

INSTRUCTIONS

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER AND TO BE USED WHEN HIRING ANYONE WHO IS COLLECTING A RETIREMENT BENEFIT FROM ANY NJ STATE-ADMINISTERED RETIREMENT SYSTEM.

EMPLOYEE INFORMATION

1. **Name** — Enter employee's full name (last, first, and middle initial; no nicknames).
 2. **Address** — Enter employee's current mailing address.
 - 3a. **Retirement or Former Membership Number** — Enter either number.
 - 3b. **Type of Retirement** — Indicate whether the employee retired under a Disability Retirement or other type of retirement (Service, Early, etc).
 4. **Gender** — Indicate employee's gender.
 5. **Date of Birth** — Enter employee's date of birth. Proof of age should be on file since it is a condition of retirement.
 6. **Daytime Phone Number** — Enter employee's daytime phone number and extension (be sure to include the area code).
 - 7a. **Indicate employee's date of retirement** — Indicate when the employee began receiving a benefit from a New Jersey State-administered retirement system.
 - 7b. **Employer at Retirement** — Indicate location from which employee initially retired.
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EMPLOYMENT AFTER RETIREMENT INFORMATION

8. **Employer Name** — Enter the full employer name.
 9. **County** — Enter county in which the employer is located.
 10. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC) or to Centralized Payroll for State locations.
 11. **Title/Position currently held by employee** — Enter current title/position for the employee. Also indicate whether the employee is performing services as an employee or as an independent contractor. A job description can be submitted with the form, if available.
 12. **Indicate the employee's earnings** — Indicate whether the employee earns an annual salary or hourly wage and specify the amount.
 13. **Describe the type of service being provided** — Indicate the capacity (part-time or full-time) in which this employee is employed and if part-time, specify how many hours per week.
 - 14a. **Date Employment Began** — Enter the date on which employee started employment at your location.
 - 14b. **Date Employment is Expected to End** — Enter the date on which employment will end, if applicable or known.
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EMPLOYER CERTIFICATION

15. **Bona Fide Severance from Employment** — If the applicant retired from your location, indicate whether the employee has completed at least a 180-day break in service pursuant to N.J.A.C. 17:1-17.14. If the applicant did not retire from your location, leave Item 15 blank and continue to Item 16.
16. **Preplanning or Prearranged Agreement** — Indicate if, at or about the time of the employee's retirement, there were discussions or an agreement regarding employment (in any paid or voluntary basis) after the employee's retirement.
17. **Certifying Officer** — The Certifying Officer must sign and date this form. Unsigned forms will be returned.
18. **Certifying Officer's Supervisor** — The Certifying Officer's Supervisor must sign and date this form. Unsigned forms will be returned.
19. **Phone Number** — Enter the telephone number for the Certifying Officer who is completing this form (be sure to include the area code and extension).

IMPORTANT INFORMATION

This notification is required to be completed and returned to the New Jersey Division of Pensions & Benefits (NJDPB) within 15 calendar days after the employee's date of hire. The employer must also notify the NJDPB when the employee's services have been terminated. Forms should be returned to **Attn: Division of Pensions & Benefits, External Audit Unit, P.O. Box 295, Trenton, NJ 08625-0295.**