

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
ENROLLMENT APPLICATION**

(Read the accompanying instructions carefully before completing this application.)

FOR DIVISION USE ONLY: Location No.: _____ Membership No.: _____

PART I: (Please Print or Type)

1. Name: _____
Last First (No nicknames) Middle Maiden Surname

2. Address: _____
Street Name

City State Zip Code

3. Social Security Number: _____ 4. Sex: Male Female

5. Date of Birth: ____/____/____ 6a. Are you a former member of the retirement system? Yes No
Mo. Day Year

6b. Enter any other name(s) used during previous membership(s): _____

7a. Enter the name of any public retirement system in which you are or have been a member in this or any other state: _____

7b. Are you receiving benefits from any retirement system at this time? Yes No

PART II: CERTIFICATION OF EMPLOYING AGENCY (To be completed by your employer.)

1a. Name of Employer: _____ 1b. County: _____

2a. Location Number: _____ 2b. Bureau Number: _____

2c. Payroll Number (State Employees Only): _____

3. Payroll Title of Applicant: _____

4. Is the individual still considered a temporary (provisional) employee? Yes No

5a. Date Employment Began: ____/____/____ b. Regular or Permanent Appointment Date: ____/____/____
Mo. Day Year Mo. Day Year

6. Date employee completed PTC/Academy training or Firefighter 1 certification: ____/____/____
Mo. Day Year

7. Date medical requirement was approved by the examining physician: ____/____/____
Mo. Day Year

8. Current Base Annual Salary Only \$ _____ (No hourly or per diem rates)

9. 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 Title Date

Signature of Certifying Officer's Supervisor Title Date

ENROLLMENT APPLICATION INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

WHO IS REQUIRED TO ENROLL

Every permanent, full-time, active employee in an eligible Police and Firemen's Retirement System (PFRS) title must enroll in the PFRS as a condition of employment if he or she has completed the required police or fire training and has satisfied the age and health requirements for membership.

ELIGIBLE TITLES

Only those employees holding an eligible title may join the PFRS. Because the list of the PFRS eligible titles changes periodically, an updated listing of all PFRS titles is available on the Division of Pensions and Benefit's Internet site at: www.state.nj.us/treasury/pensions/pfrstitles.shtml

PART I: COMPLETING THE ENROLLMENT APPLICATION – To be completed by the employee. (Please print or type)

ITEM 1: NAME – Enter your full name (first, middle and last names). If you are a married woman use your full name; not, for example, "Mrs. John Smith." If you have established former membership under your maiden name, indicate in the space provided. Do not use nicknames.

ITEM 2: ADDRESS – Enter your present mailing address. Any subsequent change of address must be reported to the Division of Pensions and Benefits.

ITEM 3: SOCIAL SECURITY NUMBER – Enter your Social Security number in the space provided.

ITEM 4: SEX – Check male or female.

ITEM 5: DATE OF BIRTH – Enter the month, date and year of birth. You should submit a copy of your birth or baptismal certificate with this application since this document will be necessary at the time of retirement. (Do not delay filing this application if this document is not readily available.)

ITEM 6a: FORMER MEMBER OF SYSTEM – Check "Yes" or "No". An enrollment application should not be filed for any employee who is a former member and (1) did not terminate by withdrawal or (2) has been inactive for less than two years.

ITEM 6b: If you checked "Yes" in item 6a, enter any other name under which this previous membership was established.

ITEM 7a: Enter the name of any non-federal public retirement system, in this or any other state, in which you are or have been a member. Do not include private employment.

ITEM 7b: Indicate if you are receiving any retirement benefits at this time.

GROUP LIFE INSURANCE – Most individuals are eligible for life insurance upon enrollment. The exceptions are those who must furnish evidence of insurability.

- Group Life Insurance Coverage** – Your employer pays the cost of all noncontributory group insurance benefits. Benefits are equal to 3½ times your Final Compensation.
- Conversion** – If you leave public employment (termination of Leave of Absence period, retirement, withdrawal) you may convert your coverage to a private policy. To do this you must contact your local Prudential agent within 31 days of leaving the payroll.

DESIGNATION OF BENEFICIARY – Your estate will automatically be designated as your beneficiary for any death benefit payable. You will receive an insurance certificate by mail reflecting this designation. If you wish to change that designation you must register with the Member Benefits Online System (MBOS) to update your beneficiary online or complete a *Designation of Beneficiary* form. You can access your MBOS account from our Web site at: www.state.nj.us/treasury/pensions

If you have any difficulty registering for, or accessing MBOS, call the MBOS help desk at (609) 777-0534.

PURCHASE OF RETIREMENT CREDIT – A member may be eligible to purchase retirement credit. Individuals who were provisional or temporary for more than one year and were not enrolled in the Public Employees' Retirement System may be eligible to purchase such service in the Police and Firemen's Retirement System upon enrollment. If you would

like additional information on the purchase of retirement credit or see how you can estimate the cost of the purchase, visit our Web site at: www.state.nj.us/treasury/pensions

PROOF OF AGE – All members of the PFRS must provide proof of their age. Acceptable evidence of your age includes a photocopy of:

- your birth certificate
- a baptismal certificate
- your passport, naturalization, or immigration papers; or
- certain other records including military records (*DD Form 214*), census records, age recorded on marriage licenses, and insurance or children's birth records.

Please indicate your Social Security number or pension membership number on all documents submitted.

You should submit a non-returnable photocopy of your proof of age to:

NJ Division of Pensions and Benefits
PO BOX 295
Trenton NJ 08625-0295
Attn: Data Entry

PART II: CERTIFICATION OF EMPLOYING AGENCY – To be completed by the employer.

ITEM 1a: NAME OF EMPLOYER – Enter the complete name of the employing location.

ITEM 1b: COUNTY – Enter the county in which the employing location is found.

ITEM 2a: LOCATION NO. – It is very important that this number be included.

ITEM 2b: BUREAU NO. – For large employing locations, please include the bureau number.

ITEM 2c: PAYROLL NO. – For State agencies paid through Centralized Payroll only, list the payroll number.

ITEM 3: PAYROLL TITLE OF APPLICANT – Enter the title under which the employee was hired.

ITEM 4: This should be answered either "yes" or "no".

ITEM 5a: Enter the employee's date of hire.

ITEM 5b: For Civil Service locations, enter the date the employee was given permanent status in his or her title.

If an employee is hired from a certified Civil Service list, or is hired in an unclassified title, the dates in Items 5a and 5b would be the same.

For non-Civil Service locations, enter the regular appointment date. Employee cannot be temporary or per diem.

ITEM 6: Enter the date this employee completed Police Training Commission (PTC) training. For fire-fighters, enter date employee received Firefighter 1 certification. Completion of the required training is mandatory for enrollment in the PFRS. If the employee completed training through Alternate Route or other training, provide the waiver certification date from PTC. The date of enrollment in the PFRS will be the later of the regular/permanent appointment date or the date of completion of PTC training.

ITEM 7: Indicate the date medical requirements were approved by the examining physician; the medical exam **must occur** within one year of the submission. It is no longer a requirement to attach the *Report of Examining Physician* to the enrollment application. However, the *Report of Examining Physician* must be kept on file at the employer's location for auditing by the Division of Pensions and Benefits.

ITEM 8: Enter the employee's current contractual base annual salary. Please do not give hourly or per diem rates.

Before the Certifying Officer signs the *Enrollment Application*, it is suggested that the application be reviewed for missing, erroneous or inconsistent information. A little effort at this juncture can prevent lengthy delays.

ITEM 9: The Certifying Officer and the Certifying Officer's Supervisor **must sign and date this application**. Unsigned applications will be returned. The signature by the Certifying Officer and the Certifying Officer's Supervisor **must be** an original signature, not stamped copies.