

STATE POLICE RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
ENROLLMENT APPLICATION

(Read the accompanying instructions carefully before completing this application.)

FOR DIVISION USE ONLY: Location No.: Membership No.:

PART I: (Please Print or Type)

1. Name: Last First (No nicknames) Middle Maiden Surname

2. Address: Street Name
City State Zip Code

3. Social Security Number:

4. Sex: Male Female 5. Date of Birth: Mo. Day Year

6a. Are you a former member of the retirement system? Yes No

6b. Enter any other name(s) used during previous membership(s):

7a. Enter the name of any public retirement system in which you are or have been a member in this or any other state:

7b. Are you receiving benefits from any retirement system at this time? Yes No

PART II: CERTIFICATION OF EMPLOYING AGENCY (To be completed by your employer.)

1. Name of Employer:

2. Payroll Number:

3. Payroll Title of Applicant:

4. Enlistment Date: Mo. Day Year 5. Date employee completed Academy training: Mo. Day Year

6. Date medical requirement was approved by the examining physician: Mo. Day Year

7. Current Annual Base Salary \$ (Salary only - Do not include Maintenance)

8. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. (Two Signatures Required)

Signature of Certifying Officer Title Date

Signature of Certifying Officer's Supervisor Title Date

ENROLLMENT APPLICATION INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

ELIGIBILITY

All individuals who become full-time troopers or commissioned or non-commissioned officers of the Division of State Police must enroll in the State Police Retirement System (SPRS).

PART I: COMPLETING THE ENROLLMENT APPLICATION – To be completed by the employee. *(Please print or type)*

ITEM 1: NAME – Enter your full name (first, middle and last names). If you are a married woman use your full name; **not**, for example, “Mrs. John Smith.” If you have established former membership under your maiden name, indicate in the space provided. Do not use nicknames.

ITEM 2: ADDRESS – Enter your present mailing address. Any subsequent change of address must be reported to the Division of Pensions and Benefits.

ITEM 3: SOCIAL SECURITY NUMBER – Enter your Social Security number in the space provided.

ITEM 4: SEX – Check male or female.

ITEM 5: DATE OF BIRTH – Enter the month, date and year of birth. You should submit a photocopy of your birth or baptismal certificate with this application since this document will be necessary at the time of retirement. Indicate your Social Security number or pension membership number on all documents submitted. (Do not delay filing this application if this document is not readily available.)

ITEM 6a: FORMER MEMBER OF SYSTEM – Check “Yes” or “No”. An enrollment application should not be filed for any employee who is a former member and (1) did not terminate by withdrawal or (2) has been inactive for less than two years.

ITEM 6b: If you checked “Yes” in item 6a, enter any other name under which this previous membership was established.

ITEM 7a: Enter the name of any non-federal public retirement system, in this or any other state, in which you are or have been a member. Do not include private employment.

ITEM 7b: Indicate if you are receiving any retirement benefits at this time.

GROUP LIFE INSURANCE – Most individuals are eligible for life insurance upon enrollment. The exceptions are those who must furnish evidence of insurability.

- 1. Group Life Insurance Coverage** – Your employer pays the cost of all noncontributory group insurance benefits. Benefits are equal to 3½ times your Final Compensation.
- 2. Conversion** – If you leave public employment (termination of Leave of Absence period, retirement, withdrawal) you may convert your coverage to a private policy. To do this you must contact your local Prudential agent within 31 days of leaving the payroll.

DESIGNATION OF BENEFICIARY – Your estate will automatically be designated as your beneficiary for any death benefit payable. You will receive an insurance certificate by mail reflecting this designation. To change that designation register with the Member Benefits Online System (MBOS) to update your beneficiary online or complete a *Designation of Beneficiary* form. You can access MBOS from our Web site at: www.state.nj.us/treasury/pensions

If you have any difficulty registering for, or accessing MBOS, call the MBOS help desk at (609) 777-0534.

PART II: CERTIFICATION OF EMPLOYING AGENCY – To be completed by the employer.

ITEM 1: NAME OF EMPLOYER – Enter the complete name of the employing location.

ITEM 2: PAYROLL NUMBER – Enter the State Centralized Payroll number.

ITEM 3: PAYROLL TITLE OF APPLICANT – Enter the title under which the employee was hired.

ITEM 4: ENLISTMENT DATE – Enter the employee’s date of enlistment.

ITEM 5: Enter the date the employee completed State Police Academy training.

ITEM 6: Enter the date medical requirements were approved for the employee.

ITEM 7: Enter the employee’s current contractual base annual salary.

ITEM 8: Review the application for missing, erroneous, or inconsistent information prior to submission.

Both the Certifying Officer **and** the Certifying Officer’s Supervisor **must sign and date this application**. Unsigned applications will be returned. All signatures **must** be original signatures and not a stamped copy.