New Jersey Division of Pensions and Benefits

Please select a link below to access a payment site.

New Jersey State Health Benefits Program

New Jersey Pensions

Welcome to New Jersey Division of Pensions and Benefits

Please enter your Username and Password.

Username: [   ]

Password: [   ]

[Log In]

Forgot Password?

New User? Register your Location Number.

Register Your Account

Please enter your Location number and PIN (Personal Identification Number) issued after enrollment for ACH Debit Batch Payments.

Location Number: [ ]

PIN: [ ]

[Back] [Next]

Create User Profile

In the Username Field, enter your e-mail address.

To establish your Password, please use the following format: At least 8 characters, at least 1 upper case letter, at least 1 lower case letter, at least 1 number, and at least 1 special character (example: @, $, *, #).

Username and Password Information

Username: [_____]

Confirm Username: [_____]

Password: [_____]

Confirm Password: [_____]

Contact Information

Contact Name: [_____]

Contact E-Mail: [_____]

Phone Number: [_____]

Security Questions

Question 1: [Please select . . ▾]

Answer: [_____]

Question 2: [Please select . . ▾]

Answer: [_____]

Question 3: [Please select . . ▾]

Answer: [_____]

[Back] [Submit]

Registration Confirmation

Your User Profile has been successfully created.

If you require a permanent record of this profile creation, print this page for your future reference.

Username:

Location Number:

[Add Location Number] [Make a Payment]

Add Registration

To add a registration, enter the Location number, PIN, and a Registration Description. Then click the "Submit" button.

Location Number:

PIN:

Description:

.Submit

Select Retirement Type/Payment Type

Please select one of the following payment types:

Please do not use the browser Navigational (Back or Forward) buttons instead use the navigation buttons on the application page.

Retirement Type: [TPAF Payment ∨]

Payment Type: [Please select . . ∨]

[Next]

Select Retirement Type/Payment Type

Please select one of the following payment types:

Please do not use the browser Navigational (Back or Forward) buttons. Instead use the navigation buttons on the application page

Retirement Type: TPAF Payment ▼

Payment Type: Transmittal Payment (TPAF) ▼

Next

Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

Business Name:

Location Number:

Payment Description:

Transmittal Date: [   ] (MMDYYYY)

Pension Payment Amount: [0.00   ] (example 1234.56)

Contributory Insurance Amount: [0.00   ] (example 1234.56)

SACT Amount: [0.00   ] (example 1234.56)

Tax Shelter Annuity Amount: [0.00   ] (example 1234.56)

Payment Debit Date: [   ] (MMDDYY)

Total Payment Amount: [0.00   ]

[Back] [Next]

EXHIBIT O

Payment History

To view previously submitted payments, select a payment Location number from the drop down field and click "Search."

Location Number: [▾]

Start Date: [   ]

End Date: [   ]

[Search]

Go to top of page

PENSIONS ACH 2019

Cancel Payment

To view payments, select a payment Location number from the drop-down field and click "Search." To cancel a payment, click the Cancel icon next to the payment you wish to cancel.

Please note: Cancellations must be performed before 4:00 PM Eastern Time at least one business day prior to the Payment Effective Date.

Location Number: [▼]

Start Date: [ ]

End Date: [ ]

[Search]

Go to top of page

Select Retirement Type/Payment Type

Please select one of the following payment types:

Please do not use the browser Navigational (Back or Forward) buttons. Instead use the navigation buttons on the application page.

Retirement Type: TPAF Payment ▾

Payment Type: Retroactive Employee Contribution (TPAF) ▾

[Next]

PENSIONS ACH 2019

Payment Information

Please enter the following payment information.

Important Information: The payment effective date is the date your bank account will be debited and the date the Department will receive your payment. This must be a legal banking day.

Business Name:

Location Number:

Payment Description: Retroactive Employee Contribution (TPAF)

Retro Report Effective Date: [   ] (MMDD CCYY)

Pension Payment Amount: [0.00   ] (example 1234.56)

Contributory Insurance Amount: [0.00   ] (example 1234.56)

Payment Debit Date: [   ] (MMDDYY)

Total Payment Amount: [0.00   ]

[Back] [Next]

Profile

Please confirm the following information:

Account

Username: Change Password

Contact Information

Name: Edit

E-Mail:

Phone Number:

Security Questions

Question 1:   Edit

Question 2:

Question 3:

Registration Maintenance

To associate additional Location Numbers with your profile, click the Add New Location Number button below. You may also view, edit, or delete Location Numbers currently associated with your profile.

Add New Location Number

1 Registration(s) returned:

Location Number	Description	
		View Edit Delete

View Messages

Please review the following important information about the ACH Debit Batch Payment System.

There are no current Messages.

PENSIONS ACH 2019