

ENROLLMENT APPLICATION

DO NOT WRITE IN THIS BOX LOCATION NO. MEMBERSHIP NO.

APPLICANT INFORMATION: (Please Print or Type and follow the instructions on page 2 of this form)

Select Pension Fund: (Check one) Teachers' Pension and Annuity Fund Public Employees' Retirement System

1. Name: Last First (no nicknames) Middle Maiden Surname and Surname Used During Previous Membership
2. Address: Street City State Zip Code
3. Social Security #: 4. Gender: Male Female
5. Date of Birth: Month Day Year 6. Daytime Phone: () -
7. 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 (Please Print or Type):

8. Employer Name: 9. Title/Position of Applicant:
10. County: 11. Location #: Bureau #: Payroll #:
If Applicable State - Loc. - Only
12. 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

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

TO BE COMPLETED FOR PERS APPLICATIONS ONLY

14 (a.) Date Employment Began: 14 (b.) Date of Regular or Permanent Appointment:
14 (c.) Is applicant considered temporary or provisional? Yes No 15. Is applicant an elected official? Yes No
16. Is the applicant appointed by Special Resolution or Ordinance or by the Governor with Senate confirmation? Yes No
17. Has the applicant been awarded a professional services contract? Yes No

18. Current Annual Base Salary \$ 19. (Check one) 10-Month Position 12-Month Position
20. 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

EMPLOYER CERTIFICATION

21. Name of Employer Representative Completing Application:
22. Phone Number: () Ext.:

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)

23. Signature of Certifying Officer Print Name of Certifying Officer DATE: Month Day Year
24. Signature of Certifying Officer's Supervisor Print Name of Certifying Officer's Supervisor DATE: Month Day Year

NOTE: IF THIS APPLICATION IS NOT SUBMITTED ON A TIMELY BASIS, A LATE EMPLOYER LIABILITY MAY BE ASSESSED.

ENROLLMENT APPLICATION INSTRUCTIONS*(This application to be completed by enrolling employer)***APPLICANT INFORMATION**

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **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); a U.S. Passport Card; Naturalization or Immigration papers; a current NJ Driver License or Digital Non-driver ID Card from MVC; Military records indicating your age.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

EMPLOYER INFORMATION

8. **Employer Name** — Enter the full employer name.
9. **County** — Enter county in which the employer resides.
10. **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).
11. **Title/Position of Applicant** — Enter title/position of applicant.
12. **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

13. (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 NJ 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 NJ Department of Education.
- (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

PERS APPLICANTS ONLY

14. (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.
15. **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 Fact Sheet #80.)
16. **Appointed Official** — Indicate whether the applicant is appointed. State appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate. Local appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate or individuals appointed in a similar manner by the governing body of a local entity (county, municipality, etc.). On or after 7/1/07, a newly appointed official who does not have an existing PERS account is ineligible for enrollment in the PERS. (See Fact Sheet #80.)
17. **Professional Services Contract** — Indicate whether the individual is working under a professional services contract or providing professional services without benefit of a contract.

18. **Base Salary** — Enter the annual base salary for the year, that is, 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 lump sum. Hourly or per diem rates should not be entered.
19. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.
20. **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

21. **Name of Employer Representative Completing Application** — Print the name of the human resources representative or other employer representative who completes this *Enrollment Application* for the applicant.
22. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
23. **Certifying Officer** — The Certifying Officer **must sign their name, print their name, and date this application**. Unsigned applications will be returned.
24. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor **must sign their name, print their name, and date this application**. Unsigned applications will be returned.

Please 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.