

FOR DIVISION USE ONLY

**ALTERNATE BENEFIT PROGRAM — ENROLLMENT APPLICATION**

*(Please do not complete this form until you read the reverse side.)*

**PART I** Please print clearly or type.

1. Name  Mr.  Mrs.  Miss  Ms. \_\_\_\_\_  
FIRST MIDDLE LAST

2. Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

3. Address \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY STATE ZIP CODE

4. Daytime Telephone No (\_\_\_\_\_) \_\_\_\_\_ 5. Social Security Number \_\_\_\_\_

6. Have you ever been a member of a NJ Administered Pension Fund?  Yes  No If yes, check fund and indicate membership number:  ABP  PERS  TPAF  PFRS  SPRS Membership number: \_\_\_\_\_

7. Are you eligible for immediate vesting in the ABP? *(eligibility criteria on reverse side)*  
 Yes  No If yes, identify how you qualify.

**PART II** Please print clearly or type.

**GROUP LIFE INSURANCE**

**PRIMARY BENEFICIARY**  
Name: \_\_\_\_\_  
FIRST MIDDLE LAST  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

**CONTINGENT BENEFICIARY**  
Name: \_\_\_\_\_  
FIRST MIDDLE LAST  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP

**If multiple beneficiaries are named the following shall apply: "SHARE & SHARE ALIKE SURVIVOR OR SURVIVORS"**

*Please attach an additional sheet if multiple beneficiaries are named. The attached sheet must be notarized.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**Part III CERTIFICATION OF EMPLOYING AGENCY (to be completed by the employer)**

Title of Position \_\_\_\_\_ Employed:  10  12 months Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employing Institution \_\_\_\_\_ Loc. # \_\_\_\_\_ Annual Base Salary \$ \_\_\_\_\_

Full Time Employee  Yes  No Academic Position  Yes  No

Bachelor's Degree  Yes  No Administrative Position  Yes  No

Immediately Vested  Yes  No

I certify that this applicant is employed in a full-time, regularly appointed teaching or administrative staff position eligible for participation in the Alternate Benefit Program.

Signature of \_\_\_\_\_ Telephone \_\_\_\_\_  
Certifying Officer Number \_\_\_\_\_ Date \_\_\_\_\_

## **GENERAL INFORMATION**

**ELIGIBILITY** — All full-time faculty and administrative personnel required to possess a Bachelor's degree are eligible for enrollment in the Alternate Benefit Program (ABP). Employees hired in a temporary position are not eligible. Employees earning less than 50% of the normal base salary are not eligible. Employees with F or J visas are not eligible.

**VESTING ELIGIBILITY CRITERIA** — A member is immediately vested if he/she owns a retirement contract that contains both employer and employee contributions that is based upon employment in the field of higher education. The retirement contract must be in force, that is, the employee is entitled to receive benefits at a future date. The member is also immediately vested if he/she is an active or vested member of a State-administered retirement system of any state in the United States.

**INDIVIDUALS AGE 60 OR OLDER** — To be covered by the group life and disability insurance programs, you must submit to a medical examination to prove insurability. A medical examination will be arranged for you. Upon advice from the insurance carrier that you have proved insurability, you will be covered.

**SERVICE CREDIT** — Pension membership credit begins to accrue from the date you become eligible for enrollment in the Alternate Benefit Program.

**INVESTMENT CARRIER SELECTION** — ABP members must complete an Alternate Benefit Program Carrier Election and Allocation form and the application forms of each investment carrier selected.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Parts I & II are completed by the employee. Part III is to be completed by your employer.

**ITEM 7** — If you were recently a member of the New Jersey Teachers' Pensions and Annuity Fund (TPAF), the Police and Firemen's Retirement System (PFRS) or the Public Employees' Retirement System (PERS) and did not withdraw your contributions from that retirement system, you may remain in, or transfer to, PERS and waive participation in the Alternate Benefit Program (ABP). You may obtain the proper form from your personnel office. However, if you elect to participate in the ABP, this form must be completed and submitted with the appropriate application to transfer contributions to the ABP.

**ITEM 8** — See vesting eligibility criteria above. If you answer yes, employer and employee contributions vest immediately. If you answer no, employer and employee contributions are remitted to the one investment carrier you select. However, the employer contributions are not vested until your 13th consecutive month of employment. If you terminate employment prior to your 13th month, the employer contributions are returned to your employer.

### **GROUP LIFE INSURANCE**

**BENEFICIARY** — This space is used for nominating a beneficiary for benefits payable under the Non-contributory Group Life Insurance Program. You may nominate any person, persons, institution, trust, your estate, etc., as primary or contingent beneficiary. If multiple primary or multiple contingent beneficiaries are named, it is understood that the beneficiaries living at the time of the death of the participant will share equally in the distribution of death benefits. **Please print clearly** in order to eliminate the need to re-file a change of beneficiary form. If naming multiple beneficiaries, it may be necessary to attach an additional sheet for clarity. The additional sheet needs to be signed and notarized.

**CHANGE OF BENEFICIARY** — You may change your beneficiary designation for the group life insurance at any time. The change must be filed with the Division of Pensions and Benefits, Beneficiary Designation Section and will supersede any previous designation on file with the Division. The proper form may be obtained from your Personnel Office. This does not change your beneficiary designation for your annuity. Contact your individual investment carrier(s) for changes to your annuity.

**MAIL TO** — Mail Enrollment Application to: Division of Pensions and Benefits  
Defined Benefit & Defined Contribution Plans Reporting Bureau  
PO Box 295  
Trenton, NJ 08625-0295