



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION

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

ELIGIBILITY DETERMINATION APPLICATION FOR PERS AND TPAF TIER 4 AND 5 LONG-TERM DISABILITY

To determine if you are eligible to apply for a Long-Term Disability, please complete the Member Information section below.

MEMBER INFORMATION (Please print)

Name _____ Social Security Number _____
Last First

Member Number _____ Employer _____

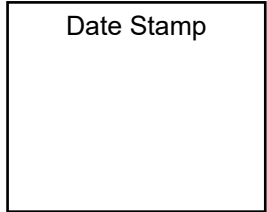
Address _____
Street City State Zip Code

Phone Number _____ Email _____

Are you receiving Workers' Compensation benefits? Yes No Date of Disability ____/____/____

Member's Signature Date

Submit completed form to: **New Jersey Division of Pensions & Benefits**
Disability Retirement Section
P.O. Box 295
Trenton, NJ 08625-0295



Or email to: ***PensionsLTD@treas.nj.gov***

For NJDPB Use Only

Location _____ Date of Birth ____/____/____ Age _____ Membership Tier _____

Branch Code _____ LTD Effective Date ____/____/____ Last 10 or 12 month salary _____

Date of Last Contribution ____/____/____

Was the member terminated? Yes No If yes, Date ____/____/____

If member was terminated, were there charges against the member? Yes No

Was member dismissed? Yes No If yes, Date ____/____/____

Did member resign? Yes No If yes, Date ____/____/____

Reviewed by _____ Eligible? Yes No If No, reason _____