



## **Application for Retirement Allowance**

# **State Police Retirement System**

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

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## NOTICE TO ALL APPLICANTS

It is your responsibility to ensure that all the required forms or documents listed below are submitted to the Division of Pensions and Benefits.

- ✓ ***Application for Retirement Allowance***
- ✓ ***Authorization for Direct Deposit of Benefit Payment***
- ✓ ***Employer Certification of Service and Final Salary***
- ✓ 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**

# Retirement Benefits and Qualifications

## State Police and Firemen's Retirement System

### READ FACT SHEET #41

This booklet includes Fact Sheet #41, *Applying for Retirement Benefits*. **Read this fact sheet first** to determine if you qualify for 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 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 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.** Otherwise, your retirement application will be canceled and you will need to submit another application for a future retirement date.

This booklet contains:

- **Retirement Benefits and Qualifications** — an introduction to retirement and information about the application process.
- **Fact Sheet #41, *Applying for Retirement*.**
- **Fact Sheet #13, *Conversion of Group Life Insurance*.**
- **Fact Sheet #6, *Your Retirement Checklist*.**
- **Fact Sheet #12, *Taxation of Retirement Benefits*.**
- **Fact Sheet #18, *Cost-of-Living Adjustments*.**
- ✓ ***Application for Retirement Allowance*** — to be completed by the employee.
- ✓ ***Authorization for Direct Deposit of Benefit Payment*.**
- ✓ ***Employer Certification of Service and Final Salary*** — to be completed by the employer.
- ***Change of Retirement*** form.

You should also submit:

- ✓ **A photocopy (not the original document) 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 295  
Trenton, NJ 08625-0295**

### DISABILITY RETIREMENT

**You cannot use this application to file for a disability retirement.** For information on disability retirement, please see Fact Sheet #39, *Disability Retirement Benefits*. You can view this Fact Sheet on the Division's Web site at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) If you do not have Internet access, you can request that this Fact Sheet be sent to you by calling the Division at (609) 292-7524.

### MANDATORY RETIREMENT

Retirement is mandatory at age 55 for all State Police Retirement System (SPRS) members. If you do not file a retirement application before age 55, you are automatically retired on the first of the month following your 55th birthday. Retirement benefits, however, are not payable until the application is filed.

### RETIREMENT PROCESS

The retirement process starts with the filing of your *Application for Retirement Allowance* with the Division of Pensions and Benefits.

**All retirements are effective on the first of a month.** You can submit your *Application for Retirement Allowance* no more than one year before your retirement date – and as late as the last business day prior to your retirement date – however, four to six months advance filing is recommended because **there is no provision for an interim benefit between your last day of salary and your first pension check.** Under no circumstances can a retirement become effective prior to the date the application is received by the Division of Pensions and Benefits.

Once your retirement application is processed by the Division, you will receive a *Quotation of Retirement Allowance* that outlines your retirement and life insurance benefits. Your application will then be presented to the SPRS Board of Trustees for approval. You will receive written notification of the Board's approval of your application.

### **NOTIFYING YOUR EMPLOYER**

It is important that you notify your employer of your retirement plans since, before we can process your retirement, your employer must submit the *Certification of Service and Final Salary*. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

### **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 SACT.

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

### **YOUR FIRST RETIREMENT CHECK**

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 his or her application well in advance for a June 1 retirement date, and is approved by the Board of Trustees at the Board meeting in May, 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 paid later but is retroactive to the original June 1 date of retirement.

Enclosed in this packet is a form for initiating the direct deposit of your retirement checks. Please complete the *Authorization for Direct Deposit of Benefit Payment* and send it to the Division of Pensions and Benefits along with your retirement application.

### **CHANGING YOUR RETIREMENT**

If, after applying for retirement, you wish to change your retirement date, or cancel your retirement, you must forward written notice to the Division's Retirement Bureau within 30 days of the approval of your retirement by the Board of Trustees or the effective retirement date, whichever is later. After that time, you cannot change your retirement date.

**NOTE: Changing or canceling your retirement does not guarantee continued employment with your employer.**

Changes can be requested by letter or by using the *Change of Retirement* form included in this booklet. If requesting a change of retirement date, your employer must also complete the service and salary certification on the back of the change form.

# Applying for Retirement

State Police Retirement System

## MANDATORY RETIREMENT

Retirement from the State Police is mandatory upon reaching age 55. If you do not file an application for retirement before your mandatory retirement date, you will be automatically retired by the Board of Trustees on a Service Retirement, effective the first day of the month immediately following your 55th birthday. Even though the Board of Trustees has retired you, you cannot begin receiving benefits until you have filed a retirement application with the Division of Pensions and Benefits.

## APPLYING FOR RETIREMENT

You should begin the retirement process at least four to six months in advance. This will give yourself enough time to review the benefits that are available to you.

Members of the State Police Retirement System can obtain an estimate of retirement benefits from their Human Resources Representative.

You must meet all of the eligibility requirements for retirement and **cannot submit an application for retirement more than one year before your retirement date.** (Members eligible for a Deferred Retirement may file more than one year in advance upon termination of employment.)

The *Application for Retirement Allowance* can be submitted online using the **Member Benefits Online System (MBOS)**. This is an easy, secure, and accurate way to apply for retirement. To begin the registration process, go to: [www.state.nj.us/treasury/pensions/mbosregister.shtml](http://www.state.nj.us/treasury/pensions/mbosregister.shtml) (select "Online Member Services - MBOS").

You can also obtain an *Application for Retirement Allowance*:

- by printing it from the Division of Pensions and Benefits Web site at:  
[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

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

Whether you apply for retirement online through MBOS or by written application, be sure to carefully read the instructions and the fact sheets about retirement prior to submission.

All retirements are effective the first of a month. Your application must be received by the Division of Pensions and Benefits before your retirement date. **Under no circumstances can a retirement become effective prior to the date the application is received by the Division of Pensions and Benefits.**

**It is your responsibility to file for retirement.** Four to six months advance filing is recommended. Processing times vary and cannot begin until we have received all the necessary information from both you and your employer. **Your employer will be notified that you have filed an application for retirement.**

If you have not furnished proof of your age to the Division of Pensions and Benefits, you must submit a photocopy of your proof of age to the Division.

If you retire with an outstanding loan balance, you must decide how you wish to repay your loan. You may pay the loan **in its entirety** prior to receiving any benefits, or continue your monthly loan repayment schedule into retirement until the loan balance **plus interest** has been repaid.

## TYPES OF RETIREMENT

The following types of retirement benefits are calculated using your "Years of Service" and "Final Compensation."

- “**Years of Service**” means the amount of membership service you have credited to your SPRS account.
- “**Final Compensation**” - For a SPRS **Tier 1** member enrolled *on or before* May 21, 2010, Final Compensation means the salary upon which 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.

There are several types of retirement for which you may qualify.

### Service Retirement

This type of retirement is available at any age when you complete 20 years of creditable service as a member of SPRS. The amount of your annual retirement allowance is equal to 50 percent of your Final Compensation.

If you are retiring on a mandatory retirement at age **55 and** you were an active member of the retirement system on August 29, 1985, Chapter 175, P.L. 1985, guarantees you an annual retirement allowance of 50 percent of your Final Compensation, even if you have not completed 20 years of service with the State Police.

### Special Retirement

This type of retirement is available at any age to members who have 25 years or more of service credit in the SPRS. The amount of your annual retirement allowance is equal to 65 percent of your Final Compensation **plus** 1 percent for each year of creditable service over 25 years but not to exceed 30 years. The maximum allowance is, therefore, 70 percent of your Final Compensation.

### Deferred Retirement

This type of retirement is available to SPRS members with at least ten years of service credit and who are not yet 55 years of age when they terminate employment. The annual retirement allowance is 2 percent of Final Compensation for each year of service up to 25 years.

The effective date of a Deferred Retirement is the first of the month after you attain age 55. You must file an *Application for Retirement Allowance* to receive a Deferred Retirement, and you should file the application when you terminate covered employment.

**If you are terminated for cause, you may not be eligible to receive Deferred Retirement benefits.** The SPRS Board of Trustees will make that determination at the time you file your application.

Your group life insurance coverage is not in effect between the time you terminate employment and when your Deferred Retirement becomes effective.

If you die before your Deferred Retirement becomes effective, the beneficiary on your retirement application will receive a return of your contributions, unless a subsequent *Designation of Beneficiary* form is filed. There is no other death benefit under these circumstances.

For information about converting your group life insurance to an individual policy at termination, see Fact Sheet #13, *Conversion of Group Life Insurance*, which is available from your employer, by contacting the Division of Pensions and Benefits, or over the Internet at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions).

You will not be able to continue coverage under the State Health Benefits Program (SHBP) retired group if you apply for Deferred Retirement. However, you are entitled to continue coverage in the SHBP employee group for up to 18 months after termination of employment in accordance with federal COBRA laws. If your retirement allowance becomes due and payable during the 18 months of extended COBRA coverage, you would qualify for coverage in the SHBP retired group. In this case, you must con-

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tact the Division of Pensions and Benefits and request a health benefits offering letter within 60 days of your eligibility for the SHBP retired group coverage.

At any time before your Deferred Retirement becomes effective, you may change your mind and apply for a lump-sum withdrawal of your pension contributions. However, if you cancel your Deferred Retirement and withdraw your contributions, all the rights and privileges of membership will end.

### **Disability Retirement**

For information about Disability Retirement, see Fact Sheet #39, *Disability Retirement Benefits*, which is available from your employer, by contacting the Division of Pensions and Benefits, or over the Intranet at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

### **SERVICE UNDER OTHER PENSION SYSTEMS**

Only service rendered as a member of the State Police may be used to satisfy the minimum creditable service requirements of the retirement types described above. This includes the creditable service of members appointed to the Division of State Police under N.J.S.A. 53:5A-5(c-d).

If you purchased service credit for service under another State of New Jersey retirement system, this service credit cannot be used to fulfill *minimum service requirements*. Such service credit, however, may be applied to your retirement allowance as an additional one percent of Final Compensation for each year of service credit up to the limits specified.

### **PAYMENT OF PENSION TO A SURVIVING FAMILY MEMBER**

Upon your death as a retired member, your spouse, civil union partner or eligible domestic partner, and/or child(ren) may be entitled to a monthly pension. The terms used for the eligibility of these benefits 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.

“**Domestic Partner**” is a same-sex domestic partner, as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act, of any State employee or State retiree (or an eligible employee or retiree of a local public entity if the local governing body adopts a resolution to provide Chapter 246 pension 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 recognizes same-sex domestic partners is required for verification.

“**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 SPRS Medical Review Board.

### **Retired Member Death Benefit**

Upon your death as a retired member, your eligible surviving spouse, civil union partner, or domestic partner will receive an annual pension of 50 percent of your Final Compensation. This benefit is payable for the lifetime of the spouse/partner, or until the spouse/partner remarries or enters into a new civil union or domestic partnership.

If there is no eligible surviving spouse or partner or your spouse/partner dies, remarries, or enters into a new civil union or domestic partnership, a pension will be paid to your eligible dependent children, under the age of 18, at the rate of:

- 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.

These survivor benefits are in addition to any group life insurance benefits that may be payable.

### GROUP LIFE INSURANCE

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

When you retire, the amount of your group life insurance will be equal to  $\frac{1}{2}$  of your 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

For most members, group life insurance is reduced at retirement. You have 31 days after termination of employment to convert the amount of insurance that was reduced to private individual insurance coverage. If you wish to supplement this coverage with either a conversion policy from the Prudential Life Insurance Company, or a policy from another insurance carrier, it is best to begin exploring your options at least four to six months prior to your retirement. However, **you cannot file to convert your life insurance any earlier than six months prior to your retirement date.**

To estimate the cost of conversion to a private policy with the Prudential Life Insurance Company, contact a Prudential agent or use the conversion calculator on the Division of Pensions and Benefits Web site.

For additional information see Fact Sheet #13, *Conversion of Group Life Insurance*.

### HEALTH BENEFITS

**Your Application for Retirement Allowance does not automatically enroll you in retired health benefits coverage.**

If you are covered by the State Health Benefits Program (SHBP) at the time you retire, you will receive a letter approximately three months before your retirement date offering you enrollment in the SHBP retired group. You must file the *Retired Coverage Enrollment Application* when you receive your offering letter.

See Fact Sheet #11, *Enrolling in Health Benefits Coverage When You Retire*, for additional information.

As an SPRS retiree, the State will pay for all or a portion of your health benefits coverage, and that of eligible dependents, during your lifetime if you:

- Retire on a benefit based on at least 25 years of service; or
- Retire on a SPRS disability retirement; or
- Retire on a SPRS mandatory retirement at age 55 with at least 20 years of service — under the provisions of N.J.S.A. 53:5A-8(d).

### CANCELING OR CHANGING YOUR RETIREMENT DATE

The following are some important points to remember if you consider changing your retirement to a later date or canceling your retirement:

- You may change or cancel your retirement within 30 days of your retirement date, or 30 days after the approval of your retirement by the Board of Trustees, whichever is later.

**Note:** You cannot cancel or change the date for a *disability retirement* once it has been approved by the Board of Trustees.

- If you cancel or change your retirement date, it is your responsibility to notify your employer to ensure that any active health benefits are not canceled and your employment remains uninterrupted.
- **Canceling or changing your retirement date does not guarantee continued employment with your employer.**

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**COST-OF-LIVING ADJUSTMENTS**

The Pension Adjustment Program provides cost-of-living adjustments (COLA) to you and your eligible survivors if you are receiving a monthly retirement allowance from one of the state-administered retirement systems. The first adjustment is available in the 25th month after your retirement.

Subsequent cost-of-living adjustments are computed annually and the adjustment is reflected in the February 1st check (which is payment for the month of January). If your spouse, partner or beneficiary is entitled to receive a monthly pension upon your death, the COLA will be applied to that benefit based upon your year of retirement. See Fact Sheet #18, *Cost-of-Living Adjustments*, for further information.

**EMPLOYMENT AFTER RETIREMENT**

Working for private industry, the federal government, or a government agency in another state will not normally affect your SPRS retirement benefits.

If you return to public employment in New Jersey after retirement in any position *except* as a State Police Officer, your SPRS retirement allowance will continue and you can receive salary from the new employment. However, you cannot become a member of that retirement system. While most retirees will not return to employment covered by the SPRS, those who do should expect to cancel their retirement and reenroll in the SPRS.

If considering a return from retirement, please see Fact Sheet #57, *Employment After Retirement*.

**FACT SHEETS AND FORMS**

The fact sheets, forms, and other publications mentioned above are available from your employer, by contacting the Division of Pensions and Benefits, or over the Internet at:

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

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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)**

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 1-800-524-0542, through any of Prudential's local offices, or if you live in New Jersey at 1-800-262-1112. 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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Although every attempt at accuracy is made, it cannot be guaranteed.

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# Your Retirement Checklist

All Funds

When planning for retirement, it is important to give yourself enough time to review your benefits and options. The time frames in this checklist are a guide, however, actual processing times vary and cannot begin until the Division of Pensions and Benefits receives all the necessary information and forms from both you and your employer.

## 6-8 MONTHS BEFORE RETIREMENT

- ✓ **Obtain a Retirement Estimate** — Members within 2 years of retirement can obtain an estimate of retirement benefits using the **Member Benefits Online System (MBOS)**. MBOS is a set of Internet based applications that allow registered members access to information about their pension. Register with MBOS at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) (select "Online Member Services - MBOS").

To hear an estimate of retirement benefits over the phone, call the Division of Pensions and Benefits' Automated Information System at (609) 777-1777.

You may also submit a *Request for Retirement Estimate* form which is available on the Division's Web site (select "Forms and Publications"), or by calling (609) 292-7524. The form must be forwarded to the Division for manual processing. Please allow 4-6 weeks for processing and mailing.

If you provide us with the name and birth date of your beneficiary, we can estimate the payment options for your beneficiary.

## 4-6 MONTHS BEFORE RETIREMENT

- ✓ **Apply for retirement** — You cannot submit an application more than one year prior to your retirement date (members eligible for a Deferred Retirement may file more than one year in advance upon termination of employment).

Registered MBOS users can apply for retirement online. This is an easy and secure way to apply for retirement.

If you do not have Internet access you can obtain an *Application for Retirement Allowance* from your benefits administrator or the Division of Pensions and Benefits.

Whether you apply for retirement online through MBOS or by written application, be sure to carefully read the instructions and the available fact sheets about retirement prior to submission. (see page 4).

- ✓ **All members must provide proof of age** prior to retirement. Acceptable proofs of age include a photocopy of any of the following: birth certificate, baptismal certificate, passport, naturalization or immigration papers, or other records including military records, census records, school or business records, age recorded on marriage licenses and insurance, or children's birth records. Registered users can verify if proof of age is on file using MBOS.

If your proof of age is not already on file with the Division of Pensions and Benefits, you should attach a photocopy of your birth certificate, or other proof of age document, to your retirement application. (MBOS applicants should mail proof of age to the Retirement Bureau, Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.) Please also include your name, pension membership number, retirement date, and daytime telephone number on the photocopy.

- ✓ **For Public Employees' Retirement System (PERS) and Teachers' Pension and Annuity Fund (TPAF) only** — If you are choosing Options A, B, C, D, 2, 3, or 4, you must also submit proof of your beneficiary's birth date (see above for acceptable forms of proof). Please include your (the retiree's) name, pension membership number, retirement date, daytime telephone number, on the photocopy of your beneficiary's proof of age and attach it to your retirement application or mail it to the Division's Retirement Bureau (see paragraph above for

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address). **Your retirement application will not be processed until the Division receives the required copies of birth date evidence.**

- ✓ **PERS and TPAF only — If applying for a Veteran Retirement**, you must qualify as a veteran for pension purposes. Registered users can verify if veteran status is on file using MBOS. If you are not already listed as a veteran on the Division of Pensions and Benefits' records, you must send a photocopy of your military discharge (*Form DD 214*) to the NJ Department of Military and Veteran Affairs (NJDMAVA), at the following address:

**NJ Department of Military and  
Veteran Affairs  
ATTN: DVP-VBB  
PO Box 340  
Trenton, NJ 08625-0340**

Since the NJDMAVA also makes determinations of veteran's preference for Civil Service and property tax appeals, a note should be attached to say that the discharge is being sent for pension purposes. For more information see Fact Sheet #17, *Veteran Status*.

- ✓ **If you have applied for a purchase of additional service credit** in the past six months, and are not submitting an online retirement application through MBOS, please write "Purchase Pending" across the top of your *Application for Retirement Allowance* prior to sending it to the Division.
- ✓ **The amount of your group life insurance coverage** through the retirement system decreases at retirement or terminates if you have less than 10 years of service credit. You may convert the dollar difference between the coverage you had before retirement and the coverage you will have after retirement to a non-group life insurance policy by applying to a Prudential Insurance Company agent **within 31 days of your termination of employment**. No physical examination is required to prove insurability. The cost of the coverage will be at the standard rate for someone your age. For further information about conversion, you can contact Prudential at 1-800-524-0542 or through any of its local offices or if you live in New Jersey

by calling 1-800-262-1112. You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy.

- ✓ **Ask your employer** to submit a *Certification of Service and Final Salary* to the Division of Pensions and Benefits.
- Please note: Your employer will be notified that you have filed an application for retirement.**
- ✓ **Contact the NJ State Employees Deferred Compensation Plan** office at 1-866-NJSEDCP, or the **Supplemental Annuity Collective Trust (SACT)** office at (609) 633-2031, or the **Defined Contribution Retirement Program (DCRP)** at 1-866-653-2771, if you participate in these plans.
  - ✓ **You will receive a letter** from the Division of Pensions and Benefits acknowledging receipt of your retirement application. Included with the letter are answers to some frequently asked retirement questions.

**APPROXIMATELY 3 MONTHS  
BEFORE RETIREMENT**

**You will receive a letter** offering you enrollment in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP) if you are:

- ✓ A member already covered by the SHBP or SEHBP through their employer. (If you are not eligible for State-paid or employer-paid coverage, you may continue the coverage into retirement by paying the appropriate premium.);
- ✓ A member employed by a board of education or a county college who retiring with 25 or more years of service credit in one or more State- or locally-administered retirement system or who retire on a disability retirement, even if their employer did not participate in the SEHBP. This includes members who elected Deferred Retirement with 25 or more years of service credit in one or more State- or locally-administered retirement system. Eligibility is limited to full-time employees as defined by N.J.A.C. 17:9-4. The State pays for the health benefit cost if you qualify under this category;

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- ✓ Members eligible for Medicare who retired from full-time employment at a board of education, vocational/technical school, or special services commission that does not participate in the SEHBP, provided you are participating in the health benefit plan of your employer **and** are enrolled in Medicare Part A and Part B. You will be required to pay the full cost of the coverage;
- ✓ Part-time State employees and part-time faculty at institutions of higher education that participate in the SHBP or SEHBP if enrolled in the SHBP or SEHBP at the time of retirement. You will be required to pay the full cost of the coverage;
- ✓ A PERS or Alternate Benefit Program (ABP) member retiring from a school board of education or county college with 25 or more years of service credit in the pension fund or retiring on a disability retirement;
- ✓ A police officer, firefighter, or PERS Law Enforcement Officer (LEO) retiring with 25 years or more of service credit in the retirement system or retiring on a disability retirement, **and** whose employer does not provide any payment towards the retiree's health coverage or reimbursement of Medicare Part B premiums, may be eligible for retired group SHBP or SEHBP coverage under the provisions of Chapter 330, P.L. 1997 (see Fact Sheet #47, *Health Benefits Retired Coverage under Chapter 330*).

**Note:** Enrollment for coverage as a retiree in the SHBP or SEHBP is not automatic. **You must submit a health benefits *Retired Coverage Enrollment Application* to enroll.**

- ✓ If you are age 65 or older, contact the local Social Security Administration office for full Medicare enrollment. You must be covered by both Part A and Part B of Medicare to be eligible to enroll in the SHBP or SEHBP in retirement. Most Medicare eligible retirees, in the SHBP or SEHBP, and/or their Medicare eligible dependents, need not enroll in Medicare Part D prescription drug coverage. While some SHBP or SEHBP members who qualify for low income subsidy programs may find it beneficial to enroll in Medicare Part D, once you and/or a dependent enroll in a Medicare Part D plan, the

person enrolled in Medicare Part D will lose their SHBP or SEHBP prescription drug coverage. In addition, the SHBP and SEHBP will not cover the costs of any drugs that are not covered by the Medicare Part D plan.

- ✓ You may need to obtain a written statement from your employer certifying that you have been covered under an employer group health plan. The statement should indicate when and why coverage as an active employee will end.
- ✓ If you will not be eligible for post-retirement medical coverage through the SHBP or SEHBP, be sure to discuss any coverage options that are available to you with your employer.

**APPROXIMATELY 2 MONTHS  
BEFORE RETIREMENT**

- ✓ **You will receive a *Quotation of Retirement Benefits* letter** which shows your monthly retirement allowance with:
  - the option you selected; (for PERS and TPAF)
  - a quote of any outstanding loan balance with repayment options; and
  - a quote of any outstanding arrears (purchase) balance and/or shortages.
- ✓ **If you will be retiring with an outstanding loan balance**, you must decide how you wish to repay your loan. You may:
  - pay the loan **in its entirety** prior to receiving any benefits; or
  - continue your monthly loan repayment schedule into retirement until the loan balance **plus interest** has been repaid.
- ✓ **Any outstanding arrears or shortages must be paid** before your retirement check can be issued. Failure to respond to these issues will delay your retirement benefits.

**APPROXIMATELY 1 MONTH  
BEFORE RETIREMENT**

- ✓ **Your retirement will be presented to the retirement system's Board of Trustees for approval.** You will receive a board approval letter and will have 30 days from the board approval

date or 30 days from your effective retirement date (whichever is later) to change your retirement date and or your option selection. If you make any changes after board approval, your new selection must again be approved by the Board of Trustees. This may delay your first check.

- ✓ **You may choose to cancel your retirement** within 30 days of your retirement date or 30 days of your board approval date (whichever is later). This request must be in writing to the Division of Pensions and Benefits. If you cancel or change your retirement date and submit a new application with a later retirement date, it is your responsibility to notify the employer to ensure your active health benefits (if any) are not canceled and that your employment remains uninterrupted. Canceling your retirement does not guarantee continued employment with your employer.
- ✓ If you are not eligible for health benefit coverage after retirement, you should discuss with your employer the possibility of continuing medical, prescription drug, dental, or vision coverage under the provisions of COBRA.

#### SHORTLY AFTER YOUR RETIREMENT DATE

- ✓ **You will receive a letter** confirming your retirement and death benefits called the *Statement of Retirement Allowance*. The letter will also supply figures needed in filing your income tax return. Keep this with your important papers.
- ✓ **Your first retirement check** cannot be issued earlier than 30 days following your retirement date. If processing of your retirement is delayed, your first check will be retroactive to the date of your retirement. Regular retirement checks are dated on the first of the month to cover the allowance for the previous month. For example, if you retire on July 1, your first retirement check would be due and payable on August 1 and is payment for the month of July.
- ✓ **Your retirement is not considered “bona fide”** until your retirement becomes “due and payable” and the employer/employee relationship is

severed. This normally occurs after there has been a break in employment without pay of at least 30 days following your retirement date, or 30 days following the approval of your retirement by the retirement system’s Board of Trustees, whichever is later.

- ✓ **If you return to a position covered by the retirement system before the 30 days have elapsed**, on either a paid or voluntary basis, your retirement may be considered invalid and you could be required to reimburse the retirement system and reenroll in the retirement system.
- ✓ **You will receive forms for withholding federal and New Jersey State income tax.** If you are a registered MBOS user you can make changes to your tax withholding online.
- ✓ **You will receive a form for direct deposit** of your retirement check to your bank account. After retirement registered MBOS users can also safely make changes to direct deposit online.

#### FACT SHEETS ABOUT RETIREMENT

Listed below are fact sheets pertaining to retirement and related issues. These fact sheets are available on our Web site at: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) (select “Forms and Publications”). You can also obtain fact sheets from the Division’s Office of Client Services at (609) 292-7524.

#### Purchasing Service Credit

- #1, Purchasing Service Credit (PERS, TPAF & PFRS)
- #2, Estimating the Cost of Purchasing Service Credit (PERS & TPAF)
- #3, Estimating the Cost of Purchasing Service Credit (PFRS)

#### Retirement Planning

- #4, Applying for Retirement (PERS & TPAF)
- #5, Pension Options (PERS & TPAF)
- #11, Enrolling in Health Benefits Coverage When You Retire
- #17, Veteran Status (PERS & TPAF)

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- #18, Cost-of-Living Adjustments (All Funds)
- #19, Applying for Retirement (PFRS)
- #41, Applying for Retirement (SPRS)
- #54, Calculating Your Own Retirement Allowance (PERS & TPAF)
- #61, Planning for Your Survivors - Pension Options (JRS)
- #64, About Your Retirement Check
- #79, Defined Contribution Retirement Program for PERS, TPAF, PFRS, and SPRS Members
- #80, Defined Contribution Retirement Program for Elected and Appointed Officials
- #82, Defined Contribution Retirement Program if Ineligible for PERS or TPAF

**Types of Retirement**

- #14, Deferred Retirement (PERS, TPAF & PFRS)
- #15, Disability Retirement Benefits (PERS & TPAF)
- #16, Disability Retirement Benefits (PFRS)
- #39, Disability Retirement Benefits (SPRS)
- #53, Legislative Retirement Benefits (PERS)
- #62, Prosecution Part (PERS)
- #63, Workers' Compensation Judges Part (PERS)

**Taxation of Benefit Distributions**

- #7, New Jersey State Employees Deferred Compensation Plan Distribution Options

- #12, Taxation of Retirement Benefits
- #27, The Taxability and Mandatory Withholding of Income Tax From Your Pension Distribution

**Employment after Retirement**

- #21, Employment After Retirement (PERS)
- #28, Employment After Retirement (TPAF)
- #29, Employment After Retirement (PFRS)
- #57, Employment After Retirement (SPRS)

**Health Benefits and COBRA Coverage**

- #11, Enrolling in Health Benefits Coverage When You Retire
- #23, Health Benefits Programs and Medicare Parts A & B for Retirees
- #30, Continuation of Health Benefits Insurance Under COBRA
- #47, Health Benefits Retired Coverage Under Chapter 330 (PFRS & Law Enforcement Officers of PERS)
- #73, Retiree Dental Expense Plan

**Life Insurance/Death Benefits**

- #13, Conversion of Group Life Insurance (All Funds)
- #68, Designating a Beneficiary (All Funds)

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(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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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.**

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# Cost-of-Living Adjustments

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

Consumer Price Index (CPI) factors show no increase in the CPI between August 2008 and August 2009. In compliance with State law, because there is no increase in the CPI there can be no increase in the cost-of-living adjustment for benefits paid in 2010.

The Pension Adjustment Program provides a cost-of-living adjustment (or COLA) to you and your eligible survivors if you are receiving a monthly retirement allowance from one of the state-administered retirement systems listed above. Your first COLA is paid in your pension allowance the 25th month after your date of retirement. Subsequent cost-of-living adjustments are computed annually and the adjustment is reflected in the February 1st check (which is payment for the month of January). If your beneficiary is entitled to receive a monthly pension upon your death, the COLA will be applied to that benefit based upon your year of retirement.

The Division of Pensions and Benefits uses the CPI for Urban Wage Earners and Clerical Workers (CPI-W), U.S. City Average, All Items, 1982-84=100. Your rate of increase is equal to 60 percent of the percentage of change between the average CPI for the calendar year in which you retired and the average CPI for the 12 month period ending August 31st immediately preceding the year when the adjustment is payable.

## Example: To calculate the COLA due February 1, 2009

A member retired in 2000 with a monthly retirement allowance of \$1,278.35\*. The average CPI for the twelve months ending December 31, 2000 was 168.9. The average CPI for the twelve months ending August 31, 2008 was 209.44.

- To calculate the change in the CPI, subtract 168.9 from 209.44.

$$209.44 - 168.9 = 40.54$$

- To calculate the percentage change in the CPI between the retirement year 2000 and the 12 months ending August 31, 2008, divide 40.54 by 168.9. The result is 24.002%.

$$40.54 \div 168.9 = 24.002\%$$

- The cost-of-living adjustment rate for February 1, 2009 equals 60% of 24.002%, or 14.401%.

$$60\% \times 24.002\% = 14.401\%$$

- Therefore, the cost-of-living adjustment for this member is 14.401% of \$1,278.35, or \$184.10.

$$\$1,278.35 \times 14.401\% = \$184.10$$

- The total monthly benefit equals \$1462.45

$$\$1,278.35 + \$184.10 = \$1,462.45$$

Your current cost-of-living adjustment amount can be found under the "Current Earnings" section on your February retirement benefit check stub.

**You can view your current COLA amount at any time through the Member Benefits Online System (MBOS).** Registration information for MBOS is available on the Division of Pensions and Benefits Web site: [www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions) After you complete the MBOS registration process, simply log on to MBOS and select the "Retired Account Information" button on the MBOS home page.

You can also verify your current allowance and deduction information at any time by calling our Automated Information System, (609) 777-1777. When calling, you will be asked to enter your Social Security number.

*\*If the member chose Option 1, the COLA would be calculated on the Maximum Option.*

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

## **APPLICATION FOR RETIREMENT ALLOWANCE**

**PLEASE READ THESE INSTRUCTIONS AND FACT SHEET #41 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, PO Box 295, Trenton, NJ 08625-0295.

### **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** — Enter 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** — Enter 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** — Enter your home e-mail address, if you have one. E-mail addresses are used to communicate with you about your retirement application, and are not released for any other purpose.

#### **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 Retirement Allowance* will not be processed.**

#### **PART THREE: RETIREMENT INFORMATION**

**ITEM 9: RETIREMENT DATE** — Enter the month and year 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: PURCHASE INFORMATION** — Mark whether or not you have applied for a purchase of service credit within the past six months.

**ITEM 11: TYPE OF RETIREMENT** — Mark the type of retirement for which you are applying. See Fact Sheet #19 for an explanation of each type.

#### **PART FOUR: MARITAL STATUS AND CHILDREN**

**ITEM 12: MARITAL STATUS** — Mark the appropriate box to indicate your current marital status.

**ITEM 13: NAME OF SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER** — If you are currently married or have entered into a civil union or domestic partnership, enter your spouse’s, civil union partner’s, or eligible domestic partner’s full name. See Fact Sheet #41, *Applying For Retirement*, for definitions.

**ITEM 14: SPOUSE'S, CIVIL UNION PARTNER'S, OR DOMESTIC PARTNER'S SSN** — Enter your spouse's, civil union partner's, or eligible domestic partner's Social Security number.

**ITEM 15: SPOUSE'S, CIVIL UNION PARTNER'S, OR DOMESTIC PARTNER'S ADDRESS** — Complete this item only if your spouse's, civil union partner's, or eligible domestic partner's mailing address is different than yours.

**ITEM 16: CHILDREN** — List all unmarried child(ren) under the age of 18 (or older if still in high school), 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.

## **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 for your group life insurance. 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 Retirement Allowance* 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 Beneficiaries** — 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 Beneficiaries** — 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'S SIGNATURE AND DATE**

**MEMBER'S SIGNATURE AND DATE** – Sign and date the application. Your application **cannot be processed without your signature.**

## **AUTHORIZATION FOR DIRECT DEPOSIT**

Included in this packet is a form for initiating the direct deposit of your retirement checks. Please complete the *Authorization for Direct Deposit of Benefit Payment* and send it to the Division of Pensions and Benefits along with your retirement application.

Signing up for direct deposit is a risk-free opportunity to have your retirement benefits available to you the first of every month. **Having your retirement check directly deposited into your checking or savings account eliminates the possibility of a check being lost or stolen. It normally takes 3-4 weeks to have a lost or stolen retirement check replaced.**

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 *Certification of Service and Final Salary - Retirement*. The Division will request the certification from your employer. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

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

**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** (\_\_\_\_\_) \_\_\_\_\_
- 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 Retirement Allowance* 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 eligible 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 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" and attest that the information provided on this application is true and correct.

**PART THREE: RETIREMENT INFORMATION**

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

Month
Year
- 10. **PURCHASE INFORMATION** — Have you applied to purchase service credit in the past six months?  **YES**  **NO**
- 11. **TYPE OF RETIREMENT** —  **SERVICE**  **SPECIAL**  **DEFERRED** (See Fact Sheet #41)

**PART FOUR: MARITAL STATUS AND CHILDREN**

- 12. **MARITAL STATUS** —  **MARRIED**  **CIVIL UNION**  **DOMESTIC PARTNERSHIP**  **SINGLE**  **DIVORCED**
- 13. **SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER'S NAME** (Submit a photocopy of your *Marriage Certificate, Civil Union Certificate, or Certificate of Domestic Partnership* along with this application.)

**NAME** \_\_\_\_\_  

Last
First
Middle

- 14. **SPOUSE OR PARTNER'S SSN** \_\_\_\_\_
- 15. **SPOUSE OR PARTNER'S MAILING ADDRESS** (Only if different from yours.)

\_\_\_\_\_  

Street
City
State
Zip Code

- 16. **CHILDREN** — List any under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender and birth date of each child. (See instructions for definition of children.)

Name \_\_\_\_\_  

Last
First
MI
Gender
Date of Birth

Name \_\_\_\_\_  

Last
First
MI
Gender
Date of Birth

Name \_\_\_\_\_  

Last
First
MI
Gender
Date of Birth

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

**PRIMARY BENEFICIARIES**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

**CONTINGENT BENEFICIARIES** — If no Primary Beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

(Attach additional sheets for 3 or more beneficiaries. Additional sheets must be signed and dated.)

**MEMBER'S SIGNATURE**

**DATE**

\_\_\_\_\_, 20\_\_\_\_  
 I attest that the information provided on this application is true and correct.

# 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, pension membership number, Social Security number, and home telephone number.
- C: Mark the account type box, and print your financial institution's routing number, your account 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 or deposit slip and **return the completed form with your *Application for Retirement Allowance*.**

### RECIPIENT INFORMATION — Please Print Legibly

YOUR NAME \_\_\_\_\_

MEMBERSHIP NO. \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_

TYPE OF PAYMENT  RETIREMENT PAYMENT

Your Account Number
<b>TYPE OF ACCOUNT:</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Financial Institution's 9-digit Routing Number

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

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

\_\_\_\_\_  
City, State, ZIP Code 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 payment 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 payment 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 allowance payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system. 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.



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

**CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

**THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE**

1. **Name of Member** \_\_\_\_\_
2. **Membership No.** \_\_\_\_\_ 3. **Social Security No.** \_\_\_\_\_
4. **Date service terminated** \_\_\_\_\_ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
5. a) **Is the member currently on suspension?**  **NO**  **YES** *If yes, give date of suspension* \_\_\_\_\_  
**Is the suspension**  **PAID**  **UNPAID**
- b) **Is the applicant facing disciplinary action or indictment?**  **No**  **Yes** *If you indicate YES for 5a or 5b, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*
6. List unpaid leaves of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

7. Base salary subject to pension contributions for the last twelve months of service ending on the date of termination.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES	TOTAL
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
<b>TOTAL BASE SALARY PAID FOR LAST 12 MONTHS OF SERVICE</b>			\$ _____

8. **Has the member received a substantial salary increase of 10% or more in the last three years?**  **No**  **Yes**  
*If yes, please provide a detailed explanation with documentation.*
9. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

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

10. **Please attach a screen print of TREADHOC biweekly certification with salaries projected until termination date.**

Completed by: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.*

Superintendent or Representative \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

**This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.**

### **ITEMS REQUIRING SPECIAL ATTENTION**

- ITEM 4:** A member must terminate employment **before** his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1.
- ITEM 5:** If the member was dismissed under suspension or formal indictment, place an (X) in the YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 5b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8:** If the Division finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the Division will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- ITEM 9:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 10:** **State biweekly reporting agencies must attach a screen print of the member's TREAD-HOC biweekly certification with salaries projected until termination date.**

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295  
TRENTON NJ 08625-0295**

State of New Jersey — Department of the Treasury  
Division of Pensions and Benefits  
PO Box 295, Trenton, NJ 08625-0295

## CHANGE OF RETIREMENT STATE POLICE RETIREMENT SYSTEM

These changes can only be made before the retirement is due and payable

**DO NOT USE THIS FORM IF APPLYING FOR A DISABILITY RETIREMENT**

MEMBERSHIP NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits and 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 Retirement Allowance*. **Your employer must complete the salary certification on the back of this form.**

**CHANGE RETIREMENT TYPE** — I wish to change the type of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_ To change to a disability retirement you must complete an *Application for Disability Retirement*.

**CANCEL RETIREMENT** — I wish to cancel my retirement which was to be effective on:

\_\_\_\_\_. I will continue in employment. I understand that my original application cannot be reinstated and that I must file a new retirement application when I apply again on a future date.

### TERMS AND CONDITIONS OF RETIREMENT

- 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 eligible for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that if I cancel or change my 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 the beneficiary designation I indicated on my original 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", and attest that the information provided on this application is true and correct.*

# CHANGE OF RETIREMENT EMPLOYER CERTIFICATION

1. \_\_\_\_\_  
NAME OF EMPLOYEE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
MEMBERSHIP NUMBER

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification of Service and Final Salary – Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification of Service and Final Salary – Retirement*, **YOU CANNOT USE THIS FORM**. Instead, you **must** complete a *Certification of Service and Final Salary – Retirement* in its entirety and return it with this *Change Request* form to the Division.

2. **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.) \_\_\_\_\_

3. a) Is the member currently on suspension?  NO  YES *If yes, give date of suspension* \_\_\_\_\_

Is the suspension  PAID  UNPAID

b) Is the applicant facing disciplinary action or indictment?  No  Yes *If you indicate YES for 3a or 3b, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*

4. **BASE SALARY SUBJECT TO PENSION CONTRIBUTIONS FOR THE LAST TWELVE MONTHS OF SERVICE** ending on the date of termination.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES	TOTAL
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
<b>TOTAL BASE SALARY PAID FOR LAST 12 MONTHS OF SERVICE</b>			\$ _____

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.

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'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



