



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — DEFINED CONTRIBUTION
RETIREMENT PROGRAM (DCRP)**

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

DCRP ELIGIBILITY STATUS CHANGE VERIFICATION FORM

Employer Name

Location Id

This is to advise you that:

NAME _____

MAILING ADDRESS _____

MEMBERSHIP NO. _____

Assigned By Division Of Pensions & Benefits

SOCIAL SECURITY NO. _____

LAST 12 MONTH SALARY \$ _____

Has ceased contributing to the DCRP because of:

- 1) **LOSS OF ELIGIBILITY** — No longer eligible for DCRP due to annual salary that is less than the required minimum.
Effective date _____
- 2) **STATUS CHANGED TO FULL TIME** — Eligible for enrollment in the Public Employees' Retirement System, Teachers' Pension and Annuity Fund, Police and Firemen's Retirement System, or State Police Retirement System.
Effective date _____
- 3) **TERMINATION OF EMPLOYMENT**
Effective date _____
Reason for Termination _____

- 4) **LEAVE OF ABSENCE**
Granted without pay effective _____ through _____
for _____

Has resumed contributing to the DCRP because of:

- 5) **RETURN FROM LEAVE OF ABSENCE**
Effective date _____

Signature Of Certifying Officer