



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**REPORT OF TRANSFER /  
MULTIPLE ENROLLMENT FORM**

**INDICATE TYPE OF ACTION:**

**REPORT OF TRANSFER** or  **MULTIPLE ENROLLMENT** (PERS and TPAF Only)

**INDICATE RETIREMENT SYSTEM:**

- Public Employees' Retirement System (PERS)
- Teachers' Pension and Annuity Fund (TPAF)
- Police and Firemen's Retirement System (PFRS)

**THIS SECTION TO BE COMPLETED BY THE MEMBER:**

Social Security Number \_\_\_\_\_ Membership No. \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Maiden*

Address \_\_\_\_\_  
*Street City State Zip Code*

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:**

Name of Former Employer \_\_\_\_\_

Date of Last Pension Deduction Reported by Former Employer \_\_\_\_\_ Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Year or Pay Period/Year Month Day Year*

Name of New Employer \_\_\_\_\_

New Employer Location/Payroll Number \_\_\_\_\_ Is New Employer a Board of Education?  Yes  No

Title of New Position \_\_\_\_\_ Date Current Employment Began \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Day Year*

**To be completed for TPAF applications only**

Date Employment Began \_\_\_\_/\_\_\_\_/\_\_\_\_ (Do not include temporary or substitute service)  
*Month Day Year*

Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education?  Yes  No

Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education?  Yes  No

For N.J. Department of Education Only: Is the position Unclassified Professional?  Yes  No

Current Annual Base Salary \$ \_\_\_\_\_ Employee is paid on:  10-month basis  12-month basis

Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to P.L. 2010, c. 1 (Chapter 1)?  Yes  No

Is employee currently employed by more than one public agency?  Yes  No

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. 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. Two signatures required.

\_\_\_\_\_  
*Signature of Certifying Officer* *Print Name of Certifying Officer*

\_\_\_\_\_  
*Month Day Year* Telephone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Extension*

Address \_\_\_\_\_  
*Street City State Zip Code*

\_\_\_\_\_  
*Signature of Certifying Officer's Supervisor* *Print Name of Certifying Officer's Supervisor*

\_\_\_\_\_  
*Month Day Year* Telephone (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Extension*

## INSTRUCTIONS

This form is to be completed for any member who leaves one New Jersey public employer to take a job with another New Jersey public employer but remains in the same retirement system. It is also used to establish multiple enrollment in the retirement system. A member establishes multiple enrollment when he or she is employed by more than one public agency at the same time in a position that is eligible for membership in the same retirement system.

If the new employment is covered by a different retirement system, an *Application for Interfund Transfer* should be completed instead of this form.

The *Report of Transfer/Multiple Enrollment Form* should be filed with the New Jersey Division of Pensions & Benefits (NJDPB) within 10 working days of the date employment begins. The employer should establish that the employee's membership in the retirement system has not expired or been withdrawn. If the employee's membership has expired or been withdrawn, the employee must complete a new *Enrollment Application*.

The NJDPB will process the *Report of Transfer/Multiple Enrollment Form* and will send a *Certification of Payroll Deductions* to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

If any items on this form are incomplete or left blank, it will delay the processing the member's transfer or multiple enrollment. This may result in additional back pension contributions and create a hardship for the member. Therefore, the certifying officer should ensure that all items are complete prior to submission of this form.

**Return completed form to:**

**New Jersey Division of Pensions & Benefits  
Enrollment Section  
P.O. Box 295  
Trenton, NJ 08625-0295**