



Application for Disability Retirement

**Public Employees' Retirement System
Teachers' Pension and Annuity Fund**

**State of New Jersey
Division of Pensions and Benefits**

**PO Box 295
Trenton, New Jersey 08625-0295**

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Fact Sheet #15, *Disability Retirement*

Fact Sheet #5, *Pension Options*

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Instructions for Completing the *Application for Disability Retirement*

Application for Disability Retirement

Medical Examination by Personal or Treating Physician (two copies)

Authorization for Release of Medical Records

Employer Certification for Disability Retirement with Instructions

*If, after reading this booklet, you have questions about
the qualifications for retirement or your pension
options call the Division of Pensions and Benefits at
(609) 292-7524.*

Disability Retirement

Public Employees' Retirement System and Teachers' Pension and Annuity Fund

INTRODUCTION

This package includes all the forms you need to apply for an Ordinary or Accidental Disability retirement from the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF). It includes:

- **Disability Retirement** — An introduction to disability retirement and information about the application process.
- **Fact Sheet #15, Disability Retirement Benefits.**
- **Fact Sheet #5, Pension Options.**
- **Fact Sheet #13, Conversion of Life Insurance.**
- **Application for Disability Retirement** — Instructions and form (to be completed by employee).
- Two **Medical Examination** forms — to be completed by your personal physicians.
- **Authorization for Release of Medical Records** — to be completed by the employee and forwarded to hospital(s).
- **Employer Certification for Disability Retirement** (to be completed by employer).

READ FACT SHEET #15

This booklet includes Fact Sheet #15, *Disability Retirement Benefits*. Read this fact sheet first to determine if you qualify for a disability retirement. If you qualify, continue reading and follow the instructions to complete the application. If, after reading this information, you have questions about the qualifications for a disability retirement, call the Division of Pensions and Benefits at (609) 292-7524.

DISABILITY RETIREMENT PROCESS

The process starts with the filing of your *Application for Disability Retirement* with the Division of Pensions and Benefits. All retirements start on the first of a month. Your application must be received by the Division of Pensions and Benefits prior to your retirement date. Approximately two weeks after receipt of your application, the Division of Pensions and Benefits will send you an *estimate* of disability retirement benefits.

Disability retirements require approximately 3-5 months to process after we have received the required forms. Submit your *Application for Disability Retirement* as soon as possible as there is no provision for an interim benefit between your last day of salary and your first pension check.

It is your responsibility to ensure that all required forms are submitted. At the time you submit your application, you should complete the other required forms (listed above) and give them to your doctors, hospital, and employer, respectively. Provide all the medical documentation you have on your disability. The more complete your medical documentation, the better able the Medical Review Board will be to make a fully informed determination. However, **at least two corroborating pieces of medical documentation are required: either statements from two physicians or a physician statement and documentation from a hospital.**

Your application and all medical information submitted in evidence will be reviewed by the retirement system Medical Review Board prior to its submission to the Board of Trustees. If you are filing for an Accidental Disability, you will be scheduled for an examination by a physician appointed by the retirement system. When the Medical Review Board feels they have sufficient medical information to make a determination, they will forward your application to the Board of Trustees with a recommendation. The Board will make a final determination on your application at its monthly meeting and the Division of Pensions and Benefits will notify you of the Board's decision.

If your retirement is approved, the Retirement Bureau will send you a quotation of your retirement allowance and life insurance. If you have requested an Accidental Disability retirement and it is denied, but you are found to be totally and permanently disabled, you will be retired on the basis of an Ordinary Disability **provided you meet the service credit requirements**. If your retirement is not approved, you will be informed of any type(s) of retirement for which you do qualify and what the appeal procedures are.

Important: *Approval of Workers' Compensation, temporary or partial disability benefits, or Social Security disability benefits has no bearing on your*

approval for disability benefits payable by the retirement system.

YOUR FIRST RETIREMENT CHECK

If your disability retirement is approved, the earliest your first retirement check can be paid is the first of the month following your retirement date or 30 days after approval by the PERS or TPAF Board of Trustees, whichever is later. This is when your retirement becomes "due and payable."

For example, a member who files his or her application well in advance for a June 1 retirement date, and is approved by the Board of Trustees on May 19, would receive the first retirement check on July 1 (this check pays the amount due for the month of June). If approval of the retirement is delayed, the first check will be retroactive to the original requested date of retirement.

If, after applying for retirement, you wish to change your retirement payment option selection, you must forward written notice to the Division's Retirement Bureau within 30 days of the approval of your retirement by the Board of Trustees or the effective retirement date, whichever is later. After that time, you cannot change your payment option selection.

WORKERS' COMPENSATION

If you are receiving a Workers' Compensation benefit, your **Accidental Disability** retirement will be reduced by the dollar value of the periodic benefit received after your retirement date for the duration of the Workers' Compensation benefit. **Ordinary Disability** retirement benefits are *not* affected by Workers' Compensation payments.

OUTSTANDING LOANS AT RETIREMENT

If you have a loan balance at retirement, you must decide whether you wish to carry monthly payments into retirement until the balance, with interest, is satisfied, or pay off the entire loan in a lump sum prior to receiving retirement benefits.

CONTINUING YOUR HEALTH BENEFITS INTO RETIREMENT

If you qualify for enrollment into the New Jersey State Health Benefits Program (SHBP) upon retirement, you must maintain your health coverage while pending approval of your Disability Retirement. **The transition of health coverage from active employment to retired status must be continuous** — any break in coverage will jeopardize your eligibility to be offered continued SHBP coverage into

retirement.

See your employer about your options for continuing your health coverage until your disability retirement is approved. If you qualify for enrollment into the retired group of the SHBP you will receive a letter offering coverage from the SHBP.

If you would like additional information about the SHBP you can request Fact Sheet #11, *Enrolling in the State Health Benefits Program When You Retire*. To obtain a copy, call the Division's Benefit Information Library at (609) 777-1931 from a touch-tone phone. After the introduction enter selection number 208. You will hear a recorded message about eligibility in the SHBP. At the end of the message you can request the fact sheet to be sent to you by mail or fax. Please have your name, address or fax number, Social Security number, and the name of your retirement system available when you call.

SACT AND THE STATE EMPLOYEES DEFERRED COMPENSATION PLAN

If you are a participant of the Supplemental Annuity Collective Trust (SACT) or the New Jersey State Employees Deferred Compensation Plan, your benefits from these plans are separate. You may call the Supplemental Annuity Collective Trust, (609) 633-2031 or the Deferred Compensation Plan, (609) 292-3605, to obtain further information regarding payment options with each of these plans.

EMPLOYMENT AFTER RETIREMENT

All PERS and TPAF disability retirees who are under the age of 60 and those who are age 60 or older who retired on or after November 1, 1992 are subject to an annual earnings test. If your pension, when added to the earnings from employment, exceeds what your former position currently pays, your pension will be reduced dollar for dollar by the excess earnings over the salary limit of your former position. Each year the Division of Pensions and Benefits will request copies of your previous year's federal tax return and W-2s.

If you return to employment in a position covered by the same retirement system from which you retired and the position pays more than \$1,500 per year, you should expect to cancel your retirement and reenroll in the retirement system. See Fact Sheet #21 (PERS) or #28 (TPAF), *Employment After Retirement*, for the procedures to follow when returning to public employment in New Jersey. To obtain a copy of this fact sheet, call the Benefit Information Library at (609) 777-1931 and request information selection 101 for PERS or 107 for TPAF.

Disability Retirement Benefits

Public Employees' Retirement System • Teachers' Pension and Annuity Fund

ORDINARY DISABILITY

To qualify for Ordinary Disability retirement benefits you must:

- have an active pension account (active membership ceases after discontinuance of service for more than two consecutive years¹); and
- have 10 or more years of New Jersey service credit in the pension system (the purchase of out-of-state, military, and U.S. government civilian service cannot be used to attain the 10 years); and
- be considered totally and permanently disabled.

The *Application for Disability Retirement* includes forms for your physicians to complete and a release for any hospital records related to your disability.

Applicants may be examined by physicians selected by the retirement system.

If you qualify for an Ordinary Disability retirement benefit, the annual benefit is equal to 43.6 percent of your Final Average Salary (FAS) or 1.64 percent of the FAS for each year of service credit, whichever is higher.

"Final Average Salary" means your average salary for the three years immediately preceding your retirement on which pension contributions were taken. If your three last years are not your highest years of salary, your allowance may be calculated using your three highest fiscal years (July 1 to June 30) of salary. If this is the case, please indicate on your retirement application that you had higher fiscal years of salary.

¹*Special rules apply for former members who discontinued service after two years and terminated employment because of a disability. Contact the Division of Pensions and Benefits for more information.*

ACCIDENTAL DISABILITY

To qualify for Accidental Disability retirement benefits you must:

- have an active pension account (active membership ceases after discontinuance of service for more than two consecutive years¹);
- be an active member of the PERS or TPAF on the date of the traumatic event (see definition below);
- be considered totally and permanently disabled as a direct result of a traumatic event that happened during and as a direct result of carrying out your regular or assigned job duties;
- file an application within five years of the date of the traumatic event; and
- be examined by physicians selected by the retirement system.

A "Traumatic Event" has been defined by the courts as one in which the worker is involuntarily exposed to a violent level of force or impact which is not brought into motion by the worker.

To be eligible for Accidental Disability retirement benefits, the worker must demonstrate that:

- the injury was not induced by normal work effort;
- the worker met involuntarily with the object that was the source of the harm; and
- the source of the injury was a violent or uncontrollable power.

If you qualify for an Accidental Disability retirement benefit, you will receive 72.7 percent of your base salary at the time of the traumatic event. The *Application for Disability Retirement* includes forms for your physicians to complete and a release for any hospital records related to your disability.

If you apply for Accidental Disability retirement and are found by the Board of Trustees to be totally and permanently disabled, but not because of a traumatic event, you may be retired on an Ordinary Disability or offered a Service or Early Retirement (this depends on your age and service credit at the time the application was received).

APPLYING FOR DISABILITY RETIREMENT BENEFITS

An *Application for Disability Retirement* is only available from:

**Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295**

Applicants for disability retirement must submit all supporting hospital and physician records. All medical information is confidential and used only by the Board of Trustees in reviewing the claim.

The more complete the application, the faster it can be processed. It may take six months or more to process the application.

Your employer has the right to apply for an involuntary disability retirement on your behalf.

The approval of Workers' Compensation or Social Security Disability benefits has no bearing on your application for disability retirement from the retirement system.

If you retire with an outstanding loan balance, you must indicate on your retirement application how you wish to repay your loan balance. You may pay-off the outstanding loan balance in its entirety prior to receiving any benefits, or continue your monthly loan repayment schedule into retirement until the loan balance plus interest has been repaid.

OTHER INFORMATION

Group Life Insurance

Most members of the retirement system are covered by group life insurance. If you are covered immediately prior to your retirement, you are entitled to reduced coverage in retirement as follows:

PERS Members

If you retire on a disability retirement, you are covered by group life insurance in the amount of 1½ times your final salary until age 60. At age 60 your life insurance coverage automatically reduces to 3/16 of your final salary.

TPAF Members

- If you retire on a disability retirement with contributory and noncontributory group life insurance, you are covered by group life insurance in the amount of 1¾ times your final salary until age 60, when your life insurance coverage automatically reduces to 7/16 of your final salary.
- If you retire on a disability retirement with non-contributory group life insurance *only*, you are covered by group life insurance in the amount of 1½ times your final salary until age 60, when your life insurance coverage automatically reduces to 3/16 of your final salary.

Conversion

When your group life insurance is reduced, you have 31 days to convert the amount of insurance reduced to private individual insurance coverage. Please see Fact Sheet #13, *Conversion of Life Insurance*, for more detailed information.

EMPLOYMENT AFTER RETIREMENT

All PERS and TPAF disability retirees who are under the age of 60, and those who are age 60 or older who retired on or after November 1, 1992, are subject to an annual earnings test. If your pension, when added to the earnings from employment, exceeds what your former position currently pays, your pension will be reduced dollar for dollar by the excess earnings over the current salary of your former position. Each year the Division of Pensions and Benefits may request copies of your previous year's federal tax return and W-2s.

If you return to employment in a position covered by the same retirement system from which you retired (and if the PERS position pays more than

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\$1,500 per year or the TPAF position pays more than \$500 per year), you should expect to cancel your retirement and re-enroll in the retirement system. Contact the Division of Pensions and Benefits and request Fact Sheet #21, *Employment After Retirement (PERS)* or #28, *Employment After Retirement (TPAF)* on the procedures to follow when returning to public employment in New Jersey.

Health Benefits

Fact Sheet #11, *Enrolling in the State Health Benefits Program When You Retire*, provides information about continuing your health benefits coverage in retirement if you are eligible for State Health Benefits Program coverage. If you are not covered by the State Health Benefits Program, contact your employer about continuing your coverage.

Workers' Compensation

If you are receiving periodic Workers' Compensation benefits, your Accidental Disability Retirement allowance will be reduced dollar for dollar by the periodic benefit paid after your retirement date. Ordinary Disability retirement benefits are not affected by Workers' Compensation payments.

Fact Sheets

To obtain any of the fact sheets mentioned above, call our Benefit Information Library (BIL) at (609) 777-1931. You may request to have the fact sheets mailed or faxed. To receive a fact sheet by mail, enter the information selection number (see Mail below) for the fact sheet and after the recorded message, leave the requested mailing information. To have the fact sheet sent directly to your fax machine, select the Fax on Demand option and enter fax selection number along with the area code and number of your fax machine. The selection numbers are as follows:

Fact Sheet	Mail	Fax
Fact Sheet #11, <i>Enrolling in the State Health Benefits Program When You Retire</i>	#208	#8208
Fact Sheet #13, <i>Conversion of Life Insurance</i>	#245	#8245
Fact Sheet #21, <i>Employment After Retirement (PERS)</i>	#101	#8101
Fact Sheet #28, <i>Employment After Retirement (TPAF)</i>	#108	#8107

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(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions.nj@treas.state.nj.us

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Pension Options

Public Employees' Retirement System • Teachers' Pension and Annuity Fund

RETIREMENT PAYMENT OPTIONS

To plan for a successful retirement, you must be familiar with the retirement payment options available to you from the retirement system. You should also consider your financial needs in retirement, your health, your beneficiary's health, the need to provide survivor benefits, life insurance benefits available, income from other sources, such as Social Security benefits, investments, etc.

When you apply for retirement, you will have to choose one of nine ways to receive your retirement benefits. Please be sure you understand the different payment options available to you because, **once you have made your choice and your retirement becomes due and payable (usually when your first check is issued), you cannot change your payment option.**

Maximum Option - No Pension Benefit to a Beneficiary

The Maximum Option, also called a single-life annuity, is the highest amount payable and provides a retirement benefit to you for the remainder of your life. If you are not concerned with providing either a lump-sum benefit or providing a monthly income to another person after your death, the Maximum Option may be the most appropriate payment choice for you. The benefit payments continue for your lifetime only. Upon your death, benefits end and your survivors do not receive a pension allowance.

If you die before receiving, through your retirement allowance, the amount that you paid into the retirement system while working (including interest on those contributions), the balance of your contributions will be paid to your beneficiary.

OPTIONS OTHER THAN THE MAXIMUM

Under Options A, B, C, or D you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater

the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

Option A - 100% to Beneficiary - Increase to Maximum Option

Option A, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option B - 75% to Beneficiary - Increase to Maximum Option

Option B, also called a 75% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 75% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option C - 50% to Beneficiary - Increase to Maximum Option

Option C, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive half of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option D - 25% to Beneficiary - Increase to Maximum Option

Option D, also called a 25% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 25% of your monthly retire-

ment allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

**Option 1 -
Reducing Retirement Reserve to a Beneficiary**

Option 1 provides a lifetime monthly payment to you. Your retirement allowance is reduced from what you could collect under the Maximum Option. It is also different from the Maximum Option in that it *may* provide a lump-sum payment to your beneficiary after your death. At the time of your retirement, the amount expected to be paid to you in retirement benefits over your lifetime is calculated. This is called your retirement reserve. If you die before you receive monthly retirement benefits equal to your retirement reserve, your beneficiary is entitled to the balance.

You may name more than one beneficiary for this option and you can change your beneficiary at any time. Your beneficiary may be a person, a charity, an institution, or your estate.

For example, if your monthly retirement allowance is \$2,000 and your retirement reserve is \$230,400, your beneficiary would be entitled to the following payment depending on when you died (16 or 120 months after retirement as shown below).

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 16 months)	\$ 32,000
Beneficiary Benefit	\$ 198,400

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 120 months)	\$ 240,000
Beneficiary Benefit	\$ 0

Since the retirement reserve is based on your retirement allowance and your life expectancy, your own reserve may be much different than this example.

Under Options 2, 3, or 4 you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life

expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

**Option 2 - 100% to Beneficiary -
Permanent Reduction**

Option 2, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement allowance for life. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement. This is similar to Option A except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

**Option 3 - 50% to Beneficiary -
Permanent Reduction**

Option 3, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive one-half of your monthly retirement allowance for life. You can name only one beneficiary to receive this benefit and the beneficiary can never be changed after retirement. This is similar to Option C except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

**Option 4 - Choice of Amount to Beneficiary -
Permanent Reduction**

If the preceding payment options do not meet your financial needs, you may want to consider this option. Option 4 provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive whatever monthly allowance you decide for life. (This can be no more than your own allowance.) You can name one beneficiary or multiple beneficiaries to receive this benefit and the beneficiary(ies) can never be changed after retirement. If your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

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WHAT HAPPENS TO RETIREE ALLOWANCE IF BENEFICIARY DIES BEFORE RETIREE?

Under Options 2, 3, and 4, if your beneficiary dies before you, your retirement allowance remains at the reduced option level. Under Options A, B, C, and D, if your beneficiary dies before you, your retirement increases to the Maximum Option. Options A through D provide a smaller retirement allowance to you and your beneficiary, when compared to similar Options 2, 3, and 4, to pay for the larger retirement allowance you would collect if your beneficiary dies before you.

Retiree Allowance Upon Death of Beneficiary

	Stays at Reduced Option Allowance	Increases to Maximum Allowance
Maximum	N/A	N/A
Option A		X
Option B		X
Option C		X
Option D		X
Option 1	X	
Option 2	X	
Option 3	X	
Option 4	X	

Age Limits on Non-spouse Beneficiaries

For all options, you can name your spouse as your

beneficiary regardless of your spouse's age. For Options 1, 3, C, or D, you can name someone other than your spouse as beneficiary regardless of age.

For Options 2 and A (100% to beneficiary), if you are naming a beneficiary who is not your spouse, Internal Revenue Service regulations restrict the age of your beneficiary to no more than 10 years younger than you.

For Option B (75% to beneficiary) you can name a non-spouse who is no more than 19 years younger than you.

If you name a non-spouse beneficiary under Option 4, if the dollar amount of your beneficiary's pension is more than half of your allowance, restrictions on your beneficiary's age apply.

Proof of Age Documentation

If you choose Option 2, 3, 4, A, B, C, or D, proof of age documentation is required for both you and your designated beneficiary. You should submit photocopies of the proof of age documentation at the time you submit your *Application for Retirement Allowance*.

LIFE INSURANCE AFTER RETIREMENT

Most members of the Public Employees' Retirement System (PERS) and Teachers' Pension and Annuity Fund (TPAF) are covered by group life insurance while employed. At retirement, those members will receive a reduced life insurance benefit to be paid to their beneficiary upon their death, provided that they

Pension Benefit to Beneficiary Upon Death of Retiree

	None	Lump Sum	100% of Retirement Allowance	75% of Retirement Allowance	50% of Retirement Allowance	25% of Retirement Allowance
Maximum	X					
Option A			X			
Option B				X		
Option C					X	
Option D						X
Option 1		X				
Option 2			X			
Option 3					X	
Option 4*				X	X	X

*Under Option 4 you can name any dollar amount less than your allowance to be paid to a beneficiary.

have credit for at least 10 years of service in the pension plan.

You may want to leave a pension option benefit to your beneficiary in addition to the life insurance.

ESTIMATING YOUR RETIREMENT ALLOWANCE

If you are within two years of retirement, you may obtain a written *Estimate of Retirement Benefits* by completing a *Request for Retirement Estimate* form, available from your employer or the Division of Pensions and Benefits. You may also call the Division of Pensions and Benefits' Automated Information System at (609) 777-1777 to hear an Estimate of Your Retirement Benefits over the phone. Please have your Social Security number available when you call. If you provide us with the birth date of your beneficiary, we will estimate not only the Maximum

Option but also alternate payment options.

If you are more than two years from retirement, you may calculate your own retirement allowance using the worksheet and instructions in Fact Sheet #54, *Calculating Your Own Retirement Allowance*. To obtain this fact sheet call our Benefit Information Library at (609) 777-1931. You may request to have the fact sheet mailed or faxed. To receive a fact sheet by mail, enter the information selection number 207 and after the recorded message, leave the requested mailing information. To have the fact sheet sent directly to your fax machine, select the Fax on Demand option and enter fax selection number 8207 along with the area code and number of your fax machine. The fact sheet is also available over the Internet at the Division of Pensions and Benefits homepage: www.state.nj.us/treasury/pensions

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Conversion of Group Life Insurance

All Funds

If you are covered by group life insurance while employed, the coverage ends 31 days after you cease employment (whether for reasons of retirement, termination of employment, or leave of absence without pay).

You have the option to convert your group life insurance coverage to an individual policy with the Prudential Insurance Company when you retire, terminate employment, or lose coverage while on a leave of absence without pay. **This conversion to a Prudential policy is guaranteed (you cannot be denied coverage for health or other reasons), but it may be more expensive or less suitable to your needs than other policies for which you may qualify from Prudential or other insurance carriers.** You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy. (Other carriers may accept or reject your application based on their evaluation of the status of your health and other factors.) **If you wish to purchase a conversion 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.**

You may convert your life insurance to any individual, non-group policy customarily offered by Prudential. However, you cannot convert to term insurance or a policy containing disability benefits. Under a guaranteed conversion, the premiums you pay are Prudential's "standard" rates for the type of policy to which you would be converting. The individual policy will be effective at the end of the 31 day conversion grace period. If you do not convert to an individual policy by the end of the 31 day period, your coverage will end.

To initiate the purchase of a conversion policy, you must contact the Prudential Insurance Company (not the Division of Pensions and Benefits) through any of its local offices or if you live in New Jersey, by calling 1-800-262-1112. You will need to provide your group insurance policy number, as follows:

- G-14800 - This is the policy number for the basic (noncontributory) group life insurance for the following pension systems: ABP¹, PERS²,

TPAF³, JRS⁴, PFRS⁵, SPRS⁶

- G-13900 - This is the policy number for the contributory group life insurance for PERS
- G-14300 - This is the policy number for the contributory group life insurance for TPAF

The conversion policy can be for any amount of insurance up to the amount that you had while employed. (In the case of a retirement the maximum amount that you can purchase will be reduced by the amount of any life insurance that you will automatically receive in retirement under your retirement plan. See example under Retirement.) *To protect your conversion privilege it is suggested that you send your application for conversion to Prudential with at least one month's premium, at the time you file your retirement application with the Division of Pensions and Benefits.*

The following sections provide more detailed information about conversion policies for the specific situations of retirement, i.e., deferred retirement, disability retirement, and termination of employment or leave of absence.

RETIREMENT

If you retire with 10 or more years of service credit in the retirement system, the amount of your group life insurance will be substantially reduced when you retire. The amount of your coverage will be listed in the Quotation of Retirement Benefits that you will receive prior to your retirement. It will be identified as the "Lump Sum Death Benefit." You will automatically be covered by this insurance and do not need to do anything to qualify.

If you retire with less than 10 years of service credit in the retirement system, you will not receive any group life insurance coverage (for the exception, see

¹ABP — Alternate Benefit Program

²PERS — Public Employees' Retirement System

³TPAF — Teachers' Pension and Annuity Fund

⁴JRS — Judicial Retirement System

⁵PFRS — Police and Firemen's Retirement System

⁶SPRS — State Police Retirement System

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"Disability Retirement" below).

The reduction (or elimination) of your life insurance coverage will be effective 31 days after your date of termination. If you wish to supplement this coverage with either a conversion policy from Prudential or another type of policy from Prudential or another insurance carrier, it would be best to begin exploring your options at least four months prior to your retirement.

EXAMPLE: If you had group life insurance of \$96,000 through the retirement system while employed, and that life insurance coverage drops to \$6,000 at retirement, you can purchase up to \$90,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

Deferred Retirement (Does not apply to ABP)

Your life insurance coverage will end 31 days after termination of employment. Any life insurance coverage to which you are entitled upon retirement will not take effect until you reach the normal retirement age for your pension system and begin to receive retirement benefits (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS).

You have the one-time option to purchase a conversion policy prior to the 31st day after termination of employment (**not at the time that you reach normal retirement age**). The maximum amount of coverage that you may purchase will be the difference between the amount of coverage you had while employed and the amount of coverage that you will automatically receive when you begin to receive retirement benefits.

Disability Retirement (Does not apply to ABP)

If you are approved for a disability retirement you will automatically be covered by life insurance until you reach the normal retirement age (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS). The amount of this coverage will be equal to the amount of the non-contributory insurance coverage that you had while employed.

You will have the option to purchase a conversion

policy up until the day you reach normal retirement age for your pension system. The maximum amount of coverage that you may purchase will be the difference between the amount of non-contributory coverage you had while employed and the amount of coverage that you will automatically receive when you reach the normal retirement age.

If you also had contributory life insurance while employed, you may convert the amount of your contributory insurance until 31 days after termination of employment. Whether or not you exercise this option, you will still have the option to convert the non-contributory portion of your life insurance up until the day that you reach normal retirement age.

**TERMINATION OF EMPLOYMENT
OR LEAVE OF ABSENCE**

If you terminate employment without applying for retirement or your insured period during a leave of absence expires, you will continue to be covered for the next 31 days. Up until the end of that 31 day period, you may convert your group life insurance, without medical examination, to any individual policy customarily offered by Prudential except term insurance or a policy containing disability benefits.

EXAMPLE: If you had group life insurance of \$96,000 through the retirement system while employed, that life insurance coverage is eliminated at termination of employment. You can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

RETURN TO PUBLIC EMPLOYMENT

If you return to public employment after the purchase of a conversion policy, you must discontinue your individual conversion policy. If you do not, you will be required to submit satisfactory proof of insurability before you can be covered again in full under a group life insurance policy.

The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for this information.

This fact sheet has been produced and distributed by:

New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295

(609) 292-7524 • TDD for the hearing impaired (609) 292-7718

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions_nj@tre.state.nj.us

This fact sheet is a summary and not intended to provide total information.

Although every attempt at accuracy is made, it cannot be guaranteed.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR DISABILITY RETIREMENT

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

PLEASE DETACH THE APPLICATION FROM THE BOOKLET BEFORE MAILING.

When to File — All retirements are effective on the first of the month. File this application with the Division of Pensions and Benefits before your retirement date or you will lose benefits. Four to six months advance filing is recommended. You must terminate employment before your retirement date. Mail your completed application to the New Jersey Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

INSTRUCTIONS

Please print — black ink preferred — or type.

PART ONE:

ITEM 1: PENSION FUND - Indicate the pension fund of which you are a member, the Public Employees' Retirement System (PERS), or the Teachers' Pension and Annuity Fund (TPAF).

ITEM 2: MEMBERSHIP NUMBER - Enter your pension fund membership number shown on your annual statement. If you are not sure of your number, contact your personnel or payroll office.

ITEM 3: SOCIAL SECURITY NUMBER - Enter your Social Security number.

ITEM 4: DATE OF BIRTH - Insert the month, day, and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. *(Do not delay filing the application if this document is not readily available).*

ITEM 5: NAME - Enter your full name.

ITEM 6 AND 7: TELEPHONE NUMBERS - Enter your home and work telephone numbers. Include your area code.

ITEM 8: HOME E-MAIL ADDRESS - Enter your home e-mail address, if you have one.

ITEM 9: ADDRESS - Enter your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Provide your Social Security number and retirement date in the letter. Or, you may change your address over the Internet by using our online change of address form for pending retirees at: www.state.nj.us/treasury/pensions

ITEM 10 AND 11: SPOUSE'S NAME AND ADDRESS - If you are currently married, provide your spouse's name. Provide your spouse's address if it is different from your address entered in item 9. If you are unmarried, widowed, or divorced, enter N/A.

ITEM 12: PURCHASE INFORMATION - If you have applied to purchase service credit within six months of your filing this retirement application, check "yes."

PART TWO:

ITEM 13: RETIREMENT DATE - Enter the date you wish to retire. All retirements are effective on the first of a month. The earliest retirement date available to you is the first of the month following the Division's receipt of your application. Your application must be received in this office prior to your retirement date. Your first retirement check will be dated no earlier than the first of the month after your retirement date or 30 days after approval by the PERS or TPAF Board of Trustees, whichever is later.

ITEM 14: TYPE OF DISABILITY RETIREMENT - Indicate the type of retirement for which you are applying. See Fact Sheet #15, *Disability Retirement Benefits* (included in this booklet), for an explanation of each type. If you are requesting an Accidental Disability retirement, enter the date of the accident which caused the disability.

ITEM 15: DISABILITY INFORMATION - Enter the title or position you currently hold; then state in layman's terms why you are no longer capable of performing your job. Be as specific as possible. If you need more space write "see attached" and label the additional page(s), "Disability Description." These additional pages must be signed and dated. Supporting medical

information must be submitted prior to your application being approved.

ITEM 16: DESCRIPTION OF ACCIDENT - Complete this item only if you are filing for an Accidental Disability. Briefly describe what happened in the accident that caused your disability. List any witnesses to the accident and attach a copy of any accident reports that were filed.

ITEM 17: WORKERS' COMPENSATION - Complete this item only if you are filing for an Accidental Disability. Indicate if a Workers' Compensation claim has been filed. If you answer "yes" to the initial question, you must complete questions 17a, 17b, and 17c. If your claim is pending at the time you file your disability application, write "pending" in 17a and send the information to the Division of Pensions and Benefits as soon as it is obtained.

PART THREE:

CHOOSE A RETIREMENT PAYMENT OPTION - Mark only one box.

If you choose the **Maximum Option**, you must sign the application in the space indicated to acknowledge your understanding that **no monthly benefit is payable to a spouse or beneficiary.**

Note for Maximum Option: The law requires that the Division notify your spouse if you choose the Maximum Option, which does not provide payments to a beneficiary upon your death. If you are currently married, please enter your spouse's name and mailing address (if different than yours) in items 10 and 11. If you are unmarried, widowed, or divorced, enter N/A.

To provide a benefit to a spouse or beneficiary, you may choose one of the following options: A, B, C, D, 1, 2, 3, or 4. See Fact Sheet #5, *Pension Options* (included in this booklet), for an explanation of the available options. Selecting an option other than the Maximum Option will reduce your retirement allowance to provide a benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. Your option selection is irrevocable (cannot be changed under any circumstances) once your retirement becomes "due and payable" (see "Your First Retirement Check" on

page 2).

If you do not understand your options, call the Division of Pensions and Benefits for assistance at (609) 292-7524.

RETIREMENT OPTION BENEFICIARY - In the previous item, you have chosen the method of payment to both you and, if applicable, your beneficiary. Name your beneficiary for that option here. Please include the beneficiary's full name, relationship to you (if not related, write "friend"), date of birth, Social Security number (optional), and mailing address.

Please complete this section even if you have chosen the Maximum Option. The beneficiary named in this section will receive any optional benefit you selected above, any undistributed pension contributions remaining at your death, and will also receive any issued, but uncashed pension checks remaining at your death. If you choose Options A, B, C, D, 2, 3, or 4, please attach a photocopy of the beneficiary's birth certificate.

Under Maximum Option and Option 1, you may name any person or persons as well as an institution, charity, organization, your estate, etc., as a beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.*

You may name multiple beneficiaries to share the benefit if you choose Option 1 or Option 4. To name additional beneficiaries, fill out and sign the additional sheet provided after the retirement application, and check the box on the application.

Under Options A, B, C, D, 2, or 3 you may name only one person as a beneficiary.

The designation of beneficiary becomes effective when your *Application for Disability Retirement* is received by the Division of Pensions and Benefits.

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

PART FOUR:

DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY - Most members of the retirement systems are covered by group life insurance. See

Fact Sheet #15, *Disability Retirement*, for more information about group life insurance coverage while on a disability retirement.

You may name any person or persons as well as an institution, charity, organization, your estate, etc., as a life insurance beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.* You may also name multiple beneficiaries for this benefit. You may change your group life insurance beneficiary at any time.

You should name both a Primary Beneficiary(ies) and a Contingent Beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, write "see attached" in the beneficiary area of the application. The attachments, which you should label "Life Insurance Beneficiaries," must also be signed and dated.

Note: DO NOT use the page provided for "Additional Pension Option Beneficiaries" to name beneficiaries for group life insurance. This page is for pension Options 1 and 4 only.

Primary Beneficiary(ies) - List the full name, relationship to you (if not related, write "friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

Contingent Beneficiary(ies) - List the full name, relationship to you (if not related, write "friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

The designation of beneficiary becomes effective when your *Application for Retirement Allowance* is received by the

Division of Pensions and Benefits.

The amount by which your group life insurance is reduced at retirement **may be converted** at retirement to a non-group policy. Conversion must be done **within 31 days** of the termination of employment. If you need further information about conversion, see Fact Sheet #13, *Conversion of Group Life Insurance* (included in this booklet).

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

MEDICAL EXAMINATION FORM INSTRUCTIONS

The Division of Pensions and Benefits needs at least two pieces of medical evidence to determine your eligibility. We require *Medical Examination by Treating Physician* forms from at least two doctors who treated you for your disability or from one doctor if a separate record of treatment for the disability will be sent by a hospital. Complete Part One of the *Medical Examination by Treating Physician* form and give it to your doctor(s) to complete the rest. It is your responsibility to ensure your doctors complete and forward the forms to the Division of Pensions and Benefits.

If you have only been treated by one doctor and have not been hospitalized for the disability, attach a note to your *Application for Disability Retirement* to advise us of this. We will arrange for another physician in your area to examine you and report back to us.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS INSTRUCTIONS

This form is required if your disability included any hospitalization. Complete the form and present it to the Records Section of the hospital. You will be responsible for any costs associated with obtaining hospital records required to support your application. If you were not hospitalized for the disability, check the box indicated on the form and return it to the Division of Pensions and Benefits with your retirement application.

EMPLOYER CERTIFICATION

It is important that you notify your employer of your retirement plans since your employer must complete the *Employer Certification for Disability Retirement* included in this application package. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION,
CONTACT THE OFFICE OF CLIENT SERVICES AT**

(609) 292-7524

**OR VISIT OUR OFFICE AT
50 WEST STATE STREET
TRENTON, NEW JERSEY**

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
APPLICATION FOR DISABILITY RETIREMENT**

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.**

PART ONE: MEMBER INFORMATION (Please print - black ink preferred - or type.)

- 1. INDICATE YOUR PENSION FUND: PERS TPAF 2. MEMBERSHIP NUMBER _____
- 3. SOCIAL SECURITY NO. _____ 4. DATE OF BIRTH _____
Month Day Year
- 5. NAME _____
Last First Middle
- 6. HOME PHONE (_____) _____ 7. WORK PHONE (_____) _____
- 8. HOME E-MAIL ADDRESS _____
- 9. ADDRESS _____
Street Apt. No.
City State Zip
- 10. SPOUSE'S NAME _____
- 11. SPOUSE'S ADDRESS (If different from yours) _____
- 12. PURCHASE INFORMATION - Have you applied to purchase pension service credit within the past six months? YES NO

PART TWO: DISABILITY RETIREMENT INFORMATION

- 13. RETIREMENT DATE — To be effective the first day of _____
Month Year
- 14. TYPE OF DISABILITY RETIREMENT — See enclosed Fact Sheet #15 for an explanation of each type.
 ORDINARY DISABILITY
 ACCIDENTAL DISABILITY — Date of Accident _____
Application must be filed within five years of date of accident. Month Day Year
- 15. I declare that I am **incapacitated** for further service as a _____
due to the following reasons: Title of Position

- 16. (*Accidental Disability Only*) Describe the accident and list any witnesses to it.

- 17. (*Accidental Disability Only*) Has a claim been filed for Workers' Compensation? NO YES
If yes, answer 17a, b, and c.
a) Amount of Periodic Benefit \$ _____ per week.
b) Beginning date of award _____ c) Ending date of award _____

CONTINUE TO PART THREE ON REVERSE TO SELECT A PAYMENT OPTION

MEMBER'S NAME _____

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

PART FOUR: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Members with 10 or more years of membership credit or who retire on a disability retirement are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part Three. This designation becomes effective when received by the Division of Pensions and Benefits.

PRIMARY INSURANCE BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT INSURANCE BENEFICIARY(IES) — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE _____

DATE _____

_____, 20____

I attest that the information provided on this application is true and correct.

Return this application to:
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

ADDITIONAL PENSION OPTION BENEFICIARIES — USE THIS PAGE FOR OPTION 1 OR OPTION 4 ONLY

Use this page if you wish to name additional retirement option beneficiaries to share the benefit with the Option 1 or Option 4 beneficiary you named in Part 3 of the application. Option 1 beneficiaries share the benefit equally. If you are choosing Option 4, indicate the percentage or dollar amount of the benefit that each beneficiary should receive. This section is **not** to be used for Options A, B, C, D, 2, 3, or for life insurance beneficiaries.

MEMBER'S NAME _____

MEMBERSHIP NUMBER _____ **SOCIAL SECURITY NUMBER** _____

	BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			
5.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE

DATE

_____, 20 _____

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

NO YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? Stable Progressive

b) If progressive, is death imminent? NO YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

NO YES

7. Is the applicant permanently and totally disabled as a direct result of a traumatic event occurring during and as a result of the performance of the applicant's regular assigned duties?

NO YES

If yes, explain the causal relationship:

Physician's Name: _____ Degree: _____

Address: _____

_____ Phone: (____) _____

Specialty: _____ NJ License Number: _____

Signature of Physician

Date

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

NO YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? Stable Progressive

b) If progressive, is death imminent? NO YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

NO YES

7. Is the applicant permanently and totally disabled as a direct result of a traumatic event occurring during and as a result of the performance of the applicant's regular assigned duties?

NO YES

If yes, explain the causal relationship:

Physician's Name: _____ Degree: _____

Address: _____

_____ Phone: (____) _____

Specialty: _____ NJ License Number: _____

Signature of Physician

Date

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

MEMBER INSTRUCTIONS: *Please complete this section and present or mail this form directly to the hospital for the release of your hospital records. Should you need additional forms, please make copies or contact the Division of Pensions and Benefits.*

If you were **not** hospitalized for your disability, check this box and return this form to the Division of Pensions and Benefits along with your *Application for Disability Retirement*. In that case, medical examination reports from two physicians must be submitted before a determination can be made.

TO: _____
Name of Hospital

I have made application to the Division of Pensions and Benefits, State of New Jersey for a retirement benefit because of disability. In that connection, I do hereby authorize and request the release of copies of my medical records covering my hospital stay from _____ to _____ and ask that these records be forwarded to the Division of Pensions and Benefits.

IF THERE IS ANY CHARGE FOR THIS SERVICE, I WILL REIMBURSE THE HOSPITAL.

DO NOT SEND BILLS FOR SERVICE TO THE DIVISION OF PENSIONS AND BENEFITS.

Name of Patient	Social Security Number
Street Address, City, State, Zip Code	
Signature of Patient	Date

**If there is any charge for this service,
PLEASE BILL THE PATIENT AT THE ADDRESS ABOVE.**

HOSPITAL INSTRUCTIONS: *Please mail hospital records to —* Division of Pensions and Benefits
Bureau of Retirements
PO Box 295
Trenton NJ 08625-0295

Please limit records to the following:

1. Face Sheet
2. History and Physical Examination on Admission
3. Discharge Summary
4. Operative Report (if applicable)
5. Reports of diagnostic tests, X-ray, CT scan, MRI, ECG, EKG, etc.

PLEASE LIMIT RECORDS TO REPORTS ONLY - NO FILMS

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295 • (609) 292-7524

EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT

1. **TO: Board of Trustees** (Check appropriate fund) PERS TPAF PFRS SPRS JRS

2. _____
NAME OF EMPLOYEE NAME OF EMPLOYER

TITLE (Attach copy of job description - PERS only) EMPLOYER'S ADDRESS

SOCIAL SECURITY NUMBER EMPLOYER'S ADDRESS (Continued)

MEMBERSHIP NUMBER EMPLOYER'S PHONE NUMBER

TYPE OF DISABILITY RETIREMENT (Select One) — ORDINARY ACCIDENTAL (Give date of accident below)

3. **EMPLOYEE STATUS** Full-Time Part-Time

4. **AUTHORIZED LEAVE OF ABSENCE**

Paid Sick Leave - Dates from _____ to _____

Paid Personal Leave - Dates from _____ to _____

Unpaid Sick Leave - Dates from _____ to _____

Unpaid Personal Leave - Dates from _____ to _____

Temporary Disability Insurance - Dates from _____ to _____

5. **UNAUTHORIZED LEAVE OF ABSENCE** — Dates from _____ to _____

6. a) **Is the member currently on suspension?** NO YES If yes, give date of suspension _____

Is suspension PAID or UNPAID

b) **Is the applicant facing disciplinary action or indictment?** NO YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.

7. Was applicant dismissed? NO YES If yes, give reason and date _____

8. **IF THE EMPLOYEE IS FILING FOR AN ACCIDENTAL DISABILITY RETIREMENT, PLEASE COMPLETE THE SECTION BELOW**

a) Did this accident occur during the performance of the employee's duties? NO YES

b) Is a record of this accident on file? NO YES If yes, attach copy of accident report, including any witness statements.

c) Was this accident a result of the employee's negligence? NO YES

d) Has the employee filed a claim for Workers' Compensation? NO YES

If yes, dates of periodic payments from _____ to _____

NAME OF WORKERS' COMPENSATION CARRIER _____

ADDRESS _____ CLAIM NUMBER _____

CERTIFICATION OF SERVICE AND FINAL SALARY

9. Date employee's service terminated (*Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.*) _____
10. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (*line 9 above*); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

11. Has member received a significant annual salary increase in the last 3 years of employment? NO YES *If yes, please provide a detailed explanation with documentation such as salary guides and employment contracts and ruling body minutes.*
12. Has there been any retroactive salary paid to the employee within the past three years? NO YES *If yes, please describe below:*

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

13. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).
State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 13.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

✓ CHECKLIST — The following items *must* accompany this form:

_____ 1. Job Description (mandatory - PERS only)

_____ 2. Copies of indictments, convictions, and/or preliminary and final notices of disciplinary action. (If Question #6 is answered yes.)

_____ 3. Copies of accident reports, incident reports, witness statements, medical records relating to the incident, and other related documents (Accidental Disability only).

_____ 4. Copies of Workers' Compensation awards (*Accidental* Disability only).

Name of Certifying Officer _____ Phone Number () _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature _____ Date _____

NOTE: If a member of the retirement system qualifies for periodic benefits payable under the Workers' Compensation law during the course of active employment, regular pension contributions must be paid to the system by the employer. The payments are computed on the base salary paid immediately prior to the receipt of Workers' Compensation benefits. These payments are credited to the member's account in the system and will be treated as employee contributions for all benefit or claim purposes.