



DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

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

ENROLLMENT APPLICATION FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND TEACHERS' PENSION AND ANNUITY FUND (TPAF) MEMBERS

FOR DIVISION USE ONLY:	Location Number _____	Membership Number _____
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PART 1 — APPLICANT INFORMATION — Retirement System (Check one) TPAF PERS

1. Name _____
Last First Middle Former Name Used During Previous membership (if applicable)

2. Social Security Number _____ 3. Date of Birth ____ / ____ / ____

4. Gender Male Female Non-Binary 5. Phone Number _____

6. Address _____
Street City State Zip Code

7. Is the applicant a former member of the PERS or TPAF? Yes No

8. Is the applicant receiving a benefit from a N.J. State-administered or local N.J. retirement system at this time? Yes No
 If Yes, please provide retirement system name _____

PART 2 — EMPLOYER INFORMATION

9. Employer Name _____ 10. Title/Position of Applicant _____

11. County _____

12. PERS or TPAF Location Number _____ Bureau Number _____ Payroll Number _____
If Applicable State Locations Only

13. Is the applicant currently employed by more than one public employer? Yes No
 If Yes, please provide name of employer(s) _____

FOR TPAF APPLICATIONS ONLY

14a. Date Employment Began ____ / ____ / ____ (Do not include temporary, substitute, or part-time service.)

14b. Does position require a New Jersey State Certificate issued by the State Board of Examiners within the N.J. Department of Education?
 Yes No

14c. Does the applicant hold a certification issued by the State Board of Examiners within the N.J. Department of Education?
 Yes No

14d. For N.J. Department of Education Only: Is the position Unclassified Professional? Yes No

FOR PERS APPLICATIONS ONLY

15a. Date Employment Began ____ / ____ / ____ 15b. Date of Regular or Permanent Appointment ____ / ____ / ____

15c. Is applicant considered temporary or provisional? Yes No

16. Is the applicant a Workers' Compensation Judge? Yes No 17. Is the applicant an elected official? Yes No

18. Is the applicant appointed under the authority of a local ordinance to a statutory-based, untenured chief administrative position such as business administrator, county or municipal administrator, county or municipal manager? Yes No

19. Is the applicant filling a position with principal operating responsibility of a government function(s), commonly called "department heads" or similar title, that are filled by action of the governing body and who directly report to an elected official(s) or chief administrative officer? Yes No

20. Is the applicant working under a professional services contract? Yes No

21. Is the applicant a bona fide employee serving in a professional services position such as an attorney, engineer, planner, doctor, or accountant at a local government entity? Yes No

22. Current Annual Base Salary \$ _____ 23. (Check one) 10-Month Position 12-Month Position

24. Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week? Yes No

PART 3 — EMPLOYER CERTIFICATION

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.

25. _____
Print Certifying Officer's Name Signature Date

26. _____
Print Certifying Officer's Supervisor's Name Signature Date

27. _____
Phone Number