



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — RETIREMENT
EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT

This form must be completed by the employing agency. See instructions on page 3.

Retirement System [] PERS [] TPAF [] PFRS [] SPRS [] JRS

Name of Member _____ Membership Number _____

Date of Birth _____ Retirement Date _____

1. I certify that this former employee [] Resigned [] Was Dismissed* [] Was Terminated (For definitions, please see instructions page.)

*Employee was dismissed due to: (Please check all that apply)

- [] Administrative Charges – Is the member appealing the dismissal? [] Yes [] No [] Don't Know
(Please provide copies of the Preliminary and Final Notices of Disciplinary Action.)
[] Criminal Charges – Is the member appealing the dismissal? [] Yes [] No [] Don't Know
(Please provide details of charges and agency to which matter was referred. For example, County, Prosecutor's Office, etc.)
[] Settlement Agreement (Please provide a copy of the settlement agreement.)
[] Reduction in Force (Please provide a copy of the layoff notification.)

2. The last pension deduction was/will be made for the period of _____
Month or Pay Period/Year

If the last day of active service was 31 or more days prior to the retirement date:

Was the member on an official leave of absence? [] Yes [] No

If yes, was the leave of absence [] paid or [] unpaid?

Please enter the leave begin/end date combinations in order, starting with the most recent date:

Begin Date _____ (MM/DD/YYYY) End Date _____ (MM/DD/YYYY)
Begin Date _____ (MM/DD/YYYY) End Date _____ (MM/DD/YYYY)
Begin Date _____ (MM/DD/YYYY) End Date _____ (MM/DD/YYYY)

Was the member terminated? [] Yes [] No

Was the member suspended? [] Yes [] No

3. Member's title at time of retirement _____

4. Type of Disability Retirement (check one) [] Ordinary [] Accidental* (The Disability Retirement will not be processed until the NJDPB receives a copy of the current job/position description.)

*Please enter the accident date(s) in order starting with most recent date:

Accident Date 1 (MM/DD/YYYY) _____ Accident Date 4 (MM/DD/YYYY) _____
Accident Date 2 (MM/DD/YYYY) _____ Accident Date 5 (MM/DD/YYYY) _____
Accident Date 3 (MM/DD/YYYY) _____ Accident Date 6 (MM/DD/YYYY) _____

Did the accident(s) occur during the performance of the employee's duties? [] Yes [] No

Is a record of the accident(s) on file? Yes No

Was the accident(s) a result of the employee's negligence? Yes No

5. Is there any other job/position available to this member? Yes No (If yes, attach a copy of the available job/position.)

6. Has the employee filed a claim for Workers' Compensation? Yes No

7. The employee is* is not receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment.

*Workers' Compensation Carrier's Name and Address _____

8. Did the employee receive a significant pay increase the year prior to the termination date? Yes No

If yes, please attach all supporting documentation including contracts, board minutes, title changes, longevity rates, or retroactive salary adjustments. Please enter the annual salary/effective date combinations starting with the most recent date. Attach additional pages if needed.

Annual Salary _____	Effective Date _____ (MM/DD/YYYY)
Annual Salary _____	Effective Date _____ (MM/DD/YYYY)
Annual Salary _____	Effective Date _____ (MM/DD/YYYY)
Annual Salary _____	Effective Date _____ (MM/DD/YYYY)

If no, please provide the salary for the last year of employment: \$ _____

9. Has the employee made any pre-arrangement to return to employment with your agency in any capacity? Yes No

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer: _____
Print Name *Signature* *Month/Day/Year*

Phone Number: (____) _____ — _____ Ext: _____ Email Address: _____

Employing Agency: _____ Employer Location Number: _____

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits with the NJDPB. Failure to provide this information will delay processing of the member's retirement application.

DEFINITIONS

Resigned – Member voluntarily left employment not due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.

Dismissed – Member left employment due to the conditions of a settlement agreement, a reduction in force/non-renewal of a contract or as a result of administrative and/or criminal charges.

Terminated – Member involuntarily left employment not due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.

ITEMS REQUIRING SPECIAL ATTENTION

- ITEM 1:** If the employee was dismissed, the requested documents must be attached, or the processing of the member's *Retirement Application* will be held in abeyance until they are received.
- ITEM 2:** A member must terminate employment before his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1. If the member terminated employment 31 or more days prior to the retirement date, you must indicate if the member was on an official leave of absence, if the member was terminated, or if the member was suspended.
- ITEM 4:** Select whether the employee has filed for Ordinary or Accidental Disability Retirement and attach the member's job description to this certification. If filing for an Accidental Disability, complete the remaining questions and attach copies of accident reports including any witness statements.
- ITEM 5:** If there is any other job/postion available to the member, attach a copy of the job description.
- ITEM 7:** If the employee is receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as result of service performed in public employment, provide the name and full mailing address of the Workers' Compensation carrier.
- ITEM 8:** If the employee received a significant pay increase in the year prior to the termination date, all supporting documentation including contracts, board minutes, title changes, longevity rates, or retroactive salary adjustments must be attached.
- ITEM 9:** An employer or employee may not make any pre-arrangements for the employee to return to employment after retirement in any capacity with that employer on either a paid or volunteer basis.

Submit this certification to:

**New Jersey Division of Pensions & Benefits
Retirement Bureau
P.O. Box 295
Trenton, NJ 08625-0295**