

# How to Complete an Estimate Card

Once you complete and submit an Estimate Card, NHRS will calculate an estimate based on the information you provide. The estimate will be sent to your mailing address on file. We strive to get an estimate out to you within 30 days. To submit this form electronically, fill it out online, then save a copy to your desktop. Use the NHRS Secure Message Center to send the saved copy. A link to the Secure Message Center can be found at the top of every page on our website, [www.nhrs.org](http://www.nhrs.org). Hard copies of this form are also accepted by mail or fax at the above address.

The Type of Retirement section is where you will choose the type of retirement you are seeking. Descriptions on each type of retirement can be found here: <https://www.nhrs.org/members/benefits>

For active members, the termination date is the last day you'll work for your current employer or, for members who are not currently working, it is when you left NHRS-covered employment. This date MUST be prior to the effective date of your retirement.

Enter your personal information including your full name, last 4 digits of your social security number, mailing address, phone number and date of birth.

Enter your current employer if you are currently working, or who your employer was when you left NHRS-covered employment.

The member's Estimated Retirement Date is always the first of the month. When entering your retirement date, make sure to include the year!

When choosing multiple beneficiaries, the Percentage Distribution of all the beneficiaries must equal 100%.

At retirement, a member may select a reduced pension under a Survivorship Option to provide a lifetime pension to a beneficiary(ies). Under a Survivorship Option, a member may designate any one person as sole beneficiary. Multiple beneficiaries under a Survivorship Option can only include a member's children and spouse. The amount of the reduction in the member's retirement pension will depend on the option selected, the member's age at the time of retirement, and the age of each primary beneficiary. Descriptions of each option can be found on the NHRS website at: <https://www.nhrs.org/members/benefits/post-retirement-death-benefits>

If you were vested (i.e. had 10 years of service or age 60 before 12/31/2011), provide your current annual salary and enter any expected severance in the next box.

If you were not vested before 12/31/2011 (i.e. did not have 10 years of service or were not age 60 before that date), provide your current annual salary and leave the severance box empty.



New Hampshire Retirement System

ESTIMATE CARD

New Hampshire Retirement System

80 Commercial Street, Concord, NH 03301

Phone: (603) 410-3500 - Fax: (603) 410-3501

Website: [www.nhrs.org](http://www.nhrs.org) - Email: [info@nhrs.org](mailto:info@nhrs.org)

**INSTRUCTIONS:** To receive a retirement benefit estimate, fill out this form. You may fill in the fields online, or print out a blank form and fill it out by hand. To submit this form electronically, fill it out online, then save a copy to your desktop. Use the NHRS Secure Message Center to send the saved copy. A link to the Secure Message Center can be found at the top of every page on our website, [www.nhrs.org](http://www.nhrs.org). Hard copies of this form are also accepted by mail or fax at the above address. Within 30 days, an estimate will be sent to you at the mailing address NHRS has on record.

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------|
| <b>TYPE OF RETIREMENT</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                          |
| <input type="checkbox"/> Service                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Accidental Disability                                                 |                          |
| <input type="checkbox"/> Vested Deferred                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Ordinary Disability                                                   |                          |
| <b>PERSONAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                          |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                | Social Security (Last 4):                                                                      |                          |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                             | Daytime Phone Number:                                                                          |                          |
| Termination Date:                                                                                                                                                                                                                                                                                                                                                                                                    | Date of Birth:                                                                                 |                          |
| Years in System:                                                                                                                                                                                                                                                                                                                                                                                                     | Estimated Retirement Date:                                                                     |                          |
| Current Gross Annual Salary: \$                                                                                                                                                                                                                                                                                                                                                                                      | Expected Severance Pay: \$                                                                     |                          |
| Current Employer:                                                                                                                                                                                                                                                                                                                                                                                                    | (Include all leave, longevity, etc)                                                            |                          |
| <b>SURVIVORSHIP OPTIONS:</b> By law, under a survivorship option a single beneficiary can be any person. Multiple beneficiaries, however, must be your children and may include your spouse. The distribution percentage is that portion of a survivorship allowance, expressed as a percent (%) which will be payable to each multiple beneficiary upon your death. The total combined percentages must equal 100%. |                                                                                                |                          |
| <b>IF YOU ARE INTERESTED IN SURVIVORSHIP OPTIONS PLEASE PROVIDE</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                          |
| Beneficiary's Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                         | Relationship to you:                                                                           |                          |
| Or                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                          |
| Beneficiaries' Dates of Birth:                                                                                                                                                                                                                                                                                                                                                                                       | Choose one:                                                                                    | Percentage Distribution: |
| 1)                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse | %                        |
| 2)                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse | %                        |
| 3)                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse | %                        |
| I certify that the information in or attached to this Estimate Card is complete, accurate and up-to-date. Furthermore, I understand this estimate is non-binding.                                                                                                                                                                                                                                                    |                                                                                                |                          |
| <input type="checkbox"/> By checking this box you are certifying that you have read and agreed to the above statement.                                                                                                                                                                                                                                                                                               |                                                                                                |                          |

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.

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