

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

See reverse side for instructions on completing this form.

INDICATE TYPE OF ACTION:

REPORT OF TRANSFER or MULTIPLE ENROLLMENT (PERS and TPAF Only)

INDICATE RETIREMENT SYSTEM:

Public Employees' Retirement System (PERS) Teachers' Pension and Annuity System (TPAF)
 Police and Firemen's Retirement System (PFRS)

THIS SECTION TO BE COMPLETED BY THE MEMBER:

Social Security Number: _____ Pension Membership Number: _____

Name: _____
Last First Middle Maiden

Address: _____
Street
City State ZIP Code

Daytime Telephone: _____
Area Code

THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:

Name of Former Employer: _____

Date of Last Pension Deduction Reported by Former Employer: _____
Month/Year or Pay Period/Year

Name of New Employer: _____

New Employer Location/Payroll Number: _____ Is New Employer a Board of Education? Yes No

Title of New Position: _____ Hire Date: _____

To be completed for TPAF applications only

Date Employment Began: ____/____/____ (Do not include temporary or substitute service)
Month Day Year

Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? Yes No

Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? Yes No

For NJ Department of Education Only: Is the position Unclassified Professional? Yes No

Current Annual Base Salary: \$ _____ Employee is paid on: 10 month basis 12 month basis

Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L.2010? Yes No

Is employee currently employed by more than one public agency? Yes No

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)

Signature of Certifying Officer Date Telephone Number Extension

Street Address City County State Zip

Signature of Certifying Officer's Supervisor Date Telephone Number Extension

INSTRUCTIONS

This form is to be completed for any member who leaves one New Jersey public employer to take a job with another New Jersey public employer but remains in the same retirement system. It is also used to establish multiple enrollment in the retirement system. **A member establishes multiple enrollment when he or she is employed by more than one public agency at the same time in a position that is eligible for membership in the same retirement system.**

If the new employment is covered by a different retirement system, an *Application for Interfund Transfer* should be completed instead of this form.

The *Report of Transfer/Multiple Enrollment Form* should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. The employer should establish that the employee's membership in the retirement system has not expired or been withdrawn. If the employee's membership has expired or been withdrawn, the employee must complete a new *Enrollment Application*.

The Division of Pensions and Benefits will process the *Report of Transfer/Multiple Enrollment Form* and will send a *Certification of Payroll Deductions* to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK, IT WILL DELAY THE PROCESSING THE MEMBER'S TRANSFER OR MULTIPLE ENROLLMENT. THIS MAY RESULT IN ADDITIONAL BACK PENSION CONTRIBUTIONS AND CREATE A HARDSHIP FOR THE MEMBER. THEREFORE, THE CERTIFYING OFFICER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE PRIOR TO SUBMISSION OF THIS FORM.