

**PENSION WORKSHOP:**

**WHAT ARE YOUR RESPONSIBILITIES**

**For Municipalities & School Districts**

**October 26, 2018 – Jumping Brook County Club, Neptune, NJ**

\*Approved by DCA CMFO & CCFOs – 4 CEU’s - 1 Accounting & 3 Financial Debt/Mgt.

\* Approved by DCA RMC – 4 CEU’s - 2 Finance & 2 Professional Development

\*Approved for CPA, RMA, PA - 4 CEU’s - Finance

**9:00am – 9:30am Registration, Full Breakfast Buffet**

**Seminar Time Table 9:30am to 12:50pm**

- Epic Security Features – Covering the four security applications**
- The Employer’s Role When a member Retires**
- When a Member Retires: Going the Extra Mile**
- Post retirement Employment Restrictions**
- Notification of Employment retirement**
- How to Administer TPAF, PERS, PFRS**
- Shortcuts to Specific Retirement Forms**
- Retirement Eligibility**
- Understanding the Tier Levels System**
- Early retirement**
- Calculation by the Tier Levels**
- Form 1095-C - What is your responsibility?**

**Speaker: Andrew Kenney, NJ Divisions of Pensions**

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TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY OF THIS APPLICATION WITH YOUR PAYMENT

Mail Checks to: Institute for Professional Development  
P.O. Box 1468, Clifton, NJ 07015-1468 - Telephone ( 973 ) 777-4200

\_\_\_ I wish to register for the October 26, 2018-Jumping Brook CC, Pension Workshop  
FAX YOUR REGISTRATION FORM TO (973) 777-0401 with your purchase order #

Cancellation Policy – 48 Hours in advance of seminar, in writing

**\*\* During inclement Weather Check our web site <http://ipd2.com> the Day Before Seminar SEMINAR INCLUDES FULL BREAKFAST BUFFET \$ 125.00 per person \$150.00 at door**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

<b>Organization of Governmental Unit</b>	<b>Telephone Number</b>	<b>Fax Number</b>
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**CLAIMANTS CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalty of the law That the within bill is correct in all its particulars, the articles Have been furnished or services rendered as stated herein, that No bonus has been given or received by any person or persons Within knowledge of this claimant in connection with the above Claim and that the amount charged is a reasonable one.

Just send your check with the application form. you do not need to send us your Voucher for a separate signature since the presigned certification on the left can be attached to your Voucher in lieu of sending it to us for a signature. This form has been Determined by DLGS to meet the requirements of the statutes for this type of expenditure.

*Michael F. Conti*

Michael F. Conti, Program Coordinator  
P.O. Box 1468 , Clifton, NJ 07015-1468 - ( 973 ) 777-4200 (973)-777-0401 FAX

Directions on our web site: <http://members.aol.com/ipdcpe>