



State of New Jersey
Department of the Treasury

Translate this Page



Select Language

Disclaimer



Division of Pensions and Benefits

CERTIFICATION OF PAYROLL DEDUCTIONS

Scroll down or click on a field in the image for more information



STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
CERTIFICATION OF PAYROLL DEDUCTIONS
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

PO BOX 295
TRENTON, NJ 08625-0295

MEMBER COPY

NAME	JOSEPHINE MEMBER
MEMBERSHIP NUMBER	0999999
SOCIAL SECURITY NUMBER	123-45-6789
ACCUMULATED BASE SALARY	\$XXXXXX
SALARY THIS QUARTER	\$XXXX
FULL PENSION RATE	5%
PENSION DEDUCTION	\$XX.XX
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST	X%
CONTRIBUTORY INSURANCE EFFECTIVE	11-22-1976
INSURABILITY REQUIRED	NO
DATE OF BIRTH	12-23-1954
DATE OF ENROLLMENT	11-22-1976
DATE OF TRANSFER	XX-XX-XXXX
MONTHS OF PRIOR SERVICE	XX-XX
ENROLLED AS:	NON-VETERAN
COMMENT LINE	

ALL DEDUCTIONS BEGIN 03-01-2002

	BACK DEDUCTION SCHEDULE	ARREARS SCHEDULE	LOAN SCHEDULE
NUMBER OF PAYMENTS	XX	XX	XX
AMOUNT PER PAYMENT	\$XXX	\$XXX	\$XXX
TOTAL AMOUNT	\$XXXX	\$XXXX	\$XXXX

NAME OF EMPLOYER

FOR MORE INFORMATION SEE OUR CERTIFICATION WEBSITE AT www.state.nj.us/treasury/pensions/cert.htm OR CALL (609) 292-7524

INFORMATION SHOWN ON THE CERTIFICATION

NAME, MEMBERSHIP NUMBER, AND SOCIAL SECURITY NUMBER — Information that identifies the individual member.

ACCUMULATED BASE SALARY — Total base salary on creditable service from January 1st to the date of certification. This amount will be shown as Accumulated Base Salary on the next *Quarterly Report of Contributions*.

SALARY THIS QUARTER — Base salary from the date of certification to the end of the current calendar quarter. (For members paid through State Centralized Payroll this field will read "Biweekly.")

FULL PENSION RATE — The member's percentage rate of full pension contribution.

PENSION DEDUCTION — Amount of pension contribution on base salary this quarter computed by multiplying the Rate of Contribution by the salary for the quarter. (For members paid through State Centralized Payroll this field will read "Biweekly.")

SUPPLEMENTAL ANNUITY COLLECTIVE TRUST — Percent of base salary that the member wishes to voluntarily contribute to the Supplemental Annuity Collective Trust (Chapter 123, P. L. 1963). Contributions shall be in even dollar amounts rounded to the nearest dollar (\$0.50 and over rounded to the next highest dollar).

CONTRIBUTORY INSURANCE EFFECTIVE — Effective date of contributory insurance deductions. All deductions must be remitted with the first *Quarterly Report of Contributions*.

INSURABILITY REQUIRED — Special cases in which the member must have a medical examination to qualify for contributory insurance coverage. In some cases, a medical examination may also be required for noncontributory insurance coverage.

DATE OF BIRTH, DATE OF ENROLLMENT, DATE OF TRANSFER, MONTHS OF PRIOR SERVICE, AND ENROLLED AS — Items of information which determine service credit prior to enrollment and the type of membership under which the member may retire.

ALL DEDUCTIONS BEGIN — The date when deductions from the salary of the member begin.

NUMBER OF PAYMENTS, AMOUNT PER PAYMENT, AND TOTAL AMOUNT OF OBLIGATION — Status of various obligations on certification date.

IMPORTANT — When this form is used to certify new or revalued arrears or loan schedules, only the information pertaining to the new deduction is shown. Normal deductions are still due for any period in which the member was employed. Previously certified arrears or loan deductions are replaced by the new deduction. The certification which establishes an arrears or loan is to be added to the deduction made for normal pension.

NAME OF EMPLOYER AND LOCATION NUMBER — Employer name and identification number.