



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.

Table with 2 columns: Retirement System options (a-d) and Membership Number. Includes NJ Public Employees’ Retirement System, NJ Teachers’ Pension and Annuity Fund, NJ Police and Fireman’s Retirement System, and 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5) Have you withdrawn from any retirement fund administered by the State of New Jersey?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 _____