



Pension Questionnaire

Employee Name _____
Date

Social Security Number ____ - ____ - ____ Department _____

Under the provisions of Chapter 242, PL 1969, new standards of eligibility for membership in the Public Employee's Retirement System have been adopted. In order to determine whether you are affected by these provisions, please answer the brief questions listed below:

- 1) Are you presently working for any other public employer? Yes ___ No ___
If so, list name _____
- 2) Are you presently a member of any retirement fund administered by the State of New Jersey? Yes ___ No ___
- 3) If your answer to Question 2 is "Yes," please indicate in which of the following you are enrolled and your membership number.

	Membership Number
_____ a) NJ Public Employees' Retirement System	_____
_____ b) NJ Teachers' Pension and Annuity Fund	_____
_____ c) NJ Police and Fireman's Retirement System	_____
_____ d) NJ Alternate Benefit Program (Teacher's Insurance Annuity Association [TIAA/CREF])	_____

List New Jersey State Agency where TIAA/CREF is currently active:

- 4) Are you receiving retirement benefits from any fund administered by the State of New Jersey? Yes ___ No ___
If "Yes," which fund? _____
- 5) Have you withdrawn from any retirement fund administered by the State of New Jersey? Yes ___ No ___
If "Yes," please indicate which fund _____ Withdrawal No. _____

PLEASE RETURN THIS COMPLETED FORM TO THE PAYROLL DEPARTMENT
WITHIN TWO BUSINESS DAYS OF THE ABOVE DATE.

Employee Signature

Home Telephone # _____ Campus Extension _____