



University Human Resources

TEMPORARY STAFF APPOINTMENT STATEMENT OF UNDERSTANDING OF HEALTH, PENSION AND TIME BENEFITS

NAME _____ UNIVERSITY ID _____ DATE OF HIRE _____

TITLE _____ DEPARTMENT/CAMPUS _____

SUPERVISOR _____ SUPERVISOR'S PHONE #. _____

A retiree from a New Jersey State administered retirement system must notify the Division of Pensions and Benefits at (609)292-7524 that they are returning to public employment. The retiree should also contact their Campus Benefits Associate prior to accepting employment at UMDNJ.

I have been informed and understand that the following conditions apply to my assignment as a temporary staff member of the University of Medicine and Dentistry of New Jersey:

1. I understand that if I am employed (or am projected to serve) for at least thirty-five (35) hours/week for a period of twelve (12) months, I am eligible for medical, prescription drug and dental benefits. Upon completion of 12 months of service I would need to complete a New Jersey State Health Benefits Program medical/prescription drug and dental application to enroll.
2. As a temporary employee, I will be tracked for enrollment in a pension plan if I meet the enrollment criteria. This information can be found on the HR-Benefits Services website. Certification by the Division of Pensions & Benefits is a prerequisite to enrollment in the pension plan.

OR

If I am currently a member of the **Public Employees' Retirement System (PERS) or Teachers Pension and Annuity Fund (TPAF)** at another New Jersey State Public Employer Location I will not be eligible for enrollment in a pension plan at UMDNJ.

3. I also understand that if I am scheduled to work less than thirty-five (35) hours/week and I am enrolled in the Defined Contribution Retirement Program (DCRP), I may be eligible for optional enrollment in NJ DIRECT 15 and the Employee Prescription Drug Plan.
 - I would need to complete a Part-time Employee Group-New Jersey State Health Benefits Program application to enroll
 - I understand that there is a cost for the coverage and I would be billed directly by the New Jersey State Health Benefits Program

4. I am a temporary staff member and may be terminated at any time with or without cause.

Please check one:

I am not a retiree from a New Jersey State administered retirement system.

I am a retiree from a New Jersey State administered retirement system and have scheduled an appointment with the Campus Benefits Associate to review the PERS enrollment policy.

I have read and I understand the preceding statements regarding my temporary assignment.

Employee Signature

Date