



**Retirement Annuity Deduction Authorization**  
**Not For Use If Two Retirees Are Eligible For Medical Subsidy**  
 FOR USE BY POLITICAL SUBDIVISION RETIREES

<b>SECTION I - RETIRED MEMBER INFORMATION</b> <i>(Type or print)</i>			
Name (Last, First, MI):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	SS#:
Spouse (Last, First, MI):	<input type="checkbox"/> M <input type="checkbox"/> F	Spouse DOB:	SS#:
Mailing Address (PO/Street, City, State, Zip):			
Telephone Number: (     )		Email Address:	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Legally Separated			
Retired as a Political Subdivision: <input type="checkbox"/> Employee <input type="checkbox"/> Teacher <input type="checkbox"/> Police <input type="checkbox"/> Fire			

<b>SECTION II - REQUESTED ACTION</b> <i>(Type or print)</i>		
Effective Date of Request:	Requested Action: <b>New, Change, No Change, Cancel</b>	
1. Retired Member Premium, Health	\$	
2. Spouse Premium, Health	\$	
3. Dental Plan and/or Vision Plan (if applicable)	\$	
4. Total Monthly Rate (line 1 + line 2 + line 3)	\$	
5. Expected Medical Subsidy (if applicable)	\$	
6. Retirement Annuity Deduction (line 4 minus line 5)	\$	

<b>SECTION III - FORMER EMPLOYER INFORMATION</b>		
Former Employer:	Telephone Number: (     )	
Address (PO/Street, City, State, Zip):		
Group Number:	Provider:	Employer Contact:

<b>SECTION IV - PLEASE READ, SIGN AND DATE BELOW</b>	
<p>I hereby authorize the Retirement Annuity Deduction shown above to be deducted from my monthly retirement annuity. Further, I hereby authorize, without further notice to me, any increase or decrease in the amounts to be deducted if the premium(s) for my existing coverage and/or the amount of the Medical Subsidy subsequently changes.</p> <p>I understand that eligibility for the Medical Subsidy is conditioned upon my being the policyholder/subscriber of the health insurance plan. If it is determined by the NHRS that I qualify for the Medical Subsidy pursuant to RSA 100-A:50-55, all subsidy amounts payable on behalf of my spouse, certifiably dependent child or me will be applied to my health insurance premium. The balance of the premium due, if any, will be deducted from my monthly retirement annuity effective as of the first of the month following attainment of Medical Subsidy eligibility.</p> <p><u>Change in Eligibility Status:</u> Because a change in my marital status, the death of my spouse, loss of Medical Subsidy eligibility by my certifiably dependent child, or the entitlement to Medicare benefits by my spouse, certifiably dependent child or me affects eligibility for and the amount of the Medical Subsidy, I agree to notify NHRS and my former employer within 30 days following the occurrence of any of the named events. I understand that NHRS reserves the right to recover all Medical Subsidy amounts paid on behalf of a divorced spouse, deceased spouse, certifiably dependent child who has lost Medical Subsidy eligibility, and/or all overpayments resulting from my failure to report Medicare eligibility.</p>	
Retired Member/Policyholder Signature: _____	Date: _____

<b>SECTION V - FOR NHRS USE ONLY</b>			
Med Sub <input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Date:	Process Date:	Initials:

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.