



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

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — ELECTION TO PARTICIPATE

This form is for members of the PERS, TPAF, PFRS, or SPRS who previously waived DCRP enrollment.

See page 2 for instructions on completing this form.

FOR DIVISION USE ONLY:	Location Number: _____	Identification Number: _____
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1. Have you previously waived participation in the Defined Contribution Retirement Program (DCRP)? Yes No
 (If "No," do not use this form. See your employer about enrollment into the DCRP.)

APPLICANT INFORMATION:

2. Name: _____ 3. Date of Birth: _____ / _____ / _____
First Middle Last Month Day Year

4. Social Security Number: _____ 5. Gender: Male Female

6. Daytime Phone: (_____) _____ — _____

7. Address: _____
Street City State Zip Code

8. 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: _____

9. **Applicant's Signature:** _____ **Date:** _____

By signing this form, I acknowledge that I rescind my waiver and wish to begin participation in the DCRP. I also understand that once enrolled I cannot later waive participation in the DCRP while serving in this title or position.

EMPLOYER INFORMATION:

10. Employer Name: _____

11. County: _____

12. PERS, TPAF, PFRS, or SPRS Number: _____ Payroll Number: _____
State Locations Only

13. Date Employment Began: _____ / _____ / _____
Month Day Year

14. Current Annual Base Salary \$ _____

15. Title/Position of Applicant: _____

EMPLOYER CERTIFICATION

16. Phone Number: (_____) _____ — _____ Ext: _____

17. 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.

Certifying Officer: _____
Print Name Signature Date

Certifying Officer's Supervisor: _____
Print Name Signature Date

DCRP — ELECTION TO PARTICIPATE INSTRUCTIONS

For PERS, TPAF, PFRS, or SPRS Employees Who Previously Waived DCRP Enrollment

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

PRIOR WAIVER

1. An eligible Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), Police and Firemen's Retirement System (PFRS), or State Police Retirement System (SPRS) member who previously waived participation in the DCRP may apply for DCRP enrollment with membership to become effective January 1 of the calendar year following receipt of a completed *DCRP — Election to Participate* form by the New Jersey Division of Pensions & Benefits (NJDPB).
 - If you are newly eligible for the DCRP and have not previously waived participation, do not use this form. You will be automatically eligible for the DCRP when your employer submits the *Enrollment Application* to the NJDPB.
 - For elected or appointed officials, the decision to waive participation in the DCRP is irrevocable for that office or appointment. If you are enrolling based upon a different elected office or appointment, your employer should submit a *DCRP Enrollment Application for Elected or Appointed Officials* to the NJDPB.

APPLICANT INFORMATION

2. **Name** — Enter applicant's full name (first, middle initial, and last name).
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *DCRP — Election to Participate* form if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
4. **Social Security Number** — Enter applicant's Social Security number.
5. **Gender** — Indicate applicant's gender.
6. **Daytime Phone** — Enter applicant's daytime phone number and extension, including area code.
7. **Address** — Enter applicant's current mailing address.
8. **Is the applicant receiving retirement benefits?** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system; if so, give the system's name.
9. **Applicant's Signature** — Sign and date this application. By signing, the applicant rescinds any prior waiver and requests participation in the DCRP. The applicant also acknowledges that upon enrollment, waiver at a later date is no longer permitted while serving in the same DCRP-eligible title or position. Unsigned applications will be returned.

EMPLOYER INFORMATION

10. **Employer Name** — Enter the full employer name.
11. **County** — Enter county in which the employer is located.
12. **Location and Payroll Numbers** — Enter the appropriate location or payroll number, as applicable.
13. **Date Employment Began** — Enter the date on which the applicant started employment.
14. **Current Annual Base Salary** — Enter the annual base salary paid to the applicant on the date the *Election to Participate in the DCRP* form is certified by the employer. Base salary is the contractual salary of the applicant. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in a lump sum. Hourly or per diem rates should not be entered.
15. **Title/Position of Applicant** — Enter official title/position of applicant.

EMPLOYER CERTIFICATION

16. **Phone Number** — Enter employer telephone number, including area code and extension, for the employer representative who completed this application.
17. **Signature** — The Certifying Officer and the Certifying Officer's Supervisor must print, sign, and date this application. Unsigned applications will be returned.

Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary should submit a *Designation of Beneficiary — Alternate Benefit Program (ABP)/Defined Contribution Retirement Program (DCRP)* form, available on the NJDPB website at: www.nj.gov/treasury/pensions

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