MBOS Applications
A Step-By-Step Guide

···

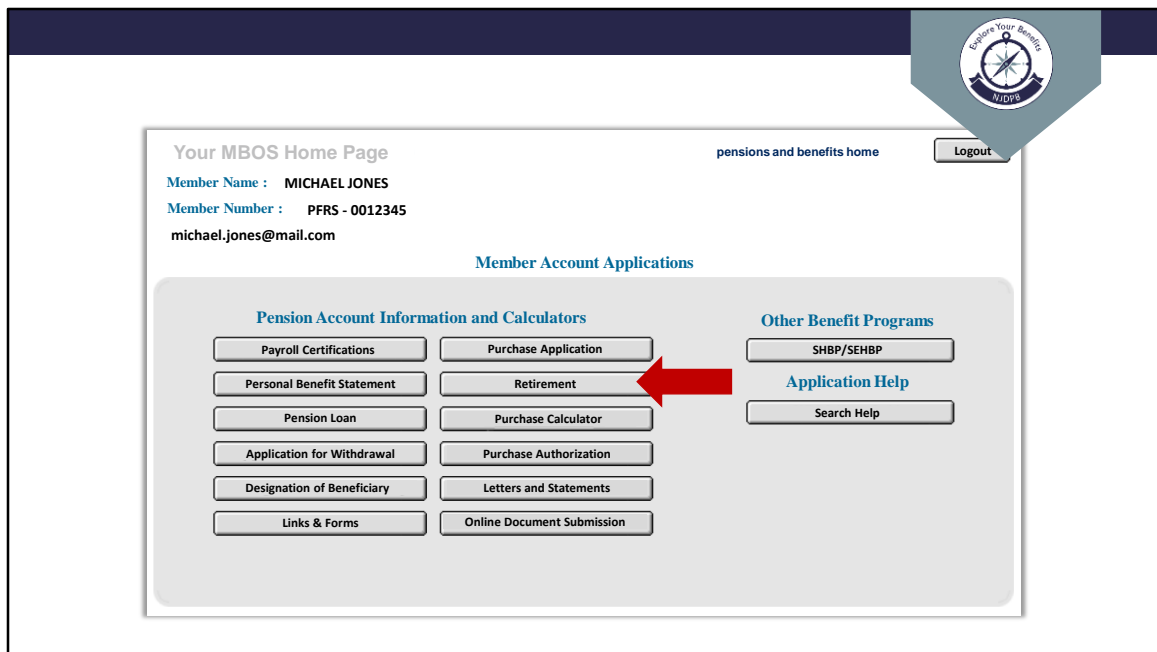### How to Submit a Retirement Application

For Active PFRS Members

This step-by-step guide will assist active Police and Firemen's Retirement System (PFRS) members with how to submit a retirement application.

Active pension members must use the Member Benefits Online System (MBOS) to submit their retirement application. Authorized users can register for an MBOS account here: *https://www.nj.gov/treasury/pensions/mbos-register.shtml*

For assistance with the registration process, see the *Active MBOS Registration* video in our video gallery: *https://www.nj.gov/treasury/pensions/videos.shtml*
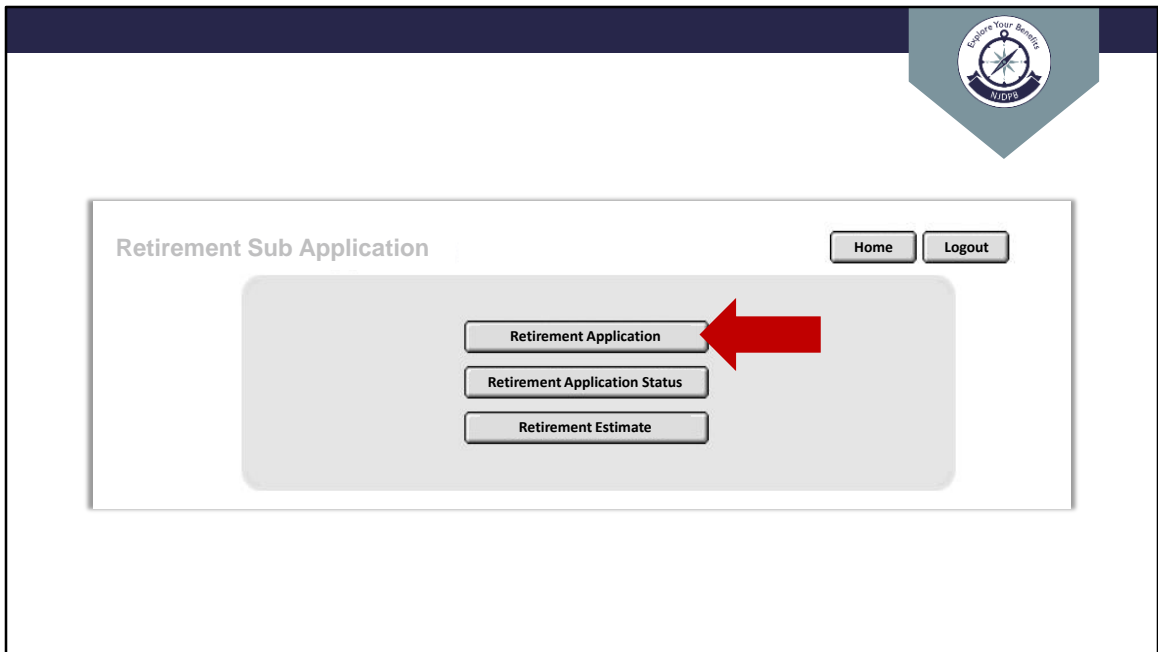
Please note, if you have already registered for MBOS, you will not be able to register again. If you need assistance accessing your existing MBOS account, please see our MBOS Troubleshooting videos in our video gallery.
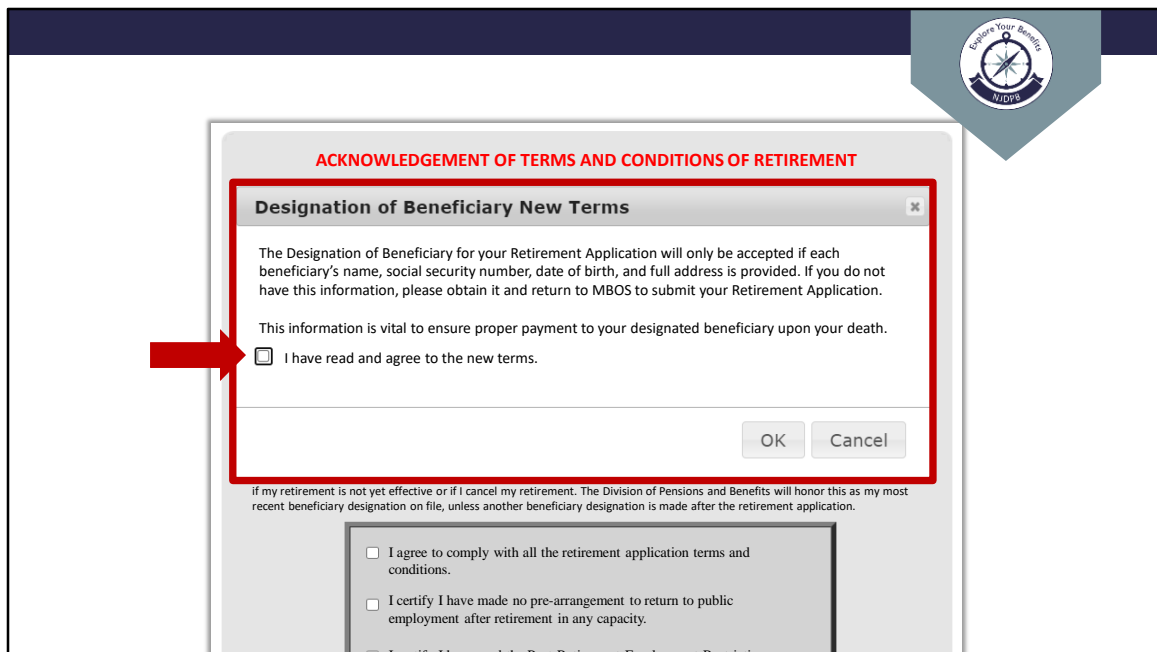
Once you have accessed your MBOS account, click the "Retirement" button to navigate to the retirement application.

Please note that the retirement application does not have a "Save" button. The application must be completed in its entirety and submitted in one sitting.

To exit the retirement application anytime before your final submission, click the "Home" button located at the top of your MBOS screen.

Next, click the "Retirement Application" button.

Before proceeding to the application, a message will appear regarding the designation of beneficiaries for your retired death benefits.

Once you have thoroughly reviewed the designation of beneficiary terms, check the box stating you have read and agree to the terms then click "OK."

If you click "Cancel," the application will close and you will not be able to proceed.

Next the "Acknowledgment of Terms and Conditions of Retirement" will appear. Thoroughly read through each bullet point.

Once you are done, click the three boxes next to statements listed at the bottom of the page indicating that you agree to comply with the above listed terms and conditions.

Click "Agree" to go on to the next page.

If you cannot agree to these terms, click "Disagree" and the application will close.

It is recommended that you review an estimate of your retirement benefits before submitting your retirement application.

If you have not done so, click the "Yes" button to be redirected to the estimate calculator. Please note that clicking "Yes" means you will be exiting the retirement application and will need to access the application again after you have finished with the estimate calculator.

If you have already run a retirement estimate, click the "No" button to begin the application.

MEMBER INFORMATION

Name: **MICHAEL JONES**   Member Number: **03-0012345**

Date of Birth: **08/** 21 **/1973**

Street Address 1: 123 MAIN STREEET   Street Address 2: APT 5

City: ANYTOWN   State: NJ ▾ Zip: 08608 -

Country: UNITED STATES OF AMERICA   ▾

Home/Cell Phone: (609) 555 - 1234   Work Phone: (609) 555 - 9876   Ext: 321

Employer Name: ANYTOWN TOWNSHIP

The Division of Pensions and Benefits does not have proof of your age. To determine what is acceptable proof of age documents, please see Fact Sheet #6.

The following options are available to submit your proof of age evidence to this office:
- **Utilize the Online Document Submission via MBOS.**
- **Mail a copy to:**
  Division of Pensions and Benefits
  Retirement Bureau
  P.O. Box 295
  Trenton, NJ 08625-0295
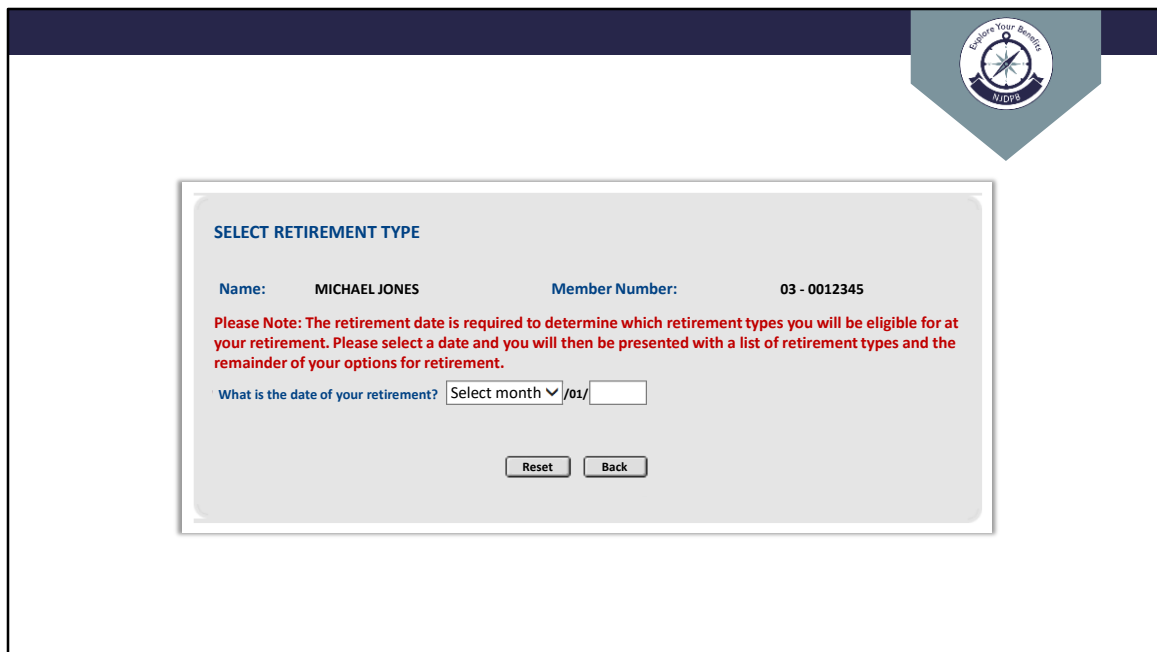
Please be sure to indicate your membership number on the document before submitting.

Reset Continue

On the Member Information page, you will need to provide your current mailing address and phone number.

If your information has already been prepopulated in the fields, please check it for accuracy and update it accordingly.

To submit your proof of age, utilize the "Online Document Submission" button on MBOS or mail a copy to the address provided.

This message will <u>NOT</u> appear if your proof of age is already on file. You can verify this by viewing your Personal Benefit Statement on MBOS.

When ready, click the "Continue" button.

On the next page, the system will ask you to select your retirement date in order to determine what retirement types for which you will be eligible.

Since retirement dates are *always* on the first of the month, you will only need to select the month and the year. While the Division recommends that you submit your retirement application four to six months prior to your retirement date, you may submit it up to one year in advance. If you submit your application closer to your retirement date and do not follow the recommended timeframe, it is possible that your first pension check may be delayed.

SELECT RETIREMENT TYPE

| Name: | MICHAEL JONES | Member Number: | 03 - 0012345 |

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January ▼ /01/ 2023

Retirement Type: ?

○ Special   ○ Deferred
○ Accidental Disability   ○ Ordinary Disability
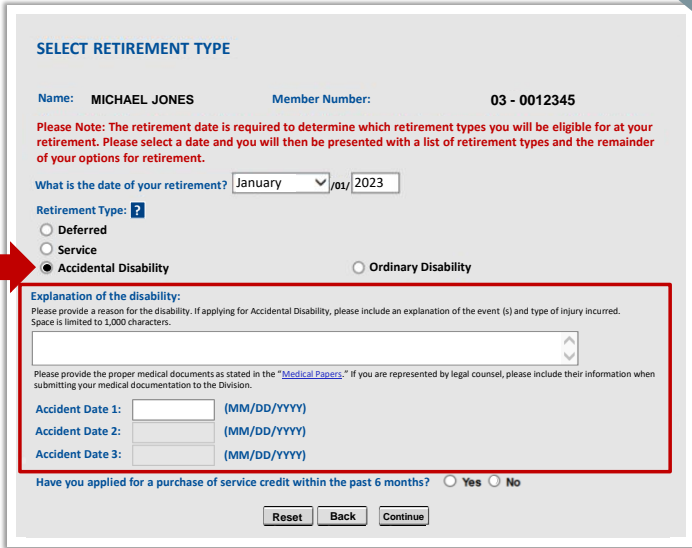
Have you applied for a purchase of service credit within the past 6 months? ○ Yes ○ No

[Reset] [Back] [Continue]

One you have entered your retirement date, you will then be presented with a list of retirement types for which you may be eligible. If you are unsure of your retirement eligibility, click the question mark icon to be directed to the *Retirement – How to Apply for PFRS Members* fact sheet.

Next, elect the appropriate bubble next to your desired retirement type.

Then answer "Yes" or "No" to the following question: "Have you applied for a purchase of service credit within the past 6 moths?"

Click the "Continue" button to proceed to the next page.

If you selected "Ordinary Disability" as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will need to provide medical documentation as part of the application process; click the "Medical Papers" hyperlink to print/save a copy of the required forms.

When finished with that section, answer the purchase question as previously as mentioned.

Similarly, if you selected "Accidental Disability" as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will also need to provide medical documentation as part of the application process; click the "Medical Papers" hyperlink to print/save a copy of the required forms.

Below that, you will list the date of the accident(s) in the fields provided. If you have more than one accident date, enter the earliest date first and work your way to the most recent.

Again, answer the purchase question as previously as mentioned.

For more information regarding the disability retirements, please see the *Disability Retirement Benefits PFRS* fact sheet available on our website.

Next, you will be prompted to provide your marital/partner status.

MARITAL/PARTNER STATUS

Name: MICHAEL JONES

Member Number: 03 - 0012345

Marital/Partner Status: ○ Husband ⊙ Wife ○ Civil Union Partner ○ Domestic Partner
○ None of the Above
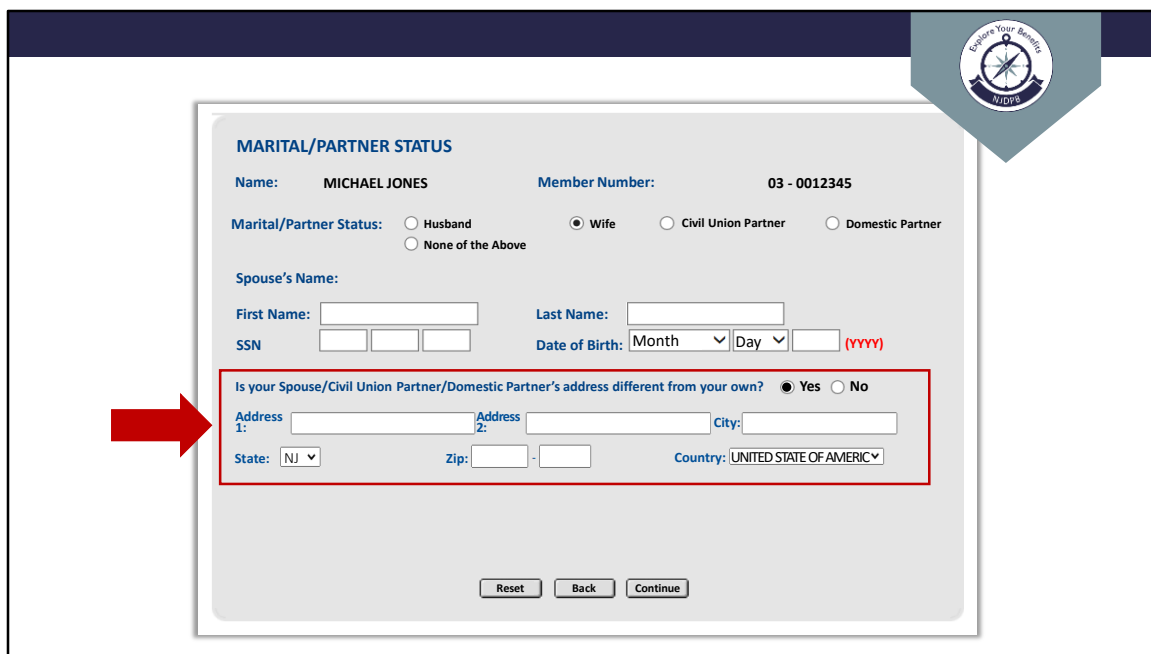
Spouse's Name:

First Name: [   ] **Last Name:** [   ]

SSN [   ][   ][   ] **Date of Birth:** [Month ▾][Day ▾][   ] **(YYYY)**

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

[Reset] [Back] [Continue]

If you are married or have a legal same-sex partner, provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided. All fields are required so be sure to gather your spouse/partner's information before completing the application.

Then indicate if their address is different than yours. If you answer "Yes," fields will appear for you to provide their address.

Once you have completed all the required fields, click the "Continue" button to go to the next page.

On the next page, answer "Yes" or "No" to the question, "Do you have children under age 18?"

DEPENDENT INFORMATION

| Name: | MICHAEL JONES | Member Number: | 03 - 0012345 |

Do you have children under age 18: ● Yes ○ No

Dependent's Information:

First Name: [   ]   Last Name: [   ]

SSN: [   ][   ][   ]   Date of Birth: [Month ▾][Day ▾][   ]

Address 1: [   ]   Address 2: [   ]

City: [   ]

State: [NJ ▾] Zip: [   ] - [   ]

Country: [UNITED STATES OF AMERICA ▾]

[Add Another Dependent]

[Reset]   [Back]   [Continue]

If you answer "Yes," fields will appear so you can provided their legal first and last name, nine-digit Social Security number, date of birth, and address. All fields are required so be sure to gather your spouse/partner's information before completing the application.

If you have more than one child under the age of 18, click the "Add Another Dependent" button to display a new set of fields.

Once you have identified all of your dependent children, click "Continue" to proceed to the next page.

On this page you will provide your life insurance beneficiaries' information. All fields are required so be sure to gather your beneficiaries' information before completing the application.

If designating an individual(s), provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES   Member Number: 03 - 0012345
Please click here for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date:
                                                                      (mm/dd/yyyy)

Relationship: ◯ Husband   ◯ Wife   ◯ Civil Union Partner   ◯ Domestic Partner   ◯ Estate   ◯ Other
Beneficiary Type: ◯ Primary   ◯ Contingent

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

Add Another Beneficiary

Reset   Back   Continue

Next, indicate the person's relationship to you. If your beneficiary is not your spouse or legal same-sex partner, select "Other."

If your beneficiary is your spouse or legal same-sex partner, you will be asked to indicate if that person's address is different than yours.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: MICHAEL JONES   Member Number: 03 - 0012345
Please click here for Group Life Insurance Conversion rights.
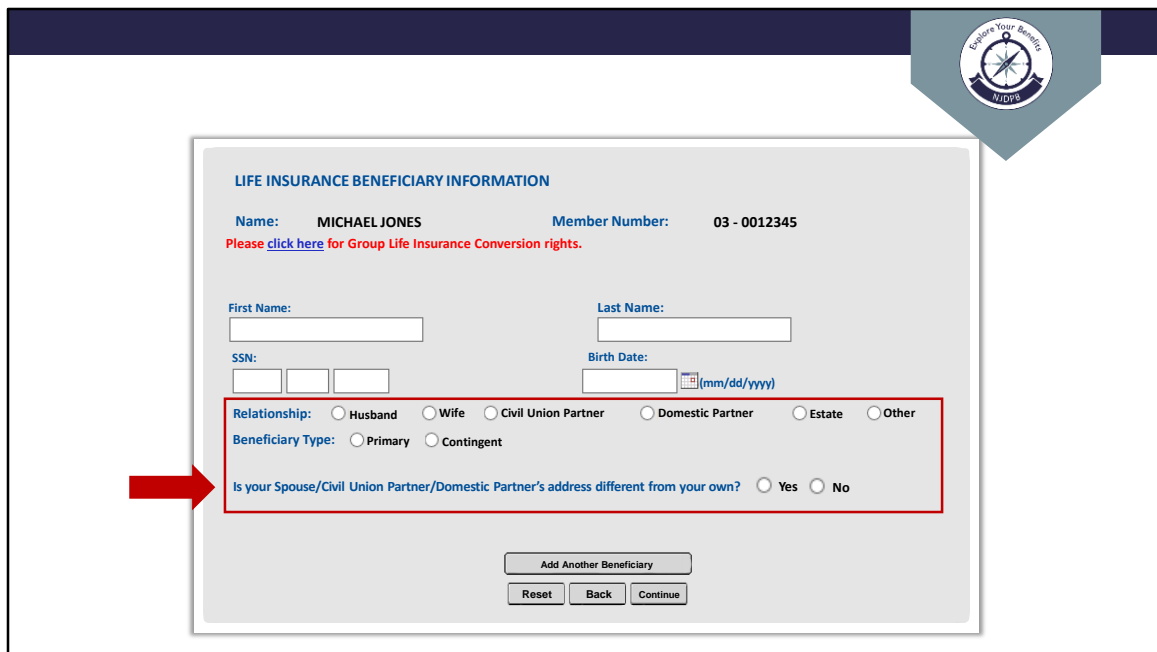
First Name: Last Name:
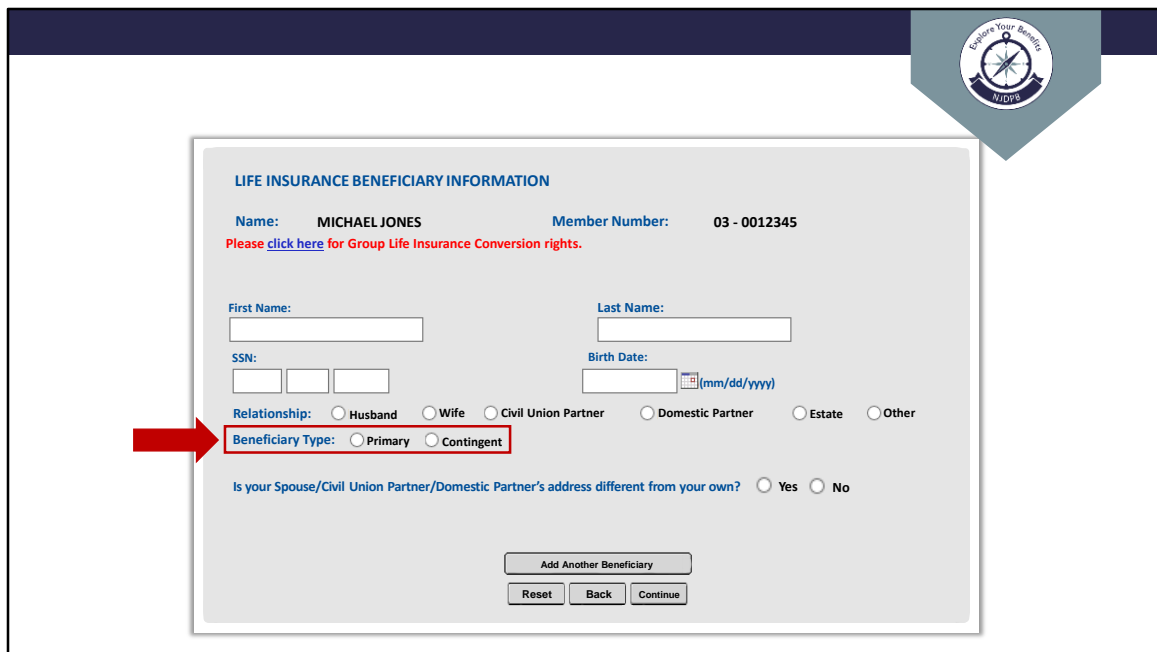
SSN: Birth Date:
                                                   (mm/dd/yyyy)

Relationship: ○ Husband   ○ Wife   ○ Civil Union Partner   ○ Domestic Partner   ○ Estate   ○ Other
Beneficiary Type: ○ Primary   ○ Contingent

Address 1:   Address 2:   City:

State: NJ ▾   Zip: -   Country: UNITED STATES OF AMERICA ▾

[Add Another Beneficiary]

[Reset] [Back] [Continue]

If you answer "Yes" to that question, or choose the "Other" relationship type, fields will appear for you to provide your beneficiary's address.

Then, indicate if this individual will be a primary or a contingent beneficiary. It is recommended that you designate all of your primary beneficiaries first then list your contingent beneficiaries.

Primary beneficiaries will receive any benefits that are payable upon your death and they will receive an equal share unless you indicate a different distribution. To indicate a different distribution, you will need to contact the Division *after* you have submitted your retirement application.

Contingent beneficiaries will receive any benefits that are payable upon your death ONLY if all primary beneficiaries predecease you. They will also receive equal shares unless you indicate a different distribution.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: **MICHAEL JONES**   Member Number: 03 - 0012345

Please click here for Group Life Insurance Conversion rights.

First Name   Last Name
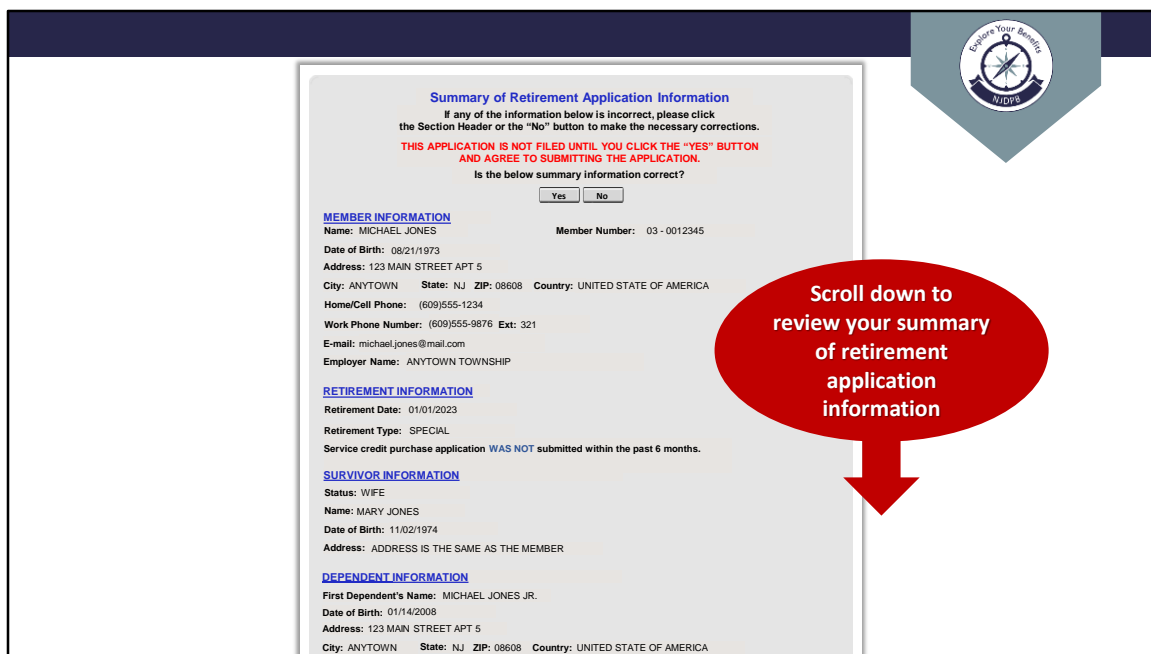[Your]   [Estate]
SSN   Birth Date
[   ] [   ] [   ]   [   ] (mm/dd/yyyy)
Tax ID
[   ]

Relationship: ○ Husband   ○ Wife   ○ Civil Union Partner   ○ Domestic Partner   ◉ Estate   ○ Other
Beneficiary Type: ○ Primary   ○ Contingent
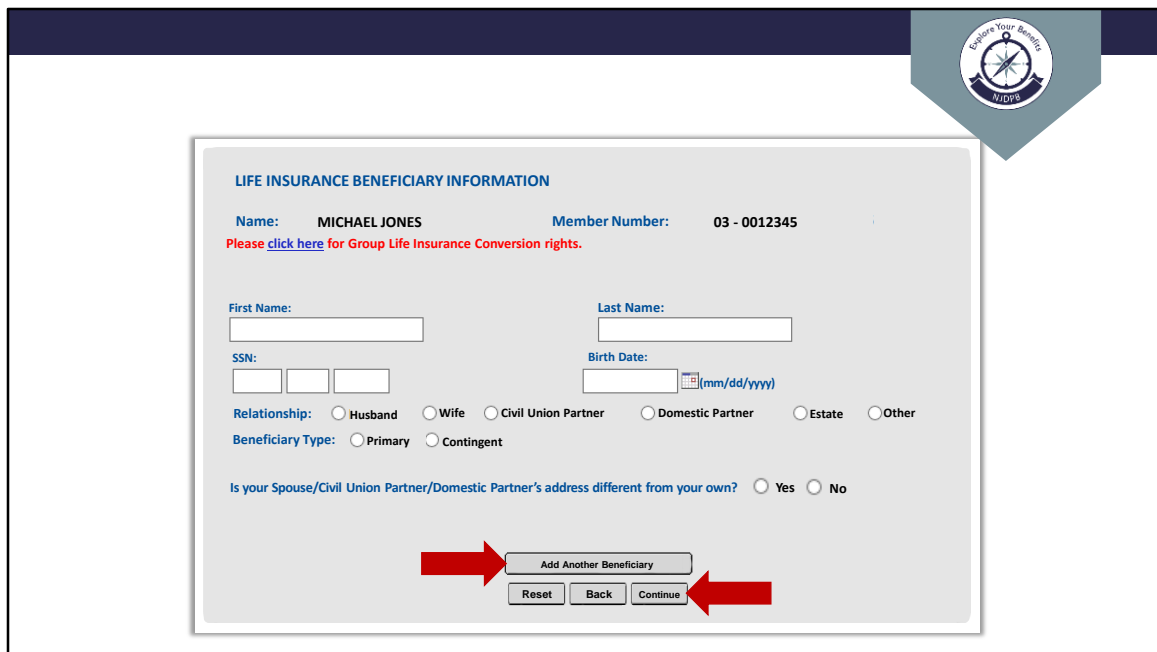
Address 1: [   ]   Address 2: [   ]   City: [   ]

State: [NJ ▼]   Zip: [   ] - [   ]   Country: [UNITED STATE OF AMERICA ▼]

[Add Another Beneficiary]

[Reset] [Back] [Continue]

If you select "Estate" as your beneficiary, several fields will be grayed out and "YOUR ESTATE" will automatically be written in the first and last name fields. If applicable, enter your estate's tax ID number in the appropriate field. If you do not have one, leave this field blank.

Then, as previously explained, indicate if this beneficiary will be the primary or contingent.

If you have more than one life insurance beneficiary, click the "Add Another Beneficiary" button to display a new set of fields.

Once you have designated all of your life insurance beneficiaries, click "Continue" to review your retirement application summary.

Carefully review your retirement application summary.

If you see an error, click the blue section headers to make the necessary corrections.

If the summary information is correct and you wish to submit your retirement application, click the "Yes" button at the top of the page.

Message from webpage

Are you sure that you want to submit this Retirement Application?

PLEASE NOTE: You will be unable to cancel this Retirement Application until the NEXT BUSINESS DAY.

In the event you wish to change your Retirement date after confirming the submission of this application or at a later date, and this is not a Disability Retirement Application, you will be required to cancel your current application, and then file a new application the NEXT BUSINESS DAY. This will guarantee all membership information relating to your retirement and health benefits are properly updated and maintained in your membership file to ensure the accurate processing of your benefits.

OK   Cancel

You will need to confirm that you wish to submit your retirement application by clicking the "OK" button.

Clicking "Cancel" will close the message box and you will return to the summary page.

To exit the application without submitting, click the "Home" button located at the top of the screen.

printable version

Retirement Application

Name: MICHAEL JONES   **Member Number:** 03 - 0012345

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 email, please contact the MBOS Help Desk, at (609) 292 -7524.

A confirmation message will appear when your retirement application has been submitted successfully.

It is recommended that you keep a copy of your application for your records. Use the printable version link at the top of the page to save or a print a copy of your application.

Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.

THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.

Is the below summary information correct?

[Yes] [No] [Cancel Application]

MEMBER INFORMATION
Name: MICHAEL JONES   **Member Number:** 03 - 0012345
Date of Birth: 08/21/1973
Address: 123 MAIN STREET APT 5
City: ANYTOWN   **State:** NJ **ZIP:** 08608 **Country:** UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-1234
Work Phone Number: (609)555-9876 **Ext:** 321
E-mail: michael.jones@mail.com
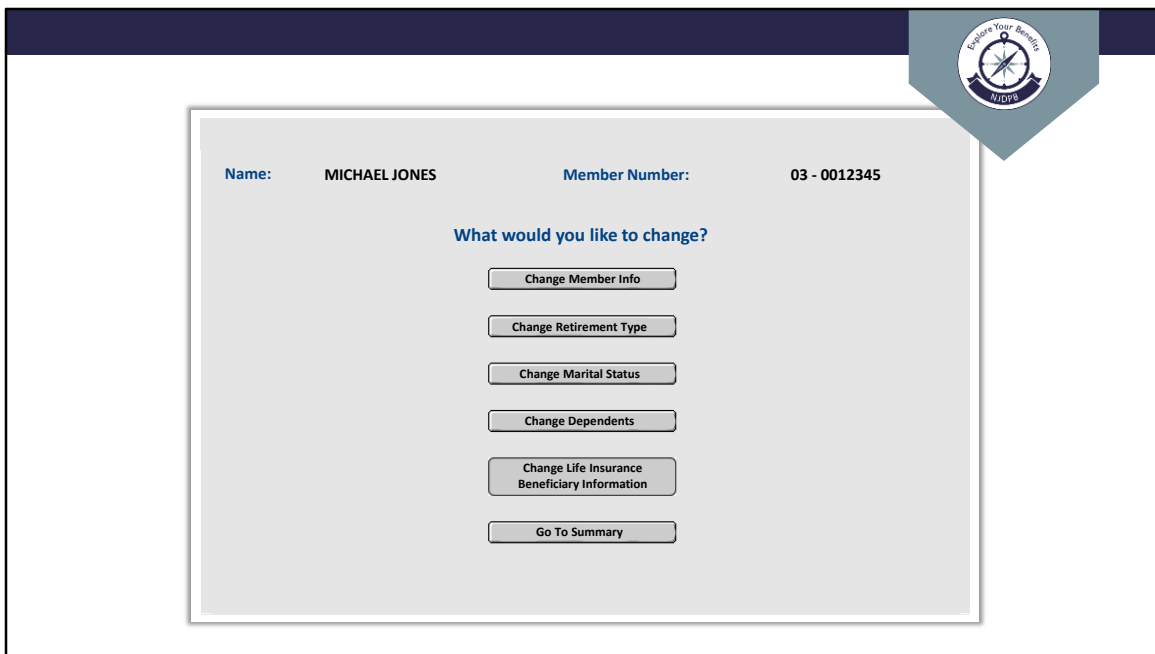**Employer Name:** ANYTOWN TOWNSHIP

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
Retirement Type: SPECIAL
Service credit purchase application WAS NOT submitted within the past 6 months.

SURVIVOR INFORMATION
Status: WIFE
Name: MARY JONES
Date of Birth: 11/02/1974
Address: ADDRESS IS THE SAME AS THE MEMBER

DEPENDENT INFORMATION
First Dependent's Name: MICHAEL JONES JR.
Date of Birth: 01/14/2008
Address: 123 MAIN STREET APT 5
City: ANYTOWN   **State:** NJ **ZIP:** 08608 **Country:** UNITED STATE OF AMERICA

If you need to make a change to your application, you can access your retirement application after one business day.

Once you've returned to your retirement application summary, click "No" to make your changes.
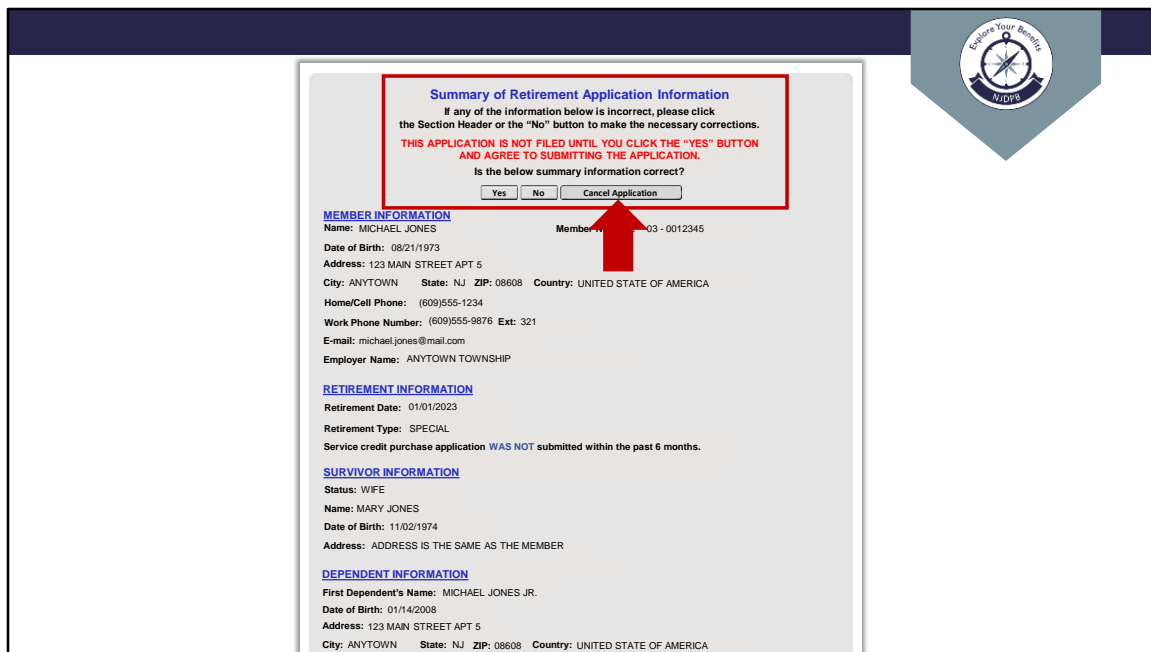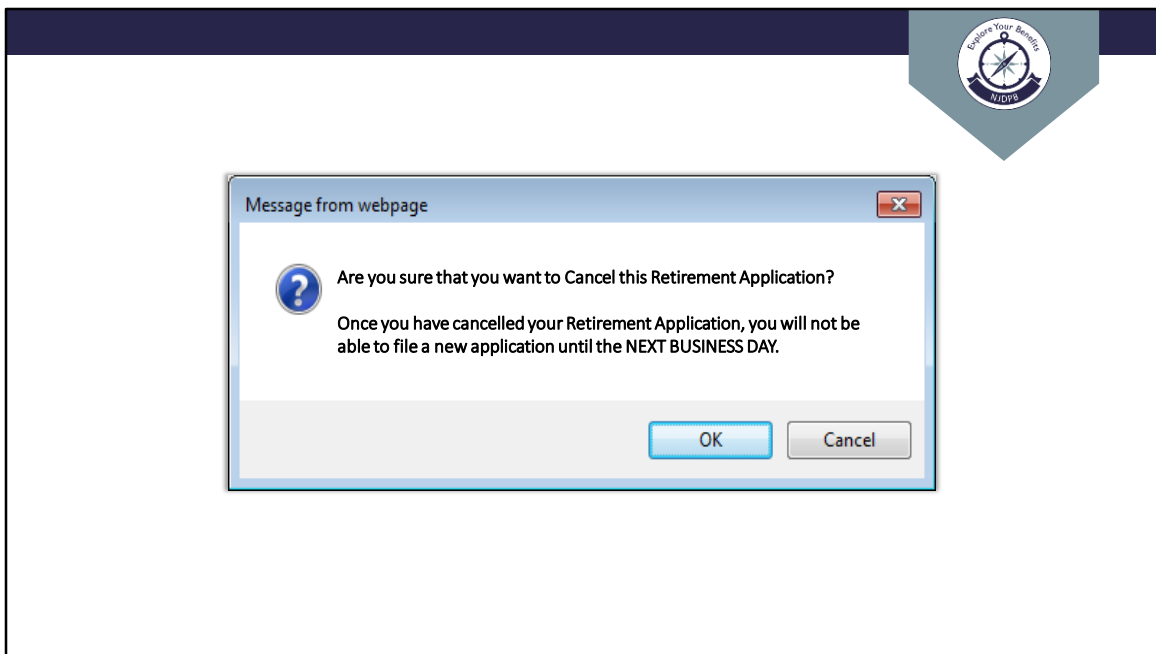
Click on the appropriate button to make the necessary changes.

Once complete, resubmit your retirement application.

If you would like to cancel your retirement application, click the "Cancel Application" button at the top.

Confirm the cancellation by clicking the "OK" button.

If you wish to change your retirement date, you will need to cancel your current application, wait one business day, then submit a new application. Please note the information previously entered on the old application will not be saved.

Phone: (609) 292-7524

Email: *pensions.nj@treas.nj.gov*

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

For more information about retirement, see our website for the Online Retirement Guide and retirement fact sheets. Both are located on our website: *www.nj.gov/treasury/pensions*

If you have any questions regarding the retirement process, you can reach out to the Division of Pensions & Benefits by telephone, email, or postal mail.

For additional information about retirement see the Online Guide to Retirement and the following retirement planning fact sheets both available on our website at *www.nj.gov/treasury/pensions*:
- *Retirement – How to Apply for PFRS Members* fact sheet
- *Retirement Checklist* fact sheet
- *Disability Retirement Benefits for PFRS* fact sheet