



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — WAIVER OF RETIREMENT PROGRAM PARTICIPATION

For members in the Public Employees Retirement System (PERS), Teacher’s Pension and Annuity Fund (TPAF), Police and Firemen’s Retirement System (PFRS), or State Police Retirement System (SPRS) earning salary in excess of the Social Security maximum

Please follow the instructions on page 2 of this form.

As a member of PERS, TPAF, PFRS, or SPRS deemed eligible and required to participate in the Defined Contribution Retirement Program (DCRP) based upon salary exceeding the Social Security maximum, under P.L. 2007, c. 103 (N.J.S.A. 18A:66-2 et seq. and N.J.S.A. 43:15A-6 et seq.) and P.L. 2010, c. 1 (N.J.S.A. 43:16A-1 et seq. and N.J.S.A. 53:5A-3 et seq.), I elect to waive participation in the DCRP with regard to my current eligible employment.

I acknowledge that this written waiver filed with the New Jersey Division of Pensions & Benefits (NJDPB) waives all rights and benefits that would otherwise be provided by the DCRP.

I understand that I may thereafter elect to participate in the retirement program by filing an *Election to Participate in the DCRP* form with the NJDPB. Such election shall commence on the first day of January following the filing of the election to participate.

CERTIFICATION AND SIGNATURE *(Must be completed to waive participation.)*

By signing this form, I acknowledge that I am waiving all rights and benefits that would otherwise be provided by the DCRP with regard to my employment or position with:

_____ as _____
Name of Employer Title

_____ *Member’s Name (Please Print)* _____ *Social Security Number or Pension ID Number*

_____ *Signature* _____ *Date*

EMPLOYER CERTIFICATION

I certify that this employee and the position listed meet the eligibility criteria for the retirement program under N.J.S.A. 43:15C-2 and that the employee has voluntarily elected to waive participation.

Certifying Officer _____
Print Name

Certifying Officer’s Signature _____ Date _____

Phone Number (_____) _____ - _____ Ext. _____ Location No. _____

INSTRUCTIONS

Member Instructions

Read the information about Waiver of Participation in the DCRP, then complete the Certification and Signature section. By signing this *Waiver of Retirement Program Participation* you indicate that you understand and agree to the conditions.

In the Certification and Signature section:

- Enter the full name of your employing entity and your official title or position;
- Print your name — Enter your full name (first, middle initial, and last name);
- Enter your Social Security Number or your Pension ID Number;
- Sign and date this *Waiver of Retirement Program Participation* form. Unsigned waivers will be returned; and
- Submit the completed form to your employer.

Employer Instructions

If waiving participation, this completed form must be certified by the employer and submitted to the NJDPB at the time employment commences.

Return completed form to:

**New Jersey Division of Pensions & Benefits
Defined Benefit & Defined Contribution Bureau
P.O. Box 295
Trenton, NJ 08625-0295
or fax to: (609) 633-1696**