NJDPB Pensions & Benefits

Explore Your Benefits

State of New Jersey • Department of the Treasury

HS-0197-0418

DIVISION OF PENSIONS & BENEFITS — STATE HEALTH BENEFITS PROGRAM

P.O. Box 299, Trenton, NJ 08625-0299

ROSTER OF EMPLOYEES

Name of Employer _____

Signature of Certifying Agent _____

County _____

Date Prepared _____

INSTRUCTIONS

1. DO NOT WRITE IN THIS COLUMN.
2. List every employee, every official appointed for a fixed statutory term of office, and every elected official.
3. List every employee's social security number.
4. List every employee's payroll title.
5. List every employee's type of employment - *Sections a through e:*

a. Full time - indicate by using "X".

b. Part time - show number of hours employed ***per week.***

c. Appointed employee - show length of term permitted by statute.

d. Elected official - indicate by using "X".

e. Other: Indicate any type of employment not covered in sections a through d. *Example: fee basis, dollar amount per meeting, dollar amount per license, etc.*

1. FOR NJDPB USE ONLY *(Coverage Selected)*	2. NAME OF EMPLOYEE	3. SOCIAL SECURITY NUMBER	4. PAYROLL TITLE	5. TYPE OF EMPLOYMENT				
				a. FULL TIME Use "X"	b. PART TIME *Enter # of Hours*	c. APPOINTED *Length of Term*	d. ELECTED Use "X"	e. OTHER *(Explain)*