

Application for Retirement



Explore Your Benefits

Alternate Benefits Program (ABP)

THINGS YOU SHOULD KNOW AT RETIREMENT

When Can I Retire?

There is no minimum retirement age under the ABP. A member may take a cash distribution or begin collecting an annuity from the investment carrier to which contributions have been remitted at any time after termination of employment. However, once a member takes a distribution, including a rollover of any amount to an IRA, the member is automatically considered retired, regardless of age, and cannot participate in any New Jersey State-administered retirement system.

Age Limits, Distributions

Lump-sum cash distributions to members under the age of 55 are limited to the member's contributions and earnings. The remaining employer contributions and earnings are available only when a member reaches age 55 or thereafter.

Distribution: Lump Sum, Fixed Term Annuity, or Life Annuity

At retirement, a member may elect to receive all or a portion of his/her account in a lump-sum distribution, or as a fixed term or life annuity. The types of payout plans vary from designated service provider to designated service provider and should be a major consideration when the member selects a designated service provider at the time of enrollment or transfer.

All returns of contributions and earnings are considered taxable in the year they are received.

What Happens If I Delay Distribution?

A member may delay collecting a benefit from his or her 401(a) contracts following termination of employment. The employer should make the member aware that delaying a distribution (retirement) for a period of time greater than one month after ceasing employment will result in the member no longer being eligible for retired group life insurance benefits under the ABP, even if the other eligibility requirements for ABP retired group life insurance coverage are met.

Do I qualify for State- or Employer-Paid Health Insurance Benefits at Retirement?

Under a P.L. 2001, c. 209 (Chapter 209), members who accumulate a total of 25 or more years of non-concurrent pension credit in ABP or multiple pension funds may be eligible for State- or employer-paid coverage at retirement, as long as they meet the following requirements:

- Retirees of the State, school boards, county colleges, or participating local employers who have agreed by resolution to pay for the coverage of their retirees must be eligible for employer-paid health benefits immediately prior to retirement or separation from the last contributing employer in the retirement system.
- Retirees must notify the New Jersey Division of Pensions & Benefits (NJDPB) that they have a total of 25 or more years of non-concurrent service in more than one public retirement system in New Jersey. Contact the NJDPB Office of Client Services at pensions.nj@treas.nj.gov or call (609) 292-7524. For more information about the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP) visit www.nj.gov/treasury/pensions
- In order to qualify for retired health benefits, you are required to take a minimum distribution within 30 days of your retirement date. You must contact your financial designated service provider for the necessary forms.



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

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

ALTERNATE BENEFIT PROGRAM (ABP) — APPLICATION FOR RETIREMENT ALLOWANCE

ALL REQUESTED INFORMATION MUST BE PROVIDED.

PART ONE - TERMS AND CONDITIONS OF RETIREMENT

A member of the ABP becomes eligible to commence distributions at any age upon severance from employment or retirement. Members may receive benefits in the form of an annuity or cash distribution. Annuity benefits will be calculated by the DSP based upon the account accumulation, life expectancy, and the distribution option selected. Cash distributions to members under the age of 55 are limited to their employee contributions and accumulations. The remaining employer contributions and earnings are available for distribution upon attaining age 55. Participation in the ABP shall terminate and the individual shall be considered retired once he or she has elected to receive a cash distribution of the value of his or her accounts in a direct payout as a cash distribution, a rollover, or an annuity (or a combination of these distributions). The member is considered retired and is not eligible to enroll in any New Jersey State-administered retirement system, nor are they eligible to reenroll in the ABP.

PART TWO - MEMBER INFORMATION (Please print)

1. Social Security Number (Optional) _____
2. Name _____

Last
First
Middle
3. Address _____

Street
Apt No.

City
State
Zip
4. Home Phone (_____) _____
5. Work Phone (_____) _____
6. Home Email Address _____
7. Date of Birth _____

Month
Day
Year
8. Retirement date (For immediate disbursement) _____

Month
Year
9. Have you filed an application for retirement benefits with your Designated Service Providers (DSPs)?
 Yes No
10. Investment Carrier(s):

_____ AXA Financial (Equitable)	_____ Prudential
_____ VOYA Financial Services	_____ TIAA/CREF
_____ MassMutual Retirement Services	_____ VALIC
_____ MetLife	

PART THREE - DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

PRIMARY INSURANCE BENEFICIARY(IES)

	BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT INSURANCE BENEFICIARY(IES) — If no primary beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			

I have read and agree to the Terms and Conditions of Retirement, have not pre-arranged with my employer to return to employment in any capacity, and attest that the information provided on this application is true and correct.

_____ *Member Signature* _____ *Date*

SIGN THIS PAGE AND HAVE YOUR EMPLOYER COMPLETE PART FOUR ON NEXT PAGE

PART FOUR - CERTIFICATION OF EMPLOYING AGENCY (Please print)

Member's Name _____ Social Security Number _____

1. Employing Institution _____

2. Employee's Membership Number _____

3. Employee's Title _____

4. Last day employee worked (Month, Day, Year) _____

5. a) Highest annual base salary for last 5 years of employment (for health benefits purposes) _____

b) Last 12 month salary _____

6. a) Is the member currently on suspension? No Yes If yes, give date of suspension _____

Is suspension Paid or Unpaid

b) Is the applicant facing or recently been considered for disciplinary action or indictment? No Yes
If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

Signature of Certifying Officer

Date

FOR NJDPB USE ONLY

Years of Service _____ **Highest Base Salary (preceding 5 years)** _____