

**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 the employer and the state: \_\_\_\_\_

*\*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: \_\_\_\_