



## MEMBER BENEFITS ONLINE SYSTEM

### MBOS USER'S INFORMATION GUIDE FOR ACTIVE EMPLOYEES

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#### Welcome to the Member Benefits Online System (MBOS)

MBOS is your most useful resource for getting accurate, up-to-date information about your pension and health benefits accounts.

**If you need to register for MBOS**, view the [MBOS Registration Instructions](#)

**If you need help logging on to MBOS**, view [MBOS Logon Help](#)

**If you are a retiree**, please view the [MBOS Retired User's Information Guide](#)

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#### MBOS APPLICATIONS FOR ACTIVE EMPLOYEES

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### **Your MBOS Home Page**

When you log on, your MBOS Home Page will open in the Web browser.

Here you can link to all of the MBOS Applications that are currently available to active members.



new jersey division of pensions and benefits  
member benefits online system

## Your MBOS Home Page

[pensions and benefits home](#)

[Logout](#)

**Member Name :** JANE A. MEMBER

**Member Number :** PERS - 0123456

[jane.member@email.com](mailto:jane.member@email.com)

**WELCOME TO THE MEMBER BENEFITS ONLINE SYSTEM**

Please update your e-mail address by clicking the e-mail address link to the left.

## Member Account Applications

### Pension Account Information and Calculators

<a href="#">Payroll Certifications</a>	<a href="#">Application for Withdrawal</a>
<a href="#">Personal Benefit Statement</a>	<a href="#">Designation of Beneficiary</a>
<a href="#">Pension Loan</a>	<a href="#">Purchase Service Credit</a>
<a href="#">Retirement</a>	<a href="#">Purchase Calculator</a>
<a href="#">Additional Information</a>	<a href="#">Electronic Funds Transfer (EFT)</a>

### Other Benefits Programs

<a href="#">SHBP / SEHBP</a>
<a href="#">Application Help</a>
<a href="#">MBOS User Guide</a>

You will find buttons that open the MBOS Applications. These applications provide information about your pension account and link you to benefit calculators and online application forms. Additional information about using these applications is provided in the next section.

**Note:** Access to MBOS applications is based upon the benefits provided to you through your employer. Therefore, not all applications are available to all members.

This online help page is available by clicking the "MBOS User Guide" button located on the right side of your MBOS Home Page.

## Members with Multiple User Roles

- If you have MBOS access to other pension fund accounts or employer access to the *Employer Pensions and Benefits Information Connection* (EPIC), you will need to select the "user role" you wish to open each time you log on to MBOS or EPIC.

### Select Role

- ☐ [Employer](#)
- ☐ [Active Member](#)

[Submit](#)

When you are logged on to MBOS or EPIC you may click the "Select Different Role" button to leave the current MBOS session and access your other accounts or user roles.

## Navigating Between Applications

All of the MBOS applications contain navigation buttons at the top of the page that allow you to:

- Return to your MBOS Home Page to access other MBOS applications. You should **always use the "Home" button** (instead of the browser's "Back" buttons, see image below) to return to your MBOS Home Page.
- Logout of MBOS and end the session. It is important that when you are finished with your MBOS session, **be sure to always log out of MBOS** to prevent unauthorized access to your account information.



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## Change E-Mail Address

The MBOS Home Page displays your name, pension membership number, and the e-mail address on file with the Division of Pensions and Benefits.

If your e-mail address has changed or is incorrect, click on the highlighted e-mail address to open the E-mail change page.

The page displays the current e-mail address and provides a field where you can enter the new address.

A screenshot of a web form titled 'Change Email Address To'. At the top, the current email address 'jane.member@email.com' is displayed. Below it, there is a text input field. At the bottom of the form, there is a 'Submit' button.

Enter your new e-mail address, then click the "Submit" button.

Click the "Home" button at the top of the page to return to the Home page and the new e-mail address will be displayed. A confirmation e-mail is also sent for verification purposes to the old and new e-mail addresses.

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## MBOS Support

If you are having difficulty registering for MBOS or logging on to your existing MBOS Account, see the detailed [MBOS Registration Instructions](#) and the [MBOS Registration Help](#) page.

Registered users who still have questions about or difficulty using MBOS Applications after reading the information in this *User's Guide* should contact the Division's MBOS Help Desk at (609) 292-7524 or send an [e-mail](#).

If you have comments or suggestions regarding MBOS, please submit them to the Division's MBOS development staff at the e-mail address provided above.

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### **Personal Benefit Statement**

The Personal Benefit Statement application allows you to view information about the status of your personal pension account and related benefits.

**To access to the application**, click the "Personal Benefit Statement" button on your MBOS Home Page.

**Note:** Paper *Personal Benefit Statements* are no longer produced by the Division of Pensions and Benefits. The online Personal Benefit Statement application replaces the former Statement of Account application in MBOS.

The page that opens will show your account information, current as of the last quarterly posting by the Division of Pensions and Benefits.

**PERSONAL BENEFIT STATEMENT**  
This information is as of 03/31/2013

### Account Information

Total Pension Service Credit: ?	23 Years, 2 Months
Total Employee Contributions:	\$10,792.09
Net Employee Contributions after Loans:	\$5,972.71
Chapter 8 - 25 Year Date: ?	N/A
Chapter 8 - Bargaining Unit: ?	NON-ALIGNED EMPLOYEES
Chapter 78 - 20 Year Date: ?	06/28/2011
Membership Tier: ?	1
Group Life Insurance Benefits: ?	\$223,008.00
Calculated based on 3.0 times your salary	
CONTRIBUTORY AND NONCONTRIBUTORY	

### Estimated Benefits ?

**NOTE:** You should not apply for retirement based on these figures.

Assumed Retirement Age:	60 Years
Assumed Service at Retirement:	27 Years, 7 Months
Salary Used to Calculate the Estimated Monthly Service Retirement Allowance:	\$74,366.00
Estimated Monthly Maximum Retirement Allowance:	\$3,114.00
(Based on Pension Service Credit at 'Assumed Retirement Age')	

### Personal Information

Full Name:	MEMBER, JANE
Pension Fund and Member ID#:	PERS - 012345
Date of Enrollment:	02/01/1989
Date of Birth:	08/14/1958
Gender:	F
Proof of Age on File with Division of Pensions: ?	YES
Veteran Status: ?	NO

### Health Benefits SHBP/SHEBP

	Plan / Plan Level	Effective Date	Termination Date
Health:	NJ Direct15 / Single	08/14/2010	
Prescription Drug:	Employee Rx (state-acvp) / Single	08/14/2010	
Dental:	Dental Expense Program / Mem/spse-dom Prtn	12/27/2003	

### Other Benefits ?

Deferred Compensation:	YES
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On the left side of the page you will find information about pension service credit, your total employee contributions to the pension fund, life insurance coverage status, and an *estimate* of future retirement benefits.

On the right side of the page is your personal identifying information, your date of enrollment, birth date evidence and veteran status, and — if available — information about health benefits coverage under the SHBP or SEHBP and/or enrollment in any supplemental savings programs (State Employees Deferred Compensation Plan, Supplemental Annuity Collective Trust of New Jersey, etc.).

An icon is provided at the top of the page to "Print" a copy of this information page for your records.

When you are done, click the "Home" button to exit the Personal Benefit Statement.

## Payroll Certifications

The Payroll Certifications application allows you to view *Certifications of Payroll Deductions* issued to you by the Division of Pensions and Benefits. Payroll certifications are issued to authorize the start of pension deductions when you are newly hired, for back deductions due to the Division, pension loan payments, or arrears/purchase payments.

**To access the application**, click the "Payroll Certifications" button on your MBOS Home Page. On the page that opens you can request all certifications or choose only a specific certification (loans, back deduction, etc.).

### Payroll Certifications

	No	Deduction Date	Certification Type	Member ID	Member Name
<input type="checkbox"/>	1	03/24/2003	LOANS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	2	10/05/2003	ADJUS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	3	12/17/2003	SACT	02-0123456	MEMBER, JANE
<input type="checkbox"/>	4	07/14/2004	LOANS	02-0123456	MEMBER, JANE
<input type="checkbox"/>	5				
Select All <input type="checkbox"/>				Total Records Found 4	

[Previous](#) [Details](#) [Next](#)

The total number of records available for viewing will be listed in the bottom right table cell.

Available certifications are presented in groups of up to five at a time (if more than five certifications are available, navigation buttons to go to the "Next" or "Previous" part of the certification list will be active). Past certifications are archived for up to two years.

To view a specific certification, click on the check box that corresponds to the certification you want and then click on the "Details" button. You may also request to view more than one certification by clicking on several check boxes (or click the "Select All" box to view all certifications from this search).

## ALL DEDUCTIONS BEGIN 02/09/2002

		SCHEDULE	NUMBER OF PAYMENTS	AMOUNT PER PAYMENT	TOTAL AMOUNT
<b>PUBLIC EMPLOYEES' RETIREMENT SYSTEM</b>					
<b>NAME</b>	MEMBER, JANE	<b>LOAN</b>			
<b>MEMBER ID</b>	02-0123456				
<b>SSN</b>	123456789				
<b>ACCUMULATED BASE SALARY</b>	\$3,337.16	<b>ARREARS</b>			
<b>SALARY THIS QUARTER</b>	BIWEEKLY				
<b>FULL PENSION RATE</b>	5%	<b>BACK DEDUCTION</b>	8	\$25.03	\$200.24
<b>PENSION DEDUCTION</b>					
<b>SUPPLEMENTAL ANNUITY COLLECTIVE TRUST</b>		<b>PAY SCHEDULE</b>	BIWEEKLY		
<b>CONTRIBUTORY INSURANCE EFFECTIVE</b>					
<b>INSURABILITY REQUIRED</b>	NO				
<b>DATE OF BIRTH</b>	05/28/1964				
<b>DATE OF ENROLLMENT</b>	10/20/2001	<b>LOCATION#</b>	102		
<b>DATE OF TRANSFER</b>					
<b>MONTHS OF PRIOR SERVICE</b>		DIV OF PENSIONS AND BENEFITS			
<b>ENROLLED AS:</b>		SUPERVISOR PAYROLL UNIT			
		PO BOX 210			
		TRENTON NJ 08625-0295			
<b>CONTRIBUTORY INSURANCE COVERED; RETRO PREMIUM DUE IS \$ 33.37</b>					

## Pension Loans

The Pension Loan application allows you to see how much you may borrow from your pension account, view estimates of different loan and/or repayment amounts, and — if you wish to — submit an online request for processing of a pension loan check.

**Note:** You must have at least three years of pension membership credit posted to your pension account to be eligible for a pension loan. You can borrow from your pension account two times within a calendar year **and** request up to one-half of the contributions you have posted to your pension account (or a maximum loan balance of \$50,000, whichever is less). For information about the present loan interest rate and administration fee, [click here](#).

**To access the Pension Loan application,** click the "Pension Loan" button on your MBOS Home Page.



## Loan Terms and Conditions

The page that opens contains important information about the rules and regulations currently in effect regarding pension loans.

### Loan Application

Please review the following information before selecting the agree button.

#### LOAN INTEREST RATE AND ADMINISTRATIVE FEE

For information about the current loan interest rate and administrative fee, please [click here](#).

#### FIVE YEAR REPAYMENT REQUIREMENT

If you have an outstanding loan balance and apply for a new loan, the entire balance must be paid within 5 years of the first loan, therefore, you may encounter one of the following due to the IRS regulations:

- You may be required to pay more than the minimum deduction.
- You may be limited in the amount you may borrow.
- You may have your loan request rejected if the repayment exceeds 25% of your base salary.
- The length of your repayment schedule may be limited by your minimum repayment.
- The minimum repayment amount is equal to your pension contributions.

[Internal Revenue Service \(IRS\)](#) regulations require that all pension loans must be repaid within 5 years.

#### Additional Information

- Fact Sheet #81: [Pension Loans](#)
- If you were on a leave of absence or transferred locations, [click here](#) for more information.
- If you need additional help, [click here](#).

I agree to comply with the repayment terms and conditions which are in accordance with federal guidelines. Should I fail to make the required repayments, the unpaid balance will be considered a distribution from my retirement account subject to the distribution rules under Section 72(p) of the Internal Revenue Code.

Agree

Disagree

(Sample)

Be sure to read and understand the contents of this page, [Fact Sheet #81, Pension Loans](#), Adobe PDF (33K) and the information provided at the link, [Internal Revenue Service \(IRS\) Regulations](#), before you proceed.

- Click on the "Agree" button if you agree to comply with the loan repayment terms and conditions. *You must agree with the pension loan terms and conditions in order to continue.*
- If you **do not** agree with the repayment terms and conditions, you may exit the MBOS Loan Application by clicking on the "Disagree" button or the "Home" button on the top right-hand side of the page.

The IRS requires a new loan amount, when added to the highest balance due (without interest) during the prior 12-month period for all loans from all employer-provided retirement plans cannot exceed \$50,000. This includes retirement plans that an employee may have an interest in due to his or her employment relationship with New Jersey and/or any other governmental plans sponsored or administered by a public sector employer in New Jersey. Amounts received in excess of the maximum permitted by the IRS shall be declared a deemed distribution and subject to additional tax. You must indicate if you have any additional loans.

### Additional Loan Balance(s)

It is your responsibility to provide details about loans you have had in the prior 12 months from any retirement plans in which you participate and are sponsored or administered by your public sector employer. However, it is not necessary to provide any information about loans from TPAF, PERS, PFRS or SPRS.

**I have had another outstanding loan in the prior 12 months from another supplemental savings or retirement plan offered by my public employer other than TPAF, PERS, PFRS, or SPRS.**

Yes

No

## ***Loan Application Page***

When you click on the "Agree" button, the "Loan Application" page opens. Here you can view the maximum amount that you may currently borrow, the minimum allowable repayment schedule, or request to see different loan amount or repayment combinations.

- **If an error message appears at any time, [click here](#)** for help in determining the possible problem.

## **Loan Application**

**This Information is Current As of: 06 / 30 / 2012**

**NAME: JANE A. MEMBER**

**MEMBER NUMBER: 02-0123456**

**MAXIMUM LOAN AMOUNT  
AVAILABLE:**

**\$ 11530.00**

**BIWEEKLY PAYMENT:**

**\$ 285.40**

**NUMBER OF BIWEEKLY  
PAYMENTS:**

**73**

**Change Loan Amount**

**Change Payment Amount**

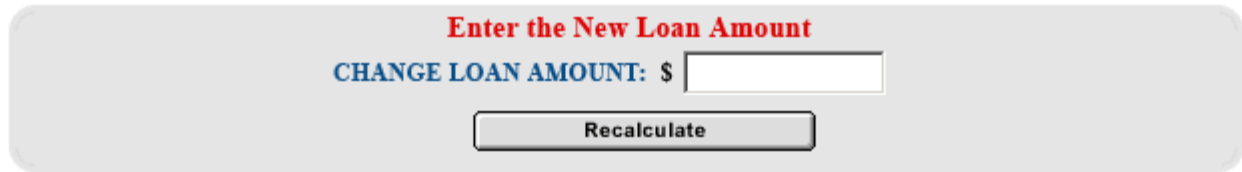
**Continue**

***Note:*** State employees paid through the State Centralized Payroll Unit see repayment amounts based on a "biweekly" schedule. All other employees see repayment amounts based on a "monthly" schedule.

## ***How to Change the Loan Amount***

If you ***do not*** wish to borrow the maximum amount displayed, you can change the amount of your loan:

1. Click on the "Change Loan Amount" button. The new section shown below will appear at the bottom of the Loan Application page.



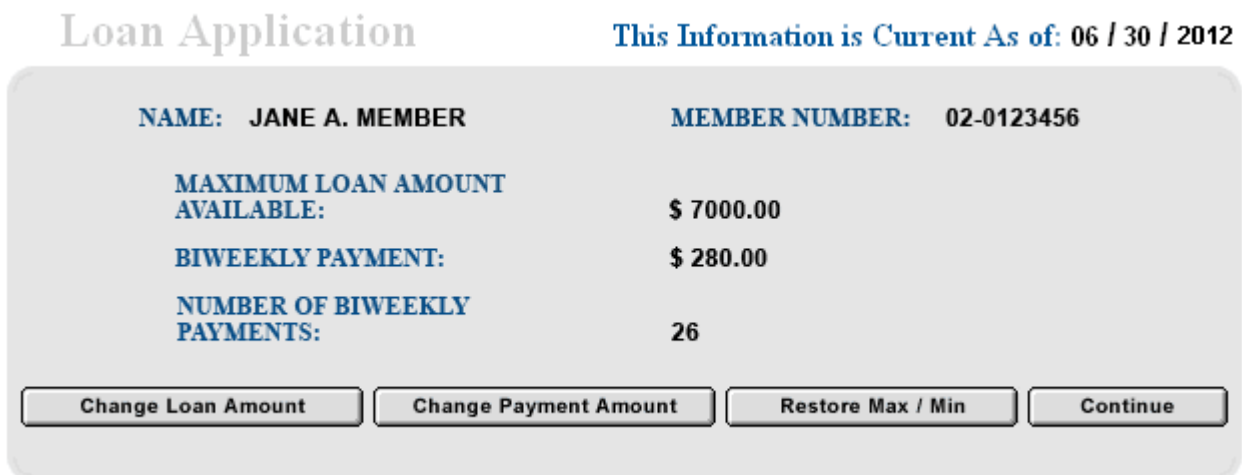
**Enter the New Loan Amount**

CHANGE LOAN AMOUNT: \$

Recalculate

2. Enter the amount that you want to borrow in the "Change Loan Amount" field.  
(*The new amount cannot exceed the maximum amount available.*)
3. Click on the "Recalculate" button.

The new loan amount and minimum repayment schedule will be displayed on the Loan Application screen.



**Loan Application** This Information is Current As of: 06 / 30 / 2012

<b>NAME:</b>	JANE A. MEMBER	<b>MEMBER NUMBER:</b>	02-0123456
<b>MAXIMUM LOAN AMOUNT AVAILABLE:</b>	\$ 7000.00		
<b>BIWEEKLY PAYMENT:</b>	\$ 280.00		
<b>NUMBER OF BIWEEKLY PAYMENTS:</b>	26		

Change Loan Amount    Change Payment Amount    Restore Max / Min    Continue

- **When you have decided on the loan amount and repayment schedule that you want**, go to the next step in the Loan Application process by clicking the "Continue" button.
- **To cancel any changes** and return to the original **maximum loan/minimum repayment** calculations, click on the "Restore Max/Min" button.
- **If an error message appears at any time**, [click here](#) for help in determining the possible problem.

### ***How to Change the Payment Amount***

You can request to pay *more* than the minimum repayment amount. This allows you to payoff the loan sooner or within a specific time period:

1. Click on the "Change Payment Amount" button. The new section shown below will appear at the bottom of the Loan Application page.

**Enter the New Payment Amount**

CHANGE PAYMENT AMOUNT: \$

2. Enter the new payment amount in the "Change Payment Amount" field. (*State employees paid through the State Centralized Payroll Unit should enter a repayment amount based on a "biweekly" schedule. All other employees should enter a repayment amount based on a "monthly" schedule.*)
3. Click on the "Recalculate" button.

The loan amount along with the revised minimum repayment schedule will be displayed on the Loan Application screen.

**Note:** *The new payment amount cannot be less the minimum payment amount available, and cannot exceed 25% of your base salary. Other conditions may also limit the amount you can borrow **or** your required minimum repayment amount — see [Fact Sheet #81](#), Pension Loans, Adobe PDF (33K) and the [Internal Revenue Service \(IRS\) Regulations](#) before you proceed.*

**Loan Application** This Information is Current As of: 06 / 30 / 2012

<b>NAME:</b> JANE A. MEMBER	<b>MEMBER NUMBER:</b> 02-0123456
<b>MAXIMUM LOAN AMOUNT AVAILABLE:</b>	<b>\$ 11530.00</b>
<b>BIWEEKLY PAYMENT:</b>	<b>\$ 399.77</b>
<b>NUMBER OF BIWEEKLY PAYMENTS:</b>	<b>51</b>

- **When you have decided on the loan amount and repayment schedule that you want**, go to the next step in the Loan Application process by clicking the "Continue" button.
- **To cancel any changes** and return to the original **maximum loan/minimum repayment** calculations, click on the "Restore Max/Min" button.
- **If an error message appears at any time**, [click here](#) for help in determining the possible problem.

### ***Provide an Address for Mailing Your Loan Check***

On the next screen, **verify or enter** the address to which the Division of Pensions and Benefits should mail your loan check.

**Note: All loan checks MUST be mailed** and cannot be picked up at the Division of Pensions and Benefits.

Please **double check** that your address information on this page is correct. When you are sure that the information is correct, click on the "Process Loan" button.

**Where would you like the loan check to be mailed?**

\*Street Address 1:

Street Address 2:

Street Address 3:

\*City:  \*State:  \*Zip Code:

### ***Loan Confirmation***

A Confirmation Page will display your name, membership number, the loan amount requested, check date, mailing address, and repayment schedule.

A button is provided to "Print" a copy of the confirmation page for your records.

An e-mail is also automatically sent to the e-mail address on file with the Member Benefits Online System, acknowledging the receipt and processing of your Loan Application by the Division of Pensions and Benefits.

When you are done, click the "Home" button to exit the Loan Application.

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### **Statements and Letters**

The Statements and Letters application allows you to send statements or letters to yourself or a third party.

**To access the application**, click on the "Statements and Letters" button on your MBOS Home Page.

On the page that opens, first select whether to send the letter to yourself - "Letter to Me" - or send a "Letter to a Third Party".

## Statements and Letters

**Letter To Me** ☒

**Letter To A Third Party** ☐

\*

Select Letter

▼

Member First Name :

KEN

Member Last Name :

MEMBER

Member Id :

03-033333

Address :

\*

City :

\*

State :

\*

State

▼

Zip :

\*

-

FAX Copy Requested #

Submit

Reset

Next, choose the type of statement or letter you wish to send from the drop down menu.

Select Letter

▼

Select Letter

Health Benefit Coverage Confirmation

Loan Payoff

Retirement Estimate 2yrs

Statement of Account

Statement and Letter options include Health Benefits Confirmation, Loan Payoff, Retirement Estimate, Account Statement, and Mortgage Verification.

Enter the address where you wish the statement or letter to be sent.

## Statements and Letters

Letter To Me ☒

Letter To A Third Party ☐

\*

Select Letter

▼

Member First Name :

KEN

Member Last Name :

MEMBER

Member Id :

03-033333

Address :

\*

123 Main Street

City :

\*

Anytown

State :

\*

New Jersey

▼

Zip :

\*

08555

-

FAX Copy Requested

#

Submit

Reset

An optional field for a copy sent by fax is also available.

Additional information is requested for letters to a third party.

Complete the information on the form and click "Submit".

You will see a Confirmation page that your request was successfully submitted.

## Letter Submitted

**Member Name:** KEN MEMBER

**Member Id:** 03-033333

**Letter request submitted successfully**

Your Letter will be mailed via the United States Postal Service within two business days.

**Please allow for normal processing and transit time.**

If you or your intended recipient do not receive the letter please ensure that you are using the correct address and resubmit your request.

When you are finished, click on the "Home" button at the top of the page to exit the application and return to your MBOS Home Page.

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## Purchase Estimate Calculator

The Purchase Calculator application allows you to ***estimate*** the cost of a purchase of additional service credit.

**NOTE:** The Purchase Calculator is **only** for estimating the cost of a purchase.  
To apply for the actual purchase of additional service credit, use the [Purchase of Service Credit](#) application.

**To access the application,** click the "Purchase Calculator " button on your MBOS Home Page.

On the page that opens, select the type of service that you wish to purchase and enter the amount of time (in months) of that service.



## Purchase Estimate

**Member Name:** JOHN MEMBER

**Member ID:** 02-9999999

1) Choose the type of service for which you wish to receive an estimate:

- |  |   |
|--|---|
| <input type="radio"/> Temporary/Substitute Service | <input type="radio"/> Unpaid Leave of Absence         |
| <input type="radio"/> Former Membership Service    | <input type="radio"/> Out-of-State Service            |
| <input type="radio"/> U.S. Government Service      | <input type="radio"/> Military Service                |
| <input type="radio"/> Uncredited Service           | <input type="radio"/> Local Retirement System Service |
| <input type="radio"/> Optional Service             |   |

2) Please enter the number of months that you wish to receive an estimate:

Number of Month(s)

For more information about service credit purchases, including types that may be purchased, please refer to:

[Fact Sheet #1, Purchasing Service Credit](#)

**Submit**

When you make your selection, you will be presented with a definition of the type of service.

You selected purchase type Former Membership Service. FORMER MEMBERSHIP : MEMBERS ARE ELIGIBLE TO PURCHASE SERVICE UNDER A PREVIOUS MEMBERSHIP ADMINISTERED BY THE STATE OF NJ WHEN THE PREVIOUS MEMBERSHIP HAS BEEN TERMINATED AND THE MEMBER WITHDREW PENSION CONTRIBUTIONS OR BECAUSE THE MEMBER DID NOT REMIT PENSION CONTRIBUTIONS TO THAT ACCOUNT FOR MORE THAN 2 YEARS. Do you want to continue?

**OK** **Cancel**

Be sure to also read [Fact Sheet #1, Purchasing Service Credit, Adobe PDF \(42K\)](#) for full details on the requirements and limitations for the purchase of any additional service credit.

- If the selection is the correct type of service that you wish to purchase, click "OK" to continue.
- If the type of service is *incorrect*, click "Cancel" and select a different type of service.

When you have selected your service type and entered the months of that service, click the "Submit" button.

You will see a *Results Page* which will show the service type, the amount of service time requested, and the *estimated* lump sum cost.

## Purchase Estimate

[printable version](#)

**Member Name:** JOHN MEMBER

**Member ID:** 02-9999999

**TYPE OF SERVICE:**

**FORMER MEMBERSHIP SERVICE**

**AMOUNT OF SERVICE REQUESTED:**

**27 MONTH(S)**

**ESTIMATED LUMP SUM COST:**

**\$14,116**

**THIS IS ONLY AN ESTIMATE. PLEASE DO NOT REMIT A CHECK TO THE DIVISION OF PENSIONS AND BENEFITS BASED UPON THE ABOVE CALCULATION.**

- To purchase any of the above service credit, complete the online *Application to Purchase Service Credit* by clicking on the "Apply to Purchase Service" button below.
- Once your application is received, the Division of Pensions and Benefits will begin the process of determining your eligibility as defined by New Jersey Statutes and New Jersey Administrative Code.

**Calculate Another Estimate**

**Apply to Purchase Service**

**NOTE:** *Do Not submit a payment based on this estimate. You must complete an application for the purchase of any service credit, and all service must be verified and approved for purchase by the Division.*

At the top of the *Results Page*, there is a link to a "Printable Version" of the estimate. You can click this link and print a copy of the estimate for your records

- **To calculate another purchase estimate**, click the "Calculate Another Estimate " button to return to the first page of the calculator.
- **To apply for the purchase of service credit**, click the "Apply to Purchase Service" button to go to the Purchase of Service Credit application.

To exit the application, click the "Home" button near the MBOS page header.

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## Purchase of Service Credit

The Purchase of Service Credit application allows you to submit a request for the purchase of service credit directly to the Division of Pensions and Benefits or view the status of a previously submitted request.

**To access the application**, click the "Purchase Application" button on your MBOS Home Page. The page that opens will show the status of any previously submitted purchase requests.

## Purchase of Service Credit

**Member Name:** JANE MEMBER

**Member ID:** 02-1234567

**Date of Birth:** 12/31/1965

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

### Previous Purchase Requests on File and Status

*Purchase Requests already on file under your account are listed below. If you wish to submit an additional Purchase Request, click on the "Submit New Purchase Request" button below.*

Purchase Type	Start Date	End Date	Date Received	Status	Status Date
Leave of Absence	03/06/2007	03/20/2007	03/26/2007	In Process	03/26/2007

[Definitions](#)

[Submit New Purchase Request](#)

**NOTE:** Purchases that were authorized *prior to 2008* will display with a Status of "Expired" rather than "Authorized." We apologize for any inconvenience.

To enter a **new** purchase request, click the "Submit New Purchase Request" button. On the page that opens, enter the information about yourself and the type of service credit you wish to purchase.

## Purchase of Service Credit

Member Name: **JANE MEMBER**

Date of Birth : 12 / 31 / 1965

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

*The information below reflects your personal information currently on file with the Division of Pensions and Benefits. If it is not correct, please update.*

Maiden/Former Last Name[s]:

Current Mailing Address:

Address2:



City:

State:

Zip:

-

Daytime Phone Number (starting with Area Code):  (Numbers Only)

I plan to Retire ☐ or Terminate ☐ within the next nine months on   N/A 

**Choose the type of service you wish to purchase.**

*Complete a separate online Purchase Application for each type of service.*

- |  |  |
|--|--|
| <input checked="" type="radio"/> <b>Temporary/Substitute Service</b> | <input type="radio"/> <b>Unpaid Leave of Absence</b>         |
| <input type="radio"/> <b>Former Membership Service</b>               | <input type="radio"/> <b>Out-of-State Service</b>            |
| <input type="radio"/> <b>U.S. Government Service</b>                 | <input type="radio"/> <b>Military Service</b>                |
| <input type="radio"/> <b>Uncredited Service</b>                      | <input type="radio"/> <b>Local Retirement System Service</b> |
| <input type="radio"/> <b>Optional Service</b>                        |  |

*For more information about service credit purchases, including types that may be purchased, please refer to:*

- [Fact Sheet #1, Purchasing Service Credit](#), and;
- [Fact Sheet #2, Estimating the Cost of Purchasing Service Credit](#)

Continue

**Note:** For additional information about types of service and purchase costs, view the fact sheets that are linked from the bottom of the page.

When all of the information has been entered, click the "Continue" button.

On the next page you will be asked about the prior employer.

**For Public Employment** with a governmental or educational employer, please enter the name of the employer, the address, your title while employed there, and the dates of employment.

## Purchase of Service Credit

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

Maiden/Former Last Name[s]: **Wilson**

**Please enter information for each period of *Temporary / Substitute Service* you request to purchase.** (Service dates will be verified by your employer/former employer.)

Employer Name:	<input type="text" value="Boro of Anytown"/>	Official Payroll Title	<input type="text" value="Account"/>
Employer Address:	<input type="text" value="3 Municipal Road"/>	Period for which service is requested	
	<input type="text"/>	From:	<input type="text" value="06/06/2005"/>
City:	<input type="text" value="Anytown"/>	To:	<input type="text" value="10/28/2005"/>
State:	<input type="text" value="New Jersey"/>		
Zip Code:	<input type="text" value="08765"/>		

Were you a member of a pension plan for the above period? ☐ Yes ☒ No

Add New Service Period

Continue

**For a purchase of Military Service**, please indicate the Branch of Military Service and your Dates of Active Service.

## Purchase of Service Credit

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

Maiden/Former Last Name[s]: **Wilson**

**Please enter information for each period of *Military Service* you request to purchase.**

[Click here for more information about Veteran Status](#)

[To obtain your Military Discharge Papers \(DD214\), click here.](#)

<b>Branch of Service</b>	<b>Period for which service is requested</b>
<input type="text" value="United States Army"/>	From: <input type="text" value="04/01/1999"/> To: <input type="text" value="08/31/2002"/>

Add New Service Period

Continue

To list additional titles, employers, or periods of service, **for the same type of service**, click the "Add New Service Period" button. When you have entered all the information about the employer or military service, click the "Continue" button.

All of the information needed for the purchase request should now be entered, and you will be shown a *Summary Page*.

**Please review the summary information carefully** as this is what will be submitted to the Division of Pensions and Benefits to begin processing of your purchase.

- If you need to change any of the information shown, click on the "Modify" button to go back and make changes.
- If any of the information shown is incorrect, you can click on the "Delete" button to remove the information.
- If all of the information displayed on the *Summary Page* is correct, click the "Submit" button to submit the purchase request.

### Purchase of Service Credit

**Member Name:** JANE MEMBER

**Date of Birth:** 12/31/1965

**Member ID:** 02-1234567

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof-of-age.*

**Maiden/Former Last Name[s]:** Wilson

*The Purchase Request information you have entered is shown below:*

<i>Employer Name and Address</i>	<i>Official Payroll Title</i>	<i>Period for which service is requested</i>		
Boro of Anytown 3 Municipal Road , Anytown, NJ 08765	Account	06/06/2005 to 10/28/2005	Modify	Delete

Submit

You will see a *Confirmation Page* indicating that the purchase request has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate e-mail confirmation that the purchase request has been submitted successfully.

## Purchase of Service Credit

Member Name: **JANE MEMBER**

Date of Birth: **12/31/1965**

Member ID: **02-1234567**

*If your date of birth shown above is incorrect, please provide the Division of Pensions and Benefits with proof of age.*

Maiden/Former Last Name[s]: **Wilson**

Current Mailing Address: **123 Main Street , Anytown, NJ 08765 4321**

Daytime Phone Number: **6095555555**

Tentative Retirement/Termination Date: **N/A**

**Your Request to Purchase Service Credit has been submitted successfully.**

Employer verification and Division approval of purchase request must occur before a purchase quotation can be generated.

Please print a copy of this *Purchase Request* for your records.

PURCHASE TYPE: **Temporary / Substitute Service**

<i>Employer Name and Address</i>	<i>Official Payroll Title</i>	<i>Period for which service is requested</i>	<i>Pension Plan and address</i>
Boro of Anytown 3 Municipal Road , Anytown, NJ 08765	Account	06/06/2005 to 10/28/2005	

Submit Another Purchase  
Application

To enter a request for another type of service, click the "Submit Another Purchase Application" button. To exit the application, click the "Home" button near the MBOS page header.

---

### Authorizing a Purchase

The Purchase Authorization application allows you to authorize the purchase of service credit directly to the Division of Pensions and Benefits. **To access the application**, click the "Purchase Authorization" button on your MBOS Home Page.



## Purchase Authorization

### Member Account Applications

#### Pension Account Information and Calculators

<a href="#">Payroll Certifications</a>	<a href="#">Designation of Beneficiary</a>
<a href="#">Personal Benefit Statement</a>	<a href="#">Purchase Service Credit</a>
<a href="#">Pension Loan</a>	<a href="#">Retirement</a>
<a href="#">Application for Withdrawal</a>	<a href="#">Purchase Calculator</a>
<a href="#">Additional Information</a>	<a href="#">Purchase Authorization</a>
	<a href="#">Letters and Statements</a>

#### Other Benefits Programs

<a href="#">Application Help</a>
<a href="#">MBOS User Guide</a>

The page that opens will show the “Terms of Agreement” for authorizing a purchase of service credit.

<a href="#">Home</a>	<a href="#">Logout</a>
----------------------	------------------------

## Purchase Authorization

**Please read the Terms of Agreement before selecting the agree button.**

### TERMS OF AGREEMENT PURCHASE AUTHORIZATION FOR SCHEDULED PAYROLL DEDUCTIONS ONLY

If you click the “Agree” button, the next page that opens shows the service credit you are able to purchase.

## Purchase Authorization

Please select the purchase quotation you wish to authorize as scheduled payroll deductions:

Purchase Type	Quotation Date*	Eligible Service	Lump Sum Cost	Number of Biweekly Payments	Amount Per Payment
<input checked="" type="radio"/> Leave of Absence	04/08/2014	5 pay periods	\$734.74	6	\$123.77

\*A Purchase Cost Quotation is valid for 90 days from the quotation date listed. If you do not authorize a purchase prior to the expiration date, you must reapply to purchase service through MBOS.

[Continue](#)

Click “Continue” and the following screen allows for changes to the payment or the service period.



## Purchase Authorization

<b>Purchase Type</b>	<b>Quotation Date</b>	<b>Eligible Service Amount</b>	
Leave of Absence	04/08/2014	5 pay periods	
<b>Total Service to Authorize</b>	<b>Biweekly Payment</b>	<b>Number of Payments</b>	<b>Total Payment</b>
5 pay periods	\$ 123.77	6	\$ 742.62

\*You have the option of either changing your scheduled payment deduction amount or changing your service period.

Once you are satisfied with the payment arrangement and/or service period, click the "Submit" button. You will be asked to verify your submission. You must click "OK" to continue.

The page at <https://www20.state.nj.us> says: ×

Are you sure that you want to submit this Purchase?

The next screen confirms your authorization. You will see "CONGRATULATIONS" at the top of the page and any changes you may have made to the payment or service period will be reflected on this page.

## Purchase Authorization

Your purchase authorization for the following service was submitted successfully on **May 21, 2014**.

<b>Purchase Type</b>	<b>Service Amount</b>	<b>Quotation Date</b>
Leave of Absence	1 pay periods	04/08/2014

On this same page you will be asked to "Print" this confirmation at the bottom of the page.

## Purchase Authorization

PLEASE PRINT THIS CONFIRMATION FOR YOUR RECORDS.

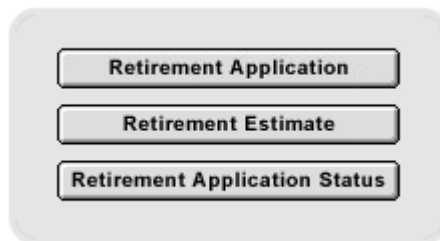
Home

Print

---

### Retirement Button and Menu

The "Retirement" button on your MBOS Home Page opens a menu of online retirement sub-applications for MBOS users. These include the Retirement Application, Retirement Estimate, and Retirement Application Status sub-applications.



- **To access any of the online Retirement sub-applications**, click the button in the menu.
- Additional instructions on using the [Retirement Application](#) and [Retirement Estimate](#) are provided immediately below.
- Instructions on using the [Retirement Application Status](#) are provided [later in this guide](#).

---

### Retirement Estimate Calculator

The Retirement Calculator application allows you to **estimate** how much you may be eligible to receive at retirement for any retirement date up to two years in the future.

**To access the application**, click the "Retirement" button on your MBOS Home Page and then the "Retirement Estimate" button on the MBOS Retirement Sub-Application Menu.

## Retirement Calculator

**Name:** JANE MEMBER  
**Mem #:** 02-0123456

**Date of Birth:** 05 / 17 / 1957

**Retirement Type:** Service

**Retirement Date:** Month / 1 / Year

**Termination Date:** Month / Day / Year

**Add Beneficiary:** Yes No

On the page that opens:

- Select the type of retirement from the drop-down menu.

Service

Service

Early

Deferred

Ordinary Disability

- Enter your planned retirement date (All retirements must be for a date no more than two years in the future **and** must start on the first of a month).
- Enter the date on which you will terminate employment (must be prior to your retirement date).
- If you click "Yes" in the "Add Beneficiary" area a box will open where you may include a beneficiary's name, date of birth, and spouse information.

**Note:** By providing this information we will be able to calculate additional pension payment options that include survivor payments (optional).

**Beneficiary Name:**

**Beneficiary Date Of Birth:** Month / Day / Year

**Is This Person Your Spouse?** ☐ Yes ☐ No

- When you have entered all of your information, click on the "Submit" button.

The page that opens will show your retirement estimate.

# ESTIMATE OF RETIREMENT BENEFITS

March 17, 2005

JANE MEMBER

RE: 02-0123456

This Quotation of Retirement Benefits was prepared based on the following information:

Retirement Date:	06/01/2017	Type of Retirement:	DEFERRED
Service Termination Date:	12/31/2005	Date of Birth:	05/17/1957
Pension Membership Credit as of Termination Date:	21 years 5 months	Nearest age at Retirement*:	60
		Salary used in calculation:	\$ 76,627.67
Your Beneficiary:		Beneficiary's Date of Birth:	00/00/0000

\* If your age at retirement is under 55, the benefit calculation below includes a reduction of 1/4 of 1% for each month you are under the age of 55. There is no reduction if retiring on a disability retirement.

## PENSION Payment Options at Retirement

Payment Option (You may choose only one.)	Annual Benefit	Monthly Benefit	Your Beneficiary's Benefit
<a href="#">Maximum Option</a>	\$ 29,838.24	\$ 2,486.52	No benefit payable to a beneficiary.
<a href="#">Option A</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option B</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option C</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option D</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 1</a>	\$ 28,883.40	\$ 2,406.95	\$ 286,447.10 reduced each month by \$ 2,406.95.
<a href="#">Option 2</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 3</a>	\$ 0.00	\$ 0.00	\$ 0.00 per month upon your death.
<a href="#">Option 4</a>	N/A		None requested
Life Insurance after Retirement:	\$ 15,095.11	Life insurance available for conversion:	\$ 226,426.67

**Note: All calculations are ESTIMATES ONLY and are based on service and salary information currently posted to your pension account by the Division of Pensions and Benefits.**

## Retirement Application

The online Retirement Application allows you to apply for retirement with the Division of Pensions and Benefits.

**Note:** Effective October 1, 2012, paper retirement applications are no longer accepted. All retirement applications **must** be submitted using MBOS.

(To view the status of an already submitted application, see "[Retirement Application Status](#)")

**The first part** of the Retirement Application is the same for members of all retirement systems. **The second part** of the application differs for PERS/TPAF members and PFRS/SPRS members and are described separately in the later sections of these instructions.

**To access to the application**, click the "Retirement" button on your MBOS Home Page and then the "Retirement Application" button on the MBOS Retirement Sub-Application Menu.

## Terms and Conditions

The first page of the Retirement Application presents the **"Acknowledgement of Terms and Conditions of Retirement."** To continue, you must read and agree to the "Terms and Conditions."

### ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF RETIREMENT

You must agree to and accept the following terms and conditions when applying for retirement.

- I understand that I must meet all of the eligibility requirements for retirement and cannot submit an application more than **one year** before my retirement date. (If eligible and applying for a Deferred Retirement, you may file more than one year in advance after you have terminated employment.)
- I understand that my employer will be notified that I have filed an application for retirement.
- I understand that if I cancel or change my retirement date and submit a new application with a later retirement date, it is my responsibility to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date **does not** guarantee continued employment with my employer.
- I understand I cannot make any pre-arrangement to return to employment after retirement in any capacity. Refer to [employment after retirement](#) for more information.
- I understand I must provide any documents requested by the Division of Pensions and Benefits within 90 days or my application will be canceled.
- I understand that the beneficiary designation I am indicating on this retirement application supersedes all prior designations, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.

I agree to comply with all retirement application terms and conditions.

I certify I have made no pre-arrangement with my employer to return to employment in any capacity.

Agree

Disagree

- Click the "Agree" button to continue with your Retirement Application.
- Selecting "Disagree" will end the application process.

After you agree to the "Terms and Conditions" of retirement, you will have an opportunity to obtain an *Estimate of Retirement Benefits* — if you have not already done so.

## Obtain and Estimate

**Before applying for retirement**, you should obtain an *Estimate of Retirement Benefits* and consider the pension payment options available you — and to any beneficiary. The online Retirement Application provides a link to the [Retirement Estimate Calculator](#).

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Before submitting your *Retirement Application*,  
it is recommended that you review an estimate of your retirement benefits! ?**

Do you wish to see an estimate of your retirement benefits?

Yes

No

for help call (609) 777-0534 | [contact us](#) | [privacy notice](#)



- To calculate an estimate of benefits prior to completing an application, click the "Yes" button.
- If you already have an estimate and you are ready to complete your application, click "No" to proceed to the Retirement Application form.

### *Member Information*

The *Member Information* page asks about you, the member. Please complete all of the requested fields.

- Some fields may be pre-filled.
- If any of the pre-filled information is incorrect, it can be corrected.

After you have entered all of the information for this page, click the "Continue" button.

## Retirement Application

### MEMBER INFORMATION

**Name:** Jane Member

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Street Address 1:** 123 MAIN STREET

**Street Address 2:** APT B2

**City:** TRENTON

**STATE:** NJ

**ZIP:** 08625

**Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:** ( 609 ) 555 - 5555

**Work Phone:** ( 609 ) 555 - 5544

**Ext:**

**E-mail:** JMEMBER@STATE.MAIL

Reset

Continue

## Retirement Type

On the *Select Retirement Type* page, enter your “Retirement Date” **and** “Retirement Type”.

Because all retirements begin *the first day of the month* select only the retirement **Month** and retirement **Year** from the drop down lists. Then select your “Retirement Type” by clicking a selection button. Only **ONE** type of retirement may be selected.

**Note:** Click on the “question mark” icon next to “Retirement Type” to open a page with detailed explanations of each type of retirement.

- If you select Ordinary Disability or Accidental Disability Retirement, a field will open where you should enter additional information about your disability. Please note that all disability retirement information submitted to the Division is kept strictly confidential.

You must also answer the question about any pending **purchase of service credit**.

## Retirement Application

**SELECT RETIREMENT TYPE**

**Name:** Jane Member **Member Number:** 02-0123456

What is the date of your retirement?  /  /

Retirement Type: ?

☒ **Service** ☐ **Deferred**

☐ **Early** ☐ **Veteran**

☐ **Ordinary Disability**

☐ **Accidental Disability**

Have you applied for a purchase of service credit within the past 6 months? ☐ Yes ☒ No

Were your last 36 months of salary also your highest salary years? ☒ Yes ☐ No

If not, you will be asked to provide the three Fiscal Years during which highest salary was earned.

**PERS and TPAF members** must also answer the question about the **last or highest** years of salary.

- Most PERS and TPAF retirements are calculated using the last 3 years of salary (5 years for Tier 4 and Tier 5 members) – which are usually the highest. If your last 3 or 5 years are **not** the highest salary years, select “No” and additional fields will open where you will enter your highest fiscal years of salary. A fiscal year runs from July 1st through to June 30th.



Were your last 36 months of salary also your highest salary years? ☐ Yes ☒ No  
*If not, you will be asked to provide the three Fiscal Years during which highest salary was earned.*

If No, list the three Fiscal Years in which you earned the highest salary:

Year 1: July 1,  to June 30,

Year 2: July 1,  to June 30,

Year 3: July 1,  to June 30,

After you have entered all of the information for this page, click the "Continue" button.

**Note:** The next pages of the application differ depending upon your retirement system.  
The PERS and TPAF are discussed first with the [PFRS and SPRS following](#).

### ***PERS and TPAF Members***

**The *Option Selection* page will open.** You will need to select a pension option and name your pension beneficiary.

- The pension options provide for varying amounts that can be paid to you, and to your named beneficiary after your death. Click on the "question mark" icon next to "Select Pension Option" to view detailed explanations of each pension option.
- You may choose **only ONE** of the 9 different options that are offered.
- **IMPORTANT: Please be certain that you understand the options available and that you choose carefully.** You will have the opportunity to **change** your option selection until at least 30 days after your retirement date, **however, once the retirement becomes "Due and Payable" your option selection CANNOT be changed.** For most members the retirement usually becomes due and payable when they receive and cash the first retirement check.



# Retirement Application

## OPTION SELECTION

Name: Jane Member

Member Number: 02-0123456

Select Pension Option: ?

☐ Maximum Option

(NO PENSION BENEFIT TO BENEFICIARY -- Largest allowance paid to you with no monthly pension benefit paid to a beneficiary upon your death.)

☐ Option A

(100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)

☐ Option B

(75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.)

☐ Option C

(50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.)

☐ Option D

(25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION -- Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.)

☐ Option 1

(REDUCING RETIREMENT RESERVE TO A BENEFICIARY -- Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die before the reserve is depleted. You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.)

☐ Option 2

(100% TO BENEFICIARY - PERMANENT REDUCTION -- You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.)

☐ Option 3

(50% TO BENEFICIARY - PERMANENT REDUCTION -- You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.)

☐ Option 4

(CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION -- You can name only one beneficiary or multiple beneficiary(ies). Upon your death, your beneficiary(ies) receives a lifetime monthly retirement allowance of \$  (can be no more than the Option 2 allowance).

## PENSION BENEFIT BENEFICIARY INFORMATION

First Name

Last Name

SSN

Birth Date

(mm/dd/yyyy)

Relationship: ☐ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Other

Back

Reset

Continue

- At the bottom of the page, you **must** enter the information for your pension beneficiary. This is the person who will receive benefits from your option selection.
- If selecting the Maximum Option, please be sure to name a beneficiary.* Doing so will not change the amount of the maximum calculation; however, in the event of your death, the named beneficiary will receive the "last check benefit" and/or any uncollected pension contributions.

When the pension option and pension beneficiary section is completed, click the "Continue" button at the bottom of the page and you will go to the [Life Insurance Beneficiary](#) page.

## **PFRS and SPRS Members**

**The *Marital Status* page will open.** List the name and other requested information as appropriate for your spouse, civil union partner, or eligible same-sex domestic partner. (If you are single or divorced, select “None of the Above”.)

On a following page you will also be asked to list information for any dependent children.

### Retirement Application

#### **MARITAL STATUS**

**Name:** William Member

**Member Number:** 03-0123456

**Marital Status:** ☐ Husband ☒ Wife ☐ Civil Union Partner ☐ Domestic Partner  
☐ None of the above

**Spouse's Name:**

**First:** Jane **Last:** Member **SSN:** 123 - 45 - 6789

**Birthdate:** Month  / Day  /  (mm)

**Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?:** ☐ Yes ☒ No

Back

Reset

Continue

## ***Life Insurance Beneficiaries (all retirees)***

On the *Life Insurance Beneficiary* page you are required to list information about one or more beneficiaries for any Group Life Insurance payable upon your death.

When you have entered all of the information for this page, click the “Continue” button.

# Retirement Application

## LIFE INSURANCE BENEFICIARY INFORMATION

Please [click here](#) for Group Life Insurance Conversion rights

**Name:** Jane Member

**Member Number:** 02-0123456

**First Name**

William

**Last Name**

Member

**SSN**

987 65 4321

**Birth Date**

06/06/1950  (mm/dd/yyyy)

**Relationship:** ☒ Husband ☐ Wife ☐ Civil Union Partner ☐ Domestic Partner ☐ Other ☐ Estate

**Beneficiary Type :** ☒ Primary ☐ Contingent

**Is your address different from your Husband /Wife /Domestic Partner /Civil Union Partner's Address?** ☐ Yes ☒ No

Add Another Beneficiary

Back

Reset

Continue

## View Summary and Submit Application

All of the information needed for the Retirement Application should now be entered, and you will be shown the *Summary Page*.

**Please review the summary information and selections carefully** as this is what will be submitted to the Division of Pensions and Benefits to begin processing of your retirement.

## Summary of Retirement Application Information

*If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.*

### MEMBER INFORMATION

**Name:** JANE MEMBER

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Address:** 123 MAIN

**City:** TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:**

**Work Phone Number: Ext.:**

**E-mail:** JMEMBER@STATE.MAIL

**Employer Name:** DEPARTMENT OF THE TREASURY

### RETIREMENT INFORMATION

**Retirement Date:** 04/01/2008

**Retirement Type:** SERVICE

**Service credit purchase application** **WAS NOT** submitted within the past 6 months

**Last 36 months of salary** **WERE** the highest salary years

### PENSION OPTION INFORMATION

**Pension Option Selected:** Option 1

### Beneficiary Information

**Name:** WILLIAM MEMBER

**Social Security No.:** 987 65 4321

**Birthdate:** 06/06/1950

### LIFE INSURANCE BENEFICIARY INFORMATION

**Name:** WILLIAM MEMBER

**Social Security No.:** 987 65 4321

**Birthdate:** 06/06/1950

**Relationship:** HUSBAND

**Selection Type:** PRIMARY

**Address:** 123 MAIN

**City:** TRENTON

**State:** NJ

**ZIP Code:** 08685

**Country:** UNITED STATES OF AMERICA

**Is the above summary information correct?**

Yes

No

- If you need to change any of the information shown, click on the heading of any section to go back and make changes. You can also click the "No" button at the bottom of the page.
- If all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to submit the application.

You will see a *Confirmation Page* indicating that the application has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

 [printable version](#)

## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Your Retirement Application has been submitted successfully.**

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

You will also receive a separate e-mail confirmation that the application has been submitted successfully.

To exit the application, click the "Home" button near the MBOS page header.

### **Making Changes to a Retirement Application**

After an online Retirement Application has been submitted (but before the retirement date) MBOS users are permitted to access their application and make changes.

**Please note** that changing a Retirement Application after its initial submission may *significantly increase* the required processing time.

**To access to the application**, click the "Retirement" button on your MBOS Home Page and then the "Retirement Application" button on the MBOS Retirement Sub-Application Menu. On the introductory screen of the application, click the "No" button skip the retirement estimate and go directly to your retirement application.

# Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Before submitting your *Retirement Application*,  
it is recommended that you review an estimate of your retirement benefits! ?**

Do you wish to see an estimate of your retirement benefits?

Yes

No

for help call (609) 777-0534 | [contact us](#) | [privacy notice](#)



Next you will be presented with the the "Acknowledgement of Terms and Conditions of Retirement."

**You must agree to the "Terms and Conditions"** to continue to your previously completed application.

I agree to comply with all retirement application terms and conditions.

I certify I have made no pre-arrangement with my employer to  
return to employment in any capacity.

Agree

Disagree

If a prior retirement application has been submitted, you will be taken directly to the *Summary Page*.

- You can make changes in a specific information area by clicking the highlighted heading of that area.
- Changes can also be made by clicking the "No" button at the bottom of the *Summary Page*.

## Summary of Retirement Application Information

*If any of the information below is incorrect, please use the "Change Information" button at the bottom of the page to make corrections.*

### MEMBER INFORMATION

**Name:** JANE MEMBER

**Member Number:** 02-0123456

**Date of Birth:** 08/14/1956

**Address:** 123 MAIN

**City:** TRENTON **State:** NJ **ZIP:** 08685 **Country:** UNITED STATES OF AMERICA

**Home/Cell Phone:**

**Work Phone Number: Ext.:**

**E-mail:** JMEMBER@STATE.MAIL

**Employer Name:** DEPARTMENT OF THE TREASURY

### RETIREMENT INFORMATION

**Retirement Date:** 04/01/2008

**Retirement Type:** SERVICE

**Service credit purchase application** ***WAS NOT*** **submitted within the past 6 months**

**Last 36 months of salary** ***WERE*** **the highest salary years**

### PENSION OPTION INFORMATION

**Pension Option Selected:** Option 1

### Beneficiary Information

**Name:** WILLIAM MEMBER

**Social Security No.:** 987 65 4321

**Birthdate:** 06/06/1950

### LIFE INSURANCE BENEFICIARY INFORMATION

**Name:** WILLIAM MEMBER

**Social Security No.:** 987 65 4321

**Birthdate:** 06/06/1950

**Relationship:** HUSBAND

**Selection Type:** PRIMARY

**Address:** 123 MAIN

**City:** TRENTON

**State:** NJ

**ZIP Code:** 08685

**Country:** UNITED STATES OF AMERICA

**Is the above summary information correct?**

Yes

No

If you click the "No" button, a Menu Page will open where you may select the various information areas of the application. Click on a button to go to that area to make any necessary changes.

# Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

*What would you like to change?*

Change Member Info

Change Retirement Type

Change Option Information

Change Marital Status

Change Life Insurance  
Beneficiary Information

Go To Summary

After you have made your changes, click on the "Continue" button on that application page and you will again be shown the *Summary Page*.

**Review the revised summary information to be sure that your selections are correct.** When all of the information displayed on the *Summary Page* is correct, click the "Yes" button at the bottom of the page to re-submit the application. The revised information will be submitted to the Division of Pensions and Benefits for processing of your retirement.

You will see a *Confirmation Page* indicating that the application has been submitted successfully. At the top of the *Confirmation Page*, there is a link to a "Printable Version" of the *Summary Page* information. You should click this link and print a copy of the summary information for your records.

You will also receive a separate e-mail confirmation that the application has been submitted successfully.



## Retirement Application

**Name:** Jane Member

**Member Number:** 02-0123456

**Your Retirement Application has been submitted successfully.**

You will receive an e-mail message containing information about the *Retirement Application* you have just submitted. If you do not receive this e-mail, please contact the MBOS Help Desk, at (609) 777-0534.

To exit the application, click the "Home" button near the MBOS page header.

---

### Designation of Beneficiary

The Designation of Beneficiary application allows you to **review** and, if desired, **change** your designated beneficiary(ies) for any payments upon your death for **Group Life Insurance** and/or **Pension account** funds.

**To access the application**, click the "Designation of Beneficiary " button on your MBOS Home Page.

The page that opens will display the current beneficiary information you have on file with the Division of Pensions and Benefits.

## Beneficiary Information on File

Member Name: LAWRENCE LOW

Member Number: 02-0123456

### Group Life Insurance Benefit

#### Primary Beneficiary(ies)

**Name:** Lois Low  
**Address:** 123 4th Street  
Anytown NJ 07123 3456

**Date of Birth:** 09/1959  
**Relationship:** Wife  
**SSN:** 345678901

### Pension Benefit

#### Primary Beneficiary(ies)

**Name:** Lois Low  
**Address:** 123 4th Street  
Anytown NJ 07123 3456

**Date of Birth:** 09/1959  
**Relationship:** Wife  
**SSN:** 345678901

#### Contingent Beneficiary(ies)

**Name:** Bill L Low  
**Address:** 546 7th Ave  
Trenton NJ 08901

**Date of Birth:** 05/1985  
**Relationship:** Other  
**SSN:** 456789012

#### Contingent Beneficiary(ies)

**Name:** Jane P Smith  
**Address:** 789 Main St  
Grovers Mill NJ 08345 6789

**Date of Birth:** 07/1978  
**Relationship:** Other  
**SSN:** 890123456

### Do you wish to change your beneficiary information?

You must use the paper version of the *Designation of Beneficiary* form if you choose any of the following types of designations:

- Nominating a Trust, Organization, Charity or Corporation.
- Nominating a Power of Attorney; or if a Power of Attorney is completing the form.
- Nominating a formal or informal trust for a minor.
- Nominating a specific percentage for each beneficiary.
- Nominating more than six beneficiaries per benefit.

To obtain the paper version, please click on the link below:

<http://www.state.nj.us/treasury/pensions/epbam/exhibits/pdf/eb214.pdf>

If you want to modify, delete, or add beneficiary information, click on the button below.

[Change Beneficiaries](#)



[Printable Version](#)

A link is provided to a printable version of this information so that you may retain it for your records.

**Note:** If beneficiary information has not been updated since before 1987, users may receive a message indicating "beneficiary information unavailable" because it is not accessible to the online system. The message includes additional instructions for contacting the Division to obtain beneficiary information.

## Beneficiary Relationship Types

Below is an explanation of the different types of beneficiaries. Please note that if you have Power of Attorney, or are naming more than ten beneficiaries for each benefit type, you must use the paper version of the [Designation of Beneficiary](#) form.

### Designation of Beneficiary

#### Beneficiary Relationship Types

**Husband / Wife** — This is a person to whom you are legally married. A photocopy of the *Marriage Certificate* is required for verification at the time of retirement or upon the member's death.

**Civil Union Partner** — This is a person of the same sex with whom you had entered into a civil union. A photocopy of the New Jersey *Civil Union Certificate* or a valid certification from another jurisdiction that recognizes same-sex civil unions is required for verification at the time of retirement or upon the member's death.

**Domestic Partner** — This is a person of the same sex with whom you had entered into a domestic partnership. A photocopy of the New Jersey *Certificate of Domestic Partnership* dated prior to February 19, 2007 or a valid certification from another jurisdiction that recognizes same-sex domestic partners is required for verification at the time of retirement or upon the member's death.

**Note:** For PFRS, SPRS, or JRS members, eligibility for survivor pension benefits to a same-sex domestic partner is defined under Chapter 246, P.L. 2003, the Domestic Partnership Act, as the domestic partner of any State employee, State retiree, or an eligible employee or retiree of a local public entity if the local governing body adopts a resolution to provide Chapter 246 pension benefits.

**Estate** — You may choose to name your estate as your beneficiary. If you name your estate, the Division will require a certified *Surrogate Certificate* issued from the court at the time of the member's death in order to release payment.

**Note:** If you do not have a named beneficiary on file with the Division of Pensions and Benefits, or if your named beneficiary(ies) have predeceased you, your estate will be paid by default.

**Trust, Organization, Charity or Corporation** — This is designating any person who *is not* your husband, wife, civil union partner, or domestic partner; however, if you have Power of Attorney, or are naming more than ten beneficiaries for each benefit type, you must use the paper version of the [Designation of Beneficiary](#) form.

## Changing Your Beneficiaries

If you wish to change, add, or delete any of the beneficiary information shown, click on the "Change Beneficiaries" button.

A page will open with additional information and the "Do's and Don'ts" of beneficiary designation.

## Change Beneficiaries

**Member Name:** LAWRENCE LOW

**Member Number:** 02-0123456

As a New Jersey State-administered retirement system member, you can nominate or change a beneficiary for the group life insurance and pension benefit that are payable upon your death at any time, and as often as you wish.

### Group Life Insurance Benefit

The insurance benefit for active members is based upon your last years (10 or 12 months) salary at the time of your death. The insurance benefit for retired members is based on your final year of salary. Group life insurance does not apply to members who enrolled at age 60 or older and failed to prove insurability or those members retiring with less than 10 years of service.

### Pension Benefit

#### PERS

As an **active** Public Employees' Retirement System (PERS) member, the pension benefit is the return of member contributions plus interest paid in a lump sum to the designated beneficiary. You may specify both primary and contingent beneficiaries for the pension benefit.

As a **retired** Public Employees' Retirement System (PERS) member, this benefit is based upon your Option selection at the time of retirement.

### Primary and Contingent Beneficiaries

You may specify both primary and contingent beneficiaries for each benefit (except as limited by statute).

- Primary beneficiaries will receive any benefits that are payable upon your death. They will each receive an equal share (share and share alike) of the benefit, unless you indicate a different distribution.

### Do's and Don'ts of Beneficiary Designations

- Do use proper names. Nicknames are not acceptable. When naming a married female as beneficiary, be certain the proper name is given, e.g. Mary J. Jones, not Mrs. John R. Jones.
- Periodically review your *Designation of Beneficiary* form to be sure all beneficiary information is correct. It is especially important to update this information after a life event, such as a birth, marriage, divorce, or death.

### Designating a Beneficiary

You may nominate any of the following as your primary or contingent beneficiary (ies):

- A person or persons
- Your estate

### No Beneficiary Designation on File

If there is no beneficiary designation on file at the time of your death, payment will default to your estate.

### Nominating or Paying Your Estate

If you are nominating your estate as beneficiary, or your estate is being paid by default, the Division will require a certified Surrogate Certificate issued from the court in order to release payment at the time of death.

If you have any questions on how to complete your *Designation of Beneficiary* please click on "Contact Us" link at the bottom right-hand corner of this page to send us an e-mail with your questions.

Continue

Be sure that you read and understand this information before you click the "Continue" button.

On the next page a summary list will appear.

## Designation of Beneficiary

### List of Beneficiaries on File

<b>Name:</b> Lois Low	<input type="checkbox"/> Delete	<b>Date of Birth:</b> 09/1959	<b>Relationship:</b> Wife
<b>Address:</b> 123 4th Street Anytown NJ 07123 3456	<b>Group Life Insurance Benefits:</b> Primary <b>Pension Benefits:</b> Primary		
<div>Modify</div>			

---

<b>Name:</b> Bill L Low	<input type="checkbox"/> Delete	<b>Date of Birth:</b> 05/1985	<b>Relationship:</b> Other
<b>Address:</b> 546 7th Ave Trenton NJ 08901	<b>Group Life Insurance Benefits:</b> N/A <b>Pension Benefits:</b> Contingent		
<div>Modify</div>			

---

<b>Name:</b> Jane P Smith	<input type="checkbox"/> Delete	<b>Date of Birth:</b> 07/1978	<b>Relationship:</b> Other
<b>Address:</b> 789 Main St Grovers Mill NJ 08345 6789	<b>Group Life Insurance Benefits:</b> N/A <b>Pension Benefits:</b> Contingent		
<div>Modify</div>			

---

Add Beneficiary

Continue

- **Click the "Modify" button** to change any information displayed for a currently listed beneficiary.
- **Click the "Add Beneficiary" button** to add a *new* beneficiary to the existing list.
- **Check the "Delete" box** and then the "Continue" button to *remove* the beneficiary from the list.

If you choose to "Add" or "Modify" your beneficiary information, a form page similar to the one below will open. Enter the beneficiary information requested on the form. When finished click the "Continue" button.

**Please note:** Social Security numbers are optional, however, when provided the inclusion of a correct Social Security number will help to speed processing in the event of a claim.

Modify Beneficiary

First Name

Jane

Middle Name

P

Last Name

Smith

Suffix

Social Security No.

890 - 12 - 3456

Date of Birth  
(mm/yyyy)

07 / 1978

Relationship

Other

Group Life Insurance Benefits

Contingent

Pension Benefits

Contingent

Street Address 1

789 Main St

Street Address 2

City

Grovers Mill

State

New Jersey

Zip Code

08345 - 6789

Country

UNITED STATES

Continue

Reset

Cancel

Before completing your changes, you will be able to review your new beneficiary information on the verification page. The verification page will display the new beneficiary information and will also indicate any information that is being deleted from your beneficiary record. **Please review the information carefully to assure that it is correct.**



## Verify Beneficiary(ies)

Member Name: LAWRENCE LOW

Member Number: 02-0123456

### Group Life Insurance Benefit

#### Primary Beneficiary(ies)

**Name:** Lois Low  
**Address:** 123 4th Street  
Anytown NJ 07123 3456

**Date of Birth:** 09/1959  
**Relationship:** Wife  
**SSN:** 345678901

#### Contingent Beneficiary(ies)

**Name:** Jane P Smith  
**Address:** 789 Main St  
Grovers Mill NJ 08345 6789

**Date of Birth:** 07/1978  
**Relationship:** Other  
**SSN:** 890123456

### Pension Benefit

#### Primary Beneficiary(ies)

**Name:** Lois Low  
**Address:** 123 4th Street  
Anytown NJ 07123 3456

**Date of Birth:** 09/1959  
**Relationship:** Wife  
**SSN:** 345678901

#### Contingent Beneficiary(ies)

**Name:** Bill L Low  
**Address:** 546 7th Ave  
Trenton NJ 08901

**Date of Birth:** 05/1985  
**Relationship:** Other  
**SSN:** 456789012

#### Contingent Beneficiary(ies)

**Name:** Jane P Smith  
**Address:** 789 Main St  
Grovers Mill NJ 08345 6789

**Date of Birth:** 07/1978  
**Relationship:** Other  
**SSN:** 890123456

**Is above BENEFICIARY information correct?**

Change Beneficiaries

Submit

**If any of the information requires further changes**, you may make them now by clicking the "Change Beneficiaries" button.

**If the information displayed is correct**, click the "Submit" button to complete the transaction. You will see a confirmation page to indicate that your Beneficiary Designation has been submitted successfully. At the top of the confirmation page is a link to a "printable version" of the page. You should print and keep a copy on this confirmation for your records.

## Confirmation of Changes

**Member Name:** LAWRENCE LOW

**Member Number:** 02-0123456

### **Pension beneficiary changes submitted successfully.**

You will receive a confirmation of this transaction via e-mail. The e-mail will contain your updated rider. This is an important document and should be kept in a safe place. If the rider contains errors or omissions, you should re-enter the application to make the necessary corrections.

**You can obtain an immediate copy of your beneficiary changes by clicking on "Printable Version" at the top of the page.**

If you do not receive the email or rider, please contact the Division of Pensions and Benefits via letter, email, or you may call the MBOS help desk, at (609) 777-0534.

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## Application for Withdrawal

The Application for Withdrawal allows members who have **terminated employment** (but who *have not* applied for retirement) to withdraw their contributions from the retirement system. Before completing the Application for Withdrawal, please read the information about withdrawal in [Fact Sheet #24, Withdrawal from the Retirement System, Adobe PDF \(30K\)](#) and on the [Frequently Asked Questions About Withdrawal](#) page.

### **Please note:**

- By withdrawing from the retirement system you forfeit all benefits other than the return of contributions. If you are eligible for a retirement benefit, you will be given the option to review an estimate of that retirement benefit before continuing with a withdrawal.
- Some portions of the withdrawal may be subject to federal tax. See [Fact Sheet #27, Taxability of Your Pension Distribution Adobe PDF \(45K\)](#).
- Your decision to withdraw *cannot* be rescinded once the completed Application for Withdrawal is submitted.
- To **exit** the Application for Withdrawal, anytime before your final submission, click on the "home" button at the top of the MBOS page.
- All withdrawals are subject to verification with your former employer(s). See [Fact Sheet #24, Withdrawal from the Retirement System Adobe PDF \(30K\)](#).

**To access the application,** click the "Application for Withdrawal" button on your MBOS Home Page.

On the first page that opens will be important messages related to the withdrawal of your retirement system account.



Member Name: MEMBER, SARA C

Pension Fund: PERS

Member Number: 2345678

Date of Birth: 10/04/1952

Social Security Number: 345-67-8901

**Note:** If you are enrolling or transferring into the Alternate Benefit Program, you *cannot* complete this application. Please see your employer for further details.

Please be aware that by withdrawing from the pension fund you are **not** taking a pension loan nor will you be eligible to collect a retirement benefit in the future.

Before proceeding, we require that you read Fact Sheet #27, "The Taxability and Mandatory Withholding of Income Tax From Your Pension Distribution", so you fully understand the tax implications associated with withdrawing your pension contributions and the rollover options that are available to you. If you have any questions regarding the information contained in this fact sheet, we strongly recommend that you consult with your tax advisor.

I further certify that, if I have elected a rollover under option 2 or 3, the receiving IRA or eligible employer plan is eligible to receive my rollover from this qualified plan (as described in Fact Sheet #27) and will accept any after-tax contributions included in my rollover.

**I confirm that I have read and understand the tax implications and options associated with withdrawing my pension contributions.**

Continue to Withdrawal Application

- Be certain that you *read **and** understand* the information presented ***before*** you complete the Application for Withdrawal.


If you are uncertain about any of the information, see [Fact Sheet #24, Withdrawal from the Retirement System](#) Adobe PDF (30K), [Fact Sheet #27, Taxability of Your Pension Distribution](#) Adobe PDF (45K), and the [Frequently Asked Questions About Withdrawal](#) page.

- When you are ready to submit your Application for Withdrawal, click the "Continue to Withdrawal Application" button.

On the next page, enter your current mailing address and the information requested about your termination of employment. When done, click the "Continue with the Withdrawal Application" button.

**Member Information****Member Name:** MEMBER, SARA C**Pension Fund:** PERS**Member Number:** 2345678**Date of Birth:** 10/04/1952**Social Security Number:** 345-67-8901**Mailing Address:** **Apt:** **City:** **Country:** UNITED STATES **State :** Select State **Zip:**  - 

Before applying for withdrawal from the pension fund, all members should read Fact Sheet #24, [Withdrawal from the Retirement System](#) and [Frequently Asked Questions about Withdrawal](#).

Click the  icons below to view additional information about any particular items.

**Employment Information**

**Please indicate the reason why you terminated from this employment:** ☒ Resigned ☐ Dismissed 

**Please give the Date of Termination:**  /  /

*(Select month and day from menu; enter year - If you are resigning from more than one public employer, list the last Date of termination)*


**Workers' Compensation Information - BOTH ITEMS MUST BE ANSWERED** 

I ☐ AM, or ☒ AM NOT receiving the periodic benefits under a claim filed for Worker's Compensation based on an injury incurred as a result of service performed in public employment

I ☐ DO, or ☒ DO NOT have a Worker's Compensation claim or litigation pending.

Continue With The Withdrawal  
Application

- If you are receiving periodic benefits under Workers' Compensation, or have a Workers' Compensation claim or litigation pending, applying for a withdrawal may jeopardize those benefits. To continue with your withdrawal, you must complete a waiver of any pension benefits associated with a Workers' Compensation award. See [Fact Sheet #45, Workers' Compensation](#), Adobe PDF (44K) for more information.
- If you are eligible for a retirement benefit, you must complete a waiver of that retirement benefit in order to continue with the withdrawal application.

Some portions of your withdrawal may be subject to federal tax. In the "Taxation of Your Withdrawal" section (below), select how you want your withdrawal payment and tax to be distributed. For additional information, click the  icons or see [Fact Sheet #27, Taxability of Your Pension Distribution](#) Adobe PDF (45K).

After you have made your selection, click the "Continue with the Withdrawal Application" button.

## Member Information

Member Name: MEMBER, SARA C

Pension Fund: PERS

Member Number: 2345678

Date of Birth: 10/04/1952

Social Security Number: 345-67-8901

Mailing Address: 345 Sixth Street

Apt: 3C

City: TRENTON

State: NJ

Country: UNITED STATES

Zip: 08625

## Taxation of Your Withdrawal

Our System indicates that your estimated withdrawal amount is **\$9,661.01\***, of which approximately **\$9,661.01** is **taxable**

You must choose how you wish to have your withdrawal distributed. Indicate your choice by checking one of the choices below.




Before completing this section you should read Fact Sheet #27, [The Taxability and Mandatory Withholding of Income Tax from Your Pension Distribution](#).

\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)

**Please Complete the following section carefully!**

**Your selection is irrevocable once it is submitted!**

For an explanation of any of the selections, click the  icon next to the item

1. ☒ **Withhold 20% federal income tax on the taxable portion of my payment** 
2. ☐ **Roll over the entire payment including any after tax contributions to another plan** 
3. ☐ **Roll over \$**  **.**  **(enter dollar amount) of my payment to another plan**   
**with the remaining amount paid to me** (after withholding 20% federal income tax on the taxable portion)

If selecting choices 2,3,4, or 5 indicate whether the plan is: ☐ An IRA Plan, or ☐ Roth IRA, or

☐ An Employer Plan Type the name of the financial institution or employer plan:

Continue With The Withdrawal  
Application

Before completing your withdrawal, you will be able to review your distribution selections and the other information to be submitted.

- You will have the opportunity to change the distribution or address information shown by clicking the "change" buttons.
- If you wish to **exit** the Application for Withdrawal *without submitting it*, click on the "home" button at the top of the MBOS page.

**To complete your Application for Withdrawal, click on the "Submit the Withdrawal Application" button.**

**Member Information**

**Member Name:** MEMBER, SARA C      **Pension Fund:** PERS      **Member Number:** 2345678  
**Date of Birth:** 10/04/1952      **Social Security Number:** 345-67-8901  
**Mailing Address:** 345 Sixth Street      **Apt:** 3C      **City:** TRENTON  
**State:** NJ      **Country:** UNITED STATES      **Zip:** 08625

**Withdrawal Application Review**

You have requested withdrawal from the **PERS** for an estimated amount of **\$9,661.01\***

Approximately **\$9,661.01** of this withdrawal is taxable.

*\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)*

You have also indicated that:

- You have **resigned** from the employment on **02/14/2006**;
- You **are not** receiving periodic benefits for Worker's Compensation and **do not** have a Worker's Compensation claim or litigation pending;

**Employer Certification**

The processing of your withdrawal cannot be completed until the Division of Pensions and Benefits receives certification from your former employer (or employers) that you have terminated employment. When you submit the application, the Division will contact your employer to obtain the necessary certification.

**Payment Distribution**

You elected to have **20% federal income tax** withheld from your payment

[Change Distribution](#)

Once your employer has certified the withdrawal information, the Division of Pensions and Benefits will process your withdrawal. A check(s) will be mailed to you at the address shown above.

[Change Address](#)**Submit Your Withdrawal Application**

**I understand that I am withdrawing from the pension system and forfeit all the benefits other than that of the withdrawal. I also understand that Division of Pensions and Benefits will act upon my choice selected above regarding the taxation of my withdrawal. I have reviewed the information shown above and by submitting this application confirm that it is correct. I understand my selections on this form cannot be changed once it is submitted.**

[Submit The Withdrawal Application](#)

You will see a confirmation page to indicate that your Application for Withdrawal has been submitted successfully. At the top of the page is a link to a "printable version" of the confirmation page. You should print and keep a copy on this confirmation for your records.

**Member Name:** MEMBER, SARA C

**Pension Fund:** PERS

**Member Number:** 2345678

**Date of Birth:** 10/04/1952

**Social Security Number:** 345-67-8901

**Withdrawal Application Submitted Successfully on 03/09/2006**

You have requested withdrawal from the **PERS** for an estimated amount of **\$9,661.01\***

Approximately **\$9,661.01** of this withdrawal is taxable.

You have also indicated that:

- You have **resigned** from the employment on **02/14/2006**;
- You **are not** receiving periodic benefits for Worker's Compensation and **do not** have a Worker's Compensation claim or litigation pending;

You elected to have **20% federal income tax** withheld from your payment

Once your employer has certified the withdrawal information, the Division of Pensions and Benefits will process your withdrawal. A check(s) will be mailed to you at **345 Sixth Street Apt 3C TRENTON NJ 08625**

*\*(All estimates are subject to change based on employer certification and final auditing by the Division of Pensions and Benefits.)*

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### **Deferred Compensation *(If applicable)***

Clicking on the "Deferred Compensation Information" button takes you directly to the New Jersey State Employees Deferred Compensation Plan (NJSEDCP) Web site.

On the NJSEDCP Web site you can find your personal Deferred Compensation Plan account information, investment information, and forms and other publications that relate to the NJSEDCP. The NJSEDCP and its Web site are administered for the State of New Jersey by the Prudential Insurance Company.

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### **Supplemental Annuity Collective Trust (SACT) *(If applicable)***

The Supplemental Annuity Collective Trust (SACT) Plan Information application allows you to view SACT account information if you participate in SACT.

**To access to the application**, click the "Supplemental Annuity Collective Trust" button on your MBOS Home Page. The page that opens will show account information current as of the last quarterly posting by the Division of Pensions and Benefits.

THIS INFORMATION IS CURRENT AS OF 12/31/2003

Full Name: William A. Member

Member ID: 02-0601234

SACT Type	Regular
Member Status	Contributing
Current Rate	1%
Contributions	\$5,668.00
Gain/ Loss	\$3,660.00

SACT Unit Values

**"THIS INFORMATION DOES NOT REFLECT THE COMBINED TOTALS FOR MEMBERS  
PARTICIPATING IN MORE THAN ONE PENSION FUND"**

By clicking on the "SACT Unit Values" box, you can access the unit values of the investment fund for the past quarter.

SACT Unit Values		
Month	Year	Value
October	2003	51.0979
November	2003	51.5834
December	2003	54.1661

## Health Benefits Programs

### State Health Benefits Program (SHBP) School Employees' Health Benefits Program (SEHBP) (if applicable)

The Health Benefits Programs application allows you to view health benefit account information for you and your enrolled dependents, if enrolled in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP).

**To access the application**, click the "SHBP/SEHBP" button on your MBOS Home Page.

From the "Subscriber/Eligibility" page, select your account by clicking on the "Employer ID" number.

**Subscriber/ Eligibility Selection**  
**Select A Subscriber**

Employer Id	Bureau	Employer Name	Status	Termination Date	Person Status
0001	00	Centralized Payroll	Active		Subscriber

The page that opens will show your Eligibility Summary, Coverage Information, and Dependent Information.

**Eligibility Summary**  
**John A. Member - SSN 123-45-6789**  
**Employment Status: Active**

<b>Gender</b>	Male	<b>Eligibility Status</b>	Eligible	<b>Dependent Information</b>		
<b>Marital Status</b>	Married	<b>Health Coverage Allowed</b>	Allowed	<b>Name</b>	<b>Relation</b>	<b>SSN</b>
<b>Date of Birth</b>	01/01/1966	<b>Rx Coverage Allowed</b>	Allowed	<a href="#">Maryann Member</a>	Spouse	987-65-4321
<b>Address</b>	123 Fourth Street Trenton, NJ 08065	<b>Dental Coverage Allowed</b>	Allowed	<a href="#">Kristy Member</a>	Child	876-54-3210
<b>Phone Number</b>	(609) 555-1234	<b>Medicare-A Date</b>	n/a	<a href="#">Jeffrey Member</a>	Child	765-43-2101
<b>Hire Date</b>	09/08/1989	<b>Medicare-B Date</b>	n/a			
<b>Former Name</b>	n/a	<b>Medicare Proof</b>	n/a			
<b>Former SSN</b>	n/a	<b>25 yr Union Code</b>	<a href="#">001</a>			
<b>Former Link SSN</b>	n/a	<b>Rx Union Code</b>	<a href="#">023</a>			

**Coverage Information**

			<a href="#">Click here to view coverage history</a>		
Plan Type	Service Name	Contract Level	Effective Date	Termination Date	Reason
Health	NJ DIRECT15	Family	12/1/1989		
Prescription Drug	State Formal Prescription Drug	Family	12/1/1989		
Dental	Dental Expense Plan	Family	12/1/1989		
Vision	None				

To view the history of your SHBP/SEHBP account, click the link "Click here to view coverage history".

[Click here to view coverage history](#)

The following information will appear:

**Previous Coverage Information**  
**John A. Member - SSN 123-45-6789**

Plan Type	Service Name	Contract Level	Effective Date	Term Date/Reason
Health	NJ DIRECT15	Family	07/01/2000	
Health	Traditional	Family	11/23/1994	07/01/2000
Health	Traditional	Member/Spouse	08/09/1990	11/23/1994
Health	Traditional	Single	12/01/1989	08/09/1990

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


Clicking the "Next" button will show additional pages of coverage history.

To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Previous Coverage page.

### ***Dependent Information***

To view details about a dependent's coverage, click on the linked name of a covered dependent.



Dependent Information	
Name	Relation
<a href="#">Maryann Member</a>	Spouse
<a href="#">Kristy Member</a>	Child
<a href="#">Jeffrey Member</a>	Child

Information about the dependent's coverage will appear:

Dependent Information			
Maryann Member - SSN 987-65-4321			
Former Name	n/a	Relationship	Spouse
Former SSN	n/a	Relationship Proof	n/a
Date of Birth	11/11/1969	Relationship Proof Date	n/a
Marital Status	Married	Medicare-A Date	n/a
Date of Death	n/a	Medicare-B Date	n/a
Gender	Female	Medicare Proof	n/a
Dependent Disability Extension	n/a		
Dependent Disability Date	n/a		
Dependent Disability Term Date	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ DIRECT15	08/09/1990		
Dental	Dental Expense Program	08/09/1990		

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Click the "Next" button to view additional Dependent Detail.



**Dependent Information**  
**Maryann Member - SSN 987-65-4321**

<b>Former Name</b>	n/a	<b>Relationship</b>	Spouse
<b>Former SSN</b>	n/a	<b>Relationship Proof</b>	n/a
<b>Date of Birth</b>	11/11/1969	<b>Relationship Proof Date</b>	n/a
<b>Marital Status</b>	Married	<b>Medicare-A Date</b>	n/a
<b>Date of Death</b>	n/a	<b>Medicare-B Date</b>	n/a
<b>Gender</b>	Female	<b>Medicare Proof</b>	n/a
<b>Dependent Disability Extension</b>	n/a		
<b>Dependent Disability Date</b>	n/a		
<b>Dependent Disability Term Date</b>	n/a		

Additional coverage information				
Plan Type	Service Name	Effective Date	Termination Date	Reason
Health	NJ DIRECT15	07/01/2000		
Health	Traditional	08/09/1990	07/01/2000	0
Prescription Drug	State Formal Prescription Drug	08/09/1990		
Dental	Dental Expense Program	08/09/1990		

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To return to the Eligibility Summary screen, hit the "Back to Subscriber Information" button at the bottom of the Dependent Detail screen.

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## **Applications for *Pending Retirees***

### **Retirement Application Status**

If you have applied for retirement, the Retirement Application Status application allows you to check the status of your application.

**To access the application**, click the "Retirement" button on your MBOS Home Page and then the "Retirement Application Status" button on the MBOS Retirement Menu Page.

The page that opens will show the date the retirement application was received by the Division of Pensions and Benefits, the retirement date, and the date of receipt of the employer's *Certification of Service and Final Salary*.

## Retirement Application Status

No	Member Name	Member ID	SSN	Retirement Date	Application Received Date	Certification Received Date	Quote Letter Date	Board Date
1	MEMBER, JANE A.	02-0123456	123-45-6789	10/01/2005	06/22/2005	07/30/2005	08/15/2005	09/21/2005

\* Amended Application or Certification Received

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If available, the list will also include the date the quote letter was prepared and mailed and the date the retirement will be presented for approval to the pension fund's Board of Trustees.

### Electronic Funds Transfer (Direct Deposit) for Pending Retirees

The Electronic Funds Transfer (EFT) application allows you to set up EFT or direct deposit of your pending monthly pension payment.

**To access the application**, click the "Electronic Funds Transfer" button on your MBOS Home Page. The page that opens will ask if you wish to begin a new EFT Authorization. Click the "New EFT Authorization" button to begin the process.

### Retired Electronic Funds Transfer (Direct Deposit)

**Name:** KEN MEMBER  
**Address:** 123 MAIN STREET  
ANYTOWN, NJ 08555

**E-mail Address:** k.member@mailaddress.com  
**Retirement No.:** 03-10-033333  
**Phone Number:** (609) 555-5555

**Please click here to update your mailing address if the address shown is incorrect.**

**No Authorization for Direct Deposit of Benefit Payment is on file for you. To sign up for Direct Deposit (Electronic Funds Transfer) of your benefit payment, please click "New EFT Authorization" button below.**

New EFT Authorization

A page will open with form fields and detailed instructions on how to enter your bank information.

## Retired Electronic Funds Transfer (Direct Deposit)

**Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

Please enter the Direct Deposit (Electronic Funds Transfer) information requested in the fields below.

**This change will take effect with the payment date of 05/01/2008.**

**ACCOUNT TYPE:**

**ACCOUNT NUMBER:**  ?

**REENTER ACCOUNT NUMBER:**  ?

**BANK ROUTING NUMBER:**  ?

Your bank's routing number is nine digits in length. For help, click on the ?

### Where to Find the Routing Number and the Account Number on Your Check

Account Holder Name

Jane Q. Smith  
322 NW Glastenbury St.  
Portland, Oregon 97200

Check # 1001

Pay to, \_\_\_\_\_ Dollars

Bank Routing Number    Checking Account Number

⑆ 184002763 ⑆    14570720 ⑆    1001

The Routing Number appears between these symbols.

The Account Number appears before this symbol

Bank Routing Number    Checking Account Number

⑆ 184002763 ⑆    1001 14570720 ⑆

Sometimes the check number appears between the routing and account numbers. DO NOT INCLUDE IT

To authorize Direct Deposit of your retirement benefit payment, you will need to provide the nine-digit routing number for your bank and your account number at that bank.

**Routing Number:** The routing number is usually found at the far left of the row of digits and symbols on the bottom of your check (the MICR line). It is always found between the symbols |: and :| (see the sample check above). The first two digits must be between 01 and 12 or 21 though 32. The routing number on the sample check above is 184002763.

**Account Number:** The account number usually appears to the right of the routing number. The account number on the sample check above is 14570720. **Do not** include the check number. The check number may appear before or after the account number. The check number on the sample check above is 1001.

**NOTE:** The routing number and the account number may not appear in the same order as they do on the sample check above.

Please check that the requested information is correct and click the "Continue" button. A Summary page will follow that displays the bank and account information.

## Retired Electronic Funds Transfer (Direct Deposit)

**Member Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

**YOU HAVE INDICATED THAT YOU WISH TO BEGIN DIRECT DEPOSIT (ELECTRONIC FUNDS TRANSFER) OF YOUR RETIREMENT BENEFIT PAYMENT TO THE FINANCIAL INSTITUTION/ACCOUNT BELOW. IF CORRECT, CLICK SUBMIT. OTHERWISE, USE THE BACK BUTTON TO MAKE ANOTHER SELECTION.**

**NAME OF FINANCIAL INSTITUTION:** BOILING SPRINGS S & L ASSN

**ACCOUNT TYPE:** Checking

Submit

Back

To make any corrections, click the "Back" button. Otherwise, click the "Submit" button to complete processing of your EFT request. A final confirmation page will be shown.

## Retired Electronic Funds Transfer (Direct Deposit)

**Member Name:** KEN MEMBER

**Retirement No.:** 03-10-033333

**YOUR REQUEST TO BEGIN ELECTRONIC FUNDS TRANSFER OF YOUR RETIREMENT BENEFIT PAYMENT TO THE FINANCIAL INSTITUTION/ACCOUNT HAS BEEN SUBMITTED SUCCESSFULLY.**

To print this information, please use the "Printable version" link at the top of this page.

Click on the "Home" button at the top of the page to exit the application and return to your MBOS Home Page.

Last Updated: December 12, 2014