



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)**

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

**DCRP ELIGIBILITY STATUS CHANGE VERIFICATION FORM**

This is to advise you that

Name \_\_\_\_\_  
*First Middle Initial Last*

Social Security Number \_\_\_\_\_ Membership Number \_\_\_\_\_

Last 12 Month Salary \$ \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

\_\_\_\_\_  
*Employer Name Location ID*

The member above has ceased contributing to the DCRP effective because of:

- Loss Of Eligibility — No longer meets salary minimum for contribution.

Effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Status Changed to Full Time - now eligible for enrollment in the Public Employees' Retirement System, Teachers' Pension and Annuity Fund, Police and Firemen's Retirement System, or State Police Retirement System.

Effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Termination of Employment

Effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Termination \_\_\_\_\_

- Leave of Absence Without Pay

Leave began \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Leave \_\_\_\_\_

The member above has resumed contributing to the DCRP because of:

- Return From Leave of Absence Effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Signature Of Certifying Officer Date*