



## Employer Pensions and Benefits Information Connection (EPIC)

# EPIC User's Information Guide

[Printable version](#) (PDF 1.45MB)

Requires [Acrobat Reader](#) which is available **free** from Adobe.

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## PART I - Welcome to EPIC

The Employer Pensions and Benefits Information Connection (EPIC) is a set of Internet based applications that allow registered employers access to their employees' pension and, if applicable, health benefit account information. The Division of Pensions and Benefits has designed EPIC to be both fast and easy to use. Once you begin to use EPIC, we believe you will find it to be one of your most useful resources for the accurate information you need for the day-to-day administration of your employees' pensions and benefits.

Access to EPIC is granted through the *MyNewJersey* Web site ([www.state.nj.us](http://www.state.nj.us)). *MyNewJersey* is the platform through which the State of New Jersey provides a variety of e-business services and online information. By routing access to EPIC through *MyNewJersey*, the Division of Pensions and Benefits is able to provide registered employers with a technology platform that is secure, efficient, and easy to use.

For more about becoming a registered user of EPIC and *MyNewJersey*, see the [EPIC Registration Information page](#).

## The EPIC Home Page

When you first sign onto EPIC you are taken to the EPIC Home Page.

njhome | my new jersey | people | business | government | departments

new jersey division of pensions and benefits  
employer pensions and benefits information connection

pensions and benefits home Logout

**Employer Information:**  
Select a location from the dropdown menu.  
020010200 - TREASURY-DIV OF  
TREASURY-DIV OF PENSIONS & BEN.  
50 WEST STATE STREET  
PO BOX 210  
TRENTON NJ 08625-0210  
LISA KUZEMKA  
(609)292-8784  
Fax : (609)633-9129  
Email: LISA.KUZEMKA@TREAS.STATE.NJ.US  
If the above information is not correct, please contact your EPIC Security Officer

Search Help  
Links & Forms  
Select MBOS Role

**Employer Applications:**  
Enter the Member Search information below and click on an application button.

**Member Search:**  
Member ID:  .  SSN:     
Last Name:  First Name:

Payroll Certifications SHBP / SEHBP  
Enrollment Application Status Loan Estimate  
Retirement Application Status Retirement Calculator  
Member Account Information Deferred Compensation Info.  
Check for Existing Account Suppl. Annuity Collective Trust  
Transmittal Electronic Payment Report of Contributions (IROC)

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On the left side of the EPIC Home Page you will find "Employer Information" that identifies the employer through which you have access and helpful links — the online help screen is available by clicking the "Search Help" button.

- A drop-down box identifies the pension fund and employer location number and name through which you are logged onto EPIC.
- If you have EPIC access to other pension funds or employing locations, you may select them by clicking on the arrow at the right of the drop-down listing. Once you select another location number from the list, the employer information for that employing location will be displayed on the left side of the EPIC Home Page.

**Note:** As an EPIC user, you are only permitted access to information about employees of the employing location shown in the drop-down box at the top of the "Employer Information" area. The single exception to this security precaution is the "Check for Existing Account" application [described below](#) in Part II.

On the right side of the EPIC Home Page are the "Employer Applications". The application area contains:

- Text fields for entering the membership number, Social Security number, or the name of employees whose account information you wish to retrieve.
- Buttons for calling up the various online applications. Additional information about these applications is provided in the next section.

**Note:** EPIC users have access to a variety of online applications. The specific group of application buttons you will see depends on the type of employer you represent and the level of access authorized by your EPIC Security Officer.

## Note for MBOS Users

If you have EPIC access through your employer and are also registered as a member in the *Member Benefits Online System* (MBOS), you will need to select the role you wish to open for the session each time you log on (below).

### SAMPLE APPLICATION BUTTONS

Payroll Certifications  
Enrollment Application Status  
Retirement Application Status  
Member Account Information  
Check for Existing Account  
Transmittal Electronic Payment  
Report of Contributions (IROC)  
Deferred Compensation Info.  
Suppl. Annuity Collective Trust  
Alternate Benefits Program  
SHBP / SEHBP

### Select Role

- Employer  
 Active Member

Submit

**Note:** If you are registered with multiple roles through EPIC and/or MBOS, you may click the "Select MBOS Role" button on the EPIC Home Page to leave the current EPIC session and access your MBOS account.

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## EPIC Support

If, after reading this *EPIC User's Guide*, you still have questions about or difficulty accessing or using EPIC, registered users may contact the Division's EPIC Help Desk at (609) 777-0534 or send e-mail to: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us).

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## PART II - EPIC Applications

### Navigating Between Applications

All of EPIC's Employer Applications contain a navigation bar at the top of the page that allows you to begin a new search in the current application or access other EPIC applications without having to return to the EPIC Home Page.

employer pensions and benefits information connection pensions and benefits home

New Search Member ID # 2- SSN Home Logout

Select Application

To begin a new search in the same application, enter the employee's membership number or Social Security number in the appropriate field and click the "New Search" button. To go to another application, click the application name which is found in the "Select Application" drop-down box.

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## Check for Existing Account

In most cases, EPIC users are only permitted access to information about employees at their employing location. An exception to this is provided for the Check for Existing Account application. This application is designed to allow employers to check for an existing pension account and determine the status of any prior pension accounts (active, expired, withdrawn, retired, etc.) when hiring new employees.

- Knowledge of an existing active pension account is important so that the employer and employee can complete the appropriate enrollment or transfer application.
- Knowledge of retiree status is important because of salary or position limitations that can affect retirees who return to public employment.

**Access to the application requires the employee's Social Security number.** Enter the Social Security number on the EPIC Home Page and click the "Check for Existing Account" button.

The page that appears will show the status of any New Jersey State-administered pension account listed for that Social Security number. If the account listed was with your employer it is marked with an asterisk.

### Check for Existing Account

				Account	Last Quarter	Multiple
	Member Name	Member ID	Fund	Status	Contribution Date	Location
*	MEMBER, IMA	02-0999555	PERS	ACTIVE	03/31/2000	No
*	MEMBER, IMA	02-0555599	PERS	WITHDRAWN		No
<b>* THIS MEMBER IS ENROLLED THROUGH YOUR LOCATION</b>			Total Records Found 2			

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# Membership Account Information

The Membership Account Information application allows you to view pension account information for any of your enrolled employees.

**Access to the application requires the employee's membership number, Social Security number, or name.** Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Membership Account Information" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

## Member Account Information

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

THIS INFORMATION IS CURRENT AS OF 03/31/2002

### Personal Data

<b>FULL NAME</b>	MEMBER, IMA		
<b>PENSION FUND AND ID#</b>	PERS	02-0555999	
<b>SSN</b> 123-45-6789	<b>DATE OF ENROLLMENT</b>	02/01/1989	
<b>DATE OF BIRTH</b>	08/14/1956	<b>SEX</b>	F
<b>PROOF OF AGE ON FILE WITH DIVISION</b>	YES		
<b>VETERAN STATUS</b>	NO		

### Account Status

<b>LAST REPORTED QUARTER OF CONTRIBUTIONS</b>	1 - 2002		
<b>EMPLOYEE CONTRIBUTION</b>	\$10,792.09		
<b>NET CONTRIBUTIONS AFTER LOANS</b>	\$5,927.71		
<b>SERVICE CREDIT</b>	12 Years 02 Months		
<b>CHAPTER 8 25 YR DATE</b>	N/A		
<b>CHAPTER 8 BARGAINING UNIT</b>	N/A		
<b>LIFE INSURANCE COVERAGE</b>			
CONTRIBUTORY AND NON CONTRIBUTORY			
<b>DEFERRED COMPENSATION ENROLLMENT</b>	NO		
<b>SUPPLEMENTAL ANNUITY COLL TRUST ENROLLMENT</b>			
<b>REGULAR</b>	NO	<b>TAX-SHELTERED</b>	NO
<b>NOTICE OF DEATH</b>			

### Loans, Arrears and Back Deductions

<b>SCHEDULE</b>	<b>NUMBER OF PAYMENTS</b>	<b>AMOUNT PER PAYMENT</b>	<b>TOTAL AMOUNT</b>
<b>LOAN</b>	41	\$84.37	\$4,864.38
<b>ARREARS</b>			
<b>BACK DEDUCTIONS</b>			
<b>PAY SCHEDULE</b>	BIWEEKLY/MONTHLY		

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On the left side of the page you will find information that identifies the employee and information on the current status of any loan, arrears/purchase, or back deduction amounts due to the Division.

On the right side of the page is account information including the date of the last reported contribution, total employee contributions to the pension fund, pension service credit, life insurance coverage status, and - if available to your employees - information for the State Employees Deferred Compensation Plan and Supplemental Annuity Collective Trust of New Jersey.

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## Payroll Certifications

The Payroll Certifications application allows you to view the *Certifications of Payroll Deductions* issued by the Division of Pensions and Benefits for your employees. Payroll certifications are issued to authorize the start of pension deductions for new employees, for back deductions due to the Division, pension loan payments, or arrears/purchase payments.

To access the application, click the "Payroll Certifications" button on the EPIC Home Page.



Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS  
Selection Criteria

On the page that appears you can request all certifications or choose only a specific type of certification (loans, back deduction, etc.).

You may also request certifications for all employees or view certifications for an individual employee by entering a membership number, Social Security number, or name.

When all selections have been made, click the "Submit" button and a page will load with a list of certifications that met the selected criteria (past certifications are archived for up to two years).

Certifications are retrieved in groups of 25 and presented five at a time. If the certification you are looking for is not in the first five returned, click the "Next" button to view the next five certifications in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 certifications, click the "Next Group" button. The next 25 certifications will then be loaded and displayed five at a time.

The total number of records available for viewing will be listed in the bottom right table cell.



Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

No	Deduction Date	Certification Type	Member ID	Member Name
<input type="checkbox"/> 61	03/23/2002	LOANS	02-0123456	EMPLOYEE, JOHN
<input type="checkbox"/> 62	03/23/2002	ADJUS	02-0555999	MEMBER, IMA
<input type="checkbox"/> 63	03/23/2002	SACT	02-0999555	DOE, JOSEPHINE
<input type="checkbox"/> 64	03/23/2002	LOANS	02-0111222	JONES, SAM
<input type="checkbox"/> 65	03/23/2002	LOANS	02-0222111	WORKER, STEPHANIE
Select All <input type="checkbox"/>			Total Records Found 898	

Previous Details Next

Previous Group Next Group Return To Cert. Screen

To view a specific certification, click the check box that corresponds to the certification you want and then click the "Details" button. You may also request to view more than one certification by clicking on several check boxes (or click the "Select All" box to view all certifications from this search). Selected certifications are presented one at a time with navigation buttons to go to the "Next" or "Previous" certification.

<b>STATE OF NEW JERSEY</b> <b>DEPARTMENT OF THE TREASURY</b> <b>DIVISION OF PENSIONS AND BENEFITS</b> <b>P. O. BOX 295</b> <b>TRENTON, N.J. 08625-0295</b>		<b>CERTIFICATION OF PAYROLL DEDUCTION</b>  ALL DEDUCTIONS BEGIN 02/09/2002			
PUBLIC EMPLOYEES' RETIREMENT SYSTEM		SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
NAME	MEMBER, IMA	LOAN			
MEMBER ID	02-0555999				
SSN	123-45-6789	ARREARS			
ACCUMULATED BASE SALARY	\$3,337.16				
SALARY THIS QUARTER	BIWEEKLY				
FULL PENSION RATE	5%	BACK DEDUCTION	8	\$25.03	\$200.24
PENSION DEDUCTION					
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST		PAY SCHEDULE	BIWEEKLY		
CONTRIBUTORY INSURANCE EFFECTIVE					
INSURABILITY REQUIRED	NO				
DATE OF BIRTH	05/28/1964				
DATE OF ENROLLMENT	10/20/2001	LOCATION#	102		
DATE OF TRANSFER					
MONTHS OF PRIOR SERVICE					
ENROLLED AS:					
CONTRIBUTORY INSURANCE COVERED; RETRO PREMIUM DUE IS \$					
33.37					

**Note:** The payroll certification for newly hired employees can be viewed only upon the completion of the enrollment process. You may check the enrollment status using the "Enrollment Application Status" application.

## Enrollment Application Status

The Enrollment Application Status application allows you to check the enrollment status of newly hired employees. Once an *Enrollment Application* is received by the Division, and processing has begun, it will be accessible by this application.

**Access to the application requires the employee's Social Security number.** Enter the Social Security number on the EPIC Home Page and click the "Enrollment Application Status" button.

The page that appears will show any *Enrollment Applications* processed for the individual along with the current processing status. If the processing of the enrollment has been delayed pending the need for additional information, the pending reason will be displayed.


**Enrollment Application Status**

	No	Member Name	SSN	Application Processed	Certification Date
<input type="radio"/>	1	EMPLOYEE, JOHN	123-45-6789	Yes	10/10/1998
<b>Pending Reason</b>					
				Total Records Found 2	

If processing is complete and a *Certification of Payroll Deductions* is pending or has been issued, the certification date will be displayed (see above for [Payroll Certifications](#)).

## PERS Enrollment Application

The online PERS Enrollment Application allows employers to enroll eligible, newly hired employees into the Public Employees' Retirement System (PERS).

To access the application, click the "PERS Enrollments" button on the EPIC Home Page.

On the page that appears:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk \* are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

### PERS Enrollment

Please note that Chapter 92, PL 2007 established a Defined Contribution Retirement Program for elected and certain appointed officials. For additional information and guidance please see the Division's website:

<http://www.state.nj.us/treasury/pensions/>

Please provide the information requested to enroll an employee in the Public Employees' Retirement System.

Fields marked with an \* (asterisk) are required.

#### APPLICANT INFORMATION

\*First Name: Middle Name: \*Last Name: Suffix: Maiden/Former Name:  
Jane R Jones [v] Smith

\*Social Security Number: \*Date of Birth: \*Gender:  
123 - 45 - 6789 02/22/1987  Male  Female

(mm/dd/yyyy)

\* Applicant's Address Line 1:  
123 Main Street

Applicant's Address Line 2:  
[ ]

\*City: \*State: \*ZIP Code:  
Anytown NJ 08080 - [ ]

#### POSITION INFORMATION

\* Payroll Schedule :  10 Month  12 Month

\* Date of Hire (No Break In Service Is Allowed): 03/01/2008 (mm/dd/yyyy)

\* Current Annual Salary: \$ 37000 .00

If the title is not in the drop down list, please enter the full title (no abbreviation)

\* Job Title: Business Clerk [v]

\* Payroll/Benefits Office Phone Number: ( 609 ) 555 - 5555 Ext. 555

Continue

Additional pages will be presented to request additional details about the applicant and the position.

Please check any of the items that apply.

## PERS Enrollment

Please check any of the following that apply to this employee.

**Member Name:** Jane Jones

**Social Security Number:** 123-45-6789

Is the applicant eligible for PERS Prosecutors Part [?](#)  Yes

Is the applicant a Workers' Compensation Judge?  Yes

Is the applicant an Elected Official?  Yes

Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in Ch. 92, P.L. 2007 [?](#)  Yes

Has the applicant been awarded a professional services contract [?](#)  Yes

Continue

Back

- To return to a previous page, click the "Back" button.
- When all applicable questions on a page have been answered, click the "Continue" button to proceed to the next page.

## PERS Enrollment

Please check all of the following that are applicable to this position.

**Member Name:** Jane Jones

**Social Security Number:** 123-45-6789

### Civil Service Position

Unclassified  Yes

Classified  Yes

\* Permanent Appointment Date:  (mm/dd/yyyy)

Temporary/Provisional  Yes

### Non-Civil Service Position

Budgeted  Yes

Non-Budgeted  Yes

Substitute  Yes

On-Call or Bedside or Home Bound Instructor [?](#)  Yes

Part Time At a Vocational/Technical School  Yes

Adjunct Faculty  Yes

Continue

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When all applicable questions on a page have been answered, click the "Continue" button to proceed to the next page.

## PERS Enrollment

Please check all of the following that are applicable to this position.

Member Name: **Jane Jones**

Social Security Number: **123-45-6789**

- Is the applicant receiving a benefit from a [local](#) New Jersey retirement system or the [ABP](#) at this time?
- Is this position part of [JTPA or WIA](#) ?
- Is this position [seasonal or intermittent](#) ?
- Is this a school **CROSSING GUARD** position who is receiving a retirement benefit from Social Security, the Federal Government or the Military?
- Is the position a PERS or County LEO Position [?](#)
- \* Will a [Social Security deduction](#) be withheld from the applicant's pay for this position?  Yes  No
- \* Does the position require AND does the applicant hold or is pending a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education?  Yes  No
- \* Is your location a bi- or multi-state agency pursuant to [Ch. 263, P.L. 2003](#) ?  Yes  No

Continue

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### Please Note:

- **If the employee's enrollment *cannot* be processed online**, you will see a message explaining the reason and providing further instructions on how to proceed with the enrollment.
- **If it is determined that the employee' may be eligible for a Interfund Transfer**, you will see a message indicating to complete an [Interfund Transfer form](#) and send it to the Division of Pensions and Benefits. You will be able to click the "Continue" button to complete the online enrollment process.
- **In certain cases, online enrollments may require additional review.** If this is the case, you will see a message indicating that the Division of Pensions and Benefits will notify you of the final enrollment status within 30 days. You will be able to click the "Continue" button to complete the submission of the enrollment data.
- **Do Not submit paper enrollment applications** for PERS employees who are processed through the online application.
- **Do Not submit TPAF or PFRS enrollment requests** through the online PERS application.

When all applicable questions have been answered you will see a Summary Page. Please review the information to verify that it is correct.

## PERS Enrollment

The information displayed below is based on the data you have entered. If correct, **SUBMIT**.  
Otherwise, use the **Modify** button provided to make the necessary corrections.

### MEMBER INFORMATION

Member Name: **Jane R Jones** Former Name : **Smith** Gender: **Female**  
Social Security Number: **123-45-6789** Date of Birth: **02/22/1987**  
Address: **123 Main Street** City, State, ZIP: **Anytown, NJ 08080**

### POSITION INFORMATION

Payroll Schedule: **12 Month** Full- or Part-time: **Full-Time**  
Date of Hire: **03/01/2008** Job Title: **Business Clerk**  
Current Annual Salary: **\$37000.00**

Completed by: **ANTHONY BROWN** Payroll/Benefits Office Phone Number: **(609) 555-5555 Ext.555**

<i>Is the applicant eligible for PERS Prosecutors Part?</i>	No
<i>Is the applicant a Workers' Compensation Judge?</i>	No
<i>Is the applicant an Elected Official?</i>	No
<i>Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in Ch. 92, P.L. 2007?</i>	No
<i>Has the applicant been awarded a professional services contract?</i>	No
<b>Civil Service Position</b>	
<i>Unclassified?</i>	No
<i>Classified?</i>	Yes
<i>Permanent Appointment Date:</i>	03/01/2008
<i>Temporary/Provisional?</i>	No
<b>Non-Civil Service Position</b>	
<i>Budgeted?</i>	No
<i>Non-budgeted?</i>	No
<i>Substitute?</i>	No
<i>Long Term, Replacement or Temporary?</i>	N/A
<i>On-Call or Bedside or Home Bound Instructor?</i>	No
<i>Date Eligibility established:</i>	N/A
<i>Bedside or Home Bound Instructor?</i>	No
<i>Part Time At a Vocational/Technical School?</i>	No
<i>Adjunct Faculty?</i>	No
<i>Start date of the third consecutive semester:</i>	N/A
<i>Is the applicant receiving a benefit from a local New Jersey retirement system or the ABP at this time?</i>	No
<i>Is this position part of JTPA or WIA?</i>	No
<i>Is this position seasonal or intermittent?</i>	No
<i>Is this a school CROSSING GUARD position who is receiving a retirement benefit from Social Security, the Federal Government or the Military?</i>	No
<i>Is the position a PFRS or County LEO Position?</i>	No
<i>Will a Social Security deduction be withheld from the applicant's pay for this position?</i>	Yes
<i>Does the position require AND does the applicant hold or is pending a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education?</i>	No
<i>Is your location a bi- or multi-state agency pursuant to Ch. 263, P.L. 2003?</i>	No

Submit

Modify

- If you need to make any changes, click the "Modify" button to return to previous pages.
- If all of the information is correct, click the "Submit" button to complete the enrollment process.

**When a submission is successfully completed**, you will see a confirmation message.

 [printable version](#)

## PERS Enrollment

The Enrollment application you have completed for the following member:

**Name: Jane R Jones**

**Membership Number: 2-9696631**

**Date of Birth: 02/22/1987**

**SSN: 123-45-6789**

**Certification Date: 05/10/2008**

has been accepted by the Division of Pensions and Benefits. The above member has been enrolled into the Public Employees' Retirement System on March 01, 2008. You will receive a confirmation of this transaction via e-mail. The e-mail will contain a copy of the PERS enrollment application. You can obtain an immediate copy of the enrollment application by clicking on "Printable Version" at the top of this page.

If you do not receive the e-mail or the enrollment application, please contact the EPIC Help Desk at (609) 777-0534.

[Home](#)

At the top of the page is a link to a printable version of the completed PERS enrollment information. Print 2 copies of this information and give one copy to the newly enrolled member and keep the other copy for your records.

Please go over the information contained on the Enrollment Application with the member.

**IMPORTANT:** The online PERS Enrollment Application **does not** include the Designation of Beneficiary page that had been part of previous versions of the paper enrollment application. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record.

- Once members are enrolled, they will have the opportunity to open a [Member Benefits Online System](#) (MBOS) account and update their Designation of Beneficiary online. Details about MBOS are provided on the application printout.
- Members may also choose to complete and mail the standard [Designation of Beneficiary](#) form to the Division.

This enrollment is now complete. Click the "Home" button to exit the application.

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## TPAF Enrollment Application

The online TPAF Enrollment Application allows education employers to enroll eligible, newly hired employees into the Teachers' Pension and Annuity Fund (TPAF).

**To access the application**, click the "TPAF Enrollments" button on the EPIC Home Page.

On the page that appears:

- Enter the information for the employee who you wish to enroll.
- Be sure to carefully answer questions 1 through 8.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Submit" button.

## TPAF Enrollment

\* = required

\*First Name:  Middle Name:  \*Last Name:  Suffix:  Maiden or Former Name:

\*Social Security Number:  -  -  \*Date of Birth:  (mm/dd/yyyy) \*Gender:  Male  Female

1. Is the applicant receiving a benefit from a [local](#) New Jersey retirement system or the [ABP](#) at this time?  Yes  No
2. Does position *require* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education?  Yes  No
3. Does the applicant *hold* a New Jersey State Certificate issued by the State Board of Examiners within the New Jersey Department of Education?  Yes  No  [Certificate Pending](#)
4. Is the position Temporary?  Yes  No
5. Is the position Bedside or Home-bound Instruction?  Yes  No
6. Is the position Substitute? (On-call, Permanent, Long-term, etc.)  Yes  No
7. Is the position for an interim Certificated Superintendent or Certificated Administrator?  Yes  No (As defined under [Chapter 355, P.L. 2001.](#))
8. Is this a Vocational Technical school?  Yes  No

\*Date Employment Began: (Do not include temporary or substitute service)  (mm/dd/yyyy) \*Current Annual Salary: \$  . (Enter dollar amount only) \*Job Title:  \*Payroll Schedule:  10 Month  12 Month

\*Applicant's Address Line 1:

Applicant's Address Line 2:

\*City:  \*State:  \*ZIP Code:  -

\*Payroll/Benefits Office Phone Number: (  )  -  Ext.

### Please Note:

- If the employee's enrollment **cannot** be processed online, you will see a message explaining the reason and providing further instructions on how to proceed with the enrollment.
- If it is determined that the employee' may be eligible for a **Interfund Transfer**, you will see a message indicating to complete an [Interfund Transfer form](#) and send it to the Division of Pensions and Benefits. You will be able to click the "Continue" button to complete the online enrollment process.
- In certain cases, online enrollments may require additional review. If this is the case, you will see a message indicating that the Division of Pensions and Benefits will notify you of the final enrollment status within 30 days. You will be able to click the "Continue" button to complete the submission of the enrollment data.
- Do Not submit paper enrollment applications for TPAF employees who are processed through the online application.
- Do Not submit PERS enrollment requests through the online TPAF application.

When a submission is successfully completed, you will see a confirmation message.

## TPAF Enrollment

The Enrollment application you have completed for the following member:

**Name: Ann Winston**

**Membership Number: 1-0558784**

**Date of Birth: 02/14/1984**

**SSN: 357-65-4334**

**Certification Date: 09/01/2006**

has been accepted by the Division of Pensions and Benefits. The above member has been enrolled into the Teachers' Pension and Annuity Fund on June 21, 2006. Please click "Continue" below to print two copies of the Enrollment Application, one for the member and one for your records.

Continue

Upon successful submission of an online TPAF Enrollment Application, click the "Continue" button.

A printable PDF version of the completed *TPAF Enrollment Application* will open. Print 2 copies of this application and give one to the newly enrolled member and keep the other copy for your records. (PDF files require [Acrobat Reader](#) which is available free from Adobe.)

Please go over the information contained on the Enrollment Application with the member.

**IMPORTANT:** The online TPAF Enrollment Application **does not** include the Designation of Beneficiary page that was part of the paper enrollment application. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record.

- Once members are enrolled, they will have the opportunity to open a [Member Benefits Online System](#) (MBOS) account and update their Designation of Beneficiary online. Details about MBOS are provided on the application printout.
- Members may also choose to complete and mail the standard [Designation of Beneficiary](#) form to the Division.

---

## PFRS Enrollment Application (State Employers Only)

The online PFRS Enrollment Application allows *State employers* to enroll eligible, newly hired employees into the Police and Firemen's Retirement System (PFRS).

### Please Note:

- **The online application is designed for new hires to the PFRS.** It is not designed at this time to accept *Reports of Transfers, Interfund Transfer Applications*, or applications for those who are over the age of 35 and who are requesting age reduction based on supporting documentation. Those applications should continue to be submitted to the Division of Pensions and Benefits through normal processing channels.
- **Do Not submit paper enrollment applications for employees who are processed through the online application.**
- **Do Not submit the [Report of the Examining Physician](#) to the Division.** However, a completed *Report of the Examining Physician* form **must** be kept on file indefinitely by the employer so that it can be submitted to the Division if requested for any future appeal cases.
- **The online PFRS Enrollment Application designates all beneficiaries as the "estate."** Instructions are included in the online system for the completion by the member of the *Designation of Beneficiary* form should they wish to designate specific beneficiaries for pension and life insurance purposes.

**To access the application,** click the "PFRS Enrollments" button on the EPIC Home Page.

On the page that appears, enter the information for the employee who you wish to enroll.

- Be sure to carefully answer the questions regarding medical requirements, the type of employment, and police training.

- When all the information is entered, click the "Next" button to go to page 2 of the application.
- *If the employee's enrollment cannot be processed online, you will see a message explaining the reason and providing further instructions on enrollment.*

**PFRS Enrollment**

**Location:** 030060100 DEPT OF CORRECTIONS

<b>First Name</b> JOSEPH	<b>Middle Name</b> WILLIAM	<b>Last Name</b> FRIDAY	<b>Title</b> ▼	<b>Maiden or Former Name</b> 
<b>SSN</b> 123 - 45 - 6789	<b>Date of Birth</b> 02 / 22 / 1983 <small>MM / DD / YYYY</small>	<b>Date of Hire</b> 11 / 30 / 2005 <small>MM / DD / YYYY</small>	<b>Perm. Appointment Date</b> 12 / 6 / 2005 <small>MM / DD / YYYY</small>	
<b>Job Title</b> Correction Officer ▼	<b>Gender</b> <input checked="" type="radio"/> Male <input type="radio"/> Female	<b>Current Annual Salary</b> \$35000 00		
<p>Note: If applicant's title is not reflected in the above list, please submit a paper enrollment application to the Division of Pensions.</p>				
<b>Has this applicant satisfied <a href="#">the medical requirements</a> for the position?</b>			<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Is this employment Temporary or Provisional?</b>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Is this employment Part-Time?</b>			<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Has the applicant successfully completed the police training course at school approved and authorized by the Police Training Commission to give police training courses?</b>			<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Payroll/Benefits Office</b>				
<b>Phone Number</b>				
( 609 ) 555 5555 Ext. 555				
<small>Area Code</small>				
<input type="button" value="Next"/>		<input type="button" value="Reset"/>		

On page 2 of the Enrollment Application, enter the home address information of the employee. *Please also validate all previously entered information.* When done, click the "Submit" button.

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Maiden or Former Name</b>
JOSEPH	WILLIAM	FRIDAY		
<b>SSN</b>	<b>Date of Birth</b>	<b>Current Annual Salary</b>	<b>Gender</b>	
457 - 93 - 9864	02 / 22 / 1983 MM/DD/YYYY	\$35,000.00	Male	
<b>Job Title</b>	<b>Date of Hire</b>	<b>Perm. Appointment Date</b>		
Correction Officer	11 / 30 / 2005 MM/DD/YYYY	12 / 06 / 2005 MM/DD/YYYY		
<b>Has this applicant satisfied the medical requirements for the position?</b>				Yes
<b>Is this employment Temporary or Provisional?</b>				No
<b>Is this employment Part-Time?</b>				No
<b>Has the applicant successfully completed the police training course at school approved and authorized by the Police Training Commission to give police training courses?</b>				Yes
<b>Address</b>		<b>Address</b>		
<input type="text" value="123 FOURTH STREET"/>		<input type="text" value="APARTMENT 5"/>		
<b>City</b>	<b>State</b>	<b>ZIP Code</b>		
<input type="text" value="ANYTOWN"/>	<input type="text" value="NJ"/>	<input type="text" value="08555"/> - <input type="text" value="5555"/>		
<input type="button" value="Submit"/>		<input type="button" value="Return"/>		

Upon completion, you will see an enrollment confirmation page (below). If enrollment was successful, the message will show the newly issued PFRS membership number of the individual.

Click the "Print" button to open a printable PDF version of the completed *PFRS Enrollment Application* form. **A copy of this form *must* be printed for the employee and for your own records.**

**Enrollment Successful**

**Member's Name:** FRIDAY, JOSEPH WILLIAM  
**Membership Number:** 3-97056  
**Payroll Certification Date:** 01/07/2006

Please click PRINT to print a copy of the completed Enrollment Application and the Beneficiary Designation form.

**A copy must be given to the member.**

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## DCRP Enrollment Application

The online DCRP Enrollment Application allows *employers* to enroll:

- Eligible Elected or Appointed Officials into the Defined Contribution Retirement Program (DCRP); or
- Other employees who are ineligible for PERS or TPAF enrollment because they *do not* meet the minimum salary requirements for the PERS or TPAF.

The DCRP was created under the provisions of Chapter 92, P.L. 2007 and extended under the provisions of Chapter 103, P.L. 2007, and Chapter 89, P.L. 2008. Specific guidelines on eligibility and

enrollment are available in the [Employers Pension and Benefits Administration Manual](#) (EPBAM) or in [Fact Sheet #80](#), DCRP for Elected or Appointed Officials, and [Fact Sheet #82](#), DCRP if Ineligible for the PERS or TPAF.

To access the application, click the "DCRP Enrollments" button on the EPIC Home Page.

On the page that appears:

- Enter the information for the elected or appointed official who you wish to enroll.
- Be sure to carefully answer all the questions. Questions marked with an asterisk \* are required.
- Include the employer Payroll or Benefits office telephone number.
- When all the information is entered, click the "Continue" button.

## DCRP Enrollment

Please provide the information requested to enroll employee in the Defined Contribution Retirement Program.

Fields marked with an \* (asterisk) are required.

### APPLICANT INFORMATION

*First Name:	M.I.	*Last Name:	Suffix:
<input type="text" value="John"/>	<input type="text" value="J"/>	<input type="text" value="Jones"/>	<input type="text" value="III"/>
*Social Security Number:	*Date of Birth:	*Gender:	
<input type="text" value="123"/> - <input type="text" value="45"/> - <input type="text" value="6789"/>	<input type="text" value="08/10/1972"/> (mm/dd/yyyy)	<input checked="" type="radio"/> Male <input type="radio"/> Female	
*Applicant's Daytime Phone Number: ( <input type="text" value="609"/> ) <input type="text" value="555"/> - <input type="text" value="5555"/> Ext: <input type="text"/>			
*Applicant's Address Line 1:			
<input type="text" value="123 Main Street"/>			
*Applicant's Address Line 2:			
<input type="text"/>			
*City:	*State:	*Zip Code:	
<input type="text" value="Anytown"/>	<input type="text" value="NJ"/>	<input type="text" value="08080"/> - <input type="text"/>	

### POSITION INFORMATION

*Date of Hire:	<input type="text" value="02/01/2008"/> (mm/dd/yyyy)
*Current Annual Salary: \$	<input type="text" value="65000"/> (Only Numbers. \$1,500 Minimum.)
*Job Title:	<input type="text" value="Director of Funding"/>

#### SELECT ONE

- \* The applicant is an Elected Official.
  - \* 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.
  - \* The applicant qualifies under Chapter 89, P.L. 2008.
- \* Is the applicant receiving a benefit from a New Jersey State-administered or local New Jersey retirement system at this time?  Yes  No

*Payroll/Benefits Office Phone Number: ( <input type="text" value="609"/> ) <input type="text" value="555"/> - <input type="text" value="5556"/> Ext: <input type="text" value="66"/>
---

You will be shown a Summary Page. Please review the information to verify that it is correct.

# DCRP Enrollment

**The information displayed below is based on the data you have entered. If correct, SUBMIT. Otherwise, use the Modify button provided to make the necessary corrections.**

## MEMBER INFORMATION

**Member Name:** JOHN J JONES III      **Gender:** M  
**Social Security Number:** 123-45-6789      **Date of Birth:** 8/10/1972  
**Address:** 123 MAIN STREET      **City, State, ZIP:** ANYTOWN, NJ 08080  
**Day Time Phone Number:** (609)555-5555

## POSITION INFORMATION

**Job Title:** DIRECTOR OF FUNDING      **Current Annual Salary:** \$65,000.00  
**Date of Hire:** 2/1/2008

**Is the applicant an Elected Official?** NO  
**Is the applicant appointed by Special Resolution or Ordinance or by Governor of NJ, as described in N.J.S.A. 43:15C?** YES  
**Does the applicant intend to waive participation in the Defined Contribution Retirement Program (fax eligible Waiver of Retirement Program Form to (609) 984-5990)?** NO

**Completed by:** MARY SMITH      **Payroll/Benefits Office Phone Number:** (609) 555-5556 Ext. 66

- If you need to make any changes, click the "Modify" button to return to the previous page.
- If all of the information is correct, click the "Submit" button to complete the enrollment process.

When a submission is successfully completed, you will see a confirmation page.

## DCRP Enrollment

[printable version](#)

State of New Jersey  
Department of the Treasury  
Division of Pensions and Benefits  
Trenton, NJ 08625

**CERTIFICATION OF PAYROLL DEDUCTIONS**  
ALL DEDUCTIONS BEGIN: 3/20/2008

Name: JONES, JOHN  
Membership Number: 2300173  
Social Security Number: 123-45-6789  
Accumulated Base Salary:  
Salary This Quarter:  
Full Pension Rate:  
Pension Deduction:  
Supplemental Variable Annuity:  
Contributory Insurance Effective:  
Insurability Required: No  
Date of Birth: 8/10/1972  
Date of Enrollment: 3/20/2008  
Date of Transfer:  
Months of Prior Service:  
Enrolled As: DELAYED VESTING

	BACK DEDUCTION SCHEDULE	ARREARS SCHEDULE	LOAN SCHEDULE
NUMBER OF PAYMENTS			
AMOUNT PER PAYMENT			
TOTAL AMOUNT			

LOCATION #  
020010200

Return

At the top of the page is a link to a printable version of the completed DCRP enrollment information. Print 2 copies of this information and give one copy to the newly enrolled member and keep the other copy for your records.

Please go over the information contained on the Enrollment Application with the member.

**IMPORTANT:** The online DCRP Enrollment Application **does not** include a Designation of Beneficiary page. Until the member designates his or her beneficiary, the member's **estate** will be the beneficiary of record. Members should complete and mail the standard [ABP/DCRP Designation of Beneficiary](#) form to the Division of Pensions and Benefits as soon after enrollment as possible.

This enrollment is now complete. Click the "Return" button to exit the application.

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## Delayed Enrollments

The Delayed Enrollments application allows employers to view amounts currently due and/or past payments made for [delayed enrollments](#).

To access to the application click the "Delayed Enrollments" button on the EPIC Home Page.

The page that appears will show any current delayed enrollment balance(s) that is due. If there is no current balance due, a message to that effect will appear instead.

### Delayed Enrollment Bill

**LOCATION:** 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	<a href="#">112347</a>	03/04/2005	\$124.07	Yes
2	<a href="#">112348</a>	06/10/2005	\$9,222.18	Yes
3	<a href="#">112349</a>	07/08/2005	\$14,827.58	Yes
4	<a href="#">112350</a>	08/05/2005	\$10,789.64	Yes

Total Records Found 4

[Paid Invoices](#)

### [Frequently Asked Questions](#)

Click on the "Paid Invoices" button to view past, paid Delayed Enrollment Bill information.

Click the "Frequently Asked Questions" link to view more information about Delayed Enrollments.

### Delayed Enrollment Bill

**LOCATION:** 02-212340-00 BOROUGH OF ANYTOWN

No.	Invoice No.	Date	Total	Payment Due
1	<a href="#">112345</a>	07/08/2005	\$246.88	No
2	<a href="#">112346</a>	10/07/2005	\$687.50	No

Total Records Found 2

[Unpaid Invoices](#)

Clicking on the "Unpaid Invoices" button will return you to the previous screen.

Click on any "Invoice Number" to view the billing information in more detail.

<b>INVOICE: 112348</b>		<b>INVOICE DATE: 06/10/2005</b>			
No.	Member Name	Member No.	Delayed Enrollment Amount	Delayed Appropriations Amount	Total
1	ROSS, ARNOLD	234567	\$3,432.15	\$1,002.19	\$4,434.34
2	LORENZO, ANNA	234566	\$1,852.88	\$541.04	\$2,393.92
3	WILSON, BILL	223456	\$1,852.88	\$541.04	\$2,393.92

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## Purchase Certification

The Purchase Certification application allows for online submission of the employment information required by the Division of Pensions and Benefits when processing an employee's (or former employee's) request to purchase service credit. This application replaces the need for employers to submit a paper certification (formerly the [Employment Verification Form](#)).

When a new Purchase Certification is required, the Certifying Officer will receive e-mail notification from the Division of Pensions and Benefits.

**To access the application**, click the "Purchase Certification" button on the EPIC Home Page.

On the page that appears, the employer will see the names of any employees for whom there is an outstanding request for a Purchase Certification.

### Employment Verification—Purchase

**Location:** 020010200 TREASURY

Member Name	Former Name	Member Number	Service Type
<a href="#">Mary Jones</a>		2-987654	Uncredited
<a href="#">Karl Carlson</a>		2-7654321	Leave of Absence
<a href="#">Jane Member</a>		2-1234567	Uncredited
<a href="#">John Davenport</a>		2-345678	Uncredited

*Clicking on the member's name* will open the online form and permit the verification of the employment.

If the Purchase Type is listed as "**Uncredited**" the *Add Title* page will open.

Indicate the Official Payroll Title of the position, the Dates of Employment (including Appointment Date, Hire date, etc.), and salary information requested.

Please complete all required fields on the verification page.

## Employment Verification—Purchase

### Add Title

**Member Name:** Jane Member  
**Social Security Number:** 012-34-5678  
**Member ID:** 2-1234567

**Maiden/Former Names:**  
**Date of Birth:** 11/17/1947

**Purchase Type:**  
Uncredited

**Period Requested:**  
02/19/2003 to 05/16/2003

**Official Payroll Title:**

Account Assistant

**Permanent Appt. Date:** 5/17/2003

**Please select the following if applicable:**

- Member was employed under the Job Training Partnership Act (JTPA)  
 Member was employed under the Workforce Investment Act (WIA)  
 Member was employed under the CETA Program

**Date of Hire:** 2/19/2003

**This payroll title was a:**  10 month  12 month position (choose one)

**Is this Employment at a Board of Education? :**

Please provide Total Base Salary for each year of service shown. Do not include overtime, bonuses, stipends, longevity pay, sick or vacation time paid in a lump sum or retroactive salary adjustments in the salary provided.

Period	Employment Dates		Title Classification	No. of Days	Total Base Salary?
	FROM	TO			Earned for this Period
1	2/19/2003	5/16/2003	-Title Classification	62	\$ 16,000.00
2			-Title Classification		\$
3			-Title Classification		\$
4			-Title Classification		\$

Was the employee a member of a New Jersey public retirement system through employment in the above payroll title?  YES  NO

Was this position covered by Social Security?  YES  NO

Continue

**Title Classification**

-Title Classification

-Title Classification

Budgeted Appointment

Home Bound/Bedside Teacher

Independent Contractor/Consultant

Interim

Per Diem Substitute Teacher

Intermittent

Long-Term Substitute Teacher

Non-Budgeted Appointment

On-Call Substitute

Provisional/Temporary

In the "Title Classification" field, select a classification from the list that best represents the type of position held by the employee.

If the Purchase Type is listed as "Leave of Absence" the *Add Leave of Absence* page will open.

Indicate the Dates and Reason of the Leave of Absence.

**Please complete all required fields on the page.**

## Employment Verification—Purchase

**Add Leave of Absence**

<b>Member Name:</b> Jane Member	<b>Maiden/Former Names:</b>
<b>Social Security Number:</b> 012-34-5678	<b>Date of Birth:</b> 11/17/1947
<b>Member ID:</b> 2-1234567	

**Purchase Type:** **Period Requested:**

**Leave of Absence** **01/01/2001 to 10/17/2004**

**This purchase type was a:**  10 month  12 month position (choose one)

Leave of Absence cannot extend beyond the effective date of resignation or termination.

**LEAVE OF ABSENCE WITHOUT PAY:**

<b>From:</b> 1/9/2007	<b>To:</b> 4/27/2007	<b>Reason:</b> -Select Reason-
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Reason:**

-Select Reason-

Select Reason-

Personal Reason

Maternity

Pregnancy Disability

Child Care Rearing

Personal Illness

Care for Family Member

Workers' Compensation

Furlough

Adoption

Union Business

In the "Reason" field, select a reason for the Leave of absence from the list provided.

When all of the information has been entered, click the "Continue" button and you will be shown a *Summary Page*.

# Employment Verification—Purchase

Please verify that the information you have provided for the member below is correct, based on the member's employment at your location.

**Member Name:** Jane Member  
**Social Security Number:** 012-34-5678  
**Member ID:** 2-1234567

**Maiden/Former Names:**  
**Date of Birth:** 11/17/1947

**Purchase Type:**  
Uncredited

**Period Requested:**  
02/19/2003 to 05/16/2003

**Official Payroll Title 1:** Account Assistant

**Date of Permanent Appointment:** 5/17/2003

**Date of Hire:** 2/19/2003

**Ten or Twelve Month Position:** 12

Member was not part of any job training program

## EMPLOYMENT

	From	To	Title Classification	No. of Days	Total Base Salary
Period 1:	02/19/2003	05/16/2003	Budgeted	62	\$16000

Was employee a member of a New Jersey State public retirement system? No

Retirement System: N/A

Was this position covered by Social Security? Yes

Modify

Comments:

Payroll/Benefits Office Phone Number: ( 609 ) 555 - 5555 , Ext. 55

Add a Title

Submit

Please review the information on the *Summary Page* to verify that it is correct.

- If you need to make changes click the "Modify" button.
- To add another Payroll Title for this employee , click the "Add Another Title" button.
- If the information is correct, enter a contact telephone number in case there are additional questions about information submitted and click the "Submit" button

You will be shown a confirmation that the Purchase Certification was submitted successfully.

A link at the top of this page will open a "Printable Version" of the *Summary Page* information that you can print for your records.

## Employment Verification—Purchase

**Member Name:** Jane Member  
**Social Security Number:** 012-34-5678  
**Member ID:** 2-1234567

**Maiden/Former Names:**  
**Date of Birth:** 11/17/1947

**Purchase Type:**  
*Uncredited*

**Period Requested:**  
*02/19/2003 to 05/16/2003*

**Your Employment Verification — Purchase  
for the above member has been submitted successfully.**  
Please print a copy of this *Employment Verification — Purchase* for your records.

[Next Employment Verification](#)

To exit the application, click the "Home" button near the EPIC page header. You will be returned to the menu page that lists requested certifications.

From here you can complete another employee's certification, or click the "Home" button *again* to exit the application and return to the EPIC Home Page.

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## Retirement Certification

The Retirement Certification application allows for online submission of the *Certification of Service and Final Salary for Retirement*.

When an employee submits an *Application for Retirement*, the Certifying Officer will receive an e-mail message that the certification is requested.

**To complete the Certification**, click the "Retirement Certification" button on the EPIC Home Page.

On the page that appears, the employer will see the names of any employees for whom there is an outstanding request for a Certification.

*Clicking on the member's name* will open the online form and permit the certification of service and salary.

**Location:** 02-0010200 TREASURY

## Certification of Service and Final Salary --- Retirement

Please select the member for whom you wish to complete the *Certification of Service and Final Salary Retirement*, by clicking on the member's name.

Member Name	Member Number	Date of Retirement
<a href="#">JOSEPH B RIVES</a>	02-0574552	11/01/2006
<a href="#">JOAN J KLINGER</a>	02-0368351	07/01/2007
<a href="#">JEAN BORDEN</a>	02-1129064	12/01/2007
<a href="#">SHARON JOHNSON</a>	02-0667060	06/01/2008

[Add Certificaiton of Retirement](#)

[Retro Salary Adjustment](#)

Buttons are also provided that allow employers to add a Certification for a retiring employee who is not yet on the list, or a Certification of Retroactive Salary for a previously retired employee.

On the *Certification Page*, you will answer questions about the employee's retirement.

Fields with additional questions may appear if the employee:

- Was dismissed;
- Applied for Accidental Disability; or
- Has an active Workers' Compensation claim.

Please provide an answer for all questions that are shown.

## Certification of Service and Final Salary — Retirement

**Member Name:** JEAN BORDEN  
**Retirement Date:** 12/01/2007

**Member Number:** 02-1129064  
**Date of Birth:** 06/12/1945

I certify that this former employee:

- Resigned  
 was Dismissed

from this organization on : (MM/DD/YYYY)

11/30/2007 

The last pension deduction was made:

PayPeriod 

The employee is applying for:

- Accidental Disability,  Ordinary Disability,  Involuntary Retirement,  or N/A.

Has the employee filed a claim for Workers' Compensation?

- Yes  No

The employee  IS  IS NOT receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment

Did the member receive a significant annual salary increase in the last five (5) years of employment?

- Yes  No

Payroll/Benefits Office Phone Number: (  )  -  ext.

You will also be asked to indicate whether or not the employee had a **significant** increase in salary within the last 5 years of employment, and supply salary information as appropriate.

Did the member receive a significant annual salary increase in the last five (5) years of employment?  Yes  No

Please provide the salary information for the last year of employment.

**\*\*Please Fax all supporting documents to 609-292-6656.\*\***

Annual Salary:  Effective Date:  

Annual Salary:  Effective Date:  

Annual Salary:  Effective Date:  

Do you have additional salary information?

A contact telephone number is also **required** in case there are additional questions about information submitted.

Payroll/Benefits Office Phone Number: (  )  -  ext.

When all of the information is submitted, you will be shown a *Summary Page*.

Please review the information on the *Summary Page* to verify that it is correct. Then click the "Submit" button.

## Certification of Service and Final Salary — Retirement

**Member Name:** JEAN BORDEN  
**Retirement Date:** 12/01/2007

**Member Number:** 02-1129064  
**Date of Birth:** 06/12/1945

I certify that this former employee: **Resigned**  
from this organization on : (MM/DD/YYYY) **11/30/2007**  
The last pension deduction was made: **24 2007**

**The member is not applying for an Accidental Disability Retirement.**

**The employee is not receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment.**

**The employee does not have a Worker's Compensation claim or litigation pending.**

**The member annual salary increase in the last year of employment were:**  
**\*\*Please Fax all supporting documents to 609-292-7524.\*\***

**Annual Salary: 45000.00 Effective Date: 4/3/2007**

You will be shown a confirmation that the Retirement Certification was submitted successfully. A separate e-mail confirmation will also be sent.

A link at the top of this page will open a "Printable Version" of the *Summary Page* information that you can print for your records. It is also advisable to print a copy and give it to the employee who is retiring for his or her records.

 [printable version](#)

**Location: 02-0010200 TREASURY**

## Certification of Service and Final Salary — Retirement

**Member Name:** JEAN BORDEN  
**Retirement Date:** 12/01/2007

**Member Number:** 02-1129064  
**Date of Birth:** 06/12/1945

**The Retirement Certification has been submitted successfully.**

You will receive an e-mail message containing information about the Retirement Certification you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the EPIC page header. You will be returned to the menu page that lists requested certifications.

From here you can complete another employee's certification, or click the "Home" button *again* to exit the application and return to the EPIC Home Page.

## Retirement Estimate Calculator

The Retirement Calculator application allows you to **estimate** how much employees may be eligible to receive at retirement for any retirement date up to two years in the future.

**Access to the application requires the employee's membership number, Social Security number, or name.** Enter the membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Calculator" button.

### Retirement Calculator

**Name:** JANE MEMBER **Mem #:** 02-0123456

**Date of Birth:** 05 / 17 / 1957

**Retirement Type:** Service

**Retirement Date:** Month / 1 / Year **Termination Date:** Month / Day / Year

**Add Beneficiary:** Yes No

On the page that appears:

- Select the type of retirement from the drop-down menu.

Service

Service

Early

Deferred

Ordinary Disability

- Enter the employee's planned retirement date (All retirements must be for a date no more than two years in the future **and** must start on the first of a month).
- Enter the date on which the employee will terminate employment (must be prior to the retirement date).
- If the employee is planning to purchase additional service credit, enter the service in the "Additional Service" field (optional).
- By clicking "Yes" in the "Add Beneficiary" area, a box will open where you may include the employee's beneficiary's name, date of birth, and spouse information. **Note:** By providing this information we will be able to calculate additional pension payment options that include survivor payments (optional).

**Beneficiary Name:** [ ] [ ] [ ]

**Beneficiary Date Of Birth:** Month / Day / Year

**Is This Person Your Spouse?**  Yes  No

- When all of the information has been entered, click the "Submit" button.

The page that appears will show the retirement estimate.

**ESTIMATE OF RETIREMENT BENEFITS**

March 17, 2005

**JANE MEMBER**

RE: **02-0123456**

This Quotation of Retirement Benefits was prepared based on the following information:

Retirement Date:	06/01/2017	Type of Retirement:	DEFERRED
Service Termination Date:	12/31/2005	Date of Birth:	05/17/1957
Pension Membership Credit as of Termination Date:	21 years 5 months	Nearest age at Retirement*:	60
		Salary used in calculation:	\$ 76,627.67
Your Beneficiary:		Beneficiary's Date of Birth:	00/00/0000

\* If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

**PENSION Payment Options at Retirement**

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit
<b>Maximum Option</b>	\$ 29,838.24	\$ 2,486.52	No benefit payable to a beneficiary.
<a href="#">Option A</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option B</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option C</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option D</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 1</a>	\$ 28,883.40	\$ 2,406.95	\$ 286,447.10 reduced each month by \$ 2,406.95.
<a href="#">Option 2</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 3</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 4</a>	N/A		None requested
Life Insurance after Retirement:	\$ 15,095.11	Life insurance available for conversion:	\$ 226,426.67

**Note: All calculations are ESTIMATES ONLY and are based on service and salary information currently posted to your pension account by the Division of Pensions and Benefits.**

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## Application for Retirement — *Employer version*

The online Application for Retirement permits an employer to submit an *Application for Retirement* for one of their employees in cases of an "involuntary retirement" application or when assisting an employee who is applying for retirement.

**Note:** As a general rule, a member who is *not* being retired *Involuntarily* and capable of completing the application on their own, should submit their application using their personal [MBOS account](#).

**Access to the application requires the employee's membership number or Social Security number, and name.** Enter the employee's pension membership number or Social Security number and first and last name on the EPIC Home Page. Then click the "Application for Retirement" button.

The first page will ask for the employee's e-mail address. Please enter the e-mail address and click the "Continue" button.

### Retirement Application

**If available, please enter the applicant's Email address!**

**Note:** While not required, it is highly recommended that the e-mail address be provided for electronic confirmation or in cases where follow-up contact with the employee is needed.

**Before applying for retirement**, all members should receive an *Estimate of Retirement Benefits* and consider the pension payment options available to them and any beneficiary. The online Retirement Application provides a link to the Retirement Estimate Calculator.

- To calculate an estimate of benefits for the employee prior to completing an application, click the "Yes" button.
- If the employee already has an estimate and you are ready to complete the application, click "No" and the application form will open.

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Before submitting your Retirement Application, it is recommended that you review an estimate of your retirement benefits!** 

Do you wish to see an estimate of your retirement benefits?

Yes

No

for help call (609) 777-0534 | [contact us](#) | [privacy notice](#)



### Member Information

The *Member Information* page asks about the retiree. Please complete all of the requested fields.

- Some fields may be pre-filled.
- If any of the pre-filled information is incorrect, it can be corrected.

After you have entered all of the information for this page, click the "Continue" button.

## Retirement Application

### MEMBER INFORMATION

**Name:** Jane Member

**Member Number:** 02-0123456

**Date of Birth:** 08/  /1956

**Street Address 1:**

**Street Address 2:**

**City:**

**STATE:**

**ZIP:**

**Country :**

**Home/Cell Phone:** (  )  -

**Work Phone:** (  )  -  **Ext:**

**E-mail:**

Continue

Reset

### Retirement Type

On the *Select Retirement Type* page, choose the employee's "Retirement Date" **and** "Retirement Type".

Because all retirements begin *the first day of the month* select only the Retirement **Month** and Retirement **Year** from the drop down lists.

Then select the employee's "Retirement Type" by clicking a selection button. Only **ONE** type of retirement may be selected.

**Note:** Click on the "question mark" icon next to "Retirement Type" to open a page with detailed explanations of each type of retirement.

- If you select Ordinary Disability or Accidental Disability Retirement, a field will open where you should enter additional information about the employee's disability. Please note that all disability retirement information submitted to the Division is kept strictly confidential.

You must also answer the question about any pending **purchase of service credit**.

## Retirement Application

### SELECT RETIREMENT TYPE

**Name:** Jane Member **Member Number:** 02-0123456

What is the date of your retirement?  /  /

**Retirement Type:** 

<input checked="" type="radio"/> <b>Service</b>	<input type="radio"/> <b>Deferred</b>
<input type="radio"/> <b>Early</b>	<input type="radio"/> <b>Veteran</b>
<input type="radio"/> <b>Ordinary Disability</b>	<input type="radio"/> <b>Involuntary Ordinary Disability</b>
<input type="radio"/> <b>Accidental Disability</b>	<input type="radio"/> <b>Involuntary Accidental Disability</b>

Have you applied for a purchase of service credit within the past 6 months?  Yes  No

Were your last 36 months of salary also your highest salary years?  Yes  No  
*If not, you will be asked to provide the three Fiscal Years during which highest salary was earned.*

For **PERS** and **TPAF** retirements, you must also answer the question about the **last or highest** years of salary.

- Most PERS and TPAF retirements are calculated using the employee's last 3 years of salary – which are usually the highest. If the employee's last 3 years are **not** the highest salary years, select "No" and additional fields will open where you will enter the highest three fiscal years of salary. A fiscal year runs from July 1st through to June 30th.

After you have entered all of the information for this page, click the "Continue" button.

**Note:** The next pages of the application differ depending upon the member's retirement system. The PERS and TPAF are discussed first with the PFRS and SPRS [following](#).

### **PERS and TPAF Retirements**

The **Option Selection** page will open. You will need to select the member's pension option and list a pension beneficiary.

- The pension options provide for varying amounts that can be paid to the retiree, and to a named beneficiary after the retiree's death. Click on the "question mark" icon next to "Select Pension Option" to view detailed explanations of each pension option.
- You may choose **only ONE** of the 9 different options that are offered.
- **IMPORTANT: Please be certain that the employee understands the options available and that it is chosen carefully.** The retiree has the opportunity to **change** the option selection until at least 30 days after the retirement date, **however, once the retirement becomes "Due and Payable" the option CANNOT be changed.**

# Retirement Application

## OPTION SELECTION

Name: Jane Member

Member Number: 02-0123456

Select Pension Option: ?

- Maximum Option (NO PENSION BENEFIT TO BENEFICIARY -- Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death.)
- Option A (100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)
- Option B (75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.)
- Option C (50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.)
- Option D (25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.)
- Option 1 (REDUCING RETIREMENT RESERVE TO A BENEFICIARY -- Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.)
- Option 2 (100% TO BENEFICIARY - PERMANENT REDUCTION -- You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)

When this section is completed, click the "Continue" button at the bottom of the page and you will go to the [Life Insurance Beneficiary](#) page.

## PFRS and SPRS Retirements

The **Marital Status** page will open. List the name and other requested information as appropriate for a spouse, civil union partner, or eligible same-sex domestic partner. (If the employee is single or divorced, select "None of the Above".)

On a following page you will also be asked to list information for any dependent children.

# Retirement Application

## MARITAL STATUS

Name: William Member

Member Number: 03-0123456

Marital Status:  Husband  Wife  Civil Union Partner  Domestic Partner  
 None of the above

Spouse's Name:

First:  Last:  SSN:  -  -

Birthdate:  /  /

Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?:  Yes  No

## Life Insurance Beneficiaries

On the *Life Insurance Beneficiary* page, **all retirees** are required to list information about one or more beneficiaries for any Group Life Insurance payable upon the retiree's death.

When you have entered all of the information for this page, click the "Continue" button.

## Retirement Application

### LIFE INSURANCE BENEFICIARY INFORMATION

Please [click here](#) for Group Life Insurance Conversion rights

Name: Jane Member

Member Number: 02-0123456

First Name

William

Last Name

Member

SSN

987 65 4321

Birth Date

06/06/1950 (mm/dd/yyyy)

Relationship:  Husband  Wife  Civil Union Partner  Domestic Partner  Other  Estate

Beneficiary Type:  Primary  Contingent

Is your address different from your Husband /Wife /Domestic Partner /Civil Union Partner's Address?  Yes  No

Add Another Beneficiary

Continue

Back

Reset

## View Summary and Submit

All of the information needed for the Retirement Application should now be entered, and you will be shown the *Summary Page*.

**Please review the summary information and selections carefully** as this is what will be submitted to the Division of Pensions and Benefits to begin processing the retirement.

- If you need to change any of the information shown, click on the heading of any section to go back and make changes.
- If all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to submit the application.

## Summary of Retirement Application Information

*If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.*

### MEMBER INFORMATION

**Name:** JANE MEMBER

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Address:** 123 MAIN

**City:** TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:**

**Work Phone Number: Ext.:**

**E-mail:** JMEMBER@STATE.MAIL

**Employer Name:** DEPARTMENT OF THE TREASURY

### RETIREMENT INFORMATION

**Retirement Date:** 04/01/2008

**Retirement Type:** SERVICE

**Service credit purchase application WAS NOT submitted within the past 6 months**

**Last 36 months of salary WERE the highest salary years**

### PENSION OPTION INFORMATION

**Pension Option Selected:** Option 1

### Beneficiary Information

**Name:** WILLIAM MEMBER

You will see a *Confirmation Page* indicating that the application has been submitted successfully. In addition, **both** you and the employee will receive a separate e-mail confirmation.

At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print the summary information for your records **AND** provide a copy to the employee.

 [printable version](#)

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Your Retirement Application has been submitted successfully.**

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the EPIC page header.

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## Retirement Application Status

The Retirement Application Status application allows you to check the status of employees who have submitted a retirement application to the Division of Pensions and Benefits.

Click the "Retirement Application Status" button to request information on all retiring employees, or enter a membership number, Social Security number, or name on the EPIC Home Page and click the "Retirement Application Status" button to request the retirement application status for an individual employee.

### Retirement Application Status

Location: 02-00102-00 DIV OF PENSIONS AND BENEFITS

No	Member Name	Member ID	SSN	Retirement Date	Application Received Date	Certification Received Date	Quote Letter Date	Board Date	
<input type="radio"/>	6	JONES, SAM	02-0111222	123-45-6789	07/01/2002	03/23/2001	04/23/2001	04/18/2002	04/18/2002
<input type="radio"/>	7	WORKER, STEPHANIE	02-0222111	234-56-7890	07/01/2002	05/28/2002			
<input type="radio"/>	8	EMPLOYEE, JOHN	02-0123456	987-65-4321	07/01/2002	04/18/2002	05/21/2002	05/23/2002	05/23/2002
<input type="radio"/>	9	DOE, JOSEPHINE	02-0999555	876-54-3210	04/01/2001	12/06/2000	12/14/2000	12/27/2000	12/27/2000
<input type="radio"/>	10	MEMBER, IMA	02-0555999	111-22-3333	07/01/2002	05/19/2000	09/26/2000	04/15/2002	04/15/2002
			Total Records Found 24						

The page that appears will show the date the retirement application was received from the employee, the retirement date, and the date of receipt of the employer's *Certification of Service and Final Salary*. If available, the list will also include the date the quote letter was prepared and mailed to the member and the date the retirement will be presented for approval to the pension fund's Board of Trustees.

Retirement information records are retrieved in groups of 25 and presented five at a time. If the retirement information you are looking for is not in the first five records returned, click the "Next" button to view the next five records in the group.

When you reach the end of the first group of 25, the "Next" button will not be visible. To view the next group of 25 records, click the "Next Group" button. The next 25 records will then be loaded and displayed five at a time.

The total number of records available for viewing will be listed in the bottom right table cell.

## Death Claim Certification

The Employers' Death Claim Certification application allows online submission of the service and salary information required by the Division of Pensions and Benefits following the death of an employee.

To access the application, click the "Death Claim Certification" button on the EPIC Home Page.

### Employer's Certification: Death Claim

Click on a member's name to complete the *Employers' Certification — Death Claim*. To certify a new death claim click on the "Certify a New Death Claim" button.

Member Name	Member Number	Date of Death
<a href="#">ANNA MEMBER</a>	2-0123456	08/18/2006
<a href="#">MORT WILSON</a>	2-0345678	08/17/2006

[Certify a New Death Claim](#)

Retroactive salary adjustments must be submitted manually. Please complete the paper [Employer Certification Death Claim form](#).

On the page that appears, you will see the names of any employees for whom there is an outstanding request for an Employer Certification for Death Claim.



## Employer Appropriations Bill

The Employer Appropriations Bill application allows employers to view amounts currently due and/or past payments made for pension system employer appropriations.

To access to the application click the "Employer Appropriations Bill" button on the EPIC Home Page.

The page that appears will show the current Employer Appropriations bill.

### Employer Appropriations Bill

Location: 03-212340-00 BOROUGH OF ANYTOWN

	Type	Amount
	<b>Normal Contribution</b>	\$ 970,803.00
	<b>Accrued Liability</b>	\$ 356,058.00
	<b>Total Regular Pension Contributions</b>	\$ 1,326,861.00
	<b>Chapter 108, P. L. 2004 Phase-in Credit</b>	\$ (530,744.40)
<b>Due and Payable April 01, 2006</b>		
	<b>Adjusted Balance</b>	\$ 796,116.60
	<b>Total Balance Due</b>	\$ 0.00

To view Employer Appropriations bill for another year, select the year/date from the drop down list at the top of the Employer Appropriations Bill page.

Select Bill :

(Year - Print Date)

- 2005-10/07/2005
- 2004-07/26/2004

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## Transmittal Electronic Payment System (TEPS)

The Transmittal Electronic Payment System (TEPS) application allows you to view past payments that have been made through TEPS. To access to the application, click the "Transmittal Electronic Payment" button on the EPIC Home Page.

The page that appears will show the current quarterly posting of account information by the Division of Pensions and Benefits.

 [Printable Version](#)

Transmittal Electronic Payment System

**Location:** 02-212340-00 BOROUGH OF ANYTOWN

QR/YR 3/2004

[To Make Payments Click Here](#)

	Effective MO/YR	Deposit Date	Pension Amount	Insurance Amount	SACT Amount	TSA Amount
	07/2004	07/27/2004	\$20,847.74	\$1,972.38	\$0.00	\$0.00
	08/2004	08/26/2004	\$20,712.06	\$1,975.50	\$0.00	\$0.00
	09/2004	10/14/2004	\$28,788.96	\$2,522.86	\$0.00	\$0.00
		<b>Total</b>	\$70,348.76	\$6,470.74	\$0.00	\$0.00
<b>ROC Due Amt.</b>			\$68,239.00	\$6,369.99	\$0.00	\$0.00

By clicking on the "Select Period" drop-down box, you can access TEPS payment records from previous quarters.

  
  
2004-3  
2004-2  
2004-1  
2003-4  
2003-3  
Last 6 Months

You can print the TEPS information page by clicking the "Printable Version" link at the top of the TEPS page.

Clicking on the [To Make Payments Click Here](#) link, will take you to the TEPS Online Payment System where you can make payments over the Internet (instead of payments over the phone).

**Welcome to the New Jersey Division of Pensions and Benefits TEPS Program.**

### Log On

Please enter your information to access our secure system.

**Location Number:**

**Password:**

**Note: You must be a registered user to make TEPS payments online** — your Location Number and TEPS Password are required to access the Online Payment System.

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## Internet-based Report of Contributions (IROC) [Click here to view the IROC Users Guide](#)

The Internet-based Report of Contributions (IROC) application allows you to view, update, and submit your quarterly Report of Contributions over the Internet. To access to the application, click the "Report of Contributions" button on the EPIC Home Page.



njhome | my new jersey | people | business | government | departments

new jersey division of pensions and benefits  
employer pensions and benefits information connection

pensions and benefits home Logout

**Employer Information:**  
Select a location from the dropdown menu.

010703601 - ANYTOWN BOARD OF ED

ANYTOWN BOARD OF ED  
123 MAIN STREET  
P.O. BOX 321  
ANYTOWN, NJ 08080-0000  
JANE DOE  
(609) 123-4567  
Fax. : (609) 123-4568  
Email: EMPLOYER@MAIL.COM

If the above information is not correct, please contact your EPIC Security Officer

Search Help  
Links & Forms

**Employer Applications:**  
Enter the Member Search information below and click on an application button.

**Member Search:**

Member ID: 1 -  SSN:

Last Name:  First Name:

Report Of Contributions

Detailed instructions on using the IROC application are contained in the [IROC Users Guide](#).

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## Employer Certification of Withdrawal

The Employer Certification of Withdrawal application allows employers to complete and certify the withdrawal information for retirement system members who have **terminated employment** (but who *have not* applied for retirement). This information is used to verify eligibility for a withdrawal and to calculate the withdrawal payment due to the member.

To access the application, click the "Certification of Withdrawal" button on the EPIC Home Page.

On the page that appears, you will see the names of any of your employees who have submitted an Application for Withdrawal where the Employer Certification is still outstanding.

Click on the member's name to continue with completing that certification.

### Employer's Certification for Withdrawal

Please select the member for whom you wish to complete the *Employer's Certification for Withdrawal*, by clicking on the member's name

Member Name	Member Number	Data Submitted
<a href="#">SARA MEMBER</a>	02-2345678	03/09/2006

Add New Part II

By clicking the "Add New Part II" button, employers may also submit a "new certification" for a member who is not listed but who is in the process of submitting an Application for Withdrawal.

When submitting a "new certification", enter the member's ID number and name on the "Member Search" page.

### Employer's Certification for Withdrawal

**Member Search:**

\* **Member ID:** 2 -

\* **Last Name:**  **First Name:**

On the Certification Page, indicate the reason and dates for the employee's termination, the status of any Workers' Compensation claim, and a contact telephone number for the employer representative completing the certification.

When done, click the "Submit Certification" button.

### Employer's Certification for Withdrawal

**This certification will be used to calculate the withdrawal payment due for member**

**Member Name:** SARA MEMBER  
**Member Number:** 02-2345678 **Social Security Number:** 345-67-8901

**I certify that this former employee:**

**Resigned**  
 **Was Dismissed (no appeal pending)**  
 **Was Dismissed (appeal pending)**

**from this organization on : (MM/DD/YYYY)**

**The last pension deduction was made:**  /

**The employee**  **is, or**  **is not receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment**

**The employee**  **Does, or**  **Does not have Worker's Compensation claim or litigation pending.**

**Payroll/Benefits Office Phone Number:** (  )  -  ext.

You will see a confirmation page to indicate that the certification has been submitted successfully.

At the top of the page is a link to a "printable version" of the confirmation page. You should print and keep a copy on this confirmation for your records.

**Member Name:** SARA MEMBER

**Member Number:** 02-2345678

**Social Security Number:** 345-67-8901

**Withdrawal Certification Submitted Successfully on 03/09/2006**

You have indicated that:

- This employee **resigned** from the employment on **02/14/2006**;
- This employee **is not** receiving periodic benefits for Worker's Compensation and **does not** have a Workers' Compensation claim or litigation pending.

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## Supplemental Annuity Collective Trust (SACT) (If applicable)

The Supplemental Annuity Collective Trust (SACT) Plan Information application allows you to view SACT account information for any of your employees who participate in SACT.

**Access to the application requires the employee's Social Security number or name.** Enter the Social Security number or name on the EPIC Home Page and click the "Supplemental Annuity Collective Trust" button.

The page that appears will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

Supplemental Annuity & Collective Trust      **Location:** 02-00102-00 TREASURY-DIV OF PENSIONS & BEN.

**THIS INFORMATION IS CURRENT AS OF 12/31/2003**

**Full Name:** William A. Member

**Member ID:** 02-0601234

<b>SACT Type</b>	<b>Regular</b>
<b>Member Status</b>	<b>Contributing</b>
<b>Current Rate</b>	<b>1%</b>
<b>Contributions</b>	<b>\$5,668.00</b>
<b>Gain/ Loss</b>	<b>\$3,660.00</b>

SACT Unit Values 

**"THIS INFORMATION DOES NOT REFLECT THE COMBINED TOTALS FOR MEMBERS PARTICIPATING IN MORE THAN ONE PENSION FUND"**

By clicking on the "SACT Unit Values" box, you can access the unit values of the investment fund for the past quarter.

SACT Unit Values		
Month	Year	Value
October	2003	51.0979
November	2003	51.5834
December	2003	54.1661

To begin a new search in the same application, click the "back" button until you reach the EPIC Home Page. Enter the employee's Social Security number or name in the appropriate field and click the "Supplemental Annuity Collective Trust" button.

## Alternate Benefit Program (ABP) Applications (If applicable)

### ABP Annual Report of Covered Lives

Each year the Division of Pensions and Benefits asks Colleges and Universities that participate in the New Jersey Alternate Benefit Program (ABP) to provide updated salary information for active members of the ABP. The **ABP Report of Covered Lives** application has been designed to allow employers to provide salary information online.

Choose your location from the drop-down menu" box, and click the "Alternate Benefit Program" button to access the application.

### Alternate Benefit Program

Active Member List as of **01/10/2005**

Location: 512 OCEAN COUNTY COLLEGE

Updated	No	Member name	Member Number	SSN	Empl. Date	Annual Salary	Vesting Status
	1	<u>Anderson, Harlee W.</u>	900845	123-45-6789	04/01/1969	0	Vested
	2	<u>Einstein, Alferd Q.</u>	900846	987-65-4321	04/01/1969	0	Vested
	3	<u>Faculiee, Shirley-Ann</u>	900850	321-08-7654	04/01/1969	0	Vested
	4	<u>Member, William A.</u>	900853	123-54-1234	04/01/1969	0	Vested
	5	<u>Newton, Isaac</u>	900858	199-88-7777	04/01/1969	0	Vested
				Total Records Found 188			

Next

Next Group

The application will present up to five (5) ABP members per screen. Individuals are listed in order by ABP member number. You can advance through the list by using the "Next" and/or "Previous" buttons located at the bottom of the page.

For each active member, indicate the member's contractual base salary as of June 30, of the report year, and modify vesting status if necessary. Salaries must be included for any member who terminated employment on or after June 30, of the report year. Salaries are to be **reported in whole dollars only** and corrections may be made online until September 30, of the report year, or until you choose to submit the report (See [IMPORTANT NOTICE](#) below).

For members absent from the online list, but employed at your institution prior to June 30, of the report year, please provide an [ABP Enrollment Application](#) (PDF - size 496K) OR [Intra-fund Transfer Form](#) (PDF - size 68K) indicating the individual's hire date. If this information has previously been submitted to the Division, please contact the Defined Contribution Plans Unit at (609) 777-0887 to resolve the matter.

No salary information should be entered for members ceasing employment prior to June 30, of the report year. However, leave or termination information must be submitted and may be done so through this on-line application as described below.

**Reporting Employment Status Changes** — If a member has had a change in employment status and is no longer actively employed, report that information to the Division by using the member-specific update screen. To access the member-specific screen, click the individual's name, for you wish to report the change, where it appears in the list on the Report of Covered Lives list.

In the window that opens (below), you can select a leave or termination reason from a drop-down menu and insert the effective date for the leave (start date). If the individual has returned from a leave, the return date (end date) may be entered in the field provided. Fields are also provided for updates to the member's name.

## Alternate Benefit Program

Location: 512 OCEAN COUNTY COLLEGE

<u>LABEL</u>	<u>ORIG DATA</u>	<u>UPDATE DATA</u>		
		<u>First</u>	<u>Last</u>	<u>Mi</u>
<b>Member Name:</b>	William A. Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Member Number:</b>	900858			
<b>SSN:</b>	123-45-6789			
<b>Empl Date:</b>	04/01/1969			
<b>Pay Schedules:</b>	Select Pay Schedule ▾			
<b>Leave Termination:</b>	Select Leave Reason ▾			
<b>Start Date:</b>	<input type="text"/> (Format MM/DD/YYYY)			
<b>End Date:</b>	<input type="text"/> (Format MM/DD/YYYY)			

Once you have completed updating the individual member's record, click the "Submit" button and you will be returned to the Report of Covered Lives screen where you may select another member, continue entering annual salary information, updating vesting status, or end your session.

**Ending Your Session** — You may leave the ABP application by using the "Home" and/or "Logout" buttons at the top of the page.

**IMPORTANT NOTICE** — When you decide to leave the ABP Report of Covered Lives application you will be presented with a question: "Are you finished updating the ABP?"

- ONLY answer "YES" if you have completed all entries and wish to submit your entire salary report for processing. Answering "YES" to this question will also prohibit any further updates to the Annual Salary data field.
- Selecting "NO" will save your entries but permit you to return later to continue or review your work before final submission.

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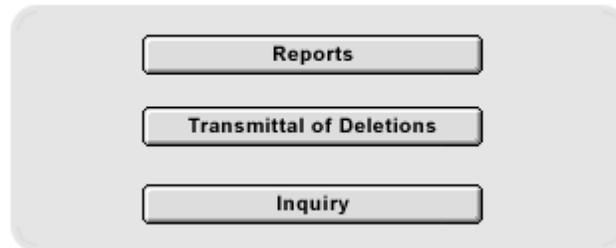
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## Health Benefits Applications — SHBP/SEHBP Reports, Transmittal of Deletions, and Member Inquiry Available only to SHBP/SEHBP participating employers

The Health Benefits applications are for employers that participate in the **State Health Benefits Program (SHBP)** or the **School Employees' Health Benefits Program (SEHBP)**. To access the applications click the "SHBP/SEHBP" button on the EPIC Home Page.

The screen that appears is the SHBP/SEHBP Home Page.

### SHBP/SEHBP Home Page



Here you will find buttons for the SHBP/SEHBP applications. The application buttons that appear will vary based upon the type of employer (State, Local Government, Local Education, etc.) as well as your individual access as assigned by your EPIC Security Officer.

**Note:** Pages for the School Employees' Health Benefits Program (SEHBP) may continue to display SHBP headings until full programming updates can be made.

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## SHBP/SEHBP Reports

The SHBP/SEHBP Reports application allows employers to view, print, or download (and save) the **Health Benefits List of Covered Employees, Alpha List, Activity Report**, and (if applicable) the Local or State **Monthly Bill**.

To access the application click the "Reports" button on the SHBP/SEHBP Home Page in EPIC.

**Local Government, Local Education, and State Monthly Employers** — This section describes Reports for Local and State Monthly employers — State biweekly employers [click here](#).

Depending on the health benefits coverage agreements of your employing entity, the first page of the application may ask you to select reports for either the **Active** or **Retired** health benefits group. If requested, select the appropriate group and click the "Submit" button.

### SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

#### SHBP/SEHBP Report Group Selection

Choose the health benefits group you wish to view and click "Submit"

Active Employees

Retirees

Submit

Reports for local government/education or State monthly employers are provided by month. The page that opens lists the current monthly report cycle, a summary of costs, and up to 11 months of prior reports and costs.

## SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

### SHBP/SEHBP Active Employee Health Benefits Costs

MONTH	MEDICAL	Rx PLAN	DENTAL	TOTAL
<a href="#">October 2009</a>	\$76,853.21	\$25,653.09	\$0.00	<b>\$102,506.30</b>
<a href="#">September 2009</a>	\$77,263.87	\$25,786.60	\$0.00	<b>\$103,050.47</b>
<a href="#">August 2009</a>	\$77,844.98	\$25,981.28	\$0.00	<b>\$103,826.26</b>
<a href="#">July 2009</a>	\$77,792.38	\$25,953.48	\$0.00	<b>\$103,745.86</b>
<a href="#">June 2009</a>	\$78,581.48	\$26,220.50	\$0.00	<b>\$104,801.98</b>

Click on a month to view additional detail

[Back](#)

Click on the linked month/year for the reports you wish to view.

The page that opens contains buttons for the selected month's reports and monthly bill.

## SHBP/SEHBP Reports

Location: 0999-00 BOROUGH OF ANYTOWN

### SHBP/SEHBP Active Employee Health Benefits Activity

Select the type of information you wish to view

**August 2009**

[Summary Totals](#)

[Alpha Listing](#)

[Activity Report](#)

[Bill](#)

[Legend](#)

[Back](#)

To view the information click the button for the report or bill. The Reports open in PDF format.



The page that opens contains buttons for the available reports.

Location: 0001-00 TREASURY-DIV OF PENSIONS & BEN. Payroll Number: 102

## SHBP/SEHBP Reports

### SHBP/SEHBP Biweekly Active Employee Health Benefits Activity

Select the type of information you wish to view

08/24/2009(200918)

Summary Totals

Alpha Listing

Activity Report

Legend

Back

Click the button for the report you wish to view. The Reports open in PDF format.

CUT-OFF DATE:08/24/2009 STATE OF NEW JERSEY  
FREQUENCY:BIWEEKLY DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
STATE HEALTH INFORMATION PROCESSING SYSTEM  
BIWEEKLY ALPHA LIST FOR BILLING PERIOD 09/12/2009-09/25/2009(200918)  
STATE/ACTIVE/BIWEEKLY

000100102 - TREASURY-DIV OF PENSIONS & BEN.

HEALTH SERVICES	005 AETNA	006 CIGNA	150 NJD15
SINGLE	XX	X	XX
MARRIED/SPOUSE	XX	X	XX
MARRIED/PRTNR/CIVIL UNI	X	X	X
FAMILY/ SPOUSE	XX	X	XX
FAMILY/ PRTNR/CIVIL UNI	X	X	X
PARENT /CHILD	X	X	XX
TOTAL	XX	X	XXX
TOTAL AMOUNT	XXXXX.XX	XXX.XX	XXXXX.XX

(PDF requires [Acrobat Reader](#) which is available free from Adobe).

You can view or print the report, or you can download and save the report to your own files. (Downloading may be restricted on some employer networks - check with your Network Administrator if you experience problems.)

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## SHBP/SEHBP Transmittal of Deletions

The SHBP/SEHBP Transmittal of Deletions application allows you to submit employee coverage termination information (health, prescription drug, and/or dental) to the Health Benefits Bureau online — rather than by completing the paper *Transmittal of Deletions* form. To access the application click the "Transmittal of Deletions " button on the SHBP/SEHBP Home Page in EPIC.

If you administer SHBP or SEHBP information under more than one SHBP/SEHBP Employer Identification Number, you will be asked to select the appropriate Employer Identification Number as shown below.

**Please select SHIPS ID:**

122900

122901

122970

The Online Transmittal of Deletions form mirrors the layout of the paper version and should be completed as soon as the terminating event occurs. The application allows you to enter up to ten termination records at one time.

**Note:** When you have completely processed the first ten deletions, you may click the "Home" button to go to a new Deletions Form page.

**SHBP/SEHBP Deletions Form**

On opening the Deletions Form page (below) enter the:

- Employee's Social Security number;
- Date of Termination of benefits (or end date of Leave of Absence);
- Reason (Leave of Absence, Death, Termination, or Retirement); and
- Plans to be deleted.

When all employee information is entered, click the "Continue" button.

**Use this application to delete coverage due to Resignation, Termination of Employment, Retirement, Death, Leave of Absence, Family Leave, or Sabbatical Leave. Termination includes reduction in force, or reduction in hours.**

**DO NOT use for Waiver of Coverage for continuing employees.**

**For each employee to be deleted, enter Social Security Number, Last Day of Employment and a Deletion Reason. If choosing Leave of Absence, Family Leave, or Sabbatical, indicate type of plans to be deleted.**

Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Plans to be Deleted <span style="font-size: small;">?</span> All H Rx D
123 45 6789	Jan 31 2005	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
234 56 7890	March 30 2006	Death	<input type="checkbox"/>
987 65 4321	Feb 13 2006	Termination	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>	Jan 1 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/>	Jan 1 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Continue**

The second Deletions Form page (below) provides additional employee information and allows you to review and/or change any of the information you have entered.

**Note:** If an error in the account information is detected it will be displayed in red. Please correct the information, or you may remove the employee from the list. **Click on the linked name of the employee** to go to a page that shows the employee's current plan information and/or allows you to remove the employee from the list without changing the SHBP/SEHBP status.

When all employee information is correct, click the "Continue" button.

Please correct or remove the employee(s) who have an error indicated in red instead of Termination Date. To remove the employee from the list or view employee's current plan types click on the employee's name.

**10 month termination date explanation**

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
<a href="#">Mary Worker</a>	10	123 45 6789	Jan 31 2005	Leave of Absence	<input checked="" type="checkbox"/>	12/30/2005
<a href="#">John Employee</a>	12	234 56 7890	March 30 2006	Death	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Eligibility is Already Termed
<a href="#">Sam Jones</a>	12	987 65 4321	Feb 13 2006	Termination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	12/30/2005
			Jan 31 2004	Leave of Absence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			Jan 31 2004	Death	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Continue**

A Summary Page will appear (below).

Please review the information carefully and then either make additional changes or click the "Submit" button to send Transmit the Deletions to the Health Benefits Bureau.

Name	10/12 Code	Social Security Number	Last Day of Employment or Date Leave Ended	Deletion Reason	Coverage to be Deleted All H Rx D	Termination Date
Mary Worker	10	123-45-6789	1/31/2005	Leave of Absence	All Coverage	1/31/2005
John Employee	12	234-56-7890	3/30/2006	Death	All Coverage	3/30/2006
Sam Jones	12	987-65-4321	2/13/2006	Termination	Dental	2/28/2006

**Make Additional Changes** **Submit**

A Confirmation Page will appear with a link to a "Printable Version." You should print and keep a copy of your transmittal for your records.

**Note:** If additional errors in the transmitted records are detected, these employees will be shown in red on the Confirmation Page, along with additional instructions.

**How to Add Additional Deletion Records**

To enter more deletion records, click the "Home" button to go to a new Deletions Form page.

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**SHBP/SEHBP Member Account Inquiry**

The SHBP/SEHBP Member Account Inquiry application allows you to view both active and retiree health benefit account information for any of your employees, as well as COBRA information. To access the application click the "Inquiry" button on the SHBP/SEHBP Home Page in EPIC.

**Note:** Pages for the School Employees' Health Benefits Program (SEHBP) may continue to display SHBP headings until full programming updates can be made.

The screen that appears is the "Subscriber/Dependent Search" screen. In order to see health benefit information for an employee, you must enter:

- Your Employer ID, Bureau, and Payroll Numbers; and
- The employee's Social Security number OR the employee's name.

Once you have entered this information, click the "Search" button.

If you enter incorrect information and need to start again, hit the "Reset" button and the information will clear.

## State Health Benefits Program

**Subscriber/ Dependent Search**

**Enter Employer ID, Bureau and Payroll Num( If Applicable)**

Employer ID:   Payroll Number:

**Enter s subscriber or Dependent SSN to View**

SSN:  -  -

or

**Enter a Subscriber or Dependent Last/ First Name**

Last Name:

First Name:

If the employee has more than one type of SHBP/SEHBP account (Active, Retired, or COBRA) a page will appear listing the choices. Select the account you wish to view by clicking the link in the Employer ID column.

### Subscriber Information

The page that appears will show the Eligibility Summary, Coverage Information, and Dependent Information for that employee/Retiree. Buttons at the top right side of the Eligibility Summary screen allow you to switch from the Active coverage view to a retired or COBRA coverage view.

### Eligibility Summary

**John A. Member - SSN 123-45-6789**

**Employment Status Active**

Cobra Account

Retiree Account

<b>Gender</b>	Male	<b>Former Name</b>	N/A	<b>Eligibility Reason</b>	Self
<b>Marital Status</b>	Married	<b>Former SSN</b>	n/a	<b>Eligibility Status</b>	Termed
<b>Date of Birth</b>	05/04/1944	<b>Medicare-A Date</b>	n/a	<b>Health Coverage Allowed</b>	Yes
<b>Address</b>	123 Fourth Street Trenton, NJ 08628-2832	<b>Medicare-B Date</b>	n/a	<b>Health Coverage Waived</b>	No
<b>Phone Number</b>	(609) 555-4567	<b>Medicare Proof</b>	n/a	<b>Rx Coverage Allowed</b>	Yes
<b>Hire Date</b>	11/16/1970	<b>25 yr Union Code</b>	999	<b>Rx Coverage Waived</b>	No
<b>10 Month/ 12 Month Employee</b>	12	<b>Date of Death</b>	n/a	<b>Dental Coverage Allowed</b>	Yes
				<b>Dental Coverage Waived</b>	No
				<b>Rx Union Code</b>	023
				<b>Former Link SSN</b>	n/a

#### Coverage Information

<a href="#">Select a coverage for additional information</a>			<a href="#">Select here to view previous coverage information</a>			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
<a href="#">Health</a>	NJ PLUS	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
<a href="#">Prescription Drug</a>	State Formal Prescription Drug	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
<a href="#">Dental</a>	Dental Expense Program	Mem/spse-dom Prtn	Past	12/30/2000	08/09/2003	Retirement (old 388)
<a href="#">Vision</a>	None					

#### Dependent Information

Name	Rel	SSN
<a href="#">Maryann Member</a>	Spouse	987-65-4321
<a href="#">Kristy Member</a>	Child	876-54-3210
<a href="#">Jeffrey Member</a>	Child	765-43-2101

To view the Expanded Coverage Listing, showing the history of the SHBP/SEHBP account, click the link "Select here to view previous coverage information".

[Select here to view previous coverage information](#)

The following information will appear:

#### Expanded Coverage Listing

<a href="#">Select a coverage for additional information</a>							
Plan Type	Service Name	Contract Level	Info	Effective Date	Term Date/Reason	User	Date
<a href="#">Health</a>	Traditional	Memb/spo	Current	04/01/1982		TYPREED	06/12/2000

[Back to Subscriber Information](#)

Click the "Plan Type" to see [billing information](#).

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Expanded Coverage Listing.

## Provider and Billing Information

To view additional information about the current Service Provider, click one of the links under "Plan Type."

<b>Plan Type</b>
<a href="#">Health</a>
<a href="#">Prescription Drug</a>
<a href="#">Dental</a>
<a href="#">Vision</a>

The following information will appear:

John A. Member [SSN](#) 123-45-6789

### Service Provider

<b>Service</b>	NJ PLUS	<b>Primary Provider</b>	J184600
<b>Employment Status</b>	Retired	<b>Secondary Provider</b>	n/a
<b>Eligibility Reason</b>	Self	<b>Direct Bill Reason</b>	n/a
		<b>Direct Bill Date</b>	n/a

### SBI Inquiry Detail for 05/01/2005

Type	Count	Subscriber	Employer	Pension Fund	Status Pay	Div Expense
Retro						
Partial						
Full	1			+1028.13		+1.57
Totals:	1			+1028.13		+1.57

### Selected Bill Period

**Bill Period** 2005-05

Submit

Reset

[Back to Subscriber Information](#)

Use the drop down list to select a specific Billing Period.

If there is a link in the "Type" column, clicking it will show you additional billing details.

John A. Member [SSN](#) 123-45-6789

### Full Detail Record

<b>Service</b>	NJ PLUS
<b>Employment Status</b>	Retired
<b>Eligibility Reason</b>	Self

Coverage Period						Bill Period	
From Date	To Date	Charge Days	Contract Level	Total Amount	Direct Bill	From Date	To Date
08/09/2003		031	Mem/spse-dom Prtn	+1028.13	N	01/01/2005	

[Back to service Provider and SBI Information](#)

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Service Provider screen.

## Dependent Coverage

To view details about a dependent's coverage, click the linked name of a covered dependent.

### Dependent Information

Name	Rel
<a href="#">Maryann Member</a>	Spouse
<a href="#">Kristy Member</a>	Child
<a href="#">Jeffrey Member</a>	Child

Information about the dependent's coverage will appear:

### Dependent Detail

Maryann Member **SSN** 987-65-4321

<b>Former Name</b>	n/a	<b>Relationship</b>	Spouse
<b>Former SSN</b>	n/a	<b>Relationship Proof</b>	n/a
<b>Date of Birth</b>	07/11/1950	<b>Relationship Proof Date</b>	n/a
<b>Marital Status</b>	Married	<b>Medicare-A Date</b>	10/01/2000
<b>Date of Death</b>	n/a	<b>Medicare-B Date</b>	08/01/2003
<b>Gender</b>	Female	<b>Medicare Proof</b>	Required/approved
<b>Dependent Disability Extension</b>	n/a		
<b>Dependent Disability Date</b>	n/a		
<b>Dependent Disability Term Date</b>	n/a		

### Additional coverage information

Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ PLUS	08/09/2003		
Health	NJ PLUS	12/30/2000	08/09/2003	R
Health	NJ PLUS	06/29/1991	12/30/2000	Child Has Attained Age 23

[Next](#)

[Back to Subscriber Information](#)

Click the "next" button to view additional Dependent Detail.

### Dependent Detail

Maryann Member SSN 987-65-4321

<b>Former Name</b>	n/a	<b>Relationship</b>	Spouse
<b>Former SSN</b>	n/a	<b>Relationship Proof</b>	n/a
<b>Date of Birth</b>	07/11/1950	<b>Relationship Proof Date</b>	n/a
<b>Marital Status</b>	Married	<b>Medicare-A Date</b>	10/01/2000
<b>Date of Death</b>	n/a	<b>Medicare-B Date</b>	08/01/2003
<b>Gender</b>	Female	<b>Medicare Proof</b>	Required/approved
<b>Dependent Disability Extension</b>	n/a		
<b>Dependent Disability Date</b>	n/a		
<b>Dependent Disability Term Date</b>	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Dental	Dental Expense Program	08/09/2003	01/01/2005	N
Dental	Dental Expense Program	12/30/2000	08/09/2003	R
Dental	Dental Expense Program	06/29/1991	12/30/2000	Child Has Attained Age 23
Prescription Drug	State Formal Prescription Drug	12/30/2000	08/09/2003	R
Prescription Drug	State Formal Prescription Drug	03/13/1976	12/30/2000	Child Has Attained Age 23

[Previous](#)

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Dependent Detail screen.

### Retiree Eligibility

To access Retiree Eligibility (if available), click the "Retiree Account" button when it appears at the top right of the Eligibility Summary screen.

[Retiree Account](#)

The following information will appear:

### Eligibility Summary

**John A. Member - SSN 123-45-6789**

### Employment Status Retired

[Active](#)    [Cobra Account](#)    [Retiree Information](#)

<p><b>Gender</b> Male</p> <p><b>Marital Status</b> Married</p> <p><b>Date of Birth</b> 05/04/1944</p> <p><b>Address</b> 123 Fourth Street Trenton, NJ 08628-2832</p> <p><b>Phone Number</b> (609) 555-4567</p> <p><b>Hire Date</b> 11/16/1970</p> <p><b>10 Month/ 12 Month Employee</b> n/a</p>	<p><b>Former Name</b> N/A</p> <p><b>Former SSN</b> n/a</p> <p><b>Medicare-A Date</b> n/a</p> <p><b>Medicare-B Date</b> n/a</p> <p><b>Medicare Proof</b> n/a</p> <p><b>25 yr Union Code</b> 999</p> <p><b>Date of Death</b> n/a</p>	<p><b>Eligibility Reason</b> Self</p> <p><b>Eligibility Status</b> Eligible</p> <p><b>Health Coverage Allowed</b> Yes</p> <p><b>Health Coverage Waived</b> No</p> <p><b>Rx Union Code</b> n/a</p> <p><b>Former Link SSN</b> n/a</p>
---	--	---

#### Coverage Information

Select a coverage for additional information			Select here to view previous coverage information			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
Health	NJ PLUS	Mem/spse-dom Prtn	Current	08/09/2003		
Prescription Drug	None					
Dental	None					
Vision	None					

#### Dependent Information

Name	Rel	SSN
Maryann Member	Spouse	987-65-4321

To access additional retiree detail, click the "Retiree Information" button when it appears at the top right of the Retiree Eligibility Summary screen.

[Retiree Information](#)

The following information will appear:

#### Retiree Information

John A. Member - SSN 123-45-6789

<b>Pension Fund</b>	02 Public Employees Retirement System
<b>Member ID</b>	9999999
<b>Retirement Number</b>	10-987654
<b>Retirement Date</b>	07/01/2003
<b>Retirement Months of Service</b>	380
<b>Retirement Type</b>	All Other Retirement Types
<b>Retirement Board Decision</b>	n/a
<b>Premium Share Union Code</b>	999
<b>Alternate Benefits Program 25 year Service Date</b>	n/a
<b>Free/ Not Free Reason</b>	Chapter 6 - State Pers-paid

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Retiree screen.

## COBRA Eligibility

To access COBRA information (if available), hit the "COBRA Account" button when it appears at the top right side of the Eligibility Summary screen.

[Cobra Account](#)

The following information will appear:

**Eligibility Summary**

**John A. Member - SSN 123-45-6789**

**Employment Status COBRA**

[Active](#)    [Retiree Account](#)    [Cobra Information](#)

<b>Gender</b>	Male	<b>Former Name</b>	N/A	<b>Eligibility Reason</b>	Self
<b>Marital Status</b>	Married	<b>Former SSN</b>	n/a	<b>Eligibility Status</b>	Termed
<b>Date of Birth</b>	05/04/1944	<b>Medicare-A Date</b>	n/a	<b>Health Coverage Allowed</b>	Yes
<b>Address</b>	123 Fourth Street Trenton, NJ 08628-2832	<b>Medicare-B Date</b>	n/a	<b>Health Coverage Waived</b>	No
<b>Phone Number</b>	(609) 555-4567	<b>Medicare Proof</b>	n/a	<b>Rx Coverage Allowed</b>	Yes
<b>Hire Date</b>	n/a	<b>25 yr Union Code</b>	n/a	<b>Rx Coverage Waived</b>	No
<b>10 Month/ 12 Month Employee</b>	n/a	<b>Date of Death</b>	n/a	<b>Dental Coverage Allowed</b>	Yes
				<b>Dental Coverage Waived</b>	No
				<b>Vision Coverage Allowed</b>	Yes
				<b>Vision Coverage Waived</b>	No
				<b>Rx Union Code</b>	n/a
				<b>Former Link SSN</b>	n/a

### Coverage Information

Select a coverage for additional information			Select here to view previous coverage information			
Plan Type	Service Name	Contract Level	Info	Effective Date	Termination Date	Reason
Health	None					
Prescription Drug	None					
<u>Dental</u>	Dental Expense Program	Mem/spse-dom Prtn	Past	08/09/2003	01/01/2005	Non-payment No Cob
Vision	None					

### Dependent Information

Name	Rel	SSN
Marvann Member	Spouse	987-65-4321

To access additional COBRA detail, click the "COBRA Information" button when it appears at the top right of the COBRA Eligibility Summary screen.

[Cobra Information](#)

The following information will appear:

### COBRA Information

John A. Member - SSN 123-45-6789

<b>COBRA Reason</b>	Retirement
<b>COBRA Start Date</b>	08/09/2003
<b>COBRA Terms</b>	18
<b>COBRA Paid Thru Date</b>	12/31/2004

[Back to Subscriber Information](#)

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the COBRA screen.

## **PART IV- Questions or Comments About EPIC**

The Division of Pensions and Benefits wants EPIC to be a tool that employers find useful and choose to use in their daily administrative work. We have made every effort to make EPIC powerful while also keeping it easy to use. We would like to hear about how you liked using EPIC and welcome your suggestions on how EPIC could be made better for the way you work. We will try - based on the response we receive - to include the features you would like to see in future versions of EPIC. Send your questions, comments, and suggestions to the Division of Pensions and Benefits at: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us) or call the Division's EPIC Help Desk at (609) 777-0534.

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