

EMPLOYER DATABASE UPDATE FORM

Employer Pension and Benefits Information Connection (EPIC)

EMPLOYING LOCATION INFORMATION (Please print legibly or type)

Location Name _____ Location #(s) _____

Street Address, PO Box _____

City _____ State _____ ZIP _____

ABP Location Number _____ ABP Contact Person _____
(if applicable) *(if applicable)*

CERTIFYING OFFICER INFORMATION

(Read requirements on page two, complete form, and sign below)

Certifying Officer _____ Title _____

Phone Number _____ Ext. _____ Fax Number _____

E-Mail Address _____

Payroll/Personnel Phone Number _____ Ext. _____

Member of a Pension Fund? Yes No Pension Membership Number _____

Is this Certifying Officer also the contact for the
State Health Benefits Program or School Employees' Health Benefits Program? Yes No

If not, please list the SHBP/SEHBP contact person _____
(if applicable)

Should the **former** Certifying Officer still have access to EPIC? Yes No

CERTIFYING OFFICER'S SUPERVISOR *(Required by N.J.S.A. 43:3C-15)*

(Read requirements on page two, complete form, and sign below)

Name _____ Title _____

Phone Number _____ Ext. _____ Fax Number _____

E-Mail Address _____

Member of a Pension Fund? Yes No Pension Membership Number _____

Should the **former** Supervisor still have access to EPIC? Yes No

SIGNATURES

I certify that I have read and agree to the requirements pursuant to N.J.S.A. 43:3C-15 (see next page); that I must complete all required training; and I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report in an attempt to defraud the retirement system. *(Two Signatures Required)*

Signature of Certifying Officer _____ **Date** _____

Signature of Supervisor _____ **Date** _____

CERTIFICATION AS REQUIRED UNDER N.J.S.A. 43:3C-15

- 1) As the designated Certifying Officer for the employing location indicated on this form, I acknowledge that I am responsible for performing the duties relating to matters concerning the New Jersey State-administered Retirement Systems with respect to each of the employees of this employing location, as required under the provisions of N.J.S.A. 43:3C-15.
- 2) As the designated Supervisor of the Certifying Officer for the employing location indicated on this form, I acknowledge that I am responsible for performing the duties relating to matters concerning the New Jersey State-administered Retirement Systems with respect to each of the employees of this employing location, as required under the provisions of N.J.S.A. 43:3C-15.
- 3) I understand that I must complete all required training on the eligibility, enrollment, and/or transfer of employees into the retirement systems, or any other training that may be required, in accordance with the statutes governing the retirement systems and the regulations promulgated thereto.
- 4) I understand that the Certifying Officer — at the time of the enrollment and/or transfer of each member of the retirement systems — must certify that the person is eligible for enrollment in accordance with the provisions of the statutes and regulations promulgated thereto.
- 5) I understand that upon the certification of an enrollment and/or transfer of each member of the retirement systems, the immediate Supervisor of the Certifying Officer must approve the enrollment and/or transfer before the application or form may be submitted to the Division of Pensions and Benefits in accordance with the provisions of the statutes and regulations promulgated thereto.
- 6) I understand that a certification of eligibility for enrollment and continued membership is required annually for all employees.
- 7) I understand that any time there is a change in the designation of Certifying Officer or his/her Supervisor, notice of such a change must be immediately made to the Division of Pensions and Benefits.
- 8) I understand that the information to which I have access in my capacity as Certifying Officer or as the Supervisor of the Certifying Officer is confidential and may not be shared with anyone for purposes other than described herein.
- 9) I acknowledge that if I knowingly make a false statement, or falsify or permit to be falsified any record, application, form, or report of a pension fund or retirement system, in an attempt to defraud the fund or system as a result of such act, I shall be guilty of a crime of the fourth degree.