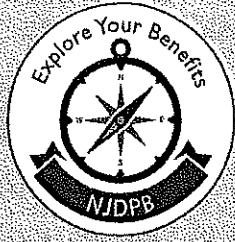


EE-0681-0719



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

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

ENROLLMENT APPLICATION FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND TEACHERS' PENSION AND ANNUITY FUND (TPAF) MEMBERS

See page 2 for instructions on completing this form.

FOR DIVISION USE ONLY: Location Number: _____ Membership Number: _____

APPLICANT INFORMATION:

Select Retirement System: (Check one) TPAF PERS

- 1. Name: _____
Last First Middle Former Name Used During Previous membership (if applicable)
- 2. Social Security Number: _____
- 3. Date of Birth: ____ / ____ / ____
Month Day Year
- 4. Gender: Male Female
- 5. Daytime Phone: (____) _____ — _____
- 6. Address: _____
Street City State Zip Code
- 7. Is the applicant a former member of the PERS or TPAF? Yes No
- 8. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
 Yes No If "Yes," please provide retirement system name: _____

EMPLOYER INFORMATION:

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

TO BE COMPLETED FOR TPAF APPLICATIONS ONLY:

- 14a. Date Employment Began: ____ / ____ / ____ (Do not include temporary, substitute, or part-time service.)
Month Day Year
- 14b. Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education? Yes No
- 14c. Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education?
 Yes No
- 14d. For N.J. Department of Education Only: Is the position Unclassified Professional? Yes No

TO BE COMPLETED FOR PERS APPLICATIONS ONLY:

- 15a. Date Employment Began: ____ / ____ / ____
- 15b. Date of Regular or Permanent Appointment: ____ / ____ / ____
Month Day Year Month Day Year
- 15c. Is applicant considered temporary or provisional? Yes No
- 16. Is applicant an elected official? Yes No
- 17. Is the applicant appointed by special resolution or ordinance or by the Governor with Senate confirmation? Yes No
- 18. Has the applicant been awarded a professional services contract? Yes No
- 19. Current Annual Base Salary \$ _____
- 20. (Check one) 10-Month Position 12-Month Position
- 21. 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

EMPLOYER CERTIFICATION:

I certify that this employee and position meets 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. Two signatures required.

- 22. Certifying Officer: _____
Print Name Signature Date
- 23. Certifying Officer's Supervisor: _____
Print Name Signature Date
- 24. Phone Number: (____) _____ — _____ Ext: _____

PERS/TPAF ENROLLMENT APPLICATION INSTRUCTIONS

If this application is not submitted on a timely basis, a late employer liability may be assessed. All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). Paper enrollment applications mailed to the New Jersey Division of Pensions & Benefits will be returned to you for processing through EPIC, with the exception of paper applications accompanied by an *Application for Interfund Transfer*.

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Social Security Number** — Enter applicant's Social Security number.
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *Enrollment Application* if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
4. **Gender** — Indicate applicant's gender.
5. **Daytime Phone** — Enter applicant's daytime phone number and extension, including area code.
6. **Address** — Enter applicant's current mailing address.
7. **Former Member of System** — Check "Yes" or "No." An *Enrollment Application* should not be filed for any employee who is a former member and (1) did not terminate by withdrawal and (2) has been inactive for less than two years.
8. **Is the applicant receiving retirement benefits?** — Check "Yes" or "No" to whether the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system; if so, give the system's name.

EMPLOYER INFORMATION

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

TPAF APPLICANTS ONLY

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

PERS APPLICANTS ONLY

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

