



**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU**

P.O. Box 295, Trenton, NJ 08625-0295

**ALTERNATE BENEFIT PROGRAM (ABP) — ENROLLMENT/TRANSFER APPLICATION**

*(For transfers from PERS/TPAF)*

**PART 1 - MEMBER INFORMATION** *(Please print clearly or type.)*

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 State-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
  8. Have you taken a distribution from Mandatory funds?  Yes  No  
 If yes list Provider(s): \_\_\_\_\_
- \_\_\_\_\_  
*Signature of Applicant*
- \_\_\_\_\_  
*Date*

**PART 2 - INVESTMENT CARRIERS**

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> VALIC                          | <input type="checkbox"/> AXA Financial (Equitable) | <input type="checkbox"/> MetLife                 |
| <input type="checkbox"/> MassMutual Retirement Services | <input type="checkbox"/> TIAA-CREF                 | <input type="checkbox"/> VOYA Financial Services |
|   |  | <input type="checkbox"/> Prudential              |

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**PART 3 - CERTIFICATION OF EMPLOYING AGENCY** *(To be completed by the employer.)*

- Title of Position \_\_\_\_\_ Employed:  10 months  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*

## GENERAL INFORMATION

**ELIGIBILITY** — All full-time faculty and administrative personnel required to possess a Bachelor's Degree are eligible for enrollment in the ABP. Adjunct Faculty and Part-Time Instructors are also eligible for enrollment in the ABP under the provisions of P.L. 2008, c. 89 (Chapter 89). Other employees hired in a temporary position are not eligible. Employees earning less than 50 percent 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 ABP.

**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 Provider Election and Allocation* form and the application forms of each investment carrier selected.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

Parts 1 & 2 are to be completed by the employee. Part 3 is to be completed by the employer.

**Part 1** — Please complete items 1 - 8.

**Part 2** — If you were recently a member of the 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 ABP. You may obtain a proper transfer form from your personnel office. However, if you elect to participate in the ABP, this *Enrollment/Transfer 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 & 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 & Benefits  
Defined Benefit & Defined Contribution Bureau  
P.O. Box 295  
Trenton, NJ 08625-0295**