



DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

P.O. Box 295, Trenton, NJ 08625-0295

DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP) — ENROLLMENT APPLICATION FOR ELECTED OR APPOINTED OFFICIALS

See page 2 for instructions on completing this form.

FOR DIVISION USE ONLY:	Location Number: _____	Identification Number: _____
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APPLICANT INFORMATION:

1. Name: _____

First
Middle
Last
2. Social Security Number: _____
3. Date of Birth: _____ / _____ / _____

Month
Day
Year
4. Gender: Male Female
5. Daytime Phone: (_____) _____ — _____
6. Address: _____

Street
City
State
Zip Code
7. Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?
 Yes No If "Yes," please provide retirement system name: _____

EMPLOYER INFORMATION:

8. Employer Name: _____
9. County: _____
10. PERS or TPAF Location Number: _____ Payroll Number: _____

State Locations Only
11. Date Elected or Appointed Service commenced: _____ / _____ / _____

Month
Day
Year
12. Current Annual Base Salary \$ _____
13. Title/Position of Applicant: _____
14. Is the applicant an Elected Official? Yes No
15. Is the applicant appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2?
 Yes No

EMPLOYER CERTIFICATION

16. Phone Number: (_____) _____ — _____ Ext: _____
17. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

Certifying Officer: _____

Print Name
Signature
Date

Certifying Officer's Supervisor: _____

Print Name
Signature
Date

DCRP ENROLLMENT APPLICATION INSTRUCTIONS FOR ELECTED OR APPOINTED OFFICIALS

All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). In the event that you cannot complete the *DCRP Enrollment Application* online, please mail this completed application to the address below.

APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name).
2. **Social Security Number** — Enter applicant's Social Security number.
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *DCRP Enrollment Application* if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
4. **Gender** — Indicate applicant's gender.
5. **Daytime Phone Number** — Enter applicant's daytime phone number and extension, including area code.
6. **Address** — Enter applicant's current mailing address.
7. **Is the applicant receiving retirement benefits?** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system; if so, give the system's name.

EMPLOYER INFORMATION

8. **Employer Name** — Enter the full employer name.
9. **County** — Enter county in which the employer is located.
10. **Location and Payroll Numbers** — Enter the appropriate location or payroll number, as applicable.
11. **Date Elected or Appointed Service Commenced** — Enter the date on which applicant began service in the elected or appointed position.
12. **Current Annual Base Salary** — Enter the annual base salary for the year, i.e., the annual salary paid to the elected or appointed official on the date the application is certified by the employer. Base salary is the contractual salary of the official. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in a lump sum. Hourly or per diem rates should not be entered.
13. **Title/Position of Applicant** — Enter official title/position of applicant.
14. **Elected Official** — Indicate if the applicant is an elected official of the State of New Jersey or of a political subdivision thereof.
15. **Appointed Position** — Indicate if the applicant is appointed by Special Resolution or Ordinance or by the Governor of New Jersey, as described in N.J.S.A. 43:15C-2.

EMPLOYER CERTIFICATION

16. **Phone Number** — Enter employer telephone number, including area code and extension, for the employer representative who completed this application.
17. **Signature** — The Certifying Officer and the Certifying Officer's Supervisor must sign and date this application. Unsigned applications will be returned.

Note: The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members who wish to name a specific beneficiary should submit a *Designation of Beneficiary — Alternate Benefit Program (ABP)/Defined Contribution Retirement Program (DCRP)* form, available on the NJDPB website at: www.nj.gov/treasury/pensions

Return this completed form to: **New Jersey Division of Pensions & Benefits**
Defined Benefit & Defined Contribution Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295