

PUBLIC EMPLOYEES RETIREMENT SYSTEM—NEW JERSEY DIVISION OF PENSIONS
ENROLLMENT APPLICATION

(Read the accompanying instructions carefully before completing this application.)

r Division Use Only: LOCATION NO.:

MEMBERSHIP NO.:

PART I: (Please Print or Type)

1. NAME: Smith Joseph M (Last First (no nicknames) Middle Maiden Surname)

2. ADDRESS: 1000 Main Street 7a. FORMER MEMBER OF SYSTEM: Yes No
South River, NJ 08882 b. ENTER ANY OTHER NAME(S) used DURING PREVIOUS MEMBERSHIP(S)

3. SOCIAL SECURITY NUMBER: 124-58-6130 4. SEX M F

5. DATE OF BIRTH: 01/22/51 8a. ENTER THE NAME OF ANY PUBLIC RETIREMENT SYSTEM IN WHICH YOU ARE OR HAVE BEEN A MEMBER IN THIS OR ANY OTHER STATE

6. VETERAN STATUS: (Attach Copy of Discharge or Form DD214)

a. Date of Induction: 1/1 b. Date of Discharge: 1/1
Mo. Date Yr. Mo. Date Yr.

b. ARE YOU RECEIVING BENEFITS FROM ANY RETIREMENT SYSTEM AT THIS TIME: Yes No

PART II: DATE OF ENROLLMENT—If you are permanent in your position, you must enroll as of your regular or permanent appointment date. If you wish to purchase all temporary service immediately preceding your appointment, on a retroactive basis requiring additional deductions, you may do so by checking the correct box below.

If you are temporary (provisional) in your position and have been employed in that position for 12 consecutive months, you must enroll the first day of the month following the end of the 12-month period. You may purchase your prior temporary service on a retroactive basis requiring additional deductions by checking the correct box below.

Arrangements to purchase any prior service immediately preceding your date of enrollment must be made within one year following the date pension deductions begin. Complete Part II of this application by checking the appropriate box.

IMPORTANT: LIFE INSURANCE IS ONLY AVAILABLE TO MEMBERS OF THE RETIREMENT SYSTEM WHO ARE ELIGIBLE FOR COVERAGE. IF ELIGIBLE, INSURANCE COVERAGE IS NOT EFFECTIVE UNTIL DATE OF ENROLLMENT.

A. PERMANENT OR UNCLASSIFIED EMPLOYEES:

- I wish to enroll as of my regular or permanent appointment date and request a cost quotation to purchase all temporary service immediately preceding my appointment. I understand that this is on a retroactive basis and requires additional deductions.
- I wish to enroll as of my regular or permanent appointment date and do not wish to purchase temporary service.

B. TEMPORARY (PROVISIONAL) EMPLOYEES HAVING TWELVE CONSECUTIVE MONTHS OF SERVICE:

- I wish to enroll upon completion of 12 consecutive months and request a cost quotation to purchase my temporary time immediately preceding my enrollment on a retroactive basis requiring additional deductions.
- I wish to enroll upon completion of 12 consecutive months and do not wish to purchase my preceding temporary service.

PART III: RECORD OF PUBLIC EMPLOYMENT—Indicate any public employment in this or any other state. Certain types of previous public employment are eligible to be purchased for additional credit in the retirement system. For further information regarding purchase, please refer to the instructions for completing Part III.

NOTE: Any temporary service immediately preceding your permanent appointment date must be purchased within one year following the date pension deductions begin.

Name of Employing Agency	Payroll Title	Dates		Mo./Annual Salary		Length of Service		
		From Mo. Day Yr.	To Mo. Day Yr.	Base Salary*	Maintenance	Yrs.	Mos.	Days
<u>N/A</u>								

*Base Salary Only (Do not include bonus, overtime, etc.)

PART IV: DESIGNATION OF BENEFICIARY - It is important to name **BOTH** primary and contingent beneficiaries for benefits payable if death occurs prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system. Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

PRIMARY BENEFICIARY (no nicknames)

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE
James Smith	Brother	1000 MAIN Street South River, NJ 08882	8-1-54

CONTINGENT BENEFICIARY (no nicknames)

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTH DATE
JANE Seals	SISTER	2 BORMAN Street South River, NJ 08882	7-12-60

NOTE: If you wish to name multiple beneficiaries to share equally, their names must appear in the same category. This form provides for "Lump Sum" settlement. If a different method of payment is desired for the Life Insurance, please notify the Division of Pensions and the proper forms will be mailed.

SIGNATURE OF APPLICANT Joseph M Smith **DATE** 10/5/94
(Signature must appear same as in Part I)

PART V: CERTIFICATION OF EMPLOYING AGENCY (To be completed by your employer.)

- 1a. Name Of Employer: _____
- 1b. County: _____
- 2. A. Location No. _____ B. Bureau No. _____
C. Payroll No. _____ (State employees only)
- 3. Payroll Title Of Applicant: _____
- 4. Is Applicant Employed By More Than One Public Employer: Yes No
- 5. Is this individual still considered a temporary (provisional) employee: Yes No
- 6a. Date Employment Began _____
MO. DATE YR.
- b. Regular Or Permanent Appointment Date: _____
MO. DATE YR.
- 7a. Current Base Annual Salary Only \$ _____
(no hourly or part-time rates)
- b. Ten Twelve Month Employee
- 8. I have reviewed this application and it is correct.

Signature of Certifying Officer (no stamped signatures) Date