

## **INSTRUCTIONS**

This form is to be completed for any member who leaves one New Jersey public employer to take a job with another New Jersey public employer but remains in the same retirement system. It is also used to establish multiple enrollment in the retirement system. A member establishes multiple enrollment when he or she is employed by more than one public agency at the same time in a position that is eligible for membership in the same retirement system.

If the new employment is covered by a different retirement system, an *Application for Interfund Transfer* should be completed instead of this form.

The *Report of Transfer/Multiple Enrollment Form* should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. The employer should establish that the employee's membership in the retirement system has not expired or been withdrawn. If the employee's membership has expired or been withdrawn, the employee must complete a new *Enrollment Application*.

The Division of Pensions and Benefits will process the *Report of Transfer/Multiple Enrollment Form* and will send a *Certification of Payroll Deductions* to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section  
Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295

**IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK, IT WILL DELAY THE PROCESSING THE MEMBER'S TRANSFER OR MULTIPLE ENROLLMENT. THIS MAY RESULT IN ADDITIONAL BACK PENSION CONTRIBUTIONS AND CREATE A HARDSHIP FOR THE MEMBER. THEREFORE, THE CERTIFYING OFFICER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE PRIOR TO SUBMISSION OF THIS FORM.**

**New Jersey Division of Pensions and Benefits**  
**ENROLLMENT APPLICATION**

PO BOX 295  
Trenton, NJ 08625-0295

DO NOT WRITE IN THIS BOX	LOCATION NO.	MEMBERSHIP NO.
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**APPLICANT INFORMATION:** *(Please Print or Type and follow the instructions on page 2 of this form)*

Select Pension Fund: *(Check one)*    ☐ Teachers' Pension and Annuity Fund    ☐ Public Employees' Retirement System

1. Name: \_\_\_\_\_  
Last      First (no nicknames)      Middle      Maiden Surname and Surname Used During Previous Membership

2. Address: \_\_\_\_\_  
Street      City      State      Zip Code

3. Social Security #: \_\_\_\_\_ 4. Gender: ☐ Male ☐ Female

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Month   Day   Year

7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?  
☐ Yes   ☐ No *(If "Yes", please provide retirement system name)* \_\_\_\_\_

**EMPLOYER INFORMATION** *(Please Print or Type):*

8. Employer Name: \_\_\_\_\_ 9. Title/Position of Applicant: \_\_\_\_\_

10. County: \_\_\_\_\_ 11. Location #: \_\_\_\_\_ Bureau #: \_\_\_\_\_ Payroll #: \_\_\_\_\_  
If Applicable      State - Loc. - Only

12. Is the applicant currently employed by more than one public employer? ☐ Yes ☐ No  
*(If "Yes", please provide name of employer(s))* \_\_\_\_\_

**TO BE COMPLETED FOR TPAF APPLICATIONS ONLY**

13 (a.) Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ *(Do not include temporary, substitute, or part-time service)*

13 (b.) Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☐ No

13 (c.) Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education?  
☐ Yes ☐ No

13 (d.) For NJ Department of Education Only: Is the position Unclassified Professional? ☐ Yes ☐ No

**TO BE COMPLETED FOR PERS APPLICATIONS ONLY**

14 (a.) Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ 14 (b.) Date of Regular or Permanent Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

14 (c.) Is applicant considered temporary or provisional? ☐ Yes ☐ No 15. Is applicant an elected official? ☐ Yes ☐ No

16. Is the applicant appointed by Special Resolution or Ordinance or by the Governor with Senate confirmation? ☐ Yes ☐ No

17. Has the applicant been awarded a professional services contract? ☐ Yes ☐ No

18. Current Annual Base Salary \$ \_\_\_\_\_ 19. (Check one) ☐ 10-Month Position ☐ 12-Month Position  
20. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L. 2010? ☐ Yes ☐ No

**EMPLOYER CERTIFICATION**

21. Name of Employer Representative Completing Application: \_\_\_\_\_

22. Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

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)*

23. \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Certifying Officer      Print Name of Certifying Officer      Month   Day   Year

24. \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Certifying Officer's Supervisor      Print Name of Certifying Officer's Supervisor      Month   Day   Year

**NOTE: IF THIS APPLICATION IS NOT SUBMITTED ON A TIMELY BASIS, A LATE EMPLOYER LIABILITY MAY BE ASSESSED.**

**ENROLLMENT APPLICATION INSTRUCTIONS***(This application to be completed by enrolling employer)***APPLICANT INFORMATION**

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **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); a U.S. Passport Card; Naturalization or Immigration papers; a current NJ Driver License or Digital Non-driver ID Card from MVC; Military records indicating your age.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

**EMPLOYER INFORMATION**

8. **Employer Name** — Enter the full employer name.
9. **County** — Enter county in which the employer resides.
10. **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).
11. **Title/Position of Applicant** — Enter title/position of applicant.
12. **Multiple Public Employers** — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.

**TPAF APPLICANTS ONLY**

13. (a.) **Date Employment Began** — Enter the date on which applicant started employment. Do not include temporary, substitute, or part-time service.
- (b.) **New Jersey Certificate Required** — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (c.) **Applicant has New Jersey Certificate** — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

**PERS APPLICANTS ONLY**

14. (a.) **Date Employment Began** — Enter the date on which applicant started employment.
- (b.) **Permanent Appointment Date** — Enter the date of the applicant's regular or permanent appointment.
- (c.) **Temporary or Provisional** — Indicate if the applicant is still considered a temporary or provisional employee.
15. **Elected Official** — Indicate whether the applicant is an elected official. On or after July 1, 2007, a newly elected official is ineligible for enrollment in the PERS. (See Fact Sheet #80.)
16. **Appointed Official** — Indicate whether the applicant is appointed. State appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate. Local appointees are individuals appointed by the Governor, including those requiring the advice and consent of the Senate or individuals appointed in a similar manner by the governing body of a local entity (county, municipality, etc.). On or after 7/1/07, a newly appointed official who does not have an existing PERS account is ineligible for enrollment in the PERS. (See Fact Sheet #80.)
17. **Professional Services Contract** — Indicate whether the individual is working under a professional services contract or providing professional services without benefit of a contract.
18. **Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
19. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.
20. **Hours Worked** — Indicate whether the applicant works the requisite number of hours. To be eligible for TPAF or PERS membership, the hours worked by an employee enrolled after May 21, 2010, must be fixed at 35 hours or more per week for State employees to be enrolled in the PERS; 32 hours or more per week for Local Government employees to be enrolled in the PERS; or 32 hours or more per week for State or Local Education employees to be enrolled in the TPAF.

**EMPLOYER CERTIFICATION**

21. **Name of Employer Representative Completing Application** — Print the name of the human resources representative or other employer representative who completes this *Enrollment Application* for the applicant.
22. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
23. **Certifying Officer** — The Certifying Officer must sign their name, print their name, and date this application. Unsigned applications will be returned.
24. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor must sign their name, print their name, and date this application. Unsigned applications will be returned.

**Please 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.

**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
**REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM**  
*See reverse side for instructions on completing this form.*

PO Box 295  
Trenton, NJ 08625-0295

**INDICATE TYPE OF ACTION:**

☐ **REPORT OF TRANSFER**      or      ☐ **MULTIPLE ENROLLMENT (PERS and TPAF Only)**

**INDICATE RETIREMENT SYSTEM:**

☐ Public Employees' Retirement System (PERS)      ☐ Teachers' Pension and Annuity System (TPAF)  
☐ Police and Firemen's Retirement System (PFRS)

**THIS SECTION TO BE COMPLETED BY THE MEMBER:**

Social Security Number: \_\_\_\_\_ Pension Membership Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State ZIP Code

Daytime Telephone: \_\_\_\_\_  
Area Code

**THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:**

Name of Former Employer: \_\_\_\_\_

Date of Last Pension Deduction Reported by Former Employer: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Month/Year or Pay Period/Year Month / Day / Year

Name of New Employer: \_\_\_\_\_

New Employer Location/Payroll Number: \_\_\_\_\_ Is New Employer a Board of Education? ☐ Yes ☐ No

Title of New Position: \_\_\_\_\_ Date Current Employment Began: \_\_\_\_\_  
Month Day Year

**To be completed for TPAF applications only**

Date Employment Began: \_\_\_\_\_ (Do not include temporary or substitute service)  
Month Day Year

Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☐ No

Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☐ No

For NJ Department of Education Only: Is the position Unclassified Professional? ☐ Yes ☐ No

Current Annual Base Salary: \$ \_\_\_\_\_ Employee is paid on: ☐ 10 month basis ☐ 12 month basis

Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L.2010? ☐ Yes ☐ No

Is employee currently employed by more than one public agency? ☐ Yes ☐ No

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)

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Print Name of Certifying Officer

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Telephone Number: Area Code Extension Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Signature of Certifying Officer's Supervisor

\_\_\_\_\_  
Print Name of Certifying Officer's Supervisor

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Telephone Number: Area Code Extension Number

State of New Jersey  
 Department of the Treasury — Division of Pensions and Benefits  
 PO Box 295, Trenton, NJ 08625-0295

### APPLICATION FOR INTERFUND TRANSFER

This application must be completed by you and your former employer. This application must be filed with a new Enrollment Application for the Retirement System to which you are transferring.

**PART 1 — Check one:** ☐ Transfer to Teachers' Pension and Annuity Fund ☐ Transfer to State Police Retirement System  
☐ Transfer to Public Employees' Retirement System ☐ Transfer to Judicial Retirement System  
☐ Transfer to Police and Firemen's Retirement System

1. Print Full Name \_\_\_\_\_ 2. Membership No. \_\_\_\_\_

3. Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

4. Currently a member of the \_\_\_\_\_  
NAME OF RETIREMENT SYSTEM

5. Resigned, Was dismissed, \_\_\_\_\_ from my position as \_\_\_\_\_  
CIRCLE ONE OTHER TITLE OF POSITION

6. Date of termination (MM/DD/YYYY) \_\_\_\_\_

**7. NEW EMPLOYER**

\_\_\_\_\_  
NEW EMPLOYER NAME COUNTY

8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. I understand that once my Application for Interfund Transfer is submitted to the Division of Pensions and Benefits, I cannot change my decision to transfer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PART II — CERTIFICATION OF FORMER EMPLOYING AGENCY**

Certifying Officer: In order to avoid delay in honoring this transfer, your certification will be used to calculate the payment due.

- ☐ resigned ☐ position abolished / laid off  
☐ was dismissed (no appeal pending)  
☐ was dismissed (appeal pending)

I hereby certify that \_\_\_\_\_  
NAME OF MEMBER

from this department, agency, or school district on \_\_\_\_\_ The last salary deduction was made on \_\_\_\_\_  
DATE OF SEPARATION

\_\_\_\_\_ for \_\_\_\_\_ The employee's annual base salary  
DATE MONTH YEAR

prior to resignation/dismissal was \$ \_\_\_\_\_

*I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see QUARTERLY REPORT OF CONTRIBUTIONS). Biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.*

Quarter Ending	Base Salary Subject to Contributions This Quarter	Pension Contribution	Loan Repayment	Back Deductions		Arrears and/or Purchases	Total Pension Deductions	Supplemental Annuity	
				No. Payments	Amount			% Rate	\$ Amount

I certify that this employee and position met 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)

SIGNATURE OF CERTIFYING OFFICER _____	PRINT NAME OF CERTIFYING OFFICER _____	DATE _____
TITLE _____	EMPLOYING AGENCY _____	
COUNTY _____	PHONE NUMBER _____	EXTENSION _____
SIGNATURE OF CERTIFYING OFFICER'S SUPERVISOR _____	PRINT NAME OF CERTIFYING OFFICER'S SUPERVISOR _____	DATE _____
TITLE _____	PHONE NUMBER _____	EXTENSION _____