

The Department of Human Resources

Affidavit of Pension Form

Please complete and return this form to the Human Resources Department.

Name:	Last 4 digits of SS#:	DOB:
1) I will be hired as a:		
Full Time Faculty Full-Time Staff Lecturer Title: Adjunct Part-time/Hourly		
in the	hire date	
(Department)		(Date)
2) Are you temporarily in the U.S. under an F or J \	/isa? No Yes	
3) Are you or have you ever been a member of the following State of New Jersey administered retirement systems? No Yes - please check the corresponding system and include participation dates		
Public Employees Retirement System (PE	RS) From:	To:
Teachers Pensions and Annuity Fund (TPA	•	
Police & Fireman's Retirement System (P	•	
Alternate Benefit Program (ABP)	From:	
Defined Contribution Retirement Program	n (DCRP) From:	To:
State Police Retirement System (SPRS)	From:	
Judicial Retirement System (JRS)	From:To:	
4) If you participated in any of the above retirement systems, did you withdraw your funds or retire from the system? No - still a member Withdrew Funds Date:		
5) Do you own an active annuity contract that conupon higher education employment? No Yes	tains employee and employer contrib	utions based
•	Pension/Investment Company:	
I have completed this form to the best of my know a State of New Jersey administered retirement sys Office of Client Services at 1-609-292-7524 prior to Employee Signature:	tem, that I must contact the NJ Division	on of Pension,