

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
NOTIFICATION OF EMPLOYMENT AFTER RETIREMENT

DO NOT WRITE IN THIS BOX LOCATION NO. MEMBERSHIP NO.

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER AND TO BE USED WHEN HIRING ANYONE WHO IS COLLECTING A RETIREMENT BENEFIT FROM ANY NJ STATE-ADMINISTERED RETIREMENT SYSTEM.

EMPLOYEE INFORMATION: (Please print and follow the instructions on page 2 of this form.)

1. Name: Last First (no nicknames) Middle
2. Address: Street City State Zip Code
3a. Retirement # or Former Membership #: 3b. Retirement Type: Disability Other
4. Gender: Male Female
5. Date of Birth: Month Day Year 6. Daytime Phone: () -
7a. Indicate employee's date of retirement: Month Day Year 7b. Employer at Retirement :

EMPLOYMENT AFTER RETIREMENT INFORMATION

8. Employer Name:
9. County: 10. Location #: Bureau #: Payroll #:
If Applicable State Only
11. Title/position currently held by employee:
12. Indicate the employee's earnings (check one): Annual Salary \$ Hourly wages: \$
13. Describe the type of service: Full time Part-time If part-time, indicate hours pers week:
14a. Date employment began: Month Day Year 14b. Date employment is expected to end, if known: Month Day Year

EMPLOYER CERTIFICATION

15. If the applicant retired from your location, did he/she complete a 180-day "bona fide severance of employment?"
Yes No (If the applicant did not retire from your location, leave blank and continue to Item 16.)
16. Was there an agreement regarding employment after retirement for any position, paid or volunteer, at or about the time of the employee's retirement?
Yes No If yes, indicate date if known: Month Day Year

I certify that the above information is accurate. 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).

17. Signature of Certifying Officer Date: Month Day Year

18. Signature of Certifying Officer's Supervisor Date: Month Day Year

19. Phone Number of Certifying Officer: () - Ext.:

NOTE: THIS NOTIFICATION MUST BE SUBMITTED WITHIN 15 CALENDAR DAYS OF EMPLOYMENT TO THE ATTENTION OF THE EXTERNAL AUDIT UNIT, DIVISION OF PENSIONS AND BENEFITS, PO BOX 295, TRENTON, NJ 08625-0295

INSTRUCTIONS

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER AND TO BE USED WHEN HIRING ANYONE WHO IS COLLECTING A RETIREMENT BENEFIT FROM ANY NJ STATE-ADMINISTERED RETIREMENT SYSTEM.

EMPLOYEE INFORMATION

1. **Name** — Enter employee's full name (last, first, and middle initial; no nicknames).
2. **Address** — Enter employee's current mailing address.
- 3a. **Retirement or Former Membership Number** — Enter either number.
- 3b. **Type of Retirement** — Indicate whether the employee retired under a disability retirement or other type of retirement (Service, Early, etc.)
4. **Gender** — Indicate employee's gender.
5. **Date of Birth** — Enter employee's date of birth. Proof of age should be on file since it is a condition of retirement.
6. **Daytime Phone Number** — Enter employee's daytime phone number and extension (be sure to include the area code).
- 7a. **Indicate employee's date of retirement** — Indicate when the employee began receiving a benefit from a New Jersey State-administered retirement system.
- 7b. **Employer at Retirement** — Indicate location from which employee initially retired.

EMPLOYMENT AFTER RETIREMENT INFORMATION

8. **Employer Name** — Enter the full employer name.
9. **County** — Enter county in which the employer is located.
10. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC) or to Centralized Payroll for State locations.
11. **Title/Position currently held by employee** — Enter current title/position for the employee. Also indicate whether the employee is performing services as an employee or as an independent contractor. A job description can be submitted with the form, if available.
12. **Indicate the employee's earnings** — Indicate whether the employee earns an annual salary or hourly wage and specify the amount.
13. **Describe the type of service being provided** — Indicate the capacity (part-time or full-time) in which this employee is employed and if part-time, specify how many hours per week.
- 14a. **Date Employment Began** — Enter the date on which employee started employment at your location.
- 14b. **Date Employment is Expected to End** — Enter the date on which employment will end, if applicable or known.

EMPLOYER CERTIFICATION

15. **Bona Fide Severance from Employment** — If the applicant retired from your location, indicate whether the employee has completed at least a 180-day break in service pursuant to N.J.A.C. 17:1-17.14. If the applicant did not retire from your location, leave Item 15 blank and continue to Item 16.
16. **Preplanning or Prearranged Agreement** — Indicate if, at or about the time of the employee's retirement, there were discussions or an agreement regarding employment (in any paid or voluntary basis) after the employee's retirement.
17. **Certifying Officer** — The Certifying Officer **must sign and date this form**. Unsigned forms will be returned.
18. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor **must sign and date this form**. Unsigned forms will be returned.
19. **Phone Number** — Enter the telephone number for the Certifying Officer who is completing this form (be sure to include the area code and extension).

IMPORTANT INFORMATION

This notification is required to be completed and returned to the Division within 15 calendar days after the employee's date of hire. The employer must also notify the Division when the employee's services have been terminated. Forms should be returned to **Attn: External Audit Unit, Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295**