



Date Employee Name
SS# Date of Hire
State Job Title Hours Worked per Week
(see offer letter)

Are you a member of any New Jersey state retirement benefit program? No Yes

If yes, please provide the name of the retirement benefit program

If yes, please provide the dates of participation. From: To:

Are you retired from any New Jersey state employer? No Yes

If yes, please provide the name of the employer.

Have you received a distribution from a New Jersey state retirement plan? No Yes

If yes, please provide the date of the distribution.

If yes, please select the plan from which you received the distribution (below).

Public Employees Retirement System Teachers' Pension Annuity Fund

Police and Fire Retirement System Alternate Benefit Program

Defined Contribution Retirement Program

Do you own an active annuity contract that contains employee and employer contributions as a benefit of employment in an institution of higher education? No Yes

If yes, please attach the name of the retirement plan record keeper and the contract number for your qualified defined contribution plan.

Employee Signature Date
Human Resources Signature Date