



## MEMBER BENEFITS ONLINE SYSTEM

### MBOS USER'S INFORMATION GUIDE FOR ACTIVE EMPLOYEES

[Printable Version](#) Adobe PDF (1.1MB)

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#### Welcome to the Member Benefits Online System (MBOS)

MBOS is your most useful resource for getting accurate, up-to-date information about your pension and health benefits accounts.

**If you need to register for MBOS**, view the [MBOS Registration Instructions](#)

**If you need help logging on to MBOS**, view [MBOS Logon Help](#)

**If you are a retiree**, please view the [MBOS Retired User's Information Guide](#)

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#### MBOS APPLICATIONS FOR ACTIVE EMPLOYEES

- [MBOS Home Page](#)
- [Retirement Application - PERS/TPAF](#)
- [Navigating Between Applications](#)
- [Retirement Application - SPRS/PFRS](#)
- [MBOS Support](#)
- [Retirement Application Change](#)
- [Member Account Information](#)
- [Retirement Application Status](#)
- [Payroll Certifications](#)
- [Designation of Beneficiary](#)
- [Pension Loan](#)
- [Application for Withdrawal](#)
- [Purchase Application](#)
- [Deferred Compensation Plan](#)
- [Retirement Button and Menu](#)
- [Supplemental Annuity Collective Trust](#)
- [Retirement Estimate Calculator](#)
- [Health Benefits Programs - SHBP/SEHBP](#)
- [Electronic Fund Transfer \(EFT\)](#)

## The MBOS Home Page

When you log on, the MBOS Home Page will open in your Web browser.

Here you can link to all of the MBOS Applications that are currently available to active members.

The screenshot shows the MBOS Home Page interface. At the top, there is a navigation bar with links: njhome | my new jersey | people | business | government | departments. Below this is the header for the 'new jersey division of pensions and benefits member benefits online system'. The main content area is titled 'Member Account Information' and includes a 'Logout' button. Under 'General Member Information', the member's name is JANE A. MEMBER, the member number is PERS - 0123456, and the email address is jane.member@email.com. A welcome message states: 'WELCOME TO THE MEMBER BENEFITS ONLINE SYSTEM. Please update your e-mail address by clicking the e-mail address link to the left.' Below this is the 'Member Account Applications' section, which is divided into two columns: 'Pension Account Information and Calculators' and 'Other Benefits Programs'. The first column contains buttons for Payroll Certifications, Statement of Account, Pension Loan, Additional Information, Application for Withdrawal, Designation of Beneficiary, Purchase Application, Retirement, and Electronic Funds Transfer (EFT). The second column contains buttons for SHBP / SEHBP, Application Help, and MBOS User Guide.

You will find buttons that open the MBOS Applications. These applications provide information about your pension account and link you to benefit calculators and online application forms. Additional information about using these applications is provided in the next section.

**Note:** Access to MBOS applications is based upon the benefits provided to you through your employer. Therefore, not all applications are available to all members.

This online help page is available by clicking the "Search Help" button located on the right side of the MBOS Home Page.

### Members with Multiple User Roles

- If you have MBOS access to other pension fund accounts or employer access to the *Employer Pensions and Benefits Information Connection* (EPIC), you will need to select the "user role" you wish to open each time you log on to MBOS or EPIC.

Select Role

Employer

Active Member

Submit

When you are logged on to MBOS or EPIC you may click the "Select Different Role" button to leave the current MBOS session and access your other accounts or user roles.

## Navigating Between Applications

All of the MBOS applications contain navigation buttons at the top of the page that allow you to:

- Return to the MBOS Home Page to access other MBOS applications. You should **always use the "Home" button** (instead of the browser's "Back" buttons, see image below) to return to the MBOS Home Page.
- Logout of MBOS and end the session. It is important that when you are finished with your MBOS session, **be sure to always log out of MBOS** to prevent unauthorized access to your account information.



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### MBOS Support

If you are having difficulty registering for MBOS or logging on to your existing MBOS Account, see the detailed [MBOS Registration Instructions](#) and the [MBOS Registration Help](#) page.

Registered users who still have questions about or difficulty using MBOS Applications after reading the information in this *User's Guide* should contact the Division's MBOS Help Desk at (609) 777-0534 or send an e-mail to: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)

If you have comments or suggestions regarding MBOS, please submit them to the Division's MBOS development staff at the e-mail address provided above.

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## Membership Account Information

The Membership Account Information application allows you to view information about your personal pension account.

**To access to the application**, click the "Membership Account Information" button on the MBOS Home Page. The page that appears will show your account information, current as of the last quarterly posting by the Division of Pensions and Benefits.

### Member Account Information

THIS INFORMATION IS CURRENT AS OF 03/31/2002

#### Personal Data

**FULL NAME** MEMBER, JANE  
**PENSION FUND AND ID#** PERS 02-0123456  
**SSN** 123-45-6789 **DATE OF ENROLLMENT** 02/01/1989  
**DATE OF BIRTH** 08/14/1956 **SEX** M  
**PROOF OF AGE ON FILE WITH DIVISION** YES  
**VETERAN STATUS** NO

#### Account Status

**LAST REPORTED QUARTER OF CONTRIBUTIONS** 1 - 2002  
**EMPLOYEE CONTRIBUTION** \$10,792.09  
**NET CONTRIBUTIONS AFTER LOANS** \$5,927.71  
**SERVICE CREDIT** 12 Years 02 Months  
**CHAPTER 8 25 YR DATE** N/A  
**CHAPTER 8 BARGAINING UNIT** N/A  
**LIFE INSURANCE COVERAGE**  
CONTRIBUTORY AND NON CONTRIBUTORY

#### Loans, Arrears and Back Deductions

SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
LOAN	41	\$84.37	\$4,864.38
ARREARS			
BACK DEDUCTIONS			
PAY SCHEDULE	BIWEEKLY/MONTHLY		

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On the left side of the page you will find identifying information, your date of enrollment, birth date evidence and veteran status, and the current status of any loan, arrears/purchase, or back deduction amounts due to the Division.

On the right side of the page is account information including the date of the last reported contribution, your total employee contributions to the pension fund, pension service credit, life insurance coverage status, and — if available to you — information for the State Employees Deferred Compensation Plan and Supplemental Annuity Collective Trust of New Jersey.

## Payroll Certifications

The Payroll Certifications application allows you to view *Certifications of Payroll Deductions* issued to you by the Division of Pensions and Benefits. Payroll certifications are issued to authorize the start of pension deductions when you are newly hired, for back deductions due to the Division, pension loan payments, or arrears/purchase payments.

**To access the application**, click the "Payroll Certifications" button on the MBOS Home Page. On the page that appears you can request all certifications or choose only a specific certification (loans, back deduction, etc.).

### Payroll Certifications

	No	Deduction Date	Certification Type	Member ID	Member Name
<input type="checkbox"/>	1	03/24/2003	LOANS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	2	10/05/2003	ADJUS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	3	12/17/2003	SACT	02-0123456	MEMBER, JANE
<input type="checkbox"/>	4	07/14/2004	LOANS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	5				
Select All <input type="checkbox"/>				Total Records Found 4	

[Previous](#) [Details](#) [Next](#)

The total number of records available for viewing will be listed in the bottom right table cell.

Available certifications are presented in groups of up to five at a time (if more than five certifications are available, navigation buttons to go to the "Next" or "Previous" part of the certification list will be active). Past certifications are archived for up to two years.

To view a specific certification, click on the check box that corresponds to the certification you want and then click on the "Details" button. You may also request to view more than one certification by clicking on several check boxes (or click the "Select All" box to view all certifications from this search).

<b>STATE OF NEW JERSEY</b> <b>DEPARTMENT OF THE TREASURY</b> <b>DIVISION OF PENSIONS AND BENEFITS</b> <b>P. O. BOX 295</b> <b>TRENTON, N.J. 08625-0295</b>		<b>CERTIFICATION OF PAYROLL DEDUCTION</b>  ALL DEDUCTIONS BEGIN 02/09/2002			
PUBLIC EMPLOYEES' RETIREMENT SYSTEM		SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
NAME	MEMBER, JANE	LOAN			
MEMBER ID	02-0123456				
SSN	123-45-6789				
ACCUMULATED BASE SALARY	\$3,337.16	ARREARS			
SALARY THIS QUARTER	BIWEEKLY				
FULL PENSION RATE	5%	BACK DEDUCTION	8	\$25.03	\$200.24
PENSION DEDUCTION					
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST		PAY SCHEDULE	BIWEEKLY		
CONTRIBUTORY INSURANCE EFFECTIVE					
INSURABILITY REQUIRED	NO				
DATE OF BIRTH	05/28/1964				
DATE OF ENROLLMENT	10/20/2001	LOCATION#	102		
DATE OF TRANSFER					
MONTHS OF PRIOR SERVICE					
ENROLLED AS:					
CONTRIBUTORY INSURANCE COVERED; RETRO PREMIUM DUE IS \$ 33.37					

Selected certifications are presented one at a time. Navigation buttons will allow you to go to the "Next" or "Previous" selected certification.

### Pension Loans

The **Pension Loan** application allows you to see how much you may borrow from your pension account, view estimates of different loan and/or repayment amounts, and — if you wish to — submit an online request for processing of a pension loan check.

**Note:** You must have at least three years of pension membership credit posted to your pension account to be eligible for a pension loan. You can borrow from your pension account two times within a calendar year, up to one-half of the contributions you have posted to your pension account (or a maximum loan balance of \$50,000, whichever is less). For information about the present loan interest rate and administration fee, [click here](#).

**To access the Pension Loan application**, click the "Pension Loan" button on the MBOS Home Page. The page that appears contains important information about the rules and regulations currently in effect regarding pension loans. Be sure to read and understand the contents of this page, [Fact Sheet #81, Pension Loans, Adobe PDF \(33K\)](#) and the information provided at the link, [Internal Revenue Service \(IRS\) Regulations](#), before you proceed.

Click on the "Agree" button if you agree to comply with the repayment terms and conditions. (If you do not agree with the repayment terms and conditions, you may exit the MBOS Loan Application by clicking on the "Disagree" button or the "Home" button on the top right-hand side of the page.)

When you click on the "Agree" button, the "Loan Application Process" page appears, displaying the maximum amount that you may currently borrow and the minimum allowable repayment schedule, in the **Results** column.

**Loan Application Process**

**This Information is Current As of: 06 / 30 / 2008**

<b>Name</b> JANE MEMBER <b>Member ID</b> 02 - 1234567	<b>Number of Loans This Year</b> <b>Loan Must Be Repaid By</b> 06 / 11 / 2013 <b>Next Available Check Date</b> 10 / 08 / 2008 <i>The above figures may change after each loan</i>
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	<b>Results</b>	<b>Input</b>
<b>Amount of Loan Requested</b> <small>(To the nearest \$10)</small>	\$ 26160.00	\$ 26160.00
<b>Single Biweekly Payment Requested</b>	\$ 243.28	\$ 196.80
<b>Number of Biweekly Payment Requested</b>	120	OR <input type="text"/>

**This Loan Repayment Will Begin: 10 / 25 / 2008**

**Before you process this loan, the single payment amount must be adjusted to meet the 5 year payback requirement. Please enter the single payment amount from the results column.**

### ***How to Change the Loan Amount Taken***

If you do not wish to borrow the maximum amount displayed, there are three different ways you can change the amount of your loan:

- **To borrow less than the maximum amount**, enter the actual amount you want to borrow on the **Amount of Loan Requested** line of the **Input** column (see red arrow, above right) and hit the "Recalculate" button. The amount you enter cannot exceed the maximum amount first displayed.
- **To increase the payment amount**, enter the actual payment amount you wish to make on the **Single Biweekly/Monthly Payment Requested** line of the **Input** column (see black arrow, above right) and hit the "Recalculate" button.
- **To change the number of payments**, enter the number of payments you wish to make on the **Number of Biweekly/Monthly Payments Requested** line of the **Input** column (see blue arrow, above right) and hit the "Recalculate" button.
- **To return to the original maximum loan/minimum repayment calculations**, click on the **Restore Max/Min** button at the bottom of the page. The new loan and repayment amounts will appear in the **Results** column after you hit the "Recalculate" button.

When you have entered the loan and repayment amounts that you want and they are displayed in the **Results** column (Amount of Loan Requested, Single Biweekly/Monthly Payment Requested, and Number of Biweekly/Monthly Payments Requested), you may continue the Loan Application process by clicking on the "Process Loan " button at the bottom of the page.

If an error message appears, [click here](#) for help in determining the possible problem.

### ***Providing Your Correct Address to Receive Your Loan Check***

On the next page, enter the address to which the Division of Pensions and Benefits should mail your loan check. When the information is correct, click on "Continue."

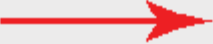
**Note: All loan checks MUST be mailed** and cannot be picked up at the Division of Pensions and Benefits.

\*Required fields

**Pension Loan Application Process**

\*Address1:   
Address2:   
Address3:   
\*City:  \*State:  \*Zip Code:

**Your loan check will be mailed to the above address.  
If the above address is incorrect, please update before continuing.**



The next page will display the address information you have provided. Please **double check** that your address information on this page is correct **before** clicking on the "Continue" button.

**Pension Loan Application Process**

Address1: 123 Street Road  
Address2:  
City: Trenton State: NJ Zip Code: 08625-0295

**Your loan check will be mailed to the above address.  
If it is correct, click the Continue button. If not, click the Modify button.**



### ***Loan Confirmation***

A final confirmation page will display your name, membership number, the loan amount requested, the check date, the single payment amount, and your mailing address.

Print a copy of the Loan Confirmation page for your records.

### ***E-mail Acknowledgement***

An e-mail will also be automatically sent to the e-mail address that you have on file with the Member Benefits Online System, acknowledging the receipt and processing of your Loan Application by the Division of Pensions and Benefits. When you are done, click the "Home" button to exit the Loan Application.

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## Application for Purchase of Service Credit

The Purchase application allows you to submit a request for the purchase of service credit directly to the Division of Pensions and Benefits or view the status of a previously submitted request.

**To access the application**, click the "Purchase Application" button on the MBOS Home Page. The page that appears will show the status of any previously submitted purchase requests.

### Purchase Application

**Member Name:** JANE MEMBER

**Date of Birth:** 12/31/1965

**Member ID:** 02-1234567

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

#### Previous Purchase Requests on File and Status

*Purchase Requests already on file under your account are listed below. If you wish to submit an additional Purchase Request, click on the "Submit New Purchase Request" button below.*

Purchase Type	Start Date	End Date	Date Received	Status	Status Date
Leave of Absence	03/06/2007	03/20/2007	03/26/2007	In Process	03/26/2007

[Definitions](#)

[Submit New Purchase Request](#)

**NOTE:** Purchases that were authorized *prior to 2008* will display with a Status of "Expired" rather than "Authorized." We apologize for any inconvenience.

To enter a **new** purchase request, click the "Submit New Purchase Request" button. On the page that appears, enter the information about yourself and the type of service credit you wish to purchase.

# Purchase Application

Member Name: **JANE MEMBER**

Date of Birth : 12 / 31 / 1965

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

*The information below reflects your personal information currently on file with the Division of Pensions and Benefits. If it is not correct, please update.*

Maiden/Former Last Name[s]:

Current Mailing Address:



Address2:

City:

State:

Zip:  -

Daytime Phone Number (starting with Area Code):  (Numbers Only)

I plan to Retire  or Terminate  within the next nine months on   N/A 

**Choose the type of service you wish to purchase.**

*Complete a separate online Purchase Application for each type of service.*

- |  |  |
|--|--|
| <input checked="" type="radio"/> <b>Temporary/Substitute Service</b> | <input type="radio"/> <b>Unpaid Leave of Absence</b>         |
| <input type="radio"/> <b>Former Membership Service</b>               | <input type="radio"/> <b>Out-of-State Service</b>            |
| <input type="radio"/> <b>U.S. Government Service</b>                 | <input type="radio"/> <b>Military Service</b>                |
| <input type="radio"/> <b>Uncredited Service</b>                      | <input type="radio"/> <b>Local Retirement System Service</b> |
| <input type="radio"/> <b>Optional Service</b>                        |  |

*For more information about service credit purchases, including types that may be purchased, please refer to:*

- [Fact Sheet #1, Purchasing Service Credit](#), and;
- [Fact Sheet #2, Estimating the Cost of Purchasing Service Credit](#)

**Note:** For additional information about types of service and purchase costs, view the fact sheets that are linked from the bottom of the page.

When all of the information has been entered, click the "Continue" button.

On the next page you will be asked about the prior employer.

**For Public Employment** with a governmental or educational employer, please enter the name of the employer, the address, your title while employed there, and the dates of employment.

## Purchase Application

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

Maiden/Former Last Name[s]: **Wilson**

*Please enter information for each period of **Temporary / Substitute Service** you request to purchase. (Service dates will be verified by your employer/former employer.)*

Employer Name:	<input type="text" value="Boro of Anytown"/>	Official Payroll Title	<input type="text" value="Account"/>
Employer Address:	<input type="text" value="3 Municipal Road"/>	<b>Period for which service is requested</b>	
	<input type="text"/>	From:	<input type="text" value="06/06/2005"/>
City:	<input type="text" value="Anytown"/>	To:	<input type="text" value="10/28/2005"/>
State:	<input type="text" value="New Jersey"/>		
Zip Code:	<input type="text" value="08765"/>		

Were you a member of a pension plan for the above period?  Yes  No

Add New Service Period

Continue

**For a purchase of Military Service**, please indicate the Branch of Military Service and your Dates of Active Service.

## Purchase Application

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

Maiden/Former Last Name[s]: **Wilson**

*Please enter information for each period of **Military Service** you request to purchase.*

[Click here for more information about Veteran Status](#)

[To obtain your Military Discharge Papers \(DD214\), click here.](#)

<b>Branch of Service</b>	<b>Period for which service is requested</b>	
<input type="text" value="United States Army"/>	From: <input type="text" value="04/01/1999"/>	To: <input type="text" value="08/31/2002"/>

Add New Service Period

Continue

To list additional titles, employers, or periods of service, **for the same type of service**, click the "Add New Service Period" button. When you have entered all the information about the employer or military service, click the "Continue" button.

All of the information needed for the purchase request should now be entered, and you will be shown a *Summary Page*.

**Please review the summary information carefully** as this is what will be submitted to the Division of Pensions and Benefits to begin processing of your purchase.

- If you need to change any of the information shown, click on the "Modify" button to go back and make changes.
- If any of the information shown is incorrect, you can click on the "Delete" button to remove the information.
- If all of the information displayed on the *Summary Page* is correct, click the "Submit" button to submit the purchase request.

## Purchase Application

**Member Name:** JANE MEMBER

**Date of Birth:** 12/31/1965

**Member ID:** 02-1234567

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

**Maiden/Former Last Name[s]:** Wilson

*The Purchase Request information you have entered is shown below:*

<i>Employer Name and Address</i>	<i>Official Payroll Title</i>	<i>Period for which service is requested</i>		
Boro of Anytown 3 Municipal Road , Anytown, NJ 08765	Account	06/06/2005 to 10/28/2005	Modify	Delete

Submit

You will see a *Confirmation Page* indicating that the purchase request has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate e-mail confirmation that the purchase request has been submitted successfully.

## Purchase Application

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof of age.*

Maiden/Former Last Name[s]: **Wilson**

Current Mailing Address: **123 Main Street , Anytown, NJ 08765 4321**

Daytime Phone Number: **6095555555**

Tentative Retirement/Termination Date: **N/A**

**Your Request to Purchase Service Credit has been submitted successfully.**

Employer verification and Division approval of purchase request must occur before a purchase quotation can be generated.

Please print a copy of this *Purchase Request* for your records.

**PURCHASE TYPE: Temporary / Substitute Service**

<i>Employer Name and Address</i>	<i>Official Payroll Title</i>	<i>Period for which service is requested</i>	<i>Pension Plan and address</i>
Boro of Anytown 3 Municipal Road , Anytown, NJ 08765	Account	06/06/2005 to 10/28/2005	

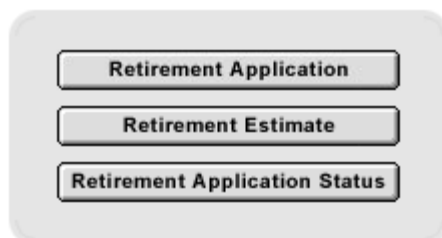
Submit Another Purchase Application

To enter a request for another type of service, click the "Submit Another Purchase Application" button. To exit the application, click the "Home" button near the MBOS page header.

To enter a request for another type of service, click the "Submit Another Purchase Application" button. To exit the application, click the "Home" button near the MBOS page header.

### Retirement Button and Menu

The "Retirement" button on the MBOS Home Page opens a menu of online retirement sub-applications for MBOS users. These include the Retirement Application, Retirement Estimate, and Retirement Application Status sub-applications.



- **To access any of the online Retirement sub-applications**, click the button in the menu.
- Instructions on using the [Retirement Estimate](#) and [Retirement Application](#) are provided immediately below. Instructions on using the [Retirement Application Status](#) are provided [later in this guide](#).

## Retirement Estimate Calculator

The Retirement Calculator application allows you to **estimate** how much you may be eligible to receive at retirement for any retirement date up to two years in the future.

**To access to the application**, click the "Retirement" button on the MBOS Home Page and then the "Retirement Estimate" button on the MBOS Retirement Sub-Application Menu.

### Retirement Calculator

**Name:** JANE MEMBER **Mem #:** 02-0123456

**Date of Birth:** 05 / 17 / 1957

**Retirement Type:** Service

**Retirement Date:** Month / / Year **Termination Date:** Month / Day / Year

**Add Beneficiary:** Yes No

On the page that appears:

- Select the type of retirement from the drop-down menu.

Service

Service

Early

Deferred

Ordinary Disability

- Enter your planned retirement date (All retirements must be for a date no more than two years in the future **and** must start on the first of a month).
- Enter the date on which you will terminate employment (must be prior to your retirement date).
- If you click "Yes" in the "Add Beneficiary" area a box will open where you may include a beneficiary's name, date of birth, and spouse information.

**Note:** By providing this information we will be able to calculate additional pension payment options that include survivor payments (optional).

**Beneficiary Name:** [ ] [ ] [ ]

**Beneficiary Date Of Birth:** Month / Day / Year

**Is This Person Your Spouse?**  Yes  No

- When you have entered all of your information, click on the "Submit" button.

The page that appears will show you your retirement estimate.

**ESTIMATE OF RETIREMENT BENEFITS**

March 17, 2005

**JANE MEMBER**

RE: **02-0123456**

This Quotation of Retirement Benefits was prepared based on the following information:

Retirement Date:	06/01/2017	Type of Retirement:	DEFERRED
Service Termination Date:	12/31/2005	Date of Birth:	05/17/1957
Pension Membership Credit as of Termination Date:	21 years 5 months	Nearest age at Retirement*:	60
		Salary used in calculation:	\$ 76,627.67
Your Beneficiary:		Beneficiary's Date of Birth:	00/00/0000

\* If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

**PENSION Payment Options at Retirement**

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit
<b>Maximum Option</b>	\$ 29,838.24	\$ 2,486.52	No benefit payable to a beneficiary.
<a href="#">Option A</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option B</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option C</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option D</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 1</a>	\$ 28,883.40	\$ 2,406.95	\$ 286,447.10 reduced each month by \$ 2,406.95.
<a href="#">Option 2</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 3</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 4</a>	N/A		None requested
Life Insurance after Retirement:	\$ 15,095.11	Life insurance available for conversion:	\$ 226,426.67

**Note: All calculations are ESTIMATES ONLY and are based on service and salary information currently posted to your pension account by the Division of Pensions and Benefits.**

**Retirement Application**

The online Retirement Application allows you to submit your *Application for Retirement Allowance* online to the Division of Pensions and Benefits.

*(To view the status of an already submitted application, see "[Retirement Application Status](#)".)*

**To access to the application**, click the "Retirement" button on the MBOS Home Page and then the "Retirement Application" button on the MBOS Retirement Sub-Application Menu.

**Before applying for retirement**, you should obtain an *Estimate of Retirement Benefits* and consider the pension payment options available you — and to any beneficiary. The online Retirement Application provides a link to the [Retirement Estimate Calculator](#).

- To calculate an estimate of benefits prior to completing an application, click the "Yes" button.
- If you already have an estimate and you are ready to complete the application, click "No" and the application form will open.

# Retirement Application

Name: Jane Member

Member Number: 02-0123456

**Before submitting your Retirement Application, it is recommended that you review an estimate of your retirement benefits! ?**

Do you wish to see an estimate of your retirement benefits?

Yes

No

for help call (609) 777-0534 | [contact us](#) | [privacy notice](#)



## Member Information

The *Member Information* page asks about you, the member. Please complete all of the requested fields.

- Some fields may be pre-filled.
- If any of the pre-filled information is incorrect, it can be corrected.

After you have entered all of the information for this page, click the "Continue" button.

## Retirement Application

### MEMBER INFORMATION

Name: Jane Member

Member Number: 02-0123456

Date of Birth: 08/14/1956

Street Address 1: 123 MAIN STREET

Street Address 2: APT B2

City: TRENTON

STATE: NJ

ZIP: 08625 -

Country: UNITED STATES OF AMERICA

Home/Cell Phone: (609) 555 - 5555

Work Phone: (609) 555 - 5544 Ext:

E-mail: JMEMBER@STATE.MAIL

Continue

Reset

## Retirement Type

On the *Select Retirement Type* page, enter your "Retirement Date" **and** "Retirement Type". Because all retirements begin *the first day of the month* select only the retirement **Month** and retirement **Year** from the drop down lists. Then select your "Retirement Type" by clicking a selection button. Only **ONE** type of retirement may be selected.

**Note:** Click on the “question mark” icon next to “Retirement Type” to open a page with detailed explanations of each type of retirement.

- If you select Ordinary Disability or Accidental Disability Retirement, a field will open where you should enter additional information about your disability. Please note that all disability retirement information submitted to the Division is kept strictly confidential.


You must also answer the question about any pending **purchase of service credit**.

## Retirement Application

**SELECT RETIREMENT TYPE**

**Name:** Jane Member **Member Number:** 02-0123456

What is the date of your retirement? [Select month] /01/ [Select year]

Retirement Type: 

**Service**  **Deferred**

**Early**  **Veteran**

**Ordinary Disability**

**Accidental Disability**

Have you applied for a purchase of service credit within the past 6 months?  Yes  No

Were your last 36 months of salary also your highest salary years?  Yes  No  
*If not, you will be asked to provide the three Fiscal Years during which highest salary was earned.*

**PERS and TPAF members** must also answer the question about the **last or highest** years of salary.

- Most PERS and TPAF retirements are calculated using the last 3 years of salary – which are usually the highest. If your last 3 years are **not** the highest salary years, select “No” and additional fields will open where you will enter your highest three fiscal years of salary. A fiscal year runs from July 1st through to June 30th.

After you have entered all of the information for this page, click the “Continue” button.

**Note:** The next pages of the application differ depending upon your retirement system.  
The PERS and TPAF are discussed first with the [PFRS and SPRS following](#).

### **PERS and TPAF Members**

**The Option Selection page will open.** You will need to select a pension option


and name your pension beneficiary.

- The pension options provide for varying amounts that can be paid to you, and to your named beneficiary after your death. Click on the “question mark” icon next to “Select Pension Option” to view detailed explanations of each pension option.
- You may choose **only ONE** of the 9 different options that are offered.
- **IMPORTANT: Please be certain that you understand the options available and that you choose carefully.** You will have the opportunity to **change** your option selection until at least 30 days after your retirement date, **however, once the retirement becomes “Due and Payable” your option selection CANNOT be changed.** For most members the retirement usually becomes due and payable when they receive and cash the first retirement check.

## Retirement Application

**OPTION SELECTION**

**Name:** Jane Member **Member Number:** 02-0123456

Select Pension Option: 

<input type="radio"/> Maximum Option	( <b>NO PENSION BENEFIT TO BENEFICIARY</b> -- Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death.)
<input checked="" type="radio"/> Option A	( <b>100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION</b> -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)
<input type="radio"/> Option B	( <b>75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION</b> -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.)
<input type="radio"/> Option C	( <b>50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION</b> -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.)
<input type="radio"/> Option D	( <b>25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION</b> -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.)
<input type="radio"/> Option 1	( <b>REDUCING RETIREMENT RESERVE TO A BENEFICIARY</b> -- Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.)
<input type="radio"/> Option 2	( <b>100% TO BENEFICIARY - PERMANENT REDUCTION</b> -- You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)

When this section is completed, click the "Continue" button at the bottom of the page and you will go to the [Life Insurance Beneficiary](#) page.

### ***PFRS and SPRS Members***

**The Marital Status page will open.** List the name and other requested information as appropriate for your spouse, civil union partner, or eligible same-sex domestic partner. (If you are single or divorced, select “None of the Above”.)

On a following page you will also be asked to list information for any dependent children.

## Retirement Application

### MARITAL STATUS

Name: William Member

Member Number: 03-0123456

Marital Status:  Husband  Wife  Civil Union Partner  Domestic Partner  
 None of the above

Spouse's Name:

First: Jane Last: Member SSN: 123 - 45 - 6789

Birthdate: Month / Day / (YYYY)

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?  Yes  No

Continue

Back

Reset

### Life Insurance Beneficiaries (all retirees)

On the *Life Insurance Beneficiary* page you are required to list information about one or more beneficiaries for any Group Life Insurance payable upon your death.

When you have entered all of the information for this page, click the "Continue" button.

## Retirement Application

### LIFE INSURANCE BENEFICIARY INFORMATION

Please [click here](#) for Group Life Insurance Conversion rights

Name: Jane Member

Member Number: 02-0123456

First Name

William

Last Name

Member

SSN

987 65 4321

Birth Date

06/06/1950 (mm/dd/yyyy)

Relationship:  Husband  Wife  Civil Union Partner  Domestic Partner  Other  Estate

Beneficiary Type:  Primary  Contingent

Is your address different from your Husband /Wife /Domestic Partner /Civil Union Partner's Address?  Yes  No

Add Another Beneficiary

Continue

Back

Reset

### View Summary and Submit Application

All of the information needed for the Retirement Application should now be entered, and you will be shown the *Summary Page*.

**Please review the summary information and selections carefully** as this is what will be submitted to the Division of Pensions and Benefits to begin processing of your retirement.

- If you need to change any of the information shown, click on the heading of any section to go back and make changes.
- If all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to submit the application.

## Summary of Retirement Application Information

*If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.*

### MEMBER INFORMATION

**Name:** JANE MEMBER

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Address:** 123 MAIN

**City:** TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:**

**Work Phone Number: Ext.:**

**E-mail:** JMEMBER@STATE.MAIL

**Employer Name:** DEPARTMENT OF THE TREASURY

### RETIREMENT INFORMATION

**Retirement Date:** 04/01/2008

**Retirement Type:** SERVICE

**Service credit purchase application WAS NOT submitted within the past 6 months**

**Last 36 months of salary WERE the highest salary years**

### PENSION OPTION INFORMATION

**Pension Option Selected:** Option 1

### Beneficiary Information

**Name:** WILLIAM MEMBER

You will see a *Confirmation Page* indicating that the application has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate e-mail confirmation that the application has been submitted successfully.

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Your Retirement Application has been submitted successfully.**

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the MBOS page header.

[BACK TO TOP](#)

### Making Changes to a Retirement Application

After an online Retirement Application has been submitted (but before the retirement date) MBOS users are permitted to access their application and make changes.

**Please note** that changing a Retirement Application after its initial submission may *significantly increase* the required processing time.

**To access to the application**, click the "Retirement" button on the MBOS Home Page and then the "Retirement Application" button on the MBOS Retirement Sub-Application Menu. On the introductory screen of the application, click the "No" button to go directly to your retirement information.

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Before submitting your Retirement Application, it is recommended that you review an estimate of your retirement benefits!** 

Do you wish to see an estimate of your retirement benefits?

Yes

No



If a prior retirement application has been submitted, you will be taken directly to the *Summary Page*. You can make changes in a specific information area by clicking the highlighted heading of that area.

## Summary of Retirement Application Information

*If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.*

### MEMBER INFORMATION

**Name:** JANE MEMBER

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Address:** 123 MAIN

**City:** TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:**

**Work Phone Number: Ext.:**

**E-mail:** JMEMBER@STATE.MAIL

**Employer Name:** DEPARTMENT OF THE TREASURY

### RETIREMENT INFORMATION

**Retirement Date:** 04/01/2008

**Retirement Type:** SERVICE

**Service credit purchase application WAS NOT submitted within the past 6 months**

**Last 36 months of salary WERE the highest salary years**

### PENSION OPTION INFORMATION

**Pension Option Selected:** Option 1

### Beneficiary Information

**Name:** WILLIAM MEMBER

Changes can also be made by clicking the "No" button at the bottom of the *Summary Page*.

### LIFE INSURANCE BENEFICIARY INFORMATION

**Name:** WILLIAM MEMBER

**Social Security No.:** 987 65 4321

**Birthdate:** 06/06/1950

**Relationship:** HUSBAND

**Selection Type:** PRIMARY

**Address:** 123 MAIN

**City:** TRENTON

**State:** NJ

**ZIP Code:** 08685

**Country:** UNITED STATES OF AMERICA

**Is the above summary information correct?**

Yes

No

If you clicking the "No" button, a Menu Page will open where you may select the various information areas of the application. Click on a button to go to that area to make any necessary changes.

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

*What would you like to change?*

Change Member Info

Change Retirement Type

Change Option Information

Change Marital Status

Change Life Insurance  
Beneficiary Information

Go To Summary

After you have made your changes, click on the "Continue" button on that application page and you will again be shown the *Summary Page*.

**Review the revised summary information to be sure that your selections are correct.** When all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to re-submit the application. The revised information will be submitted to the Division of Pensions and Benefits for processing of your retirement.

You will see a *Confirmation Page* indicating that the application has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate e-mail confirmation that the application has been submitted successfully.

 [printable version](#)

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Your Retirement Application has been submitted successfully.**

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the MBOS page header.

---

## Designation of Beneficiary

The Designation of Beneficiary application allows you to **review** and, if desired, **change** your designated beneficiary(ies) for any payments upon your death for **Group Life Insurance** and/or **Pension account** funds.

**To access the application**, click the "Designation of Beneficiary " button on the MBOS Home Page. The page that appears will display the current beneficiary information you have on file with the Division of Pensions and Benefits.

### Beneficiary Information on File

**Member Name:** LAWRENCE LOW **Member Number:** 02-0123456

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#### Group Life Insurance Benefit

**Primary Beneficiary(ies)**

<b>Name:</b> Lois Low	<b>Date of Birth:</b> 09/1959
<b>Address:</b> 123 4th Street Anytown NJ 07123 3456	<b>Relationship:</b> Wife <b>SSN:</b> 345678901

---

#### Pension Benefit

**Primary Beneficiary(ies)**

<b>Name:</b> Lois Low	<b>Date of Birth:</b> 09/1959
<b>Address:</b> 123 4th Street Anytown NJ 07123 3456	<b>Relationship:</b> Wife <b>SSN:</b> 345678901

**Contingent Beneficiary(ies)**

<b>Name:</b> Bill L Low	<b>Date of Birth:</b> 05/1985
<b>Address:</b> 546 7th Ave Trenton NJ 08901	<b>Relationship:</b> Other <b>SSN:</b> 456789012

**Contingent Beneficiary(ies)**

<b>Name:</b> Jane P Smith	<b>Date of Birth:</b> 07/1978
<b>Address:</b> 789 Main St Grovers Mill NJ 08345 6789	<b>Relationship:</b> Other <b>SSN:</b> 890123456

---


**Do you wish to change your beneficiary information?**

You must use the paper version of the *Designation of Beneficiary* form if you choose any of the following types of designations:

- Nominating a Trust, Organization, Charity or Corporation.
- Nominating a Power of Attorney; or if a Power of Attorney is completing the form.
- Nominating a formal or informal trust for a minor.
- Nominating a specific percentage for each beneficiary.
- Nominating more than six beneficiaries per benefit.

**To obtain the paper version, please click on the link below:**  
<http://www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/eb214.pdf>

If you want to modify, delete, or add beneficiary information, click on the button below.

 [Printable Version](#)

A link is provided to a printable version of this information so that you may retain it for your records.

**Note:** If beneficiary information has not been updated since before 1987, users may receive a message indicating "beneficiary information unavailable" because it is not accessible to the online system. The message includes additional instructions for contacting the Division to obtain beneficiary information.

### ***Changing Your Beneficiaries***

If you wish to change, add, or delete any of the beneficiary information shown, click on the "Change Beneficiaries" button.

A summary list will appear.

#### Designation of Beneficiary

**List of Beneficiaries on File**

---

<b>Name:</b> Lois Low	<input type="checkbox"/> <b>Delete</b>	<b>Date of Birth:</b> 09/1959	<b>Relationship:</b> Wife
<b>Address:</b> 123 4th Street Anytown NJ 07123 3456			<b>Group Life Insurance Benefits:</b> Primary <b>Pension Benefits:</b> Primary
<input type="button" value="Modify"/>			

---

<b>Name:</b> Bill L Low	<input type="checkbox"/> <b>Delete</b>	<b>Date of Birth:</b> 05/1985	<b>Relationship:</b> Other
<b>Address:</b> 546 7th Ave Trenton NJ 08901			<b>Group Life Insurance Benefits:</b> N/A <b>Pension Benefits:</b> Contingent
<input type="button" value="Modify"/>			

---

<b>Name:</b> Jane P Smith	<input type="checkbox"/> <b>Delete</b>	<b>Date of Birth:</b> 07/1978	<b>Relationship:</b> Other
<b>Address:</b> 789 Main St Grovers Mill NJ 08345 6789			<b>Group Life Insurance Benefits:</b> N/A <b>Pension Benefits:</b> Contingent
<input type="button" value="Modify"/>			

---

- **Click the "Modify" button** to change any information displayed for a currently listed beneficiary.
- **Click the "Add Beneficiary" button** to add a *new* beneficiary to the existing list.
- **Check the "Delete" box** and then the "Continue" button to *remove* the beneficiary from the list.

If you choose to "Add" or "Modify" your beneficiary information, a form page similar to the one below will open. Enter the beneficiary information requested on the form. When finished click the "Continue" button.

**Please note:** Social Security numbers are optional, however, when provided the inclusion of a correct Social Security number will help to speed processing in the event of a claim.

## Modify Beneficiary

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<input type="text" value="Jane"/>	<input type="text" value="P"/>	<input type="text" value="Smith"/>	<input type="text" value=""/>
<b>Social Security No.</b>	<b>Date of Birth (mm/yyyy)</b>	<b>Relationship</b>	
<input type="text" value="890"/> - <input type="text" value="12"/> - <input type="text" value="3456"/>	<input type="text" value="07"/> / <input type="text" value="1978"/>	<input type="text" value="Other"/>	
<b>Group Life Insurance Benefits</b>	<b>Pension Benefits</b>		
<input type="text" value="Contingent"/>	<input type="text" value="Contingent"/>		
<b>Street Address 1</b>	<b>Street Address 2</b>		
<input type="text" value="789 Main St"/>	<input type="text" value=""/>		
<b>City</b>	<b>State</b>		
<input type="text" value="Grovers Mill"/>	<input type="text" value="New Jersey"/>		
<b>Zip Code</b>	<b>Country</b>		
<input type="text" value="08345"/> - <input type="text" value="6789"/>	<input type="text" value="UNITED STATES"/>		
<input type="button" value="Continue"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>			

Before completing your changes, you will be able to review your new beneficiary information on the verification page. The verification page will display the new beneficiary information and will also indicate any information that is being deleted from your beneficiary record. **Please review the information carefully to assure that it is correct.**

## Verify Beneficiary(ies)

Member Name: LAWRENCE LOW

Member Number: 02-0123456

### Group Life Insurance Benefit

#### Primary Beneficiary(ies)

Name: Lois Low

Address: 123 4th Street

Anytown NJ 07123 3456

Date of Birth: 09/1959

Relationship: Wife

SSN: 345678901

#### Contingent Beneficiary(ies)

Name: Jane P Smith

Address: 789 Main St

Grovers Mill NJ 08345 6789

Date of Birth: 07/1978

Relationship: Other

SSN: 890123456

### Pension Benefit

#### Primary Beneficiary(ies)

Name: Lois Low

Address: 123 4th Street

Anytown NJ 07123 3456

Date of Birth: 09/1959

Relationship: Wife

SSN: 345678901

#### Contingent Beneficiary(ies)

Name: Bill L Low

Address: 546 7th Ave

Trenton NJ 08901

Date of Birth: 05/1985

Relationship: Other

SSN: 456789012

#### Contingent Beneficiary(ies)

Name: Jane P Smith

Address: 789 Main St

Grovers Mill NJ 08345 6789

Date of Birth: 07/1978

Relationship: Other

SSN: 890123456

Is above BENEFICIARY information correct?

Change Beneficiaries

Submit

If any of the information requires further changes, you may make them now by clicking the "Change Beneficiaries" button.

If the information displayed is correct, click the "Submit" button to complete the transaction. You will see a confirmation page to indicate that your Beneficiary Designation has been submitted successfully. At the top of the confirmation page is a link to a "printable version" of the page. You should print and keep a copy on this confirmation for your records.

## Confirmation of Changes

Member Name: LAWRENCE LOW

Member Number: 02-0123456

**Pension beneficiary changes submitted successfully.**

You will receive a confirmation of this transaction via e-mail. The e-mail will contain your updated rider. This is an important document and should be kept in a safe place. If the rider contains errors or omissions, you should re-enter the application to make the necessary corrections.

**You can obtain an immediate copy of your beneficiary changes by clicking on "Printable Version" at the top of the page.**

If you do not receive the email or rider, please contact the Division of Pensions and Benefits via letter, email, or you may call the MBOS help desk, at (609) 777-0534.

## Application for Withdrawal

The Application for Withdrawal allows members who have **terminated employment** (but who *have not* applied for retirement) to withdraw their contributions from the retirement system. Before completing the Application for Withdrawal, please read the information about withdrawal in [Fact Sheet #24, Withdrawal from the Retirement System](#), Adobe PDF (30K) and on the [Frequently Asked Questions About Withdrawal](#) page.

### Please note:

- By withdrawing from the retirement system you forfeit all benefits other than the return of contributions. If you are eligible for a retirement benefit, you will be given the option to review an estimate of that retirement benefit before continuing with a withdrawal.
- Some portions of the withdrawal may be subject to federal tax. See [Fact Sheet #27, Taxability of Your Pension Distribution](#) Adobe PDF (45K).
- Your decision to withdraw *cannot* be rescinded once the completed Application for Withdrawal is submitted.
- To **exit** the Application for Withdrawal, anytime before your final submission, click on the "home" button at the top of the MBOS page.
- All withdrawals are subject to verification with your former employer(s). See [Fact Sheet #24, Withdrawal from the Retirement System](#) Adobe PDF (30K).

**To access the application**, click the "Application for Withdrawal" button on the MBOS Home Page. On the page that appears, enter your current mailing address and the information requested about your termination of employment. When done, click the "Continue with the Withdrawal Application" button.

## Member Information

Member Name: MEMBER, SARA C

Pension Fund: PERS


Member Number: 2345678

Date of Birth: 10/04/1952

Social Security Number: 345-67-8901

Mailing Address: Apt: City: Country: UNITED STATES State: Select State Zip:  - 

Before applying for withdrawal from the pension fund, all members should read Fact Sheet #24, [Withdrawal from the Retirement System](#) and [Frequently Asked Questions about Withdrawal](#).

Click the  icons below to view additional information about any particular items.

## Employment Information

Please indicate the reason why you terminated from this employment:  Resigned  Dismissed 

Please give the Date of Termination:  /  /

*(Select month and day from menu; enter year - if you are resigning from more than one public employer, list the last Date of termination)*


Workers' Compensation Information - BOTH ITEMS MUST BE ANSWERED 

AM, or  AM NOT receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment

DO, or  DO NOT have a Worker's Compensation claim or litigation pending.

Continue With The Withdrawal Application

- If you are receiving periodic benefits under Workers' Compensation, or have a Workers' Compensation claim or litigation pending, applying for a withdrawal may jeopardize those benefits. To continue with your withdrawal, you must complete a waiver of any pension benefits associated with a Workers' Compensation award. See [Fact Sheet #45, Workers' Compensation](#), Adobe PDF (44K) for more information.
- If you are eligible for a retirement benefit, you must complete a waiver of that retirement benefit in order to continue with the withdrawal application.

Some portions of your withdrawal may be subject to federal tax. In the "Taxation of Your Withdrawal" section (below), select how you want your withdrawal payment and tax to be distributed. For additional information, click the  icons or see [Fact Sheet #27, Taxability of Your Pension Distribution](#) Adobe PDF (45K).

After you have made your selection, click the "Continue with the Withdrawal Application" button.

## Member Information

**Member Name:** MEMBER, SARA C      **Pension Fund:** PERS      **Member Number:** 2345678  
**Date of Birth:** 10/04/1952      **Social Security Number:** 345-67-8901  
**Mailing Address:** 345 Sixth Street      **Apt:** 3C      **City:** TRENTON  
**State:** NJ      **Country:** UNITED STATES      **Zip:** 08625

## Taxation of Your Withdrawal

Our System indicates that your estimated withdrawal amount is **\$9,661.01\***, of which approximately **\$9,661.01** is **taxable**. You must choose how you wish to have your withdrawal distributed. Indicate your choice by checking one of the choices below.






Before completing this section you should read Fact Sheet #27, [The Taxability and Mandatory Withholding of Income Tax from Your Pension Distribution](#).

\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)

**Please Complete the following section carefully!**

**Your selection is irrevocable once it is submitted!**

For an explanation of any of the selections, click the  icon next to the item

1.  **Withhold 20% federal income tax on the taxable portion of my payment** 
2.  **Roll over the entire payment including any after tax contributions to another plan** 
3.  **Roll over the entire taxable portion of my payment to another plan** 
4.  **Roll over \$**   **(enter dollar amount) of the taxable portion of my payment to another plan** 
5.  **Roll over the entire taxable portion and \$**   **(enter dollar amount) of the nontaxable portion of my payment to another plan** 

If selecting choices 2,3,4, or 5 indicate whether the plan is:  **An IRA Plan**, or  **An Employer Plan** **Type the name of the financial institution or employer plan:**  (Must be 16 characters or less)

Continue With The Withdrawal Application

Before completing your withdrawal, you will be able to review your distribution selections and the other information to be submitted.

- You will have the opportunity to change the distribution or address information shown by clicking the "change" buttons.
- If you wish to **exit** the Application for Withdrawal *without submitting it*, click on the "home" button at the top of the MBOS page.

**To complete your Application for Withdrawal, click on the "Submit the Withdrawal Application" button.**

### Member Information

**Member Name:** MEMBER, SARA C      **Pension Fund:** PERS      **Member Number:** 2345678  
**Date of Birth:** 10/04/1952      **Social Security Number:** 345-67-8901  
**Mailing Address:** 345 Sixth Street      **Apt:** 3C      **City:** TRENTON  
**State:** NJ      **Country:** UNITED STATES      **Zip:** 08625

### Withdrawal Application Review

You have requested withdrawal from the **PERS** for an estimated amount of **\$9,661.01\***

Approximately **\$9,661.01** of this withdrawal is taxable.

*\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)*

You have also indicated that:

- You have **resigned** from the employment on **02/14/2006**;
- You **are not** receiving periodic benefits for Worker's Compensation and **do not** have a Worker's Compensation claim or litigation pending;

### Employer Certification

The processing of your withdrawal cannot be completed until the Division of Pensions and Benefits receives certification from your former employer (or employers) that you have terminated employment. When you submit the application, the Division will contact your employer to obtain the necessary certification.

### Payment Distribution

You elected to have **20% federal income tax** withheld from your payment

[Change Distribution](#)

Once your employer has certified the withdrawal information, the Division of Pensions and Benefits will process your withdrawal. A check(s) will be mailed to you at the address shown above.

[Change Address](#)

### Submit Your Withdrawal Application

**I understand that I am withdrawing from the pension system and forfeit all the benefits other than that of the withdrawal. I also understand that Division of Pensions and Benefits will act upon my choice selected above regarding the taxation of my withdrawal. I have reviewed the information shown above and by submitting this application confirm that it is correct. I understand my selections on this form cannot be changed once it is submitted.**

[Submit The Withdrawal Application](#)

You will see a confirmation page to indicate that your Application for Withdrawal has been submitted successfully. At the top of the page is a link to a "printable version" of the confirmation page. You should print and keep a copy on this confirmation for your records.

**Member Name:** MEMBER, SARA C

**Pension Fund:** PERS

**Member Number:** 2345678

**Date of Birth:** 10/04/1952

**Social Security Number:** 345-67-8901

**Withdrawal Application Submitted Successfully on 03/09/2006**

You have requested withdrawal from the **PERS** for an estimated amount of **\$9,661.01\***

Approximately **\$9,661.01** of this withdrawal is taxable.

You have also indicated that:

- You have **resigned** from the employment on **02/14/2006**;
- You **are not** receiving periodic benefits for Worker's Compensation and **do not** have a Worker's Compensation claim or litigation pending;

You elected to have **20% federal income tax** withheld from your payment

Once your employer has certified the withdrawal information, the Division of Pensions and Benefits will process your withdrawal. A check(s) will be mailed to you at **345 Sixth Street Apt 3C TRENTON NJ 08625**

*\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)*

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### **Deferred Compensation (If applicable)**

Clicking on the "Deferred Compensation Information" button takes you directly to the New Jersey State Employees Deferred Compensation Plan (NJSEDCP) Web site.

On the NJSEDCP Web site you can find your personal Deferred Compensation Plan account information, investment information, and forms and other publications that relate to the NJSEDCP. The NJSEDCP and its Web site are administered for the State of New Jersey by the Prudential Insurance Company.

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### **Supplemental Annuity Collective Trust (SACT) (If applicable)**

The Supplemental Annuity Collective Trust (SACT) Plan Information application allows you to view SACT account information if you participate in SACT.

**To access to the application**, click the "Supplemental Annuity Collective Trust" button on the MBOS Home Page. The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

THIS INFORMATION IS CURRENT AS OF 12/31/2003

Full Name: William A. Member

Member ID: 02-0601234

SACT Type	Regular
Member Status	Contributing
Current Rate	1%
Contributions	\$5,668.00
Gain/ Loss	\$3,660.00

SACT Unit Values

**"THIS INFORMATION DOES NOT REFLECT THE COMBINED TOTALS FOR MEMBERS PARTICIPATING IN MORE THAN ONE PENSION FUND"**

By clicking on the "SACT Unit Values" box, you can access the unit values of the investment fund for the past quarter.

Month	Year	Value
October	2003	51.0979
November	2003	51.5834
December	2003	54.1661

## Health Benefits Programs

### State Health Benefits Program (SHBP) School Employees' Health Benefits Program (SEHBP) (if applicable)

The Health Benefits Programs application allows you to view health benefit account information for you and your enrolled dependents, if enrolled in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP).

**To access the application**, click the "SHBP/SEHBP" button on the MBOS Home Page.

From the "Subscriber/Eligibility" page, select your account by clicking on the "Employer ID" number.

**Subscriber/ Eligibility Selection**  
**Select A Subscriber**

Employer Id	Bureau	Employer Name	Status	Termination Date	Person Status
0001	00	Centralized Payroll	Active		Subscriber

The page that appears will show your Eligibility Summary, Coverage Information, and Dependent Information.

**Eligibility Summary**  
**John A. Member - SSN 123-45-6789**  
**Employment Status: Active**

<b>Gender</b>	Male	<b>Eligibility Status</b>	Eligible	<b>Dependent Information</b>	
<b>Marital Status</b>	Married	<b>Health Coverage Allowed</b>	Allowed	<b>Name</b>	<b>Relation</b>
<b>Date of Birth</b>	01/01/1966	<b>Rx Coverage Allowed</b>	Allowed	<a href="#">Maryann Member</a>	Spouse
<b>Address</b>	123 Fourth Street Trenton, NJ 08065	<b>Dental Coverage Allowed</b>	Allowed	<a href="#">Kristy Member</a>	Child
<b>Phone Number</b>	(609) 555-1234	<b>Medicare-A Date</b>	n/a	<a href="#">Jeffrey Member</a>	Child
<b>Hire Date</b>	09/08/1989	<b>Medicare-B Date</b>	n/a		
<b>Former Name</b>	n/a	<b>Medicare Proof</b>	n/a		
<b>Former SSN</b>	n/a	<b>25 yr Union Code</b>	<a href="#">001</a>		
<b>Former Link SSN</b>	n/a	<b>Rx Union Code</b>	<a href="#">023</a>		

**Coverage Information**

Plan Type	Service Name	Contract Level	Effective Date	Termination Date	Reason
Health	NJ PLUS	Family	12/1/1989		
Prescription Drug	State Formal Prescription Drug	Family	12/1/1989		
Dental	Dental Expense Plan	Family	12/1/1989		
Vision	None				

To view the history of your SHBP/SEHBP account, click the link "Click here to view coverage history".

[Click here to view coverage history](#)

The following information will appear:

**Previous Coverage Information**  
**John A. Member - SSN 123-45-6789**

Plan Type	Service Name	Contract Level	Effective Date	Term Date/Reason
Health	NJ PLUS	Family	07/01/2000	
Health	Traditional	Family	11/23/1994	07/01/2000
Health	Traditional	Member/Spouse	08/09/1990	11/23/1994
Health	Traditional	Single	12/01/1989	08/09/1990

Next

[Back to Subscriber Information](#)

Clicking the "Next" button will show additional pages of coverage history.

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Previous Coverage page.

**Dependent Information**

To view details about a dependent's coverage, click on the linked name of a covered dependent.

Dependent Information	
Name	Relation
<a href="#">Maryann Member</a>	Spouse
<a href="#">Kristy Member</a>	Child
<a href="#">Jeffrey Member</a>	Child

Information about the dependent's coverage will appear:

**Dependent Information**  
**Maryann Member - SSN 987-65-4321**

<b>Former Name</b>	n/a	<b>Relationship</b>	Spouse
<b>Former SSN</b>	n/a	<b>Relationship Proof</b>	n/a
<b>Date of Birth</b>	11/11/1969	<b>Relationship Proof Date</b>	n/a
<b>Marital Status</b>	Married	<b>Medicare-A Date</b>	n/a
<b>Date of Death</b>	n/a	<b>Medicare-B Date</b>	n/a
<b>Gender</b>	Female	<b>Medicare Proof</b>	n/a
<b>Dependent Disability Extension</b>	n/a		
<b>Dependent Disability Date</b>	n/a		
<b>Dependent Disability Term Date</b>	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ PLUS	08/09/1990		
Dental	Dental Expense Program	08/09/1990		

**Next**

**Back to Subscriber Information**

Click the "Next" button to view additional Dependent Detail.

**Dependent Information**  
**Maryann Member - SSN 987-65-4321**

<b>Former Name</b>	n/a	<b>Relationship</b>	Spouse
<b>Former SSN</b>	n/a	<b>Relationship Proof</b>	n/a
<b>Date of Birth</b>	11/11/1969	<b>Relationship Proof Date</b>	n/a
<b>Marital Status</b>	Married	<b>Medicare-A Date</b>	n/a
<b>Date of Death</b>	n/a	<b>Medicare-B Date</b>	n/a
<b>Gender</b>	Female	<b>Medicare Proof</b>	n/a
<b>Dependent Disability Extension</b>	n/a		
<b>Dependent Disability Date</b>	n/a		
<b>Dependent Disability Term Date</b>	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ PLUS	07/01/2000		
Health	Traditional	08/09/1990	07/01/2000	0
Prescription Drug	State Formal Prescription Drug	08/09/1990		
Dental	Dental Expense Program	08/09/1990		

[Previous](#)

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Dependent Detail screen.

## Applications for *Pending Retirees*

### Retirement Application Status

If you have applied for retirement, the Retirement Application Status application allows you to check the status of your application.

**To access the application**, click the "Retirement" button on the MBOS Home Page and then the "Retirement Application Status" button on the MBOS Retirement Sub-Application Menu.

The page that appears will show the date the retirement application was received by the Division of Pensions and Benefits, the retirement date, and the date of receipt of the employer's *Certification of Service and Final Salary*.

### Retirement Application Status

No	Member Name	Member ID	SSN	Retirement Date	Application Received Date	Certification Received Date	Quote Letter Date	Board Date
1	MEMBER, JANE A.	02-0123456	123-45-6789	10/01/2005	06/22/2005	07/30/2005	08/15/2005	09/21/2005

\* Amended Application or Certification Received

If available, the list will also include the date the quote letter was prepared and mailed and the date the retirement will be presented for approval to the pension fund's Board of Trustees.

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### **Electronic Funds Transfer (Direct Deposit) for Pending Retirees**

The Electronic Funds Transfer (EFT) application allows you to set up EFT or direct deposit of your pending monthly pension payment.

**To access the application**, click the "Electronic Funds Transfer" button on the MBOS Home Page. The page that appears will ask if you wish to begin a new EFT Authorization. Click the "New EFT Authorization" button to begin the process.

### **Retired Electronic Funds Transfer (Direct Deposit)**

**Name:** KEN MEMBER  
**Address:** 123 MAIN STREET  
ANYTOWN, NJ 08555

**E-mail Address:** k.member@mailaddress.com  
**Retirement No.:** 03-10-033333  
**Phone Number:** (609) 555-5555

**Please click here to update your mailing address if the address shown is incorrect.**

**No Authorization for Direct Deposit of Benefit Payment is on file for you. To sign up for Direct Deposit (Electronic Funds Transfer) of your benefit payment, please click "New EFT Authorization" button below.**

**New EFT Authorization**

A page will open with form fields and detailed instructions on how to enter your bank information.

## Retired Electronic Funds Transfer (Direct Deposit)

**Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

Please enter the Direct Deposit (Electronic Funds Transfer) information requested in the fields below.

**This change will take effect with the payment date of 05/01/2008.**

**ACCOUNT TYPE:**

**ACCOUNT NUMBER:**  ?

**REENTER ACCOUNT NUMBER:**  ?

**BANK ROUTING NUMBER:**  ?

Your bank's routing number is nine digits in length. For help, click on the ?

### Where to Find the Routing Number and the Account Number on Your Check

Account Holder Name

The diagram shows a sample check with the following details:

- Account Holder Name: Jane Q. Smith
- Address: 412 NW Glastonbury St, Portland, Oregon 97200
- Check # 1001
- Pay to: \_\_\_\_\_ Dollars
- MICR Line: **184002763** **14570720** 1001

Callouts explain the MICR line components:

- The Routing Number** appears between these symbols.
- The Account Number** appears before this symbol.
- Sometimes the check number appears between the routing and account numbers. **DO NOT INCLUDE IT**

To authorize Direct Deposit of your retirement benefit payment, you will need to provide the nine-digit routing number for your bank and your account number at that bank.

**Routing Number:** The routing number is usually found at the far left of the row of digits and symbols on the bottom of your check (the MICR line). It is always found between the symbols |: and :| (see the sample check above). The first two digits must be between 01 and 12 or 21 though 32. The routing number on the sample check above is 184002763.

**Account Number:** The account number usually appears to the right of the routing number. The account number on the sample check above is 14570720. **Do not** include the check number. The check number may appear before or after the account number. The check number on the sample check above is 1001.

**NOTE:** The routing number and the account number may not appear in the same order as they do on the sample check above.

Please check that the requested information is correct and click the "Continue" button. A Summary page will follow that displays the bank and account information.

## Retired Electronic Funds Transfer (Direct Deposit)

**Member Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

**YOU HAVE INDICATED THAT YOU WISH TO BEGIN DIRECT DEPOSIT (ELECTRONIC FUNDS TRANSFER) OF YOUR RETIREMENT BENEFIT PAYMENT TO THE FINANCIAL INSTITUTION/ACCOUNT BELOW. IF CORRECT, CLICK SUBMIT. OTHERWISE, USE THE BACK BUTTON TO MAKE ANOTHER SELECTION.**

**NAME OF FINANCIAL INSTITUTION:** BOILING SPRINGS S & L ASSN

**ACCOUNT TYPE:** Checking

Submit

Back

To make any corrections, click the "Back" button. Otherwise, click the "Submit" button to complete processing of your EFT request. A final confirmation page will be shown.

## Retired Electronic Funds Transfer (Direct Deposit)

**Member Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

**YOUR REQUEST TO BEGIN ELECTRONIC FUNDS TRANSFER OF YOUR RETIREMENT BENEFIT PAYMENT TO THE FINANCIAL INSTITUTION/ACCOUNT HAS BEEN SUBMITTED SUCCESSFULLY.**

To print this information, please use the "Printable version" link at the top of this page.

Click on the "Home" button at the top of the page to exit the application and return to the MBOS Home Page.

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