



TO: New Hire

FROM: Human Resources

RE: **ABP RETIREMENT ENROLLMENT**

WELCOME TO HUDSON COUNTY COMMUNITY COLLEGE

The New Jersey Division of Pension and Benefits requires Local Education Employees to enroll in a pension plan, **Alternative Benefit Program (ABP)**. Your enrollment effective date is your exact start date.

If you choose not to complete the enrollment benefits forms, you will automatically be enrolled. ***Below is a brief description of your pension plan.***

ABP – Is a defined contribution retirement program and members contribute 5% of their salary, with an 8% employer match. ABP provides life insurance that is 3.5 times base salary, at no cost to you. There are seven carriers to choose from. *Note, you must contact the carrier of your choice to establish an account with them. **By regulation, if a carrier is not chosen, one will be elected for you.***
(Carrier chosen will be the default carrier assigned to HCCC)

Thank you,

Office of Human Resources



Alternate Benefit Program (ABP)

Information for:
Alternate Benefit Program

The Alternate Benefit Program (ABP) is a tax-sheltered, defined contribution retirement program for higher education faculty and certain administrators. The ABP provides retirement benefits, life insurance, and long-term disability coverage, which — when combined with Social Security and other tax-deferred plans — can provide security in retirement.

ELIGIBILITY

Full-time and adjunct faculty, part-time instructors, officers, visiting professors, and certain professional administrative staff required to possess a college degree or its equivalent can participate in the ABP. Full-time is defined by statute to include anyone receiving 50 percent or more of base salary, and may include anyone on sabbatical or paid leave of absence for a period not to exceed one year.

Individuals not eligible for membership include: temporary employees (with the exception of visiting professors appointed for a school year, a semester, or a lesser period of time); faculty members temporarily in the U.S. under an F or J visa; employees in a career service title as defined by the New Jersey Civil Service Commission; employees in clerical and other nonprofessional positions; and any employee receiving a retirement benefit from any New Jersey State-administered retirement system, including the ABP.

The following State agencies and institutions of higher education are covered by the ABP:

- Atlantic Cape Community College
- Bergen Community College
- Brookdale Community College
- Camden County College
- County College of Morris
- Cumberland County College
- Department of Education (limited positions)
- Essex County College
- Higher Education Student Assistance Authority
- Hudson County Community College
- Kean University of N.J.
- Mercer County Community College
- Middlesex County College
- Montclair State University
- New Jersey City State University
- N.J. Institute of Technology
- Ocean County College
- Passaic County Community College
- Ramapo College of N.J.

- Raritan Valley Community College
- Rowan University of N.J.
- Rowan College at Burlington County
- Rowan College at Gloucester County
- Rutgers Biomedical
- Rutgers, The State University
- Salem Community College
- Stockton University
- Sussex County Community College
- The College of New Jersey
- Thomas Edison State University
- Union County College
- University Hospital
- Warren County Community College
- William Paterson University of N.J.

TAX-SHELTERED INCOME

Members annually contribute five percent of base or contractual salary matched by an eight percent employer contribution* to a tax-deferred investment account. This account may be established with any of the current authorized providers: AXA Financial (Equitable), MassMutual Retirement Services (formerly

**N.J.S.A. 18A:66-174 established that as of July 1, 2010, the employer contribution may not exceed eight percent of the maximum salary for State department officers as established by law. Currently, N.J.S.A. 52:14-15.107 sets the maximum annual salary of department officers at \$175,000 per calendar year.*

The Hartford), MetLife (formerly Travelers/CitiStreet), Prudential Retirement Services, TIAA, VALIC, and Voya.

Additional voluntary federal tax-deferred contributions under Internal Revenue Code (IRC), Section 403(b), may also be made based on the actual base salary paid, less the mandatory five percent member contribution. Before having any additional contributions deducted, members should contact the authorized carrier of their ABP account for a calculation on the exact amount available to them for a Section 403(b) contribution. These contributions cannot exceed the actual dollar limits eligible for tax shelter in a given tax year.

For most ABP members, mandatory employee and employer contributions are held in delayed-vesting status during the first year of ABP-eligible employment. The member is vested in the ABP beginning in the second year of ABP-eligible employment.

Some ABP members can be immediately vested if the member has an existing retirement account containing employee and employer contributions from employment in higher education, or is an active or vested member of a federal or state retirement system and transfers that retirement system membership to the ABP.

When vested, all contributions and accumulations in the ABP account belong to the member and provide benefits when the member is eligible to receive them. Vested members of the ABP are also eligible to apply, through their provider, for loans made from the member's account balance. Contact the authorized provider for borrowing and repayment procedures.

Note: While in delayed-vesting status, loans or the transfer of funds between carriers are not permitted. If a member leaves ABP-eligible employment before becoming vested, only the employee contributions, including any investment gain or loss, can be refunded. The employer contributions revert back to the em-

ployer. The refund of contributions to a non-vested member is considered a withdrawal from the ABP.

RETIREMENT

Six months before retirement, a member should contact the employer and the authorized carrier for information regarding benefits and options. The carriers regularly provide informational seminars on retirement.

A member may elect to receive all or a portion of his/her account in a lump-sum distribution, or as a fixed term or life annuity. There is no minimum retirement age under the ABP; however, lump-sum cash distributions to members under the age of 55 are limited to the member's contributions and earnings. The remaining employer contributions and earnings are only available after age 55. The types of payout plans vary and should be considered when selecting a carrier. All returns of contributions and earnings are considered taxable in the year they are received. There is no minimum retirement age under the ABP.

A member may begin collecting an annuity, or take a cash distribution, at any time after termination of employment; however, if you return to public employment in New Jersey, you cannot participate in any State-administered retirement system. The member will automatically be considered retired, regardless of age, if there is any distribution of mandatory contributions.

Post-Retirement Employment Restrictions

If you are considering working after retirement, you should be aware of the restrictions imposed by laws and regulations governing post-retirement employment. It is your responsibility to inform your prospective employer that you are receiving retirement benefits from a New Jersey State-administered retirement system. As a retiree of the ABP, you are prohibited from enrolling in any New Jersey State-administered

retirement system once you have collected a distribution from your tax-deferred investment account. If you want to supplement your income after you retire, employment with a private company, the federal government, or another state will not affect your right to receive your retirement benefits.

Retirees are required to completely separate from service before returning to public employment in New Jersey in a position covered by a different retirement system. IRC sections 401(a) and 414(d) establish the ABP as a qualified governmental defined contribution retirement program. New Jersey State-administered retirement systems generally do not permit the payment of retirement benefits without a complete severance from your employer. In order to preserve the qualified status of the plan and to protect retirees from a 10 percent early distribution tax penalty on their monthly pensions, the New Jersey Division of Pensions & Benefits (NJDPB) is required to adopt and enforce regulations to ensure compliance with the IRC requirements.

Should you return to work with your former employer, you must first determine if you have met the requirements of a bona fide severance of employment as defined under N.J.A.C. 17:1-17.14(a)2. Bona fide severance from employment means there was a complete termination of the employer/employee relationship for a period of at least 180 days from the date of your retirement. Re-employment by a different unit of the same public employer within the 180 days of retirement, whether in a position covered by the same retirement system or a different retirement system, is considered to be employment by the same employer. See the exception in the "Transition To Retirement Programs (TTRP)" section.

Transition to Retirement Program (TTRP)

For ABP members, a Transition to Retirement Program (TTRP) allows members to collect retirement

benefits in conjunction with continued active employment without penalty. Members are eligible to participate in a TTRP if they:

- Sign a contract with the employer to participate in a TTRP;
- Are full-time tenured faculty with a minimum age of 55;
- Served a minimum of 10 years at a college or university; and
- Submitted a request to retire under the terms of the TTRP to their employer no later than April 1st of the calendar year preceding the academic year in which they wish to participate in the program.

If eligible to participate in a TTRP, members must adhere to the following program requirements:

- Participating faculty must officially retire from the college or university, then seek re-employment under the terms of the program requirements;
- As retirees, participating faculty have no claims of tenure or other rights and/or obligations of a tenured faculty member;
- In no event shall the total assignment exceed 50 percent of a full-time faculty load; and
- Participating faculty shall receive compensation proportional to the assignment approved by the college or university, which shall not exceed 50 percent of their final year's salary.

Under N.J.A.C. 17:7-8.11, members are limited to a maximum TTRP period of one year after the retirement date. Upon request, evidence shall be submitted to the NJDPB demonstrating the employer's actions to ensure that all TTRPs are compliant with the one-year requirement. Furthermore, ABP employers shall provide to the NJDPB an annual listing of all ABP members at their location who are participants of their TTRP.

Note: Under N.J.A.C. 17:7-8.11(a)2i, a TTRP agreement established prior to September 21, 2015, and retroactive to July 1, 2008, remains in effect. Members whose prior TTRP agreement allows for participation for more than one year may elect to participate in their TTRP through September 21, 2020.

LIFE INSURANCE COVERAGE

All ABP members are covered by employer-paid life insurance, payable to their designated beneficiaries, in the amount of 3.5 times the employee's annual base salary. This coverage is available without a medical examination to members under age 60. Newly enrolled members 60 years of age or older must undergo a medical examination to qualify. The Internal Revenue Service (IRS) classifies all life insurance coverage over \$50,000 as a fringe benefit subject to taxation. While the amount of the life insurance coverage is not taxable, the premium required to pay for the life insurance coverage is taxable. Members can elect to waive insurance coverage over \$50,000 at any time.

ABP members on a leave of absence without pay continue to be insured for:

- Up to two years while on an approved leave of absence for illness;
- Up to one year while on an approved leave of absence to fulfill a residency requirement for an advanced degree; or
- Up to 93 days while on a leave for other reasons, including child care.

Upon retirement, life insurance reduces to 50 percent of the annual base salary. This life insurance coverage is available in retirement only to members age 60 or older, and only if the member has completed 10 years of participation in the ABP at an eligible New Jersey institution of higher education. The member also had to be an active employee in the twelve months immediately preceding the initial receipt of a

retirement annuity payment.

Life insurance coverage ceases 31 days after termination of employment. During the 31-day period following termination of employment, the member may convert existing group life insurance coverage (less any amount of coverage carried over into retirement) into an individual whole life policy, without medical examination. For more information, see the *Conversion of Group Life Insurance* Fact Sheet.

LONG-TERM DISABILITY INSURANCE COVERAGE

A member is eligible for employer-paid, long-term disability insurance coverage after one year of participation in the ABP. If a member is totally disabled due to an occupational or nonoccupational condition, the member is eligible to receive a monthly benefit of up to 60 percent of the base salary earned during the 12 months preceding the onset of the disability. This monthly benefit is offset by any other periodic benefit the member may be receiving, such as Workers' Compensation, short-term disability, or Social Security. In addition, while the member is considered disabled, the member's and the employer's mandatory contributions are automatically credited to the member's retirement account.

The member becomes eligible for the disability benefit after six consecutive months of total disability. To be considered totally disabled due to sickness or accidental bodily injury, the member must be unable to perform any and every duty pertaining to his/her occupation. The member need not be confined to home, but must be under a doctor's regular care. Eighteen months after the onset of long-term disability eligibility, the member must be unable to engage in any gainful occupation for which he/she is reasonably suited by education, training, or experience. These benefits will be paid as long as the member remains disabled or until the member attains age 70. Should the member begin receiving payments under

the retirement annuity, disability benefits will terminate. Total disability is not considered to exist if the member is gainfully employed, incarcerated, or if the disability resulted from an act of war or was intentionally self-inflicted.

The following providers are currently approved by the NJDPB to offer annuity investment accounts for ABP members:

AXA Financial (Equitable)

333 Thornall Street, 8th Floor
Edison, NJ 08837
1-800-628-6673
www.equitable.com/nj

**MassMutual Retirement Services
Gitterman Wealth Management**

(formerly The Hartford)
379 Thornall Street
Edison, NJ 08837
(848) 248-4405

www.massmutual.com/serve

MetLife *(formerly Travelers/CitiStreet)*

581 Main Street, 6th Floor
Woodbridge, NJ 07095
1-800-543-2520
www.njabp.metlife.com

Prudential

30 Scranton Office Park
Scranton, PA 18507
1-855-652-2711
TDD line: 1-877-760-5166
www.prudential.com

**Teachers Insurance and Annuity
Association (TIAA)**

155 Village Blvd, Suite A
Princeton, NJ 08540
1-800-842-8412
www.tiaa.org/njabp

VALIC

135 Route 202/206, Suite 13
Bedminster, NJ 07921
(908) 470-4110
<https://njabp.valic.com/plan-details>

VOYA Financial Services

581 Main Street, 4th Floor
Woodbridge, NJ 07095
1-877-873-0321 or
1-800-525-4225
voyaretirement.voya.com/eportal/welcome.do

This fact sheet has been produced and distributed by:

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

(609) 292-7524

*For the hearing impaired: TRS 711 (609) 292-6683
www.nj.gov/treasury/pensions*

PART 1 - MEMBER INFORMATION

1. Name: _____
First Middle Last

2. Date of Birth: _____ / _____ / _____ Gender: Male ☐ Female ☐
Month Day Year

3. Address: _____
Street City State Zip Code

4. Phone Number: (____) _____ — _____ 5. Social Security Number: _____

6. Have you ever been a member of a New Jersey State-administered retirement system? ☐ Yes ☐ No
If yes, check fund and indicate membership number: ☐ ABP ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS
Membership number: _____ Are you retired from this retirement system? ☐ Yes ☐ No

7. Are you eligible for immediate vesting in the ABP? (See eligibility criteria on page 2.)
☐ Yes ☐ No If yes, identify how you qualify: _____

Signature of Applicant

Date

PART 2 - CASH DISTRIBUTION (VESTED MEMBERS ONLY)

A member of the Alternate Benefit Program (ABP) becomes eligible to commence distributions at any age upon severance from employment or retirement. Members may receive benefits in the form of an annuity or cash distribution. Annuity benefits will be calculated by the Designated Service Provider (DSP) based upon the account accumulation, life expectancy, and the distribution option selected. Cash distributions to members under the age of 55 are limited to their employee contributions and accumulations. The remaining employer contributions and earnings are available for distribution upon attaining age 55. Participation in the ABP shall terminate and the individual shall be considered retired once he or she has elected to receive a distribution of the value of his or her accounts in a direct payout as a cash distribution, a rollover, or an annuity (or a combination of these distributions). The member is considered retired and is not eligible to enroll in any New Jersey State-administered retirement system, nor is he/she eligible to re-enroll in the ABP.

☐ I hereby acknowledge that I have been counseled regarding my election to withdraw funds from my mandatory 401(a) account.

Signature of Applicant

Date _____

PART 3 - CERTIFICATION OF EMPLOYING AGENCY *(To be completed by the employer.)*

Title of Position: _____ Employed: ☐ 10 ☐ 12 months Appointment Date: ____/____/____

Employing Institution: _____ Location Number: _____ Annual Base Salary \$ _____

Full-Time Employee: ☐ Yes ☐ No

Academic Position: ☐ Yes ☐ No

Bachelor's Degree: ☐ Yes ☐ No

Administrative Position: ☐ Yes ☐ No

Immediately Vested: ☐ Yes ☐ No

Adjunct/Part-Time Faculty: ☐ Yes ☐ No

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

Certifying Officer: _____

Print Name *Signature* *Date*

Certifying Officer's Supervisor: _____

Print Name *Signature* *Date*

GENERAL INFORMATION

Eligibility — All full-time faculty and administrative personnel required to possess a Bachelor's Degree are eligible for enrollment in the ABP. Adjunct faculty and part-time instructors are also eligible for enrollment in the ABP under the provisions of P.L. 2008, c. 89 (Chapter 89). Other employees hired in a temporary position are not eligible. Employees earning less than 50 percent of the normal base salary are not eligible. Employees with F or J visas are not eligible.

Note: A retiree from any New Jersey State-administered retirement system is ineligible to participate in the ABP.

Vesting Eligibility Criteria — A member is immediately vested if he/she owns a retirement contract that contains both employer and employee contributions that is based upon employment in the field of higher education or transfers an active or vested New Jersey State-administered retirement system account to the ABP. The retirement contract must be in force, i.e., the employee is entitled to receive benefits at a future date. The member is also immediately vested if he/she is an active or vested member of a state-administered retirement system of any state in the United States.

Individuals Age 60 Or Older — To be covered by the group life and long-term disability insurance programs, you must submit to a medical examination to prove insurability. A medical examination will be arranged for you. Upon advice from the insurance carrier that you have proved insurability, you will be covered.

Service Credit — Pension membership credit begins to accrue from the date you become eligible for enrollment in the ABP.

Investment Carrier Selection — ABP members must complete an *Alternate Benefit Program (ABP) Carrier Election and Allocation* form and the application forms of each investment carrier selected.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

All applications should be submitted online using the Employers' Pensions and Benefits Information Connection (EPIC). In the event that you cannot complete the *ABP Enrollment Application* online, please mail this completed application to the address below.

Parts 1 & 2 are to be completed by the employee. Part 3 is to be completed by the employer.

ITEMS 1 - 5 — Please complete all items.

ITEM 6 — If you were recently a member of the Teachers' Pensions and Annuity Fund (TPAF), the Police and Firemen's Retirement System (PFRS) or the Public Employees' Retirement System (PERS) and did not withdraw your contributions from that retirement system, you may remain in, or transfer into, the PERS and waive participation in the ABP. You may obtain a proper transfer form from your human resources office. However, if you elect to participate in the ABP, this *Enrollment Application* must be completed and submitted with the appropriate application to transfer contributions to the ABP.

ITEM 7 — See vesting eligibility criteria above. If you answer "Yes," employer and employee contributions vest immediately. If you answer "No," employer and employee contributions are remitted to the one investment carrier you select. However, the employer contributions are not vested until your 13th consecutive month of employment. If you terminate employment prior to your 13th month, the employer contributions are returned to your employer.

APPLICANT SIGNATURES — All applicants must sign and date Part 1. Vested members must also check the box, sign and date Part 2, acknowledging that they have read the cash distribution information.

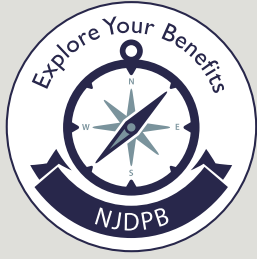
GROUP LIFE INSURANCE AND DESIGNATION OF BENEFICIARY — The designation of beneficiary is not a part of this application. Upon enrollment, a new ABP member's estate is automatically designated as the beneficiary for any death benefit. New members should update their beneficiary information by completing an *ABP Designation of Beneficiary* form and submitting it to the New Jersey Division of Pensions & Benefits (NJDPB).

You may change your beneficiary designation for the group life insurance at any time. The change must be filed with the NJDPB and supersedes any previous designation on file. The *ABP Designation of Beneficiary* form is available from the employer or on the NJDPB website at: www.nj.gov/treasury/pensions

This does not change your beneficiary designation for your annuity. Contact your individual investment carrier(s) for changes to your annuity.

Return this completed form to:

**New Jersey Division of Pensions & Benefits
Defined Benefit & Defined Contribution Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295**



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

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

**ALTERNATE BENEFITS PROGRAM (ABP)
CARRIER ELECTION AND ALLOCATION**Name _____
Last First MISocial Security Number _____ ABP Number _____
if assignedAddress _____
Street

City State Zip

Daytime Telephone Number (_____) _____

AUTHORIZED INVESTMENT CARRIERS

If you are vested, select any number of investment carriers and allocate the percentage of your contributions to each one, totaling 100 percent. Percentages must be whole numbers. You must establish a valid account directly with the carrier(s) you select.

Check One: ☐ Initial Election ☐ Subsequent Election

_____ AXA Financial (Equitable)	_____ %
_____ MassMutual Retirement Services (The Hartford)	_____ %
_____ ING/VOYA Financial Services	_____ %
_____ MetLife (formerly Travelers/CitiStreet)	_____ %
_____ Prudential	_____ %
_____ TIAA-CREF	_____ %
_____ VALIC	_____ %
	100%

I elect to allocate my total employee and employer tax sheltered contributions as indicated above. This allocation becomes effective within 30 days of receipt of a properly completed form. I have read and understand the information on the back of this application about my ABP membership.

Employee Signature _____ Date _____

Certifying Officer Signature _____ Date _____

Certifying Officer's Phone Number (_____) _____

ABP

Information For New Applicants

A *Carrier Election and Allocation* form must be completed to identify the investment carrier(s) with which you want your contributions invested.

If you are eligible for immediate vesting, the employer contributions become your property immediately upon investment in your account. You may elect any number of investment carriers and designate the percentage (in whole numbers) of the total contributions they each should receive.

If you are not eligible for immediate vesting, the employer contributions do not become your property until the beginning of the 13th month of your employment. You may elect only one investment carrier.

If you do not file a *Carrier Election and Allocation* form, the ABP Administrator will enroll you with the investment carrier selected as the default carrier for the current plan.

You must file an application directly with the investment carrier(s) you have elected or with the default investment carrier if you fail to complete this form. If you fail to do so, you may lose possible revenue from your contributions. Additionally, the carrier(s) you elected will return your contributions to your employer and the ABP administrator will enroll you with the default investment carrier.

Information For Vested ABP Members

ABP members may change their investment carrier election and/or allocation once each quarter of the calendar year.

RETIREMENT CARRIERS

<u>CARRIER NAME</u>	<u>CONTACT PERSON</u>
VALIC (AIG)	Contact- Diana Carney- diana.carney@aig.com Tel: 908-470-4114 Cell: 201-250-4724 Fax: 201-984-4466
AXA Equitable	333 Thornall St., 8th Floor Edison, NJ 08837 Contact: Marc Sheridan- Marc.Sheridan@equitable.com Tel: 908-230-2042 or 732-585-2451 Fax: 732- 906-3629
VOYA (ING) <i>(Default carrier effective August 1, 2021 thru June 30, 2022)</i>	Contact- Dave Ramsumair, CRPC Email: d.ramsumair@voyafa.com Tel: (732) 326-5613 Office: (877) 873-0321 Fax: (860) 580-0212
MASS MUTUAL (HARTFORD)	Contact: Yolanda Gonzalez- ygonzalez@gittermanwealth.com Tel: 848-248-4877 Fax: 888-476-1314 Contact: Ted Kowalchyn email: tkowalchyn@gittermanwealth.com
TIAA/CREF	Contact: Zaki Saoud - zaki.saoud@tiaa.org Cell: 201-498-8345 Office: 201-498-8345
METLIFE	David M. Sharpe, Financial Services Representative Contact: David M. Sharpe, Financial Services Representative - dsharp2@financialquide.com Tel: 973-575-3254 Fax: 973-882-7565
PRUDENTIAL RETIREMENT	200 Wood Ave. S, Iselin, NJ 08830 Contact- Alicia Smith - alicia.smith@prudential.com Cell: 732-236-6782 Fax: 1-866-6142-22482



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

**DESIGNATION OF BENEFICIARY —
ALTERNATE BENEFIT PROGRAM (ABP) /
DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)**

ABOUT THE DESIGNATION OF BENEFICIARY FORM

This form will replace all prior designations of beneficiary(ies). For more information about your retirement contributions contact your investment carrier.

The *Designation of Beneficiary* form allows a member of a New Jersey Alternate Benefit Program (ABP) or Defined Contribution Retirement Program (DCRP) to nominate a beneficiary, or beneficiaries, for benefits payable upon the death of that member. This form applies to the group life insurance for active and retired members of the ABP or DCRP.

GROUP LIFE INSURANCE

This designation is for any group life insurance benefit payable at the time of your death. Group life insurance does not apply to retirees with less than 10 years of service credit, or members who enrolled at age 60 or older and failed to prove insurability.

PRIMARY AND CONTINGENT BENEFICIARIES

Please be sure to designate both primary and contingent beneficiaries. In the event of your death, the primary beneficiary(ies) will receive any death benefits that are payable. The contingent beneficiary(ies) will receive death benefits only if all primary beneficiaries have predeceased you.

Unless otherwise stated, all beneficiaries will share and share alike. If no primary or contingent beneficiaries survive you, all death benefits will be paid to your estate.

You may nominate any of the following as your primary or contingent beneficiary:

- A person or persons;
- An institution, charity, or corporation; or
- Your estate. Upon your death a court ordered surrogate certificate will be required.

If you choose a distribution of benefits other than the standard share and share alike, or if you are naming a minor, using a trust agreement, acting as a power of attorney for the member, or nominating a civil union partner or domestic partner, please refer to the *Beneficiary Designation* Fact Sheet before completing this form. You may obtain this fact sheet by visiting our website at: www.nj.gov/treasury/pensions



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — BENEFICIARY SERVICES

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

**DESIGNATION OF BENEFICIARY —
ALTERNATE BENEFIT PROGRAM (ABP) /
DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)**

**ORIGINAL FORM MUST BE SUBMITTED IN BLUE INK. ALL REQUESTED INFORMATION MUST BE PROVIDED.
PLEASE READ AND FOLLOW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

Contribution Program (Check one) ☐ ABP ☐ DCRP **Employment Status** (Check one) ☐ Active ☐ Retired

Print Name _____

Mailing Address _____ Phone Number _____

Birth Date ____/____/____ Social Security Number _____

Employer Name _____

ACTIVE AND RETIRED GROUP LIFE INSURANCE

Primary Beneficiary(ies) – Receives payment of any and all amounts due upon death.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip
2. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip
3. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip

Contingent Insurance Beneficiary(ies) — Receives payment due if primary beneficiary(ies) are deceased.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER
1. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip
2. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip
3. _____	_____	____/____/____	_____
Address _____			
Street	City	State	Zip

Member Signature

Date

INSTRUCTIONS FOR COMPLETING THE DESIGNATION OF BENEFICIARY FORM

Contribution Program — Indicate your participation in ABP or DCRP

Employment Status — Check the box to indicate if you are an active employee or retired member.

Member Information — Print your full name, date of birth, and full Social Security number.

Employer Name — Print the name of your active or retired employer location.

Nominate Your Group Life Insurance Beneficiary — Print the name of your primary beneficiary(ies) and contingent beneficiary(ies). If this section is not completed, this benefit will automatically default to your estate.

All members must complete the following – Make sure to sign, date, and provide your address and daytime telephone number on the form. On any additional sheets used to specify beneficiary information, please be sure to include your signature and date on the sheet, and print your name, address, daytime telephone number, and your full Social Security number.

Submit completed form to: **New Jersey Division of Pensions & Benefits**
 ABP/DCRP
 P.O. Box 295
 Trenton, NJ 08625-0295

If you have any questions on how to complete your *Designation of Beneficiary* form, send an email to pensions.nj@treas.nj.gov or visit www.nj.gov/treasury/pensions

DOS AND DON'TS OF BENEFICIARY DESIGNATION

Do complete and submit this original form using only blue ink. Completing this form in pencil or any ink color other than blue makes the form unacceptable. Copies of the *Designation of Beneficiary* form are not accepted.

Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g., Mary J. Jones, not Mrs. John R. Jones.

Do use specific names. The phrase “my children” or “my grandchildren” will not be accepted. You must list each child using his or her specific name.

Do make a copy of your completed *Designation of Beneficiary* form for your records before submitting the original and periodically review it to make sure all beneficiary information is correct. It is especially important to update this information after a life event such as a birth, marriage, divorce, or death.

Don't use a *Designation of Beneficiary* form to update a beneficiary's address. A signed letter notifying us of your beneficiary's address change will suffice. Your letter will be added to your file so your beneficiary information remains current.

Don't use white out or cross out names to make changes in designation. This makes the form unacceptable and a new form will be mailed to you.

Don't name the same person or persons in both the primary and contingent beneficiary sections. This makes the form unacceptable and a new form will be mailed to you.

Before submitting the *Designation of Beneficiary* form, be sure to complete all the items indicated above. Failure to complete this form totally and accurately may jeopardize the payment of your benefits. For any designation not naming a specific person or a share and share alike distribution, please refer to the *Beneficiary Designation* Fact Sheet.