



State of New Jersey • Department of the Treasury  
**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

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

**ENROLLMENT APPLICATION FOR POLICE AND FIREMEN'S RETIREMENT SYSTEM (PFRS) MEMBERS**

See page 2 for instructions on completing this form.

**FOR DIVISION USE ONLY**

Location Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**PART 1 — APPLICANT INFORMATION**

1. Name \_\_\_\_\_  
Last First Middle Former Name Used During Previous membership (if applicable)
2. Social Security Number \_\_\_\_\_
3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Gender  Male  Female  Non-Binary
5. Phone Number \_\_\_\_\_
6. Address \_\_\_\_\_  
Street City State Zip Code
7. Is the applicant a former member of the PFRS?  Yes  No
- 8a. Enter the name of any public retirement system in which the applicant is or has been a member in this or any other state:  
 \_\_\_\_\_
- 8b. Is the applicant receiving benefits from any retirement system at this time?  Yes  No

**PART 2 — EMPLOYER INFORMATION**

9. Employer Name \_\_\_\_\_
10. County \_\_\_\_\_
11. Location Number \_\_\_\_\_ Bureau Number \_\_\_\_\_ Payroll Number \_\_\_\_\_  
If Applicable State Locations Only
12. Title/Position of Applicant \_\_\_\_\_
13. Is the individual still considered a temporary (provisional) employee?  Yes  No
- 14a. Date Employment Began \_\_\_\_/\_\_\_\_/\_\_\_\_
- 14b. Regular or Permanent Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_
15. Date employee completed PTC/Academy training or Firefighter 1 certification \_\_\_\_/\_\_\_\_/\_\_\_\_
16. Date medical requirement was approved by the examining physician \_\_\_\_/\_\_\_\_/\_\_\_\_
17. Current Annual Base Salary \$ \_\_\_\_\_ (Do not include hourly or per diem rates.)

**PART 3 — EMPLOYER CERTIFICATION**

18. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

<i>Print Certifying Officer's Name</i>	<i>Signature of Certifying Officer</i>	<i>Date</i>
<i>Phone Number</i>	<i>Email Address</i>	
<i>Print Name of Certifying Officer Supervisor</i>	<i>Signature of Certifying Officer Supervisor</i>	<i>Date</i>

## PFRS ENROLLMENT APPLICATION INSTRUCTIONS

If this application is not submitted on a timely basis, a late employer liability may be assessed. All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). Paper enrollment applications mailed to the New Jersey Division of Pensions & Benefits will be returned to you for processing through EPIC, with the exception of paper applications accompanied by an *Application for Interfund Transfer*.

### WHO IS REQUIRED TO ENROLL?

Every permanent, full-time, active employee in an eligible PFRS title must enroll in the PFRS as a condition of employment if the employee has completed the required police or fire training and has satisfied the age and health requirements for membership.

### ELIGIBLE TITLES

Only those employees holding an eligible title may join the PFRS. Because the list of the PFRS eligible titles changes periodically, an updated listing of all PFRS titles is available on the New Jersey Division of Pensions & Benefits' (NJDPB) website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)

### APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Social Security Number** — Enter applicant's Social Security number.
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *Enrollment Application* if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
4. **Gender** — Indicate applicant's gender.
5. **Phone Number** — Enter applicant's phone number and extension, including area code.
6. **Address** — Enter applicant's current mailing address.
7. **Former Member of the PFRS** — Check Yes or No. An *Enrollment Application* should not be filed for any employee who is a former member and (1) did not terminate by withdrawal and (2) has been inactive for less than two years.
8. (a) **Other Public Retirement Systems** — Enter the name of any non-federal public retirement system, in this or any other state, in which the applicant is or has been a member. Do not include private employment.  
 (b) Indicate if the applicant is receiving any retirement benefits at this time.

### EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer is located.
11. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Temporary/Provisional** — Check Yes or No.

*Continued on page 3*

**PFRS ENROLLMENT APPLICATION INSTRUCTIONS**

14. (a) **Date Employment Began** — Enter the employee's date of hire.
- (b) **Regular or Permanent Appointment Date** — For Civil Service locations, enter the date the employee was given permanent status in his or her title. If an employee is hired from a certified Civil Service list, or is hired in an unclassified title, the dates in Items 14a and 14b would be the same. For non-Civil Service locations, enter the regular appointment date. Employee cannot be temporary or per diem.
15. **PTC/Academy Training** — Enter the date this employee completed Police Training Commission (PTC) training. For firefighters, enter date employee received Firefighter 1 certification. Completion of the required training is mandatory for enrollment in the PFRS. If the employee completed training through Alternate Route or other training, provide the waiver certification date from the PTC. The date of enrollment in the PFRS will be the regular/permanent appointment date or the start of the next reporting period after successful completion of the police or firefighter training, whichever date is later.
16. **Medical Requirements** — Indicate the date medical requirements were approved by the examining physician; the medical exam must occur within one year of submission. You are not required to attach the *Report of Examining Physician* to the *Enrollment Application*. However, the *Report of Examining Physician* must be kept on file at the employer's location for auditing by the NJDPB.
17. **Current Annual Base Salary** — Enter the employee's current contractual annual base salary. Please do not give hourly or per diem rates. Before the Certifying Officer signs the *Enrollment Application*, it is suggested that the application be reviewed for missing, erroneous, or inconsistent information, in order to avoid processing delays.

**EMPLOYER CERTIFICATION**

18. **Certifying Officer and Certifying Officer's Supervisor** — The Certifying Officer and the Certifying Officer's Supervisor must sign and date this application. Unsigned applications will be returned. The signature by the Certifying Officer and the Certifying Officer's Supervisor must be an original signature, not stamped copies. Both the Certifying Officer and the Certifying Officer's Supervisor must print their names.

**Note:** The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information using the online *Designation of Beneficiary* application.

**Return this completed form to:**            **New Jersey Division of Pensions & Benefits**  
   **Enrollment Section**  
   **P.O. Box 295**  
   **Trenton, NJ 08625-0295**