



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

FOR DIVISION USE ONLY:	Location Number _____	Membership Number _____
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PART 1 — APPLICANT INFORMATION — 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 ____ / ____ / ____

4. Gender Male Female Non-Binary 5. Phone Number _____

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 N.J. State-administered or local N.J. retirement system at this time? Yes No
 If Yes, please provide retirement system name _____

PART 2 — 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) _____

FOR TPAF APPLICATIONS ONLY

14a. Date Employment Began ____ / ____ / ____ (Do not include temporary, substitute, or part-time service.)

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

FOR PERS APPLICATIONS ONLY

15a. Date Employment Began ____ / ____ / ____ 15b. Date of Regular or Permanent Appointment ____ / ____ / ____

15c. Is applicant considered temporary or provisional? Yes No

16. Is the applicant a Workers' Compensation Judge? Yes No 17. Is the applicant an elected official? Yes No

18. Is the applicant appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position such as business administrator, county or municipal administrator, county or municipal manager? Yes No

19. Is the applicant filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer? Yes No

20. Is the applicant working under a professional services contract? Yes No

21. Is the applicant a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity? Yes No

22. Current Annual Base Salary \$ _____ 23. (Check one) 10-Month Position 12-Month Position

24. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week? Yes No

PART 3 — 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.

25. _____
Print Certifying Officer's Name Signature Date

26. _____
Print Certifying Officer's Supervisor's Name Signature Date

27. _____
Phone Number

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 Yes, 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 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.

PERS/TPAF ENROLLMENT APPLICATION INSTRUCTIONS

16. **Worker's Compensation Judge** — Indicate if the applicant is a Worker's Compensation Judge.
17. **Elected Official** — Indicate whether the applicant is an elected official. On or after July 1, 2007, a newly elected official is ineligible for enrollment in the PERS. See the *Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials* Fact Sheet.
18. **Business/County/Municipal Administrator or Manager** — indicate whether the applicant is appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position.
19. **Appointed Official** — Indicate whether the applicant is filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer.
20. **Professional Services Contract** — Indicate whether the individual is working under a professional services contract or providing professional services without benefit of a contract. See the *Independent Contractors, Professional Services Contracts, and Pension Enrollment* Fact Sheet.
21. **Bona Fide Professional Services** — Indicate if the applicant is a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity.
22. **Current Annual Base Salary** — Enter the annual base salary for the year, i.e., the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in a lump sum. Hourly or per diem rates should not be entered.
23. **10- or 12-Month Position** — Please indicate whether the position is a 10-month or 12-month position.
24. **Hours Worked** — Indicate whether the applicant works the requisite number of hours. To be eligible for TPAF or PERS membership, the hours worked by an employee enrolled after May 21, 2010, must be fixed at 35 hours or more per week for State employees to be enrolled in the PERS; 32 hours or more per week for local government employees to be enrolled in the PERS; or 32 hours or more per week for State or local education employees to be enrolled in the TPAF.

EMPLOYER CERTIFICATION

25. **Certifying Officer** — The Certifying Officer must sign and print his/her name and date this application. Unsigned applications will be returned.
26. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor must sign and print his/her name and date this application. Unsigned applications will be returned.
27. **Phone Number** — Enter employer telephone number, including area code and extension, for the employer representative who completed this application.

Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information using the online *Designation of Beneficiary* application.

Return this completed form to: **New Jersey Division of Pensions & Benefits**
Enrollment Section
P.O. Box 295
Trenton, NJ 08625-0295