

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — JUDICIAL RETIREMENT SYSTEM

P.O. Box 295, Trenton, NJ 08625-0295

WAIVER OF ENROLLMENT IN THE JUDICIAL RETIREMENT SYSTEM (JRS)

Due to receipt of a full pension benefit from another New Jersey State-administered retirement system

Name:	Former Fund and Membership Number:
Last four digits of Social Security Number:	Date of Birth:
Effective Retirement Date:	Judicial Appointment Date:
The following Terms and Conditions must be met and acce	pted in order for you to waive your enrollment in the JRS.
 I understand N.J.S.A. 43:6A-14b does not permit the re- retirement system while I am serving on the Bench and 	eceipt of a pension from another New Jersey State-administered d a contributing member of the JRS.
is a county, municipality, board of education, or authori	y State-administered retirement system and my former employer ty, my retirement benefit must be due and payable (30 days after d of Trustees approval date, whichever is the later date) prior to
	ey State-administered retirement system and wish to retire and ership, I must have at least a 180-day break in service prior to my
 I understand that once my retirement benefit from anoth payable, I may not cancel that retirement and elect to ex- 	her New Jersey State-administered retirement system is due and enroll in the JRS.
my beneficiary may elect any retirement survivorship b after retirement in lieu of any active employee death be ship. The retirement survivorship benefits, if elected by	ed on my retirement application with the prior retirement system, benefits, if applicable, that I may have selected for my beneficiary enefits based on the rules of my prior retirement system members a beneficiary, will not become effective until my retirement date, ployee death benefits based on the rules of my prior retirement on the active death benefits payable from the JRS.
 I understand that once I waive enrollment in the JRS, New Jersey State-administered retirement system in o 	, I may not later request to cancel my retirement from the prior rder to enroll in the JRS.
my retirement service and retired coverage eligibility f	from another New Jersey State-administered retirement system, for health benefits purposes is determined by the last employer r, that I may participate in the New Jersey State Health Benefits
 I understand that by waiving my right to enrollment in benefits set forth in N.J.S.A. 43:6A et seq. 	the JRS, I forfeit all rights and privileges to the JRS retirement
l,Print Name	, hereby waive my enrollment in the JRS.
Signature	Date
FOR NJDPB USE ONLY: Reviewed by:	Date:
Retirement #: Annotation made:	_ Waiver list updated: AOC notified: