



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — PENSION FRAUD AND ABUSE UNIT**

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

**INFORMATION REFERRAL**

**SECTION A — INFORMATION ABOUT THE PERSON YOU ARE REPORTING**

Name of Subject \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Former Occupation and Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Current Occupation and Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

**SECTION B — DESCRIBE THE ALLEGED FRAUD OR ABUSE (Attach additional sheet if needed.)**

Documents available (if any): \_\_\_\_\_

**SECTION C — INFORMATION ABOUT YOU**

We do not share this information with the person you are reporting. This information is not required to process your report but it is essential if we do have a question or require additional information from you.

Your Name \_\_\_\_\_ Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**You may submit this referral by email to *pension.fraud@treas.nj.gov*, by fax to (609) 777-0404 or mail it to:**

**New Jersey Division of Pensions and Benefits  
Pension Fraud and Abuse Unit  
P.O. Box 295  
Trenton, NJ 08625-0295**

**FOR NJDPB USE ONLY**

Intake Officer's Name \_\_\_\_\_

Subject's Membership No. or Retirement No. \_\_\_\_\_

Date Received \_\_\_\_\_