



## Pension Questionnaire

Are you currently employed or have you previously been employed by a public agency in the state of New Jersey?

- Yes
- No

If so, name the agency and provide date of separation of employment or if currently employed.

Agency: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Are you currently enrolled or have you previously been enrolled in any of the pension systems below? (Please check all that apply)

\_\_\_\_\_ Alternate Benefit Program (ABP)  
\_\_\_\_\_ Membership #

\_\_\_\_\_ Teacher's Pension and Annuity Fund (TPAF)  
\_\_\_\_\_ Membership #

\_\_\_\_\_ Public Employees' Retirement System (PERS)  
\_\_\_\_\_ Membership #

**Important note: failure to report membership in a NJ state-administered pension plan may jeopardize timely enrollment and result in back deductions.**

Name \_\_\_\_\_ Signature \_\_\_\_\_  
SS# \_\_\_\_\_ Date \_\_\_\_\_



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