



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — ELECTION TO PARTICIPATE

This form is for members of the PERS, TPAF, PFRS, or SPRS who previously waived DCRP enrollment. If you have not previously waived participation in the DCRP, do not use this form and see your employer for enrollment information. See page 2 for instructions on completing this form.

FOR NJDPB USE ONLY Location Number: _____ Identification Number: _____

PART 1 — APPLICANT INFORMATION (To be completed by the member.)

1. Name _____
First Middle Initial Last

2. Social Security Number _____ 3. Date of Birth ____/____/____

4. Gender Male Female Non-Binary 5. Phone Number _____

6. Address _____
Street City State Zip Code

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 _____

8. By signing this form, I acknowledge that I rescind my waiver and wish to begin participation in the DCRP. I also understand that once enrolled I cannot later waive participation in the DCRP while serving in this title or position.

Applicant's Signature Date

PART 2 — EMPLOYER INFORMATION AND CERTIFICATION (Must be completed by the employer's Certifying Officers.)

9. Employer Name _____

10. County _____ 11. Title/Position of Applicant _____

12. PERS, TPAF, PFRS, or SPRS Number _____ 13. Payroll Number _____
State Locations Only

14. Date Employment Began ____/____/____ 15. Current Annual Base Salary \$ _____

16. Phone Number (Include area code and extension) _____

17. 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.

Print Name of Certifying Officer Signature of Certifying Officer Date

Print Name of Certifying Officer's Supervisor Signature of Certifying Officer's Supervisor Date

DCRP — ELECTION TO PARTICIPATE INSTRUCTIONS

For PERS, TPAF, PFRS, or SPRS Employees Who Previously Waived DCRP Enrollment

All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). In the event that you cannot complete the *DCRP — Election to Participate* form online, please mail this completed application to the address below.

An eligible Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), Police and Firemen's Retirement System (PFRS), or State Police Retirement System (SPRS) member who previously waived participation in the DCRP may apply for DCRP enrollment with membership to become effective January 1 of the calendar year following receipt of a completed *DCRP — Election to Participate* form by the New Jersey Division of Pensions & Benefits (NJDPB).

- If you are newly eligible for the DCRP and have not previously waived participation, do not use this form. You will be automatically eligible for the DCRP when your employer submits the *Enrollment Application* to the NJDPB.
- For elected or appointed officials, the decision to waive participation in the DCRP is irrevocable for that office or appointment. If you are enrolling based upon a different elected office or appointment, your employer should submit a *DCRP Enrollment Application for Elected or Appointed Officials* to the NJDPB.

PART 1 — APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name).
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 *DCRP — Election to Participate* form 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. **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; if so, give the system's name.
8. **Applicant's Signature** — Sign and date this application. By signing, the applicant rescinds any prior waiver and requests participation in the DCRP. The applicant also acknowledges that upon enrollment, waiver at a later date is no longer permitted while serving in the same DCRP-eligible title or position. Unsigned applications will be returned.

PART 2 — EMPLOYER INFORMATION AND CERTIFICATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer is located.
11. **Title/Position of Applicant** — Enter official title/position of applicant.
12. **Location Number** — Enter appropriate location number.
13. **Payroll Number** (State locations only) — Enter payroll number.
14. **Date Employment Began** — Enter the date on which the applicant started employment.
15. **Current Annual Base Salary** — Enter the annual base salary paid to the applicant on the date the *Election to Participate in the DCRP* form is certified by the employer. Base salary is the contractual salary of the applicant. 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.
16. **Phone Number** — Enter employer telephone number, including area code and extension, for the employer representative who completed this application.
17. **Signature** — The Certifying Officer and the Certifying Officer's Supervisor must print, sign, and date this application. Unsigned applications will be returned.

Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary should submit a *Designation of Beneficiary — Alternate Benefit Program (ABP)/Defined Contribution Retirement Program (DCRP)* form, available on the NJDPB website at: www.nj.gov/treasury/pensions

Return this completed form to:

**New Jersey Division of Pensions & Benefits
Defined Benefit & Defined Contribution Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295**