



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION**

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

**ENROLLMENT APPLICATION FOR STATE POLICE  
RETIREMENT SYSTEM (SPRS) MEMBERS**

See page 2 for instructions on completing this form.

**FOR DIVISION USE ONLY:**

Location Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**PART 1 — APPLICANT INFORMATION**

1. Name \_\_\_\_\_  
Last First Middle Former Name Used During Previous membership (if applicable)
2. Social Security Number \_\_\_\_\_
3. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Gender  Male  Female  Non-Binary
5. Phone \_\_\_\_\_
6. Address \_\_\_\_\_  
Street City State Zip Code
7. Is the applicant a former member of the SPRS?  Yes  No
- 8a. Enter the name of any public retirement system in which the applicant is or has been a member in this or any other state:  
 \_\_\_\_\_
- 8b. Is the applicant receiving benefits from any retirement system at this time?  Yes  No

**PART 2 — EMPLOYER INFORMATION**

9. Employer Name: \_\_\_\_\_
10. Payroll Number: \_\_\_\_\_
11. Payroll Title of Applicant: \_\_\_\_\_
12. Enlistment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      13. Date employee completed Academy training: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year
14. Date medical requirement was approved by the examining physician: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year
15. Current Annual Base Salary \$ \_\_\_\_\_ (Salary only - do not include maintenance.)

**PART 3 — CERTIFICATION AND SIGNATURE**

16. I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. Two signatures required.

\_\_\_\_\_  
Print Certifying Officer Name      \_\_\_\_\_  
Signature      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Phone \_\_\_\_\_

\_\_\_\_\_  
Print Certifying Officer's Supervisor Name      \_\_\_\_\_  
Signature      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Phone \_\_\_\_\_

## SPRS ENROLLMENT APPLICATION INSTRUCTIONS

If this application is not submitted on a timely basis, a late employer liability may be assessed.

### ELIGIBILITY

All individuals who become full-time troopers or commissioned or non-commissioned officers of the Division of State Police must enroll in the SPRS.

### APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (first, middle initial, and last name). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Social Security Number** — Enter applicant's Social Security number.
3. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement. If available, attach a photocopy of the applicant's proof of age to this application. Do not delay submitting the *Enrollment Application* if proof of age is not available. Acceptable proof of age documents include: birth certificate with visible seal; passport or U.S. passport card; naturalization or immigration papers; or current digital New Jersey, Pennsylvania, or New York driver's license or an identification card (for non-drivers) issued by the N.J. Motor Vehicle Commission.
4. **Gender** — Indicate applicant's gender.
5. **Daytime Phone** — Enter applicant's daytime phone number and extension, including area code.
6. **Address** — Enter applicant's current mailing address.
7. **Former Member of the SPRS** — Check "Yes" or "No." An *Enrollment Application* should not be filed for any employee who is a former member and (1) did not terminate by withdrawal and (2) has been inactive for less than two years.
8. (a) **Other Public Retirement Systems** — Enter the name of any non-federal public retirement system, in this or any other state, in which the applicant is or has been a member. Do not include private employment.  
(b) Indicate if the applicant is receiving any retirement benefits at this time.

### EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **Payroll Number** — Enter the State Centralized Payroll number.
11. **Payroll Title of Applicant** — Enter the title under which the employee was hired.
12. **Enlistment Date** — Enter the employee's date of enlistment.
13. **Academy Training** — Enter the date the employee completed State Police Academy training.
14. **Medical Requirements** — Enter the date medical requirements were approved for the employee.
15. **Current Annual Base Salary** — Enter the employee's current contractual annual base salary.

### EMPLOYER CERTIFICATION

16. **Certifying Officer and Certifying Officer's Supervisor** — The Certifying Officer and the Certifying Officer's Supervisor must sign and date this application. Unsigned applications will be returned. The signature by the Certifying Officer and the Certifying Officer's Supervisor must be an original signature, not stamped copies. Both the Certifying Officer and the Certifying Officer's Supervisor must print their names.

**Note:** The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information using the online *Designation of Beneficiary* application.

**Return this completed form to:** **New Jersey Division of Pensions & Benefits**  
**Enrollment Section**  
**P.O. Box 295**  
**Trenton, NJ 08625-0295**