



New Hampshire Retirement System  
54 Regional Drive, 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)

## Data Reporting System User Access Form

Request for: \_\_\_\_\_

*First name*

*Middle Initial*

*Last Name*

Work Email: \_\_\_\_\_

**Action:**

- |  |                       |                  |
|--|-----------------------|------------------|
| <input type="checkbox"/> Terminate User      | Effective Date: _____ | User Name: _____ |
| <input type="checkbox"/> Access Modification | Effective Date: _____ | User Name: _____ |
| <input type="checkbox"/> Add User            | Effective Date: _____ |                  |

<b>Employer Name:</b>

*If the person is responsible for more than one employer, list all. Ex.: SAU with multiple school districts reported separately.*

Choose one or more applicable module(s):

- Employer Reporting** *(This module is used to submit monthly wage and contribution data for active members) and Part Time Retiree Reporting* *(This module is used to report annual hour and compensation data for retired members pursuant to RSA 100-A:16, VIII).*
- Insurance** *(This module is used to submit or change insurance authorizations and/or premium rates).*

You are acknowledging that you are an authorized user of the New Hampshire Retirement System's Data Reporting System (DRS). The DRS is only for Participating Employers of the New Hampshire Retirement System (NHRS) or their authorized Vendors or Third Party Administrators (TPAs). If you are not a Participating Employer, Vendor, or TPA you are prohibited from logging onto the Data Reporting System. Violators will be prosecuted to the full extent of any applicable state and federal laws.

I have read this disclaimer and I am an authorized Participating Employer, Vendor, or TPA of the New Hampshire Retirement System.

Name (please print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Signing this form with an electronic signature is acknowledgement that I have reviewed information for this request and serves as my authorization.

Upon receipt of the completed form, NHRS will email the new user a link to set up an account. This link will only be valid for 24 hours, so the account setup process must be completed in a timely manner. In addition to the link, the new user will also need the employer Access Code previously sent to each employer via US Mail. If you have any questions, please contact NHRS at 603-410-3508 or email [drssupport@nhrs.org](mailto:drssupport@nhrs.org).