

NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

**WAIVER OF RETIREMENT PROGRAM PARTICIPATION
FOR EMPLOYEES ENROLLED IN THE PERS, TPAF, PFRS, OR SPRS
EARNING SALARY IN EXCESS OF THE SOCIAL SECURITY MAXIMUM**

(Please follow the instructions on page 2 of this form)

EMPLOYEES ENROLLED IN THE PERS, TPAF, PFRS, OR SPRS *(Read and sign below)*

As a member of PERS, TPAF, PFRS, or SPRS deemed eligible and required to participate in the Defined Contribution Retirement Program (DCRP) based upon salary exceeding the Social Security Maximum, under Chapter 103, P.L. 2007 (N.J.S.A. 18A:66-2 et seq. and N.J.S.A. 43:15A-6 et seq.) and Chapter 1, P.L. 2010 (N.J.S.A. 43:16A-1 et seq. and N.J.S.A. 53:5A-3 et seq.), I elect to waive participation in the DCRP with regard to my current eligible employment.

I acknowledge that this written waiver filed with the Division of Pensions and Benefits waives all rights and benefits that would otherwise be provided by the DCRP.

I understand that I may thereafter elect to participate in the retirement program by filing with the Division of Pensions and Benefits, an *Election To Participate In the DCRP* form. Such election shall commence on the first day of January following the filing of the election to participate.

CERTIFICATION AND SIGNATURE *(Must be completed to waive participation.)*

By signing this form, I acknowledge that I am waiving all rights and benefits that would otherwise be provided by the Defined Contribution Retirement Program with regard to my employment or position with:

_____ as _____
Name of Employer *Title*

_____ *Member's Name (Please Print)* _____ *Social Security Number or Pension ID Number*

_____ *Signature* _____ *Date*

EMPLOYER CERTIFICATION

I certify that this employee and the position listed meet the eligibility criteria for the retirement program under N.J.S.A. 43:15C-2 and that the employee has voluntarily elected to waive participation.

Certifying Officer: _____ **Date:** ____/____/____
Print Name *Signature* *Month* *Day* *Year*

Phone Number: (____) _____ - _____ **Ext.:** _____ **Location No.:** _____

**DCRP WAIVER FORM
CHAPTER 103, P.L. 2007
CHAPTER 1, P.L. 2010**

INSTRUCTIONS

MEMBER INSTRUCTIONS

READ THE INFORMATION ABOUT WAIVER OF PARTICIPATION IN THE DCRP, then complete the Certification and Signature section. By signing this *Waiver Form* you indicate that you understand and agree to the conditions.

IN THE CERTIFICATION AND SIGNATURE SECTION:

- **Enter the Full Name of your Employing Entity and your Official Title or position.**
- **Print your Name** — Enter your full name (first, middle initial, and last name).
- **Enter your Social Security Number or your Pension ID Number**
- **Sign and Date this *Waiver Form*.** Unsigned waivers will be returned.
- **Submit the completed form to your employer.**

EMPLOYER INSTRUCTIONS

IF WAIVING PARTICIPATION, this completed form **must** be certified by the employer and submitted to the Division of Pensions and Benefits at the time employment commences.

RETURN THIS COMPLETED FORM TO:

**DEFINED CONTRIBUTION RETIREMENT PROGRAM
New Jersey Division of Pensions and Benefits
PO Box 295
Trenton, New Jersey, 08625-0295
or fax to:
(609) 633-1696**