



NJ Alternate Benefits Program (ABP) Retirement Checklist

This TCNJ - New Jersey Alternate Benefit Program Retirement Checklist, is designed to assist you with important timelines, required forms and detailed information, while planning for your retirement. Please take a moment to carefully review.

Approximately - 12 Months Prior to Retirement:

- Read [NJ ABP Fact Sheet](#) regarding the Alternate Benefit Program.
- (*Optional*) To confirm your pension service credit, a written letter, requesting a pension audit, can be mailed directly to, NJ Division of Pensions and Benefits, Audit Unit, P. O. Box 295, Trenton, NJ 08625-0295 or a copy may be sent to human resources for forwarding to the division on your behalf. The letter should include your first and last name, last four digits of your social security number, your date of birth and your estimated date of retirement.
- Use the following link [ABP-ACTS-NJ-Deferred-Compensation-TCNJ-Representatives](#) to contact and discuss your distribution and investment options available in retirement. Please note, each plan provider has a separate form that must be completed by the member **and** requires the signature of a NJ Division of Pensions and Benefits representative for the distribution payment. Remember to discuss the process with the plan representative.
- If you are a participant in the NJ State Employees Deferred Compensation Plan, contact Robert Rooyackers (732) 587-8331- robert.rooyackers@prudential.com, to discuss all investments and payout options.

4 - 6 Months Prior To Retirement:

- Notify your department in writing regarding your intent to retire. Please also complete the [Retirement/Resignation Notice Form](#). **Provide a copy of the completed form to your manager, and a copy to the Office of Human Resources.**
- The retirement date must be effective the first of the month. **(Your termination date is typically the day prior to the retirement date)**. Applications cannot be filed more than one year in advance. Please be sure to make a copy completed of the retirement application for your records.

Complete the following forms below and return completed forms to Office of Human Resources for forwarding to the NJ Division of Pensions and Benefits:

[ABP Application for Retirement](#)

[ABP Withdrawal Request Form](#)

[ABP Designation of Beneficiary](#) *(The Original Document of this form must be submitted)*

Approximately 3 Months Prior To Retirement:

If you are planning to apply for Social Security Benefits, contact your local Social Security Administration Office or call 1 (800) 772-1213 or [Information You Need When Applying for Social Security Benefits](#)

Anyone 65 or older, including your spouse, civil union/same-sex domestic partner or collecting SSI for 24 months, must be enrolled in Medicare Part A and Part B to continue coverage in the NJ State Health Benefits Program (NJSHBP).

The NJ Division of Pensions and Benefits, State Health Benefits Program will send a letter detailing your eligibility and any required information for the continuation of benefits. **Please read carefully.**

As part of the Medicare enrollment process, you will be required to enroll and provide proof of Medicare B. Use these links [Medicare Part B Employee Request Form](#) and [Medicare Part B Employer Request Form](#), to download the forms needed to apply. We suggest that you submit the employer request form to the Office of Human Resources prior to your appointment with SSA at least 5 business days for completion.

When you receive your Medicare card, showing the effective dates of A and B, a copy of the card can be submitted to the Office of Human Resources for forwarding to NJSHBP on your behalf or it can be mailed directly to Division of Pensions and Benefits, NJSHBP P O Box 295, Trenton NJ 08625-0295.

Your NJSHBP Benefits and Medicare Resource Links Below:

[Retired State Health Benefits Program](#)

[Enrolling in Health Benefits Coverage When You Retire](#)

[Health Benefit Programs and Medicare Parts A & B for Retirees](#)

[NJSHBP Medicare Advantage Plans](#)

[Retiree Dental Plans](#)

[Cancel/Decline/Waive Retired Coverage Application](#) - *(Use to cancel/decline or waive coverage)*

[Non-Medicare Retired Coverage Enrollment Application](#) - *(Use for plan or level coverage changes)*

[Medicare Eligible Retired Coverage Enrollment Application](#) - *(Use for plan or level coverage changes)*

[Retiree Dental Application](#) *(Use for plan or level coverage changes only)*

Eligibility of Medical, Prescription and Dental Coverage in Retirement

*Retiree prescription drug coverage is included with retired group medical plan. Use links below:

[Prescription Drug Plans Member Guidebook](#)

[Prescription Drug Plan Copayments](#)

[OptumRx – NJSHBP Prescription Drug Benefit Administrator](#)

*Employees who attained 25 years of pension credit between July 1, 1997 and June 30, 2007, are eligible for state paid benefits. Use this link [Health Benefit Coverage](#) for details.

*Employees who attained 25 years of pension credit *after* June 30, 2007 and *before* June 28, 2011, are eligible to enroll in the [NJ Retiree Wellness Program](#) and *waive* 1.5 % towards health contributions. Use links below for details.

[NJ Retiree Wellness Program](#)

[Health Benefit Coverage](#)

*Employees who attained 20 or more years of pension credit *on and before* June 28, 2011 and retire with 25 or more years of credited pension service will pay 1.5% towards health contributions. Use this link [Health Benefit Coverage](#) for details.

***Employees who attained 20 years of pension credit after June 28, 2011, and retire with at least 25 years of service credit, will pay health contributions, based on the applicable percentage of premium as determined by your annual retirement allowance. Use links below to calculate cost.**

**[Health Benefits Contribution Percentage of Premiums for Retirees Chart](#)
[State Retiree Medical and Dental Rates](#)**

***Employees who have not attained 25 years of pension credit must pay the full cost. Use links below for details.**

**[Health Benefit Coverage](#)
[State Retiree Medical and Dental Rates](#)**

***Retirees pay full cost to continue dental coverage. (*Full Time Employees Only*) Use this link [State Retiree Medical and Dental Rates](#) for details.**

***Employees who participate in part-time health coverage, use this link [Part-Time Health Coverage](#) for details.**

Approximately 1 Month Prior To Retirement:

Contact Prudential at 1-855-364-7783, if you wish to purchase a conversion of group life insurance policy. You have a one-time option to do so prior to the 31st day after you cease employment. After that date, you will not be eligible to purchase a conversion policy. For details on purchasing a conversion policy, use the following link: [Conversion of Life Insurance](#)

As soon as your plan authorized distribution has been processed, a confirmation letter regarding your retirement and life insurance benefit is generated and mailed to you from the NJ Division of Pensions and Benefits, ABP.

New health, prescription and dental cards will be mailed to you directly from the carrier.

Additional Information:

Contact the [NJDPB \(New Jersey Division of Pensions and Benefits\)](#)

Visit the Social Security Administration @ [SSA.GOV](#) or call 1-800-772-1213

Feel free to contact Cyndi Bishop-Lyons, Human Resources via email- lyonsc@tcnj.edu to ask questions/or to schedule an appointment.

***NOTE:** The time frames used in this checklist are for a general reference, as processing times with the state, federal government and designated service providers may vary. It is important to provide all necessary forms and required information in a timely manner to avoid processing delays. All retirement eligibility benefits are subject to a final auditing process performed by the NJ Division of Pensions and Benefits. General information referenced such as websites, telephone numbers, etc. are subject to change.*