

EMPLOYER REQUEST TO DEPOSIT ADDITIONAL CONTRIBUTIONS

Please refer to the Additional Contributions pamphlet before completing this form.

SECTION I – EMPLOYER INFORMATION (Please Print)

Employer Name	Telephone Number
Mailing Address	City State Zip
Contact Person Name and Title	

SECTION II – MEMBER INFORMATION (To be completed by the employer)

Member Name: _____	Social Security No.: _____-_____-_____
Member Address: _____	Member Date of Birth: _____
Account number under which this member is reported: _____	
Annual rate of compensation for current plan year (July 1 st -June 30 th): \$ _____	
Member's NHRS classification: <input type="checkbox"/> Employee <input type="checkbox"/> Teacher	
Expected retirement age for this member _____. (Please list only <u>one</u> age. NHRS will conduct only one calculation, based on the age listed.)	

SECTION III – EMPLOYER REQUEST AND CERTIFICATION

<p>The _____ requests approval from the NHRS Board of Trustees to deposit <i>(Employer Name)</i></p> <p>additional contributions on behalf of the member named in Section II, pursuant to RSA 100-A:16,1(c)(2), for the purpose of offsetting the actuarial reduction for early service retirement. Furthermore, if the member is not covered by the provisions of a collective bargaining agreement pursuant to RSA 273-A, the appropriation for such early retirement shall be expressly approved by the legislative body, provided however that in political subdivisions using the town meeting form of government such approval shall be by separate warrant article.</p> <p>I understand that the actuarial calculation NHRS uses to determine the amount of additional contributions to be paid is based on the member's annual rate of pay at the time of this request.</p> <p>I certify that the information contained on this form is true and complete to the best of my knowledge.</p> <p>_____</p> <p align="center"><i>(Name and Title of Person Certifying this Form)</i> <i>(Signature)</i> <i>(Date)</i></p>
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SECTION IV – MEMBER ACKNOWLEDGMENT (To be completed by the member)

<p>I acknowledge that I have received and read NHRS' Additional Contributions pamphlet, and furthermore, I understand the terms of this request.</p> <p>_____</p> <p align="center"><i>(Member's Signature)</i> <i>(Date)</i></p>
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SECTION V - ADMINISTRATIVE/BOARD ACTION (For NHRS purposes only)

<p align="center"><u>APPROVED</u></p> <p align="center">_____</p> <p align="center"><i>(NHRS Executive Director)</i></p> <p>Date: _____</p>	<p align="center"><u>DENIED</u></p> <p align="center">_____</p> <p align="center"><i>(NHRS Executive Director)</i></p> <p>Reason: _____</p> <p>Date: _____</p>
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