



[Pensions and Benefits Home Page](#)

Employer Pensions and Benefits Information Connection (EPIC)

EPIC User's Information Guide

[Printable version](#) (PDF 820K)

To print this page in PDF, you must have [Acrobat Reader](#) which is available free from Adobe.

[EPIC Registration Information](#)

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PART I — Welcome to EPIC

The Employer Pensions and Benefits Information Connection (EPIC) is a set of Internet based applications that allow registered employers access to their employees' pension and, if applicable, health benefit account information. The Division of Pensions and Benefits has designed EPIC to be both fast and easy to use. Once you begin to use EPIC, we believe you will find it to be one of your most useful resources for the accurate information you need for the day-to-day administration of your employees' pensions and benefits.

Access to EPIC is granted through the *MyNewJersey* Web site (www.state.nj.us). *MyNewJersey* is the platform through which the State of New Jersey provides a variety of e-business services and online information. By routing access to EPIC through *MyNewJersey*, the Division of Pensions and Benefits is able to provide registered employers with a technology platform that is secure, efficient, and easy to use.

For more about becoming a registered user of EPIC and *MyNewJersey*, see the [EPIC Registration Information page](#).

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The EPIC Home Page

When you first sign onto EPIC you are taken to the EPIC Home Page.

njhome | my new jersey | people | business | government | departments

new jersey division of pensions and benefits
employer pensions and benefits information connection

pensions and benefits home Logout

Employer Information:
Select a location from the dropdown menu.
020010200 - TREASURY-DIV OF
TREASURY-DIV OF PENSIONS & BEN.
50 WEST STATE STREET
PO BOX 210
TRENTON NJ 08625-0210
LISA KUZEMKA
(609)292-8784
Fax : (609)633-9129
Email: LISA.KUZEMKA@TREAS.STATE.NJ.US
If the above information is not correct, please contact your EPIC Security Officer

Search Help
Links & Forms
Select MBOS Role

Employer Applications:
Enter the Member Search information below and click on an application button.
Member Search:
Member ID: - SSN:
Last Name: First Name:

Payroll Certifications State Health Benefits Program
Enrollment Application Status Loan Estimate
Retirement Application Status Retirement Calculator
Member Account Information Deferred Compensation Info.
Check for Existing Account Suppl. Annuity Collective Trust
Transmittal Electronic Payment Report of Contributions (IROC)

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On the left side of the EPIC Home Page you will find "Employer Information" that identifies the employer through which you have access and helpful links — the online help screen is available by clicking the "Search Help" button.

- A drop-down box identifies the pension fund and employer location number and name through which you are logged onto EPIC.
- If you have EPIC access to other pension funds or employing locations, you may select them by clicking on the arrow at the right of the drop-down listing. Once you select another location number from the list, the employer information for that employing location will be displayed on the left side of the EPIC Home Page.

Note: As an EPIC user, you are only permitted access to information about employees of the employing location shown in the drop-down box at the top of the "Employer Information" area. The single exception to this security precaution is the "Check for Existing Account" application [described below](#) in Part II.

On the right side of the EPIC Home Page are the "Employer Applications". The application area contains:

- Text fields for entering the membership number, Social Security number, or the name of employees whose account information you wish to retrieve.
- Buttons for calling up the various online applications. Additional information about these applications is provided in the next section.

Note: EPIC users have access to a variety of online applications. The specific group of application buttons you will see depends on the type of employer you represent and the level of access authorized by your EPIC Security Officer.

Note for MBOS Users

If you have EPIC access through your employer and are also registered as a member in the *Member Benefits Online System* (MBOS), you will need to select the role you wish to open for the session each time you log on (below).

SAMPLE APPLICATION BUTTONS



Select Role

Employer
 Active Member

Note: If you are registered with multiple roles through EPIC and/or MBOS, you may click the "Select MBOS Role" button on the EPIC home page to leave the current EPIC session and access your MBOS account.

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EPIC Support

If, after reading this *EPIC User's Guide*, you still have questions about or difficulty accessing or using EPIC, registered users may contact the Division's EPIC Help Desk at (609) 777-0534 or send e-mail to: pensions.nj@treas.state.nj.us.

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PART II — EPIC Applications

Navigating Between Applications

All of the EPIC Employer Applications contain a navigation bar at the top of the page that allows you to begin a new search in the current application or access other EPIC applications without having to return to the EPIC Home Page.

The screenshot shows a blue navigation bar with the text "employer pensions and benefits information connection" on the left and "pensions and benefits home" on the right. Below the bar, there is a "New Search" button, a "Member ID # 2-" field with a dropdown arrow, an "SSN" field with three input boxes, a "Home" button, and a "Logout" button. At the bottom left, there is a "Select Application" dropdown menu.

To begin a new search in the same application, enter the employee's membership number or Social Security number in the appropriate field and click the "New Search" button. To go to another application, click the application name which is found in the "Select Application" drop-down box.

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Payroll Certifications

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

To access the application, click the "Payroll Certifications" button.

Payroll Certifications

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS
Selection Criteria

On the page that appears you can request all certifications or choose only a specific type of certification (loans, back deduction, etc.).

You may also request certifications for all employees or view certifications for an individual employee by entering a membership number, Social Security number, or name.

The screenshot shows a form titled "Payroll Certifications" with the following fields: "Location" (02-00102-00), "Cert Type" (ALL), "Member ID" (2 - [input]), "SSN" ([input][input][input]), "Last Name" ([input]), and "First Name" ([input]). There is a "Legend" button and a "Submit" button at the bottom.

When all selections have been made, click the "Submit" button and a page will load with a list of certifications that met the selected criteria (past certifications are archived for up to two years).

Certifications are retrieved in groups of 25 and presented five at a time. If the certification you are looking for is not in the first five returned, click the "Next" button to view the next five certifications in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 certifications, click the "Next Group" button. The next 25 certifications will then be loaded and displayed five at a time.

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



Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

	No	Deduction Date	Certification Type	Member ID	Member Name
<input type="checkbox"/>	61	03/23/2002	LOANS	02-0123456	EMPLOYEE, JOHN
<input type="checkbox"/>	62	03/23/2002	ADJUS	02-0555999	MEMBER, IMA
<input type="checkbox"/>	63	03/23/2002	SACT	02-0999555	DOE, JOSEPHINE
<input type="checkbox"/>	64	03/23/2002	LOANS	02-0111222	JONES, SAM
<input type="checkbox"/>	65	03/23/2002	LOANS	02-0222111	WORKER, STEPHANIE
Select All <input type="checkbox"/>				Total Records Found 898	

To view a specific certification, click the check box that corresponds to the certification you want and then click 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). Selected certifications are presented one at a time with navigation buttons to go to the "Next" or "Previous" certification.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PENSIONS AND BENEFITS P.O. BOX 295 TRENTON, N.J. 08625-0295		CERTIFICATION OF PAYROLL DEDUCTION ALL DEDUCTIONS BEGIN 02/09/2002			
PUBLIC EMPLOYEES' RETIREMENT SYSTEM		SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
NAME	MEMBER, IMA	LOAN			
MEMBER ID	02-0555999				
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					
			DIV OF PENSIONS AND BENEFITS SUPERVISOR PAYROLL UNIT PO BOX 210 TRENTON NJ 08625-0295		

Note: The payroll certification for new hired employees can be viewed only upon the completion of the enrollment process. You may check the enrollment status using the "Enrollment Application Status" application.

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Enrollment Application Status

The Enrollment Application Status application allows you to check the enrollment status of newly hired employees. Once an *Enrollment Application* is received by the Division, and processing has begun, it will be accessible by this application.

Access to the application requires the employee's Social Security number. Enter the Social Security number on the EPIC Home Page and click the "Enrollment Application Status" button.

The page that appears will show any *Enrollment Applications* processed for the individual along with the current processing status. If the processing of the enrollment has been delayed pending the need for additional information, the pending reason will be displayed.

Enrollment Application Status

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

	No	Member Name	SSN	Application Processed	Certification Date
<input type="radio"/>	1	EMPLOYEE, JOHN	123-45-6789	Yes	10/10/1998
				Pending Reason	
				Total Records Found 2	

If processing is complete and a *Certification of Payroll Deductions* is pending or has been issued, the certification date will be displayed (see above for [Payroll Certifications](#)).

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TPAF Enrollment Application

The online TPAF Enrollment Application allows education employers to enroll eligible, newly hired employees into the Teachers' Pension and Annuity Fund (TPAF).

View an online tutorial on how to use this application. (Go to: <https://njpensions.webex.com/> then click the link at left for "Recorded Sessions" and then select the link for the "TPAF Enrollment Application." The Webex or Flash Player download may be required).

To access the application, click the "TPAF Enrollments" button on the EPIC home page.

On the page that appears:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer questions 1 through 8.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Submit" button.

TPAF Enrollment

* = required

*First Name:	Middle Name:	*Last Name:	Suffix:	Maiden or Former Name:
<input type="text" value="Ann"/>	<input type="text"/>	<input type="text" value="Winston"/>	<input type="text"/>	<input type="text"/>
*Social Security Number:		*Date of Birth:		*Gender:
<input type="text" value="357"/> - <input type="text" value="65"/> - <input type="text" value="4334"/>		<input type="text" value="02/14/1984"/> (mm/dd/yyyy)		<input type="radio"/> Male <input checked="" type="radio"/> Female

1. Is the applicant receiving a benefit from a [local](#) New Jersey retirement system or the [ABP](#) at this time? Yes No
2. Does position *require* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? Yes No
3. Does the applicant *hold* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education? Yes No [Certificate Pending](#)
4. Is the position Temporary? Yes No
5. Is the position Bedside or Home-bound Instruction? Yes No
6. Is the position Substitute? (On-call, Permanent, Long-term, etc.) Yes No
7. Is the position for an interim Certificated Superintendent or Certificated Administrator? Yes No (As defined under [Chapter 355, P. L. 2001.](#))
8. Is this a Vocational Technical school? Yes No

*Date Employment Began: <small>(Do not include temporary or substitute service)</small>	*Current Annual Salary:	*Job Title:	*Payroll Schedule :
<input type="text" value="09/01/2006"/> <small>(mm/dd/yyyy)</small>	\$ <input type="text" value="28000"/> . <input type="text" value="00"/> <small>(Enter dollar amount only)</small>	<input type="text" value="Teacher"/>	<input checked="" type="radio"/> 10 Month <input type="radio"/> 12 Month

***Applicant's Address Line 1:**

Applicant's Address Line 2:

*City:	*State:	*ZIP Code:
<input type="text" value="Anytown"/>	<input type="text" value="NJ"/>	<input type="text" value="08000"/> - <input type="text"/>

***Payroll/Benefits Office Phone Number:** () - Ext.

Please Note:

- **If the employee's enrollment *cannot* be processed online**, you will see a message explaining the reason and providing further instructions on how to proceed with the enrollment.
- **If it is determined that the employee' may be eligible for a Interfund Transfer**, you will see a message indicating to complete an [Interfund Transfer form](#) and send it to the Division of Pensions and Benefits. You will be able to click the "Continue" button to complete the online enrollment process.
- **In certain cases, online enrollments may require additional review.** If this is the case, you will see a message indicating that the Division of Pensions and Benefits will notify you of the final enrollment status within 30 days. You will be able to click the "Continue" button to complete the submission of the enrollment data.
- **Do Not submit paper enrollment applications** for TPAF employees who are processed through the online application.
- **Do Not submit PERS enrollment requests** through the online TPAF application.

When a submission is successfully completed, you will see a confirmation message.

TPAF Enrollment

The Enrollment application you have completed for the following member:

Name: Ann Winston

Membership Number: 1-0558784

Date of Birth: 02/14/1984

SSN: 357-65-4334

Certification Date: 09/01/2006

has been accepted by the Division of Pensions and Benefits. The above member has been enrolled into the Teachers' Pension and Annuity Fund on June 21, 2006. Please click "Continue" below to print two copies of the Enrollment Application, one for the member and one for your records.

Continue

Upon successful submission of an online TPAF Enrollment Application, click the "Continue" button.

A printable PDF version of the completed *TPAF Enrollment Application* will open. Print 2 copies of this application and give one to the newly enrolled member and keep the other copy for your records. (PDF files require [Acrobat Reader](#) which is available free from Adobe.)

Please go over the information contained on the Enrollment Application with the member.

IMPORTANT: The online TPAF Enrollment Application **does not** include the Designation of Beneficiary page that was part of the paper enrollment application. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record.

- Once members are enrolled, they will have the opportunity to open a [Member Benefits Online System](#) (MBOS) account and update their Designation of Beneficiary online. Details about MBOS are provided on the application printout.
- Members may also choose to complete and mail the standard [Designation of Beneficiary](#) form to the Division.

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PFRS Enrollment Application (State Employers Only)

The online PFRS Enrollment Application allows *State employers* to enroll eligible, newly hired employees into the Police and Firemen's Retirement System (PFRS).

Please Note:

- **The online application is designed for new hires to the PFRS.** It is not designed at this time to accept *Reports of Transfers, Interfund Transfer Applications*, or applications for those who are over the age of 35 and who are requesting age reduction based on supporting documentation. Those applications should continue to be submitted to the Division of Pensions and Benefits through normal processing channels.
- **Do Not submit paper enrollment applications for employees who are processed through the online application.**

- **Do Not submit the [Report of the Examining Physician](#) to the Division.** However, a completed *Report of the Examining Physician* form **must** be kept on file indefinitely by the employer so that it can be submitted to the Division if requested for any future appeal cases.
- **The online PFRS Enrollment Application designates all beneficiaries as the "estate."** Instructions are included in the online system for the completion by the member of the *Designation of Beneficiary* form should they wish to designate specific beneficiaries for pension and life insurance purposes.

To access the application, click the "PFRS Enrollments" button on the EPIC home page.

On the page that appears, enter the information for the employee who you wish to enroll.

- Be sure to carefully answer the questions regarding medical requirements, the type of employment, and police training.
- When all the information is entered, click the "Next" button to go to page 2 of the application.
- *If the employee's enrollment cannot be processed online, you will see a message explaining the reason and providing further instructions on enrollment.*

PFRS Enrollment

Location: 030060100 DEPT OF CORRECTIONS

First Name	Middle Name	Last Name	Title	Maiden or Former Name
JOSEPH	WILLIAM	FRIDAY		
SSN	Date of Birth	Date of Hire	Perm. Appointment Date	
123 - 45 - 6789	02 / 22 / 1983 MM / DD / YYYY	11 / 30 / 2005 MM / DD / YYYY	12 / 6 / 2005 MM / DD / YYYY	
Job Title	Gender	Current Annual Salary		
Correction Officer	<input checked="" type="radio"/> Male <input type="radio"/> Female	\$35000 00		
Note: If applicant's title is not reflected in the above list, please submit a paper enrollment application to the Division of Pensions.				
Has this applicant satisfied the medical requirements for the position? <input checked="" type="radio"/> Yes <input type="radio"/> No				
Is this employment Temporary or Provisional? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Is this employment Part-Time? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Has the applicant successfully completed the police training course at school approved and authorized by the Police Training Commission to give police training courses? <input checked="" type="radio"/> Yes <input type="radio"/> No				
Payroll/Benefits Office				
Phone Number				
(609) 555 5555 Ext. 555				
Area Code				
<input type="button" value="Next"/> <input type="button" value="Reset"/>				

On page 2 of the Enrollment Application, enter the home address information of the employee. *Please also validate all previously entered information.* When done, click the "Submit" button.

First Name JOSEPH	Middle Name WILLIAM	Last Name FRIDAY	Title	Maiden or Former Name
SSN 457 - 93 - 9864	Date of Birth 02 / 22 / 1983 <small>MM/DD/YYYY</small>	Current Annual Salary \$35,000.00	Gender Male	
Job Title Correction Officer	Date of Hire 11 / 30 / 2005 <small>MM/DD/YYYY</small>	Perm. Appointment Date 12 / 06 / 2005 <small>MM/DD/YYYY</small>		

Has this applicant satisfied the medical requirements for the position? Yes
Is this employment Temporary or Provisional? No
Is this employment Part-Time? No
Has the applicant successfully completed the police training course at school approved and authorized by the Police Training Commission to give police training courses? Yes

Address 123 FOURTH STREET	Address APARTMENT 5
City ANYTOWN	State <input type="text" value="NJ"/> ZIP Code <input type="text" value="08555"/> - <input type="text" value="5555"/>

Upon completion, you will see an enrollment confirmation page (below). If enrollment was successful, the message will show the newly issued PFRS membership number of the individual.

Click the "Print" button to open a printable PDF version of the completed *PFRS Enrollment Application* form. **A copy of this form *must* be printed for the employee and for your own records.**

Enrollment Successful

Member's Name: FRIDAY, JOSEPH WILLIAM
Membership Number: 3-97056
Payroll Certification Date: 01/07/2006

Please click PRINT to print a copy of the completed Enrollment Application and the Beneficiary Designation form.

A copy must be given to the member.

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Delayed Enrollments

The Delayed Enrollments application allows employers to view amounts currently due and/or past payments made for [delayed enrollments](#).

To access to the application click the "Delayed Enrollments" button.

The page that appears will show any current delayed enrollment balance(s) that is due. If there is no current balance due, a message to that effect will appear instead.

Delayed Enrollment Bill

LOCATION: 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	112347	03/04/2005	\$124.07	Yes
2	112348	06/10/2005	\$9,222.18	Yes
3	112349	07/08/2005	\$14,827.58	Yes
4	112350	08/05/2005	\$10,789.64	Yes

Total Records Found 4

Paid Invoices

[Frequently Asked Questions](#)

Click on the "Paid Invoices" button to view past, paid Delayed Enrollment Bill information.

Click the "Frequently Asked Questions" link to view more information about Delayed Enrollments.

Delayed Enrollment Bill

LOCATION: 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	112345	07/08/2005	\$246.88	No
2	112346	10/07/2005	\$687.50	No

Total Records Found 2

Unpaid Invoices

Clicking on the "Unpaid Invoices" button will return you to the previous screen.

Click on any "Invoice Number" to view the billing information in more detail.

INVOICE: 112348

INVOICE DATE: 06/10/2005

No.	Member Name	Member No.	Delayed Enrollment Amount	Delayed Appropriations Amount	Total
1	ROSS, ARNOLD	234567	\$3,432.15	\$1,002.19	\$4,434.34
2	LORENZO, ANNA	234566	\$1,852.88	\$541.04	\$2,393.92
3	WILSON, BILL	223456	\$1,852.88	\$541.04	\$2,393.92

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Membership Account Information

The Membership Account Information application allows you to view pension account information for any of your employees.

Access to the application requires the employee's membership number, Social Security number, or name. Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Membership Account Information" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

Member Account Information

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

THIS INFORMATION IS CURRENT AS OF 03/31/2002

Personal Data

FULL NAME	MEMBER, IMA		
PENSION FUND AND ID#	PERS	02-0556999	
SSN 123-45-6789	DATE OF ENROLLMENT	02/01/1989	
DATE OF BIRTH	08/14/1956	SEX	F
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			
DEFERRED COMPENSATION ENROLLMENT	NO		
SUPPLEMENTAL ANNUITY COLL TRUST ENROLLMENT			
REGULAR	NO	TAX-SHELTERED	NO
NOTICE OF DEATH			

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 information that identifies the employee and information on 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, total employee contributions to the pension fund, pension service credit, life insurance coverage status, and — if available to your employees — information for the State Employees Deferred Compensation Plan and Supplemental Annuity Collective Trust of New Jersey.

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Check for Existing Account

As previously mentioned, EPIC users are only permitted access to information about employees at their location. An exception to this is provided for the Check for Existing Account application. This application is designed to allow employers to check for an existing pension account and determine the status of any prior pension accounts (active, expired, withdrawn, retired, etc.) when hiring new employees.

- Knowledge of an existing active pension account is important so that the employer and employee can complete the appropriate enrollment or transfer application.
- Knowledge of retiree status is important because of salary or position limitations that can affect retirees who return to public employment.

Access to the application requires the employee’s Social Security number. Enter the Social Security number on the EPIC Home Page and click the "Check for Existing Account" button.

The page that appears will show the status of any New Jersey State-administered pension account listed for that Social Security number. If the account listed was with your employer it is marked with an asterisk.

Check for Existing Account

	Member Name	Member ID	Fund	Account Status	Last Quarter Contribution Date	Multiple Location
*	MEMBER, IMA	02-0999555	PERS	ACTIVE	03/31/2000	No
*	MEMBER, IMA	02-0555599	PERS	WITHDRAWN		No
* THIS MEMBER IS ENROLLED THROUGH YOUR LOCATION			Total Records Found 2			

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Loan Calculator

The Loan Calculator application allows you to see how much employees may borrow from their pension accounts, and view estimates of different loan and/or repayment amounts.

Access to the application requires the employee's membership number, Social Security number, or name. Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Loan Calculator" button.

The page that appears will show the maximum amount that the employee may currently borrow and the minimum allowable repayment schedule.

Loan Application Process

This Information is Current As of: 06 / 30 / 2004

Name JANE A. MEMBER Mem ID 02-0123456	Number of Loans This Year Loan Must Be Repaid By 04 / 06 / 2010 Next Available Check Date 04 / 06 / 2005 <i>The above figures <u>may</u> change after each loan</i>
--	---

Recalculate After Each Change

	<u>Results</u>	<u>Input</u>
Amount of Loan Requested <small>(To the nearest \$10)</small>	\$ 3990.00	\$ <input type="text" value="3990.00"/>
Single Biweekly Payment Requested	\$ 150.28	\$ <input type="text" value="149.31"/>
Number of Biweekly Payment Requested	108	OR <input type="text"/>

This Loan Repayment Will Begin: 04 / 16 / 2005

To view other loan and/or repayment combinations, type another loan or (larger) repayment amount into the fields provided. Then click the "recalculate" button.

After the page reloads, the new loan and repayment amounts will appear in the "Results" column.

Click on the "Restore Max/Min" button to return to the original maximum loan/minimum repayment calculations.

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Retirement Calculator

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

Access to the application requires the employee's membership number, Social Security number, or name. Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Calculator" button.

Retirement Calculator

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

Date of Birth: 05 / 17 / 1957

Retirement Type: Service

Retirement Date: Month / 1 / 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 the employee's 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 the employee will terminate employment (must be prior to the retirement date).
- If the employee is planning to purchase additional service credit, enter the service in the "Additional Service" field (optional).
- By clicking "Yes" in the "Add Beneficiary" area, a box will open where you may include the employee's 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 all of the information has been entered, click the "Submit" button.

The page that appears will show the 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
Maximum Option	\$ 29,838.24	\$ 2,486.52	No benefit payable to a beneficiary.
Option A	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option B	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option C	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option D	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 1	\$ 28,883.40	\$ 2,406.95	\$ 286,447.10 reduced each month by \$ 2,406.95.
Option 2	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 3	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
Option 4	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.

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Retirement Application Status

The Retirement Application Status application allows you to check the status of employees who have submitted a retirement application to the Division of Pensions and Benefits.

Click the "Retirement Application Status" button to request information on all retiring employees, or enter a membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Application Status" button to request the retirement application status for an individual employee.

Retirement Application Status

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

No	Member Name	Member ID	SSN	Retirement Date	Application Received Date	Certification Received Date	Quote Letter Date	Board Date
<input type="radio"/>	6	JONES, SAM	02-0111222	123-45-6789	07/01/2002	03/23/2001	04/23/2001	04/18/2002
<input type="radio"/>	7	WORKER, STEPHANIE	02-0222111	234-56-7890	07/01/2002	05/28/2002		
<input type="radio"/>	8	EMPLOYEE, JOHN	02-0123456	987-65-4321	07/01/2002	04/18/2002	05/21/2002	05/23/2002
<input type="radio"/>	9	DOE, JOSEPHINE	02-0999555	876-54-3210	04/01/2001	12/06/2000	12/14/2000	12/27/2000
<input type="radio"/>	10	MEMBER, IMA	02-0555999	111-22-3333	07/01/2002	05/19/2000	09/26/2000	04/15/2002
Total Records Found 24								

The page that appears will show the date the retirement application was received from the employee, the retirement date, and the date of receipt of the employer's *Certification of Service and Final Salary*. If available, the list will also include the date the quote letter was prepared and mailed to the member and the date the retirement will be presented for approval to the pension fund's Board of Trustees.

Retirement information records are retrieved in groups of 25 and presented five at a time. If the retirement information you are looking for is not in the first five records returned, click the "Next" button to view the next five records in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 records, click the "Next Group" button. The next 25 records will then be loaded and displayed five at a time.

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

Death Claim Certification

The Employers' Death Claim Certification application allows online submission of the service and salary information required by the Division of Pensions and Benefits following the death of an employee.

To access the application, click the "Death Claim Certification" button on the EPIC home page.

Employer's Certification: Death Claim

Click on a member's name to complete the *Employers' Certification — Death Claim*. To certify a new death claim click on the "Certify a New Death Claim" button.

Member Name	Member Number	Date of Death
ANNA MEMBER	2-0123456	08/18/2006
MORT WILSON	2-0345678	08/17/2006

[Certify a New Death Claim](#)

Retroactive salary adjustments must be submitted manually. Please complete the paper [Employer Certification Death Claim](#) form.

On the page that appears, you will see the names of any employees for whom there is an outstanding request for an Employer Certification for Death Claim.

- *Click on the member's name* to continue with completing that certification.
- By clicking the "Certify a New Death Claim" button, an employer may also enter information on a recent death, thereby generating a "report of death" to the Division.
- **Note:** *When a new Death Claim Certification is required, employers will receive an e-mail notification from the Division of Pensions and Benefits.*

Upon making your selection to complete an existing or new certification, the Certification Form will appear.

Employer Appropriations Bill

The Employer Appropriations Bill application allows employers to view amounts currently due and/or past payments made for pension system employer appropriations.

To access to the application click the "Employer Appropriations Bill" button.

The page that appears will show the current Employer Appropriations bill.

Employer Appropriations Bill		Location: 03-212340-00 BOROUGH OF ANYTOWN	
	Type		Amount
	Normal Contribution	\$	970,803.00
	Accrued Liability	\$	356,058.00
	Total Regular Pension Contributions	\$	1,326,861.00
	Chapter 108, P. L. 2004 Phase-in Credit	\$	(530,744.40)
Due and Payable April 01, 2006			
	Adjusted Balance	\$	796,116.60
	Total Balance Due	\$	0.00

To view Employer Appropriations bill for another year, select the year/date from the drop down list at the top of the Employer Appropriations Bill page.

Select Bill :

(Year - Print Date)

- 2005-10/07/2005
- 2004-07/26/2004

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Transmittal Electronic Payment System (TEPS)

The Transmittal Electronic Payment System (TEPS) application allows you to view past payments that have been made through TEPS. To access to the application, click the "Transmittal Electronic Payment" button on the EPIC Home Page.

The page that appears will show the current quarterly posting of account information by the Division of Pensions and Benefits.

Transmittal Electronic Payment System

Location: 02-212340-00 BOROUGH OF ANYTOWN

QR/YR 3/2004

To Make Payments [Click Here](#)

	Effective	Deposit	Pension	Insurance	SACT	TSA
	MO/YR	Date	Amount	Amount	Amount	Amount
	07/2004	07/27/2004	\$20,847.74	\$1,972.38	\$0.00	\$0.00
	08/2004	08/26/2004	\$20,712.06	\$1,975.50	\$0.00	\$0.00
	09/2004	10/14/2004	\$28,788.96	\$2,522.86	\$0.00	\$0.00
		Total	\$70,348.76	\$6,470.74	\$0.00	\$0.00
ROC Due Amt.			\$68,239.00	\$6,369.99	\$0.00	\$0.00

By clicking on the "Select Period" drop-down box, you can access TEPS payment records from previous quarters.

Select Period ▼

Select Period

2004-3

2004-2

2004-1

2003-4

2003-3

Last 6 Months

You can print the TEPS information page by clicking the "Printable Version" link at the top of the TEPS page.

Clicking on the [To Make Payments Click Here](#) link, will take you to the TEPS Online Payment System where you can make payments over the Internet (instead of payments over the phone).

Welcome to the New Jersey Division of Pensions and Benefits TEPS Program.

Log On

Please enter your information to access our secure system.

Location Number:

Password:

[Log On](#)

Note: You must be a registered user to make TEPS payments online — your Location Number and TEPS Password are required to access the Online Payment System.

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Internet-based Report of Contributions (IROC) [Click here to view the IROC Users Guide](#)

The Internet-based Report of Contributions (IROC) application allows you to view, update, and submit your quarterly Report of Contributions over the Internet. To access to the application, click the "Report of Contributions" button on the EPIC Home Page.

The screenshot displays the EPIC Home Page header with navigation links: njhome | my new jersey | people | business | government | departments. The main title is "new jersey division of pensions and benefits employer pensions and benefits information connection". A "Logout" button is visible in the top right.

Employer Information:
Select a location from the dropdown menu.
010703601 - ANYTOWN BOARD OF ED
ANYTOWN BOARD OF ED
123 MAIN STREET
P.O. BOX 321
ANYTOWN, NJ 08080-0000
JANE DOE
(609) 123-4567
Fax. : (609) 123-4568
Email: EMPLOYER@MAIL.COM
If the above information is not correct, please contact your EPIC Security Officer

Employer Applications:
Enter the Member Search information below and click on an application button.

Member Search:
Member ID: 1 - SSN:
Last Name: First Name:

Report Of Contributions

Buttons: Search Help, Links & Forms

Detailed instructions on using the IROC application are contained in the [IROC Users Guide](#).

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Employer Certification of Withdrawal

The Employer Certification of Withdrawal application allows employers to complete and certify the withdrawal information for retirement system members who have **terminated employment** (but who *have not* applied for retirement). This information is used to verify eligibility for a withdrawal and to calculate the withdrawal payment due to the member.

To access the application, click the "Certification of Withdrawal" button.

On the page that appears, you will see the names of any of your employees who have submitted an Application for Withdrawal where the Employer Certification is still outstanding.

Click on the member's name to continue with completing that certification.

Employer's Certification for Withdrawal

Please select the member for whom you wish to complete the *Employer's Certification for Withdrawal*, by clicking on the member's name

Member Name	Member Number	Data Submitted
SARA MEMBER	02-2345678	03/09/2006

Add New Part II

By clicking the "Add New Part II" button, employers may also submit a "new certification" for a member who is not listed but who is in the process of submitting an Application for Withdrawal.

When submitting a "new certification", enter the member's ID number and name on the "Member Search" page.

Employer's Certification for Withdrawal

Member Search:

* **Member ID:** 2 -

* **Last Name:** **First Name:**

On the Certification Page, indicate the reason and dates for the employee's termination, the status of any Workers' Compensation claim, and a contact telephone number for the employer representative completing the certification.

When done, click the "Submit Certification" button.

Employer's Certification for Withdrawal

This certification will be used to calculate the withdrawal payment due for member

Member Name: SARA MEMBER

Member Number: 02-2345678

Social Security Number: 345-67-8901

I certify that this former employee:

- Resigned
 Was Dismissed (no appeal pending)
 Was Dismissed (appeal pending)

from this organization on : (MM/DD/YYYY)

2/14/2006 

The last pension deduction was made: Jan / 2006

The employee is, or is 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

The employee Does, or Does not have Worker's Compensation claim or litigation pending.

Payroll/Benefits Office Phone Number: () - ext.

Submit Certification

Reset

You will see a confirmation page to indicate that the certification 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: SARA MEMBER

Member Number: 02-2345678

Social Security Number: 345-67-8901

Withdrawal Certification Submitted Successfully on 03/09/2006

You have indicated that:

- This employee **resigned** from the employment on **02/14/2006**;
- This employee **is not** receiving periodic benefits for Worker's Compensation and **does not** have a Workers' Compensation claim or litigation pending.

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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 for any of your employees who participate in SACT.

Access to the application requires the employee's Social Security number or name. Enter the Social Security number or name on the EPIC Home Page and click the "Supplemental Annuity Collective Trust" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

Supplemental Annuity & Collective Trust **Location: 02-00102-00 TREASURY-DIV OF PENSIONS & BEN.**

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

To begin a new search in the same application, click the "back" button until you reach the EPIC Home Page. Enter the employee's Social Security number or name in the appropriate field and click the "Supplemental Annuity Collective Trust" button.

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State Health Benefits Program (SHBP) — Member Account Information

Available only to SHBP participating employers

The State Health Benefits Program application allows you to view both active and retiree health benefit account information for any of your employees, as well as COBRA information. To access the application click the "State Health Benefits Program" button.

The screen that appears is the "Subscriber/Dependent Search" screen. In order to see health benefit information for an employee, you must enter:

- Your Employer ID, Bureau, and Payroll Numbers; and
- The employee's Social Security number OR the employee's name.

Once you have entered this information, click the "Search" button.

If you enter incorrect information and need to start again, hit the "Reset" button and the information will clear.

State Health Benefits Program

The screenshot shows a web form titled "Subscriber/ Dependent Search". It has three main sections for input:

- Employer Information:** Labeled "Enter Employer ID, Bureau and Payroll Num(If Applicable)", it contains three dropdown menus: "Employer ID: Select Employer", "Bureau: Select Bureau", and "Payroll Number: Select Payroll No".
- SSN Input:** Labeled "Enter s subscriber or Dependent SSN to View", it features a text input field for "SSN:" with a format of three boxes separated by dashes (e.g., [] - [] - []).
- Name Input:** Labeled "Enter a Subscriber or Dependent Last/ First Name", it has two text input fields: "Last Name:" and "First Name:".

At the bottom of the form are two buttons: "Search" and "Reset".

If the employee has more than one type of SHBP account (Active, Retired, or COBRA) a page will appear listing the choices. Select the account you wish to view by clicking the link in the Employer ID column.

Subscriber Information

The page that appears will show the Eligibility Summary, Coverage Information, and Dependent Information for that employee/Retiree. Buttons at the top right side of the Eligibility Summary screen allow you to switch from the Active coverage view to a retired or COBRA coverage view.

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status Active

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Termed
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Coverage Allowed	Yes
Hire Date	11/16/1970	25 yr Union Code	999	Rx Coverage Waived	No
10 Month/ 12 Month Employee	12	Date of Death	n/a	Dental Coverage Allowed	Yes
				Dental Coverage Waived	No
				Rx Union Code	023
				Former Link SSN	n/a

Coverage Information

Select a coverage for additional information			Select here to view previous coverage information			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
Health	NJ PLUS	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
Prescription Drug	State Formal Prescription Drug	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
Dental	Dental Expense Program	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
Vision	None					

Dependent Information

Name	Rel	SSN
Maryann Member	Spouse	987-65-4321
Kristy Member	Child	876-54-3210
Jeffrey Member	Child	765-43-2101

To view the Expanded Coverage Listing, showing the history of the SHBP account, click the link "Select here to view previous coverage information".

[Select here to view previous coverage information](#)

The following information will appear:

Expanded Coverage Listing

Select a coverage for additional information							
Plan Type	Service Name	Contract Level	Info	Effective Date	Term Date/Reason	User	Date
Health	Traditional	Memb/spo	Current	04/01/1982		TYPREED	06/12/2000

Click the "Plan Type" to see [billing information](#).

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

Provider and Billing Information

To view additional information about the current Service Provider, click one of the links under "Plan Type."

Plan Type
Health
Prescription Drug
Dental
Vision

The following information will appear:

John A. Member **SSN** 123-45-6789

Service Provider

Service	NJ PLUS	Primary Provider	J184600
Employment Status	Retired	Secondary Provider	n/a
Eligibility Reason	Self	Direct Bill Reason	n/a
		Direct Bill Date	n/a

SBI Inquiry Detail for 05/01/2005

Type	Count	Subscriber	Employer	Pension Fund	Status Pay	Div Expense
Retro						
Partial						
Full	1			+1028.13		+1.57
Totals:	1			+1028.13		+1.57

Selected Bill Period

Bill Period

Use the drop down list to select a specific Billing Period.

If there is a link in the "Type" column, clicking it will show you additional billing details.

John A. Member **SSN** 123-45-6789

Full **Detail Record**

Service	NJ PLUS
Employment Status	Retired
Eligibility Reason	Self

Coverage Period						Bill Period	
From Date	To Date	Charge Days	Contract Level	Total Amount	Direct Bill	From Date	To Date
08/09/2003		031	Mem/spse-dom Prtn	+1028.13	N	01/01/2005	

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

Dependent Coverage

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

Dependent Information

Name	Rel
Maryann Member	Spouse
Kristy Member	Child
Jeffrey Member	Child

Information about the dependent's coverage will appear:

Dependent Detail
Maryann Member [SSN](#) 987-65-4321

Former Name	n/a	Relationship	Spouse
Former SSN	n/a	Relationship Proof	n/a
Date of Birth	07/11/1950	Relationship Proof Date	n/a
Marital Status	Married	Medicare-A Date	10/01/2000
Date of Death	n/a	Medicare-B Date	08/01/2003
Gender	Female	Medicare Proof	Required/approved
Dependent Disability Extension	n/a		
Dependent Disability Date	n/a		
Dependent Disability Term Date	n/a		

Additional coverage information

Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ PLUS	08/09/2003		
Health	NJ PLUS	12/30/2000	08/09/2003	R
Health	NJ PLUS	06/29/1991	12/30/2000	Child Has Attained Age 23

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

Dependent Detail

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

Former Name	n/a	Relationship	Spouse
Former SSN	n/a	Relationship Proof	n/a
Date of Birth	07/11/1950	Relationship Proof Date	n/a
Marital Status	Married	Medicare-A Date	10/01/2000
Date of Death	n/a	Medicare-B Date	08/01/2003
Gender	Female	Medicare Proof	Required/approved
Dependent Disability Extension	n/a		
Dependent Disability Date	n/a		
Dependent Disability Term Date	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Dental	Dental Expense Program	08/09/2003	01/01/2005	N
Dental	Dental Expense Program	12/30/2000	08/09/2003	R
Dental	Dental Expense Program	06/29/1991	12/30/2000	Child Has Attained Age 23
Prescription Drug	State Formal Prescription Drug	12/30/2000	08/09/2003	R
Prescription Drug	State Formal Prescription Drug	03/13/1976	12/30/2000	Child Has Attained Age 23

[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.

Retiree Eligibility

To access Retiree Eligibility (if available), click the "Retiree Account" button when it appears at the top right of the Eligibility Summary screen.

[Retiree Account](#)

The following information will appear:

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status Retired

[Active](#) [Cobra Account](#) [Retiree Information](#)

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Eligible
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Union Code	n/a
Hire Date	11/16/1970	25 yr Union Code	999	Former Link SSN	n/a
10 Month/ 12 Month Employee	n/a	Date of Death	n/a		

Coverage Information

Dependent Information

Select a coverage for additional information			Select here to view previous coverage information			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
Health	NJ PLUS	Mem/spse-dom Prtn	Current	08/09/2003		
Prescription Drug	None					
Dental	None					
Vision	None					

Name	Rel	SSN
Maryann Member	Spouse	987-65-4321

To access additional retiree detail, click the "Retiree Information" button when it appears at the top right of the Retiree Eligibility Summary screen.

[Retiree Information](#)

The following information will appear:

Retiree Information

John A. Member - SSN 123-45-6789

Pension Fund	02 Public Employees Retirement System
Member ID	9999999
Retirement Number	10-987654
Retirement Date	07/01/2003
Retirement Months of Service	380
Retirement Type	All Other Retirement Types
Retirement Board Decision	n/a
Premium Share Union Code	999
Alternate Benefits Program 25 year Service Date	n/a
Free/ Not Free Reason	Chapter 6 - State Pers-paid

[Back to Subscriber Information](#)

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

COBRA Eligibility

To access COBRA information (if available), hit the "COBRA Account" button when it appears at the top right side of the Eligibility Summary screen.

[Cobra Account](#)

The following information will appear:

Eligibility Summary

John A. Member - SSN 123-45-6789

Employment Status COBRA

[Active](#)

[Retiree Account](#)

[Cobra Information](#)

Gender	Male	Former Name	N/A	Eligibility Reason	Self
Marital Status	Married	Former SSN	n/a	Eligibility Status	Termed
Date of Birth	05/04/1944	Medicare-A Date	n/a	Health Coverage Allowed	Yes
Address	123 Fourth Street Trenton, NJ 08628-2832	Medicare-B Date	n/a	Health Coverage Waived	No
Phone Number	(609) 555-4567	Medicare Proof	n/a	Rx Coverage Allowed	Yes
Hire Date	n/a	25 yr Union Code	n/a	Rx Coverage Waived	No
10 Month/ 12 Month Employee	n/a	Date of Death	n/a	Dental Coverage Allowed	Yes
				Dental Coverage Waived	No
				Vision Coverage Allowed	Yes
				Vision Coverage Waived	No
				Rx Union Code	n/a
				Former Link SSN	n/a

Coverage Information

Select a coverage for additional information			Select here to view previous coverage information			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
Health	None					
Prescription Drug	None					
<u>Dental</u>	Dental Expense Program	Mem/spse-dom Prtn	Past	08/09/2003	01/01/2005	Non-payment No Cob
Vision	None					

Dependent Information

Name	Rel	SSN
Maryann Member	Spouse	987-65-4321

To access additional COBRA detail, click the "COBRA Information" button when it appears at the top right of the COBRA Eligibility Summary screen.

[Cobra Information](#)

The following information will appear:

COBRA Information

John A. Member - SSN 123-45-6789

COBRA Reason	Retirement
COBRA Start Date	08/09/2003
COBRA Terms	18
COBRA Paid Thru Date	12/31/2004

[Back to Subscriber Information](#)

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

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SHBP Transmittal of Deletions — Available only to SHBP participating employers

The State Health Benefits Program Transmittal of Deletions application allows you to submit employee coverage termination information (health, prescription drug, and/or dental) to the SHBP online — rather than by completing the paper *Transmittal of Deletions* form. To access the application click the "SHBP Transmittal of Deletions" button.

If you administer SHBP information under more than one SHBP Employer Identification Number, you will be asked to select the appropriate SHBP ID number as shown below.

SHBP Transmittal of Deletions

LOCATION: 02-9001-00 - Anytown Borough

Please select SHIPS ID:

122900

122901

122970

The Online Transmittal of Deletions form mirrors the layout of the paper version and should be completed as soon as the terminating event occurs. The application allows you to enter up to ten termination records at one time.

Note: When you have completely processed the first ten deletions, you may click the "Home" button to go to a new SHBP Deletions form page.

SHBP Deletions Form

On the opening SHBP Deletions form page (below) enter the:

- Employee's Social Security number;
- Date of Termination of benefits (or end date of Leave of Absence);
- Reason (Leave of Absence, Death, Termination, or Retirement); and
- Plans to be deleted.

When all employee information is entered, click the "Continue" button.

Use this application to delete coverage due to Resignation, Termination of Employment, Retirement, Death, Leave of Absence, Family Leave, or Sabbatical Leave. Termination includes reduction in force, or reduction in hours.

DO NOT use for Waiver of Coverage for continuing employees.

For each employee to be deleted, enter Social Security Number, Last Day of Employment and a Deletion Reason. If choosing Leave of Absence, Family Leave, or Sabbatical, indicate type of plans to be deleted.

Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Plans to be Deleted ? All H Rx D
123 45 6789	Jan 31 2005	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
234 56 7890	March 30 2006	Death	<input type="checkbox"/>
987 65 4321	Feb 13 2006	Termination	<input type="checkbox"/>
	Jan 1 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Jan 1 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Continue

The second SHBP Deletions form page (below) provides additional employee information and allows you to review and/or change any of the information you have entered.

Note: If an error in the account information is detected it will be displayed in red. Please correct the information, or you may remove the employee from the list. **Click on the linked name of the employee** to go to a page that shows the employee's current plan information and/or allows you to remove the employee from the list without changing the SHBP status.

When all employee information is correct, click the "Continue" button.

Please correct or remove the employee(s) who have an error indicated in red instead of Termination Date. To remove the employee from the list or view employee's current plan types click on the employee's name.

10 month termination date explanation

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
Mary Worker	10	123 45 6789	Jan 31 2005	Leave of Absence	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12/30/2005
John Employee	12	234 56 7890	March 30 2006	Death	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Eligibility is Already Termed
Sam Jones	12	987 65 4321	Feb 13 2006	Termination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	12/30/2005
			Jan 31 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			Jan 31 2004	Death	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Continue

A Summary Page will appear (below).

Please review the information carefully and then either make additional changes or click the "Submit" button to send Transmit the Deletions to the SHBP.

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
Mary Worker	10	123-45-6789	1/31/2005	Leave of Absence	All Coverage	1/31/2005
John Employee	12	234-56-7890	3/30/2006	Death	All Coverage	3/30/2006
Sam Jones	12	987-65-4321	2/13/2006	Termination	Dental	2/28/2006

A Confirmation Page will appear with a link to a "Printable Version". **You should print and keep a copy of your transmittal for your records.**

Note: If additional errors in the transmitted records are detected, these employees will be **shown in red** on the Confirmation Page, along with additional instructions.

How to Add Additional Deletion Records

To enter more SHBP deletion records, click the "Home" button to go to a new SHBP Deletions form page.

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Alternate Benefit Program (ABP) Applications (If applicable)

ABP Annual Report of Covered Lives

Each year the Division of Pensions and Benefits asks Colleges and Universities that participate in the New Jersey Alternate Benefit Program (ABP) to provide updated salary information for active members of the ABP. The **ABP Report of Covered Lives** application has been designed to allow employers to provide salary information online.

Choose your location from the drop-down menu" box, and click the "Alternate Benefit Program" button to access the application.

Alternate Benefit Program

Active Member List as of **01/10/2005**

Location: 512 OCEAN COUNTY COLLEGE

Updated	No	Member name	Member Number	SSN	Empl. Date	Annual Salary	Vesting Status
	1	<u>Anderson, Harlee W.</u>	900845	123-45-6789	04/01/1969	<input type="text" value="0"/>	Vested <input type="button" value="v"/>
	2	<u>Einstein, Alferd Q.</u>	900846	987-65-4321	04/01/1969	<input type="text" value="0"/>	Vested <input type="button" value="v"/>
	3	<u>Faculiee, Shirley-Ann</u>	900850	321-08-7654	04/01/1969	<input type="text" value="0"/>	Vested <input type="button" value="v"/>
	4	<u>Member, William A.</u>	900853	123-54-1234	04/01/1969	<input type="text" value="0"/>	Vested <input type="button" value="v"/>
	5	<u>Newton, Isaac</u>	900858	199-88-7777	04/01/1969	<input type="text" value="0"/>	Vested <input type="button" value="v"/>
				Total Records Found 188			

The application will present up to five (5) ABP members per screen. Individuals are listed in order by ABP member number. You can advance through the list by using the "Next" and/or "Previous" buttons located at the bottom of the page.

For each active member, indicate the member's contractual base salary as of June 30, of the report year, and modify vesting status if necessary. Salaries must be included for any member who terminated employment on or after June 30, of the report year. Salaries are to be **reported in whole dollars only** and corrections may be made online until September 30, of the report year, or until you choose to submit the report (See [IMPORTANT NOTICE](#) below).

For members absent from the online list, but employed at your institution prior to June 30, of the report year, please provide an [ABP Enrollment Application](#) (PDF - size 496K) or [Intra-fund Transfer Form](#) (PDF - size 68K) indicating the individual's hire date. If this information has previously been submitted to the Division, please contact the Defined Contribution Plans Unit at (609) 777-0887 to resolve the matter.

No salary information should be entered for members ceasing employment prior to June 30, of the report year. However, leave or termination information must be submitted and may be done so through this on-line application as described below.

Reporting Employment Status Changes — If a member has had a change in employment status and is no longer actively employed, report that information to the Division by using the member-specific update screen. To access the member-specific screen, click the individual's name, for you wish to report the change, where it appears in the list on the Report of Covered Lives list.

In the window that opens (below), you can select a leave or termination reason from a drop-down menu and insert the effective date for the leave (start date). If the individual has returned from a leave, the return date (end date) may be entered in the field provided. Fields are also provided for updates to the member's name.

Location: 512 OCEAN COUNTY COLLEGE

<u>LABEL</u>	<u>ORIG DATA</u>	<u>UPDATE DATA</u>		
		<u>First</u>	<u>Last</u>	<u>Mi</u>
Member Name:	William A. Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Number:	900858			
SSN:	123-45-6789			
Empl Date:	04/01/1969			
Pay Schedules:	<input type="text" value="Select Pay Schedule"/>			
Leave Termination:	<input type="text" value="Select Leave Reason"/>			
Start Date:	<input type="text"/> (Format MM/DD/YYYY)			
End Date:	<input type="text"/> (Format MM/DD/YYYY)			

Once you have completed updating the individual member's record, click the "Submit" button and you will be returned to the Report of Covered Lives screen where you may select another member, continue entering annual salary information, updating vesting status, or end your session.

Ending Your Session — You may leave the ABP application by using the "Home" and/or "Logout" buttons at the top of the page.

IMPORTANT NOTICE — When you decide to leave the ABP Report of Covered Lives application you will be presented with a question: "Are you finished updating the ABP?"

- ONLY answer "YES" if you have completed all entries and wish to submit your entire salary report for processing. Answering "YES" to this question will also prohibit any further updates to the Annual Salary data field.
- Selecting "NO" will save your entries but permit you to return later to continue or review your work before final submission.

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[PART III — EPIC Security System](#) — Security Officers, [click](#) for more information

PART IV — Questions or Comments About EPIC

The Division of Pensions and Benefits wants EPIC to be a tool that employers find useful and choose to use in their daily administrative work. We have made every effort to make EPIC powerful while also keeping it easy to use. We would like to hear about how you liked using EPIC and welcome your suggestions on how EPIC could be made better for the way you work. We will try — based on the response we receive — to include the features you would like to see in future versions of EPIC. Send your questions, comments, and suggestions to the Division of Pensions and Benefits at: pensions.nj@treas.state.nj.us or call the Division's EPIC Help Desk at (609) 777-0534.

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Last Updated: October 16, 2006