

EMPLOYER'S CERTIFICATION FOR WITHDRAWAL

THIS FORM MUST BE COMPLETED BY FORMER EMPLOYER

1. Name of Member _____
 2. Membership No. _____ 3. Social Security No. _____

This certification will be used to calculate the payment due to the member.

DO NOT COMPLETE THIS FORM UNTIL THE LAST DEDUCTION FROM SALARY HAS BEEN MADE.

I certify that _____
NAME OF FORMER EMPLOYEE

resigned
 was dismissed (no appeal pending)
 was dismissed (appeal pending)

from this organization on _____ . The last pension deduction was made _____ .
DATE BIWEEKLY PAY PERIOD / YEAR OR MONTH/ YEAR*

**State employers must enter the number of the pay period and the year of the last pension deduction. All other employers must enter the month and year of the last pension deduction and be sure to submit that deduction for the entire month.*

The employee IS, or IS NOT receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment and DOES, or DOES NOT have a Workers' Compensation claim or litigation pending.

CERTIFICATION OF SALARY DEDUCTIONS ONLY TO BE COMPLETED FOR ANY UNPOSTED PENSION CONTRIBUTIONS

I certify that the following deductions have been made from the employee's salary during the last two quarterly periods ending with the current quarter. State biweekly reporting agencies must attach a completed Supplemental Biweekly Certification of Employing Agency or a screen print of the Centralized Payroll History screen in lieu of completing this item.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	FULL RATE (%)	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS	ARREARS AND/OR PURCHASES	TOTAL PENSION CONTRIBUTIONS	SACT YES OR NO
	\$		\$	\$	\$	\$	\$	
	\$		\$	\$	\$	\$	\$	

Signature of Certifying Officer _____ Date _____

Employing Agency _____ Telephone Number (_____) _____
(AREA CODE)

INSTRUCTIONS FOR COMPLETING THE EMPLOYER'S CERTIFICATION

This certification must be completed by the employer when a member files for the withdrawal of pension contributions. Failure to provide this information will delay processing of the member's *Application for Withdrawal*. If you need assistance in completing this certification, call the Division of Pensions and Benefits, Office of Client Services at (609) 292-7524.

ITEMS REQUIRING SPECIAL ATTENTION

REASON FOR LEAVING

You must indicate the member's reason for leaving. Place an (X) in the box next to "resigned," or if the member was dismissed, you must also indicate with an (X) if the dismissal has an appeal pending or no appeal pending. This information is required before processing the withdrawal application.

TERMINATION DATE

A member must terminate employment **before** this certification can be submitted to the Division of Pensions and Benefits. Include the date of termination and the date of the last pension deduction. **State biweekly reporting agencies must enter the number and year of the last pay period of the last pension deduction. All other employers must enter the month and year of the last pension deduction.**

WORKER'S COMPENSATION

Please indicate if the member was receiving periodic benefits under a claim filed for Worker's Compensation. Place an (X) in the block to indicate if the member IS or IS NOT receiving these benefits. You must also indicate with an (X) if the member DOES or DOES NOT have a Worker's Compensation claim or litigation pending. This information is required before processing the withdrawal application.

SALARY DEDUCTIONS

Indicate the following: (1) quarter ending, (2) amount of monthly base salary subject to contributions, (3) full rate of contribution, (4) the dollar amount of the deduction, (5) loan repayment amount (if any), (6) back deductions, (7) arrears or purchase deductions, (8) the total pension contributions (include all deductions for the quarter), and (9) answer "yes" or "no" to whether the member contributed to the Supplemental Annuity Collective Trust (SACT).

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