

Email Message – October 25, 2019

TO: ABP Certifying Officers

FROM: New Jersey Division of Pensions & Benefits (NJDPB)

SUBJECT: Election to Waive ABP Participation for Members of PERS/TPAF Form

It accordance with N.J.S.A. 18A:66-170, the NJDPB must be notified within 30 days of a PERS or TPAF member's appointment to an ABP-covered position if he/she wishes to waive participation in the ABP. The attached *Election to Waive ABP Participation for Members of the PERS/TPAF* form permits members to file the form, ensuring that this deadline is met.

Please destroy any previous versions of this form that you may have and replace them with the form attached. This form is also available on our website at: www.nj.gov/treasury/pensions

Thank you for your cooperation.

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Do not reply to this email message or mailbox. Incoming messages cannot be received. If you have questions or concerns about the content of this message, contact the New Jersey Division of Pensions & Benefits at: pensions.nj@treas.nj.gov



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

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

**ELECTION TO WAIVE ABP PARTICIPATION
FOR MEMBERS OF PERS/TPAF**

Name _____

Social Security Number _____ Title _____

Employing Institution _____

I certify that I am now a member of the:

- Teachers' Pension and Annuity Fund (TPAF)
Membership Number _____
- Public Employees' Retirement System (PERS)
Membership Number _____

In accordance with N.J.S.A. 18A:66-170, this form must be filed with the New Jersey Division of Pensions & Benefits (NJDPB) within 30 days of the appointment to an eligible Alternate Benefit Program (ABP) position or within 90 days of a job title being declared eligible by the NJDPB.

I wish to remain in the Public Employees' Retirement System (PERS) or transfer my pension contributions to the PERS from the Teachers' Pension and Annuity Fund (TPAF) and waive my statutory right to participate in the ABP. I understand that my decision is irrevocable.

To ensure the right to waive participation in the ABP, we recommend the member file the completed form with the NJDPB within 30 days of the appointment to an ABP-eligible position.

Employee Signature

Date

WITNESSED BY OFFICIAL OF EMPLOYING AGENCY

Signature of Official _____

Title _____

Institution _____