



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION

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

ELIGIBILITY DETERMINATION APPLICATION FOR PERS AND TPAF TIER 4 AND 5 LONG-TERM DISABILITY

To determine if you are eligible to apply for a Long-Term Disability, please complete the Member Information section below.

MEMBER INFORMATION (Please print)Name _____ Social Security Number _____
Last First

Member Number _____ Employer _____

Address _____
Street City State Zip Code

Phone Number _____ Email _____

Have you applied for or are you receiving Workers' Compensation benefits? Yes No

Date of Disability ____/____/____

Member's Signature Date**Submit completed form to:****New Jersey Division of Pensions & Benefits
Disability Retirement Section
P.O. Box 295
Trenton, NJ 08625-0295****Or email to:*****PensionsLTD@treas.nj.gov*****For NJDPB Use Only**

Location _____ Date of Birth ____/____/____ Age _____ Membership Tier _____

Branch Code _____ LTD Effective Date ____/____/____ Last 10 or 12 month salary _____

Date of Last Contribution ____/____/____

Was the member terminated? Yes No If yes, Date ____/____/____If member was terminated, were there charges against the member? Yes NoWas member dismissed? Yes No If yes, Date ____/____/____Did member resign? Yes No If yes, Date ____/____/____Reviewed by _____ Eligible? Yes No If No, reason _____