

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

See reverse side for instructions on completing this 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 System (TPAF)
[ ] Police and Firemen's Retirement System (PFRS)

THIS SECTION TO BE COMPLETED BY THE MEMBER:

Social Security Number: Pension Membership Number:

Name: Last First Middle Maiden

Address: Street City State ZIP Code

Daytime Telephone: Area Code

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)
Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education?
Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?
For NJ Department of Education Only: Is the position Unclassified Professional?

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 Ch.1, P.L.2010? [ ] 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 Number: Area Code Extension Number

Street City County State ZIP Code

Signature of Certifying Officer's Supervisor Print Name of Certifying Officer's Supervisor

Month / Day / Year Telephone Number: Area Code Extension Number

## **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 Division of Pensions and Benefits 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 Division of Pensions and Benefits 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.

Please forward the completed form to:

Enrollment Section  
Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295

**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.**