



State of New Jersey • Department of the Treasury
**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT &
DEFINED CONTRIBUTION BUREAU**
P.O. Box 295, Trenton, NJ 08625-0295

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

See page 2 for instructions on completing this form.

PART 1 - MEMBER INFORMATION (To be completed by the member)

Name _____
First Middle Last

Date of Birth ____/____/____ Gender Male Female Non-Binary

Address _____
Street City State Zip Code

Phone Number _____ Social Security Number _____

Have you ever been a member of a New Jersey State-administered retirement system? Yes No

If yes, check fund and indicate membership number: ABP PERS TPAF PFRS SPRS

Membership number _____ Are you retired from this retirement system? Yes No

Are you eligible for immediate vesting in the ABP? (See eligibility criteria on page 2)

Yes No If yes, identify how you qualify _____

Member's Signature Date

PART 2 - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer)

Employing Institution _____ Location Number _____

Title of Position _____ Appointment Date ____/____/____

Employed 10 months 12 months 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.

Print Certifying Officer Name Signature Date

Print Certifying Officer Supervisor Name Signature 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 — 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, i.e., 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.

Individuals Age 60 Or Older — To be covered by the group life and long-term 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.

Service Credit — Pension membership credit begins to accrue from the date you become eligible for enrollment in the ABP.

Investment Carrier Selection — ABP members must complete an *Alternate Benefit Program (ABP) Carrier Election and Allocation* form and the application forms of each investment carrier selected.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). In the event that you cannot complete the *ABP Enrollment Application* online, please mail this completed application to the address below.

Part 1 is to be completed by the employee. Part 2 is to be completed by the employer.

PART 1 — Please complete all items and sign and date Part 1.

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. The *Election to Waive ABP Participation for Members of PERS/TPAF* is available on our website at: www.nj.gov/treasury/pensions However, if you elect to participate in the ABP, this *Enrollment Application* must be completed and submitted with the appropriate application to transfer contributions to the ABP.

If you are eligible for immediate vesting in the ABP, employer and employee contributions vest immediately. If you are not eligible for immediate vesting, employer and employee contributions are remitted to the one investment carrier you select. However, the employer contributions are not vested until your 13th consecutive month of employment. If you terminate employment prior to your 13th month, the employer contributions are returned to your employer.

Note: The designation of beneficiary is not 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 New Jersey Division of Pensions & Benefits (NJDPB).

You may change your beneficiary designation for the group life insurance at any time. The change must be filed with the NJDPB and supersedes any previous designation on file. The *ABP Designation of Beneficiary* form is available from the employer or on the NJDPB website at: www.nj.gov/treasury/pensions

This does not change your beneficiary designation for your annuity. Contact your individual investment carrier(s) for changes to your annuity.

PART 2 — To be completed by the employer.

Return this completed form to: **New Jersey Division of Pensions & Benefits**
Defined Benefit & Defined Contribution Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295