

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

See reverse side for instructions on completing this form.

INDICATE TYPE OF ACTION:

☒ **REPORT OF TRANSFER** or ☐ **MULTIPLE ENROLLMENT** (PERS and TPAF Only)

INDICATE RETIREMENT SYSTEM:

☒ Public Employees' Retirement System (PERS) ☐ Teachers' Pension and Annuity System (TPAF)
☐ Police and Firemen's Retirement System (PFRS)

THIS SECTION TO BE COMPLETED BY THE MEMBER:

Social Security Number: 123-45-6789 Pension Membership Number: Pension Membership

Name: Doe John Quincy Doe

Last
First
Middle
Maiden

Address: 123 Main St. Apt. 1 Anytown NY 12345

Street
City
State
ZIP Code

Daytime Telephone: Daytime Telephone

Area Code

THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:

Name of *Former* Employer: Name of Former Employer

Date of Last Pension Deduction Reported by *Former* Employer: 01/01/0001 Termination Date: 01/01/0001

Month/Year or *Pay Period/Year*
Month / Day / Year

Name of *New* Employer: Name of New Employer

New Employer Location/Payroll Number: New Employer Is *New* Employer a Board of Education? ☒ Yes ☐ No

Title of *New* Position: Title of New Position Date Current Employment Began: 01/01/000

Month *Day* *Year*

To be completed for TPAF applications only

Date Employment Began: 01/01/0001 (Do not include temporary or substitute service)

Month *Day* *Year*

Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? ☒ Yes ☐ No

Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? ☐ Yes ☒ No

For NJ Department of Education Only: Is the position Unclassified Professional? ☒ Yes ☐ No

Current Annual Base Salary: \$ Current Employee is paid on: ☒ 10 month basis ☐ 12 month basis

Are the work hours fixed at **32 hours (Local)** or **35 hours (State)** or more per week pursuant to Ch.1, P.L.2010? ☒ Yes ☐ No

Is employee currently employed by more than one *public* agency? ☒ Yes ☐ No

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. 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)

John Doe

Signature of Certifying Officer

01/01/0001

Month
Day
Year

Address

Street

City

County

State

ZIP Code

Name of Certifying

Print Name of Certifying Officer

Telephone Number

Telephone Number:

Area Code

Extension Number

John Doe

Signature of Certifying Officer's Supervisor

01/01/0001

Month
Day
Year

Name of Certifying Officer's

Print Name of Certifying Officer's Supervisor

Telephone Number

Telephone Number:

Area Code

Extension Number

INSTRUCTIONS

This form is to be completed for any member who leaves one New Jersey public employer to take a job with another New Jersey public employer but remains in the same retirement system. It is also used to establish multiple enrollment in the retirement system. **A member establishes multiple enrollment when he or she is employed by more than one public agency at the same time in a position that is eligible for membership in the same retirement system.**

If the new employment is covered by a different retirement system, an *Application for Interfund Transfer* should be completed instead of this form.

The *Report of Transfer/Multiple Enrollment Form* should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. The employer should establish that the employee's membership in the retirement system has not expired or been withdrawn. If the employee's membership has expired or been withdrawn, the employee must complete a new *Enrollment Application*.

The Division of Pensions and Benefits will process the *Report of Transfer/Multiple Enrollment Form* and will send a *Certification of Payroll Deductions* to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK, IT WILL DELAY THE PROCESSING THE MEMBER'S TRANSFER OR MULTIPLE ENROLLMENT. THIS MAY RESULT IN ADDITIONAL BACK PENSION CONTRIBUTIONS AND CREATE A HARDSHIP FOR THE MEMBER. THEREFORE, THE CERTIFYING OFFICER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE PRIOR TO SUBMISSION OF THIS FORM.