



New Hampshire Retirement System
 54 Regional Drive, Concord, NH 03301
 Phone: (603) 410-3500 - Fax: (603) 410-3501
 Website: www.nhrs.org - Email: info@nhrs.org

EMPLOYER APPLICATION FOR RETIREE INSURANCE PREMIUM REMITTANCE

SECTION I – REQUIRED INFORMATION	
Employer Name:	Date:
Mailing Address:	
Contact Name:	Phone:
Check made payable to:	Requested effective date: (At least 60 days from current date)

SECTION II – TABLE OF RATES		
COVERAGE	MONTHLY RATES-OLD	MONTHLY RATES-NEW
One Person		
Two Person		
Family		
Medicare Supplement		
*Other:		
*Other:		
*Other:		
* Please assign a term or name to each “Other” category used.		
Mail to: New Hampshire Retirement System 54 Regional Drive Concord, NH 03301-8507 Attn: Employer Services		

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.