



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**Notification Of Eligibility For Reenrollment  
In The Public Employees' Retirement System  
Under P.L. 2017, c. 344**

THIS NOTIFICATION MUST BE RECEIVED BY THE DIVISION OF PENSIONS & BENEFITS  
ON OR BEFORE JULY 16, 2018.

1. Social Security Number \_\_\_\_\_ 2a. Pension Membership or Retirement # \_\_\_\_\_

2b. DCRP Membership Number # \_\_\_\_\_

3. Name \_\_\_\_\_

4. Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

5. Daytime Telephone \_\_\_\_\_ 6. Email Address \_\_\_\_\_  
*Area Code Number*

P.L. 2017, c. 344 (Chapter 344) permits an elected public official\* who held an elective public office on July 1, 2007, and who served continuously in an elective public office but in different elective capacities the opportunity for reenrollment in the Public Employees' Retirement System (PERS). In order to be eligible for reenrollment in the PERS under this law, the elected public official must have 15 years of continuous service in an elective public office and currently hold an elective public office as of January 16, 2018, or 30 days prior.

*\* Under the provisions of N.J.S.A. 19:1.1, "Election" means the procedure whereby the electors of this State or any political subdivision thereof elect persons to fill public office or pass on public questions.*

I certify that I am eligible for reenrollment in the PERS under Chapter 344 and have attached the following:

1. Proof of holding elective public office on July 1, 2007;
2. Proof of having 15 years of continuous service in elective public office; and
3. Proof of holding elective public office on January 16, 2018, or 30 days prior.

I request the Division of Pensions & Benefits (NJDPB) to calculate the cost for reenrollment in the PERS. I understand that once written notification of all costs associated with my reenrollment is issued, I will have 45 days to accept reenrollment in the PERS. I understand that if I am receiving a monthly retirement benefit from the PERS, the benefit will cease, I will be responsible for the repayment of all retirement checks, and any retired health benefits I am receiving will be terminated. If I was a former member of the PERS and withdrew my contributions under an account established by serving as an elected official, I will be responsible for the repayment of the withdrawn funds. I understand that any reenrollment will be processed in conjunction with the existing laws that govern the State-administered retirement systems.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## INSTRUCTIONS

The Notification of Eligibility for Reenrollment in the PERS under Chapter 344 is to be completed for an elected public official who meets the following criteria and wishes to reenroll in the PERS:

1. Must have held elective public office on July 1, 2007;
2. Must have 15 years of continuous service in elective public office; and
3. Must hold elective public office as of January 16, 2018, or 30 days prior.

**The completed Notification of Eligibility for Reenrollment in the PERS under Chapter 344 must be received by the Division of Pensions & Benefits by July 16, 2018.**

Proof of elective public office must accompany this completed Notification of Eligibility for Reenrollment in the PERS. Proof of a municipal elective public office can be obtained from the Municipal Clerk. Proof of a county elective public office can be obtained from the Office of the County Clerk. Proof of a State elective public office can be obtained from the N.J. Division of Elections, P.O. Box 304, Trenton, NJ 08625-0304.

An Employment Verification Form must be completed by each political subdivision in which you held elective office. Based upon the proof of elective public office provided, the NJDPB will issue Employment Verification Forms to each of the political subdivisions in which you held elective office.

Please forward this completed form to:

**Enrollment Section  
Division of Pensions & Benefits  
P.O. Box 295  
Trenton, NJ 08625-0295**

**THE MEMBER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE  
PRIOR TO SUBMISSION OF THIS FORM.**

**IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK  
PROCESSING WILL BE DELAYED.**