



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

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

**ENROLLMENT APPLICATION FOR  
PERS PROSECUTORS PART (P.L. 2021, c. 226)****FOR NJDPB USE ONLY:**

Location Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**PART 1 — APPLICANT INFORMATION**Name \_\_\_\_\_  
Last First Middle Former Name Used During Previous membership (if applicable)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip CodeGender  Male  Female  Non-Binary Telephone (\_\_\_\_) \_\_\_\_\_Is the applicant a former member of the PERS?  Yes  No

Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?

 Yes  No If Yes, please provide retirement system name \_\_\_\_\_**PART 2 — EMPLOYER INFORMATION**

Employer Name \_\_\_\_\_ Title/Position of Applicant \_\_\_\_\_

County \_\_\_\_\_

PERS Location Number \_\_\_\_\_ Bureau Number \_\_\_\_\_ Payroll Number \_\_\_\_\_  
If Applicable State Locations OnlyIs the applicant currently employed by more than one public employer?  Yes  No

If Yes, please provide name of employer(s) \_\_\_\_\_

Date Employment Began \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Regular or Permanent Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Is applicant considered temporary or provisional?  Yes  No Is the applicant an elected official?  Yes  NoIs the applicant appointed by special resolution or ordinance or by the Governor with Senate confirmation?  Yes  NoHas the applicant been awarded a professional services contract?  Yes  No

Current Annual Base Salary \$ \_\_\_\_\_

Applicant is paid on a  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 P.L. 2010, c.1 (Chapter 1)?

 Yes  No**EMPLOYER CERTIFICATION:**

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 of Certifying Officer\_\_\_\_\_  
Date\_\_\_\_\_  
Print Certifying Officer's Supervisor's Name\_\_\_\_\_  
Signature of Certifying Officer's Supervisor\_\_\_\_\_  
Date

Telephone (\_\_\_\_) \_\_\_\_\_