



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

Form with fields: SOCIAL SECURITY NUMBER, NAME, MAILING ADDRESS, DATE OF BIRTH, TOWN OR CITY, STATE, ZIP, MALE, FEMALE

SECTION B: TO BE COMPLETED BY EMPLOYER

Form with fields: Billing account number under which this employee will be reported; The first day this employee meets eligibility requirements for participation in the NHRS; Date of first contribution, if different than the date listed above*

MEMBERSHIP CLASSIFICATION

Form with checkboxes for GROUP I (Employee, Teacher, Job Share teacher) and GROUP II (Police, Fire, Job previously certified, New certification)

Form with fields: POSITION TITLE, ANNUAL SALARY, NUMBER OF MONTHS WORKED PER YEAR, NUMBER OF HOURS WORKED PER WEEK

Form with fields: 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).

Form with fields: 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.

Form with fields: Employee's Signature, Date Signed