



NJ ABP Retirement Checklist

An Important Note: The retirement checklist has been designed to provide information as a reference. It is not intended to replace state, federal and or designated service provider policies, procedures and or processing times. It is important to provide all required documents and or information in a timely manner to avoid processing delays. All retirement benefits are subject to a final audit performed by the NJ Division of Pensions and Benefits. All information referenced such as websites, telephone numbers, etc. are subject to change.

Approximately - 12 Months Prior To Retirement:

- Read [NJ ABP Fact Sheet](#) regarding the Alternate Benefit Program.

- To verify and confirm your pension service credit, a written letter, requesting a pension audit, must be mailed directly to the **NJ Division of Pensions and Benefits, Audit Unit, P. O. Box 295, Trenton, NJ 08625-0295**. 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. **It can take up to one year to process.**

- Use the following link [ABP-ACTS-NJ-Deferred-Compensation-TCNJ-Representatives](#) to contact and discuss distribution and investment options available in retirement. 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 at robert.rooyackers@prudential.com, to discuss all investments and distribution options.

- 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](#)

Approximately 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 keep a completed copy of the retirement application for your records.

Use the following link [ABP Application for Retirement](#) to download and complete. Return completed form to Office of Human Resources for forwarding to the NJ Division of Pensions and Benefits.

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

Approximately 3 Months Prior To Retirement:

When your application is received by The NJ Division of Pensions and Benefits, State Health Benefits Program, you will receive a letter detailing your eligibility and the continuation of benefits. **Please read carefully.**

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

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 Parts A and B, a copy must be mailed directly to **NJ Division of Pensions and Benefits, NJSHBP P.O. Box 295, Trenton NJ 08625-0295.**

In order to qualify for retired health benefits, you are required to take a minimum distribution (\$1,000) within 30 days of your retirement date. (This also applies to group life insurance). Contact your financial designated service provider for the necessary form.

Contact the NJ State Health Benefits Program by phone at 609-292-7524 or set up an [Online Video Interview Appointment](#).

Retired Health Benefit Eligibility

Eligibility for Retired Group coverage is available to qualified retirees from the State including State colleges and universities as determined by the State Health Benefits Program. [Health Benefits Coverage — Enrolling as a Retiree](#)

ABP Members:

- Who participate in part-time health coverage, use [Part-Time Health Coverage](#) link for details.
- Who **do not** attain 25 years of pension credit at the time of retirement must pay the full monthly premium rate.
- Who attained 25 years of pension credit between **July 1, 1997 and June 30, 2007** are eligible for state paid benefits.
- 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](#) *waive 1.5 % towards health contributions.*
- 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% of 50% of the highest salary 5 years prior to retirement.

- 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. *Read the following information below calculate premium cost:*

Use the following link [Health Benefits Contribution Percentage of Premiums for Retirees Chart](#) and take 50% of the highest salary received 5 years prior to retirement to determine the annual allowance range and the level of coverage (single, member/spouse or parent child, family) associated with the applicable percentage. Then apply the percentage to monthly [Rates for State Retirees](#) (i.e. Find the plan, level of coverage with or without Medicare) to determine your shared cost.

ABP retirees pay a health contribution using 50% of the highest salary received 5 years prior to retirement

[Retiree Dental Plans](#)

Retirees pay full premium cost for dental coverage [Retired Dental Rates](#) *(Full Time Employees Only)*

[Retired State Health Benefits Program](#)

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

[NJSHBP Medicare Advantage Plans](#)

*Retiree prescription drug coverage is included with retired group medical plan.

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

[Prescription Drug Plans Member Guidebook](#)

[Prescription Drug Plan Copayments](#)

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

Forms

[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)*