

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

# INFORMATION REFERRAL

## SECTION A — INFORMATION ABOUT THE PERSON YOU ARE REPORTING

Name of Subject \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Former Occupation and Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Current Occupation and Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

## SECTION B — DESCRIBE THE ALLEGED FRAUD OR ABUSE (Attach additional sheet if needed.)

Documents available (if any): \_\_\_\_\_

## SECTION C — INFORMATION ABOUT YOU

We do not share this information with the person you are reporting. This information is not required to process your report but it is essential if we do have a question or require additional information from you.

Your Name \_\_\_\_\_ Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**You may submit this referral by e-mail to *pension.fraud@treas.state.nj.us*, by fax to (609) 777-0404 or mail it to:**

**Department of the Treasury  
 Division of Pensions and Benefits  
 Pension Fraud and Abuse Unit  
 PO Box 295  
 Trenton, NJ 08625-0295**

**FOR DIVISION USE ONLY**

\_\_\_\_\_  
 Intake Officer's Name

\_\_\_\_\_  
 Subject's Membership No. or Retirement No.

\_\_\_\_\_  
 Date Received