



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — JUDICIAL RETIREMENT SYSTEM**

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

**JUDICIAL RETIREMENT SYSTEM (JRS)  
APPLICATION FOR DISABILITY RETIREMENT ALLOWANCE**

**PART 1 — ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF RETIREMENT**

**You must agree to and sign these terms and conditions when applying for retirement. If you fail to sign this acknowledgement, your *Application for Disability Retirement Allowance* will not be processed.**

- I understand that I must meet all of the eligibility requirements for retirement and cannot submit an application more than one year before my retirement date.
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I change or cancel my retirement date and submit a new application with a later retirement date, it is my responsibility to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date does not guarantee continued employment with my employer.
- I understand that I cannot make pre-arrangements with my employer to return to employment in any capacity (this does not apply to judges recalled by the Superior Court for temporary service).
- I understand that the beneficiary designation I am indicating on this retirement application supersedes all prior designations, even if my retirement is not yet effective or if I cancel my retirement. The New Jersey Division of Pensions & Benefits (NJDPB) will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- I understand that any beneficiary I designate who does not have a Social Security Number will be contacted by the NJDPB instructing them to complete and return a federal *Form W-8BEN*. Upon receipt of the completed form, any pension benefit will be payable to my beneficiary minus 30 percent federal income tax. No payment will be issued until a properly completed *Form W-8BEN* is received.
- I understand that an *Application for Disability Retirement Allowance* must be on file with the JRS at least 30 days prior to any effective date of a Disability Retirement. However, the retirement date cannot be earlier than the date of approval by the Governor. My signature below indicates I have read and agree to the Terms and Conditions of Retirement, have not pre-arranged with my employer to return to employment in any capacity, and attest that the information provided on this application is true and correct.

\_\_\_\_\_

Member Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**If you need help in completing this application, contact the JRS at (609) 690-4859**

**PART 2 — MEMBER INFORMATION**

1. Membership Number \_\_\_\_\_

2. Name \_\_\_\_\_  
*Last First Middle*

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

4. Social Security Number \_\_\_\_\_ 5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Phone Number \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Retirement Date — To be effective the first day of \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month Year*

9. Marital Status  Single  Married  Civil Union/Domestic Partnership  Divorced  Separated

10. Spouse's or Civil Union/Domestic Partner's Name \_\_\_\_\_  
*Last First Middle*

11. Spouse's or Civil Union/Domestic Partner's Social Security Number \_\_\_\_\_

12. Spouse's or Civil Union/Domestic Partner's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Spouse's or Civil Union/Domestic Partner's Address \_\_\_\_\_  
*Street Apt No.*

\_\_\_\_\_  
*City State Zip Code*

14. Date of Marriage/Civil Union/Domestic Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

15. Children Under 18 Years of Age

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2 — MEMBER INFORMATION** (Continued)

**Applicant's Statement Supporting Claim for Disability Retirement** (To be completed by applicant)

1. I declare that I am physically or mentally incapacitated from performing my normal or assigned job duties as a judge due to the following reasons (state the symptoms of your disability which render you unable to perform your present duties):

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2. Please identify any periods of leave of absence due to illness within the last five years (include leave with pay).

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3. Please identify any periods of hospitalization for treatment of your disability.

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4. Has a claim been filed for Workers' Compensation benefits?  Yes  No If Yes, please indicate:

Date of award \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount of payment you receive \_\_\_\_\_

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_  
Member Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

*All information volunteered by this statement will be used exclusively by the Judicial Retirement System and will not be willingly released for any other purpose.*

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

**PART 3 — RETIREMENT PAYMENT OPTION AND BENEFICIARY INFORMATION**

Use This Page for the Maximum Option or Option 1 Only — Additional payment options are listed on the following page.

Indicate whether your choice for a method of payment is the Maximum Option or Option 1. Maximum Option and Option 1 beneficiaries share the benefit equally. Refer to the *JRS Survivor Benefits and Pension Options* Fact Sheet for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. Choosing an option other than the Maximum will reduce your retirement allowance. You cannot change your payment option once your retirement becomes due and payable.

**Mark only one box.**

**MAXIMUM OPTION — NO PENSION BENEFIT TO BENEFICIARY** — Largest allowance paid to you with no pension benefit paid to a named beneficiary upon your death. \_\_\_\_\_  
(You must sign here if choosing this option)

**OPTION 1 - REDUCING RETIREMENT RESERVE TO A BENEFICIARY** — Your named beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary, and you can change your beneficiary(ies) at any time after retirement.

**NAME A RETIREMENT OPTION BENEFICIARY (OR BENEFICIARIES) FOR THE MAXIMUM OPTION OR OPTION 1**

**PRIMARY BENEFICIARY(IES)**

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____
Address _____			
2. _____	_____	____/____/____	_____
Address _____			

**CONTINGENT BENEFICIARY(IES)** — If no primary beneficiary is living at my death, payment is to be made to:

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____
Address _____			
2. _____	_____	____/____/____	_____
Address _____			

(Attach additional sheets for three or more beneficiaries. Additional sheets must be signed and dated.)

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Member Signature Date

*Sign this page if selecting the Maximum Option or Option 1 and then continue to Part 4.  
 Otherwise, continue to Part 3 on the next page for additional payment options.*

**PART 3 — CHOOSE A RETIREMENT PAYMENT OPTION AND BENEFICIARY INFORMATION (Continued)**

If you did not select the Maximum Option or Option 1, indicate your choice on this page for method of payment. Refer to the *JRS Survivor Benefits and Pension Options* Fact Sheet for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. Choosing an option other than the Maximum will reduce your retirement allowance to provide a monthly benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes due and payable.

Under Options A, B, C, or D, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

- OPTION A - 100 PERCENT TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 100 percent of your monthly allowance.
- OPTION B - 75 PERCENT TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 75 percent of your monthly allowance.
- OPTION C - 50 PERCENT TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 50 percent of your monthly allowance.
- OPTION D - 25 PERCENT TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 25 percent of your monthly allowance.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

- OPTION 2 - 100 PERCENT TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 100 percent of your monthly allowance.
- OPTION 3 - 50 PERCENT TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your named beneficiary receives a lifetime monthly retirement allowance equal to 50 percent of your monthly allowance.

**RETIREMENT OPTION BENEFICIARY** — For Options A, B, C, D, 2, and 3 you may list only one beneficiary.

Beneficiary Name	Relationship	Birth Date	Social Security Number
_____	_____	____/____/____	_____

Address \_\_\_\_\_

- OPTION 4 - CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION** — You can name one beneficiary or multiple beneficiaries. Upon your death, your named beneficiary(ies) receives a lifetime monthly retirement allowance indicated.

**OPTION 4 BENEFICIARIES** (Attach additional signed and dated sheets for three or more beneficiaries.)

Beneficiary Name	Relationship	Birth Date	Social Security Number
1. _____	_____	____/____/____	_____

Address \_\_\_\_\_

**Enter Amount \$** \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

2. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

**Enter Amount \$** \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

**I attest that the information provided on this application is true and correct.**

\_\_\_\_\_  
Member Signature
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

**PART 4 — DESIGNATION OF NONCONTRIBUTORY GROUP LIFE INSURANCE BENEFIT**

This section is to be used to name a beneficiary(ies) for your Noncontributory Group Life Insurance, if any. Please be sure to name both a primary and contingent beneficiary(ies). Complete this section even if the beneficiary you name is the same as in Part Three. This designation becomes effective when received by the NJDPB.

**PRIMARY BENEFICIARY(IES)**

	<b>Beneficiary Name</b>	<b>Relationship</b>	<b>Birth Date</b>	<b>Social Security Number</b>
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1. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

2. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

3. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

4. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

**CONTINGENT INSURANCE BENEFICIARY(IES) —** If no primary beneficiary is living at my death, payment is to be made to

	<b>Beneficiary Name</b>	<b>Relationship</b>	<b>Birth Date</b>	<b>Social Security Number</b>
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1. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

2. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

3. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

4. _____	_____	____/____/____	_____
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Address \_\_\_\_\_

**I attest that the information provided on this application is true and correct.**

_____	____/____/____
<i>Member Signature</i>	<i>Date</i>

Mail completed application to:

**New Jersey Division of Pensions & Benefits  
 Attention: Judicial Retirement System  
 P.O. Box 295  
 Trenton, NJ 08625-0295**