



MBOS Applications

A Step-By-Step Guide

How to Submit a Retirement Application

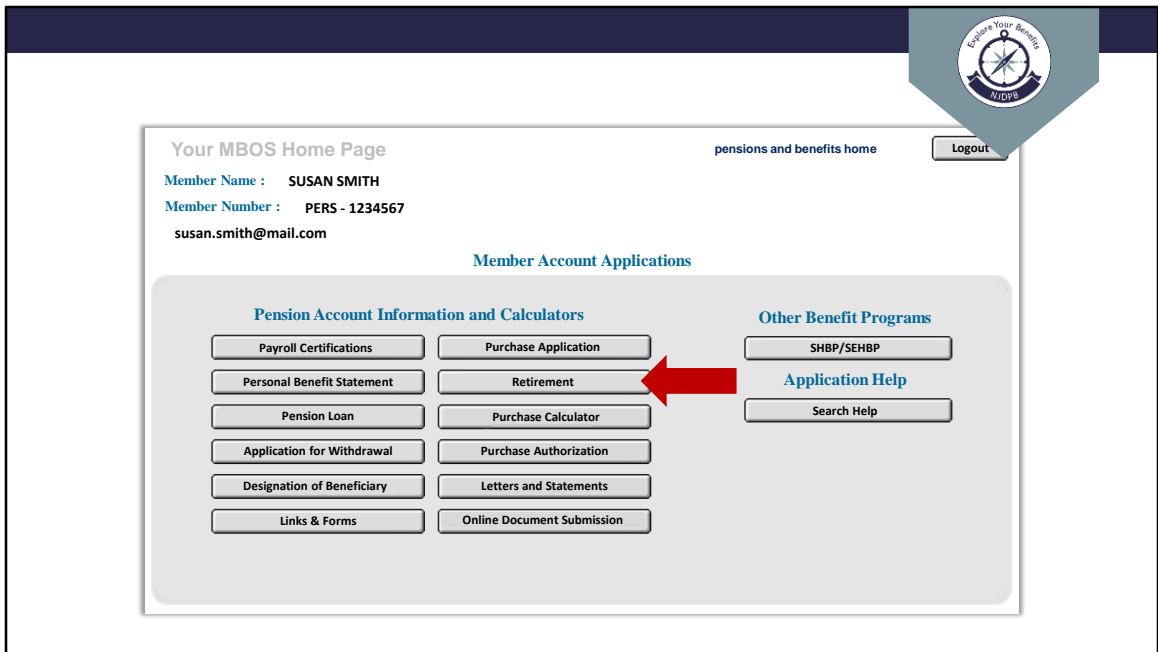
For Active PERS and TPAF Members

This step-by-step guide will assist active Public Employees' Retirement System (PERS) and Teachers' Pension and Annuity Fund (TPAF) members with how to submit a retirement application.

Active pension members must use the Member's Benefit Online System (MBOS) to submit their retirement application. Authorized users can register for an MBOS account here: <https://www.nj.gov/treasury/pensions/mbos-register.shtml>

For assistance with the registration process, see the *Active MBOS Registration* video in our video gallery: <https://www.nj.gov/treasury/pensions/videos.shtml>

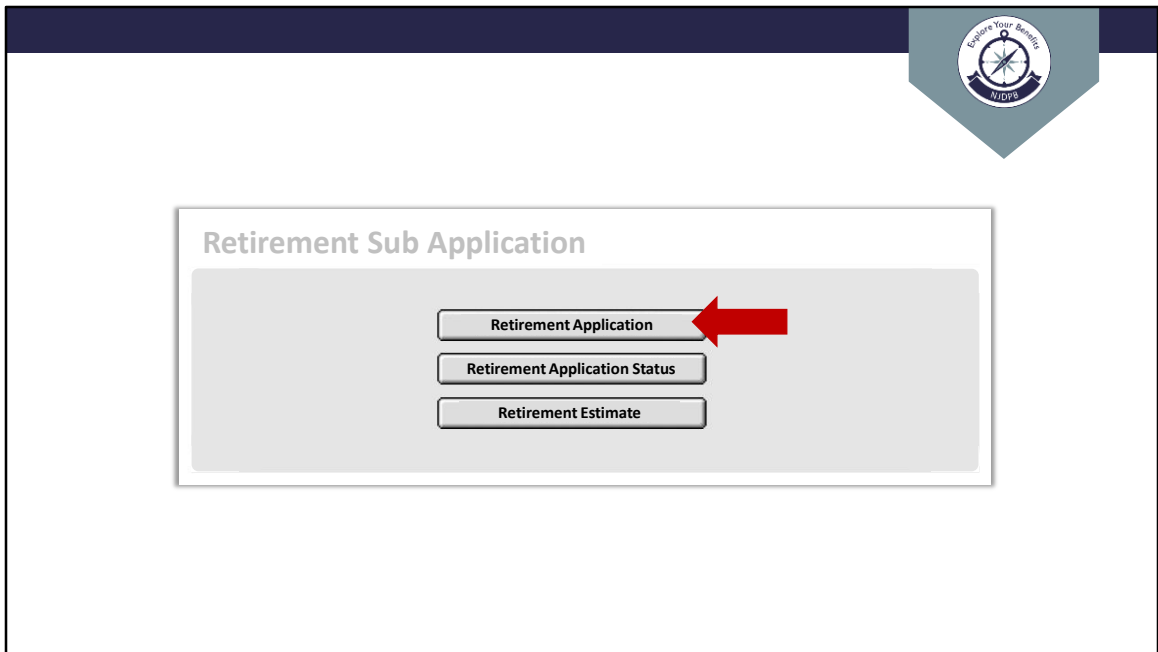
Please note, if you have already registered for MBOS, you will not be able to register again. If you need assistance accessing your existing MBOS account, please see our MBOS Troubleshooting videos in our video gallery.



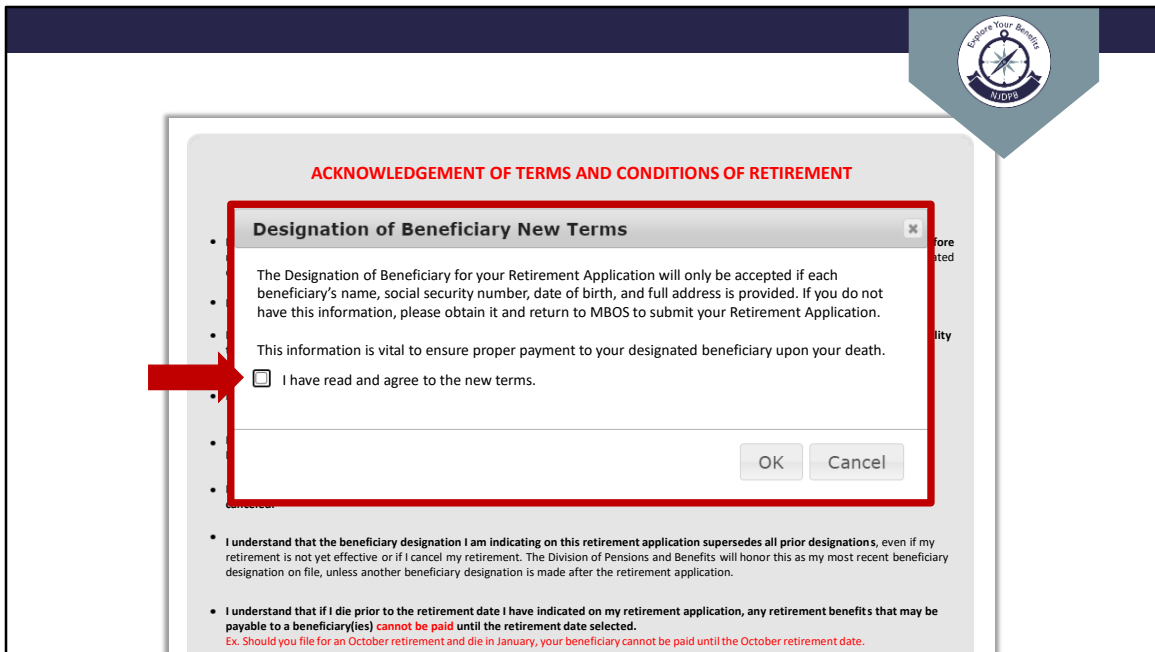
Once you have accessed your MBOS account, click the "Retirement" button to navigate to the retirement application.

Please note that the retirement application does not have a "Save" button. The application must be completed in its entirety and submitted in one sitting.

To exit the retirement application anytime before your final submission, click the "Home" button located at the top of your MBOS screen.



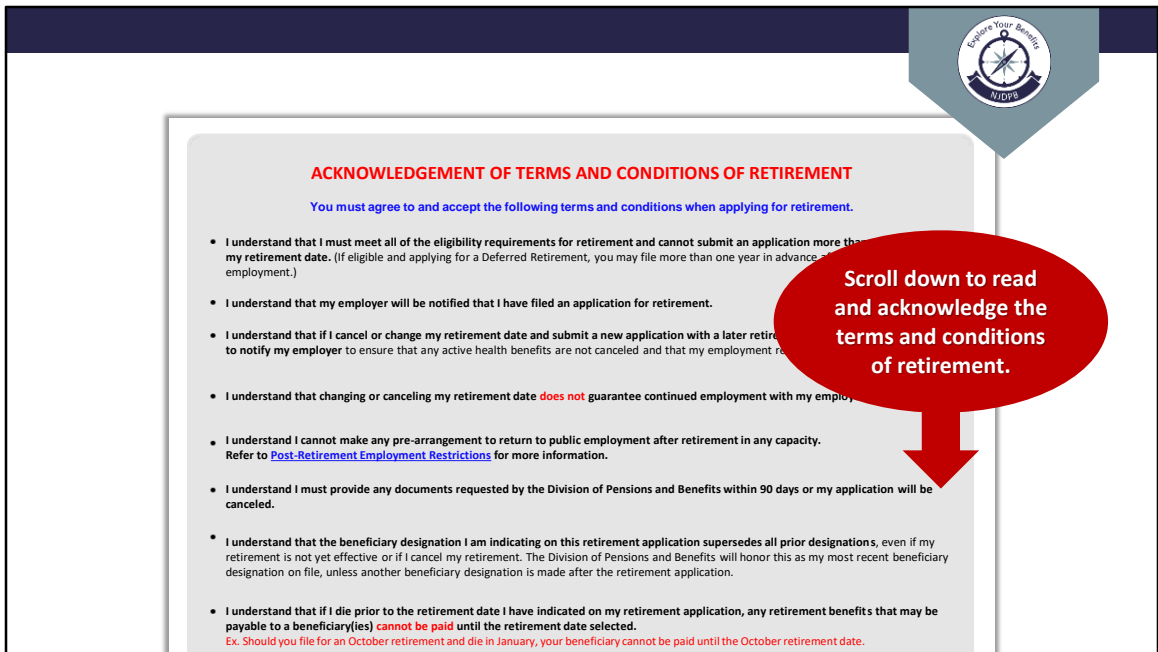
Next, click the "Retirement Application" button.



Before proceeding to the application, a message will appear regarding the designation of beneficiaries for your retired death benefits.

Once you have thoroughly reviewed the designation of beneficiary terms, check the box stating you have read and agree to the terms then click “OK.”

If you click “Cancel,” the application will close and you will not be able to proceed.



Explore Your Benefits
NDPS

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 12 months before my retirement date. (If eligible and applying for a Deferred Retirement, you may file more than one year in advance of your retirement date.)
- 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, I must notify my employer to ensure that any active health benefits are not canceled and that my employment record is updated.
- 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 public employment after retirement in any capacity. Refer to [Post-Retirement Employment Restrictions](#) 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 understand that if I die prior to the retirement date I have indicated on my retirement application, any retirement benefits that may be payable to a beneficiary(ies) **cannot be paid until the retirement date selected.**
Ex. Should you file for an October retirement and die in January, your beneficiary cannot be paid until the October retirement date.

Next the “Acknowledgment of Terms and Conditions of Retirement” will appear. Thoroughly read through each bullet point.

The screenshot shows a retirement application form with a dark blue header and a logo on the right that says "Explore Your Benefits" and "NDPS". The main content area is white with a list of terms and conditions. At the bottom, there is a red-bordered box containing three checkboxes. A large red arrow points from the left towards this box. Below the checkboxes are two buttons: "Agree" and "Disagree".

- 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 public employment after retirement in any capacity. Refer to [Post-Retirement Employment Restrictions](#) 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 understand that if I die prior to the retirement date I have indicated on my retirement application, any retirement benefits that may be payable to a beneficiary(ies) **cannot be paid** until the retirement date selected.
Ex. Should you file for an October retirement and die in January, your beneficiary cannot be paid until the October retirement date.

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

I certify I have made no pre-arrangement to return to public employment after retirement in any capacity.

I certify I have read the Post-Retirement Employment Restrictions.

Once you are done, click the three boxes next to statements listed at the bottom of the page indicating that you agree to comply with the above listed terms and conditions.

Click “Agree” to go on to the next page.

If you cannot agree to these terms, click “Disagree” and the application will close.

It is recommended that you review an estimate of your retirement benefits before submitting your retirement application.

If you have not done so, click the “Yes” button to be redirected to the estimate calculator. Please note that clicking “Yes” means you will be exiting the retirement application and will need to access the application again after you have finished with the estimate calculator. If you need assistance with running a retirement estimate, please see the “How to Run a Retirement Estimate for PERS and TPAF Members” in our video gallery.

If you have already run a retirement estimate, click the “No” button to begin the application.

MEMBER INFORMATION

Name: SUSAN SMITH Member Number: 02-1234567

Date of Birth: 09/2/1959

Street Address 1: 3201 Cherry Tree Dr Street Address 2:

City: TRENTON State: NJ Zip: 08625 -

Country: UNITED STATES OF AMERICA

Home/Cell Phone: (609) 555 - 1234 Work Phone: (609) 555 - 9876 Ext: 543

Employer Name: ANYTOWN MUNICIPAL UTILITY AUTH

The Division of Pensions and Benefits does not have proof of your age. To determine what is acceptable proof of age documents, please see [Fact Sheet #6](#).

The following options are available to submit your proof of age evidence to this office:

- Utilize the Online Document Submission via MBOS.
- Mail a copy to:
 Division of Pensions and Benefits
 Retirement Bureau
 P.O. Box 295
 Trenton, NJ 08625-0295

Please be sure to indicate your membership number on the document before submitting.

Reset Continue

On the Member Information page, you will need to provide your current mailing address and phone number.

If your information has already been prepopulated in the fields, please check it for accuracy and update it accordingly.

MEMBER INFORMATION

Name: SUSAN SMITH Member Number: 02-1234567

Date of Birth: 09/2/1959

Street Address 1: 3201 Cherry Tree Dr Street Address 2:

City: TRENTON State: NJ Zip: 08625 -

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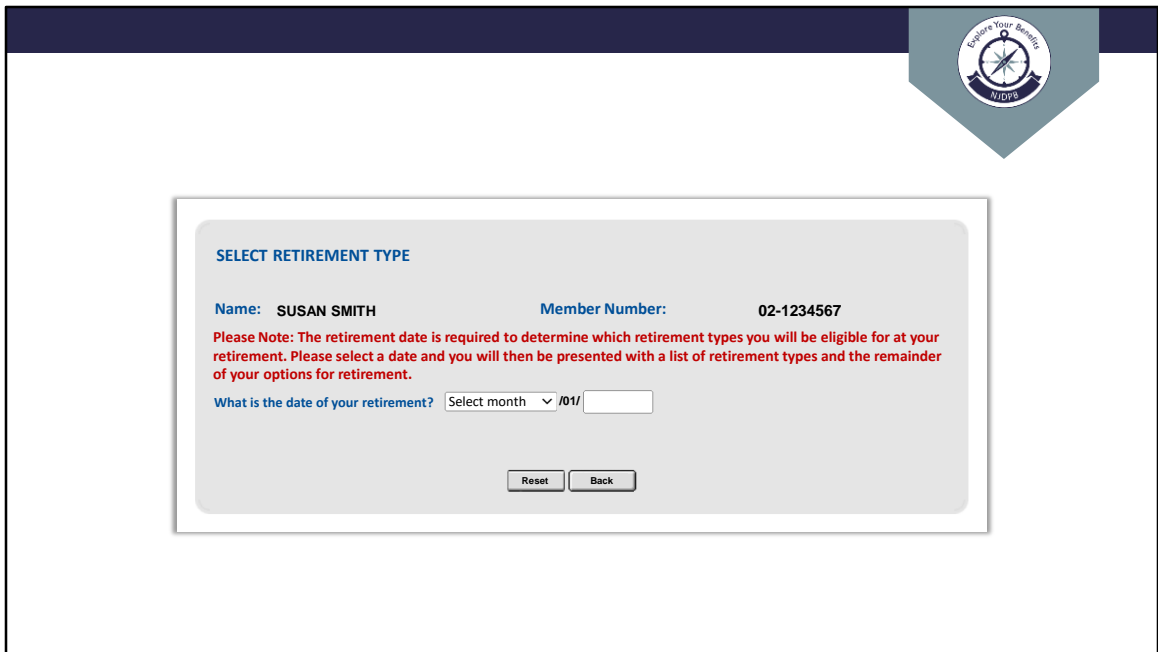
Please be sure to indicate your membership number on the document before submitting.

Reset Continue

To submit your proof of age, utilize the “Online Document Submission” button on MBOS or mail a copy to the address provided.

This message will NOT appear if your proof of age is already on file. You can verify this by viewing your Personal Benefit Statement on MBOS.

When ready, click the “Continue” button.



SELECT RETIREMENT TYPE

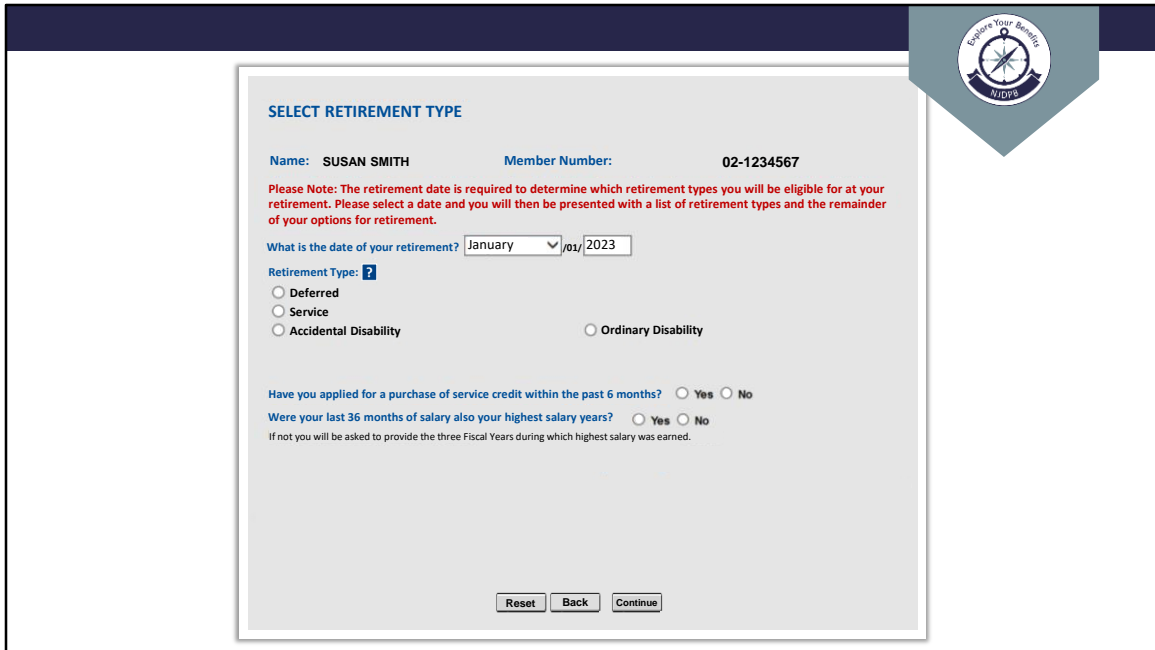
Name: SUSAN SMITH **Member Number:** 02-1234567

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? Select month ▾ /01/

On the next page, the system will ask you to select your retirement date in order to determine what retirement types for which you will be eligible.

Since retirement dates are *always* on the first of the month, you will only need to select the month and the year. While the Division recommends that you submit your retirement application four to six months prior to your retirement date, you may submit it up to one year in advance. If you submit your application closer to your retirement date and do not follow the recommended timeframe, it is possible that your first pension check may be delayed.



SELECT RETIREMENT TYPE

Name: SUSAN SMITH Member Number: 02-1234567

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January / 01 / 2023

Retirement Type: ?

Deferred
 Service
 Accidental Disability Ordinary 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.

Reset Back Continue

Once you have entered your retirement date, you will then be presented with a list of retirement types for which you may be eligible. If you are unsure of your retirement eligibility, click the question mark icon to be directed to the *Retirement – How to Apply for PERS & TPAF Members* fact sheet or you can watch the *Retirement Types, Eligibility & Calculations* video available in our video gallery.

Select the appropriate bubble next to your desired retirement type.

Next, answer “Yes” or “No” to the following question: “Have you applied for a purchase of service credit within the past 6 months?”

Then, answer “Yes” or “No” to the next question. Please note the question will vary slightly depending on your pension tier:

- For PERS and TPAF Tier 1, 2, or 3 members: “Were your last 36 months of salary also your highest salary years?”
- For PERS and TPAF Tier 4 or 5 members: “Were your last 60 months of salary also your highest salary years?”

Click the “Continue” button to proceed to the next page.

If you answer “No” to the question regarding your highest salary years, your highest fiscal years will be used to calculate your retirement benefit instead. A fiscal year runs from July 1 to June 30 and does not need to be in consecutive order.

If you are a PERS or TPAF Tier 1, 2, or 3 member, three fields will appear so that you may provide your three highest fiscal years.

If you are a PERS or TPAF Tier 4 or 5 member, five fields will appear so that you may provide your five highest fiscal years.

SELECT RETIREMENT TYPE

Name: SUSAN SMITH Member Number: 02-1234567

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January / 01 / 2023

Retirement Type: ?

Deferred
 Service
 Accidental Disability Ordinary Disability

Explanation of the disability:
 Please provide a reason for the disability. If applying for Accidental Disability, please include an explanation of the event (s) and type of injury incurred. Space is limited to 1,000 characters.

Please provide the proper medical documents as stated in the "Medical Papers." If you are represented by legal counsel, please include their information when submitting your medical documentation to the Division.

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.

Reset Back Continue

If you are Tier 1, 2, or 3 PERS or TPAF member and have selected “Ordinary Disability” as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will need to provide medical documentation as part of the application process; click the “Medical Papers” hyperlink to print/save a copy of the required forms.

When finished with that section, answer the purchase and salary questions as previously as mentioned.

SELECT RETIREMENT TYPE

Name: SUSAN SMITH Member Number: 02-1234567

Please Note: The retirement date is required to determine which retirement types you will be eligible for at your retirement. Please select a date and you will then be presented with a list of retirement types and the remainder of your options for retirement.

What is the date of your retirement? January /01/ 2023

Retirement Type: ?

Deferred

Service

Accidental Disability Ordinary Disability

Explanation of the disability:
Please provide a reason for the disability. If applying for Accidental Disability, please include an explanation of the event (s) and type of injury incurred. Space is limited to 1,000 characters.

Please provide the proper medical documents as stated in the "Medical Papers." If you are represented by legal counsel, please include their information when submitting your medical documentation to the Division.

Accident Date 1: (MM/DD/YYYY)

Accident Date 2: (MM/DD/YYYY)

Accident Date 3: (MM/DD/YYYY)

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.

Similarly, if you are Tier 1, 2, or 3 PERS or TPAF member and have selected “Accidental Disability” as your retirement type, you will need to provide an explanation of your disability in the space provided, ensuring you follow the listed instructions.

You will also need to provide medical documentation as part of the application process; click the “Medical Papers” hyperlink to print/save a copy of the required forms.

Below that, you will list the date of the accident(s) in the fields provided. If you have more than one accident date, enter the earliest date first and work your way to the most recent.

Again, answer the purchase and salary questions as previously as mentioned.

For more information regarding the disability retirements, please see the *Disability Retirement Benefits for PERS and TPAF* fact sheet available on our website.

OPTION SELECTION

Name: **SUSAN SMITH** Member Number: **02-1234567**

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 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 [?](#)

Your beneficiary may be eligible for this benefit if a pension check was sent to you after your death, or there are outstanding uncashed pension checks as of the date of death. When the last check or any uncashed checks are returned, a replacement check will be issued in the name of the beneficiary named here.

First Name: [] Last Name: []
 SSN: [] Birth Date: [] (mm/dd/yyyy)

On the next page, select one pension option from the list. A brief explanation is provided next to each option.

To learn more about the pension options, click the question mark icon to be directed to the *Retirement – PERS & TPAF Pension Options* fact sheet or you can watch the *Exploring Your Pension Options* video available in our video gallery.

The screenshot displays a retirement application interface. On the right side, there is a logo for "Explore Your Benefits" with "NJPS" below it. The main content area contains a list of pension options (Option A through Option 4) with detailed descriptions of each. Below the options is a section titled "PENSION BENEFIT BENEFICIARY INFORMATION" with a question mark icon. This section includes a paragraph explaining that a beneficiary may be eligible if a pension check was sent after death or if there are uncashed checks. Below this text are input fields for "First Name", "Last Name", "SSN", and "Birth Date" (with a date format hint of mm/dd/yyyy). There are also radio buttons for "Relationship" with options: Husband, Wife, Civil Union Partner, Domestic Partner, and Other. At the bottom of the form are "Reset", "Back", and "Continue" buttons.

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 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 ?

Your beneficiary may be eligible for this benefit if a pension check was sent to you after your death, or there are outstanding uncashed pension checks as of the date of death. When the last check or any uncashed checks are returned, a replacement check will be issued in the name of the beneficiary named here.

First Name Last Name

SSN Birth Date (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Other

Reset Back Continue

At the bottom, provide your pension beneficiary’s information. All fields are required so be sure to gather your beneficiary’s information before completing the application.

The screenshot displays a web-based form for selecting a pension option and providing beneficiary information. On the right side, there is a logo for 'Explore Your Benefits' with 'NJPS' underneath. The main content area lists four options (A, B, C, D) with radio buttons, each followed by a detailed description of the pension plan. Below the options is a section titled 'PENSION BENEFIT BENEFICIARY INFORMATION' with a question mark icon. This section contains a paragraph explaining that the beneficiary may be eligible for a benefit if a pension check was sent after death. Below the text is a form with fields for 'First Name', 'Last Name', 'SSN', and 'Birth Date'. The 'Birth Date' field includes a dropdown for the month and a text input for the day and year. Below these fields are radio buttons for 'Relationship' with options: Husband, Wife, Civil Union Partner, Domestic Partner, and Other. At the bottom of the form are 'Reset', 'Back', and 'Continue' buttons.

Most of the pension options available allow only one individual as the primary pension beneficiary.

Provide that individual’s legal first and last name, nine-digit Social Security number, and date of birth using the format provided.

Contingent pension beneficiaries will not be allowed in these instances.

For possible pension beneficiary restrictions, see the *Retirement – PERS & TPAF Pension Options* fact sheet available on our website.

The screenshot displays a web form for selecting a pension benefit option. At the top right, there is a logo for "Explore Your Benefits" with "NJPS" below it. The form lists several options (Option A through Option 4) with detailed descriptions of each. Below the options is a section titled "PENSION BENEFIT BENEFICIARY INFORMATION" with a question mark icon. This section contains a paragraph explaining that a beneficiary may be eligible for a benefit if a pension check was sent to the member after their death. Below this text are input fields for "First Name", "Last Name", "SSN", and "Birth Date". A red arrow points to the "Relationship" section, which includes radio buttons for "Husband", "Wife", "Civil Union Partner", "Domestic Partner", and "Other". Below the relationship options is a question: "Is your address different from your Husband/Wife/Civil Union Partner/Domestic Partner's address?" with "Yes" and "No" radio buttons. At the bottom of the form are "Reset", "Back", and "Continue" buttons.

Next, indicate the person’s relationship to you. If your beneficiary is not your spouse or legal same-sex partner, select “Other.”

If your beneficiary is your spouse or legal same-sex partner, you will be asked to indicate if that person’s address is different than yours.

The screenshot shows a web form for selecting a pension benefit option. On the right side, there is a logo for NJPS with the text "Explore Your Benefits". The main content area lists eight options (Option A through Option 4) with detailed descriptions of each. Below the options is a section titled "PENSION BENEFIT BENEFICIARY INFORMATION" with a help icon. A paragraph explains that a beneficiary may be eligible for a benefit if a pension check was sent to the applicant after their death. Below this text are input fields for First Name, Last Name, SSN, and Birth Date. A red box highlights the "Relationship" section, which includes radio buttons for Husband, Wife, Civil Union Partner, Domestic Partner, and Other. Below the relationship options are fields for Address 1, Address 2, City, State (a dropdown menu currently showing "NJ"), Zip, and Country (a dropdown menu currently showing "UNITED STATE OF AMERICA"). At the bottom of the form are "Reset", "Back", and "Continue" buttons. A red arrow points to the "Other" relationship option.

If you answer “Yes” to that question, or choose the “Other” relationship type, fields will appear for you to provide your beneficiary’s address.

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 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 ?

Your beneficiary maybe eligible for this benefit if a pension check was sent to you after your death, or there are outstanding uncashed pension checks as of the date of death. When the last check or any uncashed checks are returned, a replacement check will be issued in the name of the beneficiary named here.

First Name Last Name

SSN Birth Date (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

Beneficiary Type: Primary Contingent

If you choose the Maximum Option, Option 1, or Option 4, you may designate more than one beneficiary.

After designating the first beneficiary, click the “Add Beneficiary” button if you wish to designate a subsequent beneficiary(ies). A blank set of fields will appear allowing you to provide their legal name, nine-digit Social Security number, date of birth, their relationship to you, and their address.

For the Maximum Option and Option 1, you may assign your beneficiaries as primary or contingent. (Option 4 does not permit the designation of primary and contingent beneficiaries.)

The screenshot displays a web form for selecting a pension option and designating a beneficiary. On the right side, there is a logo for "Explore Your Benefits" with "NJPS" below it. The main content area lists eight options (Option A through Option 4) with detailed descriptions of each. Below the options is a section titled "PENSION BENEFIT BENEFICIARY INFORMATION" with a question mark icon. A paragraph explains that a beneficiary may be eligible for this benefit if a pension check was sent after death or if there are outstanding uncashed checks. Below this is a form for entering beneficiary details, which is highlighted with a red border. The form includes fields for First Name (pre-filled with "Your"), Last Name (pre-filled with "Estate"), SSN, Birth Date (format mm/dd/yyyy), Tax ID, Relationship (radio buttons for Husband, Wife, Civil Union Partner, Domestic Partner, Estate, Other), Beneficiary Type (radio buttons for Primary, Contingent), Address (fields for 1, 2, City, State, Zip, Country), and buttons for "Add Beneficiary", "Reset", "Back", and "Continue".

In addition to relationship types already mentioned, you may designate your estate as your beneficiary if you choose the Maximum Option or Option 1.

If you select “Estate,” several fields will be grayed out and “YOUR ESTATE” will automatically be written in the first and last name fields. If applicable, enter your estate’s tax ID number in the appropriate field. If you do not have one, leave this field blank.

Once you have selected your pension option and properly designated your beneficiary(ies), click the “Continue” button.

The screenshot shows a web form titled "MARITAL/PARTNER STATUS" within a larger application window. The application window has a dark blue header with a logo on the right that says "Explore Your Benefits" and "NDPS". The form itself is light gray and contains the following fields and options:

- Name:** SUSAN SMITH
- Member Number:** 02-1234567
- Marital/Partner Status:** Radio buttons for Husband, Wife, Civil Union Partner, Domestic Partner, and None of the above.
- Spouse's Name:** A section with input fields for **First Name:** and **Last Name:**.
- SSN:** Three input boxes for the Social Security Number.
- Date of Birth:** A dropdown for **Month**, a dropdown for **Day**, and a text box for **(YYYY)**.
- Is your Spouse/Civil Union Partner/Domestic Partner's address different from your own?** Radio buttons for Yes and No.
- At the bottom of the form are three buttons: **Reset**, **Back**, and **Continue**.

If you selected the Maximum Option on the previous screen, you will be prompted to provide your marital/partner status.

If you are married or have a legal same-sex partner, provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided.

MARITAL/PARTNER STATUS

Name: SUSAN SMITH Member Number: 02-1234567

Marital/Partner Status: Husband Wife Civil Union Partner Domestic Partner
 None of the above

Spouse's Name:

First Name: Last Name:

SSN: Date of Birth: Month Day (YYYY)

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

Address 1: Address 2: City:

State: NJ Zip: - Country: UNITED STATES OF AMERICA

Next, indicate if their address is different than yours. If you answer “Yes,” fields will appear for you to provide their address.

Once you have completed all the required fields, click the “Continue” button to go to the next page.

If you did *not* select the Maximum Option on the previous page, you will skip this screen and go directly to the next page which is the Life Insurance Beneficiary Information screen.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: **SUSAN SMITH** Member Number: **02-1234567**
Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

Beneficiary Type: Primary Contingent

On this page you will provide your life insurance beneficiaries' information. All fields are required so be sure to gather your beneficiaries' information before completing the application.

If designating an individual(s), provide their legal first and last name, nine-digit Social Security number, and date of birth using the format provided.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: **SUSAN SMITH** Member Number: **02-1234567**
 Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

Beneficiary Type: Primary Contingent

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

Add Another Beneficiary

Reset Back Continue

Next, indicate the person’s relationship to you. If your beneficiary is not your spouse or legal same-sex partner, select “Other.”

If your beneficiary is your spouse or legal same-sex partner, you will be asked to indicate if that person’s address is different than yours.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: SUSAN SMITH Member Number: 02-1234567
Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

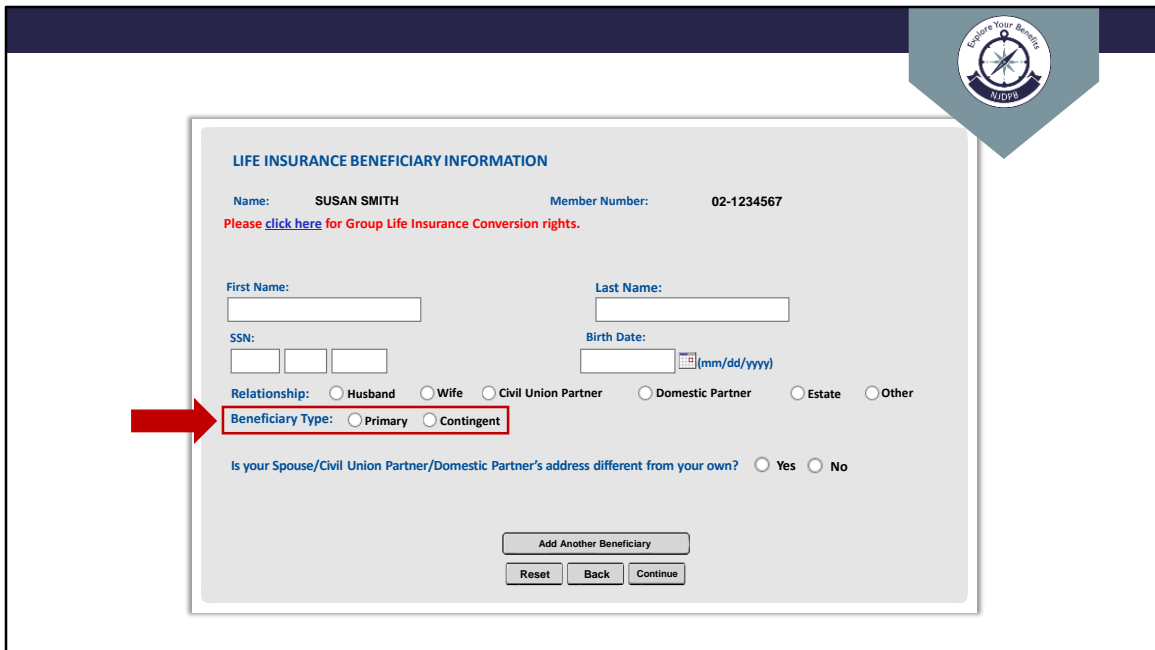
Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

Beneficiary Type: Primary Contingent

Address 1: Address 2: City:

State: NJ Zip: - Country: UNITED STATES OF AMERICA

If you answer “Yes” to that question, or choose the “Other” relationship type, fields will appear for you to provide your beneficiary’s address.



LIFE INSURANCE BENEFICIARY INFORMATION

Name: SUSAN SMITH Member Number: 02-1234567
Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

Beneficiary Type: Primary Contingent

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

Then, indicate if this individual will be a primary or a contingent beneficiary. It is recommended that you designate all of your primary beneficiaries first then list your contingent beneficiaries.

Primary beneficiaries will receive any benefits that are payable upon your death and they will receive an equal share unless you indicate a different distribution. To indicate a different distribution, you will need to contact the Division *after* you have submitted your retirement application.

Contingent beneficiaries will receive any benefits that are payable upon your death ONLY if all primary beneficiaries predecease you. They will also receive equal shares unless you indicate a different distribution.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: **SUSAN SMITH** Member Number: **02-1234567**
 Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Your [] Last Name: Estate []
 SSN: [] [] [] Birth Date: [] [] (mm/dd/yyyy)
 Tax ID: []

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other
 Beneficiary Type: Primary Contingent

Address 1: [] Address 2: [] City: []
 State: NJ Zip: [] - [] Country: UNITED STATE OF AMERICA

Add Another Beneficiary
 Reset Back Continue

If you select “Estate” as your beneficiary, several fields will be grayed out and “YOUR ESTATE” will automatically be written in the first and last name fields. If applicable, enter your estate’s tax ID number in the appropriate field. If you do not have one, leave this field blank.

Then, as previously explained, indicate if this beneficiary will be the primary or contingent.

LIFE INSURANCE BENEFICIARY INFORMATION

Name: **SUSAN SMITH** Member Number: **02-1234567**
 Please [click here](#) for Group Life Insurance Conversion rights.

First Name: Last Name:

SSN: Birth Date: (mm/dd/yyyy)

Relationship: Husband Wife Civil Union Partner Domestic Partner Estate Other

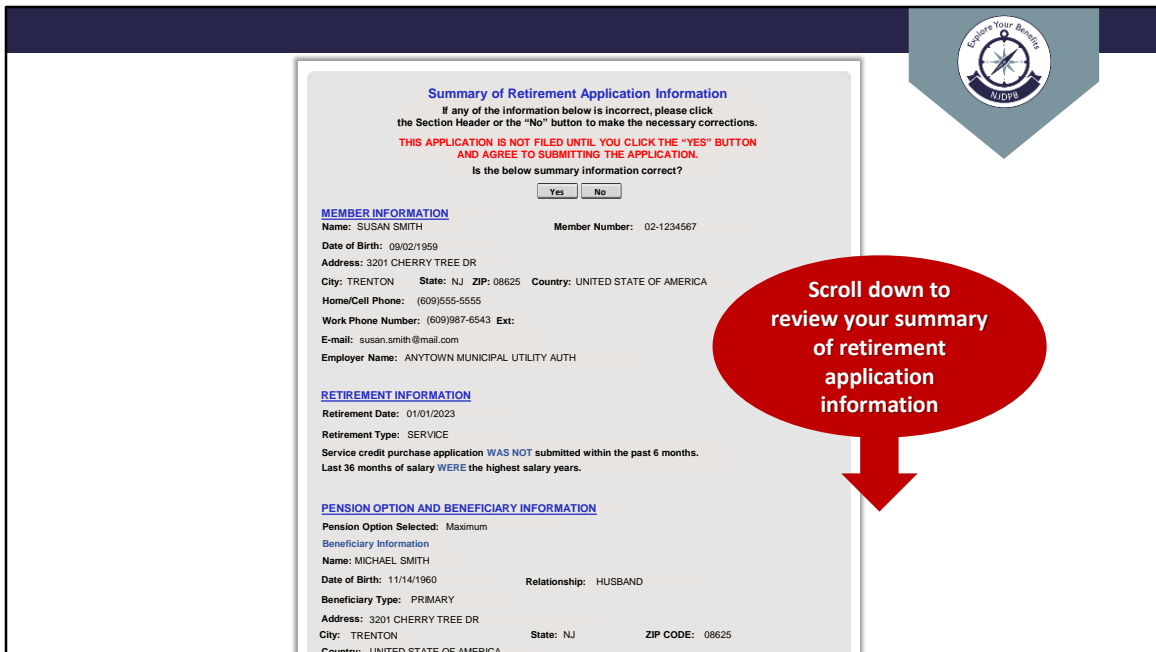
Beneficiary Type: Primary Contingent

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

Add Another Beneficiary **Reset** **Back** **Continue**

If you have more than one life insurance beneficiary, click the “Add Another Beneficiary” button to display a new set of fields.

Once you have designated all of your life insurance beneficiaries, click “Continue” to review your retirement application summary.



Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: SUSAN SMITH Member Number: 02-1234567
Date of Birth: 09/02/1959
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP: 08625 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-5555
Work Phone Number: (609)987-6543 Ext:
E-mail: susan.smith@mail.com
Employer Name: ANYTOWN MUNICIPAL UTILITY AUTH

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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.

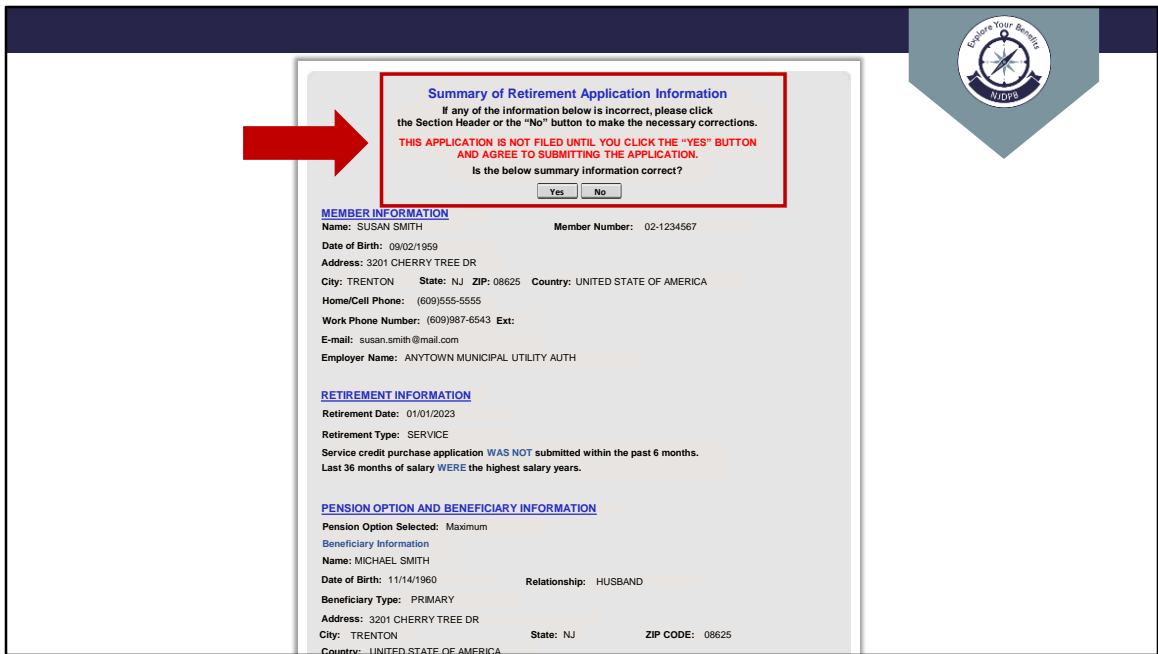
PENSION OPTION AND BENEFICIARY INFORMATION
Pension Option Selected: Maximum
Beneficiary Information
Name: MICHAEL SMITH
Date of Birth: 11/14/1960 Relationship: HUSBAND
Beneficiary Type: PRIMARY
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP CODE: 08625
Country: UNITED STATE OF AMERICA

Explore Your Benefits
NJPS

Scroll down to review your summary of retirement application information

Carefully review your retirement application summary.

If you see an error, click the blue section headers to make the necessary corrections.




The screenshot shows a web form titled "Summary of Retirement Application Information". A red arrow points to a red-bordered box containing the following text: "Summary of Retirement Application Information", "If any of the information below is incorrect, please click the Section Header or the 'No' button to make the necessary corrections.", "THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE 'YES' BUTTON AND AGREE TO SUBMITTING THE APPLICATION.", and "Is the below summary information correct?". Below this box are "Yes" and "No" buttons. The form content includes:

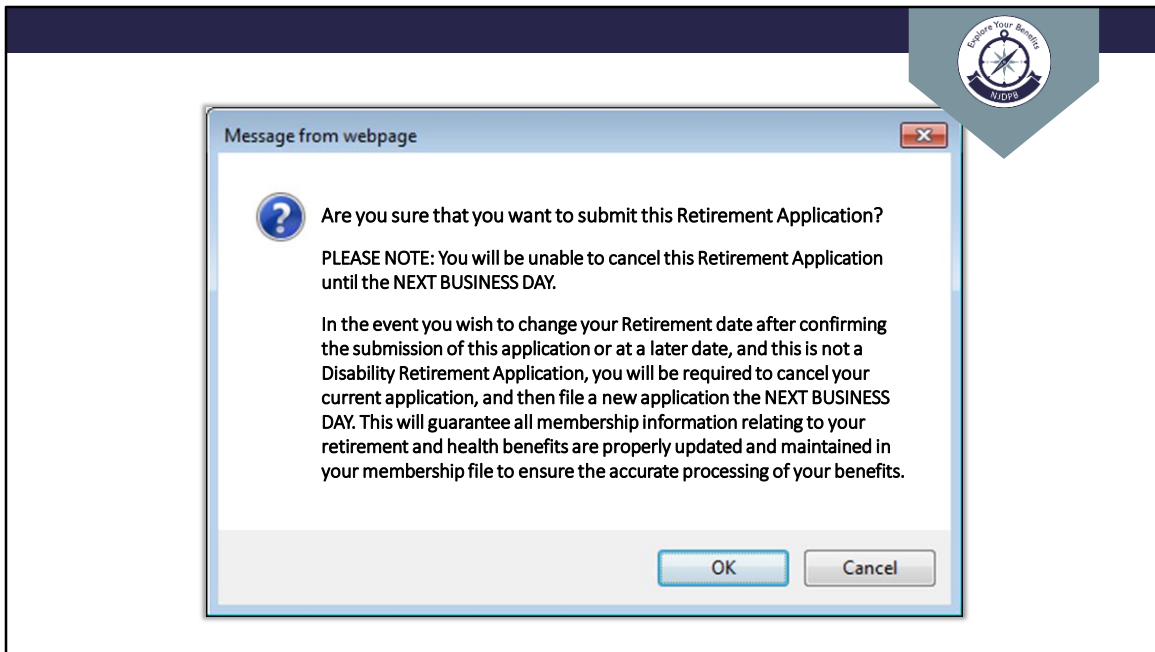
MEMBER INFORMATION
Name: SUSAN SMITH Member Number: 02-1234567
Date of Birth: 09/02/1959
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP: 08625 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-5555
Work Phone Number: (609)987-6543 Ext:
E-mail: susan.smith@mail.com
Employer Name: ANYTOWN MUNICIPAL UTILITY AUTH

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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 AND BENEFICIARY INFORMATION
Pension Option Selected: Maximum
Beneficiary Information
Name: MICHAEL SMITH
Date of Birth: 11/14/1960 Relationship: HUSBAND
Beneficiary Type: PRIMARY
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP CODE: 08625
Country: UNITED STATE OF AMERICA




If the summary information is correct and you wish to submit your retirement application, click the "Yes" button at the top of the page.




You will need to confirm that you wish to submit your retirement application by clicking the “OK” button.

Clicking “Cancel” will close the message box and you will return to the summary page.

To exit the application without submitting, click the “Home” button located at the top of the screen.



 [printable version](#)

Retirement Application

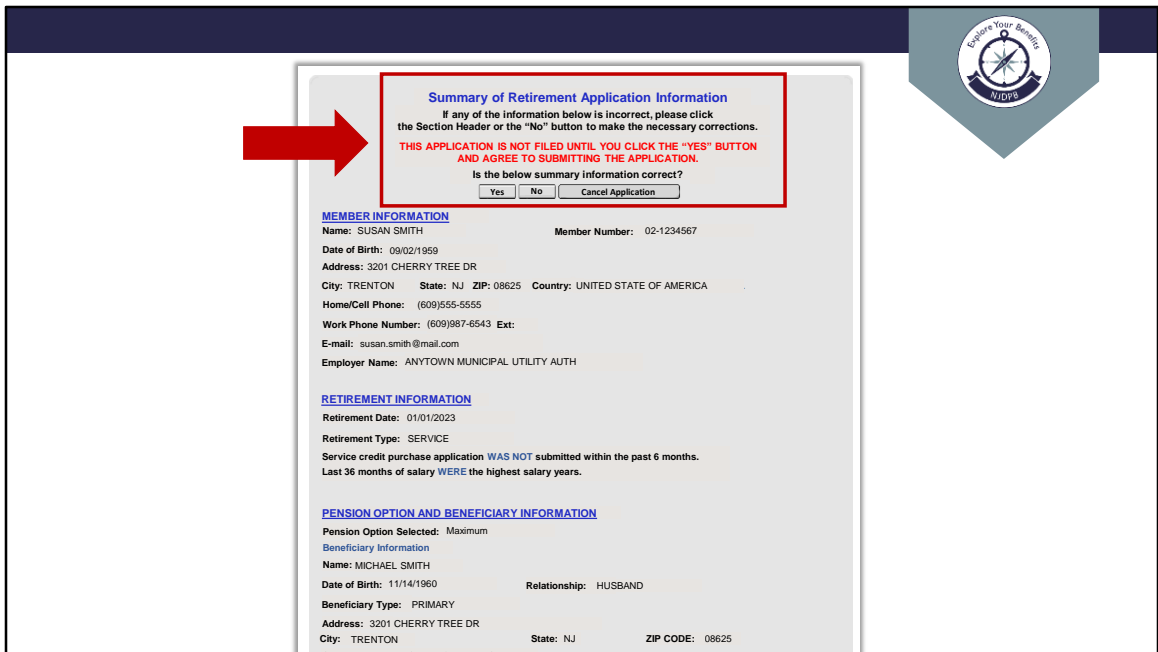
Name: SUSAN SMITH **Member Number:** 02-1234567

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.

A confirmation message will appear when your retirement application has been submitted successfully.

It is recommended that you keep a copy of your application for your records. Use the printable version link at the top of the page to save or a print a copy of your application.



Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

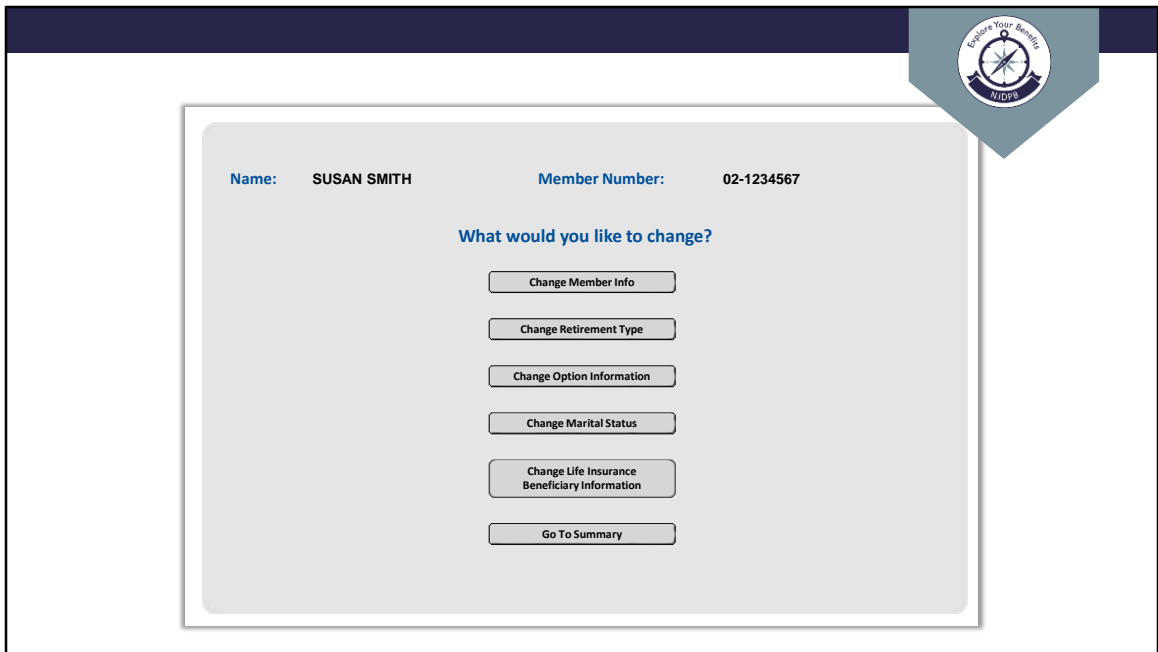
MEMBER INFORMATION
Name: SUSAN SMITH Member Number: 02-1234567
Date of Birth: 09/02/1959
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP: 08625 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-5555
Work Phone Number: (609)987-6543 Ext:
E-mail: susan.smith@mail.com
Employer Name: ANYTOWN MUNICIPAL UTILITY AUTH

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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 AND BENEFICIARY INFORMATION
Pension Option Selected: Maximum
Beneficiary Information
Name: MICHAEL SMITH
Date of Birth: 11/14/1960 Relationship: HUSBAND
Beneficiary Type: PRIMARY
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP CODE: 08625

If you need to make a change to your application, you can access your retirement application after one business day.

Once you've returned to your retirement application summary, click "No" to make your changes.



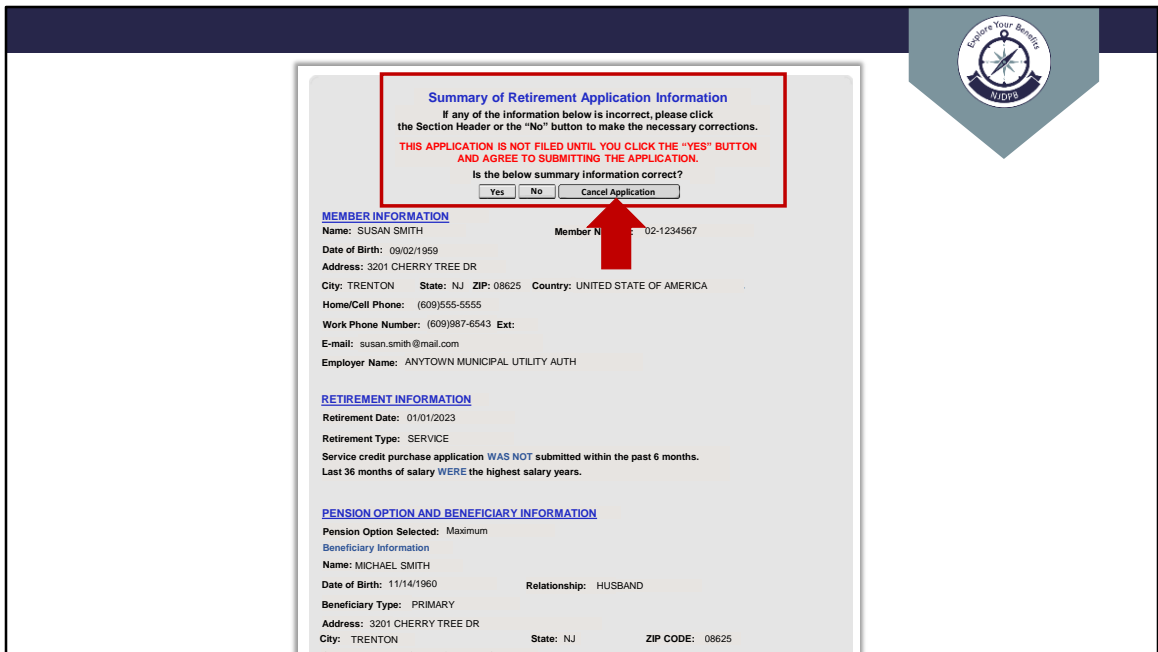
Name: SUSAN SMITH **Member Number:** 02-1234567

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

Click on the appropriate button to make the necessary changes.

Once complete, resubmit your retirement application.



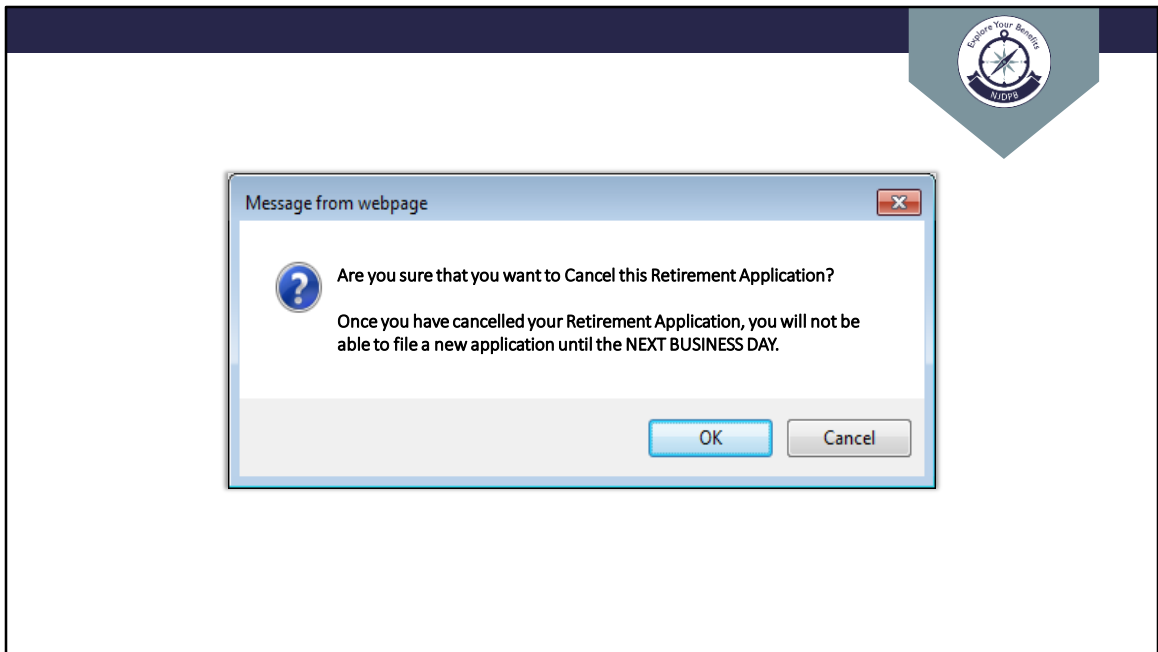
Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: SUSAN SMITH Member Number: 02-1234567
Date of Birth: 09/02/1959
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP: 08625 Country: UNITED STATE OF AMERICA
Home/Cell Phone: (609)555-5555
Work Phone Number: (609)987-6543 Ext:
E-mail: susan.smith@mail.com
Employer Name: ANYTOWN MUNICIPAL UTILITY AUTH

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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 AND BENEFICIARY INFORMATION
Pension Option Selected: Maximum
Beneficiary Information
Name: MICHAEL SMITH
Date of Birth: 11/14/1960 Relationship: HUSBAND
Beneficiary Type: PRIMARY
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP CODE: 08625

If you would like to cancel your retirement application, click the "Cancel Application" button at the top.



Confirm the cancellation by clicking the "OK" button.



Summary of Retirement Application Information
If any of the information below is incorrect, please click the Section Header or the "No" button to make the necessary corrections.
THIS APPLICATION IS NOT FILED UNTIL YOU CLICK THE "YES" BUTTON AND AGREE TO SUBMITTING THE APPLICATION.
Is the below summary information correct?

MEMBER INFORMATION
Name: SUSAN SMITH Member Number: 02-1234567
Date of Birth: 09/02/1959
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ 7
Home/Cell Phone: (609)555-
Work Phone Number: (609)9
E-mail: susan.smith@mail.com
Employer Name: ANYTOWN MUNICI

RETIREMENT INFORMATION
Retirement Date: 01/01/2023
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 AND BENEFICIARY INFORMATION
Pension Option Selected: Maximum
Beneficiary Information
Name: MICHAEL SMITH
Date of Birth: 11/14/1960 Relationship: HUSBAND
Beneficiary Type: PRIMARY
Address: 3201 CHERRY TREE DR
City: TRENTON State: NJ ZIP CODE: 08625

To change the date, you must cancel your application and submit a new one

If you wish to change your retirement date, you will need to cancel your current application, wait one business day, then submit a new application. Please note the information previously entered on the old application will not be saved.



Phone: (609) 292-7524

Email: pensions.nj@treas.nj.gov

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

For more information about retirement, see our website for retirement fact sheets and retirement planning videos. Both are located on our website: www.nj.gov/treasury/pensions

If you have any questions regarding the retirement process, you can reach out to the Division of Pensions & Benefits by telephone, email, or postal mail.

For additional information about retirement see the following retirement planning fact sheets and videos available on our website at www.nj.gov/treasury/pensions:

- *Retirement – How to Apply for PERS & TPAF Members* fact sheet
- *Retirement – PERS & TPAF Pension Options* fact sheet
- *Retirement Checklist* fact sheet
- *Disability Retirement Benefits for PERS and TPAF* fact sheet
- *Reviewing a Retirement Application* video
- *Retirement Types, Eligibility & Calculations* video
- *Exploring Your Pension Options* video