

This form must be completed by the employing agency. See instructions on page 3.

ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF RETIREMENT CERTIFICATION OF SERVICE AND FINAL SALARY

Honorable Service – It is your responsibility to ensure the New Jersey Division of Pensions and Benefits (NJD-PB) is provided with all information regarding indictments, dismissals, litigation, settlement agreements, appeals, or ongoing investigations regardless of outcome.

Honorable Service Fact Sheet: https://www.nj.gov/treasury/pensions/documents/factsheets/fact76.pdf

Please review the separation types as listed below:

- **RESIGNED:** Member voluntarily left employment <u>not</u> due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.
- **DISMISSED:** Member voluntarily left employment due to the conditions of a settlement agreement, a reduction in force/non-renewal of contract, or as a result of administrative and/or criminal charges.
- **TERMINATED:** Member involuntarily left employment not due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.

You must check each box below acknowledging the terms and conditions. If you fail to check each box or sign and date the *Acknowledgment of Terms and Conditions*, the certification will not be processed.

- □ I certify that I have read the Honorable Service fact sheet and understand I must supply the NJDPB with any information regarding indictments, dismissals, litigation, settlement agreements, appeals, or ongoing internal investigations regardless of outcome.
- □ I certify that the information in this employer certification is correct to the best of my knowledge. I acknowledge I have reviewed all options available and their definitions as it relates to the "type" of separation. I understand that to falsify information will delay the retirement application process.
- □ I certify that I understand and acknowledge under N.J.S.A. 43:3C-15 that any person who knowingly makes a false statement or falsifies or permits to be falsified any record, application, form, or report of a pension fund or retirement system in an attempt to defraud the fund or system will be guilty of crime in the fourth degree.

Print Certifying Officer Name

____/___ Date

- 1. Name of Member
- Social Security Number ______ 3. Membership Number _____ 2.

Date Service Terminated ____/ ___ Applicant will not render any service to or earn salary from this agency after date 4. service terminated. This date must be before the retirement date. If this information changes after certification has been submitted, you must notify the New Jersey Division of Pensions & Benefits (NJDPB) immediately to ensure the retirement benefits have been processed correctly prior to retirement date.

5a. Is the member currently on suspension? \Box No \Box Yes

If yes, give date of suspension ____/ ___/ Is suspension D Paid or D Unpaid

- 5b. Is the applicant facing disciplinary action or indictment? 🛛 No 🗂 Yes If you indicate yes for 5a or 5b, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.
- 6. List unpaid leaves of one pay period or more, within the last 12 working months.

| Reason | Date Of Absence | Reason | Date Of Absence | |
|-------------|-----------------|-------------|-----------------|--|
| For Absence | (From - To) | For Absence | (From - To) | |
| | то | | то | |
| | то | | то | |

7. Base salary subject to pension contributions for the last twelve months of service ending on the date of termination.

| ANNUAL RATE OF SALARY | ANNUAL RATE O | | | | DATES | | | TOTAL |
|--------------------------|---------------|--------|---|---|-------|---|---|-------|
| \$ | \$ | _ from | / | / | _ to | / | / | \$ |
| \$ | \$ | _ from | / | / | _ to | / | / | \$ |
| \$ | \$ | _ from | / | / | _ to | / | / | \$ |
| \$ | \$ | _ from | / | / | _ to | / | / | _ \$ |

TOTAL BASE SALARY PAID FOR LAST 12 MONTHS OF SERVICE \$

- Has the member received a substantial salary increase of 10 percent or more in the last three years? D No D Yes 8. If Yes, please provide a detailed explanation with documentation.
- Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below: 9.

| Amount Of Date Of Payment Payment | | Covering The Dates (From - To) | Pension Deduction | | New Annual Base | |
|--------------------------------------|--|-----------------------------------|----------------------|--|--------------------|--|
| \$ | | то | \$ | | \$ | |
| \$ | | то | \$ | | \$ | |
| \$ | | то | \$ | | \$ | |
| \$ | | то | \$ | | \$ | |
| \$ | | то | \$ | | \$ | |
| \$ | | то | \$ | | \$ | |

10. Please attach a screen print of TREADHOC biweekly certification with salaries projected until termination date.

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

| Print Certifying Officer Name | Signature of Certifying Officer | // Date |
|-------------------------------|--------------------------------------|------------|
| Phone Number | Email Address | |
| Signature of S | Superintendent or Representative Dat | |

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits with the NJDPB. Failure to provide this information will delay processing of the member's retirement application.

ITEMS REQUIRING SPECIAL ATTENTION

- **ITEM 4:** A member must terminate employment before his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1. In addition, an employer or employee may not make any pre-arrangements for the employee to return to employment after retirement (in any capacity) with that employer on either a paid or volunteer basis.
- **ITEM 5:** If the member was dismissed under suspension or formal indictment, place an (X) in the "Yes" box. You must also indicate with an (X) if the suspension is paid or unpaid. If the "Yes" box is indicated in 5a or 5b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- **ITEM 8:** If the NJDPB finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the NJDPB will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- **ITEM 9:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- **ITEM 10:** You must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date.

| Submit this certification to: | New Jersey Division of Pensions & Benefits | | |
|-------------------------------|--|--|--|
| | Retirement Bureau | | |
| | P.O. Box 295 | | |
| | Trenton, NJ 08625-0295 | | |