



REQUEST FOR COST CALCULATION TO PURCHASE SERVICE CREDIT MODIFICATIONS

GENERAL INFORMATION
<p>To purchase service credit for full-time service with a New Hampshire Retirement System (NHRS) employer that was served prior to that employer's effective date of participation with NHRS, a member must be <i>In Service</i> with the newly participating employer on the date that employer's NHRS participation becomes effective and must have elected to become a member of NHRS within one year after the effective date of the employer's election to participate. The service credit may be purchased by the employer or by the NHRS member.</p> <ul style="list-style-type: none"> • If the member is purchasing the modifications service credit, the payment will be deposited to the <u>member's</u> account, and must be made prior to retirement. The payment could be made in one lump sum with either: <ul style="list-style-type: none"> ○ a trustee-to-trustee transfer from a Section 403(b) or 457 plan; or ○ post-tax dollars; or ○ a combination of both • If the employer is purchasing the modifications service credit, the service must be purchased with employer funds, and the payment will be deposited to the NHRS State Annuity Accumulation Fund.

SECTION I - TO BE COMPLETED BY MEMBER	
Member Name:	Last 4 of SS#:
Address:	Phone:
Period of prior full-time employment: From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> <small style="margin-left: 40px;">month day year</small>	
I understand that if I elect a trustee-to-trustee transfer to purchase this service credit, I will be responsible for any tax liability when the transferred funds are distributed from NHRS, and that service credit will be granted only when payment in full has been made. Signature: _____ Date: _____	

SECTION II - TO BE COMPLETED AND CERTIFIED BY THE EMPLOYER	
Employer Name/Address:	
Please provide and certify the following information about the member identified in Section I:	
<ul style="list-style-type: none"> • Date of full-time hire: <u> </u> / <u> </u> / <u> </u> <small style="margin-left: 40px;">month day year</small> • Current annual (base) rate of compensation at the time of purchase for member identified in Section I (Fiscal year July 1 - June 30): \$ _____ • Regular yearly work schedule (Check one) <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month • The employer is (Check one) <input type="checkbox"/> <u>willing</u> <input type="checkbox"/> <u>unwilling</u> to purchase service credit on behalf of this member. • This employee participated in an employer-sponsored pension plan for some or all of the period of service requested. <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, identify plan(s): <input type="checkbox"/> 403(b) <input type="checkbox"/> 457 <input type="checkbox"/> Other: _____ 	
Name/Title of Certifying Officer:	Phone:
Signature of Certifying Officer:	Date:

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.