



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION
 P.O. Box 295, Trenton, NJ 08625-0295
Employment Verification Form
For Elected Public Officials
Under P.L. 2017, c. 344

THIS SECTION TO BE COMPLETED BY MEMBER

Name _____ Maiden Name _____
First MI Last (if applicable)

Date of Birth _____ Social Security # _____

Pension Membership or Retirement # _____ DCRP Membership # _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

The person named on this form is an elected public official and may be eligible to reenroll in the Public Employees' Retirement System (PERS). To assist in the reenrollment process, please provide the required information below.

1. Name of Employer _____

2. Title of Elected Public Office	3. Date Elected Public Service Began	4. Dates of Elected Public Service (certify each year separately)	5. Salary Monthly <input type="checkbox"/> Annual <input type="checkbox"/>
		From: _____ To: _____	
		From: _____ To: _____	
		From: _____ To: _____	
		From: _____ To: _____	

6. Dates of any Breaks in Service	7. Reason for Break in Service
From: _____ To: _____	
From: _____ To: _____	
From: _____ To: _____	

8. Were the positions listed in Item 2 covered by Social Security? Yes No

I hereby certify that the answers and information given are based upon available authentic public records and that they are true and correct to the best of my knowledge and belief.

Certifying Officer Signature _____

Title _____

Date _____

Phone # _____

EMPLOYMENT VERIFICATION FORM INSTRUCTIONS**TO BE COMPLETED BY EMPLOYER:**

1. **Name of Employer** - Enter the full employer name.
2. **Title of Elected Public Office** - Enter the title the elected public official held at your location.
3. **Date Elected Public Service Began** - Enter the date (MM/DD/YY) on which the elected public official's term began.
4. **Dates of Elected Public Service** - Enter the beginning and ending dates for each title on a year-by-year basis. If additional space is needed, please attach an additional sheet with the information requested in items 2 - 7.
5. **Salary** - Enter the annual or monthly base salary earned for each year. Base salary is the contractual salary of the employee. Base salary should NOT include bonuses, overtime pay, stipends or longevity pay, sick or vacation time paid in lump sum. Please check if salary is monthly or annual.
6. **Dates of any Breaks in Service** - Enter the beginning and ending dates of any unpaid breaks in service from the elected public office (MM/DD/YY).
7. **Reason for Break in Service** - Enter the reason for each unpaid break in service.
8. **Social Security Coverage** - Check whether the positions that were listed in Item 2 were covered under the provisions of the Federal Old-Age and Survivors Insurance System as defined in Section 218(b)5 of the Social Security Act (FICA).

— INITIAL ALL ALTERATIONS AND CORRECTIONS —

Signature - Be sure to sign and date the Employment Verification Form. Unsigned Employment Verification Forms will be returned. Title and phone number, including area code, are required.

Please mail this completed form to:

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