



**Application for Retirement Allowance
Public Employees' Retirement System
PROSECUTORS PART**

State of New Jersey
Division of Pensions and Benefits

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If, after reading this booklet, you have questions about the qualifications for retirement or your pension options call the Division of Pensions and Benefits at (609) 292-7524.

Retirement Qualifications and Benefits

Public Employees' Retirement System PROSECUTORS PART BENEFITS

INTRODUCTION

This package includes all the forms you need to apply for a Service, Special, or Deferred Retirement from the Prosecutors Part of the Public Employees' Retirement System (PERS). It includes:

- **Retirement Qualifications and Benefits** — An explanation of the types of retirement and related information.
- **Conversion of Group Life Insurance.**
- **Fact Sheet #5, *Pension Options*.**
- **Fact Sheet #6, *Your Retirement Checklist*.**
- **Application for Retirement Allowance** — Instructions and form (to be completed by employee).
- **Authorization for Direct Deposit of Benefit Payment.**
- **Certification of Service and Final Salary — Retirement** (to be completed by employer).
- **Change of Retirement Application form.**

You should also submit:

- **A photocopy (not the original document) of your birth certificate** — if you have not already submitted it to the Division of Pensions and Benefits.

PLANNING FOR RETIREMENT

Before applying for retirement it is important to give yourself enough time to review your benefits and options. Fact Sheet #6, *Your Retirement Checklist*, is included in this booklet and provides a listing of important steps in the retirement process and when they would normally occur.

Among your first actions should be to obtain an *Estimate of Retirement Benefits* by completing a *Prosecutors Part - Request for Retirement Estimate* form. The form is available from your employer or the Division of Pensions and Benefits. Estimates may be requested for retirement dates up to two years from the present. If you provide us with the name and birth date of your beneficiary, we will estimate not only the Maximum Option but also

alternate payment options (see Fact Sheet #5, *Pension Options*, in this booklet). **Members should remember that this is an estimate only.**

After you apply for retirement, the Division will send you a *Quotation of Retirement Benefits* before your retirement becomes effective showing the final figures.

SUBMITTING YOUR APPLICATION

The retirement process starts with the filing of your *Application for Retirement Allowance* with the Division of Pensions and Benefits.

All retirements are effective the first of a month. You must submit your *Application for Retirement Allowance* in advance of your retirement date, however, **no more than one year before your retirement date** – four to six months advance filing is recommended because there is no provision for an interim benefit between your last day of salary and your first pension check. Under no circumstances can a retirement become effective prior to the date the application is received by the Division of Pensions and Benefits.

It is your responsibility to file your *Application for Retirement Allowance* with the Division of Pensions and Benefits. **Do not give the application to your employer to mail.** You should, however, give your employer the *Certification of Service and Final Salary* and have them complete it as soon as possible. Retirement processing times vary and cannot begin until we have received all the necessary information and forms from **both** you and your employer.

If you have not furnished proof of your age to the Division, you should attach a photocopy of your birth certificate to your *Application for Retirement Allowance*. Proof of age for your beneficiary is also required if you select Options A, B, C, D, 2, 3, or 4.

YOUR FIRST RETIREMENT CHECK

The earliest your first retirement check can be paid is the first of the month following your retirement date or the first supplemental check date after

processing has been completed, whichever is later. This is when your retirement becomes "due and payable."

For example: a member who files his or her application well in advance for a June 1 retirement date, and is approved by the Board of Trustees on May 19 for June 1, would receive the first retirement check on July 1 (this check pays the amount due for the month of June). **If processing of your retirement is delayed, your first check will be retroactive to your original requested date of retirement.**

If, after applying for retirement, you wish to change your retirement payment option selection, cancel your retirement, change your retirement date, or change your retirement type, you must forward written notice to the Division's Retirement Bureau within 30 days of the approval of your retirement by the PERS Board of Trustees or the effective retirement date, whichever is later. After that time, you cannot change your payment option selection. Canceling your retirement does not guarantee reemployment with your employer.

TYPES OF RETIREMENT

DEFINITIONS

'Service Credit' means the years and months of pension membership service you have credited to your PERS account.

'Prosecutors Part Service Credit' means the years and months of service in a title eligible for Prosecutors Part benefits since January 7, 2002 that you have credited to your PERS account. For members who were in a prosecutor position on January 7, 2002, this definition also includes all PERS service credited to their account at that time.

'Final Compensation' means the base salary on which pension contributions were made in the 12 months immediately preceding your retirement.

SERVICE RETIREMENT

Service Retirement is available **at age 55** with no minimum amount of service required.

The benefit calculation is the higher of:

- 2 percent of your Final Compensation for each year of service credit up to 30 years, plus 1 percent for each year over 30, **or**;

- 50 percent of your Final Compensation provided you have at least 20 years of Prosecutors Part service credit, **or**;
- $1/60 \times \text{Years of Service} \times \text{Final Compensation}$

Service Retirement is also available **at any age** for members with 20 or more years of Prosecutors Part service credit **and** who were prosecutors on January 7, 2002.

- In this case the benefit calculation is 50 percent of your Final Compensation.

SPECIAL RETIREMENT

This type of retirement is available at any age to members who have 25 or more years of Prosecutor Part service credit. The benefit calculation is 65 percent of your Final Compensation **plus** 1 percent of Final Compensation for each year over 25 up to 30 years (Maximum is 70% of Final Compensation).

DEFERRED RETIREMENT

Deferred Retirement is available to those members who have at least ten years of Prosecutors Part service credit and are not yet 55 years of age when they terminate employment. You may apply for a Deferred Retirement any time after you terminate covered employment. At age 55, you will receive a retirement allowance based on 2% of Final Compensation for each year up to 25 years.

If you are removed from employment for cause on charges of misconduct or delinquency, you are ineligible for Deferred Retirement benefits.

If you die between the time you terminate employment and before you attain age 55, the beneficiary(ies) named on your retirement application will receive the return of your pension contributions with interest. (If you do not file a retirement application with the Division of Pensions and Benefits, your last named beneficiary will receive payment.) There are no other death benefits under these circumstances.

If you die after reaching age 55, have not filed a retirement application with the Division of Pensions and Benefits, and have not withdrawn your accumulated contributions, your last named beneficiary(ies) will receive the return of your accumulated pension contributions plus one-half of

the compensation on which pension contributions were made in the 12 months immediately preceding termination of employment in an eligible title.

Your group life insurance coverage is not in effect between the time you terminate employment and age 55. See page 5 for more information about conversion of group life insurance.

At any time before your Deferred Retirement becomes effective, you may change your mind and apply for withdrawal of your contributions instead. Once you cancel your Deferred Retirement and withdraw your contributions, all the rights to retirement and privileges of membership end.

For those covered by the State Health Benefits Program (SHBP), you will not be able to continue that coverage under the SHBP retiree group if you apply for Deferred Retirement. However, you are entitled to continue coverage in the SHBP employee group for up to 18 months after termination of employment in accordance with federal COBRA legislation. If your retirement allowance becomes due and payable (see Your First Retirement Check on page 1) during the 18 months of extended coverage under COBRA, you would qualify for coverage in the SHBP retiree group. You will have to contact the Division of Pensions and Benefits, however, and request a SHBP offering letter.

NOTIFYING YOUR EMPLOYER

It is important that you notify your employer of your retirement plans since, before we can process your retirement, your employer must submit the *Certification of Service and Final Salary*. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

OUTSTANDING LOANS AT RETIREMENT

If you have a loan balance at retirement, you must decide whether you wish to carry monthly payments into retirement until the balance, **with interest**, is satisfied or pay off the entire loan in a lump sum prior to receiving retirement benefits.

CONTINUING YOUR HEALTH BENEFITS INTO RETIREMENT

See your employer about your options for continuing your health coverage into retirement. If you qualify for enrollment into the retired group of the New Jersey State Health Benefits Program (SHBP) and are retiring under a Service, Special, or Veteran Retirement, you will receive an offering letter from the SHBP two to three months before your retirement date (members with a Deferred Retirement should see the Deferred Retirement section on pages 2-3). The transition of health coverage from active employment to retired status should be continuous. A break in coverage may jeopardize your eligibility to be offered continued SHBP coverage into retirement. If you are employed on a part-time basis at the time of retirement, you are not eligible for retired SHBP benefits.

If you would like additional information about the SHBP you can request Fact Sheet #11, *Enrolling in Health Benefits Coverage When You Retire*.

THE DEFERRED COMPENSATION PLAN, SACT, AND THE DCRP

Contact the **State Employees Deferred Compensation Plan** at 1-866-NJSEDCP if you participate in the plan.

Contact the **Supplemental Annuity Collective Trust (SACT)** at (609) 633-2031 if you participate in SACT.

Contact the **Defined Contribution Retirement Program (DCRP)** at 1-866-653-2771 if you participate in the DCRP.

RETURNING TO PUBLIC EMPLOYMENT

Returning to public employment in New Jersey after your retirement may jeopardize your retirement benefits.

Before you consider returning to employment, contact the Division of Pensions and Benefits and request Fact Sheet #21, *Employment After Retirement*, on the procedures to follow when returning to public employment in New Jersey.

CONVERSION OF GROUP LIFE INSURANCE

Public Employees' Retirement System

Most members of the PERS are covered by group life insurance benefits while employed.

If you have group life insurance in force at retirement, the amount of your coverage will be substantially reduced. The *Quotation of Retirement Benefits* that you will receive prior to your retirement will indicate the amount of group life insurance in effect during your retirement. It will be identified as the "Lump Sum Death Benefit." There is no cost to you for this coverage and you do not need to do anything to qualify. If you retire with less than 10 years of service credit in the retirement system, all coverage will terminate 31 days following termination of employment.

You can convert the difference between the amount of your active and retired group life insurance to a standard policy by calling the Prudential Insurance Company at 1-800-262-1112 (in New Jersey only) or by contacting a local Prudential Insurance office. You cannot be denied coverage for health reasons when applying for conversion.

Example: If you had group life insurance of \$96,000 through the retirement system while employed, and that life insurance coverage drops to \$6,000 at retirement, you can purchase up to \$90,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent within 31 days following termination of employment.

You may convert to any individual, non-group policy customarily offered by Prudential except term insurance or a policy containing disability benefits. The standard premium for this conversion will be higher than you would pay if you could qualify medically for a preferred rate. The individual policy will be effective at the end of a 31-day period from when Prudential receives the application.

For those willing to provide medical information (which may require a physical examination), you may be able to realize premium savings through a "preferred" rate if you are able to qualify medically for life insurance. You may want to contact a number of life insurance carriers to compare costs. In addition, life insurance carriers may provide other insurance products that better suit your needs. If, after investigation, you find that you cannot qualify medically for life insurance coverage, you may want to take advantage of the conversion right described above.

Please remember: you only have up until 31 days after termination of employment to take advantage of the conversion privilege. In order to ensure the conversion will be in effect, you must file the conversion application along with your first month premium before the 31 days.

DEFERRED RETIREMENT

If you are retiring under a Deferred Retirement, group life insurance coverage terminates 31 days after termination of employment and a retired group life insurance amount becomes effective as of your retirement date at age 55. The amount of life insurance that may be converted is the difference between the amount of coverage you had as an active member and the amount you will have at the time you start to receive retirement benefits.

GROUP POLICY NUMBERS

The following group policy numbers are necessary when you call Prudential at 1-800-262-1112 or visit your nearest Prudential Office to convert your insurance:

Non-Contributory Group Life Insurance:

PERS - G-14800

Contributory Group Life Insurance:

PERS - GC-13900

The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for such information.

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Pension Options

Public Employees' Retirement System • Teachers' Pension and Annuity Fund

ESTIMATING YOUR RETIREMENT ALLOWANCE

If you are within two years of retirement, you may obtain an estimate of your retirement benefits online using the **Member Benefits Online System (MBOS)**. Estimates obtained through MBOS provide the most accurate information available by using the service and salary information currently posted to your account. Before you can begin using the system, you must be registered with MBOS. Registration is free. To begin the MBOS registration process go to:

www.state.nj.us/treasury/pensions/mbosregister.shtml

You may also call the Division of Pensions and Benefits' Automated Information System at (609) 777-1777 to hear an estimate of your retirement benefits over the phone. Please have your Social Security number available when you call.

Or you can obtain a retirement estimate by completing a *Request for Retirement Estimate* form, available from your employer or the Division of Pensions and Benefits.

If you provide us with the birth date of your beneficiary, we will estimate not only the Maximum Option but also the alternate payment options described in this fact sheet. (Telephone estimates are not available for members of the PERS Prosecutors Part, Workers' Compensation Judges, or PERS Law Enforcement Officers-LEOs.)

If you are more than two years from retirement, you may calculate your own retirement allowance using the online retirement estimate calculator on the Division of Pensions and Benefits Web site: www.state.nj.us/treasury/pensions or using the worksheet and instructions in Fact Sheet #54, *Calculating Your Own Retirement Allowance*.

PENSION PAYMENT OPTIONS

When planning for retirement, you must be familiar with the pension payment options available to you from the retirement system. You should also consider your financial needs in retirement, your health, your beneficiary's health, the need to provide survivor benefits, life insurance benefits, and income from other sources such as Social Security benefits, investments, etc.

When you apply for retirement, you will have to choose one of nine ways to receive your retirement benefits. Please be sure you understand the different payment options available to you because, **once you have made your choice and your retirement becomes due and payable (usually when your first check is issued), you cannot change your payment option.**

Maximum Option - No Pension Benefit to a Beneficiary

The Maximum Option, also called a single-life annuity, is the highest amount payable and provides a retirement benefit to you for the remainder of your life. If you are not concerned with providing either a lump-sum benefit or providing a monthly income to another person after your death, the Maximum Option may be the most appropriate payment choice for you. The benefit payments continue for your lifetime only. Upon your death, benefits end and your survivors do not receive a pension allowance.

If you die before receiving, through your retirement allowance, the amount that you paid into the retirement system while working (including interest on those contributions), the balance of your contributions will be paid to your beneficiary.

OPTIONS OTHER THAN THE MAXIMUM

Under Options A, B, C, or D you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

Option A - 100% to Beneficiary - Increase to Maximum Option

Option A, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement

allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option B - 75% to Beneficiary - Increase to Maximum Option

Option B, also called a 75% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 75% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option C - 50% to Beneficiary - Increase to Maximum Option

Option C, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive half of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option D - 25% to Beneficiary - Increase to Maximum Option

Option D, also called a 25% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 25% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option 1 - Reducing Retirement Reserve to a Beneficiary

Option 1 provides a lifetime monthly payment to you. Your retirement allowance is reduced from what you could collect under the Maximum Option. It is also different from the Maximum Option in that it *may* provide a lump-sum payment to your beneficiary after your death. At the time of your retirement, the amount

expected to be paid to you in retirement benefits over your lifetime is calculated. This is called your retirement reserve. If you die before you receive monthly retirement benefits equal to your retirement reserve, your beneficiary is entitled to the balance. The balance will be paid in a lump sum or the beneficiary may request payment in equal monthly payments over 5, 10, 15, or 20 years or as a life annuity.

You may name more than one beneficiary for this option and you can change your beneficiary at any time. Your beneficiary may be a person, a charity, an institution, or your estate.

For example, if your monthly retirement allowance is \$2,000 and your retirement reserve is \$230,400, your beneficiary would be entitled to the following payment depending on when you died (16 or 120 months after retirement as shown below).

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 16 months)	\$ 32,000
Beneficiary Benefit	\$ 198,400

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 120 months)	\$ 240,000
Beneficiary Benefit	\$ 0

Since the retirement reserve is based on your retirement allowance and your life expectancy, your own reserve may be much different than this example.

Under Options 2, 3, or 4 you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

Option 2 - 100% to Beneficiary - Permanent Reduction

Option 2, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your benefi-

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ciary will receive 100% of your monthly retirement allowance for life. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement. This is similar to Option A except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Option 3 - 50% to Beneficiary - Permanent Reduction

Option 3, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive one-half of your monthly retirement allowance for life. You can name only one beneficiary to receive this benefit and the beneficiary can never be changed after retirement. This is similar to Option C except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Option 4 - Choice of Amount to Beneficiary - Permanent Reduction

If the preceding payment options do not meet your financial needs, you may want to consider this option. Option 4 provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive whatever monthly allowance you decide for life. (This can be no more than your own allowance.) You can name one beneficiary or multiple beneficiaries to receive this benefit

and the beneficiary(ies) can never be changed after retirement. If your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Age Limits on Nonspouse Beneficiaries

For all options, you can name your spouse as your beneficiary regardless of your spouse's age. For Options C, D, 1, or 3, you can name someone other than your spouse as beneficiary regardless of age.

For Options 2, A, or B, if you are naming a beneficiary who is not your spouse, Internal Revenue Service regulations restrict the age of your beneficiary.

Note: Because the Internal Revenue Service is a federal agency, a civil union partner, or domestic partner as defined under New Jersey State law does not qualify as a "spouse" under these circumstances and would be subject to the age limitations described.

For Options 2 and A (100% to beneficiary):

- If you are age 70 or older at retirement, your nonspouse beneficiary can be no more than 10 years younger than you.
- If you are under age 70 at retirement, determine 1.) the number of years difference between your age at retirement and age 70; and 2.) the number of years difference between your age at retirement and the age of your nonspouse beneficiary. Subtract the age 70 difference from the difference in age between yourself and your beneficiary. The resulting age difference can be no more than 10 years (younger than you).

Pension Benefit to Beneficiary Upon Death of Retiree

	None	Lump Sum	100% of Retirement Allowance	75% of Retirement Allowance	50% of Retirement Allowance	25% of Retirement Allowance
Maximum	X					
Option A			X			
Option B				X		
Option C					X	
Option D						X
Option 1		X				
Option 2			X			
Option 3					X	
Option 4 [†]				X	X	X

[†]Under Option 4 you can name any dollar amount less than your allowance to be paid to a beneficiary.

For Option B (75% to beneficiary):

- If you are age 70 or older at retirement, your non-spouse beneficiary can be no more than 19 years younger than you.
- If you are under age 70 at retirement, determine 1.) the number of years difference between your age at retirement and age 70; and 2.) the number of years difference between your age at retirement and the age of your nonspouse beneficiary. Subtract the age 70 difference from the difference in age between yourself and your beneficiary. The resulting age difference can be no more than 19 years (younger than you).

If you name a nonspouse beneficiary under **Option 4**, and the dollar amount of your beneficiary's pension is more than half of your allowance, restrictions on your beneficiary's age apply.

Proof of Age Documentation

If you choose Option 2, 3, 4, A, B, C, or D, proof of age documentation is required for both you and your designated beneficiary. You should submit photocopies of the proof of age documentation at the time you submit your *Application for Retirement Allowance*.

Power-of-Attorney and Option Selection

A person acting on behalf of a member, other than a legal guardian, cannot choose a pension option other than the Maximum Option (and cannot name themselves as a life insurance beneficiary). However, a person with legal **Power-of-Attorney** on behalf of a retiring member can:

- Apply for retirement on behalf of a member;
- Choose any Pension Option; and
- Name themselves as the beneficiary for that Pension Option.

Note: For the Group Life Insurance, the Power-of-Attorney documentation must specifically state that the person acting as Power-of-Attorney has the right to designate or change beneficiaries for group life insurance and, additionally, must specifically grant them the right to name themselves.

IF THE BENEFICIARY DIES BEFORE THE RETIREE

Under Options 2, 3, and 4, if your beneficiary dies before you, your retirement allowance remains at the reduced option level. Under Options A, B, C, and D, if your beneficiary dies before you, your retirement increases to the Maximum Option. Options A through D provide a smaller retirement allowance to you and your beneficiary, when compared to similar Options 2, 3, and 4, to pay for the larger retirement allowance you would collect if your beneficiary dies before you.

Retiree Allowance Upon Death of Beneficiary

	Stays at Reduced Option Allowance	Increases to Maximum Allowance
Maximum	N/A	N/A
Option A		X
Option B		X
Option C		X
Option D		X
Option 1	X	
Option 2	X	
Option 3	X	
Option 4	X	

LIFE INSURANCE AFTER RETIREMENT

Most members of the PERS and TPAF are covered by group life insurance while employed. At retirement, those members receive a reduced life insurance benefit to be paid to their beneficiary upon their death, provided that they have credit for at least 10 years of service in the pension plan.

You may want to leave a pension option benefit to your beneficiary in addition to the life insurance.

ADDITIONAL INFORMATION

If, after reading this fact sheet, you have questions about your pension options, contact the Division of Pensions and Benefits Office of Client Services at (609) 292-7524, or send e-mail to: pensions.nj@treas.state.nj.us

This fact sheet has been produced and distributed by:
New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718
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This fact sheet is a summary and not intended to provide total information.
 Although every attempt at accuracy is made, it cannot be guaranteed.

Your Retirement Checklist

All Funds

When planning for retirement, it is important to give yourself enough time to review your benefits and options. The time frames in this checklist are a guide, however, actual processing times vary and cannot begin until the Division of Pensions and Benefits receives all the necessary information and forms from both you and your employer.

6-8 MONTHS BEFORE RETIREMENT

- ✓ **Obtain a Retirement Estimate** — Members within 2 years of retirement can obtain an estimate of retirement benefits using the **Member Benefits Online System (MBOS)**. MBOS is a set of Internet based applications that allow registered members access to information about their pension. Register with MBOS at: www.state.nj.us/treasury/pensions (select "Online Member Services - MBOS").

To hear an estimate of retirement benefits over the phone, call the Division of Pensions and Benefits' Automated Information System at (609) 777-1777.

You may also submit a *Request for Retirement Estimate* form which is available on the Division's Web site (select "Forms and Publications"), or by calling (609) 292-7524. The form must be forwarded to the Division for manual processing. Please allow 4-6 weeks for processing and mailing.

If you provide us with the name and birth date of your beneficiary, we can estimate the payment options for your beneficiary.

4-6 MONTHS BEFORE RETIREMENT

- ✓ **Apply for retirement** — You cannot submit an application more than one year prior to your retirement date (members eligible for a Deferred Retirement may file more than one year in advance upon termination of employment).

Registered MBOS users can apply for retirement online. This is an easy and secure way to apply for retirement.

If you do not have Internet access you can obtain an *Application for Retirement Allowance* from your benefits administrator or the Division of Pensions and Benefits.

Whether you apply for retirement online through MBOS or by written application, be sure to carefully read the instructions and the available fact sheets about retirement prior to submission. (see page 4).

- ✓ **All members must provide proof of age** prior to retirement. Acceptable proofs of age include a photocopy of any of the following: birth certificate, baptismal certificate, passport, naturalization or immigration papers, or other records including military records, census records, school or business records, age recorded on marriage licenses and insurance, or children's birth records. Registered users can verify if proof of age is on file using MBOS.

If your proof of age is not already on file with the Division of Pensions and Benefits, you should attach a photocopy of your birth certificate, or other proof of age document, to your retirement application. (MBOS applicants should mail proof of age to the Retirement Bureau, Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.) Please also include your name, pension membership number, retirement date, and daytime telephone number on the photocopy.

- ✓ **For Public Employees' Retirement System (PERS) and Teachers' Pension and Annuity Fund (TPAF) only** — If you are choosing Options A, B, C, D, 2, 3, or 4, you must also submit proof of your beneficiary's birth date (see above for acceptable forms of proof). Please include your (the retiree's) name, pension membership number, retirement date, daytime telephone number, on the photocopy of your beneficiary's proof of age and attach it to your retirement application or mail it to the Division's Retirement Bureau (see paragraph above for

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address). **Your retirement application will not be processed until the Division receives the required copies of birth date evidence.**

- ✓ **PERS and TPAF only** — If applying for a **Veteran Retirement**, you must qualify as a veteran for pension purposes. Registered users can verify if veteran status is on file using MBOS. If you are not already listed as a veteran on the Division of Pensions and Benefits' records, you must send a photocopy of your military discharge (*Form DD 214*) to the NJ Department of Military and Veteran Affairs (NJDMAVA), at the following address:

**NJ Department of Military and
Veteran Affairs
ATTN: DVP-VBB
PO Box 340
Trenton, NJ 08625-0340**

Since the NJDMAVA also makes determinations of veteran's preference for Civil Service and property tax appeals, a note should be attached to say that the discharge is being sent for pension purposes. For more information see Fact Sheet #17, *Veteran Status*.

- ✓ **If you have applied for a purchase of additional service credit** in the past six months, and are not submitting an online retirement application through MBOS, please write "Purchase Pending" across the top of your *Application for Retirement Allowance* prior to sending it to the Division.
- ✓ **The amount of your group life insurance coverage** through the retirement system decreases at retirement or terminates if you have less than 10 years of service credit. You may convert the dollar difference between the coverage you had before retirement and the coverage you will have after retirement to a non-group life insurance policy by applying to a Prudential Insurance Company agent **within 31 days of your termination of employment**. No physical examination is required to prove insurability. The cost of the coverage will be at the standard rate for someone your age. For further information about conversion, you can contact Prudential at 1-800-524-0542 or through any of its local offices or if you live in New Jersey

by calling 1-800-262-1112. You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy.

- ✓ **Ask your employer** to submit a *Certification of Service and Final Salary* to the Division of Pensions and Benefits.
- Please note: Your employer will be notified that you have filed an application for retirement.**
- ✓ **Contact the NJ State Employees Deferred Compensation Plan** office at 1-866-NJSEDCP, or the **Supplemental Annuity Collective Trust (SACT)** office at (609) 633-2031, or the **Defined Contribution Retirement Program (DCRP)** at 1-866-653-2771, if you participate in these plans.
 - ✓ **You will receive a letter** from the Division of Pensions and Benefits acknowledging receipt of your retirement application. Included with the letter are answers to some frequently asked retirement questions.

APPROXIMATELY 3 MONTHS BEFORE RETIREMENT

You will receive a letter offering you enrollment in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP) if you are:

- ✓ A member already covered by the SHBP or SEHBP through their employer. (If you are not eligible for State-paid or employer-paid coverage, you may continue the coverage into retirement by paying the appropriate premium.);
- ✓ A member employed by a board of education or a county college who retiring with 25 or more years of service credit in one or more State- or locally-administered retirement system or who retire on a disability retirement, even if their employer did not participate in the SEHBP. This includes members who elected Deferred Retirement with 25 or more years of service credit in one or more State- or locally-administered retirement system. Eligibility is limited to full-time employees as defined by N.J.A.C. 17:9-4. The State pays for the health benefit cost if you qualify under this category;

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- ✓ Members eligible for Medicare who retired from full-time employment at a board of education, vocational/technical school, or special services commission that does not participate in the SEHBP, provided you are participating in the health benefit plan of your employer **and** are enrolled in Medicare Part A and Part B. You will be required to pay the full cost of the coverage;
- ✓ Part-time State employees and part-time faculty at institutions of higher education that participate in the SHBP or SEHBP if enrolled in the SHBP or SEHBP at the time of retirement. You will be required to pay the full cost of the coverage;
- ✓ A PERS or Alternate Benefit Program (ABP) member retiring from a school board of education or county college with 25 or more years of service credit in the pension fund or retiring on a disability retirement;
- ✓ A police officer, firefighter, or PERS Law Enforcement Officer (LEO) retiring with 25 years or more of service credit in the retirement system or retiring on a disability retirement, **and** whose employer does not provide any payment towards the retiree's health coverage or reimbursement of Medicare Part B premiums, may be eligible for retired group SHBP or SEHBP coverage under the provisions of Chapter 330, P.L. 1997 (see Fact Sheet #47, *Health Benefits Retired Coverage under Chapter 330*).

Note: Enrollment for coverage as a retiree in the SHBP or SEHBP is not automatic. **You must submit a health benefits *Retired Coverage Enrollment Application* to enroll.**

- ✓ If you are age 65 or older, contact the local Social Security Administration office for full Medicare enrollment. You must be covered by both Part A and Part B of Medicare to be eligible to enroll in the SHBP or SEHBP in retirement. Most Medicare eligible retirees, in the SHBP or SEHBP, and/or their Medicare eligible dependents, need not enroll in Medicare Part D prescription drug coverage. While some SHBP or SEHBP members who qualify for low income subsidy programs may find it beneficial to enroll in Medicare Part D, once you and/or a dependent enroll in a Medicare Part D plan, the

person enrolled in Medicare Part D will lose their SHBP or SEHBP prescription drug coverage. In addition, the SHBP and SEHBP will not cover the costs of any drugs that are not covered by the Medicare Part D plan.

- ✓ You may need to obtain a written statement from your employer certifying that you have been covered under an employer group health plan. The statement should indicate when and why coverage as an active employee will end.
- ✓ If you will not be eligible for post-retirement medical coverage through the SHBP or SEHBP, be sure to discuss any coverage options that are available to you with your employer.

APPROXIMATELY 2 MONTHS BEFORE RETIREMENT

- ✓ **You will receive a *Quotation of Retirement Benefits* letter** which shows your monthly retirement allowance with:
 - the option you selected; (for PERS and TPAF)
 - a quote of any outstanding loan balance with repayment options; and
 - a quote of any outstanding arrears (purchase) balance and/or shortages.
- ✓ **If you will be retiring with an outstanding loan balance**, you must decide how you wish to repay your loan. You may:
 - pay the loan **in its entirety** prior to receiving any benefits; or
 - continue your monthly loan repayment schedule into retirement until the loan balance **plus interest** has been repaid.
- ✓ **Any outstanding arrears or shortages must be paid** before your retirement check can be issued. Failure to respond to these issues will delay your retirement benefits.

APPROXIMATELY 1 MONTH BEFORE RETIREMENT

- ✓ **Your retirement will be presented to the retirement system's Board of Trustees for approval.** You will receive a board approval letter and will have 30 days from the board approval

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date or 30 days from your effective retirement date (whichever is later) to change your retirement date and or your option selection. If you make any changes after board approval, your new selection must again be approved by the Board of Trustees. This may delay your first check.

- ✓ **You may choose to cancel your retirement** within 30 days of your retirement date or 30 days of your board approval date (whichever is later). This request must be in writing to the Division of Pensions and Benefits. If you cancel or change your retirement date and submit a new application with a later retirement date, it is your responsibility to notify the employer to ensure your active health benefits (if any) are not canceled and that your employment remains uninterrupted. Canceling your retirement does not guarantee continued employment with your employer.
- ✓ If you are not eligible for health benefit coverage after retirement, you should discuss with your employer the possibility of continuing medical, prescription drug, dental, or vision coverage under the provisions of COBRA.

SHORTLY AFTER YOUR RETIREMENT DATE

- ✓ **You will receive a letter** confirming your retirement and death benefits called the *Statement of Retirement Allowance*. The letter will also supply figures needed in filing your income tax return. Keep this with your important papers.
- ✓ **Your first retirement check** cannot be issued earlier than 30 days following your retirement date. If processing of your retirement is delayed, your first check will be retroactive to the date of your retirement. Regular retirement checks are dated on the first of the month to cover the allowance for the previous month. For example, if you retire on July 1, your first retirement check would be due and payable on August 1 and is payment for the month of July.
- ✓ **Your retirement is not considered “bona fide”** until your retirement becomes “due and payable” and the employer/employee relationship is

severed. This normally occurs after there has been a break in employment without pay of at least 30 days following your retirement date, or 30 days following the approval of your retirement by the retirement system’s Board of Trustees, whichever is later.

- ✓ **If you return to a position covered by the retirement system before the 30 days have elapsed**, on either a paid or voluntary basis, your retirement may be considered invalid and you could be required to reimburse the retirement system and reenroll in the retirement system.
- ✓ **You will receive forms for withholding federal and New Jersey State income tax.** If you are a registered MBOS user you can make changes to your tax withholding online.
- ✓ **You will receive a form for direct deposit** of your retirement check to your bank account. After retirement registered MBOS users can also safely make changes to direct deposit online.

FACT SHEETS ABOUT RETIREMENT

Listed below are fact sheets pertaining to retirement and related issues. These fact sheets are available on our Web site at: www.state.nj.us/treasury/pensions (select “Forms and Publications”). You can also obtain fact sheets from the Division’s Office of Client Services at (609) 292-7524.

Purchasing Service Credit

- #1,** Purchasing Service Credit (PERS, TPAF & PFRS)
- #2,** Estimating the Cost of Purchasing Service Credit (PERS & TPAF)
- #3,** Estimating the Cost of Purchasing Service Credit (PFRS)

Retirement Planning

- #4,** Applying for Retirement (PERS & TPAF)
- #5,** Pension Options (PERS & TPAF)
- #11,** Enrolling in Health Benefits Coverage When You Retire
- #17,** Veteran Status (PERS & TPAF)

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#18, Cost-of-Living Adjustments (All Funds)

#19, Applying for Retirement (PFRS)

#41, Applying for Retirement (SPRS)

#54, Calculating Your Own Retirement Allowance (PERS & TPAF)

#61, Planning for Your Survivors - Pension Options (JRS)

#64, About Your Retirement Check

#79, Defined Contribution Retirement Program for PERS, TPAF, PFRS, and SPRS Members

#80, Defined Contribution Retirement Program for Elected and Appointed Officials

#82, Defined Contribution Retirement Program if Ineligible for PERS or TPAF

Types of Retirement

#14, Deferred Retirement (PERS, TPAF & PFRS)

#15, Disability Retirement Benefits (PERS & TPAF)

#16, Disability Retirement Benefits (PFRS)

#39, Disability Retirement Benefits (SPRS)

#53, Legislative Retirement Benefits (PERS)

#62, Prosecution Part (PERS)

#63, Workers' Compensation Judges Part (PERS)

Taxation of Benefit Distributions

#7, New Jersey State Employees Deferred Compensation Plan Distribution Options

#12, Taxation of Retirement Benefits

#27, The Taxability and Mandatory Withholding of Income Tax From Your Pension Distribution

Employment after Retirement

#21, Employment After Retirement (PERS)

#28, Employment After Retirement (TPAF)

#29, Employment After Retirement (PFRS)

#57, Employment After Retirement (SPRS)

Health Benefits and COBRA Coverage

#11, Enrolling in Health Benefits Coverage When You Retire

#23, Health Benefits Programs and Medicare Parts A & B for Retirees

#30, Continuation of Health Benefits Insurance Under COBRA

#47, Health Benefits Retired Coverage Under Chapter 330 (PFRS & Law Enforcement Officers of PERS)

#73, Retiree Dental Expense Plan

Life Insurance/Death Benefits

#13, Conversion of Group Life Insurance (All Funds)

#68, Designating a Beneficiary (All Funds)

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions.nj@treas.state.nj.us

This fact sheet is a summary and not intended to provide total information.
Although every attempt at accuracy is made, it cannot be guaranteed.

**PROSECUTORS PART
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR RETIREMENT ALLOWANCE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

PLEASE DETACH THE APPLICATION FROM THE BOOKLET BEFORE MAILING.

When to File — All retirements are effective on the first of the month. **File this application with the Division of Pensions and Benefits before your retirement date** or you will lose benefits. Four to six months advance filing is recommended. You must terminate employment before your retirement date. Mail your completed application to the New Jersey Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

Disability Retirement — Do not use this form to file for any type of disability retirement. Please contact the Division of Pensions and Benefits for the proper application.

INSTRUCTIONS

Please Print — Black Ink Preferred — or Type.

PART ONE:

ITEM 1: MEMBERSHIP NUMBER - Enter your pension fund membership number shown on your annual statement. If you are not sure of your number, contact your Personnel or Payroll Office.

ITEM 2: SOCIAL SECURITY NUMBER - Provide your Social Security number.

ITEM 3: NAME - Enter your full name.

ITEMS 4 AND 5: TELEPHONE NUMBERS - Enter your home and work telephone numbers. Include your area code.

ITEM 6: HOME E-MAIL ADDRESS - Enter your home e-mail address, if you have one.

ITEM 7: ADDRESS - Enter your present mailing address. Report any change of address *before you begin* receiving a pension to the Retirement Bureau at the address shown above. Provide your Social Security number and retirement date in the letter.

PART TWO:

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT – You must agree to and sign the terms and conditions when applying for retirement. **If you fail to sign the acknowledgement, your *Application for Retirement Allowance* will not be processed.**

PART THREE:

ITEM 8: DATE OF RETIREMENT - Enter the date you wish to retire. All retirements are effective on the first of a month. The earliest retirement date available to you is the first of the month following the Division's receipt of your application. For Deferred Retirement, the effective date is the first of the month following your 55th birthday. Your application must be received in this office prior to your retirement date. Your first retirement check will be dated no earlier than the first of the month after your retirement date or when processing has been completed, whichever is later.

ITEM 9: DATE OF BIRTH - Enter the month, day, and year of your birth. You should submit a copy of your birth certificate if you have not already done so. *(Do not delay filing the application if this document is not readily available).*

ITEM 10 AND 11: EMPLOYMENT INFORMATION - Enter the name of your employer and your current title or position.

ITEM 12: NON-PROSECUTOR SERVICE - Indicate if you have service credit in the PERS that is not considered Prosecutor Part service.

ITEM 13: PURCHASE INFORMATION - If you have applied to purchase service credit within six months of your filing this retirement application, check "Yes."

ITEM 14 AND 15: SPOUSE, CIVIL UNION PARTNER OR DOMESTIC PARTNER'S NAME AND ADDRESS - If you are currently married, or have entered into a civil union or domestic partnership,* provide your spouse or partner's name. Provide your spouse or partner's address if it is different from your address entered on item 7.

NOTE: IF NO BOX IS CHECKED IN PARTS FOUR OR FIVE, YOUR APPLICATION CANNOT BE PROCESSED.

PART FOUR:

TYPE OF RETIREMENT DESIRED - Indicate the type of retirement for which you are applying. An explanation of the types of retirement that are available begins on page 2.

PART FIVE:

CHOOSE A RETIREMENT PAYMENT OPTION - Mark only one box.

If you choose the **Maximum Option**, you must sign the application in the space indicated to acknowledge your understanding that **no monthly benefit is payable to a spouse/partner or other beneficiary.**

Note for Maximum Option: The law requires that the Division notify your spouse if you choose the Maximum Option, which does not provide payments to a beneficiary upon your death. Please enter your spouse/partner's name in item 14 and mailing address (if different than yours) in item 15.

To provide a benefit to a spouse or beneficiary, you may choose one of the following options: A, B, C, D, 1, 2, 3, or 4. See Fact Sheet #5, *Pension Options* (included in this booklet), for an explanation of the available

options. Selecting an option other than the Maximum Option will reduce your retirement allowance to provide a benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. Your option selection is irrevocable (cannot be changed under any circumstances) once your retirement becomes "due and payable" (see page 1).

If you do not understand your options, call the Division of Pensions and Benefits for assistance at (609) 292-7524.

RETIREMENT OPTION BENEFICIARY - In the previous item, you have chosen the method of payment to both you and, if applicable, your beneficiary. Name your beneficiary for that option here. Please include the beneficiary's full name, relationship to you (if not related, write "Friend"), date of birth, Social Security number (optional), and mailing address.

Please complete this section even if you have chosen the Maximum Option. The beneficiary named in this section will receive any optional benefit you selected above, any undistributed pension contributions remaining at your death, and will also receive any issued, but uncashed pension checks remaining at your death. If you choose Options A, B, C, D, 2, 3, or 4, please attach a copy of the beneficiary's birth certificate.

Under Maximum Option and Option 1, you may name any person or persons as well as an institution, charity, organization, your estate, etc., as a beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.*

* "Spouse" means a person of the opposite sex to whom you are legally married. A photocopy of the *Marriage Certificate* is required for verification.

"Civil Union Partner" is a person of the same sex with whom you have entered into a Civil Union. A photocopy of the *New Jersey Civil Union Certificate* or a valid certification from another jurisdiction that recognizes same-sex civil unions is required for verification.

"Domestic Partner" is a same-sex domestic partner, as defined under Chapter 246, P.L. 2003, the Domestic Partnership Act, of any state employee, State retiree, or an eligible employee or retiree of a local public entity if the local governing body adopts a resolution to provide Chapter 246 benefits. A copy of the *New Jersey Certification of Domestic Partnership* dated prior to February 19, 2007 or a valid certification from another jurisdiction that recognizes same-sex domestic partners is required for verification.

You may name multiple beneficiaries to share the benefit if you choose Option 1 or Option 4. To name additional beneficiaries, fill out and sign the sheet provided at the end of this booklet, and check the box on the application.

Under Options A, B, C, D, 2, or 3 you may name only one person as a beneficiary.

The designation of beneficiary becomes effective when your *Application for Retirement Allowance* is received by the Division of Pensions and Benefits.

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

PART SIX:

DESIGNATION OF GROUP LIFE INSURANCE

BENEFICIARY - *(Does not apply to members with less than 10 years of membership credit.)* Most members of the retirement systems are covered by group life insurance. PERS Prosecutors Part members who have group life insurance coverage are entitled to a death benefit of 1/2 of their salary paid during the 12 months preceding their retirement.

You may name any person or persons as well as an institution, charity, organization, your estate, etc., as a life insurance beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.* You may also name multiple beneficiaries for this benefit. You may change your group life insurance beneficiary at any time.

You should name both a Primary beneficiary(ies) and a Contingent beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to

complete this section, write "see attached" in the beneficiary area of the application. The attachments must also be signed and dated.

Primary Beneficiary(ies) - List the full name, relationship to you (if not related, write "Friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

Contingent Beneficiary(ies) - List the full name, relationship to you (if not related, write "Friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the lump sum insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

The designation of beneficiary becomes effective when your *Application for Retirement Allowance* is received by the Division of Pensions and Benefits.

The amount by which your group life insurance is reduced at retirement **may be converted** at retirement to a non-group policy. Conversion must be done **within 31 days** of the termination of employment. (See page 5 for more about conversion).

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION,
CONTACT THE OFFICE OF CLIENT SERVICES AT**

(609) 292-7524

OR VISIT OUR OFFICE AT

**50 WEST STATE STREET
TRENTON, NEW JERSEY**

PROSECUTORS PART

PUBLIC EMPLOYEES' RETIREMENT SYSTEM NEW JERSEY DIVISION OF PENSIONS AND BENEFITS APPLICATION FOR RETIREMENT ALLOWANCE

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.

PART ONE: MEMBER INFORMATION (Please print - black ink preferred - or type.)

1. MEMBERSHIP NUMBER _____ 2. SOCIAL SECURITY NO. _____

3. NAME _____
Last First Middle

4. HOME PHONE (_____) _____ 5. WORK PHONE (_____) _____

6. HOME E-MAIL ADDRESS _____

7. ADDRESS _____
Street Apt. No.

_____ City State Zip

PART TWO: ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT

You must agree to and sign these terms and conditions when applying for retirement. If you fail to sign this acknowledgement your *Application for Retirement Allowance* will not be processed.

- I understand that I must meet all of the eligibility requirements for retirement and **cannot submit an application more than one year before my retirement date** (if applying for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I cancel or change my retirement date and submit a new application with a later retirement date, **it is my responsibility** to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date does not guarantee continued employment with my employer.
- I understand that the beneficiary designation I am indicating on this retirement application **supersedes all prior designations**, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- I understand that if I die prior to the retirement date indicated on this retirement application, any retirement benefits that may be payable to a beneficiary **cannot be paid until the retirement date selected**.

MEMBER'S SIGNATURE

DATE

_____, 20 _____

I have read and agree to the "Terms and Conditions of Retirement" and attest that the information provided on this application is true and correct.

CONTINUE ON NEXT PAGE

MEMBER'S NAME _____ **MEMBERSHIP NUMBER** _____

PART THREE:

8. **RETIREMENT DATE** — To be effective the first day of _____
Month Year

9. **DATE OF BIRTH** _____
Month Day Year

10. **EMPLOYER** _____

11. **TITLE OR POSITION** _____

12. **NON-PROSECUTOR SERVICE** — If you have service credit in the PERS that is not considered Prosecutor Part service, please check this box.

13. **PURCHASE INFORMATION** — Have you applied to purchase pension service credit within the past six months? YES NO

14. **SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER'S NAME** (If naming a partner, submit a photocopy of your *Civil Union Certificate* or *Certificate of Domestic Partnership* along with this application.)

NAME _____
Last First Middle

15. **SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER'S ADDRESS** (If different from yours.)

ADDRESS _____
Street Apt. No.

City State Zip

PART FOUR: TYPE OF RETIREMENT DESIRED

SERVICE RETIREMENT — You must be age 55 or older to qualify for a Service Retirement - no minimum amount of service credit is required **or** any age with 20 or more years of service credit and enrolled as a prosecutor as of January 7, 2002.

SPECIAL RETIREMENT — You must have a minimum of 25 years of Prosecutors Part service credit.

DEFERRED RETIREMENT — You must be under age 55 and have a minimum of 10 years of Prosecutors Part service credit upon termination of employment. A Deferred Retirement becomes effective at age 55 if you have filed an *Application for Retirement Allowance* prior to that date.

CONTINUE ON NEXT PAGE

PART FIVE: CHOOSE A RETIREMENT PAYMENT OPTION AND NAME A BENEFICIARY

Indicate your choice for method of payment. Refer to Fact Sheet #5, *Pension Options* (in this booklet), for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance to provide a benefit to a beneficiary upon your death.** The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 1). **Mark only one box.**

MAXIMUM OPTION — NO PENSION BENEFIT TO BENEFICIARY — Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death. _____
(You must sign here)

Under **Options A, B, C, or D**, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

OPTION A - 100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.

OPTION B - 75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.

OPTION C - 50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.

OPTION D - 25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.

OPTION 1 - REDUCING RETIREMENT RESERVE TO A BENEFICIARY — Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die **before the reserve is depleted.** You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

OPTION 2 - 100% TO BENEFICIARY - PERMANENT REDUCTION — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.

OPTION 3 - 50% TO BENEFICIARY - PERMANENT REDUCTION — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.

OPTION 4 - CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION — You can name one beneficiary or multiple beneficiaries. Upon your death, your beneficiary(ies) receives a lifetime monthly retirement allowance of \$_____ (can be no more than the Option 2 allowance).
(Enter amount)

RETIREMENT OPTION BENEFICIARY — For Options A, B, C, D, 2, and 3 you may list only ONE beneficiary. To name additional beneficiaries under Options 1 or 4, use the sheet provided at end of the application **and** check this box.

BENEFICIARY NAME

RELATIONSHIP

BIRTH DATE

SOCIAL SECURITY NUMBER
(Optional)

ADDRESS _____

MEMBER'S SIGNATURE

DATE

_____, 20____

I attest that the information provided on this application is true and correct.

SIGN THIS PAGE AND CONTINUE TO NEXT PAGE

MEMBER'S NAME _____

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

PART SIX: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part Three. This designation becomes effective when received by the Division of Pensions and Benefits.

PRIMARY INSURANCE BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT INSURANCE BENEFICIARY(IES) — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE _____

DATE _____

_____, 20____

I attest that the information provided on this application is true and correct.

Return this application to:
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

STATE OF NEW JERSEY - DIVISION OF PENSIONS AND BENEFITS

AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT PAYMENT

INSTRUCTIONS:

- A: Read the terms and conditions listed below.
- B: Enter your name, mailing address, pension membership number, Social Security number, and home telephone number.
- C: Mark the account type box, and print your financial institution's routing number, your account number, and name and address where indicated. Be sure to double-check your account and 9-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
- D: You and all other parties to this account must sign the form.
- E: Attach a VOIDED check or deposit slip and **return the completed form with your *Application for Retirement Allowance*.**

RECIPIENT INFORMATION — Please Print Legibly

YOUR NAME _____

MEMBERSHIP NO. _____

YOUR ADDRESS _____

SOCIAL SECURITY NO. _____

HOME PHONE _____

TYPE OF PAYMENT: RETIREMENT PAYMENT

_____ Your Account Number
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
_____ Financial Institution's 9-digit Routing Number

_____ Name of Financial Institution

_____ Street of Financial Institution

_____ City, State, ZIP Code of Financial Institution

_____ Your Signature and Date

_____ Signature(s) of Other Persons On Account and Date(s)

Please read the terms and conditions below and
ATTACH A VOIDED CHECK IF AUTHORIZING A CHECKING ACCOUNT
 (used to verify your financial institution's routing and account number)

TERMS AND CONDITIONS

BENEFIT RECIPIENT

I authorize the New Jersey Division of Pensions and Benefits and the financial institution indicated to directly deposit my net retirement allowance payment each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance payment forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund.

I further understand that this agreement may be changed by me upon written notification to the Division of Pensions and Benefits. The change will be processed for the pay period following receipt of the notice by the Division. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, a notification must then be submitted. I understand that it is my responsibility to inform the Division of Pensions and Benefits of address changes immediately. I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

OTHER PARTIES TO THE ACCOUNT

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowance payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM – TEACHERS' PENSION AND ANNUITY FUND
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

PENSION FUND PERS TPAF

1. NAME OF MEMBER _____

2. MEMBERSHIP NO. _____ 3. SOCIAL SECURITY NO. _____

4a. EMPLOYING AGENCY _____ 4b. EMPLOYER LOCATION NO. _____

5. Date service terminated ____/____/____ Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.

6. Was the member considered a part-time employee? NO YES

7. a) Is the member currently on suspension? NO YES If yes, give date of suspension _____
Is suspension Paid or Unpaid

b) Is the applicant facing or recently been considered for disciplinary action or indictment? NO YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

8. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

9. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above); please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

#	months @ \$	from	to	\$	TOTAL
#	months @ \$	from	to	\$	
#	months @ \$	from	to	\$	
#	months @ \$	from	to	\$	

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

10. If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.

11. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE SALARY
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

12. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

COMPLETED BY: _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER _____ DATE _____

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.

ITEMS REQUIRING SPECIAL ATTENTION

- ITEM 5:** A member must terminate employment **before** his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1.
- ITEM 7:** If the member was dismissed under suspension or formal indictment, place an (X) in the YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 7b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 9:** Indicate the following: (1) number of months, (2) amount of monthly base salary, (3) the beginning and ending dates of that salary, and (4) the total base salary for the period. A total of 12 months (10 months for those applicable) of salary must be indicated.

Example:

4 months @ \$ 4,000 from 9/1/99 to 12/31/99 \$ 16,000

5 months @ \$ 3,850 from 4/1/99 to 8/31/99 \$ 19,250

3 months @ \$ 3,700 from 1/1/99 to 3/31/99 \$ 11,100

Total base salary paid for last year of service \$ 46,350

- ITEM 10:** If the Division finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the Division will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- ITEM 11:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 12:** Indicate the actual or projected base salary subject to pension contributions for the last two quarters preceding the termination date. It is important to indicate all deductions withheld (pension, loan, back deductions, and arrears payments). Failure to do so could result in incorrect benefits being paid. The base salary should reflect the number of months worked in that quarter.

State biweekly reporting agencies must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date in lieu of completing Item 12.

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**

CHANGE RETIREMENT APPLICATION

These changes can only be made before the retirement is due and payable.

If you have applied for a *disability retirement* that has been approved by the Board of Trustees, you cannot change your retirement date or cancel your retirement.

Check one: Public Employees' Retirement System Police and Firemen's Retirement System
 Teachers' Pension and Annuity Fund

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

_____ Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits and wish to make the following change to that application (check box that applies):

CHANGE RETIREMENT DATE — I wish to change the effective date of my retirement from:

_____ to _____. May be any first of the month after the receipt date of the original *Application for Retirement Allowance*. **Your employer must complete the salary certification on the back of this form.**

CHANGE RETIREMENT TYPE — I wish to change the type of my retirement from:

_____ to _____. To change to a disability retirement you must complete an *Application for Disability Retirement*.

CHANGE OPTION SELECTION (PERS & TPAF only) — I wish to change my option selection from:

_____ to _____. I understand that once my retirement is due and payable, no further change in option will be permitted. My signature indicates that I understand that if I choose the Maximum Option, there are no pension benefits payable to my spouse or other beneficiary. (If you wish to **change the option recipient** you **must** file a new *Application for Retirement Allowance*.)

CANCEL RETIREMENT — I wish to cancel my retirement which was to be effective on:

_____. I will continue in employment. I understand that my original application **cannot** be reinstated and that I must file a new retirement application when I apply again on a future date.

TERMS AND CONDITIONS OF RETIREMENT

- I understand that I must meet all of the eligibility requirements for retirement and **cannot submit an application more than one year before my retirement date** (if eligible for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that if I cancel or change my retirement date **it is my responsibility** to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date **does not** guarantee continued employment with my employer.
- I understand that the beneficiary designation I indicated on my original retirement application **supersedes all prior designations**, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- **(PERS & TPAF only)** I understand that if I die prior to a new retirement date as indicated on this change request form, any retirement benefits that may be payable to a beneficiary **cannot be paid until the retirement date selected**.

MEMBER'S SIGNATURE

DATE

_____, 20 _____

I have read and agree to the "Terms and Conditions of Retirement", and attest that the information provided on this application is true and correct.

CHANGE OF RETIREMENT EMPLOYER CERTIFICATION

1. _____

NAME OF EMPLOYEE	NAME OF EMPLOYER
SOCIAL SECURITY NUMBER	EMPLOYER'S PHONE NUMBER
MEMBERSHIP NUMBER	EMPLOYER LOCATION NUMBER

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification of Service and Final Salary – Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification of Service and Final Salary – Retirement*, **YOU CANNOT USE THIS FORM.** Instead, you **must** complete a *Certification of Service and Final Salary – Retirement* in it's entirety and return it with this *Change of Retirement* form to the Division.

2. **DATE EMPLOYEE'S SERVICE TERMINATED** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) _____

3. **BASE SALARY SUBJECT TO PENSION FUND CONTRIBUTIONS** paid for the last full year of service ending on the date of termination (line 2 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

# _____ months @ \$ _____	from _____	to _____	\$ _____
# _____ months @ \$ _____	from _____	to _____	\$ _____
# _____ months @ \$ _____	from _____	to _____	\$ _____
# _____ months @ \$ _____	from _____	to _____	\$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

4. **THE FOLLOWING DEDUCTIONS HAVE BEEN MADE** or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see **Quarterly Report of Contributions**).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS	
							NO. PAYMENTS	AMOUNT			
	\$		\$		\$			\$		\$	
	\$		\$		\$			\$		\$	

NAME OF CERTIFYING OFFICER _____ **PHONE NUMBER** (____) _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

CERTIFYING OFFICER'S SIGNATURE _____ **DATE** _____

