



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**

PART ONE - MEMBER INFORMATION (To be completed by the member)

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*

PART TWO - CERTIFICATION OF EMPLOYING AGENCY (To be completed by the employer)

_____/_____/_____
Print Certifying Officer Name *Signature* *Date*

Title *Institution*