FP-0867-0812

Print Form

Clear Form

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

FOR DIVISION USE ONLY

ALTERNATE BENEFIT PROGRAM

ENROLLMENT/TRANSFER APPLICATION

(For transfers from PERS/TPAF)

PART I *Please print clearly or type.* MEMBER INFORMATION

1. Name ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____
FIRST MIDDLE LAST

2. Date of Birth _____
MONTH DAY YEAR

3. Address _____
STREET

_____
CITY STATE ZIP CODE

4. Daytime Telephone No (_____) _____ **5. Social Security Number** _____

6. Are you eligible for immediate vesting in the ABP? *(eligibility criteria on reverse side)*

☐ Yes ☐ No If yes, identify how you qualify. _____

7. Have you ever been a member of a New Jersey Administered Pension Fund? ☐ Yes ☐ No

If yes, check fund and indicate membership number: ☐ ABP ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS

Membership number: _____ Are you retired from this Pension Fund? ☐ Yes ☐ No

_____ _____
SIGNATURE OF APPLICANT DATE

PART II INVESTMENT CARRIERS

I wish to transfer my pension contributions to the Alternate Benefit Program and waive my statutory right to remain in or transfer to the Public Employees' Retirement System. I understand that my decision is irrevocable. I wish my accumulated pension deductions and any contingent reserve funds to which I am entitled to be invested with the one investment carrier designated below:

☐ VALIC
☐ The Hartford/Gitterman & Associates Wealth Management, LLC.
☐ AXA Financial (Equitable)
☐ TIAA-CREF
☐ MetLife
☐ ING Life Insurance and Annuity Company

_____ _____
Employee Signature Date

PART III CERTIFICATION OF EMPLOYING AGENCY

To be completed by the employer.

Title of Position _____ Employed: ☐ 10 ☐ 12 months Appointment Date _____/_____/_____

Employing Institution _____ Loc. # _____ Annual Base Salary $ _____

Full Time Employee	☐ Yes	☐ No	Academic Position	☐ Yes	☐ No
Bachelor's Degree	☐ Yes	☐ No	Administrative Position	☐ Yes	☐ No
Immediately Vested	☐ Yes	☐ No	Adjunct/Part-time Faculty	☐ Yes	☐ No

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

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GENERAL INFORMATION

ELIGIBILITY — All full-time faculty and administrative personnel required to possess a Bachelor's Degree are eligible for enrollment in the Alternate Benefit Program (ABP). Adjunct Faculty and Part-Time Instructors are also eligible for enrollment in the ABP under the provisions of Chapter 89, P.L. 2008. Other employees hired in a temporary position are not eligible. Employees earning less than 50% of the normal base salary are not eligible. Employees with F or J visas are not eligible. **Note:** A retiree from any New Jersey State-administered retirement system is *ineligible to participate* in the Alternate Benefit Program.

VESTING ELIGIBILITY CRITERIA — See Item 6. A member is immediately vested if he/she owns a retirement contract that contains both employer and employee contributions that is based upon employment in the field of higher education **or** transfers an active or vested New Jersey State-administered retirement system account to the ABP. The retirement contract must be in force, that is, the employee is entitled to receive benefits at a future date. The member is also immediately vested if he/she is an active or vested member of a State-administered retirement system of any state in the United States.

INVESTMENT CARRIER SELECTION — ABP members must complete an *Alternate Benefit Program Carrier Election and Allocation Form* and the application forms of each investment carrier selected.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Parts I & II are to be completed by the employee. Part III is to be completed by the employer.

Part I — Please complete items 1 - 7.

Part II — If you were recently a member of the New Jersey Teachers' Pensions and Annuity Fund (TPAF), the Police and Firemen's Retirement System (PFRS) or the Public Employees' Retirement System (PERS) and did not withdraw your contributions from that retirement system, you may remain in, or transfer into, the PERS and waive participation in the Alternate Benefit Program (ABP). You may obtain a proper transfer form from your personnel office. However, if you elect to participate in the ABP, this *Enrollment Application* must be completed and submitted to transfer contributions to the ABP.

Note: The *Designation of Beneficiary* for Group Life Insurance is no longer a part of this application. Upon enrollment a new ABP member's estate is automatically designated as the beneficiary for any death benefit. New members should update their beneficiary information by completing an *ABP Designation of Beneficiary* form and submitting it to the Division of Pensions and Benefits. **For individuals age 60 or older,** to be covered by the group life and disability insurance programs, you must submit to a medical examination to prove insurability. A medical examination will be arranged for you. Upon advice from the insurance carrier that you have proved insurability, you will be covered. *This does not change your beneficiary designation for your annuity. Contact your individual investment carrier(s) for changes to your annuity.*

IN THE EVENT THAT YOU CANNOT COMPLETE THE *ABP ENROLLMENT APPLICATION* ONLINE USING THE EMPLOYERS' PENSIONS AND BENEFITS INFORMATION SYSTEM (EPIC), please mail a completed copy of this *Enrollment/Transfer Application* to:

Division of Pensions and Benefits
Defined Benefit & Defined Contribution Plans Reporting Bureau
PO Box 295
Trenton, NJ 08625-0295