

KEAN UNIVERSITY
INQUIRY OF PENSION MEMBERSHIP

PART A

1. Are you retired from a New Jersey State-Administered Retirement Plan? ☐ Yes ☐ No

If yes, check the retirement plan from which you retired and indicate the date of your retirement, then skip to PART B.

☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Retirement date: _____

Type of Retirement: ☐ Disability ☐ Other

2. Do you currently contribute to a State-Administered Retirement Plan?

☐ Yes ☐ No

If no, skip to question 3.

If yes, check retirement plan: ☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Your most recent contribution to this retirement account occurred on: _____
Month/Year

What was your employment status? ☐ Full-time ☐ Part-time/Adjunct*

Name of your location: _____

**If you were/are an adjunct, have you filled out an Election of Retirement Coverage form?*

☐ Yes ☐ No ☐ I do not know

3. If you do not currently contribute to a State-Administered Retirement Plan, have you ever contributed to one in the past?

☐ Yes ☐ No

If yes, check the retirement plan you contributed to in the past:

☐ ABP ☐ PERS ☐ PFRS ☐ SPRS ☐ TPAF

Did you withdraw your funds from your past retirement plan? ☐ Yes ☐ No

PART B

With my signature below, I certify that the information I provided above is the truth to the best of my knowledge. **Please be advised additional pension forms may be required.**

Name: _____ Date: _____
(Please Print)

Sign: _____ SS#: ____-____-____ Email: _____
(Kean email **not** required)

For Human Resources Use Only:
Semester: _____ Year: _____ Credits: ____