



SALARY CONTINUANCE REPORTING FORM

SECTION I: EMPLOYER INFORMATION

Employer Account Number: _____ Employer Name: _____

SECTION II: EMPLOYEE INFORMATION

Employee Name: _____ Social Security Number: _____

Date salary continuance plan commenced: _____ Reporting Period (Month/Year): _____
 (Submit a separate form for each month.)

Member Group (check one): Employee (state) Employee (subdivision) Teacher Police Fire

SECTION III: CALCULATION OF REQUIRED CONTRIBUTIONS

A. Total monthly benefit to employee through salary continuance plan		\$ _____
B. Percentage of plan premium paid by employer <i>(Should not include percentage of premium paid by member.)</i>		_____ %
C. Earnable compensation for NHRS contribution purposes: (Line A multiplied by Line B)		\$ _____ <i>Earnable Compensation</i>
D. Member Contribution Rate *		_____ %
E. Member Contribution Due (Line C multiplied by Line D)		\$ _____ <i>Member Contribution</i>
F. Employer Contribution Pension Rate *		_____ %
G. Employer Pension Contribution Due (Line C multiplied by Line F)		\$ _____ <i>Employer Pension Contribution</i>
For any month of salary continuance being reported that is prior to July 1, 2009, enter "0" on lines H and I		
H. Employer Contribution Medical Subsidy Rate *		_____ %
I. Employer Medical Subsidy Contribution Due (Line C multiplied by Line H)		\$ _____ <i>Employer Medical Subsidy Contribution</i>
J. Total Contributions Due to NHRS (Line E plus Line G plus Line I)		\$ _____ <i>Total Contributions Due</i>
H. Total Amount Paid to NHRS with this form This amount may differ from Line J if the employer is not paying the member contribution		\$ _____ <i>Total Amount Paid</i>

SECTION IV: TAX-SHELTERED (PRE-TAX) CONTRIBUTIONS

If the employer is paying the member contribution, please answer the following questions. If not, go to Section V.

- Are member contributions withheld from salary continuance amounts because of the employer's election to withhold member contributions or because of the terms of a disability insurance plan or policy and NOT because of a member's election to withhold member contributions from his or her salary continuance? Yes No
- Are member contributions withheld from salary continuance amounts and paid directly to NHRS BEFORE the salary continuance is paid to the member? Yes No

If the answer to both questions is "yes," report member contributions on salary continuance as PRE-TAX CONTRIBUTIONS.

SECTION V: EMPLOYER CERTIFICATION

The _____, certifies that the information provided in this statement is true and complete to the best of our knowledge.
(Name of Employer)

Employer Address: _____ Employer Phone: _____

Name and Title: _____

Authorized Signature: _____ Date: _____

* See: <http://www.nhrs.org/Employers/Rates.aspx>

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.