

NEW JERSEY DEFINED CONTRIBUTION RETIREMENT PROGRAM

**ELECTION TO PARTICIPATE IN THE DCRP  
FOR PERS, TPAF, PFRS, OR SPRS EMPLOYEES  
WHO PREVIOUSLY WAIVED DCRP ENROLLMENT**

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

**DO NOT WRITE IN THIS BOX** LOCATION NO. IDENTIFICATION NO.

1. Have you previously *waived* participation in the Defined Contribution Retirement Program?  Yes  No  
(If "No", do not use this form. See your employer about enrollment into the Defined Contribution Retirement Program.)

**APPLICANT INFORMATION:** (Please Print or Type)

2. Name: \_\_\_\_\_  
First (no nicknames) Middle Last

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

4. Social Security Number: \_\_\_\_\_

5. Gender:  Male  Female

6. Daytime Phone: (\_\_\_\_) \_\_\_\_\_

8. Are you receiving a benefit from a New Jersey State-administered or local New Jersey retirement system?  
 Yes  No

7. Address: \_\_\_\_\_  
Street

(If "Yes", please provide retirement system name)

\_\_\_\_\_  
City State Zip Code

**EMPLOYER INFORMATION** (Please Print or Type):

9. Employer Name: \_\_\_\_\_

10. County: \_\_\_\_\_

11. PERS, TPAF, PFRS, or SPRS Location #: \_\_\_\_\_ Payroll #: \_\_\_\_\_  
State Loc Only

12. Date Employment Began: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

13. Current Annual Base Salary \$ \_\_\_\_\_

14. Title/Position of Applicant: \_\_\_\_\_

15. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form I acknowledge that I rescind my waiver and wish to begin participation in the Defined Contribution Retirement Program. I also understand that once enrolled I cannot later waive participation in the DCRP while serving in this title or position.

**EMPLOYER CERTIFICATION**

16. Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

I certify that this employee and position meets the eligibility criteria for the retirement program under **N.J.S.A. 43:15C-2**.

17. Certifying Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name Signature Month Day Year

**NOTE: SEE INSTRUCTIONS FOR BENEFICIARY DESIGNATION INFORMATION**

**ELECTION TO PARTICIPATE IN THE DCRP — INSTRUCTIONS**  
**FOR PERS, TPAF, PFRS, or SPRS EMPLOYEES WHO PREVIOUSLY WAIVED DCRP ENROLLMENT**

*(This application to be completed by the enrolling member and the employer)*

**PRIOR WAIVER**

1. **A PERS, TPAF, PFRS, or SPRS member** eligible for the DCRP — due to salary in excess of the annual maximum wage for Social Security — who waives participation and later wishes to participate, can apply for DCRP enrollment with membership **to become effective January 1** of the calendar year following receipt of a completed *Election to Participate in the DCRP* form by the Division of Pensions and Benefits.
  - **If you are newly eligible for the DCRP** and have not previously waived participation, do not use this form. You will be automatically eligible for the DCRP when your employer submits the *Enrollment Application* to the Division of Pensions and Benefits.
  - **For elected or appointed officials**, the decision to waive participation in the DCRP is **irrevocable** for that office or appointment. If you are enrolling based upon a different elected office or appointment, your employer should submit a *DCRP Enrollment Application* to the Division of Pensions and Benefits.

**APPLICANT INFORMATION**

2. **Name** — Enter your full name (first, middle initial, and last name).
3. **Date of Birth** — Enter your date of birth. Proof of age is required at the time of retirement — if available, attach a photocopy of your proof of age to this application. Do not delay submitting the *Election to Participate in the DCRP* form if proof of age is not available.
  - Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; age recorded on marriage licenses, or certain other records showing age including baptismal, military, census, school, or business records.
4. **Social Security Number** — Enter your Social Security number.
5. **Gender** — Indicate your gender.
6. **Daytime Phone Number** — Enter your daytime phone number and extension (be sure to include the area code).
7. **Address** — Enter your current mailing address.
8. **Are you receiving retirement benefits** — Indicate if you are receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and if so, give the system's name.

**EMPLOYER INFORMATION**

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer is located.
11. **Location and Payroll Numbers** — Enter the appropriate location or payroll number, as applicable.
12. **Date Employment Began** — Enter the date on which the applicant started employment.
13. **Current Annual Base Salary** — Enter the annual base salary paid to the applicant on the date the *Election to Participate in the DCRP* form is certified by the employer.
  - Base salary is the contractual salary of the applicant. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.
14. **Title/Position of Applicant** — Enter the official title/position of applicant.
15. **Applicant's Signature** — **Sign and date this application.** By signing, the applicant rescinds any prior waiver and requests participation in the DCRP. The applicant also acknowledges that upon enrollment, waiver at a later date is no longer permitted while serving in the same DCRP eligible title or position. Unsigned applications will be returned.

**EMPLOYER CERTIFICATION**

16. **Phone Number** — Enter the telephone number for the employer representative who completed this application (be sure to include the area code and extension).
17. **Certifying Officer** — The Certifying Officer should print his/her name, then **sign and date this application**. Unsigned applications will be returned.

**BENEFICIARY DESIGNATION**

The newly enrolled member's estate will be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary must submit a *Designation of Beneficiary* using the Member Benefits Online System (MBOS) — go to [www.state.nj.us/treasury/pensions/mbosregister.shtml](http://www.state.nj.us/treasury/pensions/mbosregister.shtml) for details; or submit a *Designation of Beneficiary* form to the Division of Pensions and Benefits.