



## **Application for Disability Retirement**

# **State Police Retirement System**

**State of New Jersey  
Division of Pensions and Benefits**

**PO Box 297  
Trenton, New Jersey 08625-0297**

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### **NOTICE TO ALL APPLICANTS**

It is your responsibility to ensure that all forms or documents indicated with a check mark "✓" are submitted to the Division of Pensions and Benefits.

- ✓ ***Application for Disability Retirement***
- ✓ ***Medical Examination by Personal or Treating Physician*** (you must submit two forms)
- ✓ ***Authorization to Disclose Health Information***
- ✓ ***Authorization for Direct Deposit of Benefit Payment***
- ✓ ***Employer Certification for Disability Retirement***
- ✓ A copy of your birth certificate if you have not already submitted it to the Division of Pensions and Benefits.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION,  
CONTACT THE OFFICE OF CLIENT SERVICES AT**

**(609) 292-7524**

**OR VISIT OUR OFFICE AT**

**50 WEST STATE STREET  
TRENTON, NEW JERSEY**

# Disability Retirement

## State Police Retirement System

### READ FACT SHEET #39

This booklet includes Fact Sheet #39, *Disability Retirement Benefits*. **Read this fact sheet first** to determine if you qualify for a disability retirement. If you qualify, continue reading and follow the instructions to complete the application. If, after reading this information, you have questions about the qualifications for a disability retirement, call the Division of Pensions and Benefits at (609) 292-7524.

### INTRODUCTION

This booklet includes all the information and forms needed to apply for an Ordinary or Accidental Disability retirement from the State Police Retirement System (SPRS).

The forms and other documents indicated with a check mark "✓" (in the list below) must be completed and submitted to the Division of Pensions and Benefits. **It is your responsibility to ensure that all forms are submitted to the Division within 90 days of the Division's receipt of your retirement application.** If all necessary forms are not submitted to the Division within that time frame, your retirement application will be canceled and you will need to submit another retirement application for a future retirement date.

This booklet contains:

- **Fact Sheet #39, *Disability Retirement Benefits*.**
- **Fact Sheet #13, *Conversion of Group Life Insurance*.**
- **Fact Sheet #45, *Workers' Compensation*.**
- **Fact Sheet #12, *Taxation of Retirement Benefits*.**
- ***Change of Disability Retirement* form.**
- ✓ ***Application for Disability Retirement*** — to be completed by the employee.
- ✓ Two ***Medical Examination*** forms — to be completed by your personal physicians (if hospital records are available, only one *Medical Examination* form is required).
- ✓ ***Authorization to Disclose Health Information*** — to be completed by the employee and forwarded to hospital(s). All hospital records

obtained by the member should be submitted with your application.

- ✓ ***Authorization for Direct Deposit of Benefit Payment*** — Direct deposit of your benefit payment is **mandatory**.
- ✓ ***Employer Certification for Disability Retirement*** — to be completed by the employer.

You should also submit:

- ✓ **A copy of your birth certificate** if you have not already submitted it to the Division of Pensions and Benefits.

### **MAIL THESE DOCUMENTS TO:**

The Division of Pensions and Benefits  
PO Box 297  
Trenton, NJ 08625-0297

### DISABILITY RETIREMENT PROCESS

The process starts with the filing of your *Application for Disability Retirement* with the Division of Pensions and Benefits. All retirements start on the first of a month. **Your application must be received by the Division of Pensions and Benefits prior to your retirement date.** Approximately two weeks after receipt of your application, the Division of Pensions and Benefits will send you an estimate of disability retirement benefits.

Disability retirements require approximately 4 to 6 months to process after the Division has received the required forms. Submit your *Application for Disability Retirement* as soon as possible as there is no provision for an interim benefit between your last day of salary and your first pension check.

It is your responsibility to ensure that all required forms are submitted to the Division of Pensions and Benefits within 90 days of application. At the time you submit your application, you should complete the other required forms (listed above) and give them to your doctors, hospital, and employer, respectively. Provide all the medical documentation you have on your disability. The more complete your medical documentation, the better able the Medical Review Board will be to make a fully informed determination. However, **at least two corroborating pieces of**

**medical documentation are required: *either statements from two physicians or a physician statement and documentation from a hospital.***

Failure to submit ALL medical documentation will result in the delay of processing your retirement benefit.

If you have only been treated by one doctor and have not been hospitalized for the disability, attach a note to your *Application for Disability Retirement* to advise us of this. We will arrange for another physician in your area to examine you and report back to us.

Your application and all medical information submitted in evidence will be reviewed by the retirement system's Medical Review Board prior to its submission to the Board of Trustees. If you are filing for an Accidental Disability retirement, you will be scheduled for an examination by a physician appointed by the retirement system. When the Medical Review Board feels they have sufficient medical information to offer a determination, your application will be presented to the Board of Trustees with a recommendation. The Board of Trustees will make a final determination on your application at its monthly meeting and the Division of Pensions and Benefits will notify you of the Board's decision.

If your retirement is approved, the Retirement Bureau will send you a quotation of your retirement allowance and life insurance. If you have requested an Accidental Disability retirement and it is denied, but you are found to be totally and permanently disabled, you will be retired on the basis of an Ordinary Disability **provided you meet the service credit requirements**. If your retirement is not approved, you will be informed of any type(s) of retirement for which you do qualify and what the appeal procedures are.

**Important:** *Approval of Workers' Compensation, temporary or partial disability benefits, or Social Security disability benefits has no bearing on your approval for disability benefits payable by the retirement system.*

### **OUTSTANDING LOANS AT RETIREMENT**

If you have a loan balance at retirement, you must decide whether you wish to carry monthly payments into retirement until the balance, with interest, is satisfied, or pay off the entire loan in a lump sum prior to receiving retirement benefits.

## **THE DEFERRED COMPENSATION PLAN, SACT, AND THE DCRP**

Contact the **State Employees Deferred Compensation Plan** at 1-866-NJSEDCP if you participate in the plan.

Contact the **Supplemental Annuity Collective Trust (SACT)** at (609) 633-2031 if you participate in SALT.

Contact the **Defined Contribution Retirement Program (DCRP)** at 1-866-653-2771 if you participate in the DCRP.

### **YOUR FIRST RETIREMENT CHECK**

If your disability retirement is approved, the earliest your first retirement check can be paid is the first of the month following your retirement date or 30 days after approval by the SPRS Board of Trustees, whichever is later. This is when your retirement becomes "due and payable."

For example, a member who files an application well in advance for a June 1 retirement date, and is approved by the Board of Trustees on May 19, would receive the first retirement check on July 1 (this check pays the amount due for the month of June). If approval of the retirement is delayed, the first check will be retroactive to the original requested date of retirement.

Enclosed in this packet is a form for initiating the direct deposit of your retirement checks. Direct deposit of your benefit payment is **mandatory**. (Except for foreign mailing addresses.) Complete the *Authorization for Direct Deposit of Benefit Payment* form and send it to the Division of Pensions and Benefits along with your retirement application.

## **CHANGING YOUR RETIREMENT**

### **Prior to Board of Trustees Determination**

You can change any aspect of your disability retirement application prior to Board of Trustees approval, including the retirement date.

In order to make any of the permitted changes, you must forward written notice to the Retirement Bureau of the Division of Pensions and Benefits within that specified time. Changes can be requested by letter or by using the *Change of Disability Retirement* form included in this booklet.

If requesting a change of retirement date, your employer must also complete the salary and service certification on the back of the change form.

***NOTE: Changing or canceling your retirement DOES NOT GUARANTEE continued employment with your employer.***

You **cannot** file for a Service Retirement or a Special Retirement while awaiting processing of your disability application.

#### **After Board of Trustees Determination**

Under New Jersey law (N.J.A.C.17:2-6.7(b) and 17:3-6.7(b)) once the Board of Trustees approves a

member for a disability allowance, the member cannot cancel the retirement and the application cannot be withdrawn, cancelled, or amended unless the member makes a request in writing to the Board of Trustees.

If a request to withdraw, cancel, or amend an application is made, the Division will schedule the member for an Independent Medical Examination, and all medical documentation will be submitted to the Medical Review Board for a recommendation. The Board of Trustees will make a final determination of whether the member is able to cancel the retirement and return to work.

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# Disability Retirement Benefits

State Police Retirement System

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## ORDINARY DISABILITY

The processing of Ordinary Disability retirement benefits normally takes 3 to 5 months. To qualify for Ordinary Disability retirement benefits you must:

- be a member in service at the time the application is filed with the Division of Pensions and Benefits. "Member in service" means that the member or employer was making contributions to the retirement system at the time of filing the *Application for Disability Retirement*. It also may mean that the member was on an approved leave of absence, paid or unpaid, at the time of filing the *Application for Disability Retirement*. If the member had pending litigation for wrongful termination filed against the employer, the member has 30 days from the date the litigation is resolved to file for disability retirement in order to be considered a "member in service;"
- be under age 55 and have four or more years of service credit as a State Trooper;
- be considered totally and permanently disabled (you must prove that you are physically or mentally incapacitated from performing your normal or assigned job duties or any other position that your employer may assign); and
- provide any and all accident reports, witness reports, and corroborating evidence on file for any and all accidents for which you are filing.

The regulations governing each of the retirement systems require two physician reports (or one physician report and one hospital record) to be supplied with the *Application for Disability Retirement*. In addition, you may be required to be examined by physicians selected by the retirement system. The examination will be scheduled at no cost to you by the Division of Pensions and Benefits.

If you qualify for an Ordinary Disability retirement, the annual benefit is equal to 40 percent of your Final Compensation or 1.5 percent of your Final Compensation for each year of service credit, whichever is higher.

**"Final Compensation"** — for a SPRS **Tier 1** members enrolled *on or before* May 21, 2010, Final Compensation means the salary upon which pension contributions were based in the last 12 months of creditable service preceding retirement.

For a SPRS **Tier 2** member enrolled *after* May 21, 2010, Final Compensation means the *average* salary upon which pension contributions were based for any **three fiscal years** of membership preceding retirement that provides the largest possible benefit.

For **all** SPRS members Final Compensation includes the value of the maintenance allowance for the same period.

The retirement benefit is not reduced by any Social Security or private insurance benefits that may be payable. However, any Workers' Compensation award you receive may be reduced. See your employer for details.

Ordinary Disability retirement benefits are subject to federal tax to the same extent as other pensions; your benefits are not subject to New Jersey State income tax until you reach age 65.

## INVOLUNTARY ORDINARY DISABILITY RETIREMENT

Your employer has the right to apply for an Involuntary Ordinary Disability Retirement on your behalf. Along with the retirement application the employer **must** provide an official letter from the current Colonel of the State Police which indicates the intent to involuntarily retire the employee.

- A SPRS member with at least four years of service, but less than 20 years, who meets the qualifications for Ordinary Disability shown above and who is required to retire upon application by the employer, will receive an Ordinary Disability retirement allowance of 40 percent of Final Compensation, or 1.5 percent of Final Compensation for each year of service, whichever is higher.

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- A member with 20 or more years of service will receive an allowance equal to 50 percent of Final Compensation plus an additional 3 percent of Final Compensation for every year of service over 20 up to a maximum of 25 years.

You cannot change the date of retirement under an Involuntary Disability Retirement.

### ACCIDENTAL DISABILITY

The processing of Accidental Disability retirement benefits normally takes 6 to 8 months. To qualify for Accidental Disability retirement benefits you must:

- be a member in service at the time the application is filed with the Division of Pensions and Benefits. "Member in service" means that the member or employer was making contributions to the retirement system at the time of filing the *Application for Disability Retirement*. It also may mean that the member was on an approved leave of absence, paid or unpaid, at the time of filing the *Application for Disability Retirement*. If the member had pending litigation for wrongful termination filed against the employer, the member has 30 days from the date the litigation is resolved to file for disability retirement in order to be considered a "member in service;"
- be considered permanently and totally disabled (you must prove that you are physically or mentally incapacitated from performing your normal or assigned job duties or any other position with no possibility for significant improvement) as a "direct result of a traumatic event" (see definition below), that happened during and as a direct result of carrying out your regular or assigned job duties;
- be an active member of the SPRS on the date of the "traumatic event;"
- file an *Application for Disability Retirement* within five years of the date of the "traumatic event;"
- be examined by physicians selected by the retirement system at no cost to you; and
- provide any and all accident reports, witness reports, and corroborating evidence on file for any and all accidents for which you are filing.

If you qualify for an Accidental Disability retirement benefit, you will receive 2/3 of your Final Compensation.

'Direct Result of a Traumatic Event' has been defined by the courts as an occurrence that is:

- identifiable as to time and place;
- undesigned and unexpected;
- caused by a circumstance external to the member (not the result of preexisting disease that is aggravated or accelerated by the work);
- occurred during and as a result of the member's regular or assigned duties;
- was not the result of the member's willful negligence; and
- results in the member's permanent and total incapacitation from performing his or her usual or any other duty.

When there is an issue of mental incapacity, the member must also establish that the event that forms the basis for an accidental disability was objectively capable of causing a reasonable person in similar circumstances to suffer a disabling mental injury, based on a finding that the disability resulted from "direct personal experience of a terrifying or horror-inducing event that involves actual or threatened death or serious injury, or a similarly serious threat to the physical integrity of the member or another person."

If you are receiving periodic Workers' Compensation benefits, your Accidental Disability retirement benefits will be reduced dollar for dollar by the periodic benefits paid after your retirement date.

The retirement benefit is not reduced by any Social Security or private insurance benefits that may be payable.

The Division of Pensions and Benefits reports your Accidental Disability retirement benefit as exempt from federal income tax; your benefits are not subject to New Jersey State income tax until you reach age 65.

If you apply for Accidental Disability retirement and are found by the Board of Trustees to be permanently and totally disabled, but not because of a traumatic event or the event was not the primary cause of your disability, you will be retired on an Ordinary

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Disability if you have four years of State Police Retirement System service.

### APPLYING FOR DISABILITY RETIREMENT BENEFITS

The *Application for Disability Retirement* can be submitted online using the **Member Benefits Online System** (MBOS). Before you can begin using the system, you must be registered with MBOS. Registration is free. To begin the MBOS registration process go to our Web site at:

[www.state.nj.us/treasury/pensions/mbosregister.shtml](http://www.state.nj.us/treasury/pensions/mbosregister.shtml)

You can also obtain an application for Disability Retirement:

- by writing to the Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295;
- by contacting the Office of Client Services by telephone at (609) 292-7524; or
- by e-mail request to:  
[pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)

The *Application for Disability Retirement* includes forms for your physicians to complete and a release for any hospital records related to your disability. Applicants for disability retirement must submit all supporting hospital and physician records using the forms provided with the application. Two forms of medical documentation are required; i.e. a statement from two treating physicians or one statement and records from a hospital stay related to the disability. Applications and supporting documents should be submitted to:

**Division of Pensions and Benefits  
Disability Review Unit  
PO Box 297  
Trenton, NJ 08625-0297**

All medical information is kept confidential and used only by the Board of Trustees in reviewing the claim.

You must pay for the cost of any medical documentation that may be required to prove your claim. For example, if you had a hospital stay due to your disability and the hospital charges for the duplication of medical records from your stay, you would be responsible for any cost involved. The more complete the application, the faster it can be processed.

In order to be eligible to receive either Ordinary or Accidental Disability retirement benefits, you must terminate all retirement system covered employment prior to your retirement date.

Your employer has the right to apply for an involuntary disability retirement on your behalf (see page 1).

The approval of Workers' Compensation or Social Security disability benefits has no bearing on your application for disability retirement from the retirement system.

If you retire with an outstanding loan balance, your monthly loan repayment schedule will continue into retirement until the loan balance plus interest has been repaid.

**Once the Board approves a member for a disability retirement allowance, the member's retirement application cannot be withdrawn, cancelled, or amended to a later retirement date than the date specified in the approved retirement application.**

### PAYMENT OF PENSION TO A SURVIVING FAMILY MEMBER

Upon the death of a retired member, the spouse, civil union partner, eligible domestic partner, and/or child(ren) of the member may be entitled to a monthly pension. The terms used in the explanations of benefits that follow are explained here.

**"Spouse"** means a person of the opposite sex to whom you are legally married. A photocopy of the *Marriage Certificate* is required for verification.

**"Civil Union Partner"** means a person of the same sex with whom you have entered into a civil union. A photocopy of the *New Jersey Civil Union Certificate* or a valid certification from another jurisdiction that recognizes same-sex civil unions is required for verification. (see Fact Sheet #75, *Civil Unions*, for details).

**"Domestic Partner"** is a same-sex domestic partner, as defined under Chapter 246, P.L. 02003, the Domestic Partnership Act, of any State employee, retiree, or an eligible employee or retiree of a local public entity if the local governing body adopts a resolution to provide Chapter 246 benefits. A photocopy of the *New Jersey Certificate of Domestic Partnership* dated prior to February 19, 2007 or a valid certification from another jurisdiction that rec-

ognizes same-sex domestic partners is required for verification. (see Fact Sheet #71, *Benefits Under the Domestic Partnership Act*, for details).

"Child" means your unmarried child:

- under the age of 18; or
- any age, who at the time of your death, is disabled because of mental or physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last, or be expected to last, for a continuous period of not less than 12 months as determined by the PFRS Medical Review Board.

### **Retired Member Death Benefits**

Upon your death as a retired member, your surviving spouse or partner is eligible to receive a pension benefit equal to 50 percent of your Final Compensation, plus 15 percent of your Final Compensation for one child or 25 percent of your Final Compensation for two or more children.

If there is no surviving spouse or partner, the following benefit is payable to the minor children:

- 50 percent of Final Compensation to three or more eligible children;
- 35 percent of Final Compensation to two eligible children; or
- 20 percent of Final Compensation to one eligible child.

## **OTHER INFORMATION**

### **Group Life Insurance**

Most members of the retirement system are covered by group life insurance.

If you retire on a disability retirement, the amount of your group life insurance will be equal to 3 1/2 times of your Final Compensation until age

55 when it will be reduced to 1/2 of Final Compensation.

If a retiree was enrolled as a member of the SPRS on or after July 1, 1971, life insurance is payable only if the member retired with 10 or more years of pension membership credit or retired on a disability retirement.

### **Conversion**

When your group life insurance is reduced, you have 31 days to convert the amount of insurance reduced to private individual insurance coverage. Please see Fact Sheet #13, *Conversion of Group Life Insurance*, for more detailed information.

### **Employment after Retirement**

Because the Board of Trustees has determined that you are disabled, you cannot accept any further SPRS covered employment. Please refer to Fact Sheet #57, *Employment After Retirement*, for additional information.

### **Health Benefits**

Fact Sheet #11, *Enrolling in Health Benefits Coverage When You Retire*, provides information about continuing your State Health Benefits Program coverage in retirement.

### **Cost-of-Living Adjustments**

With the passing of Chapter 78, P.L. 2011, Cost-of-Living Adjustments (COLA) are suspended for all current and future retirees of all retirement systems. No further COLA increases will be granted. The law does not reduce any COLA increases that have already been added to retiree benefits. See Fact Sheet #18, *Cost-of-Living Adjustments*, for more information.

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**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295**

**(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

**URL: <http://www.state.nj.us/treasury/pensions> • E-mail: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)**

This fact sheet is a summary and not intended to provide total information.

Although every attempt at accuracy is made, it cannot be guaranteed.

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# Conversion of Group Life Insurance

All Funds

If you are covered by group life insurance while employed, the coverage ends 31 days after you cease employment (whether for reason of retirement, termination of employment, or leave of absence without pay).

You have the option to convert your group life insurance coverage to an individual policy with the Prudential Insurance Company when you retire, terminate employment, or lose coverage while on a leave of absence without pay. **This conversion to a Prudential policy is guaranteed (you cannot be denied coverage for health or other reasons), but it may be more expensive or less suitable to your needs than other policies for which you may qualify from Prudential or other insurance carriers.** You can estimate the cost of converting your policy by using the Group Life Insurance Conversion Calculator on the Division of Pensions and Benefits Web site at: [www.state.nj.us/treasury/pensions/conversion-calc.shtml](http://www.state.nj.us/treasury/pensions/conversion-calc.shtml)

You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy. (Other carriers may accept or reject your application based on their evaluation of the status of your health and other factors.) **If you wish to purchase a conversion policy, you have a one time option to do so prior to the 31st day after you cease employment. After that date, you will not be eligible to purchase a conversion policy.**

You may convert your life insurance to any individual, non-group policy customarily offered by Prudential. However, you cannot convert to term insurance or a policy containing disability benefits. Under a guaranteed conversion, you pay premiums at Prudential's "standard" rates for the type of policy to which you would be converting. The individual policy will be effective at the end of the 31 day conversion grace period. If you do not convert to an individual policy by the end of the 31 day period, your coverage will end.

To initiate the purchase of a conversion policy, you must contact the Prudential Insurance Company (not the Division of Pensions and Benefits) at 1-877-889-2070 or 1-800-262-1112, or through any of Prudential's local offices. You will need your group insurance policy number, as follows:

- G-14800 - This is the policy number for the basic (noncontributory) group life insurance for the following retirement systems: ABP<sup>1</sup>, PERS<sup>2</sup>, TPAF<sup>3</sup>, JRS<sup>4</sup>, PFRS<sup>5</sup>, SPRS<sup>6</sup>, DCRP<sup>7</sup>
- G-13900 - This is the policy number for the contributory group life insurance for PERS
- G-14300 - This is the policy number for the contributory group life insurance for TPAF

The conversion policy can be for any amount of insurance up to the amount that you had while employed. (In the case of a retirement the maximum amount that you can purchase will be reduced by the amount of any life insurance that you will automatically receive in retirement under your retirement plan. See example under Retirement.) *To protect your conversion privilege it is suggested that you send your application for conversion to Prudential with at least one month's premium, at the time you file your retirement application with the Division of Pensions and Benefits (however, you cannot file to convert your life insurance any earlier than six months prior to your retirement date).*

The following provides detailed information about conversion policies for the specific situations of retirement, i.e., deferred retirement, disability retirement, and termination of employment, or leave of absence.

## RETIREMENT

If you retire with 10 or more years of service credit in the retirement system, the amount of your group life insurance will be substantially reduced when you retire. The amount of your coverage will be listed in the *Quotation of Retirement Benefits* that you will receive prior to your retirement. It will be identified as the "Lump Sum Death Benefit." You will automatically be covered by this insurance and do not need to do anything to qualify.

<sup>1</sup>ABP — Alternate Benefit Program

<sup>2</sup>PERS — Public Employees' Retirement System

<sup>3</sup>TPAF — Teachers' Pension and Annuity Fund

<sup>4</sup>JRS — Judicial Retirement System

<sup>5</sup>PFRS — Police and Firemen's Retirement System

<sup>6</sup>SPRS — State Police Retirement System

<sup>7</sup>DCRP — Defined Contribution Retirement Program

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If you retire with less than 10 years of service credit in the retirement system, you will not receive any group life insurance coverage (for the exception, see "Disability Retirement" below).

The reduction (or elimination) of your life insurance coverage will be effective 31 days after your date of termination. If you wish to supplement this coverage with either a conversion policy from Prudential or another type of policy from Prudential or another insurance carrier, it is best to begin exploring your options four to six months prior to your retirement.

**EXAMPLE:** If you had group life insurance of \$96,000 through the retirement system while employed, and that life insurance coverage drops to \$6,000 at retirement, you can purchase up to \$90,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

#### **Deferred Retirement\***

Your life insurance coverage will end 31 days after termination of employment. Any life insurance coverage to which you are entitled upon retirement will not take effect until you reach the normal retirement age for your retirement system and begin to receive retirement benefits (age 60 for Tier 1 and Tier 2 or age 62 for Tier 3 or Tier 4 of the PERS or TPAF; age 60 for JRS; age 55 for PFRS or SPRS).

You have a one-time option to purchase a conversion policy prior to **the 31st day after termination of employment** (*not at the time that you reach normal retirement age*). The maximum amount of coverage you may purchase will be the difference between the amount of coverage you had while employed and the amount of coverage you will automatically receive when you begin to receive retirement benefits.

#### **Disability Retirement\***

If you are approved for a disability retirement you will be automatically covered by life insurance until you reach age 60 for PERS, TPAF, and JRS, or age 55 for PFRS and SPRS. The amount of this coverage will be equal to the amount of the noncontributory insurance coverage you had while employed.

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*\*Does not apply to the ABP or the DCRP.*

You will have the option to purchase a conversion policy up until the day you reach normal retirement age for your retirement system. The maximum amount of coverage you may purchase will be the difference between the amount of noncontributory coverage you had while employed and the amount of coverage you will automatically receive when you reach the normal retirement age.

**If you also had contributory life insurance while employed, you may convert the amount of your contributory insurance until 31 days after termination of employment.** Whether or not you exercise this option, you will still have the option to convert the noncontributory portion of your life insurance up until the day that you reach normal retirement age.

#### **TERMINATION OF EMPLOYMENT OR LEAVE OF ABSENCE**

If you terminate employment without applying for retirement or your insured period during a leave of absence expires, you will continue to be covered for the next 31 days. Up until the end of that 31 day period, you may convert your group life insurance, without medical examination, to any individual policy customarily offered by Prudential except term insurance or a policy containing disability benefits.

**EXAMPLE:** If you had group life insurance of \$96,000 through the retirement system while employed, that life insurance coverage is eliminated when you terminate employment. You can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

#### **RETURN TO PUBLIC EMPLOYMENT**

If you return to public employment after purchasing a conversion policy, you must discontinue your individual conversion policy. Otherwise, you are required to submit satisfactory proof of insurability before you can be covered again in full under a group life insurance policy.

**The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for this information.**

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**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295  
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**URL: <http://www.state.nj.us/treasury/pensions> • E-mail: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)**

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Although every attempt at accuracy is made, it cannot be guaranteed.

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# Workers' Compensation

Public Employees' Retirement System • Teachers' Pension and Annuity Fund  
Police and Firemen's Retirement System • State Police Retirement System

The receipt of Workers' Compensation is designed to compensate employees who suffer work-related injuries or illnesses. Workers' Compensation payments are generally paid in weekly payments over a period of time (periodic payments). Workers' Compensation benefits for medical treatments and expenses do not affect pensions. Therefore, this publication deals only with payment of temporary and permanent disability benefits paid as a periodic benefit through Workers' Compensation.

## PERIODIC BENEFITS WHEN A MEMBER RECEIVES FULL SALARY

If an employer keeps an employee on regular payroll and supplements the periodic Workers' Compensation benefit by paying the equivalent of the member's full salary, all normal pension deductions should be taken from that payment, including loan and (purchase) arrears deductions. It is as though the member is still active in all respects for pension purposes. Full contributions/repayments would be remitted monthly and full service credit, salary, contributions, and other deductions would be reported quarterly on the *Report of Contributions* (ROC).

For example: an insurance company pays a Workers' Compensation award of 70 percent of base salary directly to the member. The employer elects to augment the award amount by the remaining 30 percent of base salary. The employer would deduct pension contributions and repayments (loans, etc.) for 100 percent of salary from the 30 percent check.

## PERIODIC BENEFITS WHEN A MEMBER DOES NOT RECEIVE FULL SALARY

Normally, no pension credit can be given for periods of time when an employer reports no salary or pension contributions for a member. However, if a member is receiving Workers' Compensation

periodic payments, the member's employer is responsible for payment of the member's pension contributions because the member is not collecting salary. The contribution is based on the salary a member was receiving before the Workers' Compensation payments began. This enables the member to receive credit in the retirement system for that period of time.

## EMPLOYER LIABILITIES

In James v. Board of Trustees of the Public Employees' Retirement System, 164 NJ 396, 753 A. 2d 1061 (2000) the Supreme Court held that an employee who receives periodic Workers' Compensation benefits must have pension contributions made by the employer. The Court held that this applies to periodic payments in the form of temporary disability and permanent disability. Employers are not responsible for arrears payments (usually purchases), pension loan payments, contributory insurance, or back deductions. Once the periodic benefits for Workers' Compensation cease, so does the employer's liability for pension contributions.

The court in James also recognized valid terminations from employment as a means of terminating the employer's requirement to pay pension contributions. Therefore, the employer's obligation to make pension contributions for members receiving Workers' Compensation ceases when:

1. The employee voluntarily files for a retirement allowance that is subsequently approved;
2. The employer files an involuntary disability retirement application for the employee that is subsequently approved;
3. The employee voluntarily resigns from employment for reasons other than the inability to perform the job's functions due to

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the incident that was the basis for the Workers' Compensation claim; or

4. The employee is terminated by the employer for reasons unrelated to a Workers' Compensation award.

When the Division receives notification of a Workers' Compensation award, and the employer has not been making or forwarding employee contributions, the Division will bill the employer for those contributions. If an employer has been making payments of employee pension contributions and ceases to do so due to the reasons listed above in items 3 or 4, the employer must notify the Division in writing of the reasons for the cessation of payments.

### **GROUP LIFE INSURANCE AND WORKERS' COMPENSATION**

Most members of the Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), Police and Firemen's Retirement System (PFRS), or State Police Retirement System (SPRS) are covered under **noncontributory group life insurance** while employed. Noncontributory group life insurance will remain in effect while the employer is making pension contributions for the member. This includes periods while the member is receiving Workers' Compensation.

**Contributory group life insurance** is optional and governed by the PERS and the TPAF differently, as follows:

- PERS — While a member of the PERS is receiving Workers' Compensation, the employer is not required to pay contributory group life insurance premiums. In order for a member to continue the contributory portion of group life insurance, the member must remit premiums in advance. Premiums shall be remitted directly to the Division of Pensions and Benefits (see Remittance of Premiums below).
- TPAF — N.J.S.A. 18A:66-53(j) provides that a member of the TPAF who is receiving Workers' Compensation is not required to

make contributions for continuation of the contributory group life insurance benefit.

### **Leave of Absence Without Pay**

When a member does not return to employment after temporary disability ceases, and the requirements for termination under James (see page 1) are not met, the employer may place the member on an official leave of absence. An official leave of absence requires documentation to establish the nature of the leave and the continuing relationship between the employer and the member. This should be done to ensure continuation of group life insurance coverage.

During an official leave of absence without pay, group life insurance continues in full force under the following conditions:

- For PERS, TPAF, PFRS, and SPRS members, noncontributory group life insurance continues for up to two years.
- For PERS and TPAF members, contributory group life insurance continues for up to two years. In this case, contributions from the member are not necessary to continue contributory group life insurance.

While on an official leave of absence for personal reasons (also family leave):

- For PERS, TPAF, PFRS, and SPRS members, noncontributory group life insurance continues for up to 93 days.
- For PERS and TPAF members, contributory group life insurance continues for up to 93 days. In this case, contributions from the member are necessary to continue contributory group life insurance (see Remittance of Premiums below).

After the 93-day period, the member has the option to convert group life insurance to a private policy (see Fact Sheet #13, *Conversion of Group Life Insurance*), or else group life insurance coverage will end.

### **Remittance of Premiums**

Direct remittance of PERS or TPAF contributory group life insurance premiums requires the use of a

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*Contributory Group Life Insurance Remittance* card. This card is available from your employer, by contacting the Division of Pensions and Benefits, or it may be printed directly from the Division of Pensions and Benefits Web site at:

[www.state.nj.us/treasury/pensions/pubslst1.shtml](http://www.state.nj.us/treasury/pensions/pubslst1.shtml)

Remittance should be done immediately upon leaving the employer's payroll. If a member does not make these optional premium payments, contributory group life insurance is suspended until the member returns to the employer's regular payroll.

If you have any questions on the continuation of contributory group life insurance, please contact your employer or the Division of Pensions and Benefits, Office of Client Services at (609) 292-7524.

### **HEALTH BENEFITS AND WORKERS' COMPENSATION**

When an employee is receiving an award of periodic benefits under Workers' Compensation or the Second Injury Fund, the employee is considered active in all respects for State Health Benefits Program or School Employees' Health Benefits Program coverage. Health benefits coverage will continue in force for the employee and all eligible dependents covered under the employee's health benefits coverage level selection. It should be noted, however, that work-related disease or injuries are not covered under the SHBP or SEHBP.

If the employee shares in the cost of health benefit premiums, the employee receiving Workers' Compensation must pay the employer in advance for his or her share of the premiums. Likewise, if the member continues to receive full salary, the premium share will continue to be deducted from the employee's paycheck. When an employee ceases being an employee for any of the four valid termination reasons stated in the section Employer Liabilities (page 1), the health benefits coverage as an employee shall end. The member may then be eligible for coverage continuation under federal COBRA laws or possibly as a retiree.

### **RETIREMENT AND WORKERS' COMPENSATION**

Ordinary and Accidental Disability retirement allowances are subject to reductions.

If you are approved for Ordinary Disability retirement benefits and receive a Workers' Compensation award, your Workers' Compensation award may be reduced by the amount of your Ordinary Disability retirement benefit. If you have any questions concerning this issue, please contact your attorney or union representative. This offset is made by the Workers' Compensation carrier.

In the case of Accidental Disability retirement, the retirement benefit is reduced on a dollar-for-dollar basis. This offset is made by the Division of Pensions and Benefits. The following are examples of when a Workers' Compensation award would reduce a retiree's disability retirement allowance:

- If the retiree receives a periodic payment award, the weekly dollar amount of the award is converted to a monthly dollar amount, which reduces the pension portion of an Accidental Disability retirement allowance dollar-for-dollar for as long as the retiree receives the award. The reduction is applied only to Workers' Compensation benefits payable from the retiree's retirement date or later, and does not include such payments before the retirement date. Any assessments, such as attorney fees or court costs charged to the retiree are not subject to the reduction.
- If a retiree receives a Second Injury Fund award, this amount will also be subject to the same dollar-for-dollar offset.

A retiree's disability retirement allowance is not reduced by monies received under the award for medical coverage or monies received which are not period payments.

A retiree's Cost-of-Living Allowance (COLA) is also not affected by reductions in the pension portion of the retiree's retirement benefit. The COLA continues to be based upon the retiree's full pension benefit amount regardless of the Workers' Compensation offset.

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### NOTIFYING THE DIVISION

Either the member or the member's employer must notify the Division of Pensions and Benefits that a Workers' Compensation claim is pending. Once a judge has reviewed the claim and a Workers' Compensation award has been granted, a copy of the award must be sent to the Division of Pensions and Benefits.

Questions regarding the impact of Workers' Compensation on pension benefits may be directed to the Division of Pensions and Benefits at (609) 292-7524.

General questions regarding Workers' Compensation should be addressed to the Human Resources office of the member's employer.

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This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295  
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

**URL: <http://www.state.nj.us/treasury/pensions> • E-mail: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)**

This fact sheet is a summary and not intended to provide total information. Although every attempt at accuracy is made, it cannot be guaranteed.

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# Taxation of Retirement Benefits

All Funds

## HOW ARE MY PENSION BENEFITS TAXED FOR FEDERAL PURPOSES?

Pension benefits (except for Accidental Disability retirement and Accidental Death benefits) are subject to federal income tax; however, if you paid tax on any of your contributions to the pension plan, that portion of your monthly benefits representing a return of your previously-taxed contributions is not taxable.

Contributions made to the pension plan prior to January 1, 1987 were already taxed as were any purchases of optional pension membership credit made before 2002. After January 1, 2002 some purchases may have been made with previously-taxed money. Therefore, if you began contributing to the pension plan prior to January 1, 1987, or if you purchased pension membership since then, all or a portion of your total contributions may have been previously subject to federal tax.

The rate at which you can recover your previously-taxed contributions is determined in part by your retirement date.

**If you retired before August 1, 1986** — you were able to fully recover your contributions before having to pay tax on your benefits. Once you recovered your contributions, your benefits became fully taxable. *The exception is if you did not fully recover your contributions within the first three years of retirement. In that case, you had to recover your contributions under the IRS expected return rule explained below.*

**If you retired on or after August 1, 1986** — you must recover your contributions under the expected return rule. Under this rule, you recover your contributions evenly over your expected lifetime or the combined lifetime of you and your pension beneficiary. This means that only a small portion of each monthly benefit is considered a return of your previously-taxed contributions and is tax-free.

## CALCULATING THE NON-TAXABLE AMOUNT

**If you retired after July 1, 1986 and before November 1, 1996** — your monthly nontaxable amount is determined using life expectancy tables found in *IRS Publication 939*.

**If you retired on or after November 1, 1996** — the following tables are used to determine your monthly nontaxable amount:

**TABLE A**

### Benefits Payable To Retiree Only\*

Age of Retiree (at retirement)	Number of Payments
55 or less	360
56-60	310
61-65	260
66-70	210
71 or more	160

*\*For those retired on or after November 1, 1996 and before December 1, 1997, Table A is used even if benefits are payable to the retiree and the retiree's survivor.*

**TABLE B**

### Benefits Payable To Retiree and Beneficiary

Combined Age of Retiree (at retirement) & Beneficiary	Number of Payments
110 or less	410
111-120	360
121-130	310
131-140	260
141 or more	210

The following examples illustrate how the monthly nontaxable amount is computed using Tables A and B:

**Example 1** — A PERS member whose previously-taxed contributions equaled \$12,000 retires at age 62 and chooses to receive the maximum allowance

(designating no monthly pension to a surviving beneficiary). **Table A** is used because benefits are payable to the retiree **only**. The \$12,000 is divided by 260 which produces a monthly tax-free amount of \$46.15. The balance of the monthly pension is subject to federal income tax.

**Example 2** — A TPAF member whose previously-taxed contributions equaled \$15,000 retires at age 60 and chooses to receive benefits under Option 2 (designating the same monthly pension to the surviving beneficiary). **Table B** is used because benefits are payable to the retiree **and** the retiree's beneficiary. The designated beneficiary is the same age as the retiree. The \$15,000 is divided by 360 which produces a monthly tax-free amount of \$41.67. The balance of the monthly pension is subject to federal income tax.

**HOW LONG WILL THE NON-TAXABLE PORTION CONTINUE?**

**For those who retired after December 31, 1986** the monthly nontaxable amount remains in effect until all of your previously-taxed contributions are fully recovered. At that point your benefits become fully taxable.

**For those who retired before December 31, 1986** the monthly nontaxable amount is effective for as long as you or your survivor receive benefits.

If benefits cease before your previously-taxed contributions are fully recovered, the remaining balance can be claimed as a deduction on the income tax return of the last recipient, provided you retired on or after July 1, 1986. If you retired before July 1, 1986, no deduction is allowed for unrecovered contributions.

**WITHHOLDING FEDERAL INCOME TAX FROM YOUR PENSION CHECK**

Each new retiree will automatically receive a federal withholding tax *Form W-4P* near the date of retirement. The Division of Pensions and Benefits is required by federal law to **automatically withhold federal income tax** from your pension check, based on a status of married with three allowances if you do not complete a *W-4P*. The *W-4P* allows you to elect no withholding or, if you want withholding, to inform us of your tax filing status so that we can withhold the proper amount.

**WITHHOLDING NJ STATE INCOME TAX FROM YOUR PENSION CHECK**

If you live in New Jersey you will automatically receive a New Jersey State withholding tax *Form NJ W-4P* near the date of retirement. Most retirees will not be subject to New Jersey income tax until they recover in pension checks the amount of the contributions which they made to the pension plan while working. If you will not recover your total contributions within three years of retirement, refer to the instructions for the *Form NJ-1040* to determine how your pension is taxed. You can find information on both the three year rule and the general rule methods in the instructions for the *Form NJ-1040*.

If you are at least 62 or considered disabled by Social Security, you may exclude the following amounts of retirement income from New Jersey income tax for the tax year indicated below:

**Retirement Income Exclusions**

<u>Tax Year</u>	<u>Married Filing Jointly</u>	<u>Single</u>	<u>Married Filing Separately</u>
2000	\$12,500	\$9,375	\$6,250
2001	\$15,000	\$11,250	\$7,500
2002	\$17,500	\$13,125	\$8,750
2003 and beyond	\$20,000	\$15,000	\$10,000

**Note:** Beginning with tax year 2005, the "Retirement Income Exclusions" listed above are limited to taxpayers with gross income of \$100,000 or less. Please see the instructions for the *Form NJ-1040* or contact the New Jersey Division of Taxation or a professional tax advisor for further information.

Unlike federal income tax, **withholding for New Jersey income tax is completely voluntary**. No New Jersey income tax will be withheld unless you authorize it by completing a *Form NJ W-4P*. The amount withheld must be at least \$10.00 per month and in even dollar amounts (no cents). If you need help deciding whether or not to have New Jersey income tax withheld or how much tax to have withheld, you can contact the New Jersey Division of Taxation at 1-800-323-4400.

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If you live outside New Jersey, you are not required to pay New Jersey income tax on the pension you receive from the retirement system. The Division of Pensions and Benefits does not withhold income tax for other states. Check with your home state's tax office to determine if your pension is taxable in your state of residence.

### **CHANGING YOUR WITHHOLDING AMOUNT**

Retirees can now quickly and easily change their tax withholdings online using the Member Benefits Online System (MBOS). Find out more about MBOS at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

To change your withholding you must submit a new *Form W-4P* or *NJ W-4P* to the Division of Pensions and Benefits. Forms can also be found on the Internet at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions). If you do not have Internet access, you can contact the Division of Pensions and Benefits at (609) 292-7524 to obtain the form.

### **QUESTIONS COMMONLY ASKED AFTER RETIREMENT**

#### **Will I receive a statement of pension income for tax purposes?**

Yes. retirees receive *Form 1099-R* at the end of January each year, covering the previous tax year. This shows the gross retirement allowance; how much is subject to federal income tax; and the amounts, if any, that were withheld for federal and New Jersey income tax.

#### **Am I taxed on the reimbursement of Medicare premiums?**

No. Some State employees and all employees of boards of education or county colleges who retired

with 25 or more years of service, or on a disability retirement, who are enrolled in the State Health Benefits Program are reimbursed in their pension checks for the Medicare Part B premiums they pay to Social Security. If you receive this Medicare reimbursement, the gross amount of your pension checks will be greater than the gross amount shown on your *Form 1099-R* because the Medicare reimbursement is not taxable. The Medicare premium reimbursement is subtracted from your total gross income to determine the gross pension reported to the IRS.

#### **Why doesn't my gross allowance equal 12 times the amount of my December 1 check?**

When you receive a cost-of-living increase, your pension is changed each year with the February 1 check. Therefore, the gross allowance for your January 1 check is usually less than your next 11 checks.

#### **Is my disability pension taxable?**

If you are receiving a disability pension, your benefits are not subject to New Jersey income tax until you reach age 65.

If you are receiving an *Accidental* Disability pension, — or if you are a survivor receiving *Accidental Disability* or *Accidental Death* benefits — the Division of Pensions and Benefits reports your benefit as exempt from federal income tax.

*Ordinary* Disability pensions are subject to federal tax to the same extent as other pensions.

Any additional questions should be referred to the IRS at the number listed below.

**THE DIVISION OF PENSIONS AND BENEFITS CANNOT GIVE TAX ADVICE.  
CONSULT THE IRS (1-800-TAX-1040), OR THE NJ DIVISION OF TAXATION (1-800-323-4400 in NJ),  
OR YOUR TAX ADVISOR FOR ASSISTANCE.**

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295

(609) 292-7524 • TDD for the hearing impaired (609) 292-7718

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)

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RD-0440-0411

STATE POLICE RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

**APPLICATION FOR DISABILITY RETIREMENT**

**PLEASE READ THESE INSTRUCTIONS AND FACT SHEET #39 CAREFULLY  
BEFORE COMPLETING THIS APPLICATION.**

**PLEASE DETACH THE APPLICATION FROM THE BOOKLET BEFORE MAILING.**

**When to File** — All retirements are effective on the first of the month. File this application with the Division of Pensions and Benefits before your retirement date or you will lose benefits. Four to six months advance filing is recommended. You must terminate employment before your retirement date. Mail your completed application to the New Jersey Division of Pensions and Benefits, Disability Review Unit, PO Box 297, Trenton, NJ 08625-0297.

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**INSTRUCTIONS**

Please print — black ink preferred — or type.

**PART ONE: MEMBER INFORMATION**

**ITEM 1: MEMBERSHIP NUMBER** — Enter your pension system membership number.

**ITEM 2: SOCIAL SECURITY NUMBER** — Enter your Social Security number.

**ITEM 3: DATE OF BIRTH** — Insert the month, day and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so.

**ITEM 4: NAME** — Insert your full name. If you are married, use your given name, not, for example, "Mrs. John Smith."

**ITEM 5: ADDRESS** — Enter your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Provide your Social Security number and retirement date in the letter. Or, you may change your address over the Internet by using our online change of address form for pending retirees at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

**ITEM 6 AND ITEM 7: TELEPHONE NUMBERS** — Enter your home and cell telephone numbers. Include your area code.

**ITEM 8: HOME E-MAIL ADDRESS** — Indicate your home e-mail address, if you have one.

**PART TWO:**

**ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT** — You must agree to and sign the terms and conditions when applying for retirement. If you fail to sign the acknowledgement, your *Application for Disability Retirement* will not be processed.

**PART THREE:**  
**DISABILITY RETIREMENT INFORMATION**

**ITEM 9: RETIREMENT EFFECTIVE DATE** — Insert the date you wish to retire. The earliest retirement date available to you is the first of next month. Your application must be received by the Division of Pensions and Benefits prior to your retirement date.

**ITEM 10: TYPE OF DISABILITY RETIREMENT** — Mark the type of retirement for which you are applying. See Fact Sheet #39 for an explanation of each type. If you are requesting an Accidental Disability retirement, enter the date(s) of the accident(s) which caused the disability.

**ITEM 11: WORKERS' COMPENSATION** — Indicate if a Workers' Compensation claim has been filed.

**ITEM 12: APPLICANT'S SUPPORTING STATEMENT** — State in layman's terms why you are no longer capable of performing your job. Be as specific as possible. You may use additional pages, if necessary, and these pages must have your signature. Supporting medical information must be submitted prior to your application being approved.

**ITEM 13: DESCRIPTION OF ACCIDENT** — Complete this item only if you are applying for an **Accidental Disability retirement**. Briefly describe what happened. List any witnesses to the accident and attach a copy of any accident reports that were filed.

**ITEM 14: PURCHASE INFORMATION** — Indicate as to whether or not you have applied for a recent purchase of service credit.

**PART FOUR:  
MARITAL STATUS AND CHILDREN**

**ITEM 15: MARITAL STATUS** — Check the appropriate box to indicate your current marital status.

**ITEM 16: NAME OF SPOUSE OR PARTNER** — If you are currently married or have entered into a civil union or domestic partnership, insert your spouse's or partner's full name. See Fact Sheet #39, *Disability Retirement Benefits*, for explanations.

**ITEM 17: SPOUSE OR PARTNER'S SSN** — Enter your spouse's or partner's Social Security number.

**ITEM 18: SPOUSE OR PARTNER'S ADDRESS** — Complete this item only if your spouse's or partner's mailing address is different than yours.

**ITEM 19: CHILDREN** — List all unmarried child(ren) under the age of 18, or of any age if disabled because of mental or physical incapacity and incapable of substantial gainful employment because of the impairment. This incapacity must last, or be expected to last, for a continuous period of not less than 12 months as determined by the Medical Review Board. Indicate the name, gender, and date of birth of each child. If you need to list more than three children, do so on a separate sheet of paper to be attached to this application. Be sure to list the same information as requested for your group life insurance beneficiaries. Additional sheets must be signed.

**PART FIVE: DESIGNATION OF  
GROUP LIFE INSURANCE BENEFICIARIES**

You may name any person or persons as well as an institution, charity, your estate, etc., as a beneficiary. If you designate an institution or charity, you must also include the institution's or charity's date of

incorporation. You may also name multiple beneficiaries. The beneficiary designation you make on your retirement application is effective when your *Application for Disability Retirement* is filed with the Division of Pensions and Benefits and supercedes any previous designation(s).

You should name both a Primary Beneficiary(ies) and a Contingent Beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, the attachments must also be signed.

**Primary Beneficiary(ies)** — List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**Contingent Beneficiary(ies)** — List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

**Member Signature and Date** — Sign and date the application. Your application cannot be processed without your signature.

**MEDICAL EXAMINATION FORM INSTRUCTIONS**

The Division of Pensions and Benefits needs at least two pieces of medical evidence to determine your eligibility. We require *Medical Examination by Treating Physician* forms from at least two doctors who treated you for your disability or from one doctor if a separate record of treatment for the disability will be sent by a hospital. Complete Part One of the *Medical Examination by Treating Physician* form and give it to your doctor(s) to complete the rest. It is your responsibility to ensure your doctors complete and forward the forms to the Division of Pensions and Benefits.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION FORM INSTRUCTIONS**

This form is required if your disability included any hospitalization, Workers' Compensation awards, employee personnel records, or employer's doctor's evaluations.

**AUTHORIZATION FOR DIRECT DEPOSIT**

Included in this packet is a form for initiating the direct deposit of your retirement checks. Direct deposit of your benefit payment is **mandatory**. (Except for foreign mailing addresses.) Complete the *Authorization for Direct Deposit of Benefit Payment* form and send it to the Division of Pensions and Benefits along with your retirement application.

Having your retirement check directly deposited into your checking or savings account eliminates the possibility of a check being lost or stolen.

Upon verification of your account information with your bank, your retirement check will be directly deposited in your checking or savings account and you will receive a *Statement of Allowances and Deductions* in the mail. Thereafter, you will receive a *Statement of Allowances and Deductions* each December that summarizes your allowance and

deduction information for the year. You will also receive the statement anytime there is a change to your financial information, bank information, or your address. Otherwise, monthly statements are not sent, however, your monthly allowance and deduction information is always available 24 hours a day, 7 days a week by calling the Division's Automated Information System at (609) 777-1777.

**EMPLOYER CERTIFICATION**

It is important that you notify your employer of your retirement plans since your employer must complete the *Employer Certification for Disability Retirement* included in this application package. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

**CHANGING OF DISABILITY RETIREMENT**

The *Change of Disability Retirement* form is included in the event that you need to make a change to your application for disability retirement. Changes to disability retirement is subject to restrictions. See the form and the information provided in this packet for additional information. If you are making changes to your disability retirement the *Employer Certification* on the back of the *Change of Disability Retirement* form must be completed.

RD-0440-0411

**STATE POLICE RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
APPLICATION FOR DISABILITY RETIREMENT**

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.  
PLEASE DETACH BEFORE MAILING THE APPLICATION.**

**PART ONE: MEMBER INFORMATION (Please print - black ink preferred - or type.)**

- 1. MEMBERSHIP NUMBER \_\_\_\_\_
- 2. SOCIAL SECURITY NO. \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_  
Month Day Year
- 4. NAME \_\_\_\_\_  
Last First Middle
- 5. ADDRESS \_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City State Zip
- 6. HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ 7. CELL PHONE (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code
- 8. HOME E-MAIL ADDRESS \_\_\_\_\_

**PART TWO: ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT**

**You must agree to and sign these terms and conditions when applying for retirement. If you fail to sign this acknowledgement your *Application for Disability Retirement* will not be processed.**

- I understand that I must meet all of the eligibility requirements for retirement and **cannot submit an application more than one year before my retirement date** (if applying for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I cancel or change my retirement date and submit a new application with a later retirement date, **it is my responsibility** to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date does not guarantee continued employment with my employer.
- I understand that I cannot make pre-arrangements with my employer to return to employment in any capacity.
- I understand that the beneficiary designation I am indicating on this retirement application **supersedes all prior designations**, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.

**MEMBER'S SIGNATURE**

**DATE**

\_\_\_\_\_, 20 \_\_\_\_

I have read and agree to the "Terms and Conditions of Retirement", have not pre-arranged with my employer to return to employment in any capacity, and attest that the information provided on this application is true and correct.

**SIGN THIS PAGE AND CONTINUE TO PART THREE**

**PART THREE: DISABILITY RETIREMENT INFORMATION**

9. **RETIREMENT DATE** — To be effective the first day of \_\_\_\_\_  
Month Year

10. **TYPE OF DISABILITY RETIREMENT** — See enclosed Fact Sheet #16 for an explanation of each type.

**ORDINARY DISABILITY** (Complete item #12)

**ACCIDENTAL DISABILITY** (Complete items #12 and 13) - *Application must be filed within five years of date of accident.*

Date of Accident(s) 1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
Month Day Year Month Day Year

11. **WORKERS' COMPENSATION - Has a claim been filed for Workers' Compensation?**  **NO**  **YES**  
*(If yes please attach records or copy of award)*

**12. APPLICANT'S SUPPORTING STATEMENT**

I declare that I am **incapacitated** for further service as a \_\_\_\_\_  
Title of Position

due to the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. DATE AND DESCRIPTION OF ACCIDENT**

13(a) **(Accidental Disability Only)** Date of the injury. \_\_\_\_\_

13(b) **(Accidental Disability Only)** Describe in detail the events leading up to your injury. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13(c) (Accidental Disability Only)** List all known witnesses to your injury. With respect to each witness, describe his/her location/proximity to you at the time of your injury.

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**13(d) (Accidental Disability Only)** Describe in detail all the factors contributing to your injury.

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**13(e) (Accidental Disability Only)** Attach to your application all available reports/documents, relating to your injury, including but not limited to accident reports, witness statements, and medical reports.

**14. PURCHASE INFORMATION** — Have you applied to purchase pension service credit within the past six months?

YES  NO

(Out-of-State, Military and U.S. Government purchases cannot be used to qualify for disability retirement.)

**PART FOUR: MARITAL STATUS AND CHILDREN**

**15. MARITAL STATUS**  Spouse  Civil Union Partner  Domestic Partner  Single  Divorced

**16. NAME OF SPOUSE OR PARTNER** \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First MI (Maiden Name)

**17. SPOUSE OR PARTNER'S SSN** \_\_\_\_\_

**18. SPOUSE OR PARTNER'S MAILING ADDRESS** (if different from yours)

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Street Address City State Zip Code



State of New Jersey — Department of the Treasury  
Division of Pensions and Benefits • PO Box 297 • Trenton, NJ 08625-0297 • (609) 292-7524

**MEDICAL EXAMINATION BY PERSONAL OR TREATING PHYSICIAN**

This form must be filed in support of an *Application for Disability Retirement* and is restricted to the confidential use of the retirement system.

**PART ONE — APPLICANT** (COMPLETE PART ONE BEFORE PRESENTING THIS FORM TO THE PHYSICIAN.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last, First, Middle Initial Month, Day, Year*

Social Security Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

**PART TWO — PHYSICIAN** (PLEASE TYPE OR PRINT CLEARLY.)

Please complete this form in its entirety. You may include copies of office notes to provide additional documentation but **each question must be answered on this form.** An incomplete form will be returned to the member and will delay processing of the application.

1. Treating member since \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day, Year Month, Day, Year*

2. Date of last physical examination \_\_\_\_\_ (Please attach a copy of the examination results.)  
*Month, Day, Year*

3. How long have you been treating the member for the accident, injury, or condition that directly relates to their disability? From \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day, Year Month, Day, Year*

4. Physical Findings:

5. Related laboratory, cardiographic, x-ray or other diagnostic data: (Please attach copies of narrative reports. No films please.)

6. Diagnosis:

7. Have you treated the member for this condition before the member was considered disabled?

NO  YES (If YES, please indicate treatment and results of that treatment.)

8. Is the applicant now totally and permanently disabled and no longer able to perform his or her job duties and/or any other job?

NO  YES (If YES, please explain in what way the applicant's symptoms or physical findings prevent him or her from working.)

9. a) Is the applicant's disability likely to be stable or progressive?  STABLE  PROGRESSIVE

b) If progressive, is death imminent?  NO  YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's job duties?  NO  YES

10. Is the applicant permanently and totally disabled as a direct result of an accident that occurred during the performance of the applicant's regular assigned duties?

NO  YES (If YES, please explain the casual relationship)

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**(PLEASE TYPE OR PRINT CLEARLY.)**

Physician's Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specialty: \_\_\_\_\_ NJ License Number: \_\_\_\_\_

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\_\_\_\_\_  
*Signature of Physician* \_\_\_\_\_  
*Date*

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**MEDICAL EXAMINATION BY PERSONAL OR TREATING PHYSICIAN**

This form must be filed in support of an *Application for Disability Retirement* and is restricted to the confidential use of the retirement system.

**PART ONE — APPLICANT** (COMPLETE PART ONE BEFORE PRESENTING THIS FORM TO THE PHYSICIAN.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last, First, Middle Initial Month, Day, Year*

Social Security Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

**PART TWO — PHYSICIAN** (PLEASE TYPE OR PRINT CLEARLY.)

Please complete this form in its entirety. You may include copies of office notes to provide additional documentation but **each question must be answered on this form.** An incomplete form will be returned to the member and will delay processing of the application.

1. Treating member since \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day, Year Month, Day, Year*

2. Date of last physical examination \_\_\_\_\_ (Please attach a copy of the examination results.)  
*Month, Day, Year*

3. How long have you been treating the member for the accident, injury, or condition that directly relates to their disability? From \_\_\_\_\_ to \_\_\_\_\_  
*Month, Day, Year Month, Day, Year*

4. Physical Findings:

5. Related laboratory, cardiographic, x-ray or other diagnostic data: (Please attach copies of narrative reports. No films please.)

6. Diagnosis:

7. Have you treated the member for this condition before the member was considered disabled?

NO  YES (If YES, please indicate treatment and results of that treatment.)

8. Is the applicant now totally and permanently disabled and no longer able to perform his or her job duties and/or any other job?

NO  YES (If YES, please explain in what way the applicant's symptoms or physical findings prevent him or her from working.)

9. a) Is the applicant's disability likely to be stable or progressive?  STABLE  PROGRESSIVE

b) If progressive, is death imminent?  NO  YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's job duties?  NO  YES

10. Is the applicant permanently and totally disabled as a direct result of an accident that occurred during the performance of the applicant's regular assigned duties?

NO  YES (If YES, please explain the casual relationship)

---

**(PLEASE TYPE OR PRINT CLEARLY.)**

Physician's Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Specialty: \_\_\_\_\_ NJ License Number: \_\_\_\_\_

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Signature of Physician

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Date

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**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**IF THERE IS ANY CHARGE FOR THIS SERVICE, THE PATIENT WILL REIMBURSE THE REPORTING ENTITY.  
DO NOT SEND BILLS FOR SERVICE TO THE DIVISION OF PENSIONS AND BENEFITS.**

I hereby authorize the following entity \_\_\_\_\_  
*Name of Hospital / Workers' Compensation Center / Employer*

to release my health information to the Division of Pensions and Benefits, PO Box 297, Trenton, NJ 08625-0297.

Indicate records source:  Hospital  Workers' Compensation Center  
 Employer's Doctor's Evaluations  Employer's Doctor's Evaluations

The information to be disclosed to and used by the above is for the purpose of determining eligibility for disability retirement. **The Division of Pensions and Benefits may also disclose this information to my employer for the purpose of determining eligibility for disability retirement.**

This authorization is limited to the following dates of treatment:

From \_\_\_\_\_ To \_\_\_\_\_

**A Discharge Summary must be included along with the following as indicated:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> EMERGENCY ROOM RECORD         | <input type="checkbox"/> CONSULTATIONS       | <input type="checkbox"/> COMPLETE RECORD  |
| <input type="checkbox"/> HISTORY & PHYSICAL EXAM       | <input type="checkbox"/> PROGRESS NOTES      | <input type="checkbox"/> EEG TRACINGS     |
| <input type="checkbox"/> OPERATIVE REPORTS & PATHOLOGY | <input type="checkbox"/> LAB, X-RAYS & TESTS | <input type="checkbox"/> PATHOLOGY SLIDES |
| <input type="checkbox"/> OTHER _____                   |  |   |

I understand that the information to be disclosed includes my identity, diagnosis, and treatment, including ALCOHOL, DRUGS, GENETIC TESTING, BEHAVIORAL OR MENTAL HEALTH SERVICES, REPRODUCTIVE RIGHTS, SEXUALLY TRANSMITTED AND INFECTIOUS DISEASES, AIDS and HIV information, as applicable.

It is my intent that the information furnished is prohibited for any purpose other than stated above and that the recipient is prohibited from disclosing this information to any other party to whom disclosure is not necessary or required for the purpose stated above.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the entity named above. I understand that this revocation will not apply to the extent that you have already taken action in reliance on this authorization. If there is any charge for this service, I will reimburse the reporting entity. This authorization will automatically expire 120 days from the date of my signature, unless I otherwise specify that this authorization will terminate on the following date \_\_\_\_\_.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

RD-0440-0411

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 297 • Trenton, New Jersey 08625-0297 • (609) 292-7524

EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT

1. Retirement System (Check appropriate fund) [ ] PERS [ ] TPAF [ ] PFRS [ ] SPRS [ ] JRS

2. NAME OF EMPLOYEE NAME OF EMPLOYER
TITLE / POSITION (at time of retirement) (Attach job description - PERS only) EMPLOYER'S ADDRESS
SOCIAL SECURITY NUMBER EMPLOYER'S ADDRESS (Continued)
MEMBERSHIP NUMBER EMPLOYER'S PHONE NUMBER

3. Date employee's service terminated (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.)

4. EMPLOYEE STATUS [ ] Full-Time [ ] Part-Time
Is there an alternate job/position available to the member? [ ] NO [ ] YES

5. AUTHORIZED LEAVE OF ABSENCE
[ ] Paid Sick Leave - Dates from to
[ ] Paid Personal Leave - Dates from to
[ ] Unpaid Sick Leave - Dates from to
[ ] Unpaid Personal Leave - Dates from to
[ ] Temporary Disability Insurance - Dates from to

6. UNAUTHORIZED LEAVE OF ABSENCE — Dates from to

7. a) Is the member currently on suspension? [ ] NO [ ] YES If yes, give date of suspension
Is suspension [ ] PAID or [ ] UNPAID

b) Is the applicant facing disciplinary action? [ ] NO [ ] YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents, or any settlement agreement in lieu of disciplinary action.

c) Is the applicant facing indictment? [ ] NO [ ] YES If yes, attach a copy of the indictment.

8. Was applicant dismissed? [ ] NO [ ] YES If yes, give reason and date

TYPE OF DISABILITY RETIREMENT (Select One) — [ ] ORDINARY [ ] ACCIDENTAL (Give dates of accident(s) below)

1) 2) 3) 4)

Is this an Involuntary Disability Retirement? [ ] NO [ ] YES

If yes, please provide a written statement of grounds for requesting an involuntary retirement.

[ ]

9. Is there any other job/position available to member? [ ] NO [ ] YES If yes, attach a description of the available job/position

10. IF THE EMPLOYEE IS FILING FOR AN ACCIDENTAL DISABILITY RETIREMENT, PLEASE COMPLETE THE SECTION BELOW

a) Did this accident occur during the performance of the employee's duties? [ ] NO [ ] YES

b) Is a record of this accident on file? [ ] NO [ ] YES If yes, attach copy of accident report, including any witness statements.

c) Was this accident a result of the employee's negligence? [ ] NO [ ] YES

d) Has the employee filed a claim for Workers' Compensation? [ ] NO [ ] YES

If yes, dates of periodic payments from to

NAME OF WORKERS' COMPENSATION CARRIER

ADDRESS CLAIM NUMBER

**EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT**

11. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 3 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_  
 # \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_  
 # \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_  
 # \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ \_\_\_\_\_**

12. Has member received a significant annual salary increase in the last 3 years of employment?  NO  YES *If yes, please provide a detailed explanation with documentation such as salary guides and employment contracts and ruling body minutes.*

13. Has there been any retroactive salary paid to the employee within the past three years?  NO  YES *If yes, please describe below:*

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

14. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 13.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

**✓ CHECKLIST — The following items must accompany this form:**

- \_\_\_\_\_ 1. **Current Job Description (If question #9 is answered YES, include description of any other available jobs.)**
- \_\_\_\_\_ 2. **Copies of indictments, convictions, and/or preliminary and final notices of disciplinary action. (If Question #7 is answered yes.)**
- \_\_\_\_\_ 3. **Copies of accident reports, incident reports, witness statements, medical records relating to the incident, and other related documents.**
- \_\_\_\_\_ 4. **Copies of Workers' Compensation awards.**

Name of Certifying Officer \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If a member of the retirement system qualifies for periodic benefits payable under the Workers' Compensation law during the course of active employment, regular pension contributions must be paid to the system by the employer. The payments are computed on the base salary paid immediately prior to the receipt of Workers' Compensation benefits. These payments are credited to the member's account in the system and will be treated as employee contributions for all benefit or claim purposes.**

# STATE OF NEW JERSEY - DIVISION OF PENSIONS AND BENEFITS

## AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT PAYMENT

**INSTRUCTIONS:**

- A: Read the terms and conditions listed below.
- B: Enter your name, mailing address, retirement number (for retirement payment and survivor benefit), Social Security number, and home telephone number.
- C: Mark the appropriate payment and account type boxes, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and 9-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
- D: You and all other parties to this account must sign the form.
- E: Attach a VOIDED check if using a checking account and return the completed form to the Division of Pensions and Benefits.

**MAIL TO:**  
**Direct Deposit**  
**Division of Pensions**  
**and Benefits**  
**PO Box 295**  
**Trenton, NJ 08625-0295**

**RECIPIENT INFORMATION** — Please Print Legibly

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
 \_\_\_\_\_

Fund:  PERS  TPAF  PFRS  SPRS  JRS

Retirement No: \_\_\_\_\_  
 (For Retirement Payment and Survivor Benefit Only)

Social Security No: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

**TYPE OF PAYMENT:**  RETIREMENT PAYMENT/SURVIVOR BENEFIT

\_\_\_\_\_  
 Your Account Number

TYPE OF ACCOUNT:  CHECKING  SAVINGS

\_\_\_\_\_  
 Financial Institution's 9-digit Routing Number

\_\_\_\_\_  
 Name of Financial Institution

\_\_\_\_\_  
 Street of Financial Institution

\_\_\_\_\_  
 City, State, Zip of Financial Institution

\_\_\_\_\_  
 Your Signature and Date

\_\_\_\_\_  
 Signature(s) of Other Persons On Account and Date(s)

Please read the terms and conditions below and  
**ATTACH A VOIDED CHECK IF AUTHORIZING A CHECKING ACCOUNT**  
 (used to verify your financial institution's routing and account number)

### TERMS AND CONDITIONS

**Benefit Recipient**

I authorize the New Jersey Division of Pensions and Benefits and the financial institution indicated to directly deposit my net retirement allowance or survivor benefit each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance or survivor benefit forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund.

I further understand that this agreement may be changed by me upon written notification to the Division of Pensions and Benefits. The change will be processed for the pay period following receipt of the notice by the Division. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, a notification must then be submitted. I understand that it is my responsibility to inform the Division of Pensions and Benefits of address changes immediately. I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

**Other Parties to the Account**

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowances or survivor benefit payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system or benefit program. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

RD-0440-0411

State of New Jersey  
Department of the Treasury  
Division of Pensions and Benefits  
PO Box 297, Trenton, NJ 08625-0297

## CHANGE OF DISABILITY RETIREMENT STATE POLICE RETIREMENT SYSTEM

Once your disability retirement is approved by the Board of Trustees, your application cannot be withdrawn, cancelled, or amended. Also, your disability retirement cannot be suspended in order to return to work in a SPRY-covered position without prior approval of the Board of Trustees.

This form cannot be used with an Involuntary Disability retirement.

Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Check here if this is a new address.

I previously filed an *Application for Disability Retirement* with the Division of Pensions and Benefits.

I wish to make the following change to that application (check box that applies):

**Change Retirement Date** — I wish to change the effective date of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_ (May be any first of the month after the receipt date of the original *Application for Disability Retirement*. **Your employer must complete the salary certification on the back of this form.**)

**Cancel Retirement** — I wish to cancel my retirement which was to be effective on

\_\_\_\_\_. I will continue in employment. (Canceling your retirement does not guarantee continued employment with your employer.) I understand that this application cannot be reinstated and that I must file a new retirement application when I apply again on a future date. I further understand that the beneficiaries designated on my retirement application will remain in effect until I change them by submitting a new *Designation of Beneficiary* form or a new retirement application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



RD-0440-0411