



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

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

ENROLLMENT APPLICATION FOR POLICE AND FIREMEN'S RETIREMENT SYSTEM (PFRS) MEMBERS

See page 2 for instructions on completing this form.

FOR DIVISION USE ONLY

Location Number: _____

Membership Number: _____

PART 1 — APPLICANT INFORMATION

1. Name _____
Last First Middle Former Name Used During Previous membership (if applicable)
2. Social Security Number _____
3. Date of Birth ____/____/____
4. Gender Male Female Non-Binary
5. Phone Number _____
6. Address _____
Street City State Zip Code
7. Is the applicant a former member of the PFRS? Yes No
- 8a. Enter the name of any public retirement system in which the applicant is or has been a member in this or any other state:

- 8b. Is the applicant receiving benefits from any retirement system at this time? Yes No

PART 2 — EMPLOYER INFORMATION

9. Employer Name _____
10. County _____
11. Location Number _____ Bureau Number _____ Payroll Number _____
If Applicable State Locations Only
12. Title/Position of Applicant _____
13. Is the individual still considered a temporary (provisional) employee? Yes No
- 14a. Date Employment Began ____/____/____
- 14b. Regular or Permanent Appointment Date ____/____/____
15. Date employee completed PTC/Academy training or Firefighter 1 certification ____/____/____
16. Date medical requirement was approved by the examining physician ____/____/____
17. Current Annual Base Salary \$ _____ (Do not include hourly or per diem rates.)

PART 3 — EMPLOYER CERTIFICATION

18. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I further certify that I have successfully completed the online training and Annual Membership Certification required by N.J.S.A. 43:3C-15. 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.

<i>Print Certifying Officer's Name</i>	<i>Signature of Certifying Officer</i>	<i>Date</i>
<i>Phone Number</i>	<i>Email Address</i>	
<i>Print Name of Certifying Officer Supervisor</i>	<i>Signature of Certifying Officer Supervisor</i>	<i>Date</i>