



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT &
DEFINED CONTRIBUTION BUREAU**

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

**ELIGIBILITY DETERMINATION APPLICATION FOR ABP AND
DCRP LONG-TERM DISABILITY**

To determine if you are eligible to apply for a Long-Term Disability, please complete the Member Information section below.

MEMBER INFORMATION (Please print)Name _____ Social Security Number _____
*Last First*Contribution Program (Check one) ABP* DCRP Employer _____Address _____
Street City State Zip Code

Phone Number _____ Email _____

Are you receiving Workers' Compensation benefits? Yes No Date of Disability ____/____/____***For ABP Only:** Check Carrier

- Equitable Empower (formerly MassMutual) Empower (formerly Prudential Retirement)
 VOYA Financial Services MetLife/Brighthouse TIAA Corebridge Financial (formerly AIG)

_____ / ____ / ____
Member's Signature Date

Submit completed form to:
**New Jersey Division of Pensions & Benefits
DB & DC Plans Reporting Bureau
P.O. Box 295
Trenton, NJ 08625-0295**

Date Stamp

Or fax to:**(609) 633-1696****For NJDPB Use Only**

Location _____ Date of Birth ____/____/____ Age _____ Branch Code _____

LTD Effective Date ____/____/____ Last 10 or 12 month salary _____

Date of Last Contribution ____/____/____ Was the member terminated? Yes No If yes, Date ____/____/____If member was terminated, were there charges against the member? Yes NoWas member dismissed? Yes No If yes, Date ____/____/____Did member resign? Yes No If yes, Date ____/____/____Reviewed by _____ Eligible? Yes No If No, reason _____