



**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  Non-Binary
- 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*
- 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.

## PERS/TPAF ENROLLMENT APPLICATION INSTRUCTIONS

16. **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.
17. **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 the *Defined Contribution Retirement Program (DCRP) for Elected and Appointed Officials* Fact Sheet.
18. **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.
19. **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.
20. **10- or 12-Month Position** — Please indicate whether the position is a 10-month or 12-month position.
21. **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

22. **Certifying Officer** — The Certifying Officer must sign and print his/her name and date this application. Unsigned applications will be returned.
23. **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.
24. **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**