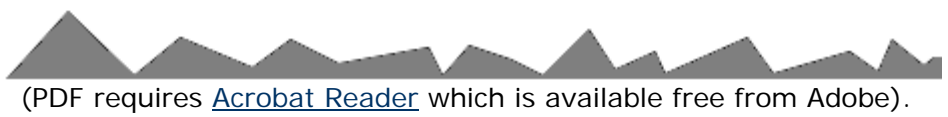
Back

Click the button for the report you wish to view. The Reports open in PDF format.

CUT-OFF DATE:08/24/2009 S T A T E O F N E W J E R S E Y
 FREQUENCY:BIWEEKLY DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
 STATE HEALTH INFORMATION PROCESSING SYSTEM
 BIWEEKLY ALPHA LIST FOR BILLING PERIOD 09/12/2009-09/25/2009 (200918)
 STATE/ACTIVE/BIWEEKLY

000100102 - TREASURY-DIV OF PENSIONS & BEN.

HEALTH SERVICES	005 AETNA	006 CIGNA	150 NJD15
SINGLE	XX	X	XX
MARRIED/SPOUSE	XX	X	XX
MARRIED/PRTNR/CIVIL UNI	X	X	X
FAMILY/ SPOUSE	XX	X	XX
FAMILY/ PRTRN/CIVIL UNI	X	X	X
PARENT /CHILD	X	X	XX
TOTAL	XX	X	XXX
TOTAL AMOUNT	XXXXX.XX	XXX.XX	XXXXX.XX



(PDF requires [Acrobat Reader](#) which is available free from Adobe).

You can view or print the report, or you can download and save the report to your own files. (Downloading may be restricted on some employer networks - check with your Network Administrator if you experience problems.)

SHBP/SEHBP Transmittal of Deletions

The SHBP/SEHBP Transmittal of Deletions application allows you to submit employee coverage termination information (health, prescription drug, and/or dental) to the Health Benefits Bureau online — rather than by completing the paper *Transmittal of Deletions* form. To access the application click the "Transmittal of Deletions " button on the SHBP/SEHBP Home Page in EPIC.

If you administer SHBP or SEHBP information under more than one SHBP/SEHBP

Employer Identification Number, you will be asked to select the appropriate Employer Identification Number as shown below.

SHBP Transmittal of Deletions

LOCATION: 02-9001-00 - Anytown Borough

Please select SHIPS ID:

122900
122901
122970

The Online Transmittal of Deletions form mirrors the layout of the paper version and should be completed as soon as the terminating event occurs. The application allows you to enter up to ten termination records at one time.

Note: When you have completely processed the first ten deletions, you may click the "Home" button to go to a new Deletions Form page.

SHBP/SEHBP Deletions Form

On opening the Deletions Form page (below) enter the:

- Employee's Social Security number;
- Date of Termination of benefits (or end date of Leave of Absence);
- Reason (Leave of Absence, Death, Termination, or Retirement); and
- Plans to be deleted.

When all employee information is entered, click the "Continue" button.

Use this application to delete coverage due to Resignation, Termination of Employment, Retirement, Death, Leave of Absence, Family Leave, or Sabbatical Leave. Termination includes reduction in force, or reduction in hours.

DO NOT use for Waiver of Coverage for continuing employees.

For each employee to be deleted, enter Social Security Number, Last Day of Employment and a Deletion Reason. If choosing Leave of Absence, Family Leave, or Sabbatical, indicate type of plans to be deleted.

Social Security Number	Last Day of Employment or Date Leave Ended			Deletion Reason	Plans to be Deleted ?
					All H Rx D
123 45 6789	Jan	31	2005	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
234 56 7890	March	30	2006	Death	<input type="checkbox"/>
987 65 4321	Feb	13	2006	Termination	<input type="checkbox"/>
	Jan	1	2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Jan	1	2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Continue

The second Deletions Form page (below) provides additional employee information and allows you to review and/or change any of the information you have entered.

Note: If an error in the account information is detected it will be displayed in red. Please correct the information, or you may remove the employee from the list. **Click on the linked name of the employee** to go to a page that shows the employee's current plan information and/or allows you to remove the employee from the list without changing the SHBP/SEHBP status.

When all employee information is correct, click the "Continue" button.

Please correct or remove the employee(s) who have an error indicated in red instead of Termination Date. To remove the employee from the list or view employee's current plan types click on the employee's name.

10 month termination date explanation

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
Mary Worker	10	123 45 6789	Jan 31 2005	Leave of Absence	<input checked="" type="checkbox"/>	12/30/2005
John Employee	12	234 56 7890	March 30 2006	Death	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Eligibility is Already Termed
Sam Jones	12	987 65 4321	Feb 13 2006	Termination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	12/30/2005
			Jan 31 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			Jan 31 2004	Death	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Continue

A Summary Page will appear (below).

Please review the information carefully and then either make additional changes or click the "Submit" button to send Transmit the Deletions to the Health Benefits Bureau.

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
Mary Worker	10	123-45-6789	1/31/2005	Leave of Absence	All Coverage	1/31/2005
John Employee	12	234-56-7890	3/30/2006	Death	All Coverage	3/30/2006
Sam Jones	12	987-65-4321	2/13/2006	Termination	Dental	2/28/2006

Make Additional Changes

Submit

A Confirmation Page will appear with a link to a "Printable Version." **You should print and keep a copy of your transmittal for your records.**

Note: If additional errors in the transmitted records are detected, these employees will be **shown in red** on the Confirmation Page, along with additional instructions.

How to Add Additional Deletion Records

To enter more deletion records, click the "Home" button to go to a new Deletions Form page.

SHBP/SEHBP Member Account Inquiry

The SHBP/SEHBP Member Account Inquiry application allows you to view both active and retiree health benefit account information for any of your employees, as well as COBRA information. To access the application click the "Inquiry" button on the SHBP/SEHBP Home Page in EPIC.

Note: Pages for the School Employees' Health Benefits Program (SEHBP) may continue to display SHBP headings until full programming updates can be made.

The screen that appears is the "Subscriber/Dependent Search" screen. In order to see health benefit information for an employee, you must enter:

- Your Employer ID, Bureau, and Payroll Numbers; and
- The employee's Social Security number OR the employee's name.

Once you have entered this information, click the "Search" button.

If you enter incorrect information and need to start again, hit the "Reset" button and the information will clear.

State Health Benefits Program

The screenshot shows a web form titled "Subscriber/ Dependent Search". At the top, it prompts the user to "Enter Employer ID, Bureau and Payroll Num(If Applicable)". Below this, there are three dropdown menus: "Employer ID:" with a "Select Employer" dropdown, "Bureau:" with a "Select Bureau" dropdown, and "Payroll Number:" with a "Select Payroll No" dropdown. The next section prompts the user to "Enter s subscriber or Dependent SSN to View". It features a "SSN:" label followed by three input boxes separated by dashes. Below this is the word "or". The final section prompts the user to "Enter a Subscriber or Dependent Last/ First Name". It has two input boxes, one for "Last Name:" and one for "First Name:". At the bottom of the form are two buttons: "Search" and "Reset".

If the employee has more than one type of SHBP/SEHBP account (Active, Retired, or COBRA) a page will appear listing the choices. Select the account you wish to view by clicking the link in the Employer ID column.

Subscriber Information

The page that appears will show the Eligibility Summary, Coverage Information, and Dependent Information for that employee/Retiree. Buttons at the top right side of the Eligibility Summary screen allow you to switch from the Active coverage view to a retired or COBRA coverage view.

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status Active

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Termed
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Coverage Allowed	Yes
Hire Date	11/16/1970	25 yr Union Code	999	Rx Coverage Waived	No
10 Month/ 12 Month Employee	12	Date of Death	n/a	Dental Coverage Allowed	Yes
				Dental Coverage Waived	No
				Rx Union Code	023
				Former Link SSN	n/a

Coverage Information

Dependent Information

Select a coverage for additional information			Select here to view previous coverage information				
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason	
Health	NJ PLUS	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)	
Prescription Drug	State Formal Prescription Drug	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)	
Dental	Dental Expense Program	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)	
Vision	None						

Name	Rel	SSN
Maryann Member	Spouse	987-65-4321
Kristy Member	Child	876-54-3210
Jeffrey Member	Child	765-43-2101

To view the Expanded Coverage Listing, showing the history of the SHBP/SEHBP account, click the link "Select here to view previous coverage information".

[Select here to view previous coverage information](#)

The following information will appear:

Expanded Coverage Listing

Select a coverage for additional information							
Plan Type	Service Name	Contract Level	Info	Effective Date	Term Date/Reason	User	Date
Health	Traditional	Memb/spo	Current	04/01/1982		TYPREED	06/12/2000

Click the "Plan Type" to see [billing information](#).

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Expanded Coverage Listing.

Provider and Billing Information

To view additional information about the current Service Provider, click one of the links under "Plan Type."

Plan Type
Health
Prescription Drug
Dental
Vision

The following information will appear:

John A. Member **SSN** 123-45-6789

Service Provider

Service	NJ PLUS	Primary Provider	J184600
Employment Status	Retired	Secondary Provider	n/a
Eligibility Reason	Self	Direct Bill Reason	n/a
		Direct Bill Date	n/a

SBI Inquiry Detail for 05/01/2005

Type	Count	Subscriber	Employer	Pension Fund	Status Pay	Div Expense
Retro						
Partial						
Full	1			+1028.13		+1.57
Totals:	1			+1028.13		+1.57

Selected Bill Period

Bill Period 2005-05 ▾

Use the drop down list to select a specific Billing Period.

If there is a link in the "Type" column, clicking it will show you additional billing details.

John A. Member **SSN** 123-45-6789

Full **Detail Record**

Service	NJ PLUS
Employment Status	Retired
Eligibility Reason	Self

Coverage Period						Bill Period	
From Date	To Date	Charge Days	Contract Level	Total Amount	Direct Bill	From Date	To Date
08/09/2003		031	Mem/spse-dom Prtn	+1028.13	N	01/01/2005	

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Service Provider screen.

Dependent Coverage

To view details about a dependent's coverage, click the linked name of a covered dependent.

Dependent Information

Name	Rel
Maryann Member	Spouse
Kristy Member	Child
Jeffrey Member	Child

Information about the dependent's coverage will appear:

Dependent Detail
Maryann Member [SSN](#) 987-65-4321

Former Name	n/a	Relationship	Spouse
Former SSN	n/a	Relationship Proof	n/a
Date of Birth	07/11/1950	Relationship Proof Date	n/a
Marital Status	Married	Medicare-A Date	10/01/2000
Date of Death	n/a	Medicare-B Date	08/01/2003
Gender	Female	Medicare Proof	Required/approved
Dependent Disability Extension	n/a		
Dependent Disability Date	n/a		
Dependent Disability Term Date	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ PLUS	08/09/2003		
Health	NJ PLUS	12/30/2000	08/09/2003	R
Health	NJ PLUS	06/29/1991	12/30/2000	Child Has Attained Age 23

[Next](#)

[Back to Subscriber Information](#)

Click the "next" button to view additional Dependent Detail.

Dependent Detail

Maryann Member SSN 987-65-4321

Former Name	n/a	Relationship	Spouse
Former SSN	n/a	Relationship Proof	n/a
Date of Birth	07/11/1950	Relationship Proof Date	n/a
Marital Status	Married	Medicare-A Date	10/01/2000
Date of Death	n/a	Medicare-B Date	08/01/2003
Gender	Female	Medicare Proof	Required/approved
Dependent Disability Extension	n/a		
Dependent Disability Date	n/a		
Dependent Disability Term Date	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Dental	Dental Expense Program	08/09/2003	01/01/2005	N
Dental	Dental Expense Program	12/30/2000	08/09/2003	R
Dental	Dental Expense Program	06/29/1991	12/30/2000	Child Has Attained Age 23
Prescription Drug	State Formal Prescription Drug	12/30/2000	08/09/2003	R
Prescription Drug	State Formal Prescription Drug	03/13/1976	12/30/2000	Child Has Attained Age 23

[Previous](#)

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Dependent Detail screen.

Retiree Eligibility

To access Retiree Eligibility (if available), click the "Retiree Account" button when it appears at the top right of the Eligibility Summary screen.

[Retiree Account](#)

The following information will appear:

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status Retired

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Eligible
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Union Code	n/a
Hire Date	11/16/1970	25 yr Union Code	999	Former Link SSN	n/a
10 Month/ 12 Month Employee	n/a	Date of Death	n/a		

Coverage Information

Dependent Information

Select a coverage for additional information			Select here to view previous coverage information				Name	Rel	SSN
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason			
Health	NJ PLUS	Mem/spse-dom Prtn	Current	08/09/2003			Maryann Member	Spouse	987-65-4321
Prescription Drug	None								
Dental	None								
Vision	None								

To access additional retiree detail, click the "Retiree Information" button when it appears at the top right of the Retiree Eligibility Summary screen.

The following information will appear:

Retiree Information

John A. Member - SSN 123-45-6789

Pension Fund	02 Public Employees Retirement System
Member ID	9999999
Retirement Number	10-987654
Retirement Date	07/01/2003
Retirement Months of Service	380
Retirement Type	All Other Retirement Types
Retirement Board Decision	n/a
Premium Share Union Code	999
Alternate Benefits Program 25 year Service Date	n/a
Free/ Not Free Reason	Chapter 6 - State Pers-paid

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Retiree screen.

COBRA Eligibility

To access COBRA information (if available), hit the "COBRA Account" button when it appears at the top right side of the Eligibility Summary screen.

[Cobra Account](#)

The following information will appear:

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status COBRA

[Active](#)

[Retiree Account](#)

[Cobra Information](#)

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Termed
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Coverage Allowed	Yes
Hire Date	n/a	25 yr Union Code	n/a	Rx Coverage Waived	No
10 Month/ 12 Month Employee	n/a	Date of Death	n/a	Dental Coverage Allowed	Yes
				Dental Coverage Waived	No
				Vision Coverage Allowed	Yes
				Vision Coverage Waived	No
				Rx Union Code	n/a
				Former Link SSN	n/a

Coverage Information

Dependent Information

Select a coverage for additional information			Select here to view previous coverage information				Name	Rel	SSN
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason			
Health	None						Maryann Member	Spouse	987-65-4321
Prescription Drug	None								
<u>Dental</u>	Dental Expense Program	Mem/spse-dom Prtn	Past	08/09/2003	01/01/2005	Non-payment No Cob			
Vision	None								

To access additional COBRA detail, click the "COBRA Information" button when it appears at the top right of the COBRA Eligibility Summary screen.

[Cobra Information](#)

The following information will appear:

COBRA Information

John A. Member - SSN 123-45-6789

COBRA Reason	Retirement
COBRA Start Date	08/09/2003
COBRA Terms	18
COBRA Paid Thru Date	12/31/2004

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the COBRA screen.

PART III - [EPIC Security System](#)

EPIC Security Officers, [click here](#) for more information

PART IV - Questions or Comments About EPIC

The Division of Pensions and Benefits wants EPIC to be a tool that employers find useful and choose to use in their daily administrative work. We have made every effort to make EPIC powerful while also keeping it easy to use. We would like to hear about how you liked using EPIC and welcome your suggestions on how EPIC could be made better for the way you work. We will try - based on the response we receive - to include the features you would like to see in future versions of EPIC. Send your questions, comments, and suggestions to the Division of Pensions and Benefits at: pensions.nj@treas.state.nj.us or call the Division's EPIC Help Desk at (609) 777-0534.

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