



NEW HAMPSHIRE RETIREMENT SYSTEM
54 REGIONAL DRIVE CONCORD, NEW HAMPSHIRE 03301-8507

MEMBER INFORMATION/ ENROLLMENT FORM

ENROLLMENT REQUIREMENTS:

1. This form must be completed and submitted prior to the first payroll deduction. If supporting documents, such as the birth certificate, are not immediately available to be submitted, please forward to NHRS as soon as possible thereafter.
2. Employers must provide written notice within a reasonable time after election or appointment to any person for whom membership is optional (RSA 100-A: 3, I-a).

SECTION A: TO BE COMPLETED BY EMPLOYEE

SOCIAL SECURITY NUMBER	NAME
MAILING ADDRESS	DATE OF BIRTH
TOWN OR CITY, STATE, ZIP	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

SECTION B: TO BE COMPLETED BY EMPLOYER

Billing account number under which this employee will be reported:
The first day this employee meets eligibility requirements for participation in the NHRS: _____ / _____ / _____ Month Day Year
Date of first contribution, if different than the date listed above*: _____ / _____ / _____ Month Day Year
* The first day retirement contributions will be deducted from this employee's wages

MEMBERSHIP CLASSIFICATION

GROUP I <input type="checkbox"/> Employee <input type="checkbox"/> Teacher <input type="checkbox"/> Job Share teacher One job shared equally (50/50) by two teachers	GROUP II <input type="checkbox"/> Police <input type="checkbox"/> Fire Group II Certification Number: _____ Check One: <input type="checkbox"/> Job previously certified <input type="checkbox"/> New certification - Group II Position Certification Form attached
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POSITION TITLE	ANNUAL SALARY \$	NUMBER OF MONTHS WORKED PER YEAR	NUMBER OF HOURS WORKED PER WEEK
EMPLOYER NAME	EMPLOYER ADDRESS		

REQUIRED SUPPORTING DOCUMENTS ATTACHED TO THIS FORM

- Copy of employee's Social Security Card Copy of employee's birth certificate
 NHRS Designation of Beneficiary(ies) (Pre-Retirement) Form

EMPLOYER CERTIFICATION

I hereby certify that _____ is an employee of _____
and that contribution deductions will be made in accordance with New Hampshire Retirement System law (RSA 100-A).

_____ Name	_____ Signature of Department Head or Fiscal Officer	
_____ Title	_____ Date Signed	_____ Employer Telephone Number

SECTION C: SIGNATURE SECTION – TO BE COMPLETED BY EMPLOYEE

I understand that I must file a properly completed Designation of Death Beneficiary (ies) (Pre-Retirement) form with NHRS or any benefits payable in the event of my death will be distributed in accordance with the applicable New Hampshire law.

_____ Employee's Signature	_____ Date Signed
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