



NHRS Insurance Reporting Guide

For Vendors, SAUs and TPAs



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INTRODUCTION TO THIS GUIDE

Welcome to the **NHRS Insurance Reporting Guide**. This guide is your comprehensive resource for utilizing the NHRS Data Reporting System (DRS), which is the secure online portal used to report and maintain insurance coverages, including reporting insurance premium rate and subsidy amount changes to an existing insurance coverage and processing payments with NHRS. It is intended for external vendors including SAUs, municipalities, and third-party administrators.

- Who can be an insurance vendor
 - A TPA or NHRS-participating Employer can be an insurance vendor with NHRS
- What is an insurance vendor to NHRS
 - Vendors provide insurance to NHRS members. NHRS does not administer insurance rates or coverages.

About This Guide

This guide provides you with:

- An overview of insurance reporting, including what you should do first, second, etc., to get setup; a list of common errors and resolutions, reporting due dates, and an explanation of the system-generated Authorization Review Process.
- Details on how to setup an Electronic Direct Deposit (EDD) Account as well as setting up a Data Reporting System (DRS) Account.
- An introduction to DRS as well as instructions on how to navigate it.




- Instructions for maintaining insurance coverages at the vendor level and insurance reporting due dates.
- Instructions on how to search for and maintain a payee’s insurance record plus any of their associated dependents.
- Instructions on how to maintain changes requests that are in queue (in-process).
- Instructions on how to generate a variety of system reports.



Who Should Use This Guide

This guide is intended to be a resource for external vendors including SAUs, municipalities, and third-party administrators who interact with NHRS.

Icons used in this Guide

The following icons are placed throughout this guide to draw your attention to actions, warnings, etc.

Icon Name and Symbol	What Icon Represents
Folder 	Indicates non-viewed reports and/or notifications are available. The folder displays within User Alerts , which is an option available by clicking your name in the upper right corner of any DRS screen.
Pending Approval 	Indicates that a pending change is awaiting approval.
Filter Funnels 	Indicates that search results can be filtered: <ul style="list-style-type: none"> • When a green line appears, a default filter is active. The default can be cleared or changed to meet your needs.

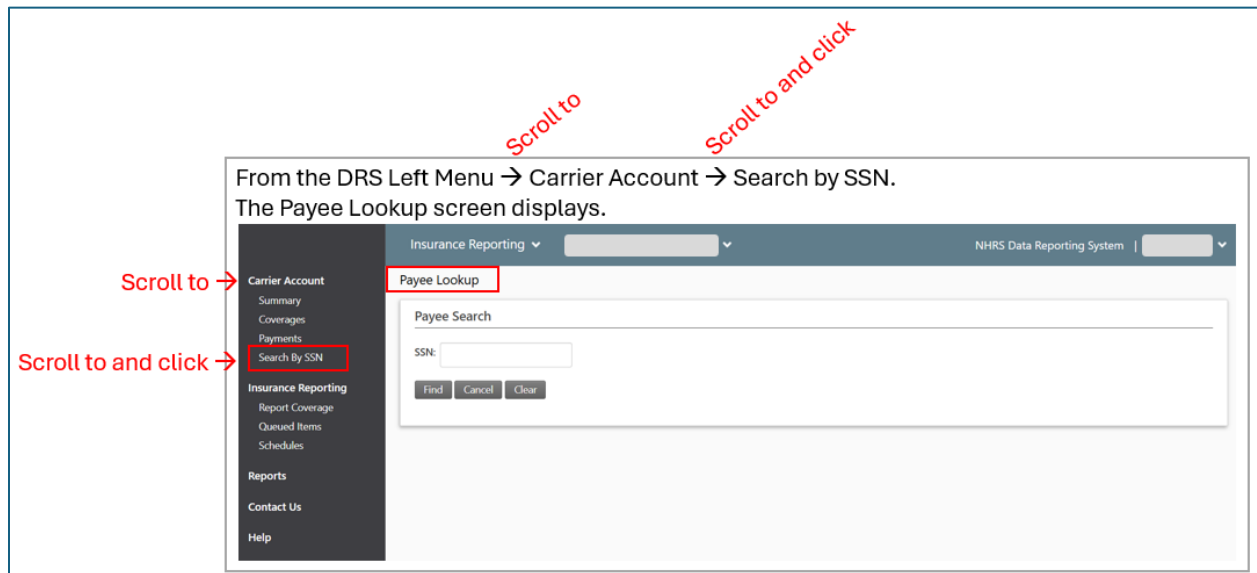
	<ul style="list-style-type: none"> When solid grey, no filtering has been applied. You can apply filters to meet your needs.
<p>Excel download</p> 	<p>Appears in many search grid results, allowing you to export the search data to an Excel spreadsheet.</p>
<p>Exclamation mark</p> 	<p>Indicate there are new reports or completed processes within the last 3 days that you have not yet viewed. The exclamation mark displays within User Alerts, which is an option available by clicking your name in the upper right corner of any DRS screen.</p>

Navigation Arrows used in this Guide

Throughout this guide you will frequently see navigating arrows like this →.

Each section of this guide is devoted to a specific topic, such **Search by SSN**, and each section includes many screens. To help you follow along on ***your own laptop screens*** while using this guide, the navigation arrows identify the steps you take to reach the screen/topic being described.

As shown in the image below, each time you see a navigation arrow → you will scroll to a heading in the DRS Left Menu and click it. For example, to reach the **Payee Lookup** screen from any screen in DRS, you would 1) begin from the DRS Left Menu, 2) scroll down to Carrier Account, 3) scroll down further to locate and click Search by SSN:





NHRS Contact Details

Mailing Address: 80 Commercial Street
Concord, NH 03301-5031
Main Phone: (603) 410-3500
Fax: (603) 410-3501
Email: info@nhrs.org
Website: www.nhrs.org

Questions?

- For questions related to DRS access, forgotten username or forgotten password, please contact DRSsupport@nhrs.org.
- For questions related to completing insurance authorizations, view the NHRS [Employer Resources webpage](#) and scroll to **Retiree Insurance** for instructions, or call 603-410-3500 and ask to speak with a Retirement Generalist.

INSURANCE REPORTING OVERVIEW

Insurance Reporting Overview

Insurance Reporting is the reporting of payee insurance deductions, dependents, and Medicare information, along with updates to premium rates. Changes to insurance records produce authorization requests that populate a Queue that NHRS reviews and either approves or denies.

Insurance Reporting Flow

Before you can submit your first monthly Insurance Reporting, you must complete the following tasks in the order listed. Each task below is a hyperlink to the section of this guide where you will find the details.

1. [Setup Electronic Direct Deposit \(EDD\) Account](#)
2. [Setup Data Reporting System \(DRS\) Account](#)
3. [Create Coverage Codes](#)
4. [Add Dependent Records, if applicable](#)
5. [Add Coverages for payees and dependents](#)
6. [Add Medicare information, if applicable](#)
7. [Upload Supporting Documentation, if required](#)

Common Errors and Troubleshooting

Error Message	Likely Cause	Resolution
A person not associated with this insurance vendor	Member lacks employment tied to vendor's employer	Confirm employer history with NHRS
Insurance Reporting Schedule has closed	Attempted entry after 20 th of month Note: Occasionally, NHRS will adjust the Reporting End Day to accommodate the processing of monthly Vendor Payroll. Carriers are advised to verify their Insurance Reporting Schedules for the current calendar year for details.	Contact NHRS to override or wait for next month
Coverage Description shows	Member is linked to incorrect or unassociated employer	Contact NHRS to remap member association
Insurance Type missing	Carrier has not defined that insurance type in DRS	Create it under Coverages or contact NHRS

Insurance Reporting Timeframe and Restrictions

Insurance changes can only be reported within specific monthly windows unless overridden by NHRS.

Standard Monthly Window:

- **Report Begin Day/Time:** 1st of the Month at 12:00AM
- **Report End Day/Time:** 20th of the Month at 12:00PM

Note: Occasionally, NHRS will adjust the Reporting End Day to accommodate the processing of monthly Vendor Payroll. Carriers are advised to verify their [Insurance Reporting Schedules](#) for the current calendar year for details.

Any changes reported outside this timeframe must be manually overridden by NHRS.

Effective Date Guidelines:

- All changes must have an effective date of the **1st of the month**
- Termination dates must be the **last day of the month**

TIP: Future dated changes can be entered in advance of the window since they are not restricted by current-month scheduling.

Retroactive Rate Updates

Retroactive rate updates must be completed by NHRS staff. If a retro update is necessary, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require a valid retro reason, which must be one of the following: Divorce, Last Medicare/65 Change, Late New Add, Late Termination, Marriage/Remarriage, New Continuance, Other, or Spouse Death.

Authorization Review Process

All changes (adds, edits, deletes) made to Payee Coverages, Dependents, and Medicare records instantly initiates a system-generated **Authorization Review Process** that evaluates each change to determine if it requires NHRS authorization and/or additional documentation. The Authorization Review Process applies one of three statuses to each record reviewed: **Pending**, **Need More Information**, or **Documentation Required**.

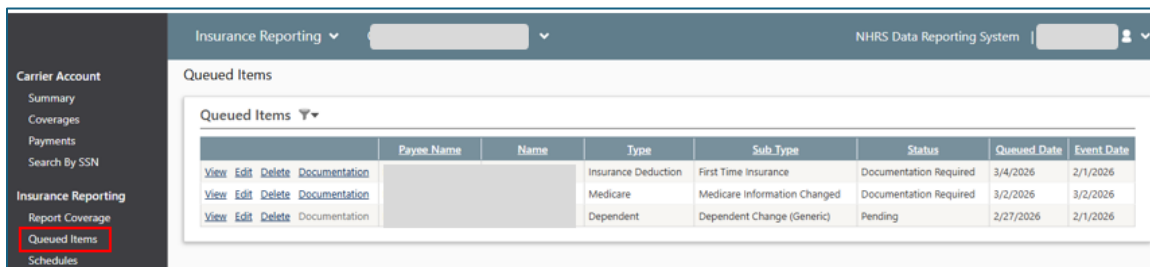
- **Pending:** Indicates that an update to a payee or dependent’s insurance record is currently awaiting review by NHRS for approval or denial.
- **Need More Information** and **Documentation Required:** Both of these statuses mean that changes to a record are on hold, and an authorization will not be sent to NHRS to approve or deny until the requested documentation/material is uploaded. Examples of required documentation include a *Medicare card* or a *Deduction Authorization Form*.

At the Carrier Level

All insurance updates for a vendor are listed on the **Queued Items** screen. This screen is not employer-specific; it includes all updates associated with the vendor named at the top of the DRS screen that have not yet been fully processed.

From the **Queued Items** screen shown below, you can View, Edit, or Delete an item as necessary – that record will go through the **Authorization Review Process** again.

Uploading the required Documentation or other requested material changes the item’s status to Pending.



	Payee Name	Name	Type	Sub.Type	Status	Queued Date	Event Date
View Edit Delete Documentation			Insurance Deduction	First Time Insurance	Documentation Required	3/4/2026	2/1/2026
View Edit Delete Documentation			Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026
View Edit Delete Documentation			Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026

At the Payee Level

All insurance updates for a payee and their dependents are listed on the Pending Approval section of the **Payee Insurance** screen shown below. You can View, Edit, or Delete an item as necessary – that record will go through the **Authorization Review Process** again. As stated above at the Carrier Level, uploading the required Documentation or other requested material changes the item’s status to Pending.

Pending Approval						
	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation		Dependent	Disabled Dependent Maintained	Pending	3/12/2026	2/1/2026
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	3/13/2026	2/1/2026
View Edit Delete Documentation		Insurance Deduction	First Time Insurance	Documentation Required	3/13/2026	2/1/2026
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

Vendor Takeover Requirements

When a new vendor takes over insurance reporting for an existing population, NHRS requires a **full mapping** of existing and future coverage information. Once the initial move is facilitated, vendors will be able to manage on their own through DRS.

Required Details:

- List of all members being moved
- Their **previous Collection ID** and Coverage Description
- The **new Collection ID** and Coverage Description
- The **total cost** of the new rate

Format:

- Submit as a spreadsheet or structured document
- Include payee identifiers (e.g., last 4 of SSN) and associated employer

WARNING: Do not submit rate changes or coverage terminations without first submitting the mapping identified above. NHRS must review and approve to prevent gaps in deductions.

SETTING UP AN ELECTRONIC DIRECT DEPOSIT ACCOUNT

Before DRS access can be granted, all vendors must complete the Vendor Electronic Direct Deposit (EDD) form. This authorizes NHRS to electronically transmit insurance deduction and subsidy payments to a vendor's designated account. Below is an example of the form, which can be found on the [NHRS Website Forms Page](#). A sample form is provided below.

Form Required Information

- **Vendor Name**
- **Tax ID/EIN**
- **Effective Date**
- **Financial Institution Details:**
 - Name
 - Routing (ABA) Number
 - Account Number
 - Account Type (Checking/Savings)
- **Primary Contact:**
 - Name, Title, Email, Phone
- **Secondary Contact:**
 - Name, Title, Email, Phone

Terms and Acknowledgements


- Banking/contact information changes requires a new EDD form.



- NHRS will issue one live check during the transition if necessary.
- No fees are charged by NHRS for EDD.
- Funds are guaranteed to be deposited within 48 hours of NHRS file transmission.
- Documentation and payment detail will be sent via secure NHRS email link monthly.

Change Notice: Always notify NHRS at least 10 business days in advance if your bank information is changing to avoid payment disruption.

Sample Electronic Direct Deposit (EDD) Form

	<p>NHRS New Hampshire Retirement System</p>	<p>New Hampshire Retirement System 54 Regional Drive, Concord, NH 03301 Phone: (603) 410-3500 - Fax: (603) 410-3501 Website: www.nhrs.org - Email: info@nhrs.org</p>
<p>EMPLOYER ELECTRONIC DIRECT DEPOSIT (EDD) <i>FOR INSURANCE DEDUCTIONS/SUBSIDY VENDOR PAYROLL</i></p>		
SECTION I - REQUIRED INFORMATION FOR ACH DEPOSIT		
Vendor (SAU, Municipality, or Third Party Administrator):		
Financial Institution:		
Routing (ABA) Number:	Account Number:	
SECTION II - CONTACT INFORMATION		
Primary Contact		
Name:	Title:	
Email Address:	Phone:	
Secondary Contact		
Name:	Title:	
Email Address:	Phone:	
SECTION III - TERMS - SIGNATURE REQUIRED		
<ul style="list-style-type: none"> Should the banking or contact information above need to change, please complete a new EDD form. A change in banking information will require another verification process and may result in the issuance of one live check. There is no fee charged by NHRS for EDD. NHRS is not aware of any bank or financial institution that charges its depositors for electronic direct deposit but will not be held responsible for any fees which may be charged to the vendor by their bank or financial institution. Transmission of the NHRS Insurance Deduction/Subsidy payment file will be completed no later than the last business day of each month. Actual deposit of funds is guaranteed forty-eight hours from NHRS file transmission, although the deposit may occur sooner. Documentation to verify the amount of the Insurance Deduction/Subsidy payment can be downloaded from the NHRS Secure Server by following a link provided by an NHRS Employee. That link will also be sent on the last day of the month via email. 		
I have read and agree to the Terms and Conditions identified above.		
Name: (Please Print)		
Signature	Date	
SECTION IV - FOR NHRS USE ONLY		
Vendor Number:	Financial/Contact Info Entered By:	Date:
<p>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.</p>		
<p>ES-05 Revised 2/2011</p>		

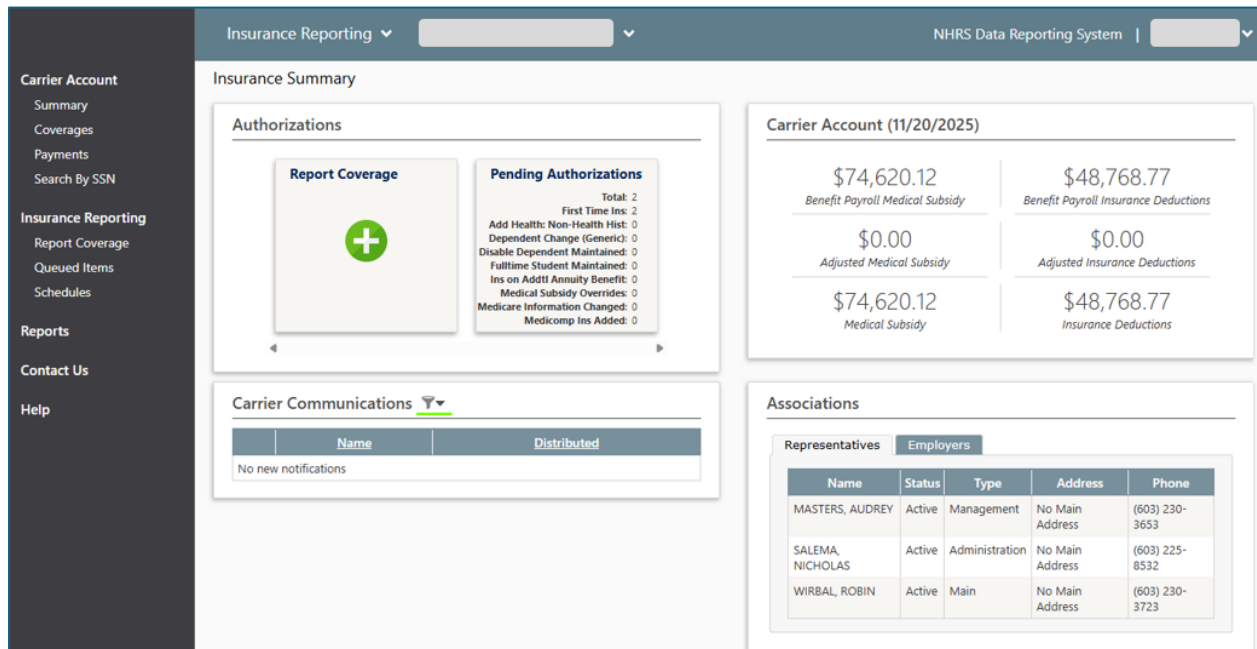
SETTING UP A DATA REPORTING SYSTEM (DRS) ACCOUNT

Introduction to DRS

Important: An Electronic Direct Deposit (EDD) Form must be submitted and finalized before NHRS will grant access to the Data Reporting System (DRS). View [Setting Up an Electronic Direct Deposit Account](#).

What is DRS

DRS is the secure online portal that NHRS-participating insurance vendors use to submit their insurance plan premium rates on a monthly basis, to the retirement system. Below is an example of the main screen that DRS users will see once logged into DRS. This screen is referred to as the **Insurance Summary** screen or the **Dashboard**. This screen can also be accessed from the DRS Left Menu → Carrier Account → Summary.



The screenshot shows the 'Insurance Summary' dashboard. On the left is a navigation menu with categories: Carrier Account (Summary, Coverages, Payments, Search By SSN), Insurance Reporting (Report Coverage, Queued Items, Schedules), Reports, Contact Us, and Help. The main content area is titled 'Insurance Summary' and includes:

- Authorizations:** A 'Report Coverage' button with a green plus sign and a 'Pending Authorizations' section with a list of counts: Total: 2, First Time Ins: 2, Add Health: Non-Health Hist: 0, Dependent Change (Generic): 0, Disable Dependent Maintained: 0, Fulltime Student Maintained: 0, Ins on Addtl Annuity Benefit: 0, Medical Subsidy Overrides: 0, Medicare Information Changed: 0, and Medicomp Ins Added: 0.
- Carrier Account (11/20/2025):** A summary of financial data:

\$74,620.12 <i>Benefit Payroll Medical Subsidy</i>	\$48,768.77 <i>Benefit Payroll Insurance Deductions</i>
\$0.00 <i>Adjusted Medical Subsidy</i>	\$0.00 <i>Adjusted Insurance Deductions</i>
\$74,620.12 <i>Medical Subsidy</i>	\$48,768.77 <i>Insurance Deductions</i>
- Carrier Communications:** A table with columns 'Name' and 'Distributed', showing 'No new notifications'.
- Associations:** A table with tabs for 'Representatives' and 'Employers'. The 'Employers' tab is active, showing:

Name	Status	Type	Address	Phone
MASTERS, AUDREY	Active	Management	No Main Address	(603) 230-3653
SALEMA, NICHOLAS	Active	Administration	No Main Address	(603) 225-8532
WIRBAL, ROBIN	Active	Main	No Main Address	(603) 230-3723

DRS consists of two modules:

- The **Insurance Reporting** module is used by insurance vendors/external vendors, SAUs, municipalities, and other third-party administrators (TPAs) to submit or change insurance authorizations and/or insurance premium rates for retirees.
- The **Employer Reporting** module is used by NHRS-participating employers to report monthly wage and contribution data for active, full-time members. DRS is also used by employers for annual retiree reporting of part-time retirees.

The module(s) you receive access to depends on the selections you made when completing the **Data Reporting System User Access Form**. For details regarding the form, view [How to Request and Setup a DRS Account](#).

Who Should Use DRS


Individuals employed by insurance vendors/external vendors, SAUs, municipalities, and other third-party administrators (TPAs) who are approved by NHRS, are the individuals who should use DRS to process monthly insurance reporting. Additionally, individuals who need to securely send documents containing Personally Identifiable Information (PII) to NHRS, such as submitting a copy of a retiree's Medicare Card, may also require use of DRS.

How to Request and Setup a DRS Account

Once Electronic Direct Deposit setup is complete (view [Setting Up an Electronic Direct Deposit Account](#)), vendors may request access to the NHRS Data Reporting System (DRS). Access is granted per individual and must be tied to a secure and verifiable work email address.

1. Begin by accessing the [Data Reporting System User Access Form](#) directly from the [NHRS website](#). See Sample Data Reporting System User Access Form below.
Note: If you are currently an NHRS-participating employer, speak with your NHRS Relationship Manager and ask that the form be emailed to you.

Sample Data Reporting System User Access Form:



NHRS
New Hampshire Retirement System

New Hampshire Retirement System
54 Regional Drive, Concord, NH 03301
Phone: (603) 410-3500 - Fax: (603) 410-3501
Website: www.nhrs.org - Email: info@nhrs.org

Data Reporting System User Access Form

Request for: _____

First Name
Middle Initial
Last Name

Job Title: _____ Work Email: _____

Action:

Terminate User Effective Date: _____ User Name: _____

Access Modification Effective Date: _____ User Name: _____

Add User Effective Date: _____

Employer Name:

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. This module also includes Part Time Retiree Reporting, which 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.

Requestor's Name (please print): _____ Phone: (____) _____

Requestor's Signature: _____ Date: _____

Manager's Name (please print): _____ Phone: (____) _____

Manager's Signature: _____ Date: _____

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

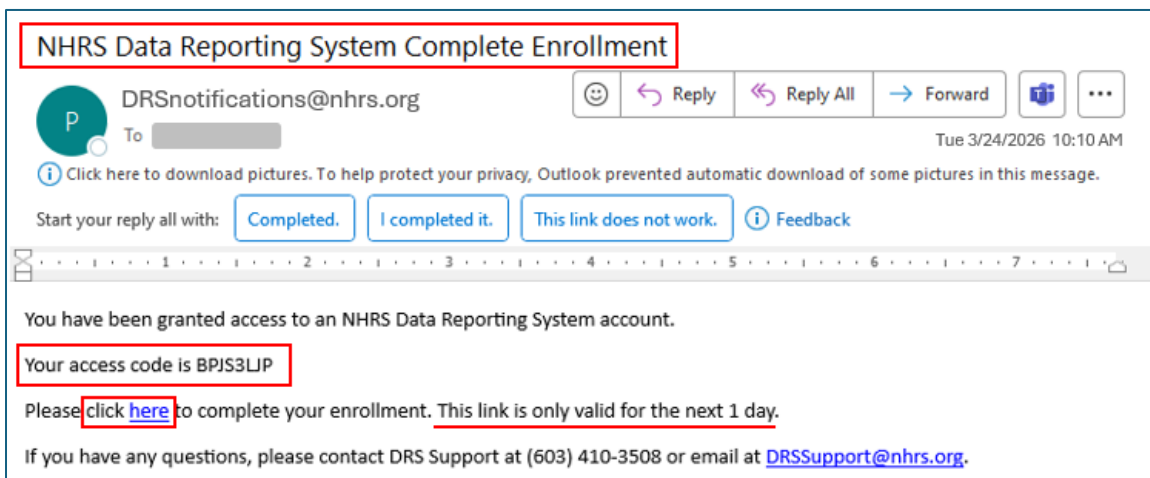
Please email this completed form to DRSsupport@nhrs.org. Upon receipt, NHRS will verify that the action requested (Terminate, Modify, Add) is approved by the manager named above. If approved, NHRS will complete the action and notify the requestor. For newly added users, NHRS will email the new user a link to set up an account. The link will only be valid for 24 hours, so the account setup process must be completed in a timely manner. If you have any questions, please contact NHRS at (603) 410-3508 or email DRSsupport@nhrs.org.

REV 06/2025

2. Complete the form.

Note: This form can be used to Terminate one user while Adding another user.
When complete, email the form to DRSsupport@nhrs.org.

3. Once NHRS receives your form, it is reviewed. If there are no questions, you will receive an email with the subject line *NHRS Data Reporting System Complete Enrollment*.



The email includes:

- An Access Code:** This is your unique access code. Do not share your credentials. Each user must have their own secure account.
Helpful Tip: Copy the access code for use in the step below.
- A Hyperlink:** Brings you directly to the first enrollment screen on the NHRS' website.
Note: The link *expires 24 hours from receipt* of the email. Click **the email link** in a timely manner, the **Complete Enrollment Screen** displays. If the email has expired, contact DRSsupport@nhrs.org.

4. On the first **Complete Enrollment Screen**, paste the access code and click **Continue**. The next **Complete Enrollment** screen displays.

Complete Enrollment

Please provide your employer's access code, which you should obtain from your employer.

Access Code:

5. This **Complete Enrollment** screen displays your assigned **Username** near the top, which is the work email you provided on the Data Reporting System User Access Form.

Complete Enrollment

Please note your Username, which you will need for login. You can change your Username after login by accessing Account Settings.

Username:

Create Password

Please enter and confirm your new password.

Your new password must:

- NOT include your username
- NOT include more than two sequential characters from your full name
- be a minimum of 12 characters
- include 3 of the following 4:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Numeric digits (0-9)
 - Special characters (~ ! @ # \$ % ^ & * () _ - + = { } | \ : " ' < > , . ? /)

Password:

Confirm:

Define challenge questions for identity protection

Question 1:

Answer:

Question 2:

Answer:

a. Create your Password. As required, your password **MUST**:

- NOT include your username
- NOT include more than two sequential characters from your full name
- Be a minimum of 12 characters
- Include 3 of the following 4:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Numeric digits (0-9)
 - Special characters (~'!@#\$%^&*()_+{}[]|\:;“‘<>, . ? /)

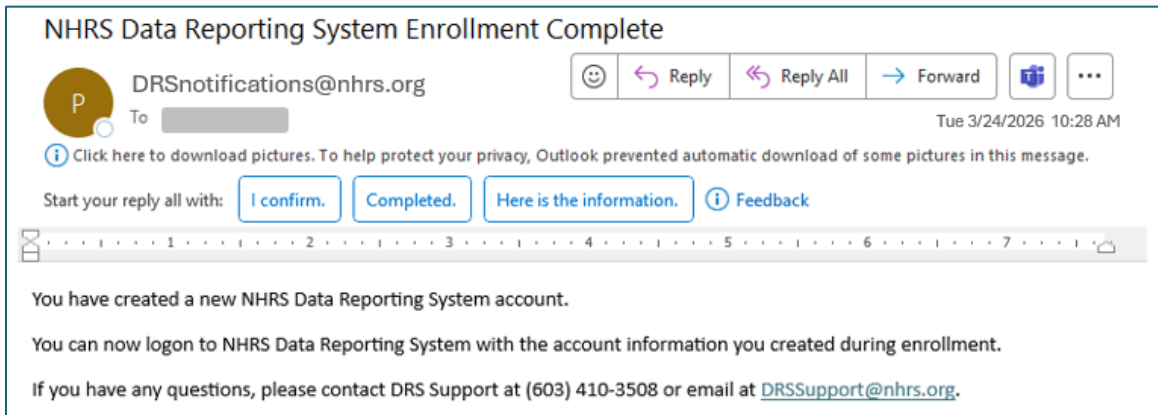
b. **Answer the Challenge Questions:** You may use the default challenge questions displayed or choose optional questions using the question down arrows.

c. **Use your mouse to complete the process:** When done, **use your mouse** to click the **Complete Enrollment** button, as pressing the keyboard Enter Key does not work properly and your enrollment will not be complete.

Next, you will receive an email and the **NHRS Data Reporting System Login** screen displays.

- After completing the enrollment screens, you will receive an email with the subject line *NHRS Data Reporting System Enrollment Complete*, which confirms your DRS

enrollment.



- On the **NHRS Data Reporting System Login** screen, enter your **Username** (your work email address) and **Password**. Click **Login**. The **Unrecognized Device** screen displays.



- The **Unrecognized Device** screen presents the two challenge questions you completed during enrollment. Answer the questions correctly.

Unrecognized Device

We do not recognize this device, or this device has not been registered as a trusted device to access your account.

What is the name of your first pet?


In what city did you meet your spouse/significant other?

Trust this device *
*Do not check this if you are using a public computer.

If working from a trusted device (for example, using your working computer), click the **Trust this device** checkbox to avoid this step in the future. When done, click **Continue**. Next, you will receive an email and the **Two-Step Verification** screen displays.

9. After naming your trusted device, you will receive an email with the subject line *NHRS Data Reporting System Trusted Device Registered*, which confirms your trusted device.

NHRS Data Reporting System Trusted Device Registered



DRSnotifications@nhrs.org

To [redacted]

Tue 3/24/2026 10:41 AM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Start your reply all with:

Device Name: Work device

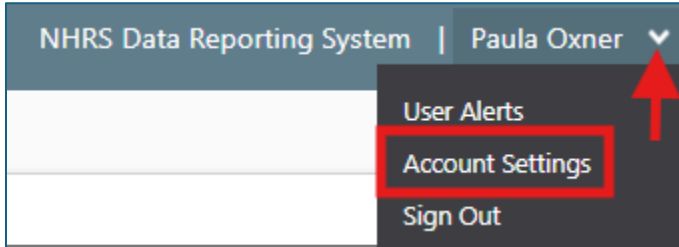
Your device has been successfully added to the [NHRS Data Reporting System](#) Trusted Device List.

If you did not make this change, please contact the retirement system immediately.

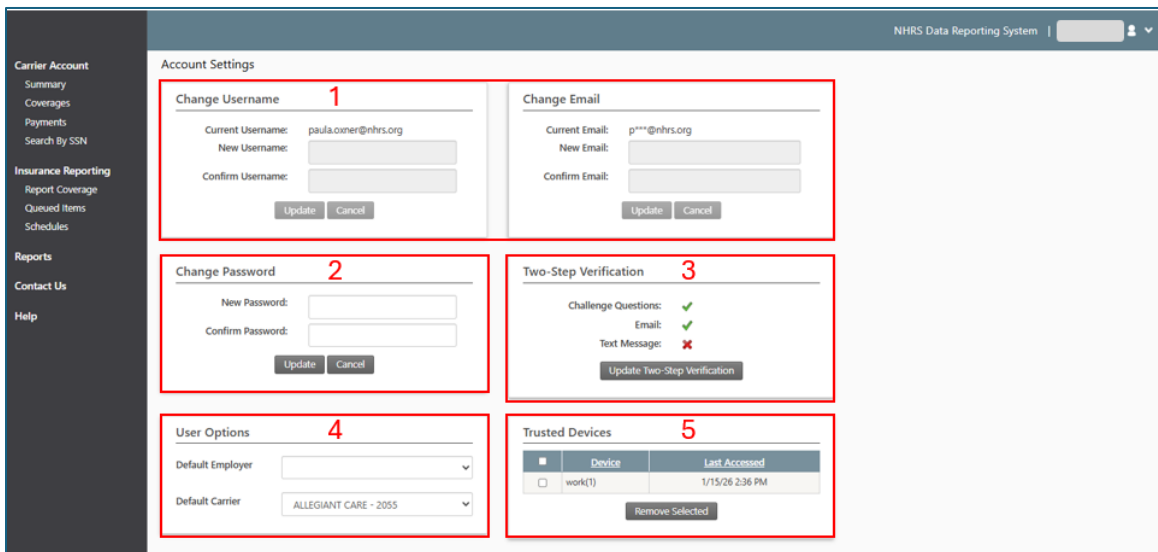
If you have any questions, please contact DRS Support at (603) 410-3508 or email at DRSSupport@nhrs.org.

Note: Trusted Devices can be maintained through your **Account Settings** screen

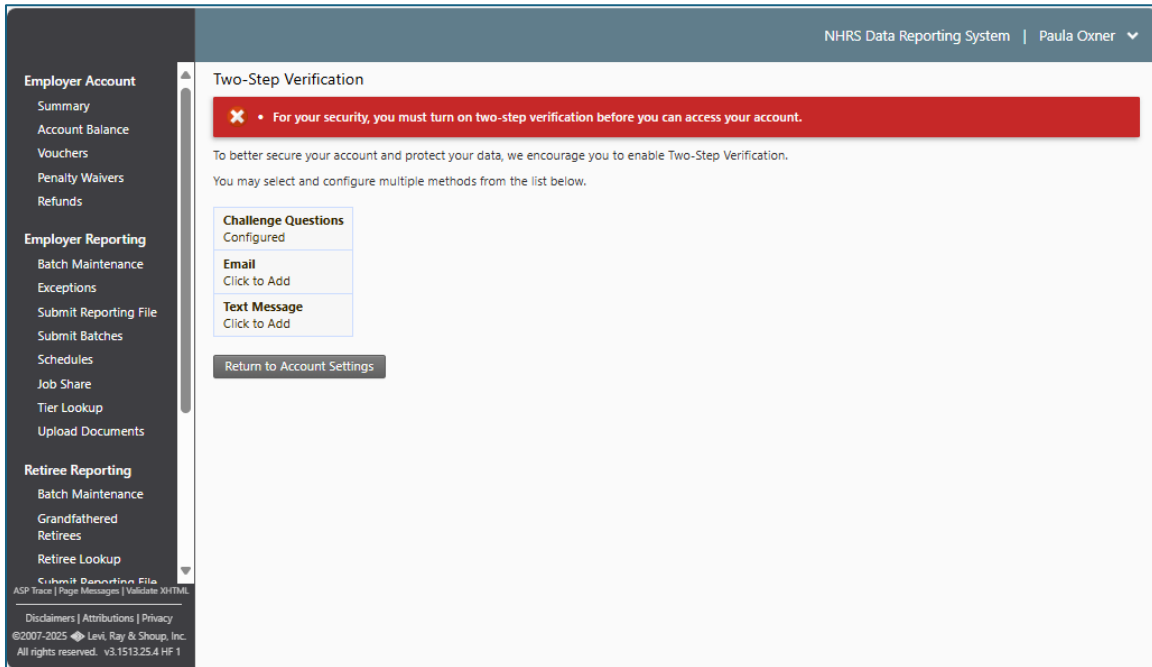
once DRS access is provided. To access the screen, click the down arrow in the upper right of the DRS screen and click **Account Settings**.



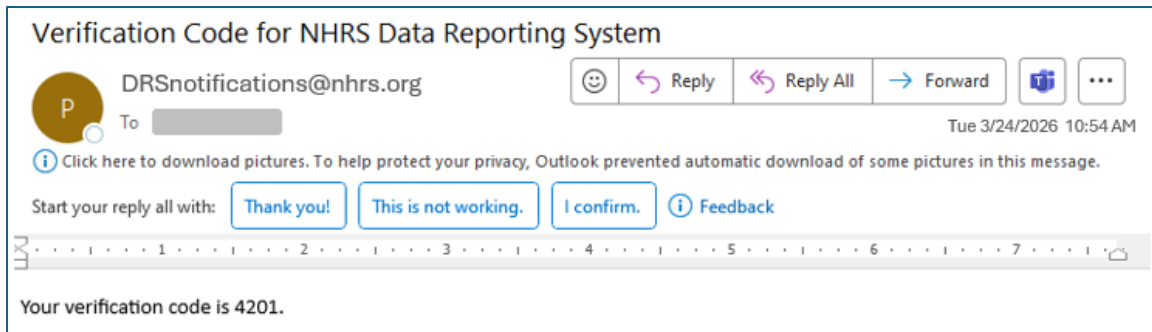
For information on this screen, view [Account Settings](#):



10. The **Two-Step Verification** screen helps keep your account secure. You may choose to receive verification codes by email or text message.

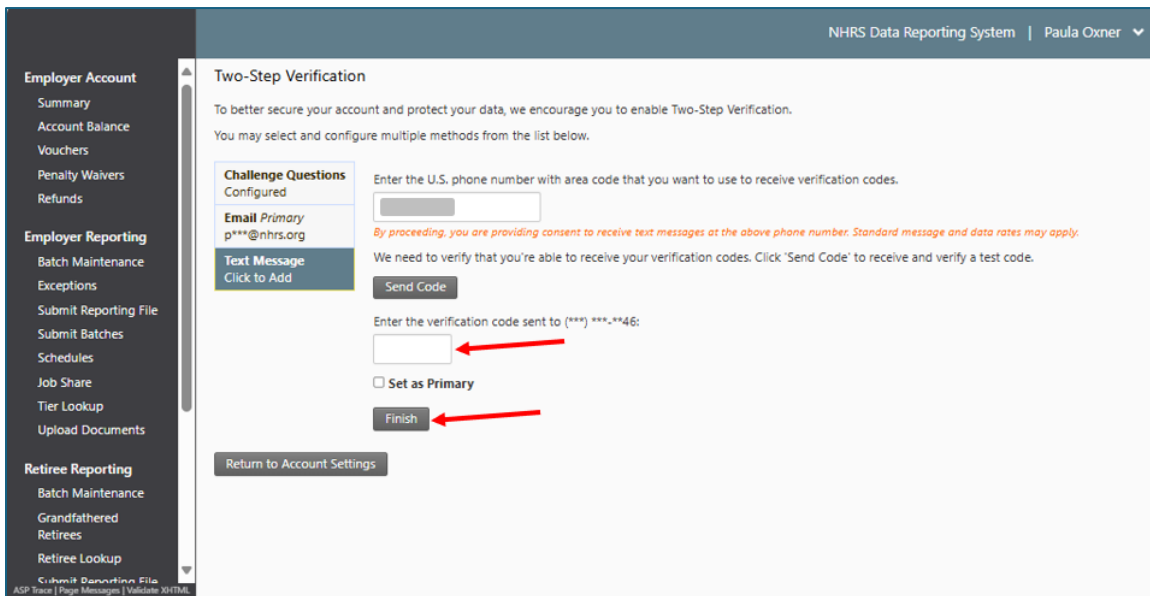


- To receive a verification code by email, click **Email**, click **Send Code**. You will receive an email with the subject *Verification Code for NHRS Data Reporting System*.



- To receive a verification code by text message, click **Text Message**, enter your phone number with area code, and click **Send Code**. You will receive a text message with the verification code.

11. Regardless of whether email or text message is chosen, after clicking **Send Code**, the **Two-Step Verification** screen refreshes and a box displays to enter the verification code. Check your email or text messages for the code that was just sent (if you did not receive a code, contact DRSSupport@NHRS.org) and enter the code on this screen. When done, click **Finish**.

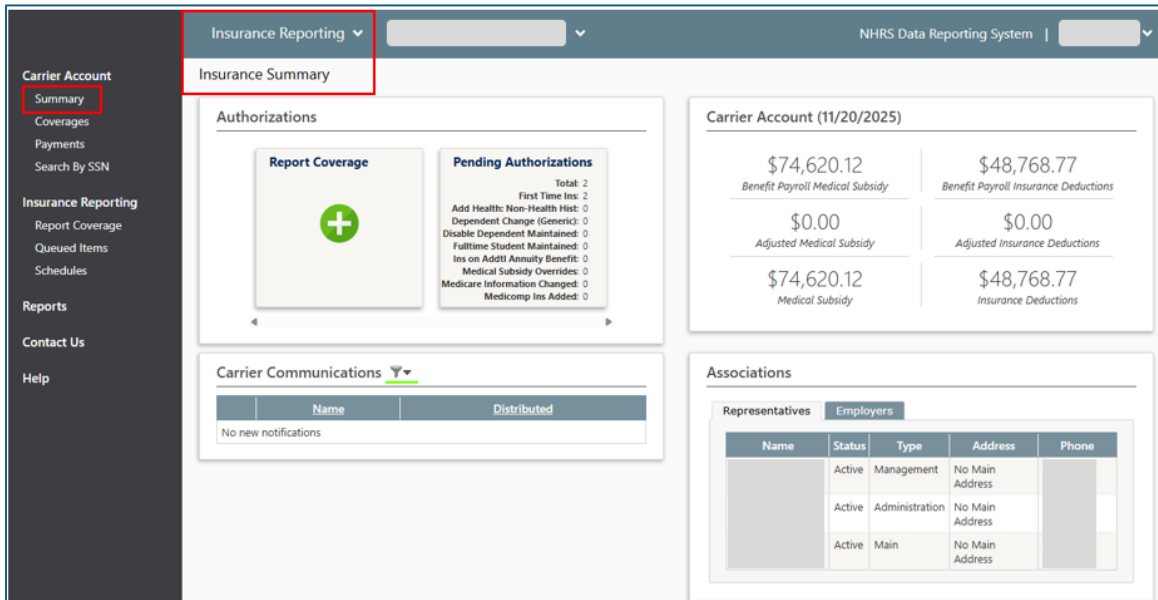


12. After completing the two-step verification process, you will receive an email with the subject line *NHRS Data Reporting System Two-Step Verification Changed*. Click the **NHRS Data Reporting System** link to log in to your DRS account. The default **Insurance Summary** screen displays.

NHRS Data Reporting System (highlighted with a red box). If you have any questions, please contact the retirement system.'" data-bbox="175 677 853 899"/>

13. Gateway to DRS:

The **Insurance Summary** screen, also known as the Dashboard, is the gateway to DRS. From this screen, you have access to all Insurance Reporting options simply by clicking a topic in the Left Menu.



The screenshot displays the NHRS Insurance Summary dashboard. The left navigation menu includes sections for Carrier Account, Insurance Reporting, Reports, Contact Us, and Help. The 'Insurance Reporting' section is expanded, and 'Summary' is highlighted. The main dashboard area is divided into several sections:

- Authorizations:** Contains a 'Report Coverage' button with a green plus icon and a 'Pending Authorizations' list. The list includes: Total: 2, First Time Ins: 2, Add Health: Non-Health Hist: 0, Dependent Change (Generic): 0, Disable Dependent Maintained: 0, Fulltime Student Maintained: 0, Ins on Addtl Annuity Benefit: 0, Ins on Addtl Annuity Benefit: 0, Medical Subsidy Overrides: 0, Medicare Information Changed: 0, and Medicomp Ins Added: 0.
- Carrier Account (11/20/2025):** A summary of financial data:

\$74,620.12	\$48,768.77
<i>Benefit Payroll Medical Subsidy</i>	<i>Benefit Payroll Insurance Deductions</i>
\$0.00	\$0.00
<i>Adjusted Medical Subsidy</i>	<i>Adjusted Insurance Deductions</i>
\$74,620.12	\$48,768.77
<i>Medical Subsidy</i>	<i>Insurance Deductions</i>
- Carrier Communications:** A table with columns 'Name' and 'Distributed', showing 'No new notifications'.
- Associations:** A table with columns 'Name', 'Status', 'Type', 'Address', and 'Phone'. It lists three representatives:

Name	Status	Type	Address	Phone
	Active	Management	No Main Address	
	Active	Administration	No Main Address	
	Active	Main	No Main Address	

How to Terminate DRS Account Access

1. Begin by accessing the [Data Reporting System User Access Form](#) available on the NHRS website.
2. Under the heading **Action**, click the checkbox next to **Terminate User**.
3. Complete the rest of the form and email it to DRSsupport@nhrs.org or fax it to (603) 410-3501.
4. Once NHRS receives the form/request, the DRS Support Team terminates the identified user's DRS access and personally notifies the requestor when the process is complete.

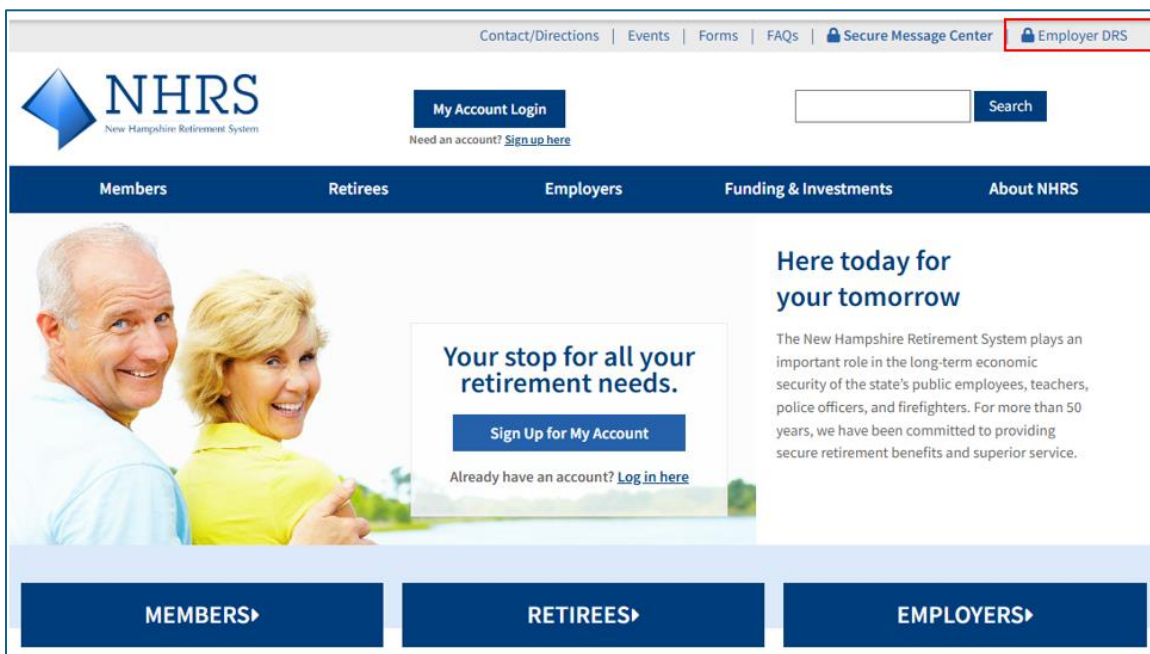
How to Modify DRS Account Access

1. Begin by accessing the [Data Reporting System User Access Form](#) available on the NHRS website.
2. Under the heading **Action**, click the checkbox next to **Access Modification**.
3. Under the heading **Choose one or more applicable module(s)**, indicate what should be added or removed. Add notations if necessary.
4. Complete the rest of the form and email it to DRSsupport@nhrs.org or fax it to (603) 410-3501.
5. Once NHRS receives the form/request, the DRS Support Team modifies the identified user's DRS access and personally notifies the requestor when the process is complete.

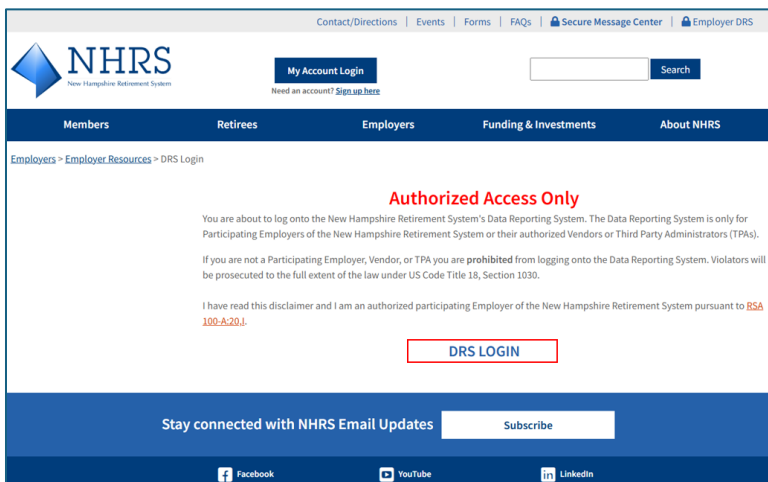
How to Log In to DRS

To log in to DRS, you must have a valid DRS Account. For details, view [How to Request and Setup a DRS Account](#).

1. Begin on the [NHRS website](#) by clicking the **Employer DRS** button at the top of all NHRS website pages. The **Authorized Access Only** webpage displays.




2. On the **Authorized Access Only** webpage, click **DRS LOGIN** at the bottom of the webpage. The **DRS Login** webpage displays.



3. On the **DRS Login** webpage, enter your **Username** (your work email address) and your **Password**. Click **Login**. The DRS **Insurance Summary** screen displays.

**Notes:**

- If you do not have a DRS account, please view [How to Request and Setup a DRS Account](#).
- Occasionally, DRS will prompt you to confirm your password by displaying the following red notification on your DRS screen. Enter your password and follow the instructions on the next screen.

 • It has been a while since you verified your login information. Please enter your password and verify the information on the next screen before accessing your account.

“If has been a while since you verified your login information. Please enter your password and verify the information on the next screen before accessing your account.”

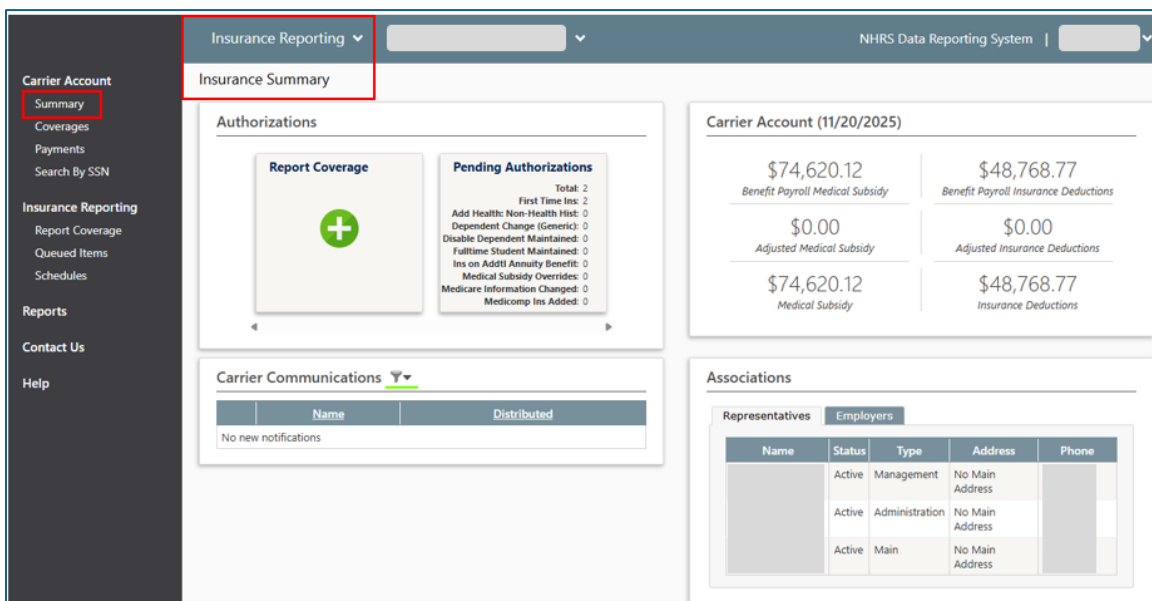
Why might you receive the red message?

Our system is designed to use different security protocols that may prompt password resets based on various factors. This helps protect your account from

unauthorized access and ensures the highest level of security. We are continuously working to keep your information safe.

- **Gateway to DRS:**

The **Insurance Summary** screen, also known as the Dashboard, is the gateway to DRS. This screen can also be accessed from the DRS Left Menu → Carrier Account → Summary.



From this screen, you have access to all Insurance Reporting options (and/or Employer Reporting options depending on what was selected on the **Data Reporting System User Access Form**) simply by clicking a topic in the Left Menu. for information on the various features available on this screen, view [Navigating DRS](#).

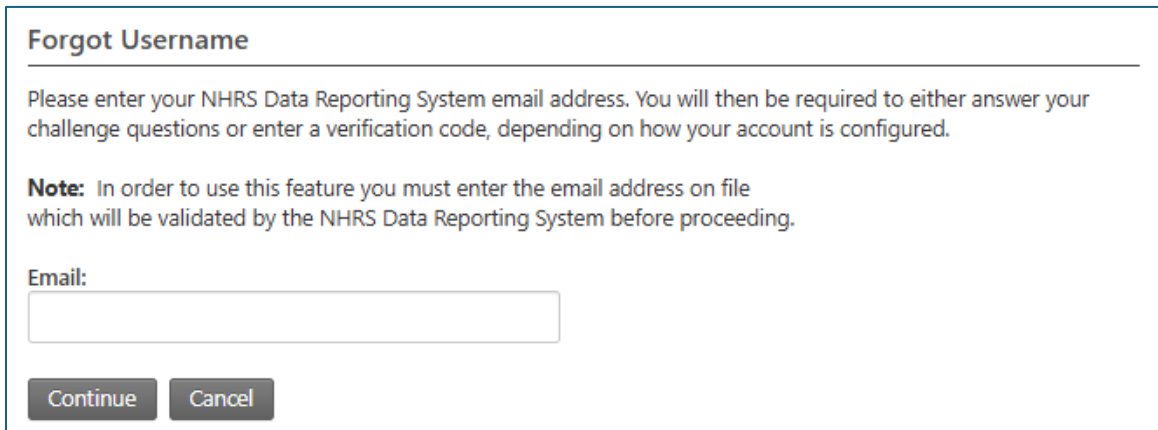
Automatic Timeout Note: DRS is programmed to timeout after a period of 20-22 minutes of no activity. When you return to DRS, the last screen you used is visible; however, when you attempt to proceed with your work, you are immediately returned to the **DRS Login** screen to begin a new logged in session.

Forgot Username

1. To retrieve your username, begin on the [NHRS website](#) by clicking the **Employer DRS** button top right corner → on the **Authorized Access Only** page, click **DRS LOGIN** → on the **DRS Login** webpage, click **Forgot Username**.

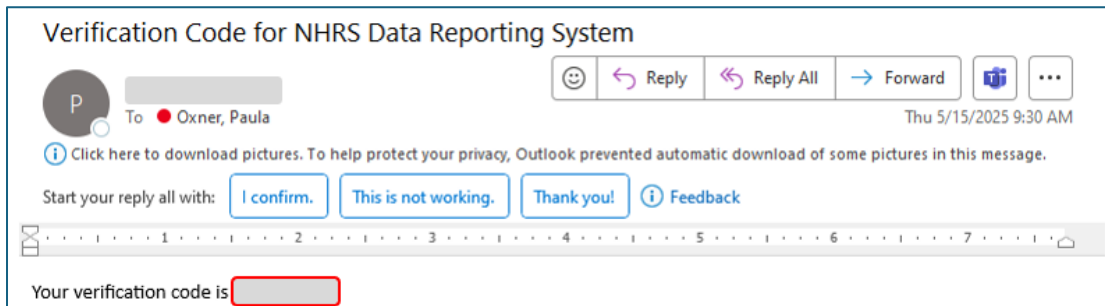


2. On the **Forgot Username** screen, enter your work email address and click **Continue**.

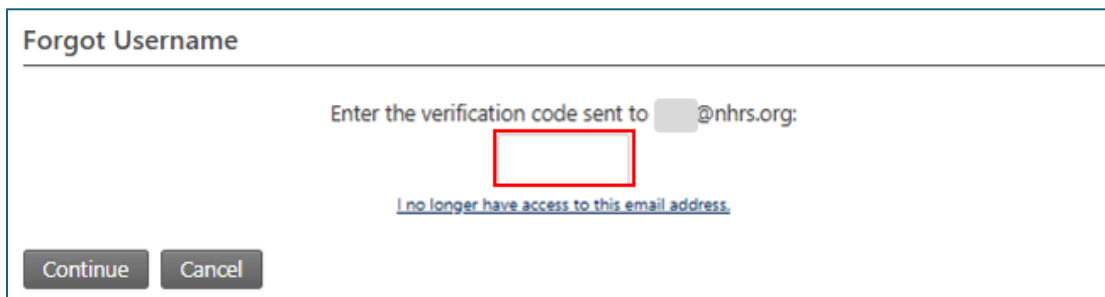


3. Verification Process:

- a. Check your email for subject line *Verification Code for NHRS Data Reporting System*. Make note of the verification code.

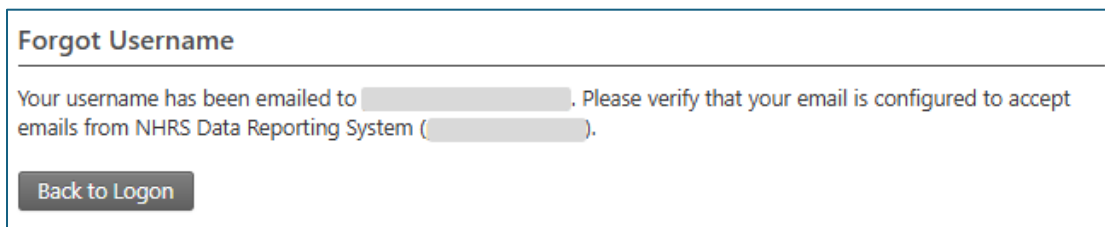


- b. On the **Forgot Username Verification** screen, enter the emailed verification code. Click **Continue**.



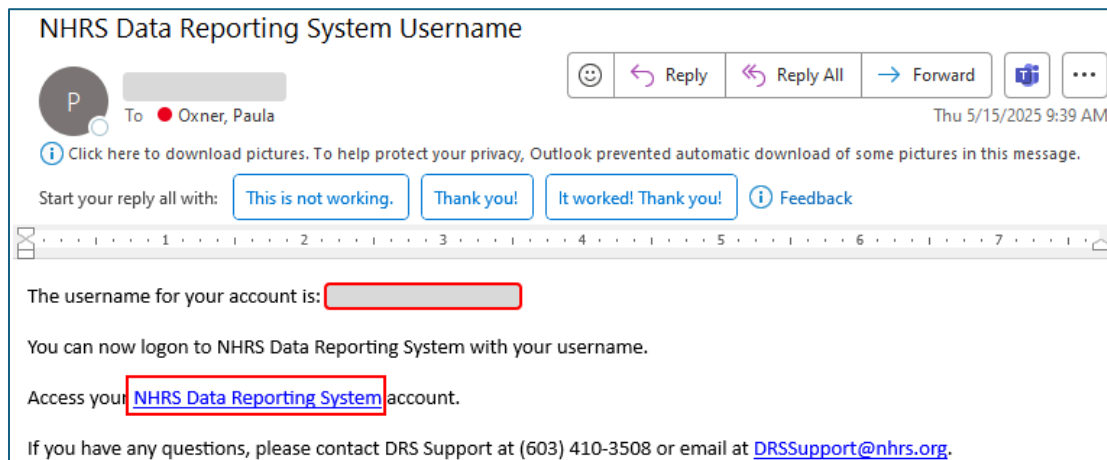
4. Username Notification:

- a. The **Forgot Username** screen confirms that your username has been emailed:



- b. Check your email for subject line *NHRS Data Reporting System Username*. This email identifies your username and includes a link to the NHRS Data Reporting System. Click **the email link**. This opens a new browser tab, displaying the **DRS**

Login screen. Log in with your retrieved username.



NHRS Data Reporting System Username

To: Oxner, Paula

Thu 5/15/2025 9:39 AM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Start your reply all with: [This is not working.](#) [Thank you!](#) [It worked! Thank you!](#) [Feedback](#)

The username for your account is:

You can now logon to NHRS Data Reporting System with your username.

Access your [NHRS Data Reporting System](#) account.

If you have any questions, please contact DRS Support at (603) 410-3508 or email at DRSSupport@nhrs.org.

Forgot Password

1. To reset your password, begin on the [NHRS website](#) by clicking the **Employer DRS** button top right corner → on **Authorized Access Only** page, click **DRS LOGIN** → on the **DRS Login** webpage, click **Forgot Password**.



NHRS
New Hampshire Retirement System

NHRS
Data Reporting System

Username

Password

Login

Forgot Username [Forgot Password](#) Contact Us

2. On the **Forgot Password** screen, enter both your DRS username (required to be your work email) and your email address. Click **Submit**.

Forgot Password

Please enter your NHRS Data Reporting System username and email address below. Upon completion of this request, you will receive an email with a link that will be used to confirm your identity and reset your password.

Note: In order to use this feature you must enter the username and email address on file, which will be validated by the NHRS Data Reporting System before proceeding.

Username:

Email:

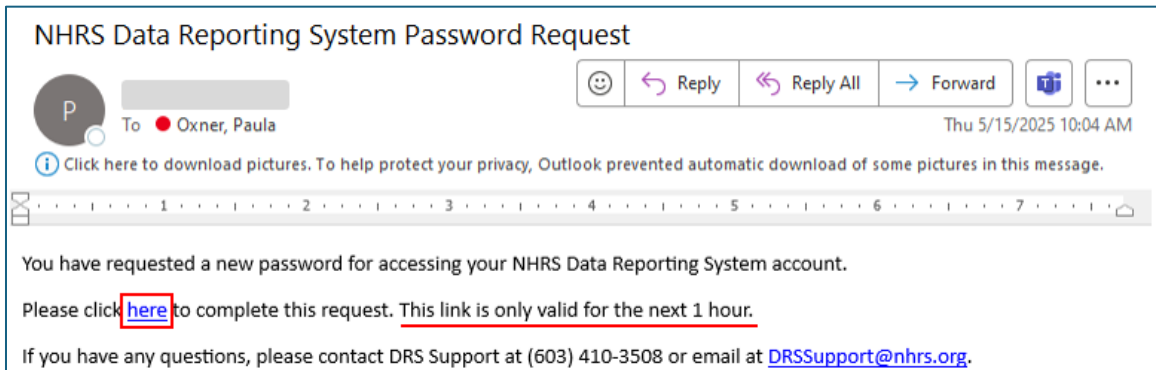
3. The **Forgot Password** screen confirms receipt of your password reset request. Check your email.

Forgot Password

Your request for a password reset has been received. An email containing instructions for changing your password will be sent to the provided email address if a matching account is found. Please verify that your email is configured to accept emails from EmployerDirect (pgtest@nhrs.org). Contact your email provider for assistance. If you do not receive an email from EmployerDirect, please check your Junk or Spam folder.

4. Check your email for subject line *NHRS Data Reporting System Password Request*. Use the email's *'Please click **here**'* link to complete your request.

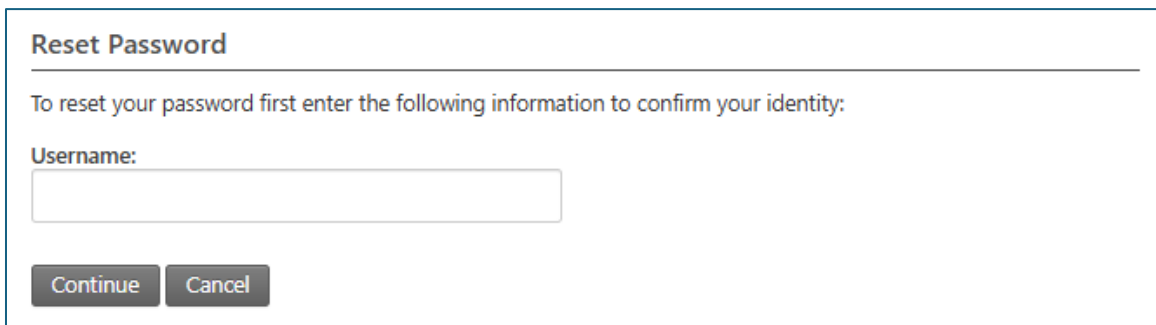
Note: The link *expires one hour from receipt* of the email.



The screenshot shows an email interface with the following elements:

- Title:** NHRS Data Reporting System Password Request
- Sender:** P (Profile icon)
- To:** Oxner, Paula
- Date/Time:** Thu 5/15/2025 10:04 AM
- Actions:** Reply, Reply All, Forward, and a menu icon.
- Message Body:**
 - Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.
 - A progress bar for image download is visible.
 - Text: "You have requested a new password for accessing your NHRS Data Reporting System account."
 - Text: "Please click [here](#) to complete this request. This link is only valid for the next 1 hour."
 - Text: "If you have any questions, please contact DRS Support at (603) 410-3508 or email at DRSSupport@nhrs.org."

5. On the **Reset Password** screen, enter your Username and click **Continue**.



The screenshot shows a web form titled "Reset Password" with the following elements:

- Title:** Reset Password
- Instruction:** "To reset your password first enter the following information to confirm your identity:"
- Field Label:** Username:
- Input Field:** A text box for entering the username.
- Buttons:** Continue and Cancel.

6. You are prompted to create and confirm a new password. Follow the on-screen password requirements. Click **Submit**.

Reset Password

Please enter and confirm your new password.

Your new password must:

- NOT include your username
- NOT include more than two sequential characters from your full name
- be a minimum of 12 characters
- include 3 of the following 4:
 - Upper case letters (A-Z)
 - Lower case letters (a-z)
 - Numeric digits (0-9)
 - Special characters (~`!@#\$%^&*()_+={}|~\|;";'<>.,?/)

Password:

Confirm:

7. The **Reset Password** screen confirms your password was updated. Click **Back to Logon**. This brings you to the **DRS Login** screen enter your new password.


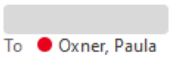
Reset Password

Your password has been successfully updated. Please login with your new password.

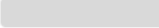
Or, you may check your email for subject line *NHRS Data Reporting System Password Changed*, which confirms your password was changed and includes a link to the **DRS Login** screen. You may click the email link to log in to DRS, which opens

a new browser tab, displaying the **DRS Login** screen. Log in with your new password.

NHRS Data Reporting System Password Changed

 To  Oxner, Paula Thu 5/15/2025 10:15 AM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

The password for .org has been changed.

You can now logon to NHRS Data Reporting System with the new password.

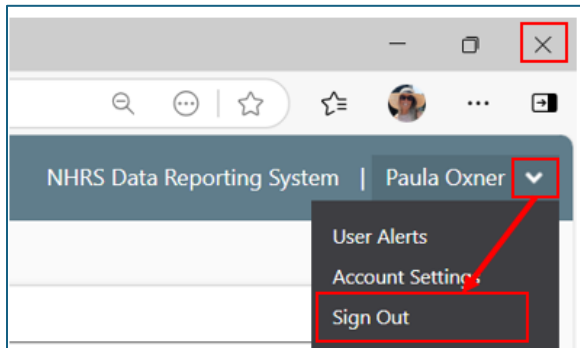
If you did not make this change, please contact the retirement system immediately.

Access your NHRS Data Reporting System account.

If you have any questions, please contact DRS Support at (603) 410-3508 or email at DRSSupport@nhrs.org.

How to Log Out of DRS

To log out of DRS, you have two options, both located in the upper right corner of your laptop/PC screen:



- **OPTION 1:** Click the browser window to shut down DRS. You are returned to the last application you had open in the background on your laptop/PC.
- **OPTION 2:** Click the **down arrow** next to your name, click **Sign Out**. You are returned to the **DRS Login** screen.

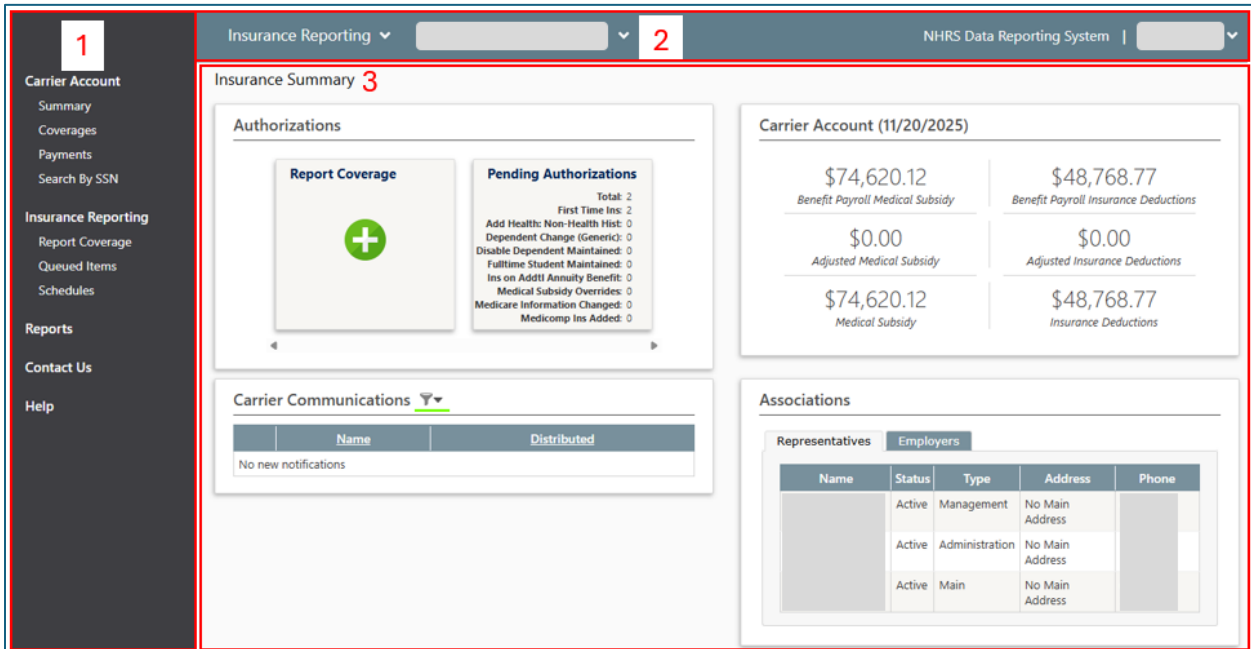


NAVIGATING DRS

When logging in to Insurance Reporting via DRS, the system defaults to the **Insurance Summary** screen, a.k.a. **Dashboard**, shown below. This screen can also be accessed anytime from the DRS Left Menu → Carrier Account → Summary.

The information displayed is for the Insurance Carrier shown in the Common Area (top bar of the screen). This screen provides vendors with a quick view of key items. We'll separate the screen into three main sections and explain each on the following pages:

1. Left Menu
2. Common Area Section
3. Insurance Summary Section



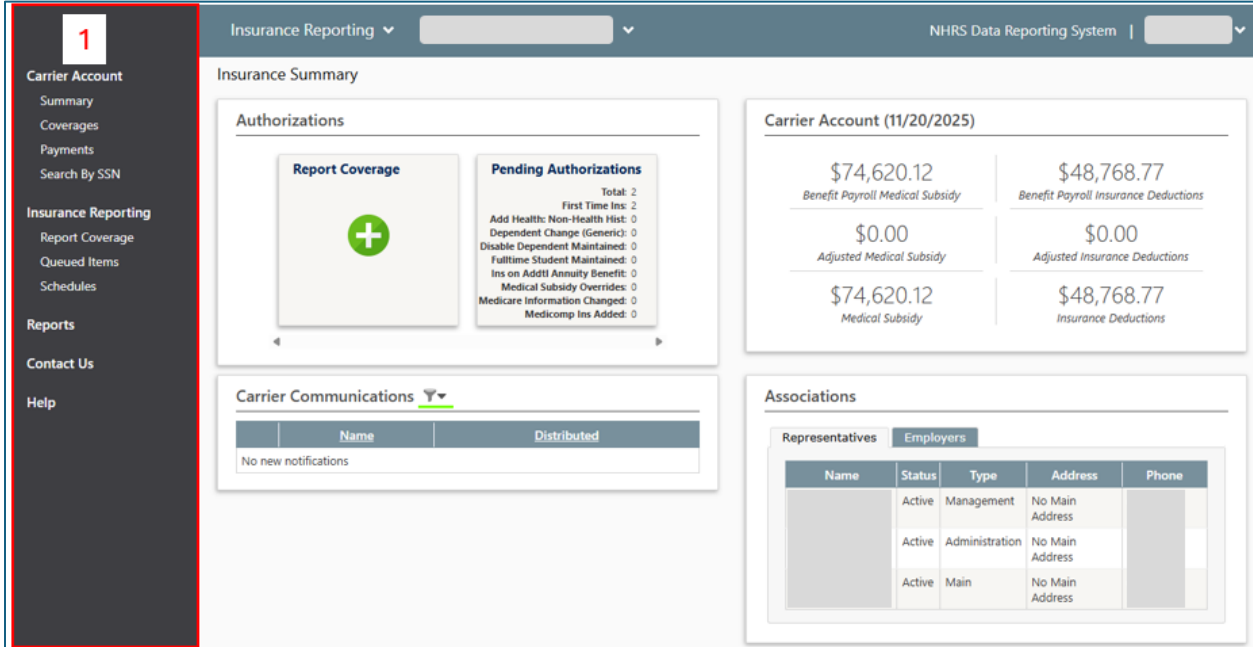
The screenshot shows the NHRS Insurance Reporting Dashboard. The interface is divided into three main sections:

- Section 1 (Left Menu):** A vertical navigation menu on the left side containing links for Carrier Account, Summary, Coverages, Payments, Search By SSN, Insurance Reporting, Report Coverage, Queued Items, Schedules, Reports, Contact Us, and Help.
- Section 2 (Common Area Section):** The top navigation bar includes 'Insurance Reporting' and 'NHRS Data Reporting System'.
- Section 3 (Insurance Summary Section):** The main content area is titled 'Insurance Summary' and contains several key components:
 - Authorizations:** A card with a 'Report Coverage' button (green plus icon) and a 'Pending Authorizations' list. The list includes: Total: 2, First Time Ins: 2, Add Health: Non-Health Hist: 0, Dependent Change (Generic): 0, Disable Dependent Maintained: 0, Fulltime Student Maintained: 0, Ins on Addtl Annuity Benefit: 0, Medical Subsidy Overrides: 0, Medicare Information Changed: 0, and Medicomp Ins Added: 0.
 - Carrier Account (11/20/2025):** A summary card showing financial data:

\$74,620.12	\$48,768.77
<i>Benefit Payroll Medical Subsidy</i>	<i>Benefit Payroll Insurance Deductions</i>
\$0.00	\$0.00
<i>Adjusted Medical Subsidy</i>	<i>Adjusted Insurance Deductions</i>
\$74,620.12	\$48,768.77
<i>Medical Subsidy</i>	<i>Insurance Deductions</i>
 - Carrier Communications:** A table with columns 'Name' and 'Distributed', showing 'No new notifications'.
 - Associations:** A table with tabs for 'Representatives' and 'Employers'. The 'Employers' tab is active, showing a table with columns 'Name', 'Status', 'Type', 'Address', and 'Phone'. The data rows are:

Name	Status	Type	Address	Phone
	Active	Management	No Main Address	
	Active	Administration	No Main Address	
	Active	Main	No Main Address	

1. Left Menu of the Dashboard



The screenshot shows the NHRS Data Reporting System interface. On the left is a dark grey navigation menu with a red box around the top section containing a '1' and the following items: Carrier Account, Summary, Coverages, Payments, Search By SSN, Insurance Reporting, Report Coverage, Queued Items, Schedules, Reports, Contact Us, and Help. The main content area is titled 'Insurance Reporting' and 'Insurance Summary'. It features several panels: 'Authorizations' with a 'Report Coverage' button (green plus icon) and a 'Pending Authorizations' list; 'Carrier Account (11/20/2025)' with financial data; 'Carrier Communications' with a table showing 'No new notifications'; and 'Associations' with a table for 'Representatives' and 'Employers'.

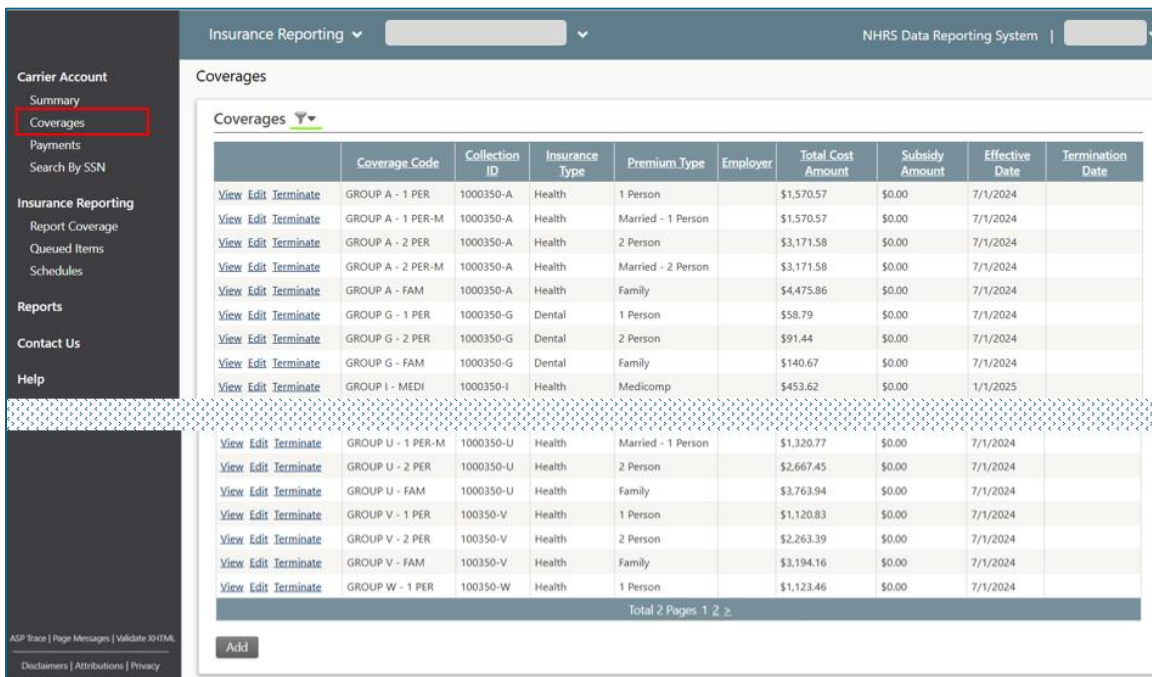
The Left Menu displays on every DRS screen and is a quick way to navigate through DRS. Clicking any Left Menu heading brings you to that specific component of Insurance Reporting, which then enables you to perform actions related to your selection. The Left Menu categories are Carrier Account, Insurance Reporting, Reports, Contact Us, and Help.

Carrier Account

The Carrier Account options allow insurance vendors to change, terminate, reactivate, or add new premium rates for each coverage they offer. Options under Carrier Account are:

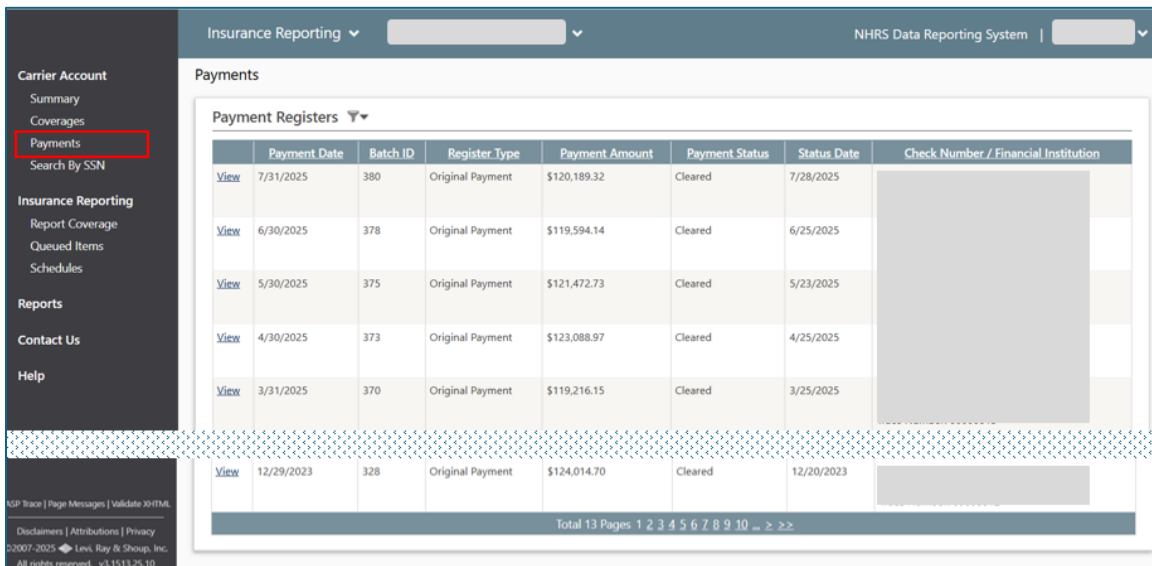
- **Summary:** Displays the **Insurance Summary** screen, which is the first screen available upon logging in to DRS, shown above. This screen contains summarized information of the insurance vendor's account.
- **Coverages:** Displays the **Coverages** screen below, which provides access to View, Edit, and Terminate individual coverages. View [Maintaining Carrier Coverages](#) for

details.



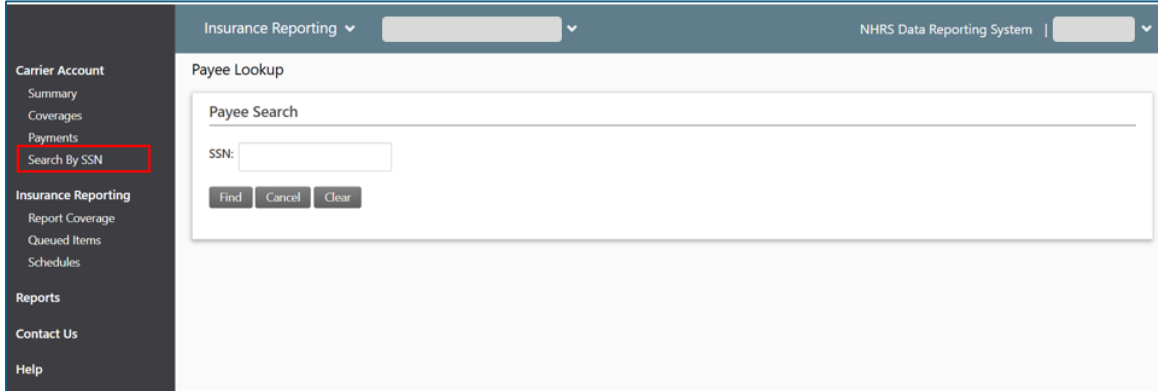
	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1000350-A	Health	1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 1 PER-M	1000350-A	Health	Married - 1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER	1000350-A	Health	2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER-M	1000350-A	Health	Married - 2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - FAM	1000350-A	Health	Family		\$4,475.86	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 1 PER	1000350-G	Dental	1 Person		\$58.79	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 2 PER	1000350-G	Dental	2 Person		\$91.44	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - FAM	1000350-G	Dental	Family		\$140.67	\$0.00	7/1/2024	
View Edit Terminate	GROUP I - MEDI	1000350-I	Health	Medicomp		\$453.62	\$0.00	1/1/2025	
View Edit Terminate	GROUP U - 1 PER-M	1000350-U	Health	Married - 1 Person		\$1,320.77	\$0.00	7/1/2024	
View Edit Terminate	GROUP U - 2 PER	1000350-U	Health	2 Person		\$2,667.45	\$0.00	7/1/2024	
View Edit Terminate	GROUP U - FAM	1000350-U	Health	Family		\$3,763.94	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 1 PER	100350-V	Health	1 Person		\$1,120.83	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 2 PER	100350-V	Health	2 Person		\$2,263.39	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - FAM	100350-V	Health	Family		\$3,194.16	\$0.00	7/1/2024	
View Edit Terminate	GROUP W - 1 PER	100350-W	Health	1 Person		\$1,123.46	\$0.00	7/1/2024	

- **Payments:** Display the **Payments** screen below, which allows you to view details regarding each payment register. View [Payments](#) for details.



	Payment Date	Batch ID	Register Type	Payment Amount	Payment Status	Status Date	Check Number / Financial Institution
View	7/31/2025	380	Original Payment	\$120,189.32	Cleared	7/28/2025	
View	6/30/2025	378	Original Payment	\$119,594.14	Cleared	6/25/2025	
View	5/30/2025	375	Original Payment	\$121,472.73	Cleared	5/23/2025	
View	4/30/2025	373	Original Payment	\$123,088.97	Cleared	4/25/2025	
View	3/31/2025	370	Original Payment	\$119,216.15	Cleared	3/25/2025	
View	12/29/2023	328	Original Payment	\$124,014.70	Cleared	12/20/2023	

- **Search By SSN:** Displays the **Payee Lookup** screen below, which is used to pull-up one specific payee’s insurance record . View [Searching by SSN](#) for details.



The screenshot shows the NHRS Data Reporting System interface. The top navigation bar includes "Insurance Reporting" and "NHRS Data Reporting System". The left sidebar menu lists various options, with "Search By SSN" highlighted in red. The main content area is titled "Payee Lookup" and contains a "Payee Search" section with an "SSN:" input field and "Find", "Cancel", and "Clear" buttons.

Insurance Reporting

The Insurance Reporting section allows insurance vendors to add, modify, or terminate coverage at the individual level, including dependents and Medicare information. Reporting said information produces authorization requests and populates a queue that NHRS Representatives then review and either approve or deny. Options under Insurance Reporting are:

- Report Coverage:** Clicking this option brings you to the **Search by SSN** screen which after completion, brings you to the **Payee Insurance** screen below. View [Maintaining Payee Insurance Coverages](#) for details.

Payee Insurance

Payee Information

Name: [REDACTED] Medicare Number: *****R/95
 SSN: ***-**-4357 Part A Eligibility Date: 3/1/2023
 Gender: Male Part B Eligibility Date: 4/1/2025
 Birth Date: 3/12/1958 Eligible for Medical Subsidy: True
 Benefit Type: Service Retirement Expected Medical Subsidy: \$473.68
 Benefit Effective Date: 7/1/2004

Insurance

Coverages Dependents Medicare

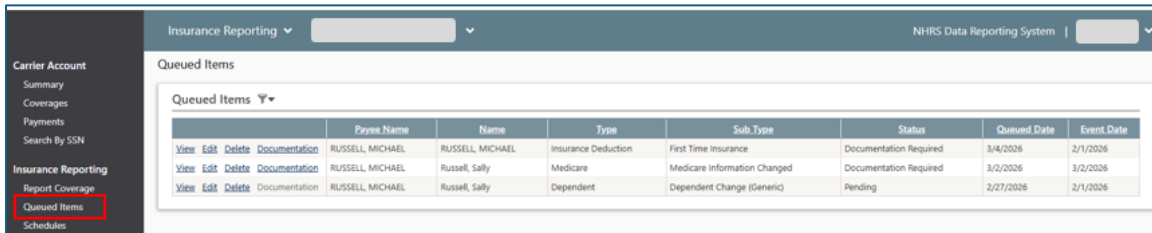
	Payee Name	Name	Insurance Type	Premium Type	Collection ID	Coverage Code	Coverage Description	Coverage Rate	Medical Subsidy Only	Effective Date	Termination Date	Employer Name
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-D	GROUP D - 1 PER	1000350 HARVARD HMO		No	9/1/2004	6/30/2011	
Terminate	[REDACTED]	[REDACTED]	Dental	1 Person	1000350-G	GROUP G - 1 PER	GROUP G - 1 PER	\$58.79	No	4/1/2025	3/31/2026	
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	4/1/2025		
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	2/1/2026		
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-U	GROUP U - 1 PER	GROUP U - 1 PER	\$1,320.77	Yes	4/1/2025	1/31/2026	

Add

Pending Approval

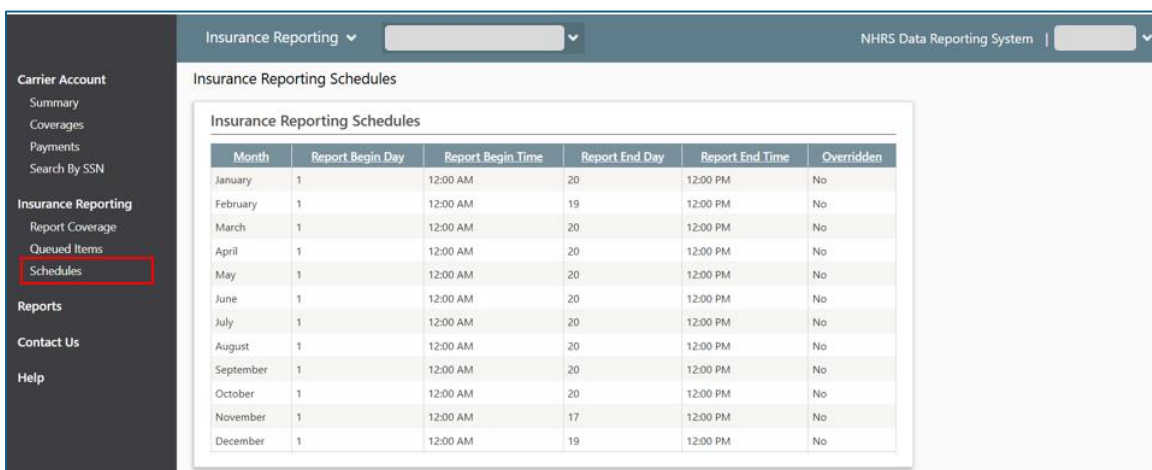
	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation	[REDACTED]	Dependent	Dependent Change (Generic)	Pending	2/27/2026	4/1/2025
View Edit Delete Documentation	[REDACTED]	Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete Documentation	[REDACTED]	Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

- Queued Items:** Displays the screen below, which lists all items for the vendor that are pending NHRS approval. View [Maintaining Queued Items](#) for details.



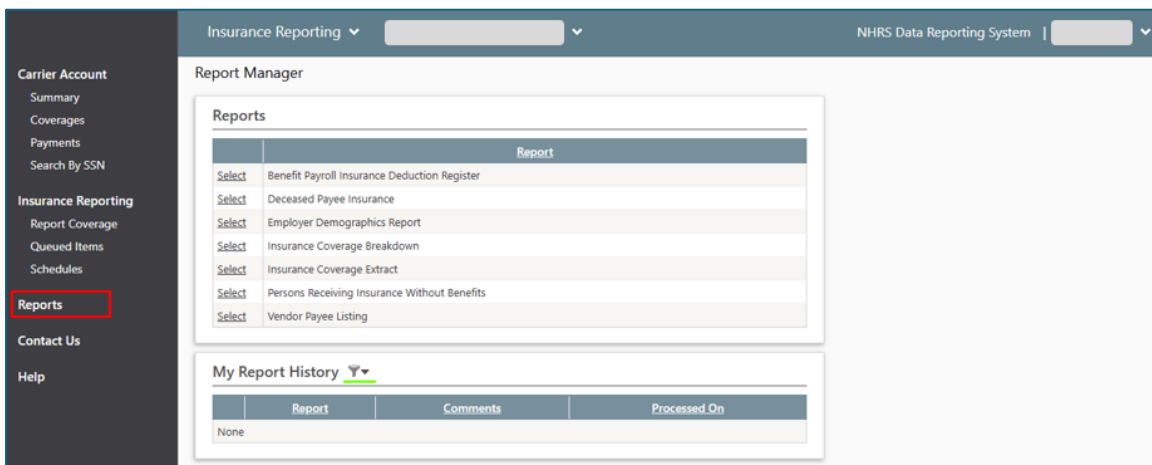
	Payee Name	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation	RUSSELL, MICHAEL	RUSSELL, MICHAEL	Insurance Deduction	First Time Insurance	Documentation Required	3/4/2026	2/1/2026
View Edit Delete Documentation	RUSSELL, MICHAEL	Russell, Sally	Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026
View Edit Delete Documentation	RUSSELL, MICHAEL	Russell, Sally	Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026

- Schedules:** Displays a snapshot of the **Insurance Reporting Schedules** for the current year. See [Viewing Insurance Reporting Schedules](#) for details.



Month	Report Begin Day	Report Begin Time	Report End Day	Report End Time	Overridden
January	1	12:00 AM	20	12:00 PM	No
February	1	12:00 AM	19	12:00 PM	No
March	1	12:00 AM	20	12:00 PM	No
April	1	12:00 AM	20	12:00 PM	No
May	1	12:00 AM	20	12:00 PM	No
June	1	12:00 AM	20	12:00 PM	No
July	1	12:00 AM	20	12:00 PM	No
August	1	12:00 AM	20	12:00 PM	No
September	1	12:00 AM	20	12:00 PM	No
October	1	12:00 AM	20	12:00 PM	No
November	1	12:00 AM	17	12:00 PM	No
December	1	12:00 AM	19	12:00 PM	No

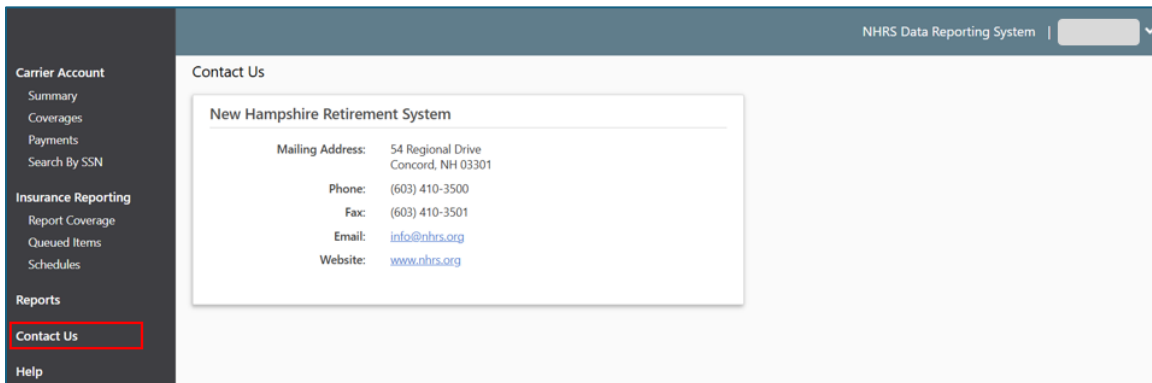
- Reports:** Displays the **Report Manager** screen below, which allows vendors to select and generate a number of useful reports. View [Generating Reports](#) for details.



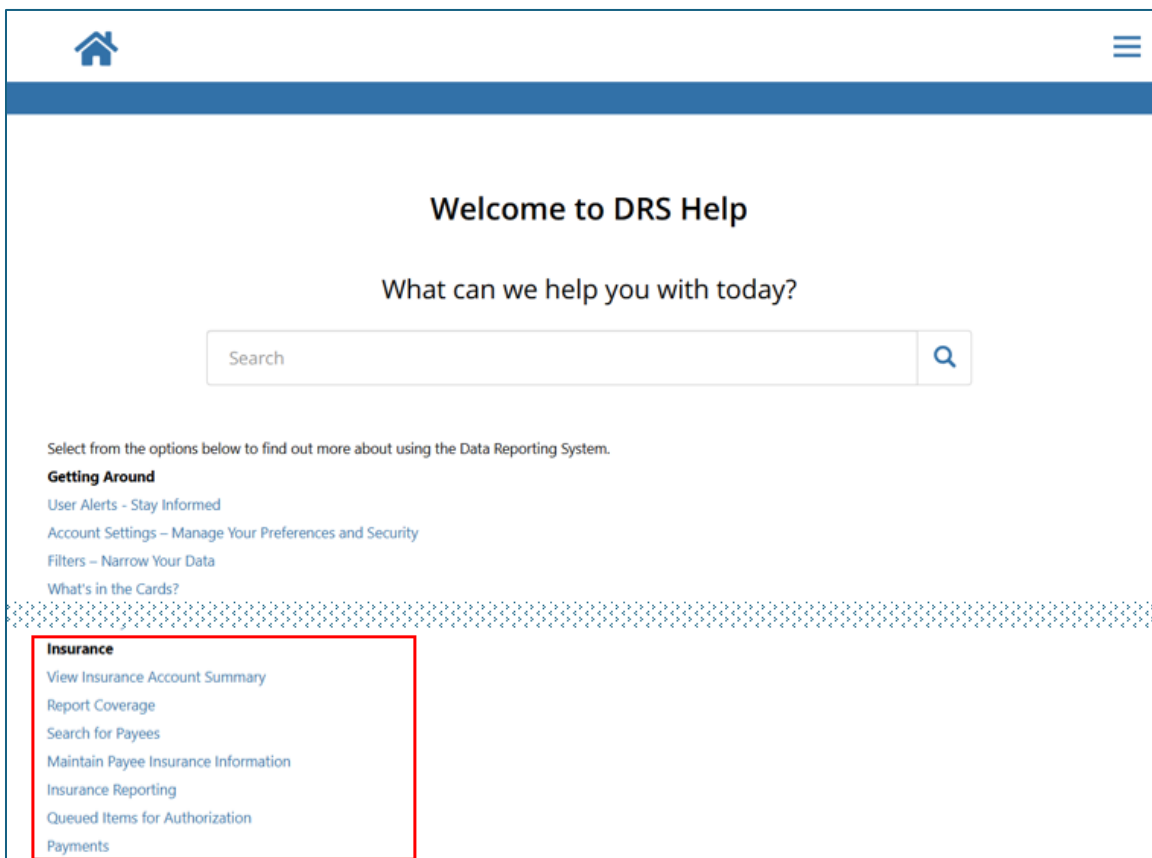
Select	Report
Select	Benefit Payroll Insurance Deduction Register
Select	Deceased Payee Insurance
Select	Employer Demographics Report
Select	Insurance Coverage Breakdown
Select	Insurance Coverage Extract
Select	Persons Receiving Insurance Without Benefits
Select	Vendor Payee Listing

Report	Comments	Processed On
None		

- **Contact Us:** Lists NHRS’ mailing, email, and website addresses, plus telephone and fax numbers, as shown below:

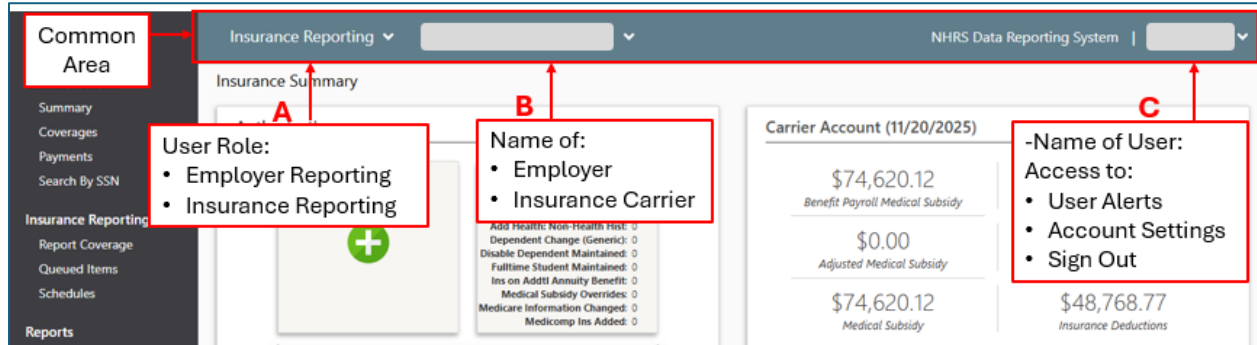


- **Help:** Redirects you to the searchable DRS Help page.



2. The Common Area of the Dashboard

The Common Area is the blue header that displays at the top of all DRS screens.



A. User Role

There are two user roles, Insurance Reporting and Employer Reporting, and most screens in DRS are specific to either an insurance vendor or an employer. The user role that displays at log in was determined when the DRS account was created, as shown below:

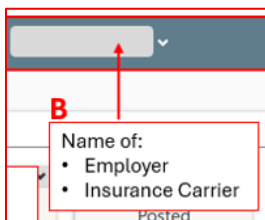
If you are an...	And you requested access to...	The displayed user role is...
Insurance vendor, external vendor, including an SAU, municipality, or third-party administrator	Insurance Reporting	Insurance Reporting
Employer	Employer Reporting only	Employer Reporting
Employer	Employer Reporting and Insurance Reporting	Employer Reporting

If you have access to both user roles, you can select the role you need for the actions you need to take, by clicking the **down arrow** next to the displayed User Role in the Common Area.

B. Name of Insurance Carrier/Employer

Upon login to DRS, the name of the insurance vendor or employer for which information is displayed is shown on the left side of the Common Area. The name displayed is typically the first name in an alphabetic list of all insurance vendors/employers you are responsible for. To select a different vendor or employer and view their information, use the down arrow to the right of the displayed name. All screens will display information for the named insurance vendor/employer until a new name is chosen or you logout and back in, which causes DRS to return to the default insurance vendor/employer name.

Note: On some screens, when a new vendor is selected in the common area of the any DRS screen, you are redirected to the [Insurance Summary Screen/Dashboard](#) for that new vendor:



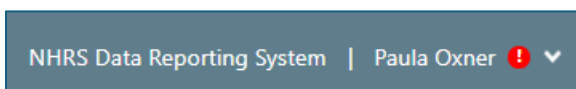
C. Name of User

The logged in user's name is displayed on the right side of the Common Area. The user's name acts as a menu containing options for User Alerts, Account Settings, and the option to Sign Out of DRS. To access these options, hover over your name and click the desired option.

- User Alerts:

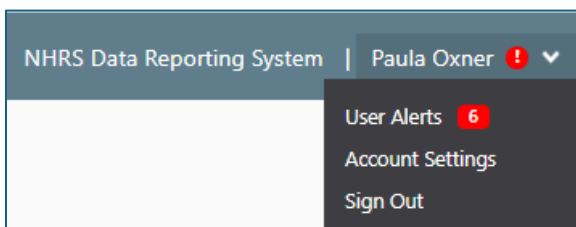
- **You have new alerts** 


A red exclamation mark to the right of your name (upper right of screen) indicates that you have new alerts for reports and processes that were completed within the last 3 days, that you have not viewed yet:



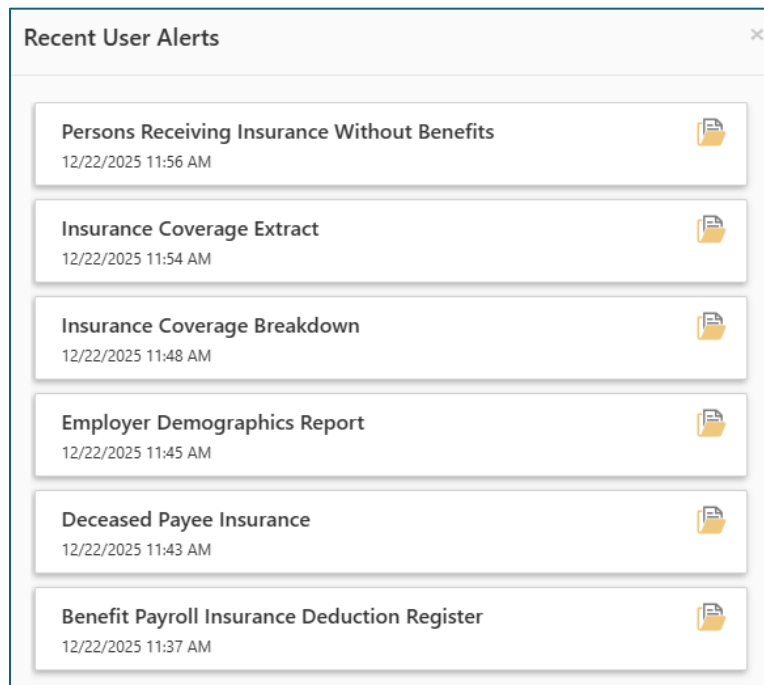
- **View your current reports and notifications** 

Click the **down arrow** next to your name. Click **User Alerts**.



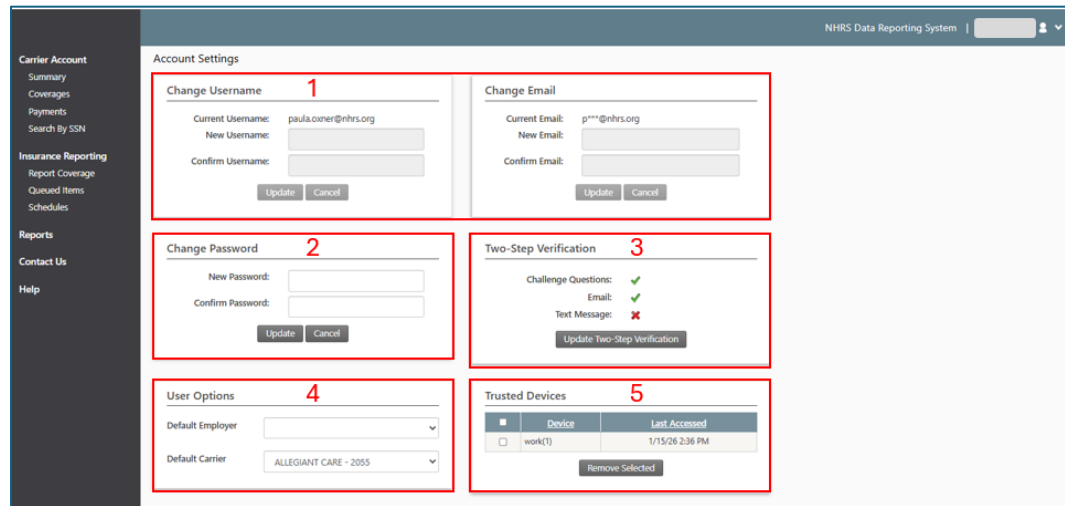
A pop-up screen of the most recent non-viewed reports and/or notifications displays. Click any item that includes a Folder icon  to

view the associated report or notification.



- **No current reports and notifications**
If you have not received any alerts within the past 3 days, you see the message, *“You have not received any user alerts in the last 3 days.”*
- **Account Settings:** Clicking Account Settings prompts you to confirm your password, which verifies your identity. After confirming your password, the

Account Settings screen displays:



1. **Change Username / Change Email:** NHRS requires that the Username be the user’s work email address; therefore, you cannot change either the Username or the Email.

If a work email has changed, please contact DRSsupport@nhrs.org with the user’s name and the user’s modified email address. The NHRS DRS Support Team may contact you with questions prior to completing your change request.

2. **Change Password:** Change your password as needed. A confirmation email is sent to verify each change.
3. **Two-Step Verification:** Ensure that access to your account is secure using a combination of Two-Step Verification (via Email or Text Message) and Challenge Questions. You are asked to provide your Challenge Question answers, or the verification code that is sent to you, if you log in from an unrecognized device, or if you forget your username or password.
4. **User Options:** Update your preferences for options such as your Default Employer or Default Carrier.

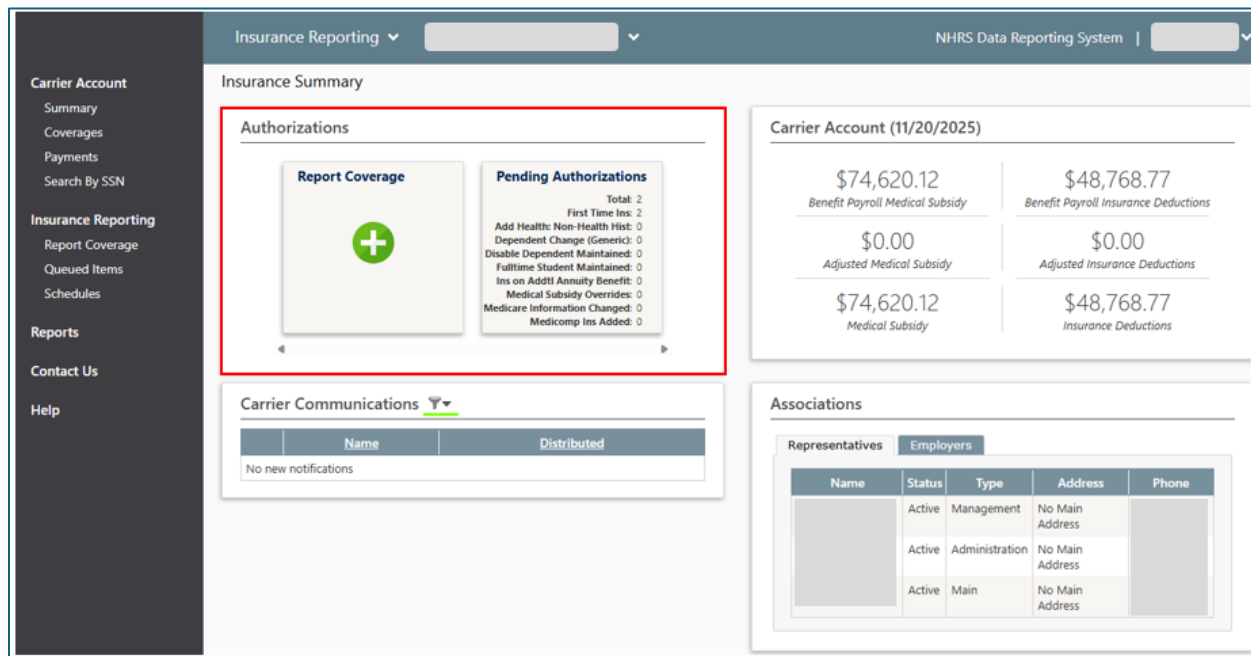
5. **Trusted Devices:** Do you often login from the same device? Specify your device as “trusted” when logging in to bypass Two-Step Verification and gain faster access to your account. You can remove a trusted device from your account at any time.
- **Sign Out:** Clicking **Sign Out** returns you to the **DRS Login** screen.

3. The Insurance Summary Section of the Dashboard

The Insurance Summary comprises almost the entire Dashboard, providing four distinct sections of information specific to the vendor listed at the top of the screen, in the common area:

- A. [Authorizations](#)
- B. [Carrier Account](#)
- C. [Carrier Communications](#)
- D. [Associations](#)

A. Authorizations Section of the Dashboard



The screenshot shows the NHRS Data Reporting System interface. The 'Insurance Summary' section is highlighted with a red box and contains the following components:

- Report Coverage:** A card with a green plus sign icon.
- Pending Authorizations:** A card showing a list of authorization types and their counts:

Total:	2
First Time Ins:	2
Add Health/Non-Health Hist:	0
Dependent Change (Generic):	0
Disable Dependent Maintained:	0
Fulltime Student Maintained:	0
Ins on Addtl Annuity Benefit:	0
Medical Subsidy Overrides:	0
Medicare Information Changed:	0
Medicomp Ins Added:	0
- Carrier Account (11/20/2025):** A summary table showing financial data:

\$74,620.12	\$48,768.77
<i>Benefit Payroll Medical Subsidy</i>	<i>Benefit Payroll Insurance Deductions</i>
\$0.00	\$0.00
<i>Adjusted Medical Subsidy</i>	<i>Adjusted Insurance Deductions</i>
\$74,620.12	\$48,768.77
<i>Medical Subsidy</i>	<i>Insurance Deductions</i>
- Carrier Communications:** A table with columns 'Name' and 'Distributed', showing 'No new notifications'.
- Associations:** A table with columns 'Name', 'Status', 'Type', 'Address', and 'Phone'. It lists three representatives:

Name	Status	Type	Address	Phone
	Active	Management	No Main Address	
	Active	Administration	No Main Address	
	Active	Main	No Main Address	

The Authorization section displays **cards** for the authorization statuses of **Pending** and **Denied**.

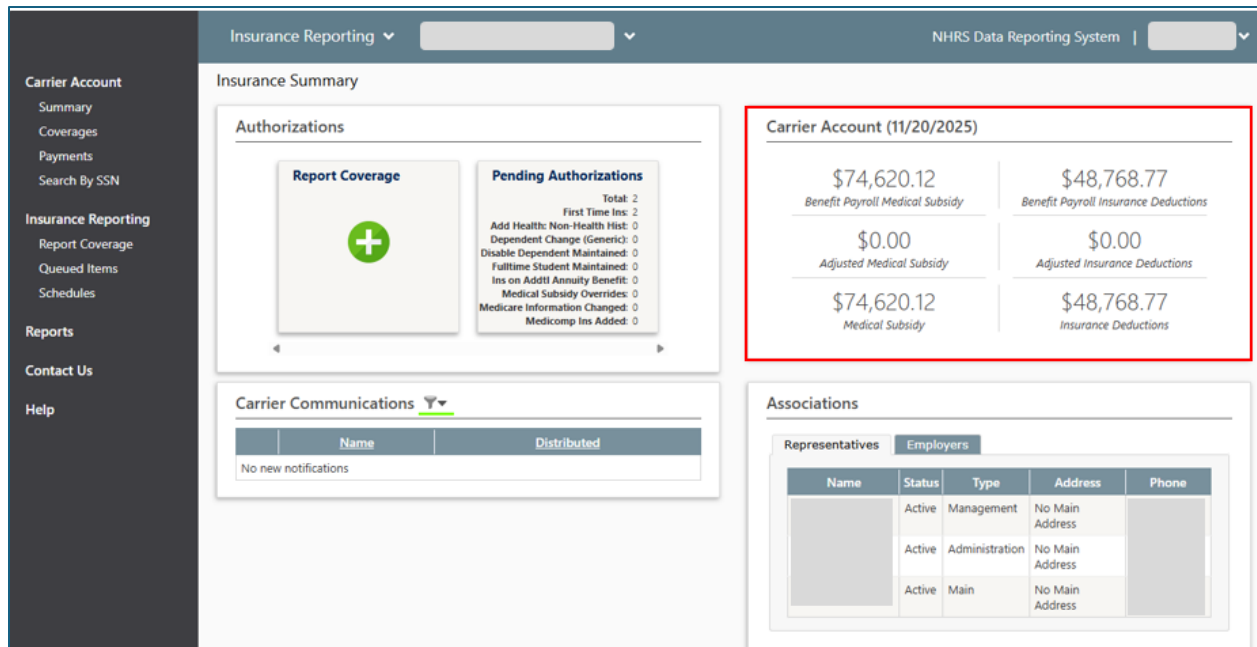
Authorization cards display the total number of changes made to a payee in the form of Event Sub-Types. Authorization cards display the top 10 Event Sub-Types by volume in

descending order. Event Sub-Types without queued authorizations are not displayed within the card.

The authorization cards only display if the selected insurance vendor has authorizations currently in one of the three statuses: **Pending**, **Need More Information**, or **Documentation Required**. The number of cards displayed depends on the size of the browser window. Arrows to the left and right of the cards are available for scrolling through the cards if there are more cards than fit in the section. An individual card can be clicked to navigate to the **Queued Items** screen with the filter defaulted to the status of the card.

The card labeled **Report Coverage** is always present within the Authorizations section. Clicking this card redirects you to the **Payee Lookup** screen to locate a specific payee.

B. Carrier Account Section of the Dashboard



The screenshot displays the 'Carrier Account (11/20/2025)' section, which is highlighted with a red border. It contains the following data:

\$74,620.12 <i>Benefit Payroll Medical Subsidy</i>	\$48,768.77 <i>Benefit Payroll Insurance Deductions</i>
\$0.00 <i>Adjusted Medical Subsidy</i>	\$0.00 <i>Adjusted Insurance Deductions</i>
\$74,620.12 <i>Medical Subsidy</i>	\$48,768.77 <i>Insurance Deductions</i>

Below the financial data, the 'Authorizations' section includes a 'Report Coverage' card with a green plus sign and a 'Pending Authorizations' list with the following counts:

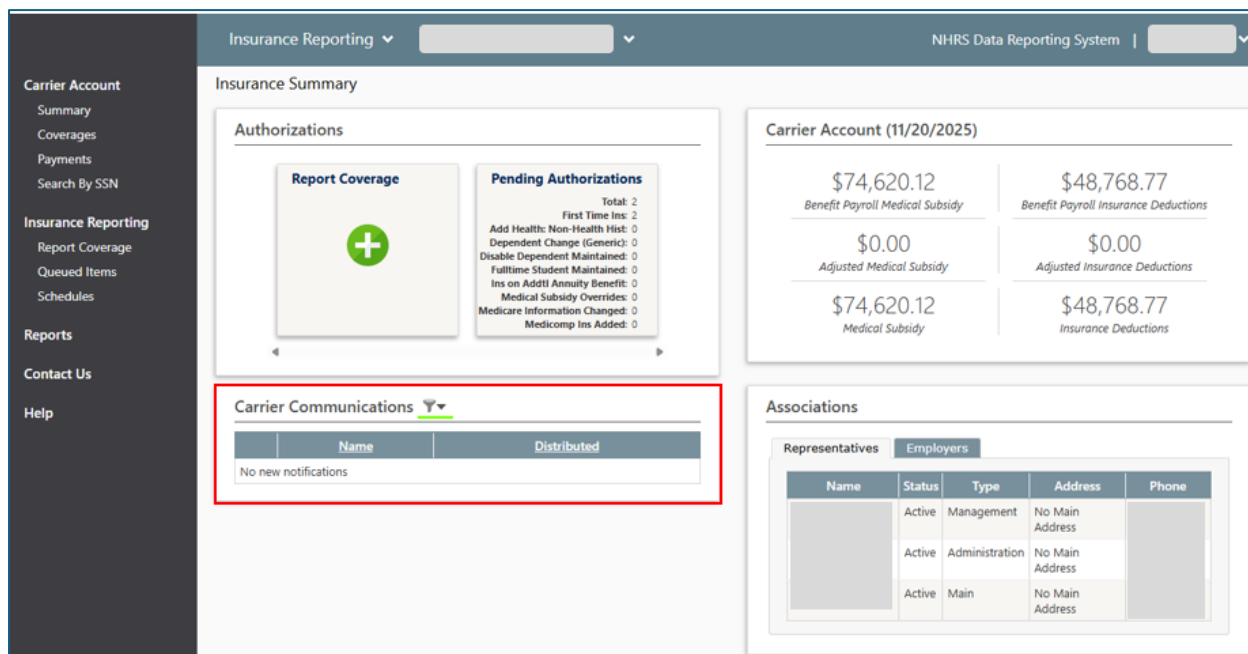
- Total: 2
- First Time Ins: 2
- Add Health: Non-Health Hst: 0
- Dependent Change (Generic): 0
- Disable Dependent Maintained: 0
- Fulltime Student Maintained: 0
- Ins on Addtl Annuity Benefit: 0
- Medical Subsidy Overrides: 0
- Medicare Information Changed: 0
- Medicomp Ins Added: 0

The 'Carrier Communications' section shows 'No new notifications'. The 'Associations' section includes a table with columns for Name, Status, Type, Address, and Phone, listing representatives and employers.

The Carrier Account section displays a variety of information from the last posted vendor payroll, with the transaction as-of date displayed to the right of the heading **Carrier Account**. Information displayed includes:

- **Benefit Payroll Medical Subsidy:** The sum of vendor transactions with a Transactions Type of ‘Medical Subsidy’ and a Source of ‘Benefit Payroll’ for the posted vendor payroll.
- **Benefit Payroll Insurance Deductions:** The sum of vendor transactions with a Transaction Type of ‘Insurance Premium’, ‘Employer Subsidy’, and ‘Employer Subsidy Reduction’ and a Source of ‘Benefit Payroll’ for the posted vendor payroll.
- **Medical Subsidy:** The sum of vendor transactions with a Transactions Type of ‘Medical Subsidy’ for the posted vendor payroll.
- **Insurance Deductions:** The sum of vendor transactions with a Transaction Type of ‘Insurance Premium’, ‘Employer Subsidy’, and ‘Employer Subsidy Reduction’ for the posted vendor payroll.
- **Adjusted Medical Subsidy:** The sum of vendor transactions with a Transactions Type of ‘Medical Subsidy’ and a Source not equal to ‘Benefit Payroll’ for the posted vendor payroll.
- **Adjusted Insurance Deductions:** The sum of vendor transactions with a Transaction Type of ‘Insurance Premium’, ‘Employer Subsidy’, and ‘Employer Subsidy Reduction’ and a Source not equal to ‘Benefit Payroll’ for the posted vendor payroll.


C. Carrier Communications Section of the Dashboard



The screenshot shows the NHRS Data Reporting System dashboard. The left sidebar contains navigation links: Carrier Account, Insurance Reporting, Reports, Contact Us, and Help. The main content area is titled 'Insurance Summary' and includes sections for 'Authorizations', 'Carrier Account (11/20/2025)', and 'Associations'. The 'Carrier Communications' section is highlighted with a red box and shows a table with columns 'Name' and 'Distributed'. Below the table, it states 'No new notifications'.

Carrier Communications are generated from NHRS staff reviewing and working authorization requests from the insurance vendor. These notifications are vendor specific, not user-specific; therefore, all DRS users associated to a vendor see the same notifications in their Carrier Communications section.

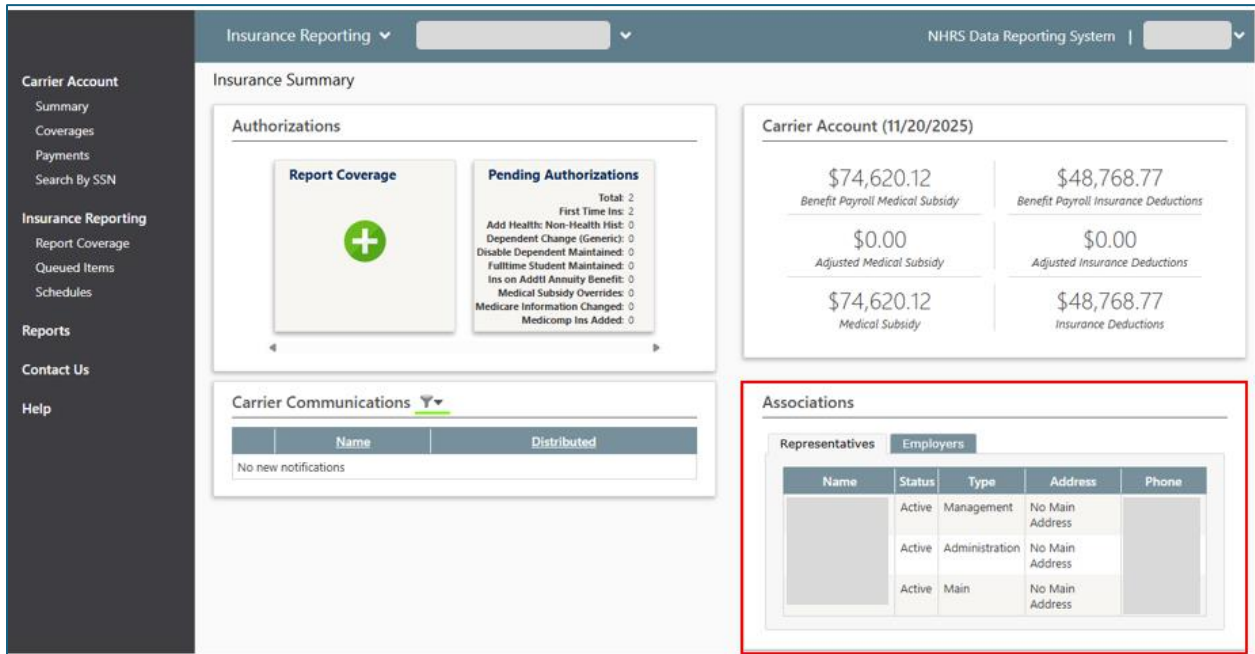
The Carrier Communications section defaults to show communications distributed in the last 30 days, as shown in the sample screen below. To review a communication, click **View** next to a communication. The communication downloads/opens as a PDF.

Carrier Communications 		
	Name	Distributed
View	More Information Required for Authorization.	4/15/2026 8:55:33 AM
View	An Authorization Has Been Denied.	4/10/2026 10:25:47 AM

Notifications you may receive include:

- **An Authorization Has Been Denied**
- **More Information Required for Authorization**

D. Associations Section of the Dashboard



The screenshot shows the 'Insurance Summary' page. The 'Associations' section is highlighted with a red box and contains two tabs: 'Representatives' and 'Employers'. The 'Employers' tab is active, displaying a table with the following data:

Name	Status	Type	Address	Phone
	Active	Management	No Main Address	
	Active	Administration	No Main Address	
	Active	Main	No Main Address	

The Associations section of the **Insurance Summary** screen displays two tabs: Representatives and Employers, as shown below:

- **Representatives Tab:** Lists the Insurance Carrier’s Representatives. The Representatives’ Main address and Main phone are displayed if they exist, otherwise

“No Main Address” and “No Main Phone” text displays.

Associations

Representatives **Employers**

Name	Status	Type	Address	Phone
	Active	Management	No Main Address	
	Active	Administration	No Main Address	
	Active	Main	No Main Address	

- **Employers Tab:** Lists the Employers for whom the vendor provides coverage.

Associations

Representatives **Employers**

Employer Name	Employer ID	Status
		Active
		Active
		Active

MAINTAINING CARRIER COVERAGES

Coverage management enables vendors to add their individual Coverage Codes along with the coverage's Collection ID, Insurance Type, Premium Type, Employer, Total Cost Amount, Subsidy Amount, Effective Date, and Termination Date if it applies. Additionally, vendors can view a listing of all the Payees associated with a specific coverage as well as view the Rate History of when a coverage rate was terminated. Finally, to fully maintain coverages, vendors can edit and terminate coverages as well.

Note: Coverages must be established before they can be applied to payee insurance records.

Understanding Coverage Code Creation

How the System Creates Coverage Codes

Adding coverages and rates for the first time can be done in one of two ways:

1. **By Sending NHRS a .txt File:** Through this process, NHRS uploads the .txt file and the system automatically generates coverage codes by combining:
 - Collection ID
 - Premium Type
 - Note: Using the .txt file method, NHRS requires a 7-day lead-time before the rates are due to be effective.
2. **Manually via DRS Web Entry:** This is a manual process which requires you to create coverage codes yourself using the DRS feature titled Coverages and completing the fields on the **Coverage Details** screen.

Once coverages are created, maintenance can be performed through DRS web entry. Both options must follow the same file layout, shown further below.

Important Data Consistency Requirements

The system is highly sensitive to data formatting. Even minor inconsistencies will create duplicate rates instead of updating existing ones; therefore, it is essential that great attention be paid during the creation of all coverage codes, as shown in the table below,

Example of Problematic Inconsistency. The left column of this table shows that the addition of one character (a dash) created a New rate instead of updating an Existing rate.

What Triggers Duplicate Rate Creation:

- Inconsistent Collection IDs
- Variations in Description text (including extra spaces or punctuation)
- Different Premium Types
- Inconsistent casing or formatting

Example of Problematic Inconsistency:

Existing in System	Submitted in File
COVERAGE DESCRIPTION2 <i>(Note: No dash)</i>	COVERAGE DESCRIPTION2- <i>(Note: Added dash at end)</i>
	Result: System creates a NEW rate instead of updating the existing one

Formatting Requirements for File Submissions

To ensure proper rate updates, your submission files must maintain:

- Exact Collection ID matches with no variations
- Consistent Description text (character-for-character match, including spaces)
- Consistent Premium Type formatting

- No extra characters such as dashes, spaces, or special characters unless they were in the original
- Consistent casing throughout (if original was uppercase, keep it uppercase)

Remember: The system treats "COVERAGE DESCRIPTION2" and "COVERAGE DESCRIPTION2-" as two completely different coverages. Even a single extra space or character will create a duplicate rate.

How to Create (Add) Coverage Codes via File Import

Vendors managing a large number of employers or coverage records may use bulk upload instead of manual entry. These must be sent to NHRS 15 days before reporting is due.

Format

- Flat, positional text file (.txt)
- No zero padding on string values

Key File Fields

Field	Position	Length	Format	Note
Carrier Code	1	18	Alphanumeric	This code will be supplied to you by NHRS
Collection ID	19	20	Alphanumeric	
Insurance type	39	3	D, H, V	Options: D (Dental) H (Health) V (Vision)
Description	42	50	Alphanumeric	
Effective Date	92	8	MMDDYYYY	12012025 = 12/01/2025
Premium Type	100	1	1, 2, F, M	Options: 1 (1 Person) 2 (2 Person) F (Family) M (Medicomp) If you have Married coverages, please reach out to NHRS
Total Amount	10	6.2	Numeric	#####.## If the total amount for both total and employer is 0000000000000000 the rate will be terminated
Employer Amount	107	6.2	Numeric	#####.##
Employer ID	124	4	Numeric	1234 This only applies to some vendors

Example of Insurance File Layout

CORRECT					
1000000	20000001	H 0001	COVERAGE DESCRIPTION1	01012026M390502000000	1004
1000000	20000002	H 0001	COVERAGE DESCRIPTION2	0101202612810040000000	1004
1000000	20000003	H 0001	COVERAGE DESCRIPTION3	0101202622143560000000	1004
1000000	20000004	H 0001	COVERAGE DESCRIPTION4	01012026F2143560000000	1004
1000000	20000000	D 0002	COVERAGE DESCRIPTIOND	01012026M214356000000	1004
INCORRECT					
1000000	20000001	H 0001	COVERAGE DESCRIPTION1	01012026M390502000000	1004
1000000	20000002	H 0001	COVERAGE DESCRIPTION2-	0101202612810040000000	1004
1000000	20000003	H 0001	COVERAGE DESCRIPTION3	0101202622143560000000	1004
1000000	20000004	H 0001	COVERAGE DESCRIPTION4	01012026F2143560000000	1004
1000000	20000000	D 0002	COVERAGE DESCRIPTION-D	01012026M214356000000	1004

It is important to note that the file creates coverage codes. A coverage code is a combination of the **Collection ID** and the **Premium Type**: If the combination of Collection ID + Insurance Type + Description + Premium type does not exist for the vendor, the system will create an entirely new rate; therefore, if the file has inconsistent information on the **Collection ID** and **Description**, the system will create a New rate and disregard the rate you want to increase. It is as detailed/sensitive as extra space.

Convert to .txt: Step-by-Step Instructions to Create a .txt File

	A
1	Step-by-Step Instructions to Create a Txt File
2	After rates and dates have been updated
3	Step 1: Create a new tab in the report detail file
4	Create a second tab named Formatted.
5	In Row 1, add this header:
6	Flat File Line
7	In cell A2, paste this formula: LEFT(ReportDetail!A2 & REPT(" ",18) & LEFT(ReportDetail!B2 & REPT(" ",20),20) & LEFT(UPPER(LEFT(ReportDetail!C2,1)) & REPT(" ",3),3) & LEFT(ReportDetail!D2 & REPT(" ",50),50) & TEXT(ReportDetail!E2,"MMDDYYYY") & LEFT(ReportDetail!F2,1) & TEXT(ReportDetail!G2*100,"000000") & TEXT(0,"000000") & REPT(" ",11) & TEXT(ReportDetail!H2,"0000")
8	
9	Then drag the formula down for as many rows as needed.
10	
11	Step 2: Export the Flat File
12	1. Copy the column from the Formatted sheet.
13	2. Paste into Notepad.
14	3. Save as .txt.
15	

Formatted Flat File Line

	A		
1	Flat File Line		
	1000000	200000001	H 0001
	COVERAGE DESCRIPTION1		
2	12012026M050000000000		1004
	1000000	200000002	H 0001
	COVERAGE DESCRIPTION2		
3	01012025M040923000000		1004
	1000000	200000003	H 0001
	COVERAGE DESCRIPTION3		
4	010120251082979000000		1004
	1000000	200000004	H 0001
	COVERAGE DESCRIPTION4		
5	010120252165957000000		1004
	1000000	20000000D	D 0002
	COVERAGE DESCRIPTIOND		
6	01012025F224042000000		1004
7			

Technical Support Notice

Please note: NHRS provides reports and formatting guidelines but does not provide technical support for file conversion or integration processes. Carriers/Vendors are responsible for implementing the necessary technical solutions to meet the file format requirements.

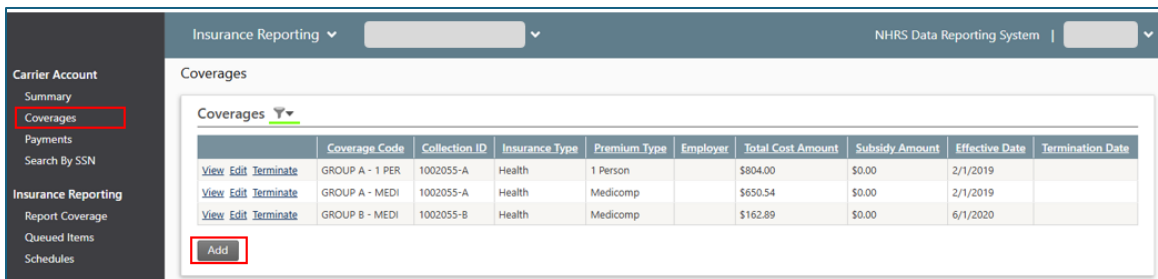
Questions with Report Data or Formatting Requirements

If you have questions about the report data or formatting requirements, please contact NHRS Insurance Support at nhrsinsurancesupport@nhrs.org.

For technical implementation questions, please consult with your internal IT team or technical vendor.

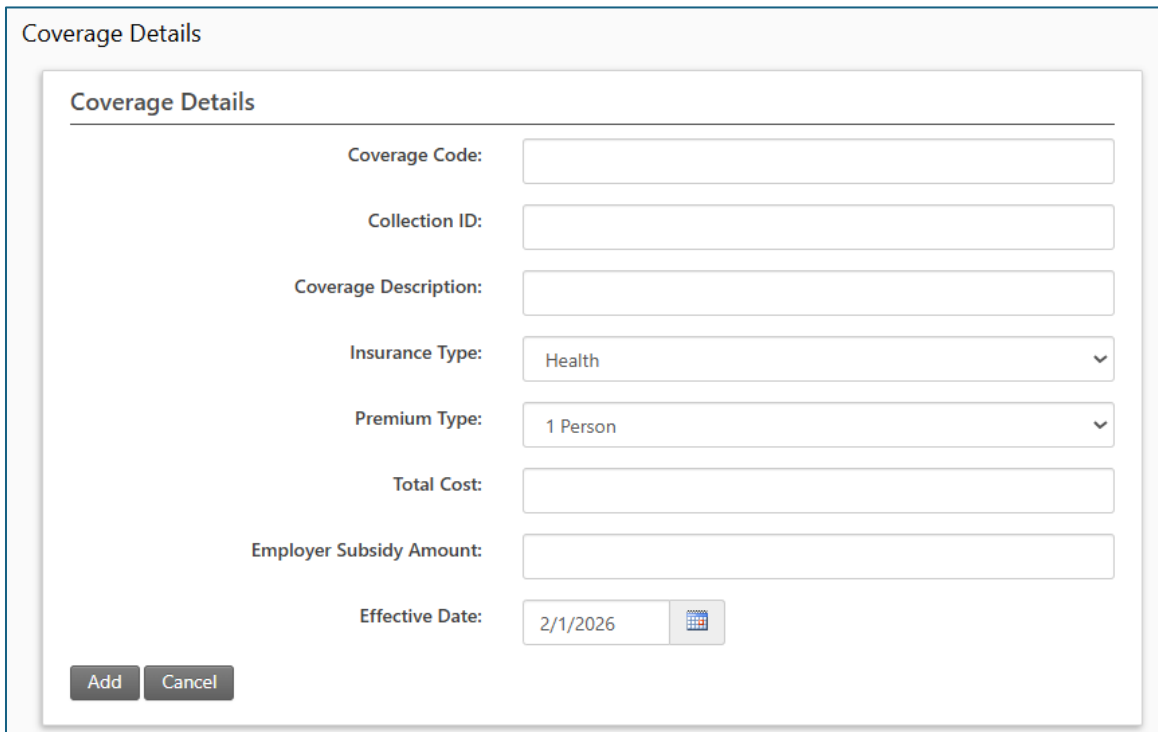
How to Create (Add) Coverage Codes via DRS Web Entry

1. Begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays the coverages associated with the selected insurance vendor, active as of the current date, displayed in ascending **Coverage Code** order. Click **Add** at the bottom of the screen. The **Coverage Details** screen displays.



	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1002055-A	Health	1 Person		\$804.00	\$0.00	2/1/2019	
View Edit Terminate	GROUP A - MEDI	1002055-A	Health	Medicomp		\$650.54	\$0.00	2/1/2019	
View Edit Terminate	GROUP B - MEDI	1002055-B	Health	Medicomp		\$162.89	\$0.00	6/1/2020	

2. On the **Coverage Details** screen, all fields are required.



Coverage Details

Coverage Code:

Collection ID:


Coverage Description:

Insurance Type:

Premium Type:

Total Cost:

Employer Subsidy Amount:


Effective Date: 

3. Complete the fields listed below:

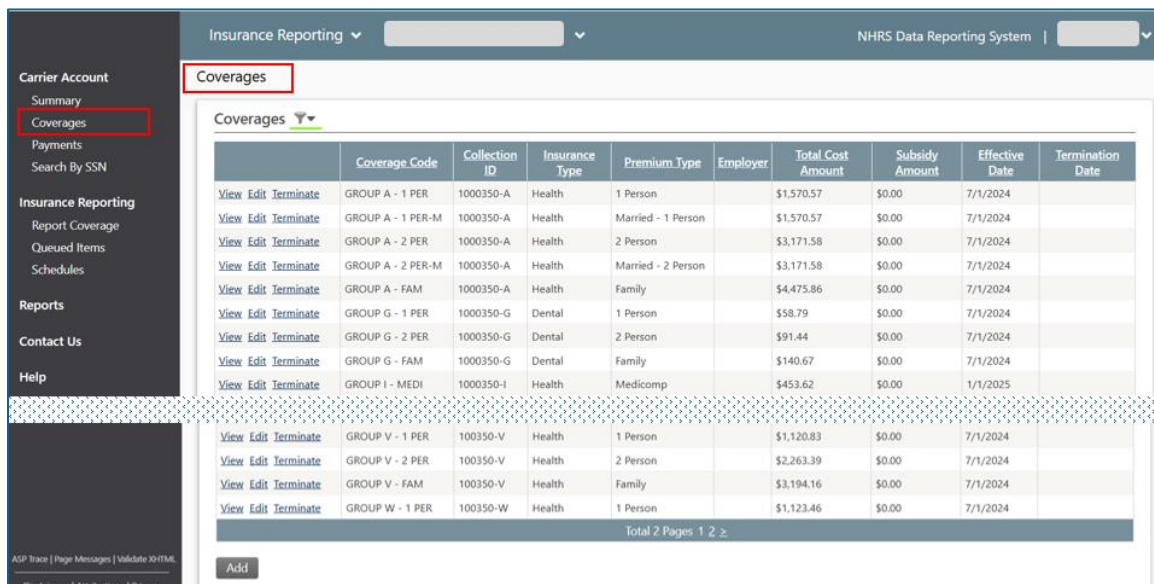
- **Coverage Code: Important** - The Coverage Code should be a combination of the **Collection ID** and the **Premium Type**. **Example:** "36366006 1 PERSON" (no dashes, consistent spacing and casing).
- **Collection ID**
- **Coverage Description**
- **Insurance Type:** A dropdown of insurance options currently configured for the vendor. Options include:
 - Dental
 - Health
 - Vision
- **Premium Type:** A dropdown of the premiums the vendor currently offers. Choices include:
 - 1 Person
 - 2 Person
 - Family
 - Medcomp
- **Define Coverages by Employer:** Display only. Only displayed if equal to Yes. Denotes whether the coverages must be associated to an Employer.
 - **Employer:** Only displayed and Required, if **Define Coverages by Employer** is Yes. This is the employer associated to the coverage. Not enabled if the insurance vendor is an Employer type.
- **Total Cost:** Cannot be less than zero.

- **Employer Subsidy Amount:** Only displayed if an Employer Subsidy Amount greater than zero exists for the coverage. Cannot be less than zero.
 - **Effective Date:** Must be the first day of a future month; cannot be the current or a prior month. Defaults to the first of the month following the last posted benefit payroll. The coverage cannot overlap a rate of the same coverage.
4. When done entering all the screen fields, click **Add**. If the new coverage overlaps a rate of the same coverage, an error is displayed; otherwise, the Coverage Record is saved, and you are returned to the **Coverages** screen. streamline

How to Optimize the Coverages Screen

The **Coverages** screen is the gateway to locating specific insurance **coverages**, along with the **payees** and **rate histories** associated with those coverages. Since the **Coverages** screen can contain multiple pages of data, using the available Filter icon  is the best way to optimize search results to easily locate the desired data.

1. To filter for specific coverages, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays.



	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1000350-A	Health	1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 1 PER-M	1000350-A	Health	Married - 1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER	1000350-A	Health	2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER-M	1000350-A	Health	Married - 2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - FAM	1000350-A	Health	Family		\$4,475.86	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 1 PER	1000350-G	Dental	1 Person		\$58.79	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 2 PER	1000350-G	Dental	2 Person		\$91.44	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - FAM	1000350-G	Dental	Family		\$140.67	\$0.00	7/1/2024	
View Edit Terminate	GROUP I - MEDI	1000350-I	Health	Medicomp		\$453.62	\$0.00	1/1/2025	
View Edit Terminate	GROUP V - 1 PER	100350-V	Health	1 Person		\$1,120.83	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 2 PER	100350-V	Health	2 Person		\$2,263.39	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - FAM	100350-V	Health	Family		\$3,194.16	\$0.00	7/1/2024	
View Edit Terminate	GROUP W - 1 PER	100350-W	Health	1 Person		\$1,123.46	\$0.00	7/1/2024	


Total 2 Pages: 1 2 2

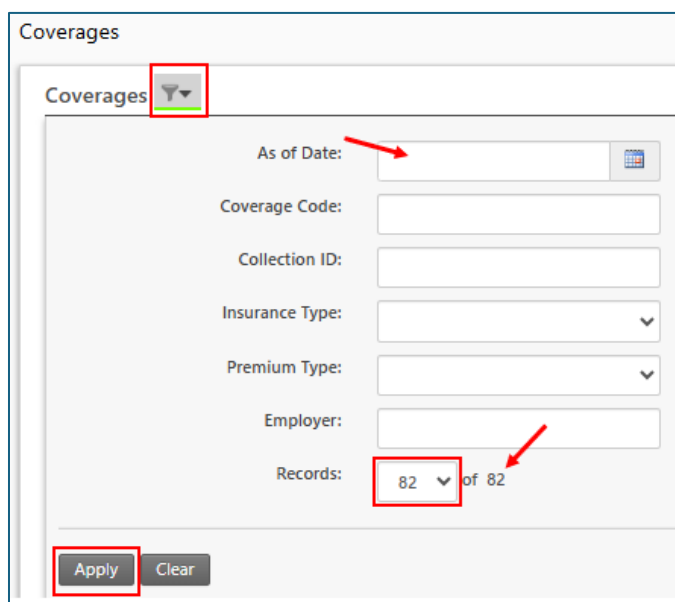
[Add](#)

By default, the **Coverages** screen lists the coverages associated with the selected insurance vendor, **active as of the current date**, displayed in ascending **Coverage Code** order. The default display can be misleading as the screen may not display all coverages, such as:

- Coverages added on the current date.
- Coverages with future-dated rate changes.
- Coverages that are inactive.
- When there are more than 50 records, which can be the case for larger vendors supporting many employers; in this case, a red message displays at the top of the screen stating, *“Only the top 50 records are being displayed. Please adjust the filter accordingly to find a specific coverage.”*

A. To Retrieve All Coverages

On the **Coverages** screen (see Step 1 above) click the Filter icon  at the top of the screen. The **Coverages Filter** screen displays (below).




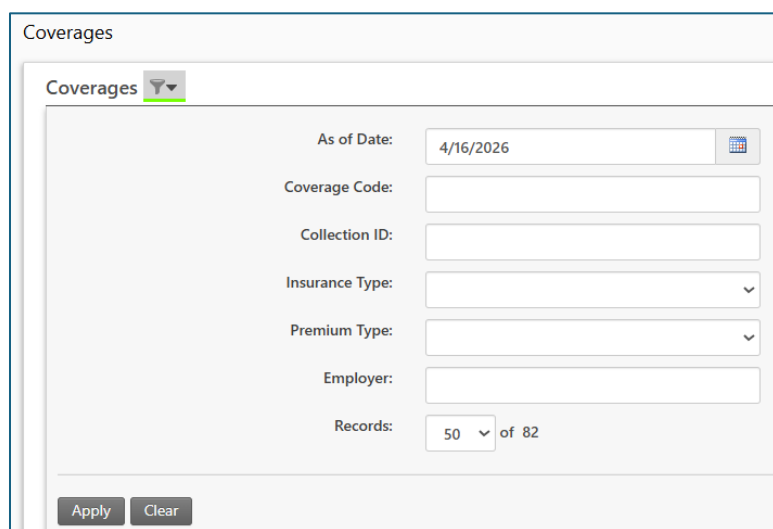
The screenshot shows the 'Coverages Filter' interface. At the top left, there is a 'Coverages' label and a filter icon (a funnel with a downward arrow) which is highlighted with a red box. Below this, there are several input fields: 'As of Date:' with a calendar icon, 'Coverage Code:', 'Collection ID:', 'Insurance Type:' (a dropdown menu), 'Premium Type:' (a dropdown menu), and 'Employer:'. At the bottom, there is a 'Records:' field showing '82' in a dropdown menu followed by 'of 82'. A red arrow points to the '82' in the dropdown. At the bottom left, there are two buttons: 'Apply' (highlighted with a red box) and 'Clear'.

Clear the **As of Date** field. In the **Records** field, select the total number of

coverage records (for example, 82 of 82), then click **Apply**. A refreshed **Coverages** screen displays, listing all the vendor's coverages, including those with *future-dated* rates.

B. To Retrieve a Specific Coverage

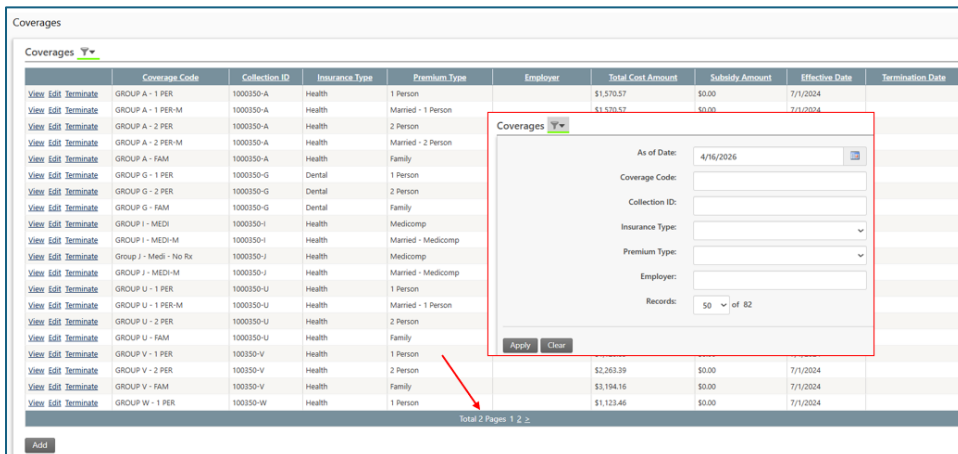
On the **Coverages** screen (see Step 1 above) click the Filter icon  at the top of the screen. The **Coverages Filter** screen displays (below).



The screenshot shows the 'Coverages Filter' interface. At the top, there is a 'Coverages' dropdown menu with a filter icon. Below this, there are several input fields: 'As of Date' with a date picker set to '4/16/2026', 'Coverage Code', 'Collection ID', 'Insurance Type' (dropdown), 'Premium Type' (dropdown), and 'Employer'. At the bottom, there is a 'Records' section showing '50 of 82' with a dropdown arrow. At the very bottom, there are 'Apply' and 'Clear' buttons.

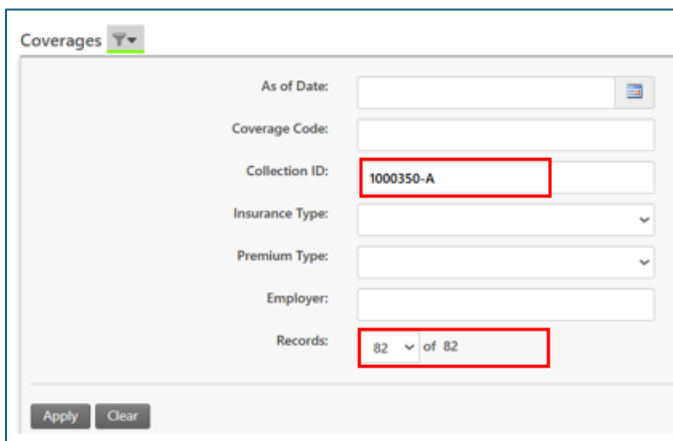
You can filter with any combination of fields to drill down to provide easier visibility to the available data. Below is a filtering example for a vendor:

- Original **Coverages** screen overlaid with original **Coverages Filter** screen. Note that there are two pages of data before filtering.

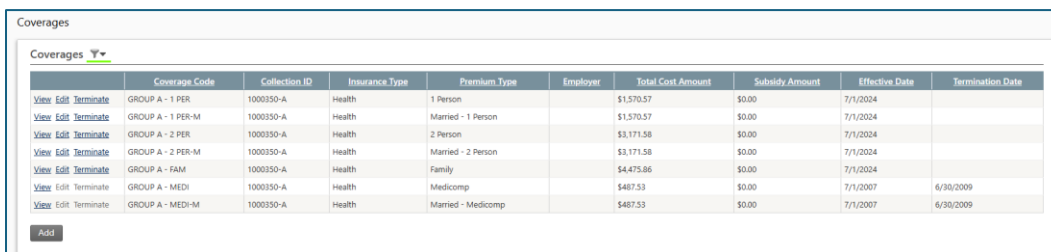


The screenshot shows the 'Coverages' screen with a table of 82 records. A 'Coverages Filter' overlay is shown, partially obscuring the table. The filter overlay includes fields for 'As of Date' (4/16/2026), 'Coverage Code', 'Collection ID', 'Insurance Type', 'Premium Type', and 'Employer'. The 'Records' field shows '50 of 82'. The table below the filter shows columns: Coverage Code, Collection ID, Insurance Type, Premium Type, Employer, Total Cost Amount, Subsidy Amount, Effective Date, and Termination Date. The first few rows of the table are visible, showing various coverage codes and their associated costs and dates.

- Same vendor with a modified **Coverages Filter** screen and the results. Note that there are seven rows of data.



The screenshot shows the modified 'Coverages Filter' screen. The 'As of Date' field is empty. The 'Coverage Code' field is empty. The 'Collection ID' field is populated with '1000350-A'. The 'Insurance Type' field is empty. The 'Premium Type' field is empty. The 'Employer' field is empty. The 'Records' field is set to '82 of 82'. The 'Apply' and 'Clear' buttons are visible at the bottom.



The screenshot shows the 'Coverages' screen with the results of the modified filter. The table displays 7 rows of data. The columns are: Coverage Code, Collection ID, Insurance Type, Premium Type, Employer, Total Cost Amount, Subsidy Amount, Effective Date, and Termination Date. The first few rows of the table are visible, showing various coverage codes and their associated costs and dates.

- Same vendor with a further modified **Coverages Filter** screen and the results. Note that there are only two rows of data, making it much easier to see and select from the desired **Coverage Code** and **Collection ID**.

Coverages ▼

As of Date:

Coverage Code:

Collection ID:

Insurance Type:

Premium Type:

Employer:

Records: of 82

Coverages ▼


	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 2 PER	1000350-A	Health	2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER-M	1000350-A	Health	Married - 2 Person		\$3,171.58	\$0.00	7/1/2024	

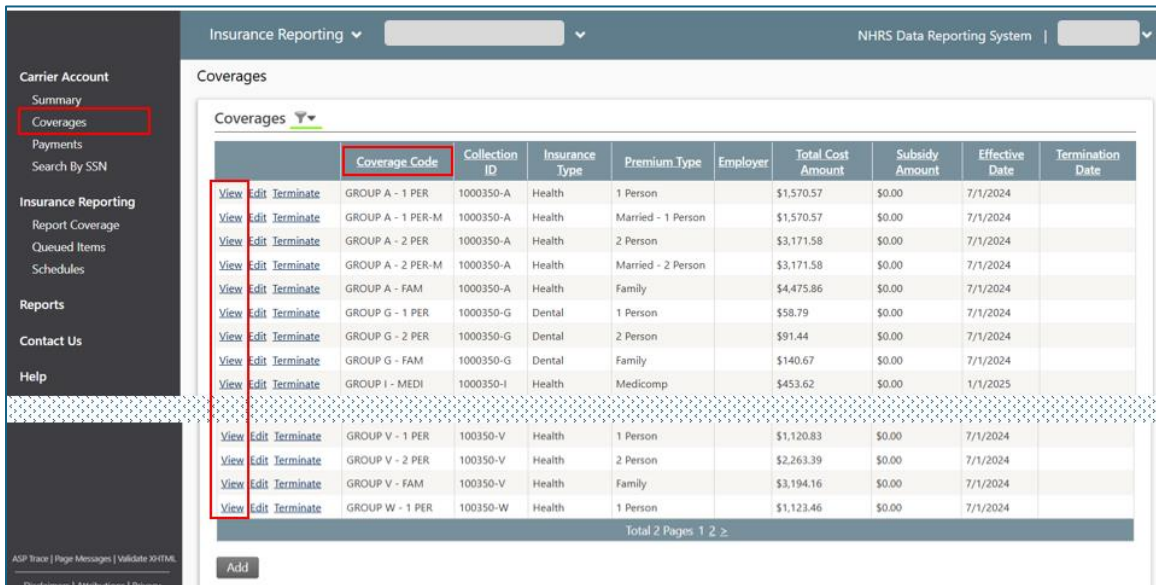
To find specific coverage records, filter using any combination of fields. When done, click **Apply** at the bottom of the **Coverages Filter** screen. The screen that follows will only display coverages that match your filtered search criteria.

Next Steps: Once you have located the desired Coverage Code, you can:

- [View Insurance Coverages](#)
- [View Payees within a Coverage Code](#)
- [View Rate History of a Coverage Code](#)
- [Edit Insurance Coverages](#)
- [Terminate Coverage Rates or Mass Move to a New Rate](#)

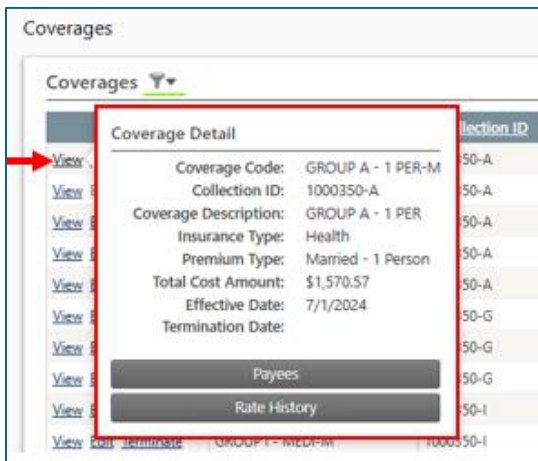
How to View Insurance Coverages

1. **Optional:** See [How to Optimize the Coverages Screen](#) for instructions on how to narrow the data displayed on the **Coverages** screen.
2. **Alternative:** To view insurance coverages, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays. Locate the **Coverage Code** you want to see in detail (using the Filter icon  if needed), then click **View** to the left. The **Coverage Detail** pop-up screen displays.



	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1000350-A	Health	1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 1 PER-M	1000350-A	Health	Married - 1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER	1000350-A	Health	2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER-M	1000350-A	Health	Married - 2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - FAM	1000350-A	Health	Family		\$4,475.86	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 1 PER	1000350-G	Dental	1 Person		\$58.79	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 2 PER	1000350-G	Dental	2 Person		\$91.44	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - FAM	1000350-G	Dental	Family		\$140.67	\$0.00	7/1/2024	
View Edit Terminate	GROUP I - MEDI	1000350-I	Health	Medicomp		\$453.62	\$0.00	1/1/2025	
View Edit Terminate	GROUP V - 1 PER	100350-V	Health	1 Person		\$1,120.83	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 2 PER	100350-V	Health	2 Person		\$2,263.39	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - FAM	100350-V	Health	Family		\$3,194.16	\$0.00	7/1/2024	
View Edit Terminate	GROUP W - 1 PER	100350-W	Health	1 Person		\$1,123.46	\$0.00	7/1/2024	

3. The **Coverage Detail** pop-up screen includes the following display-only fields:




View	Coverage Code	Collection ID
View	GROUP A - 1 PER-M	50-A
View	1000350-A	50-A
View	GROUP A - 1 PER	50-A
View	Health	50-A
View	Married - 1 Person	50-A
View	\$1,570.57	50-A
View	7/1/2024	50-G
View		50-G
View	Payees	50-G
View	Rate History	50-I
View Edit Terminate	GROUP I - MEDI	1000350-I

- **Coverage Code:** A system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, “0258 SAU 16 1 PERSON”)
- **Collection ID**
- **Coverage Description**
- **Insurance Type**
- **Premium Type**
- **Total Cost Amount**
- **Employer Subsidy Amount:** Only displayed if the Employer Subsidy Amount of the coverage is greater than zero.
- **Effective Date**
- **Termination Date**

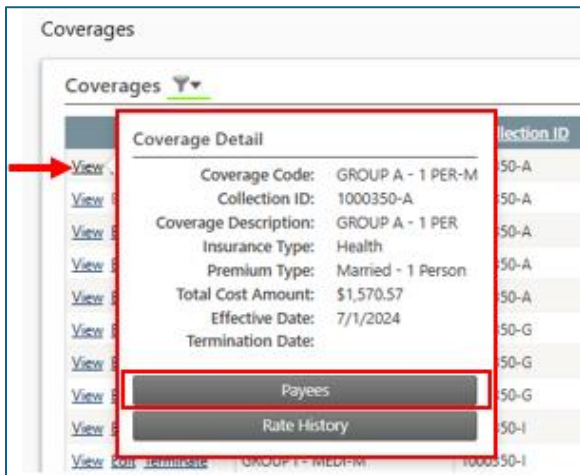
The **Coverage Detail** pop-up screen includes two buttons to view additional details; they are **Payees** and **Rate History**. Clicking either button displays its respective screen. For details on each option, view [How to View Payees within a Coverage Code](#) and [How to View Rate History of a Coverage Code](#).


How to View Payees within a Coverage Code

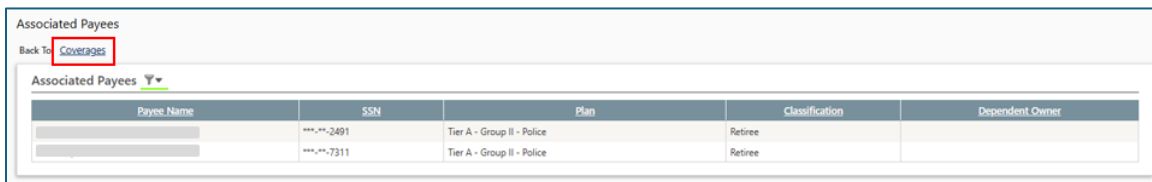
The **Associated Payees** screen displays all the Payees with active insurance deduction records for the selected coverage.

1. **Optional:** See [How to Optimize the Coverages Screen](#) for instructions on how to narrow the data displayed on the **Coverages** screen.
2. **Alternative:** To view payees, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays. Locate the **Coverage Code** for which you want to see payees (using the Filter icon  if needed), then click **View** to the

left. The **Coverage Detail** pop-up screen displays. Click **Payees**. The **Associated Payees** screen displays.




- The **Associated Payees** screen is display-only, sorted by **Payee** last name. For long lists of payees, use the Filter icon  to narrow the display. The Payee Name, SSN, and Plan fields are available as filters. To return to the **Coverages** screen, click **Coverages** at the top of the screen.

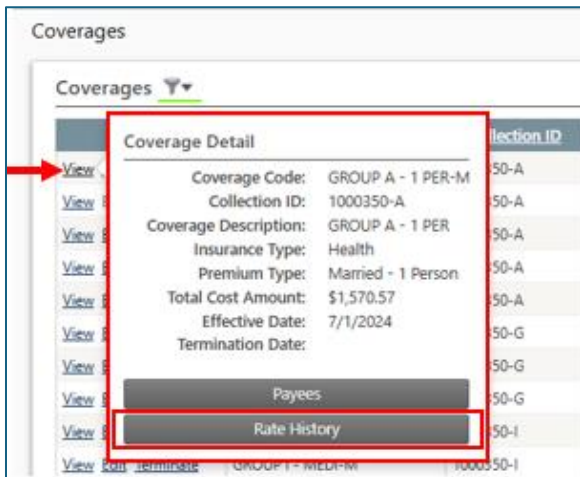



How to View Rate History of a Coverage Code

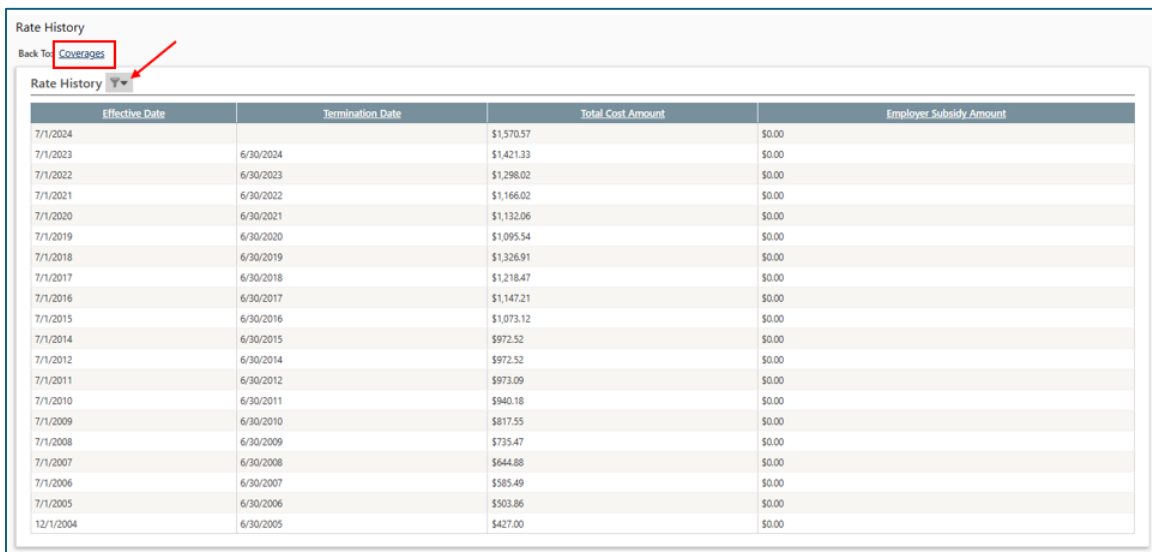
The **Rate History** screen displays all the Coverage Rate records for the selected coverage sorted by **Effective Date** descending.

- Optional:** See [How to Optimize the Coverages Screen](#) for instructions on how to narrow the data displayed on the **Coverages** screen.
- Alternative:** To view rate histories, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays. Locate the **Coverage Code** for which you want to see historical rates (using the Filter icon  if needed), then click **View**

to the left. The **Coverage Detail** pop-up screen displays. Click **Rate History**. The **Rate History** screen displays.



- The **Rate History** screen is display-only, sorted by **Effective Date**. For long lists of rate changes, use the Filter icon  to narrow the display. You can filter on the **As Of Date**. To return to the **Coverages** screen, click **Coverages** at the top of the screen.




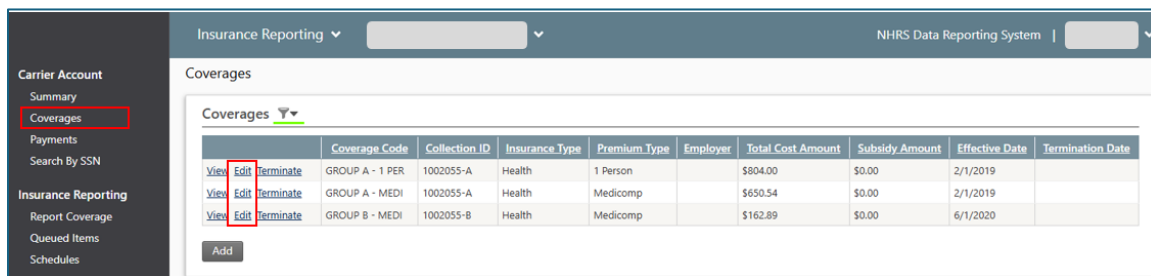
Effective Date	Termination Date	Total Cost Amount	Employer Subsidy Amount
7/1/2024		\$1,570.57	\$0.00
7/1/2023	6/30/2024	\$1,421.33	\$0.00
7/1/2022	6/30/2023	\$1,298.02	\$0.00
7/1/2021	6/30/2022	\$1,166.02	\$0.00
7/1/2020	6/30/2021	\$1,132.06	\$0.00
7/1/2019	6/30/2020	\$1,095.54	\$0.00
7/1/2018	6/30/2019	\$1,326.91	\$0.00
7/1/2017	6/30/2018	\$1,218.47	\$0.00
7/1/2016	6/30/2017	\$1,147.21	\$0.00
7/1/2015	6/30/2016	\$1,073.12	\$0.00
7/1/2014	6/30/2015	\$972.52	\$0.00
7/1/2012	6/30/2014	\$972.52	\$0.00
7/1/2011	6/30/2012	\$973.09	\$0.00
7/1/2010	6/30/2011	\$940.18	\$0.00
7/1/2009	6/30/2010	\$817.55	\$0.00
7/1/2008	6/30/2009	\$735.47	\$0.00
7/1/2007	6/30/2008	\$644.88	\$0.00
7/1/2006	6/30/2007	\$585.49	\$0.00
7/1/2005	6/30/2006	\$503.86	\$0.00
12/1/2004	6/30/2005	\$427.00	\$0.00

How to Edit Insurance Coverages

Tip for Changing Coverage Rates

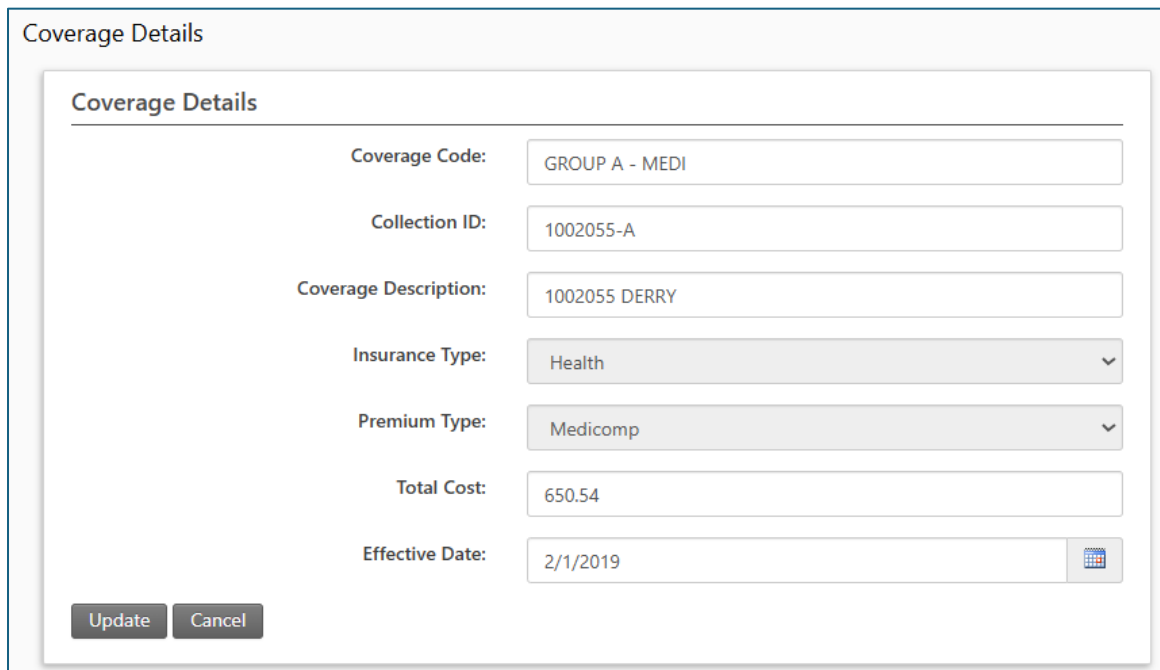
To apply a new insurance rate to an existing coverage record, simply edit the **cost** and **effective date** of that coverage as explained below. The existing coverage record will be terminated, and the new coverage record will automatically go into effect on the 1st of the following month, unless you state a *future month* in the **Effective Date** field (it must be a future month).

1. **Optional:** See [How to Optimize the Coverages Screen](#) for instructions on how to narrow the data displayed on the **Coverages** screen.
2. **Alternative:** To edit insurance coverages, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays. Locate the appropriate **Coverage Code** (using the Filter icon  if needed), then click **Edit** to the left. The **Coverage Details** screen displays.



	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1002055-A	Health	1 Person		\$804.00	\$0.00	2/1/2019	
View Edit Terminate	GROUP A - MEDI	1002055-A	Health	Medicomp		\$650.54	\$0.00	2/1/2019	
View Edit Terminate	GROUP B - MEDI	1002055-B	Health	Medicomp		\$162.89	\$0.00	6/1/2020	

3. On the **Coverage Details** screen, all fields are required.



The screenshot shows a web form titled "Coverage Details". The form contains the following fields and values:

- Coverage Code:** GROUP A - MEDI
- Collection ID:** 1002055-A
- Coverage Description:** 1002055 DERRY
- Insurance Type:** Health (dropdown menu)
- Premium Type:** Medicomp (dropdown menu)
- Total Cost:** 650.54
- Effective Date:** 2/1/2019 (with a calendar icon)

At the bottom left of the form, there are two buttons: "Update" and "Cancel".

4. Edit the following fields as necessary. Fields denoted with an * (asterisk) cannot be edited.

- **Coverage Code:** A system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, "0258 SAU 16 1 PERSON").
- **Collection ID**
- **Coverage Description**
- **Insurance Type*:** A dropdown of insurance options currently configured for the vendor. Options include:
 - Health
 - Dental
 - Vision

- **Premium Type*:** A dropdown of the premiums the vendor currently offers.
Choices include:
 - 1 Person
 - 2 Person
 - Family
 - Medcomp

- **Define Coverages by Employer:** Display only. Only displayed if equal to Yes.
Denotes whether the coverages must be associated to an Employer.
 - **Employer:** Only displayed and Required, if **Define Coverages by Employer** is Yes. This is the employer associated to the coverage. Not enabled if the insurance vendor is an Employer type.

- **Total Cost:** Cannot be less than zero.
Note: If the **Total Cost** of a coverage is changed, the system automatically terminates the record with the 'old' cost and creates a new record with the new total cost. The old record is maintained for historical rate purposes. The new record will automatically go into effect on the 1st of the following month, unless you state a future month in the **Effective Date** field (it must be a future month).

- **Employer Subsidy Amount:** Only displayed if an Employer Subsidy Amount greater than zero exists for the coverage. Cannot be less than zero.

- **Effective Date:** Must be the first day of a future month; cannot be the current or a prior month. Defaults to the first of the month following the last posted benefit payroll. The coverage cannot overlap a rate of the same coverage.


4. When done editing, click **Update**. If there are no errors, the record is saved and you are returned to the **Coverages** screen. Also, a green message displays at the top of the **Coverages** screen stating, “A termination date was added to the rate that was effective immediately prior to the new rate record. The prior rate was terminated as of the day before the new record’s effective date.”

 • A termination date was added to the rate that was effective immediately prior to the new rate record. The prior rate was terminated as of the day before the new record’s effective date.

How to Terminate Coverage Rates or Mass Move to a New Rate

Tip for Mass Moving Payees/Dependents to a New Coverage Rate

While terminating coverages, you will see the Replacement option which allows you to easily **mass move** payees to a new coverage and rate. Before beginning a mass move, ensure that the replacement coverage rate is set up. If the replacement rate is not already set up, termination should not proceed. View [How to Create \(Add\) Coverage Codes via DRS Web Entry](#) for details on establishing new coverages.

1. **Optional:** See [How to Optimize the Coverages Screen](#) for instructions on how to narrow the data displayed on the **Coverages** screen.
2. **Alternative:** To terminate a coverage, begin from the DRS Left Menu → Carrier Account → Coverages. The **Coverages** screen displays. Coverages that are Active (records without a date shown in the **Termination Date** column below) are eligible for termination. Locate the **Coverage Code** to be terminated (using the Filter icon  if needed), then click **Terminate** to the left. The **Coverage Details** screen

displays.

Insurance Reporting NHRS Data Reporting System

Coverages

Coverages ▼

	Coverage Code	Collection ID	Insurance Type	Premium Type	Employer	Total Cost Amount	Subsidy Amount	Effective Date	Termination Date
View Edit Terminate	GROUP A - 1 PER	1000350-A	Health	1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 1 PER-M	1000350-A	Health	Married - 1 Person		\$1,570.57	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER	1000350-A	Health	2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - 2 PER-M	1000350-A	Health	Married - 2 Person		\$3,171.58	\$0.00	7/1/2024	
View Edit Terminate	GROUP A - FAM	1000350-A	Health	Family		\$4,475.86	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 1 PER	1000350-G	Dental	1 Person		\$58.79	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - 2 PER	1000350-G	Dental	2 Person		\$91.44	\$0.00	7/1/2024	
View Edit Terminate	GROUP G - FAM	1000350-G	Dental	Family		\$140.67	\$0.00	7/1/2024	
View Edit Terminate	GROUP I - MEDI	1000350-I	Health	Medicomp		\$476.44	\$0.00	1/1/2026	
View Edit Terminate	GROUP I - MEDI-M	1000350-I	Health	Married - Medicomp		\$476.44	\$0.00	1/1/2026	
View Edit Terminate	Group J - Medi - No Rx	1000350-J	Health	Medicomp		\$220.21	\$0.00	1/1/2026	
View Edit Terminate	GROUP J - MEDI-M	1000350-J	Health	Married - Medicomp		\$220.21	\$0.00	1/1/2026	
View Edit Terminate	GROUP U - 1 PER	1000350-U	Health	1 Person		\$1,320.77	\$0.00	7/1/2024	
View Edit Terminate	GROUP U - 1 PER-M	1000350-U	Health	Married - 1 Person		\$1,320.77	\$0.00	7/1/2024	
View Edit Terminate	GROUP U - 2 PER	1000350-U	Health	2 Person		\$2,667.45	\$0.00	7/1/2024	
View Edit Terminate	GROUP U - FAM	1000350-U	Health	Family		\$3,763.94	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 1 PER	100350-V	Health	1 Person		\$1,120.83	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - 2 PER	100350-V	Health	2 Person		\$2,263.39	\$0.00	7/1/2024	
View Edit Terminate	GROUP V - FAM	100350-V	Health	Family		\$3,194.16	\$0.00	7/1/2024	
View Edit Terminate	GROUP W - 1 PER	100350-W	Health	1 Person		\$1,123.46	\$0.00	7/1/2024	

Total 2 Pages 1 2 >

[Add](#)

3. The **Coverage Details** screen is divided into two sections, **Coverage Details** and **Replacement Coverage (a.k.a. Mass Move)**, as highlighted with arrows below:

Coverage Details

Coverage Details

Coverage Code: GROUP A - 1 PER

Collection ID: 1000350-A

Coverage Description: GROUP A - 1 PER

Insurance Type: Health

Premium Type: 1 Person

Total Cost: 1570.57

Effective Date: 7/1/2024

Termination Date: 3/31/2026

Termination Reason:

Replacement Coverage

Replacement Collection ID:

Replacement Coverage Description:

Associated Payees

	Name	SSN	Classification	Dependent Owner	Effective Date	Termination Date
<input type="checkbox"/>		***-**-1384	Dependent		7/1/2022	
<input type="checkbox"/>		***-**-4314	Dependent		1/1/2026	

Update Cancel

Coverage Details Section

This section is for both coverage termination and the optional coverage replacement (mass moves to a new coverage). All fields in this section are disabled except **Termination Date** and **Termination Reason**, both of which are required.

- **Termination Date:** Defaults to the last day of the current month. This can be modified but it can only be the *last day of a future month*, it cannot be any other timeframe.
- **Termination Reason:** To select a reason, use the drop-down arrow. Options are:

Termination Reason	Additional Information Required
Age Ineligible	No additional documentation is required unless there is an appeal.
Coverage Change	Replacement coverage preferred
Deactivated at Fund Level	N/A
Deceased	Date of death, duty status
Divorce	Proof of legal separation
Other	N/A
Rescinded	N/A

WARNINGS: NHRS reviews all terminations. Requests with missing information will be sent back or denied.

Replacement Coverage (a.k.a. Mass Move/Bulk Move) Section

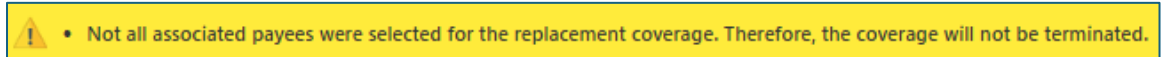
The Replacement Coverage section is optional. This section is also referred to as the Mass Move/Bulk Move section and is the most efficient way to both **terminate** a specific coverage and **transfer** payees to a different (replacement) coverage in one step on one screen. When using the Replacement Coverage section, the newly chosen coverage will take effect *one day after* the **Termination Date** above. For example, if the termination date is 8/31/2026, the new coverage will go into effect on September 1, 2026.

Note: Ensure you have the necessary coverages established before beginning the replacement option. With coverages in place, the replacement feature is simply a lift and shift. View [How to Create \(Add\) Coverage Codes via DRS Web Entry](#) for details on establishing new coverages.

WARNINGS:

- Terminate coverages only after creating the replacement rate. Never leave payees without active coverage during a payroll period.
- Incomplete termination requests will result in Pending status and delay coverage updates.
- **Replacement Collection ID:** Select an option by typing the beginning characters of the ID and clicking the appropriate match.
- **Replacement Coverage Description:** To select a description, use the drop-down arrow.
- **Associated Payees:** A replacement coverage can be selected and applied to either all Associated payees or to specific individual payees based on whether there is a check mark in the box to the left of their name. Any number of payees can be selected but are not required.

If all payees are not selected, a yellow message displays at the top of the screen stating, *“Not all associated payees were selected for the replacement coverage. Therefore, the coverage will not be terminated.”*



1. When finished, click **Update**; the following validations are performed:

- An Error is displayed if:
 - Neither Termination Date nor Termination Reason are provided.
 - The Termination is not the last day of a month.
 - The Termination date is in a prior month.
 - A Collection ID is selected without a Coverage.
 - A Replacement Collection ID or Coverage is selected but no Associated Payees are selected.
- A Warning displays that the coverage is terminated for **all** Associated Payees if no Replacement Collection ID and Replacement Coverage Description are selected.

If no errors are generated and if all warnings are ignored, the following is performed:

1. If a Replacement Coverage is not selected:
 - a. For all Associated Payees, the insurance deductions for the terminated coverage are terminated as of the given Termination Date.
 - b. The Coverage is terminated as of the provided Termination Date.
2. If a Replacement is selected:

- a. For all selected Associated Payees, the insurance deductions for the current coverage are terminated as of the given Termination Date.
 - b. New coverage records for the Replacement Coverage are created for the Associated Payees, effective as of the first of the month following the Termination Date.
 - c. Payee coverage updates are processed through the Authorization Review Process.
 - d. If all payees were selected, then the Coverage is terminated as of the provided Termination Date.
3. When done terminating a coverage, click **Update** to save the changes.

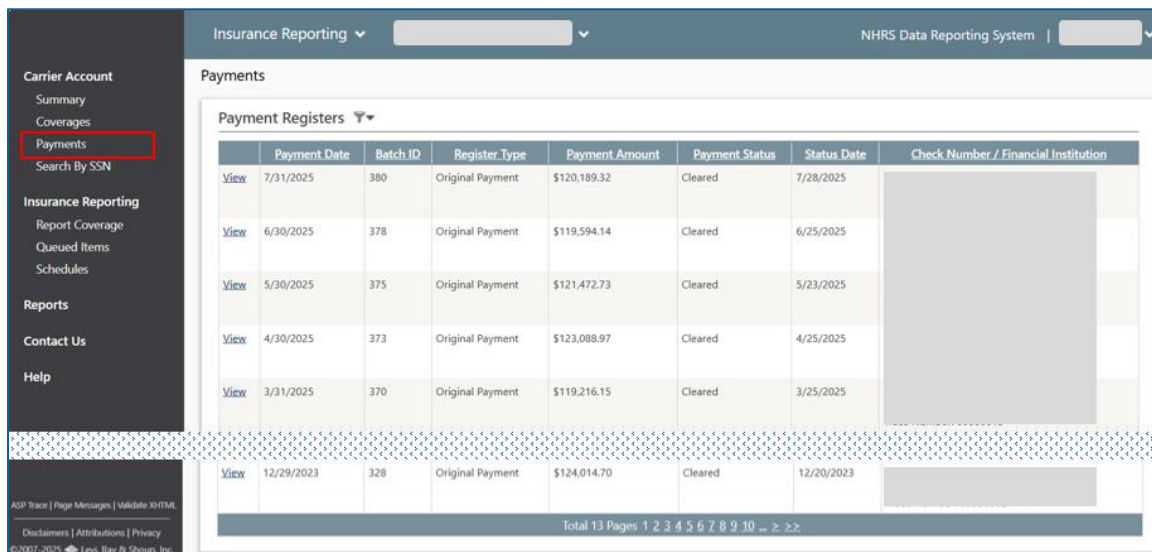
PAYMENTS

The DRS Payments feature provides visibility to all payments that NHRS made to insurance vendors and also provides the ability to:

- Filter by Date Range, Batch ID, Register Type
- View Payment Details by Benefit Payroll or Adjustments
- Export to Excel for reconciliation

How to View Payment Registers

1. Begin from the DRS Left Menu → Carrier Account → Payments. The **Payment Registers** screen displays.



	Payment Date	Batch ID	Register Type	Payment Amount	Payment Status	Status Date	Check Number / Financial Institution
View	7/31/2025	380	Original Payment	\$120,189.32	Cleared	7/28/2025	
View	6/30/2025	378	Original Payment	\$119,594.14	Cleared	6/25/2025	
View	5/30/2025	375	Original Payment	\$121,472.73	Cleared	5/23/2025	
View	4/30/2025	373	Original Payment	\$123,088.97	Cleared	4/25/2025	
View	3/31/2025	370	Original Payment	\$119,216.15	Cleared	3/25/2025	
View	12/29/2023	328	Original Payment	\$124,014.70	Cleared	12/20/2023	

ASP Trace | Page Messages | Validate XHTML
 Disclaimers | Attributions | Privacy
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Total 13 Pages: 1 2 3 4 5 6 7 8 9 10 ... 2 >>

Tip for Viewing Payment Registers

- Payments are issued monthly. Use the filters icon to narrow large registers and avoid manual scrolling.

- You can view reporting schedules by navigating to DRS Left Menu → Insurance Reporting → Schedules to view the following. Also, see [Viewing Insurance Reporting Schedules](#) for Schedule information.
 - **Report Begin Day/Time:** 1st of the Month at 12:00AM
 - **Report End Day/Time:** 20th of the Month at 12:00PM

Note: Occasionally, NHRS will adjust the Reporting End Day to accommodate the processing of monthly Vendor Payroll. Carriers are advised to verify their [Insurance Reporting Schedules](#) for the current calendar year for details.

 - Override Required (if applicable)
 - **WARNING:** Always confirm cleared status before applying to local accounting.
2. The **Payment Registers** screen displays all the payment registers for the insurance vendor displayed at the top of the screen. The payment register columns are:
- **Payment Date:** The date given as the Payment Date while initiating the Vendor Payroll.
 - **Batch ID:** The Batch ID assigned to the given Vendor Payroll.
 - **Register Type:** The type of payment register. Typically, this is Original Payment but also denotes voided and reissued payments.
 - **Payment Amount:** The amount paid to the vendor in the payment.
 - **Payment Status:** The status of the payment.
 - **Status Date:** The latest date the payment status was changed.
 - **Check Number/Financial Institution:** The check number or financial institution information for ACH related payments.

- To view payment details, locate the payment register you want to expand and click **View** to the left. The **Payments** screen displays. To continue, pick up at **Step 2** in the section below.

How to View Payment Details

- Begin from the DRS Left Menu → Carrier Account → Payments. The **Payment Registers** screen displays. Locate the payment register you want to expand and click **View** to the left. The **Payments** screen displays.
- The **Payments** screen displays two sections of information for the selected register:

At the top, the **Payment Registers** section displays the same column details as the previous screen.

The lower half displays the **Payment Details**, which provides a breakdown of the vendor transactions that make up the given payment.

Payments						
Back To: Payments						
Payment Registers						
Payment Date	Batch ID	Register Type	Payment Amount	Payment Status	Status Date	Check Number / Financial Institution
1/30/2026	393	Original Payment	\$285,881.54	Cleared	1/26/2026	CITIZENS BANK NA Account Number: *****4380 Trace Number: 00000045

Payment Details						
	Insurance Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Other	
→ Benefit Payroll Details	\$562,642.70	\$159,451.29	(\$555,144.65)		\$120,568.05	\$0.00
Health	\$562,642.70	\$159,451.29	(\$555,144.65)		\$120,568.05	\$0.00
Dental	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
→ Adjustments Details	(\$4,001.59)	\$0.00	\$2,957.17		(\$591.43)	\$0.00
Health	(\$4,001.59)	\$0.00	\$2,957.17		(\$591.43)	\$0.00
Dental	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
→ Other Details	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total	\$558,641.11	\$159,451.29	(\$552,187.48)		\$119,976.62	\$0.00

Directly below the **Payment Details** heading are the following transaction categories:

- **Benefit Payroll (Details):** All vendor transactions associated with the vendor payroll batch and vendor, where the Transaction Method is 'Benefit Payroll', i.e.,

all transactions are generated from deductions within the Benefit Payroll Process.

- **Adjustments (Details):** All vendor transactions associated with the vendor payroll batch and vendor, where the Transaction Method is not 'Benefit Payroll.' These transactions are generated from Insurance Adjustments (Insurance Reporting), Benefit Repayments, and Voided Payments.
- **Other (Details):** Transactions from users manually entering vendor transactions within PensionGold, which is the New Hampshire Retirement System's core pension administration system.

Health, Dental, Vision, and Other are separated by the Insurance Type associated with the specific Vendor Transaction. Other is used for transactions not associated to an Insurance Type, i.e., manual transaction.

The five column grid includes the following headings:

- **Insurance Premium:** The sum of the Transactions Amounts of all Vendor Transaction associated to the vendor payroll batch and vendor where the Detail Type is 'Insurance Premium'.
- **Medical Subsidy:** The sum of the Transactions Amounts of all Vendor Transaction associated to the vendor payroll batch and vendor where the Detail Type is 'Medical Subsidy'.
- **Employer Subsidy:** The sum of the Transactions Amounts of all Vendor Transaction associated to the vendor payroll batch and vendor where the Detail Type is 'Employer Subsidy'.
- **Employer Subsidy Reduction:** The sum of the Transactions Amounts of all Vendor Transaction associated to the vendor payroll batch and vendor where the Detail Type is 'Employer Subsidy Reduction'.

- **Other:** The sum of manual vendor transactions not associated to Benefit Payroll or Adjustments. This field is only populated for the Other category.

The **Total** row at the bottom displays the total of each column heading.

3. To view transaction details, select a transaction category (Benefit Payroll, Adjustments, Other) and click **Details** to the right. The **Transaction Details grid** displays at the bottom of the screen. To continue, pick up at **Step 2** in the section below.

How to View Transaction Details

1. Begin from the DRS Left Menu → Carrier Account → Payments. The **Payment Registers** screen displays. Under **Payment Details**, select a transaction category (Benefit Payroll, Adjustments, Other) and click **Details** to the right. The **Transaction Details grid** displays at the bottom of the screen.
2. The **Transaction Details grid** below lists the individual transactions that make up the selected category's totals. In the sample screen below, the category selected was **Benefit Payroll (A.)**; therefore, the **Transaction Details** grid lists the Description of the transaction and shows the breakdown of the Insurance Premium, Medical Subsidy, Employer Subsidy, Employer Subsidy Reduction, and Other payment transactions, that when added together, make up the total amounts for the

selection category.

Payments

Back To: [Payments](#)

Payment Registers

Payment Date	Batch ID	Register Type	Payment Amount	Payment Status	Status Date	Check Number / Financial Institution
1/30/2026	393	Original Payment	\$285,881.54	Cleared	1/26/2026	

Payment Details

	Insurance Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Other
Benefit Payroll Details	\$562,642.70	\$159,451.29	(\$555,144.65)	\$120,568.05	\$0.00
Health	\$562,642.70	\$159,451.29	(\$555,144.65)	\$120,568.05	\$0.00
Dental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adjustments Details	(\$4,001.59)	\$0.00	\$2,957.17	(\$591.43)	\$0.00
Health	(\$4,001.59)	\$0.00	\$2,957.17	(\$591.43)	\$0.00
Dental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Details	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$558,641.11	\$159,451.29	(\$552,187.48)	\$119,976.62	\$0.00

Transaction Details

Source Type	Payee	Owner	Description	Insurance Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Other
Benefit Payroll			TREASURER STATE OF NH 1532019 - (2 Person) - Health	\$2,281.73	\$751.12	(\$2,281.73)	\$606.57	\$0.00
Benefit Payroll			TREASURER STATE OF NH 1532019 - (2 Person) - Health	\$2,281.73	\$751.12	(\$2,281.73)	\$606.57	\$0.00
Benefit Payroll			TREASURER STATE OF NH 1532019 - (Medicomp) - Health	\$0.00	\$219.83	\$0.00	\$0.00	\$0.00
Benefit Payroll			TREASURER STATE OF NH 1532019 - (Medicomp) - Health	\$219.83	\$0.00	(\$219.83)	\$21.98	\$0.00
			Total	\$562,642.70	\$159,451.29	(\$555,144.65)	\$120,568.05	\$0.00

Total 18 Pages 1 2 3 4 5 6 7 8 9 10 > >>

3. Within the **Transaction Details** grid, the following information is provided for each transaction:

- **Source Type:** The source of the transaction, which can be any of the following:
 - **Benefit Payroll:** This source type is used for all transactions derived from a Benefit Payroll Process.
 - **Insurance Adjustment:** This source type is used for retroactive Insurance Reporting or manually maintained Insurance Adjustments.

- **Benefit Repayment:** This source type is used when the transaction is derived from the Benefit Repayment process or offsetting a vendor's total within a benefit repayment.
- **Voided Benefit Payment:** This source type is used when the transaction is derived from voiding a benefit payment.
- **Other:** This source type is used for Vendor Transactions manually added to a vendors account.
- **Payee:** The name of the payee associated to transaction via Insurance Deduction. Note that for some transactions a payee's name will not be present.
- **Owner**
- **Description:** The description associated with the transaction. For Benefit Payroll, Repayments, and Voided Benefit Payment transactions, the description matches the detail description of the insurance deduction within the payee's benefit register. For manual transactions, the description is what you provide for the transaction.
- **Insurance Premium**
- **Medical Subsidy**
- **Employer Subsidy**
- **Employer Subsidy Reduction**
- **Other**

SEARCHING BY SSN

The Search by SSN feature enables you to find a specific payee and view their insurance record, which includes:

- Basic demographics information
- Selected insurance coverage, which also cover their identified dependents
- Medicare number, eligibility dates, and others who are covered by Medicare

When viewing a payee's insurance record, you have the opportunity to:

- **Add** various insurance coverages (Health, Dental, etc.) and dependents
- **Terminate** coverages and dependents
- **Edit** dependents and individuals on Medicare

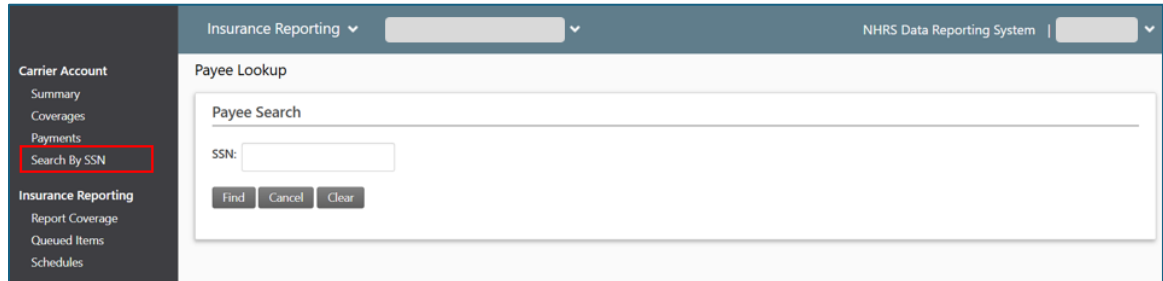
Additionally, you can simply **Replace** one coverage with a different coverage or perform a coverage **Mass Replace**.

Note: You must know the payee's full Social Security Number (SSN) before beginning the search.

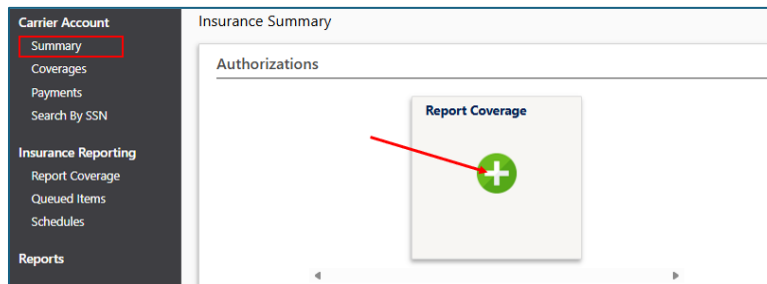
How to Lookup Payees by SSN

1. There are three ways to bring a search by SSN and all three ways bring you to the **Payee Lookup** screen.

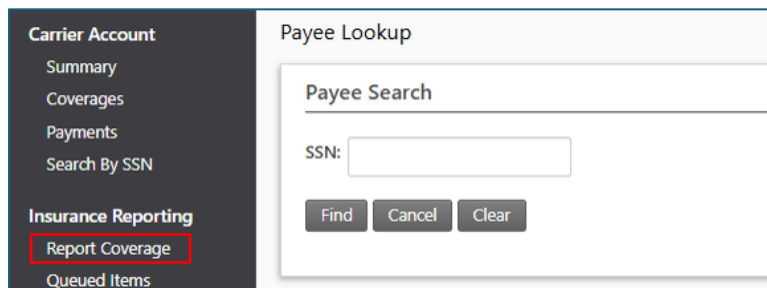
- a. From the DRS Left Menu → Carrier Account → Search by SSN.



- b. From the DRS Left Menu → Carrier Account → Summary → click the Report Coverage plus sign (+).



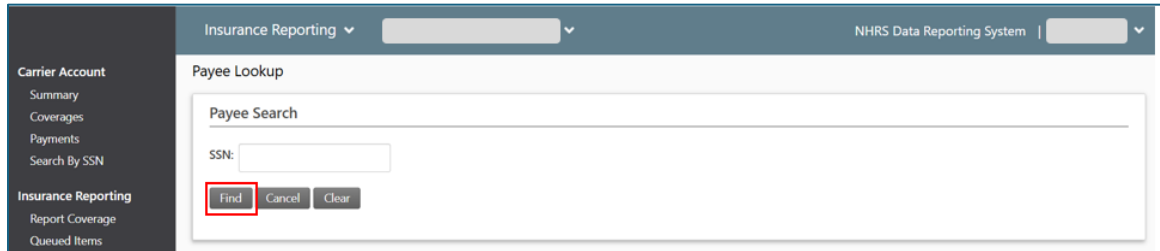
- c. From the DRS Left Menu → Insurance Reporting → Report Coverage.



Options **a.** - **c.** above all bring you to the **Payee Lookup** screen.

2. On the **Payee Lookup** screen, in the **SSN** field, enter the payee's full 9-digit Social Security Number (SSN) without spaces or unauthorized characters. Dashes are not

required but are acceptable. Click **Find**.



The screenshot shows the 'Payee Lookup' section of the NHRS Data Reporting System. It includes a 'Payee Search' input field, an 'SSN:' label, and three buttons: 'Find' (highlighted with a red box), 'Cancel', and 'Clear'. The left sidebar contains navigation options like 'Carrier Account', 'Summary', 'Coverages', 'Payments', 'Search By SSN', 'Insurance Reporting', 'Report Coverage', and 'Queued Items'.

The following validations are performed.

Validation	Message / Result
If the SSN is entered in an invalid format (has spaces or unauthorized characters, is under 9 digits, etc.)...	<i>“SSN must be 9 digits in length.”</i>
If a person is not found with the SSN...	<i>“A Person was not found for the SSN.”</i>
If a person is found with the SSN but none of the person’s employers are associated to the insurance vendor... Note: If the person found is a recipient of a Continuance or Survivor Annuity, the employment history of the original payee is used.	<i>“A Person was found but not associated with this Insurance Carrier.”</i>
If a person is found and associated to the insurance vendor but have no active benefits associated to them... Note: ‘Active benefits’ means that the payee’s benefit has been activated and on payroll.	<i>“The Person is not an Active Payee.”</i>

3. When validations are complete and there are no issues, that means that the system located a payee who is *associated to the insurance vendor* and who has *active benefits*. Next, one of two different screens will display:
 - a. **The Find Results grid:** When an exact SSN is found with **multiple benefit types**, the **Find Results grid** displays, listing each of the Payee’s benefit types.

Payee Lookup

Payee Search

SSN:

Find Results

	SSN	Name	Benefit Type	Benefit Effective Date
Select	***-**-1111	DOE, JOHN	Service Retirement	5/1/2026
Select	***-**-1111	DOE, JOHN	Additional Annuity	5/1/2026

To access information related to a specific benefit type, locate the desired benefit and click **Select** to the left. The **Payee Insurance** screen displays.

- b. **The Payee Insurance screen:** When an exact SSN is found with a **single benefit**, the **Payee Insurance** screen displays immediately:

Payee Insurance

Payee Information

Name: [REDACTED]	Medicare Number: *****R/95
SSN: ***-**-4357	Part A Eligibility Date: 3/1/2023
Gender: Male	Part B Eligibility Date: 4/1/2025
Birth Date: 3/12/1958	Eligible for Medical Subsidy: True
Benefit Type: Service Retirement	Expected Medical Subsidy: \$473.68
Benefit Effective Date: 7/1/2004	

Insurance

Coverages Dependents Medicare

	Payee Name	Name	Insurance Type	Premium Type	Collection ID	Coverage Code	Coverage Description	Coverage Rate	Medical Subsidy Only	Effective Date	Termination Date	Employer Name
Terminate			Health	1 Person	1000350-D	GROUP D - 1 PER	1000350 HARVARD HMO		No	9/1/2004	6/30/2011	
Terminate			Dental	1 Person	1000350-G	GROUP G - 1 PER	GROUP G - 1 PER	\$58.79	No	4/1/2025	3/31/2026	
Terminate			Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	4/1/2025		
Terminate			Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	2/1/2026		
Terminate			Health	1 Person	1000350-U	GROUP U - 1 PER	GROUP U - 1 PER	\$1,320.77	Yes	4/1/2025	1/31/2026	

[Add](#)

Pending Approval

	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete	Documentation	Dependent	Dependent Change (Generic)	Pending	2/27/2026	4/1/2025
View Edit Delete	Documentation	Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

4. The **Payee Insurance** screen is the entry point to the payee’s insurance record, where you can view payee demographics; maintain insurance coverages, dependents, and Medicare information for the payee; and maintain any record changes that may be pending approval from NHRS. This screen is divided into three sections (top: Payee Information, middle: Insurance, and bottom: Pending Approval)

as shown below:

Payee Insurance

Payee Information

Name: [REDACTED]	Medicare Number: *****R/95
SSN: ***-**-4357	Part A Eligibility Date: 3/1/2023
Gender: Male	Part B Eligibility Date: 4/1/2025
Birth Date: 3/12/1958	Eligible for Medical Subsidy: True
Benefit Type: Service Retirement	Expected Medical Subsidy: \$473.68
Benefit Effective Date: 7/1/2004	

Insurance

[Coverages](#) [Dependents](#) [Medicare](#)

	Payee Name	Name	Insurance Type	Premium Type	Collection ID	Coverage Code	Coverage Description	Coverage Rate	Medical Subsidy Only	Effective Date	Termination Date	Employer Name
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-D	GROUP D - 1 PER	1000350 HARVARD HMO		No	9/1/2004	6/30/2011	
Terminate	[REDACTED]	[REDACTED]	Dental	1 Person	1000350-G	GROUP G - 1 PER	GROUP G - 1 PER	\$58.79	No	4/1/2025	3/31/2026	
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	4/1/2025		
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	2/1/2026		
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-U	GROUP U - 1 PER	GROUP U - 1 PER	\$1,320.77	Yes	4/1/2025	1/31/2026	

[Add](#)

Pending Approval

	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation	[REDACTED]	Dependent	Dependent Change (Generic)	Pending	2/27/2026	4/1/2025
View Edit Delete Documentation	[REDACTED]	Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete Documentation	[REDACTED]	Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026


a. The Payee Information Section

This section displays basic payee demographic information as well as their Medicare Number and Part A / B eligibility dates. If Medicare information does not exist, then the Medicare fields are blank. The following fields are displayed:

- **Name**
- **SSN**
- **Gender**
- **Birth Date**
- **Benefit Type**
- **Benefit Effective Date**

- **Medicare Number:** Blank if not available.
- **Part A Eligibility Date:** Blank if not available.
- **Part B Eligibility Date:** Blank if not available.
- **Eligibility for Medical Subsidy:** The eligibility flag for Medical Subsidy from the payees Insurance Profile. Denotes whether the payee is eligible for Medical Subsidy.
- **Expected Medical Subsidy Amount:** The calculated Medical Subsidy Amount. This amount is the ‘expected’ amount and should not be considered the true subsidy to the payee.

b. **The Insurance Section**

This section includes three tabs that provide access to insurance-related **Coverages, Dependents, and Medicare** details. These tabs allow you to view a payee’s insurance record as well as maintain their record via adding, editing, or terminating information. Each tab displays the currently posted information. **Note:** When the pending approval icon  displays in the last column of a tab, that indicates the line item is pending approval from NHRS.

c. **The Pending Approval Section**

This section displays all of a payee’s insurance-related records that currently have a status of **Pending, Need More Information, or Documentation Required**.

Pending = awaiting approval from NHRS.

Need More Information and **Documentation Required** = user action required.

MAINTAINING PAYEE COVERAGES

How to Add Payees and Dependents – First Time

Adding payees and dependents for the first time can be done in one of two ways:

1. **By Sending NHRS a .txt File of Individuals:** Include the following information:
 - Full Name
 - SSN
 - Dependent’s Full Name, if applicable
 - Identify which coverages each should be associated to
 - **Note:** Using the .txt file method, NHRS requires a 7-day lead-time before the rates are due to be effective.

2. **Manually via DRS Web Entry:** Report coverage for each individual, one at a time via web entry. This process can only be done after the coverage has been added.

Once each member has been updated for the first time or following any other requirement, additional documentation will be needed:

- a. Medicare Information Changed – Physician Statement needed
- b. First Time Insurance – Insurance Authorization Form needed

Table: Additional Types/Sub Types and the Corresponding Required Documents

- **Type** = The type of change made: Dependent, Medicare, or Insurance Deduction.
- **Sub Type** = Futher breakdown of the type of event of the item.

Type	Sub Type	Documentation Required	
------	----------	------------------------	--

Dependent	Dependent Change (Generic)	No	
Dependent	Disabled Dependent Maintained	Yes	Physician Statement
Dependent	Fulltime Student Maintained	Yes	School Letter
Dependent	Spouse Dependent Maintained	No	Marriage Certificate
Dependent	Terminating Dependent Death	No	Death Certificate
Dependent	Terminating Dependent Divorce	Yes	Divorce Decree
Dependent	Terminating Dependent	No	
Insurance Deduction	First Time Insurance	Yes	Authorization Form
Insurance Deduction	Insurance on Additional Annuity Benefits	No	Authorization Form
Insurance Deduction	Adding Health: Non-Health History	No	
Insurance Deduction	Medicomp Insurance Added	No	
Insurance Deduction	New Insurance After Gap	Yes	
Insurance Deduction	Retro Insurance Added	No	
Insurance Deduction	Terminating Insurance Delete	No	
Insurance Deduction	Terminating Insurance Death	No	Death Certificate
Insurance Deduction	Terminating Insurance Divorce	Yes	Divorce Decree
Insurance Deduction	Medical Subsidy Overrides	No	
Insurance Deduction	Insurance Change (Generic)	No	
Insurance Deduction	Retro Insurance Terminated	No	
Medicare	Medicare Information Changed	Yes	Medicare Card or Letter from Social Security

How to Add Payees and Dependents – Going Forward

Once payees have been established, vendors can make updates directly through DRS.

How to Add/Terminate Payee Rates on a Larger Scale

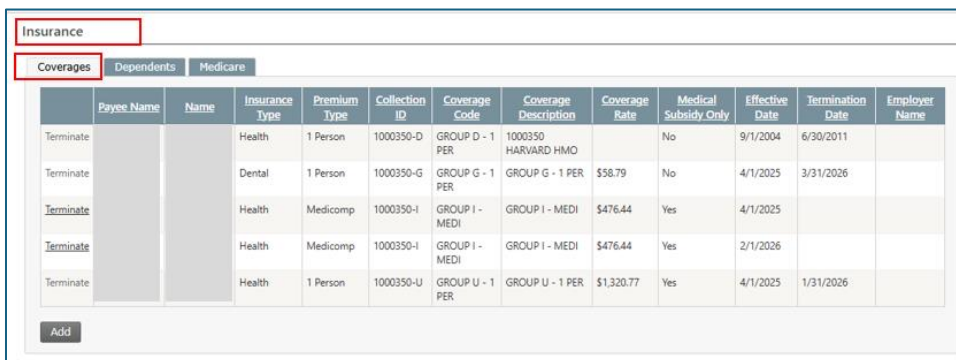
Adding or terminating large volumes (bulk change) of payees can be done in one of two ways:

1. **Manually via DRS Web Entry:** After adding new rates, vendors can use the [mass move](#) functionality to update groups of individuals from one rate to another. This functionality can also be used to terminate rates completely.
2. **By Sending NHRS a .txt File of Adds/Terminations:** Include the following information:
 - Full Name
 - SSN
 - Dependent's Full Name, if applicable
 - Optional: Identify each payee's current coverage and the new coverage each should be associated to.
 - If coverages are not provided, vendors can later do the mass update process in DRS themselves to move the members to the new rates
 - If coverages are provided, NHRS will perform the mass move.

Note: Using this method, NHRS requires a 7-day lead-time before the rates are due to be effective.

How to View Payee Coverages

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, the **Insurance** section defaults to display the **Coverages** tab, which displays the **Coverages grid**, which displays all posted insurance deductions for the given payee:



Insurance											
Coverages											
Payee Name	Name	Insurance Type	Premium Type	Collection ID	Coverage Code	Coverage Description	Coverage Rate	Medical Subsidy Only	Effective Date	Termination Date	Employer Name
Terminate		Health	1 Person	1000350-D	GROUP D - 1 PER	1000350 HARVARD HMO		No	9/1/2004	6/30/2011	
Terminate		Dental	1 Person	1000350-G	GROUP G - 1 PER	GROUP G - 1 PER	\$58.79	No	4/1/2025	3/31/2026	
Terminate		Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	4/1/2025		
Terminate		Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	2/1/2026		
Terminate		Health	1 Person	1000350-U	GROUP U - 1 PER	GROUP U - 1 PER	\$1,320.77	Yes	4/1/2025	1/31/2026	

Each row represents a single insurance deduction and includes the following:

- **Payee Name:** The name of the payee the insurance coverages are associated to.
- **Name:** The name of the person the insurance coverage is for. For Classifications of Retiree, this is the name of the payee. For Classifications of Dependent, this is the name of the Covered Dependent.
- **Insurance Type**
- **Premium Type**
- **Collection ID**
- **Coverage Code:** A system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, “0258 SAU 16 1 PERSON”).
- **Coverage Description**

- **Coverage Rate:** The total cost of an insurance coverage plan.
- **Medical Subsidy Only**
- **Effective Date**
- **Termination Date**
- **Employer Name**

How to Add Payee Coverage

Note: New members always require authorization forms.

Each new insurance coverage that is added creates an **insurance deduction** record for a payee.

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Insurance** section, click the **Coverages** tab, click the **Add** button. An **Insurance Reporting** screen displays.

Payee Insurance

Payee Information

Name: [REDACTED]	Medicare Number: *****RJ95
SSN: ***-**-4357	Part A Eligibility Date: 3/1/2023
Gender: Male	Part B Eligibility Date: 4/1/2025
Birth Date: 3/12/1958	Eligible for Medical Subsidy: True
Benefit Type: Service Retirement	Expected Medical Subsidy: \$473.68
Benefit Effective Date: 7/1/2004	

Insurance

Coverages Dependents Medicare

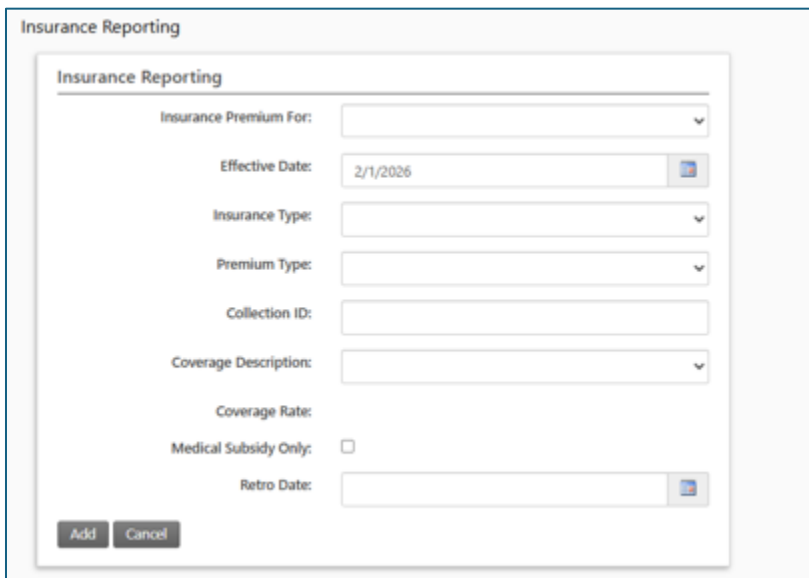
	Payee Name	Name	Insurance Type	Premium Type	Collection ID	Coverage Code	Coverage Description	Coverage Rate	Medical Subsidy Only	Effective Date	Termination Date	Employer Name
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-D	GROUP D - 1 PER	1000350 HARVARD HMO		No	9/1/2004	6/30/2011	
Terminate	[REDACTED]	[REDACTED]	Dental	1 Person	1000350-G	GROUP G - 1 PER	GROUP G - 1 PER	\$58.79	No	4/1/2025	3/31/2026	
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	4/1/2025		
Terminate	[REDACTED]	[REDACTED]	Health	Medicomp	1000350-I	GROUP I - MEDI	GROUP I - MEDI	\$476.44	Yes	2/1/2026		
Terminate	[REDACTED]	[REDACTED]	Health	1 Person	1000350-U	GROUP U - 1 PER	GROUP U - 1 PER	\$1,320.77	Yes	4/1/2025	1/31/2026	

[Add](#)

Pending Approval

	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete	Documentation	Dependent	Dependent Change (Generic)	Pending	2/27/2026	4/1/2025
View Edit Delete	Documentation	Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete	Documentation	Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

3. On the **Insurance Reporting** screen, complete the fields as explained below:



- **Insurance Premium For:** Required – A dropdown containing all the associated dependents and the retire. Selecting a dependent sets the Classification of the “to-be” deduction to Dependent. Otherwise, the Classification is Retiree.
 - **Covered Dependents:** If a dependent is selected from the dropdown, the **Covered Dependents popup** screen displays all dependents covered by the insurance coverage.

If the payee is selected, all covered dependents are removed and the Covered Dependents popup is not displayed.

Covered Dependents:	Name	Owner
Edit Delete		<input checked="" type="checkbox"/>
Add		

Perform an action: Add, Edit, or Delete.

- **Effective Date:** Required – The date the coverage becomes effective. Defaults to the 1st day of the current month. When modifying the Effective Date, it must be the 1st of the current month if the current date is before the 15th; otherwise, it after the 15th, the date must be the 1st of the following month.

- **Insurance Type:** Required – A dropdown of insurance types the are available from the Insurance Carrier for this payee, for example, Health, Dental, etc.
- **Premium Type:** Required – A dropdown of available premium types for the vendor. This field updates automatically upon changing the Insurance Type, Coverage Code, or Collection ID. Premium Types include:
 - 1 Person
 - 2 Person
 - Family
 - Medicomp
- **Collection ID:** Required – This is a 7-digit system generated identifier that is followed by one alpha character. To locate a Collection ID, begin your search by typing the first digits of the Collection ID. Available Collection IDs are then displayed as you type. This field updates automatically upon changing Effective Date, Insurance Type, or Premium Type. Example Collection IDs are:
 - 1000350-A
 - 1000350-U
 - 100350-V
- **Coverage Description:** Required – This is a system-generated description that uses a combination of Premium Type and Collection ID. This is a drop-down list of coverage descriptions for the vendor. Automatically fills after selecting a Collection ID. An example Coverage Description is
GROUP U – 1 PER – GROUP U – 1 PER

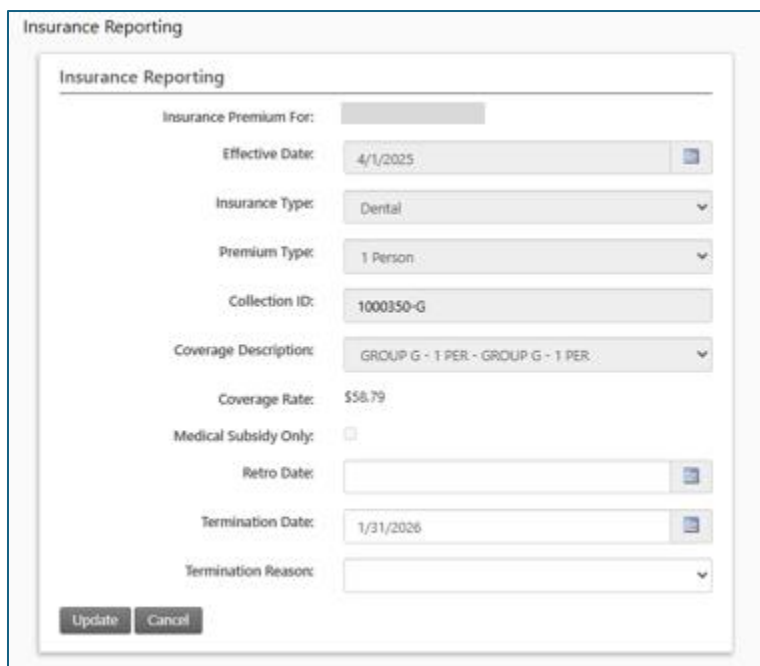
Coverage Description:	GROUP U - 1 PER - GROUP U - 1 PER
-----------------------	-----------------------------------

TIP: If a Coverage Description does not appear, confirm that the employer is correctly associated with the insurance profile.

- **Coverage Rate:** Display Only – Automatically displays after the Coverage Description is complete.
 - **Medical Subsidy Only:** Optional – An indicator used during the Medical Subsidy Adjustment process to calculate payee insurance costs.
 - **Retro Date and Retro Reason:** These fields are for NHRS use only. Carriers should not complete these fields; instead, when a retro is necessary, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require a valid retro reason, which must be one of the following: Divorce, Last Medicare/65 Change, Late New Add, Late Termination, Marriage/Remarriage, New Continuance, Other, or Spouse Death.
 - **Other Comments:** Only displays if the Retro Reason is **Other**. Not available for carriers; for NHRS use only.
4. When done completing the fields, click **Add**. You are returned to the **Payee Insurance** screen, and a new line item appears in the Pending Approval section of the screen with a **Type** identified as Insurance Deduction.

How to Terminate Payee Coverage

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, the **Insurance** section (middle of screen) defaults to display the **Coverages** tab. Locate the coverage to be removed and click **Terminate** to the left. A **Terminate** link is available for all active Insurance Deductions. An **Insurance Reporting** screen displays.
3. On the **Insurance Reporting** screen, complete the fields listed below:



The screenshot shows the 'Insurance Reporting' form with the following fields and values:

- Insurance Premium For: [Empty]
- Effective Date: 4/1/2025
- Insurance Type: Dental
- Premium Type: 1 Person
- Collection ID: 1000350-G
- Coverage Description: GROUP G - 1 PER - GROUP G - 1 PER
- Coverage Rate: \$58.79
- Medical Subsidy Only:
- Retro Date: [Empty]
- Termination Date: 1/31/2026
- Termination Reason: [Empty]

Buttons: Update, Cancel

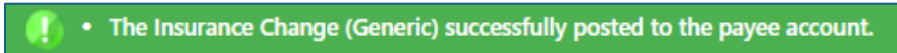
- **Medical Subsidy Only**
 - **Retro Date and Retro Reason:** These fields are for NHRS use only. Carriers should not complete these fields; instead, when a retro is necessary, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require a valid retro reason, which must be one of

the following: Divorce, Last Medicare/65 Change, Late New Add, Late Termination, Marriage/Remarriage, New Continuance, Other, or Spouse Death.

- **Other Comments:** Only displays if the Retro Reason is **Other**. Not available for carriers; for NHRS use only.
- **Termination Date:** Required – Date of the termination. Defaults to the last day of the prior month.
- **Termination Reason:** Required – A drop-down list of available Termination Reasons. Options include:
 - Age Ineligible*
 - Benefit Termination
 - Coverage Change*
 - Deceased: The Deceased option is for NHRS use only. Carriers should not select Deceased as a termination reason; instead, when there is a death, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require the Date of Death and a valid Death Type, which must be either Duty or Non Duty.
 - Divorce*
 - Insufficient Funds
 - Member Requested Cancellation
 - No Longer a Full Student
 - Rescinded
 - Unpaid Premiums

* If selected, the fields **Replacement Collection ID** and **Replacement Coverage Description** display at the bottom of the screen.

- **Date of Death:** An NHRS only field. Email your NHRS Retirement Generalist for assistance.
 - **Death Type:** An NHRS only field. Email your NHRS Retirement Generalist for assistance.
 - **Replacement Collection ID:** Optional. The Replacement Collection ID of all coverages associated to the Insurance Carrier associated to the employers on the payee's insurance profile. Only displayed if **Termination Reason** is 'Age Ineligible', 'Coverage Change', or 'Divorce.
 - **Replacement Coverage Description:** Required if Replacement Collection ID is selected. All Coverage Codes associated to the Replacement Collection ID.
4. When done with screen input, click **Update**. If there are no errors, the record is saved and you are returned to the **Payee Insurance** screen. Also, a green message displays at the top of the screen stating, *"The Insurance Change (Generic) successfully posted to the payee account."*



• The Insurance Change (Generic) successfully posted to the payee account.

And the following takes place:

- If a **Replacement Collection ID** and **Replacement Coverage Description** was selected, a new Insurance Coverage record is created for the same Payee/Dependent as the terminated record. The new coverage record is saved with the Carrier and Insurance Type from the prior record but with the new coverage, effective one day after the Termination Date.
- You are returned to the **Payee Insurance** screen.

Maintaining Dependents

The **Dependents** tab displays all dependents associated to the given payee.

Insurance

Coverages
Dependents
Medicare

	Name	Birth Date	Relationship	Disabled	Full Time Student	Effective Date	Status
Edit Terminate	Russell, Susan	2/9/1961	Wife	No	No	4/1/2025	Active

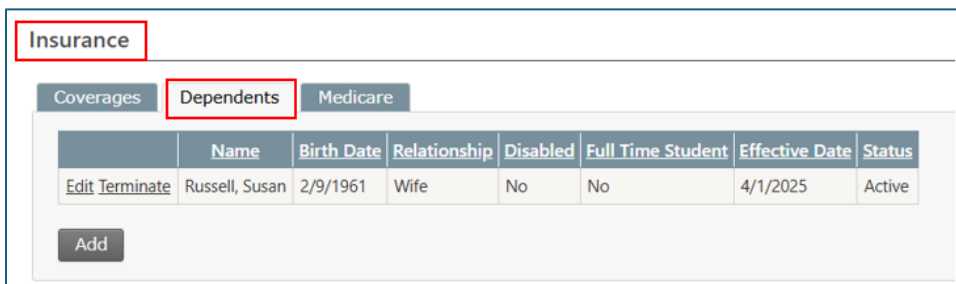
Add

Each row represents a single dependent and includes the following:

- **Name:** The name of the dependent associated to the payee.
- **Birth Date**
- **Relationship**
- **Disabled**
- **Full Time Student**
- **Effective Date**
- **Status**

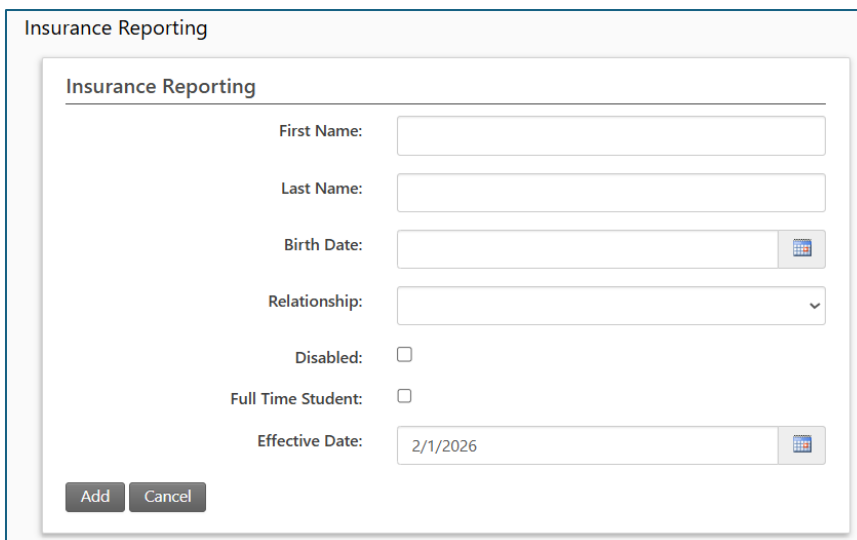
How to Add Dependents

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee's full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Insurance** section, click the **Dependents** tab. The **Dependents grid** displays.



	Name	Birth Date	Relationship	Disabled	Full Time Student	Effective Date	Status
Edit Terminate	Russell, Susan	2/9/1961	Wife	No	No	4/1/2025	Active

3. To **add** a new dependent to the payee's insurance record, click **Add** at the bottom of the **Dependents grid**. The **Insurance Reporting** screen displays. Complete the fields below:





Insurance Reporting

Insurance Reporting

First Name:


Last Name:

Birth Date: 

Relationship: 

Disabled:

Full Time Student:

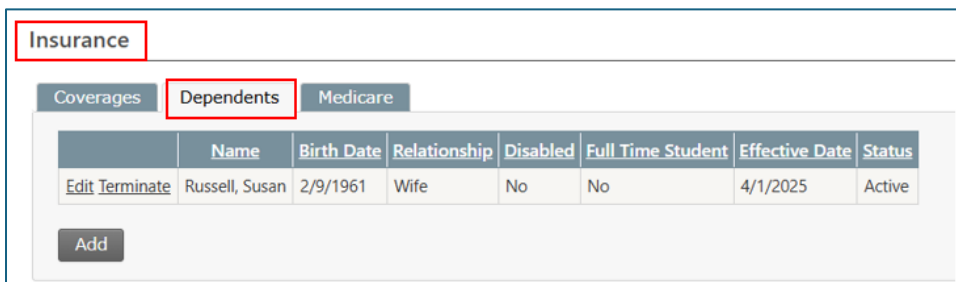
Effective Date: 

- **First Name:** Required – The first name of the dependent.
- **Last Name:** Required – The last name of the dependent.

- **Birth Date:** Required – The date of birth of the dependent.
 - **Relationship:** Required – The relationship of the dependent to the payee. Use the down arrow to select from numerous relationship types, such as Husband/Wife, Daughter/ Son, Charity, Neighbor, etc.
 - **Disabled:** Option – Denotes whether the dependent is disabled.
WARNING: Dependents marked as Disabled require supporting documentation.
 - **Full Time Student:** Optional – Denotes whether the dependent is a full time student.
WARNING: Dependents marked as Full Time Student require supporting documentation.
 - **Effective Date:** Required – Defaults to the first of the month following the last posted benefit payroll.
4. When done entering the fields, click **Add**. You are returned to the **Payee Insurance** screen, and the record is added to the **Dependents grid**.

How to Edit a Dependent

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Insurance** section, click the **Dependents** tab. The **Dependents grid** displays.

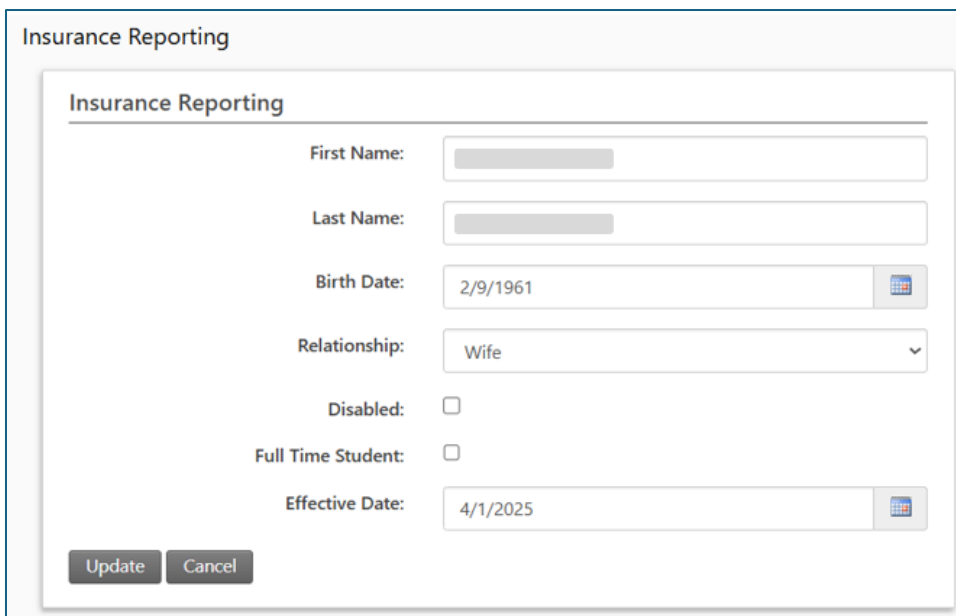


The screenshot shows the 'Insurance' section with tabs for 'Coverages', 'Dependents', and 'Medicare'. The 'Dependents' tab is active, displaying a table with the following data:

	Name	Birth Date	Relationship	Disabled	Full Time Student	Effective Date	Status
Edit Terminate	Russell, Susan	2/9/1961	Wife	No	No	4/1/2025	Active

An 'Add' button is located below the grid.

3. To **edit** a dependent’s information, locate the individual on the **Dependents grid** and click **Edit** to the left of their name. The **Insurance Reporting** screen displays. Edit the fields as necessary.



The screenshot shows the 'Insurance Reporting' form with the following fields:

- First Name: [Text Input]
- Last Name: [Text Input]
- Birth Date: 2/9/1961 [Calendar Icon]
- Relationship: Wife [Dropdown]
- Disabled:
- Full Time Student:
- Effective Date: 4/1/2025 [Calendar Icon]

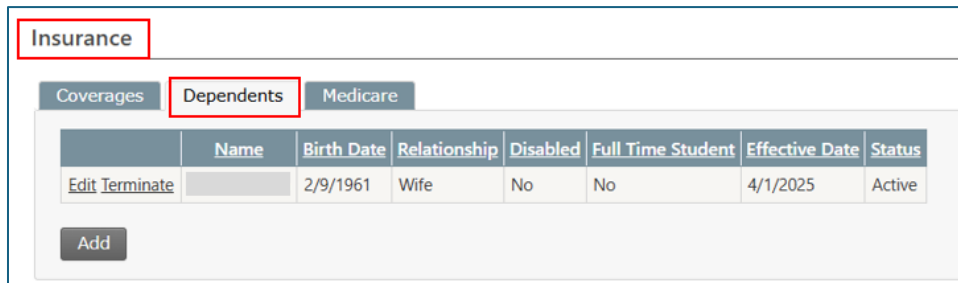
Buttons for 'Update' and 'Cancel' are at the bottom.

WARNING: Dependents marked as Disabled or Full Time Student require supporting documentation.

- When done editing, click **Update**. If there are no errors, the record is saved and you are returned to the **Payee Insurance** screen, and the edited dependent record is listed in the **Pending Approval** section at the bottom of the screen in a **Status** of Pending.

How to Terminate a Dependent

- Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
- On the **Payee Insurance** screen, in the **Insurance** section, click the **Dependents** tab. The **Dependents grid** displays.



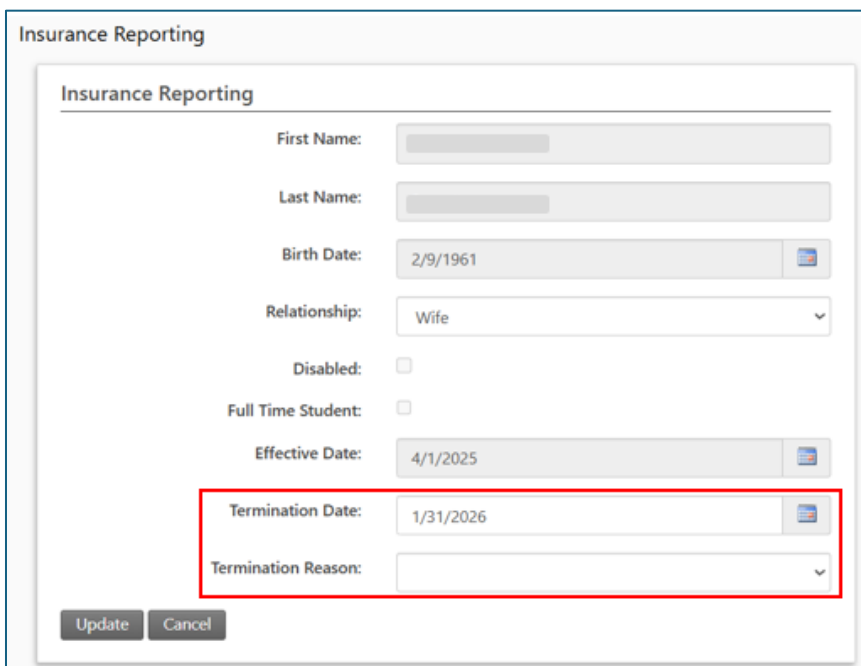
The screenshot shows the 'Insurance' section of a web application. The 'Dependents' tab is selected. Below the tabs is a table with the following data:

	Name	Birth Date	Relationship	Disabled	Full Time Student	Effective Date	Status
Edit Terminate		2/9/1961	Wife	No	No	4/1/2025	Active

There is also an 'Add' button below the table.

- Note:** The terminate link is only available if the dependent is not in a status of ‘Inactive’.
- To **terminate** a dependent, locate the individual on the **Dependents grid** and click

Terminate to the left of their name. The **Insurance Reporting** screen displays.



The screenshot shows the 'Insurance Reporting' form with the following fields and values:

- First Name: [Redacted]
- Last Name: [Redacted]
- Birth Date: 2/9/1961
- Relationship: Wife
- Disabled:
- Full Time Student:
- Effective Date: 4/1/2025
- Termination Date: 1/31/2026
- Termination Reason: [Redacted]

Buttons: Update, Cancel

4. Complete the termination fields as follows:

- The **Termination Reason** options are Deceased, Divorced, or Other.
 - Deceased: The Deceased option is for NHRS use only. Carriers should not select Deceased as a termination reason; instead, when there is a death, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require the Date of Death and a valid Death Type, which must be either Duty or Non Duty. When NHRS applies this reason code, the Status of the dependent is updated to Deceased.
 - Divorced: If this reason code is selected, the dependent is updated to Inactive.
 - Other: If this reason code is selected, the dependent is updated to Inactive.

- When done with the termination fields, click **Update**. If there are no errors, the record is saved and you are returned to the **Payee Insurance** screen, and the terminated dependent record is listed in the **Pending Approval** section at the bottom of the screen in a **Status** of Pending.

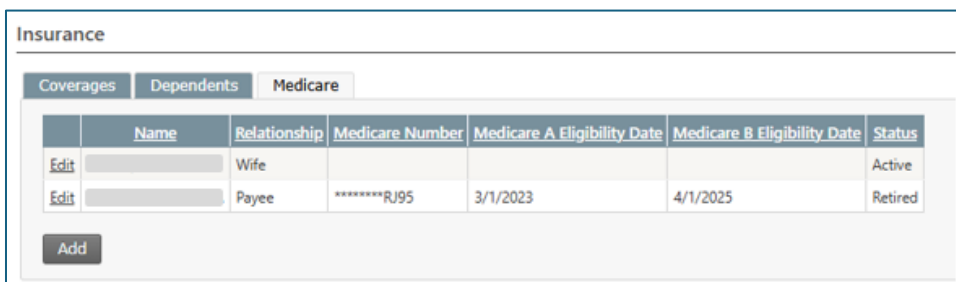
Maintaining Medicare Information

Once dependent records are created, you can move on to set up Medicare information for all existing and pending dependents as well as the payee. The Medicare information includes the Medicare number plus eligibility dates for Medicare A and B for a payee as well as any dependents on file.

Note: Maintaining Medicare information is not required; however, if Medicare information is added, you will be required to upload verification documentation.

How to Add Medicare Information

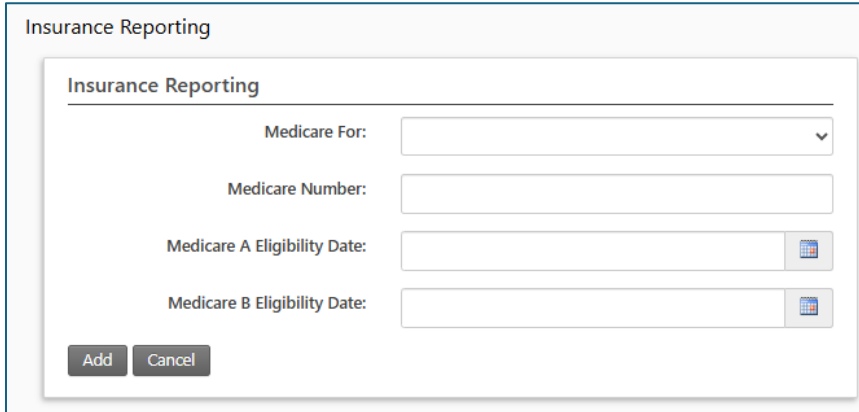
- Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
- On the **Payee Insurance** screen, in the **Insurance** section, click the **Medicare** tab. The **Medicare grid** displays.



Insurance						
Coverages		Dependents	Medicare			
	Name	Relationship	Medicare Number	Medicare A Eligibility Date	Medicare B Eligibility Date	Status
Edit		Wife				Active
Edit		Payee	*****RJ95	3/1/2023	4/1/2025	Retired

[Add](#)

3. Click **Add** at the bottom of the **Medicare grid**. The **Insurance Reporting** screen displays.

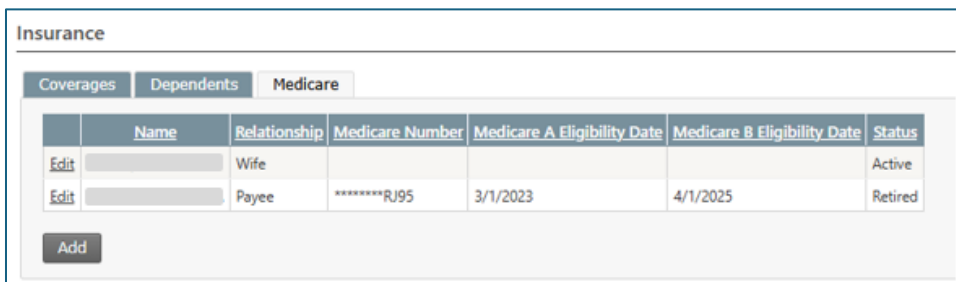


The screenshot shows a web form titled "Insurance Reporting". Inside the form, there is a sub-section also titled "Insurance Reporting". It contains four input fields: "Medicare For:" (a dropdown menu), "Medicare Number:" (a text box), "Medicare A Eligibility Date:" (a date picker), and "Medicare B Eligibility Date:" (a date picker). At the bottom left of the form are two buttons: "Add" and "Cancel".

4. Complete the fields as follows:
 - **Medicare For:** Required – Medicare information can only be added for the payee or for their associated dependents. The drop-down arrow lists the payee's associated dependents.
 - **Medicare Number:** Required – The Medicare Number for the selected dependent or payee.
 - **Medicare A Eligibility Date:** Optional – Eligibility Date for Medicare Part A.
 - **Medicare B Eligibility Date:** Optional – Eligibility Date for Medicare Part B.
5. When done entering the fields, click **Add**. You are returned to the **Payee Insurance** screen; the new record is added to the **Medicare grid** and is listed in the **Pending Approval** section at the bottom of the screen in a **Status** of Documentation Required.

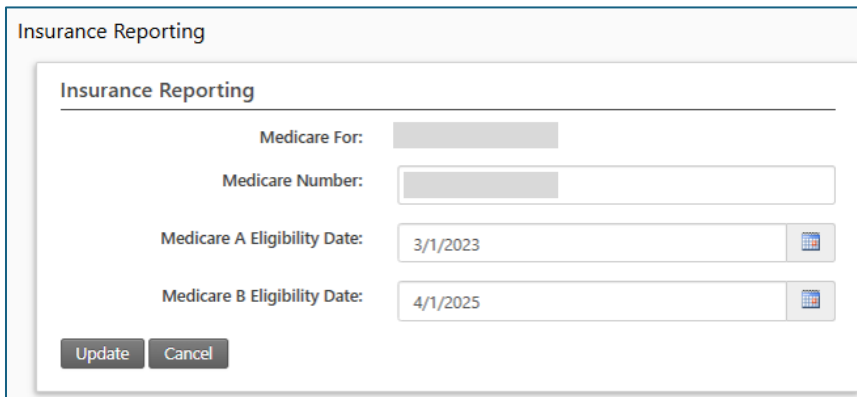
How to Edit Medicare Records

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee's full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Insurance** section, click the **Medicare** tab. The **Medicare grid** displays.



	Name	Relationship	Medicare Number	Medicare A Eligibility Date	Medicare B Eligibility Date	Status
Edit		Wife				Active
Edit		Payee	*****R/J95	3/1/2023	4/1/2025	Retired

3. To **edit** Medicare information, locate the individual on the **Medicare grid** and click **Edit** to the left of their name. The **Insurance Reporting** screen displays:



4. Edit the **Medicare A Eligibility Date** and **Medicare B Eligibility Date** fields as needed.
5. When done editing the necessary fields, click **Update**. If there are no errors, the record is saved and you are returned to the **Payee Insurance** screen, with the edited Medicare record listed in the **Pending Approval** section at the bottom of the screen in a **Status** of Pending.

Maintaining Pending Approvals

The Pending Approval section of the **Payee Insurance** screen displays all of a payee’s insurance-related records that are currently in one of three statuses: **Pending**, **Need More Information**, or **Documentation Required**. All displayed records can be viewed, edited, or deleted. Additionally, any records with a status of **Need More Information** or **Documentation Required** must be addressed by clicking on the status of **Need More Information** or **Documentation Required** and following the on-screen instructions.

How to View Pending Approvals

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Pending Approval** section at the bottom, locate the line item to see and click **View** to the left. The payee’s **Insurance Reporting** screen displays.

Pending Approval								
	Name	Type	Sub Type	Status	Queued Date	Event Date		
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026		
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026		

- The **Insurance Reporting** screen is display-only.

Insurance Reporting

Insurance Reporting

First Name:

Last Name:

Birth Date: 2/27/1986

Relationship: Daughter

Disabled: No

Full Time Student: No

Effective Date: 2/1/2026

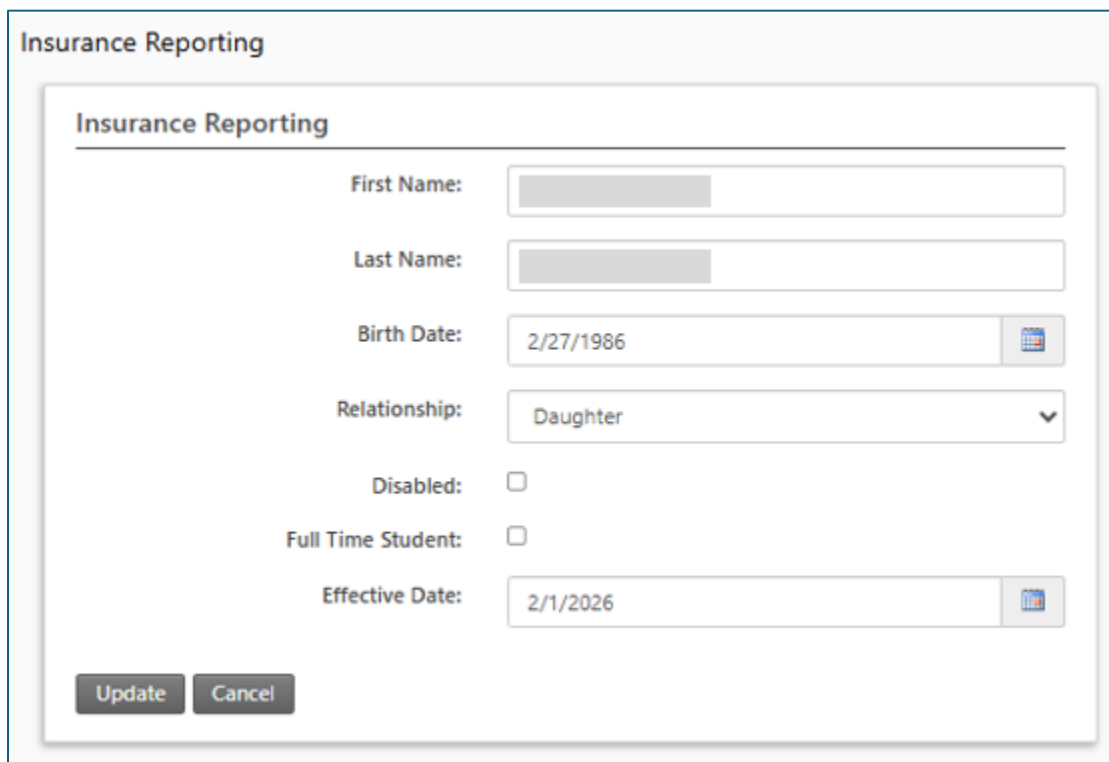
- When done viewing the screen, click **Back** to return to the **Payee Insurance** screen.

How to Edit a Pending Approval

- Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
- On the **Payee Insurance** screen, in the **Pending Approval** section at the bottom, locate the line item to update and click **Edit** to the left. The payee’s **Insurance Reporting** screen displays.

Pending Approval						
	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

3. The **Insurance Reporting** screen is modifiable.

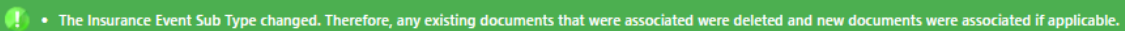


The screenshot shows a web form titled "Insurance Reporting". The form contains the following fields and controls:

- First Name:** A text input field.
- Last Name:** A text input field.
- Birth Date:** A date picker showing "2/27/1986".
- Relationship:** A dropdown menu with "Daughter" selected.
- Disabled:** A checkbox, currently unchecked.
- Full Time Student:** A checkbox, currently unchecked.
- Effective Date:** A date picker showing "2/1/2026".

At the bottom of the form are two buttons: "Update" and "Cancel".

4. When done editing the screen, click **Update**. If there are no errors, the record is saved and you are returned to the **Payee Insurance** screen. Also, a green message displays at the top of the screen stating, *"The Insurance Event Sub Type changed. Therefore, any existing documents that were associated were deleted and new documents were associated if applicable."*

 • The Insurance Event Sub Type changed. Therefore, any existing documents that were associated were deleted and new documents were associated if applicable.

How to Delete a Pending Approval

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee’s full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Pending Approval** section at the bottom, locate the line item to be removed and click **Delete** to the left. The payee’s **Insurance Reporting** screen displays.

Pending Approval							
	Name	Type	Sub Type	Status	Queued Date	Event Date	
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026	
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026	

3. The **Insurance Reporting** screen prompts you prompted with the red question, “**Are you sure you want to delete this record?**”

Insurance Reporting

First Name:

Last Name:

Birth Date: 2/27/1986

Relationship: Daughter

Disabled: Yes

Full Time Student: No

Effective Date: 2/1/2026

Are you sure you want to delete this record?

4. To delete, click **Delete**; otherwise, click **Cancel** and return to the **Payee Insurance** screen without any changes.

If the delete is successful, the authorization is removed from the system, you are returned to the **Payee Insurance** screen, and a green message displays at the top of the screen stating, “*The Dependent Event with an Event Sub Type of Dependent Change (Generic) was successfully deleted.*”



How to Upload Documentation

Occasionally, while maintaining a payee’s insurance record, the **Pending Approval** section of the **Payee Insurance** screen displays a system-generated Status of **Documentation Required**, which is a result of the internal Authorization Review Process. When **Documentation Required** is listed, that means changes to the record are on hold, and an authorization will not be sent to NHRS to approve or deny until the requested documentation is uploaded.

Pending Approval							
	Name	Type	Sub Type	Status	Queued Date	Event Date	
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026	
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026	

Examples of required documentation include a *Medicare card* or a *Deduction Authorization Form*. Please upload the requested documentation at your earliest convenience.

Document Upload Grid

The following table outlines scenarios that require documentation and authorization during coverage changes:

Event Type	Event Sub-Type	Authorization Required	Documentation Required
Dependent	Disabled Dependent Maintained	Yes	Yes
Dependent	Fulltime Student Maintained	Yes	Yes
Dependent	Terminating Dependent Divorce	Yes	Yes
Insurance Deduction	First Time Insurance	Yes	Yes
Insurance Deduction	New Insurance After Gap	Yes	Yes
Insurance Deduction	Terminating Insurance Divorce	Yes	Yes
Medicare	Medicare Information Changed	Yes	Yes

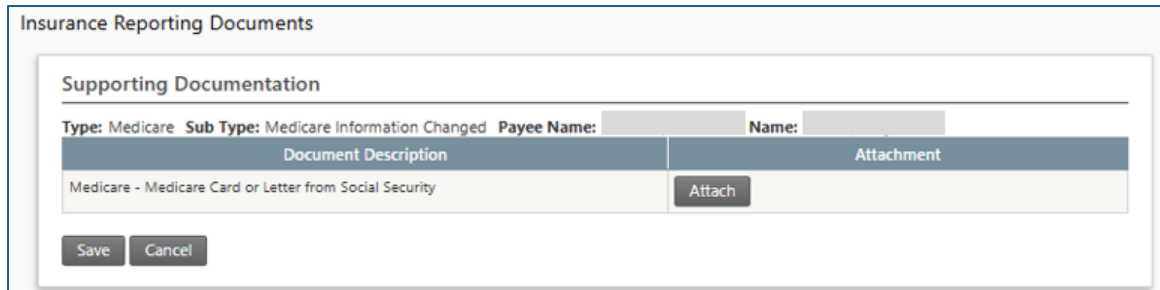
TIP: Always upload supporting documentation as part of your submission in DRS.

To upload documentation, follow the steps below:

1. Begin from the DRS Left Menu → Carrier Account → Search by SSN. On the **Payee Lookup** screen, enter a payee's full 9-digit SSN without spaces. Click **Find**. If all validations pass, the **Payee Insurance** screen displays.
2. On the **Payee Insurance** screen, in the **Pending Approval** section at the bottom, locate the line item that requires documented materials and click **Documentation** to the left. The **Insurance Reporting Documents** screen displays.

Pending Approval						
	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation		Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026
View Edit Delete Documentation		Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026

- On the **Insurance Reporting Documents** screen, both the event **Type** and **Sub Type** are listed, along with the payee and their dependent, if the pending approval is dependent-related. The **Document Description** area identifies the type of documentation that NHRS requires you to upload in order to further the pending approval review process.



The screenshot shows a web interface titled "Insurance Reporting Documents". Below the title is a section for "Supporting Documentation". At the top of this section, it displays "Type: Medicare" and "Sub Type: Medicare Information Changed". Below these are input fields for "Payee Name:" and "Name:". A table with two columns, "Document Description" and "Attachment", is shown. The first row of the table contains the text "Medicare - Medicare Card or Letter from Social Security" under the "Document Description" column and an "Attach" button under the "Attachment" column. At the bottom of the form are "Save" and "Cancel" buttons.

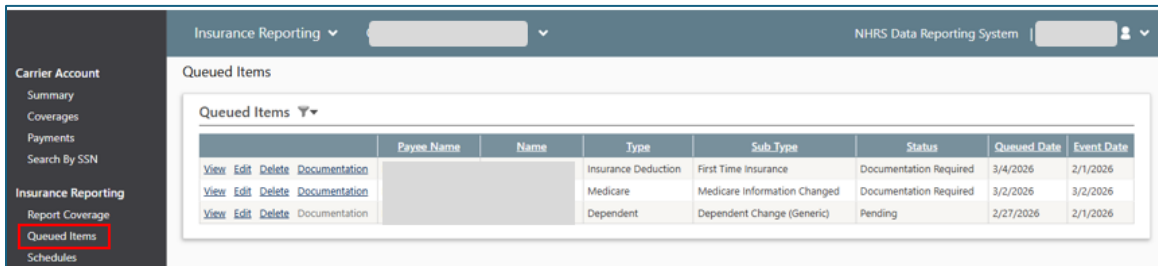
- Click **Attach**, then navigate to the required document on your computer. Once a document is uploaded, the **Attach** button becomes **Delete**, which can be used to remove the uploaded document.
- When done attaching a document, click **Save** to upload and attach the documentation to the pending approval request. When all required documents have been uploaded, if the current status of the pending approval is **Documentation Required**, then the status is updated to **Pending**.

MAINTAINING QUEUED ITEMS

All insurance updates sent through the Authorization Review Process are listed within the **Queued Items** screen. From this screen, you can View, Edit, or Delete the queued item, or upload the required Documentation to allow the item to continue through the review process.

How to View a Queued Item

1. Begin from the DRS Left Menu → Insurance Reporting → Queued Items. The **Queued Items grid** displays. The **View** link is available for all Queued Items and allows you to see a display-only version of the pending authorization.



	Payee Name	Name	Type	Sub Type	Status	Queued Date	Event Date
View Edit Delete Documentation			Insurance Deduction	First Time Insurance	Documentation Required	3/4/2026	2/1/2026
View Edit Delete Documentation			Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026
View Edit Delete Documentation			Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026

This screen displays the following information:

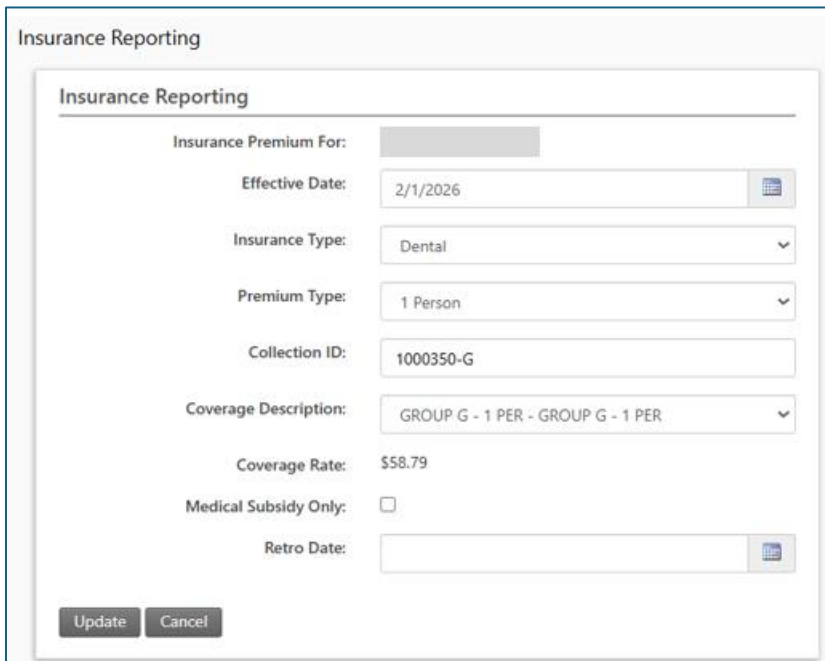
- **Payee Name:** The name of the payee account the item is associated to.
- **Name:** The name of the person the item specific applies to.
- **Type:** The type of change made. Options include Dependent, Medicare, or Insurance Deductions.
- **Sub Type:** Further breakdown of the type of event of the item. Options include:
 - Adding Health: Non-Health History
 - Dependent Change (Generic)
 - Disabled Dependent Maintained

- First Time Insurance
- First Time Insurance With Gap
- Fulltime Student Maintained
- Insurance on Additional Annuity Benefits
- Medical Subsidy Overrides
- Medicare Information Change
- Medcomp Insurance Added
- New Insurance After Gap
- Retro Insurance Added
- Retro Insurance Terminated
- Spouse Dependent Maintained
- Terminating Dependent Death
- Terminating Dependent Divorce
- Terminating Insurance – Death
- Terminating Insurance - Delete
- Terminating Insurance – Divorce
- **Status:** The current status of the item.
 - Denied – The item has been denied by NHRS.
 - Documentation Required – Insurance updates were made for a payee, but the required documentation was not uploaded. For details, view [How to Upload Documentation](#).

- Need More Information – The item has been sent back to the Carrier for more information.
- Pending – The items has been sent for authorization.
- **Queued Date:** The date the item was queued or sent for authorization.
- **Effective Date:** The Effective Date of the given item.

How to Edit a Queued Item

1. Begin from the DRS Left Menu → Insurance Reporting → Queued Items. The **Queued Items grid** displays. The **Edit** link is available for all Queued Items in a status other than **Denied**.
2. On the **Queued Items grid**, click **Edit** to the left of the item to edit. The corresponding **Insurance Reporting** screen displays.



The screenshot shows the 'Insurance Reporting' form with the following fields and values:

- Insurance Premium For: [Redacted]
- Effective Date: 2/1/2026
- Insurance Type: Dental
- Premium Type: 1 Person
- Collection ID: 1000350-G
- Coverage Description: GROUP G - 1 PER - GROUP G - 1 PER
- Coverage Rate: \$58.79
- Medical Subsidy Only:
- Retro Date: [Empty]

Buttons: Update, Cancel

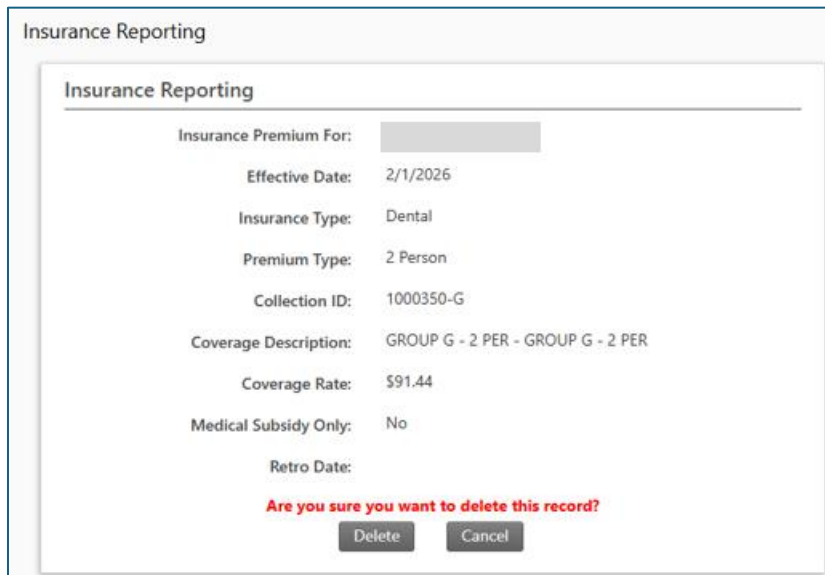
3. Edit fields as necessary.
 - Changing **Effective Date** clears all fields except **Insurance Type**.

- Changing **Insurance Type** clears all fields below that.
 - Changing **Premium Type** instantly updates the **Coverage Description** and the **Coverage Rate**.
4. When done editing, click **Update**. You are returned to the **Payee Insurance** screen, and the edited record is listed in the **Pending Approval** section at the bottom of the screen.

How to Delete a Queued Item

The **Delete** link is available for any Queued Items. Clicking **Delete** displays a confirmation prompt.

1. Begin from the DRS Left Menu → Insurance Reporting → Queued Items. The **Queued Items grid** displays. The **Delete** link is available for all Queued Items.
2. On the **Queued Items grid**, click **Delete** to the left of the item to be removed. The corresponding **Insurance Reporting** screen displays.



The screenshot shows a confirmation dialog box titled "Insurance Reporting". It contains the following fields and values:

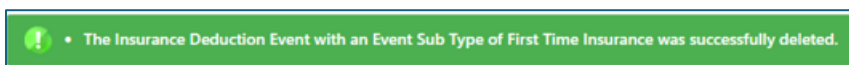
Insurance Premium For:	[Redacted]
Effective Date:	2/1/2026
Insurance Type:	Dental
Premium Type:	2 Person
Collection ID:	1000350-G
Coverage Description:	GROUP G - 2 PER - GROUP G - 2 PER
Coverage Rate:	\$91.44
Medical Subsidy Only:	No
Retro Date:	

Below the fields, there is a red question: "Are you sure you want to delete this record?". At the bottom, there are two buttons: "Delete" and "Cancel".

3. You are prompted with the red question, "**Are you sure you want to delete this record?**" To delete, click **Delete**; otherwise, click **Cancel** and return to the **Payee**

Insurance screen without any changes. Upon confirming, the queued item and any associated documents are removed from the system.

If the delete is successful, the authorization is removed from the system, you are returned to the **Payee Insurance** screen, and a green message displays at the top of the screen stating, “*The Insurance Dependent Event with an Event Sub Type of [THE SUB TYPE IS IDENTIFIED] was successfully deleted.*”



How to Upload Documentation for Queued Items

Occasionally the **Queued Item grid** displays a system-generated Status of **Documentation Required**, which is a result of the internal Authorization Review Process. When **Documentation Required** is listed, that means changes to the record are on hold, and an authorization will not be sent to NHRS for approval or denial until the requested documentation is provided.

Queued Items									
Queued Items ▼									
	Payee Name	Name	Type	Sub Type	Status	Queued Date	Event Date		
View Edit Delete Documentation			Medicare	Medicare Information Changed	Documentation Required	3/2/2026	3/2/2026		
View Edit Delete Documentation			Dependent	Dependent Change (Generic)	Pending	2/27/2026	2/1/2026		

Examples of required documentation include a *Medicare card* or a *Deduction Authorization Form*. Please upload the requested documentation at your earliest convenience. For uploading details, view [How to Upload Documentation](#).

VIEWING INSURANCE REPORTING SCHEDULES

Insurance Reporting Schedules are maintained by month and outline the time period during each month when which vendor changes are allowed to be made. Schedules are only considered when the effective date of the change is within the current month.

Changes dated after the current month are not evaluated against the schedules.

The DRS Schedules option from the DRS Left Menu provides vendors with a snapshot of their reporting period (Report Begin Day / Report End Day) for each month of the current year.

- **Report Begin Day/Time:** 1st of the Month at 12:00AM
- **Report End Day/Time:** 20th of the Month at 12:00PM

Note: Occasionally, NHRS will adjust the Reporting End Day to accommodate the processing of monthly Vendor Payroll. Carriers are advised to verify their [Insurance Reporting Schedules](#) for the current calendar year for details.

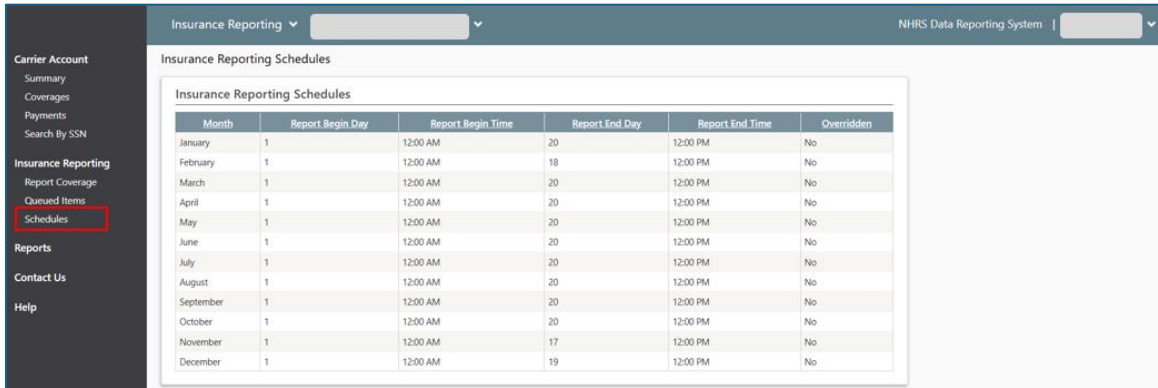
- **Outside This Window?** Contact NHRS for override

TIP: Future-dated changes are allowed at any time. Use the schedule to plan ahead.

WARNING: Late entries will be blocked without NHRS override, impacting payroll accuracy.

1. To view your monthly reporting schedules, begin from the DRS Left Menu → Insurance Reporting → Schedules. The **Schedules** screen displays. This is a

display-only screen.



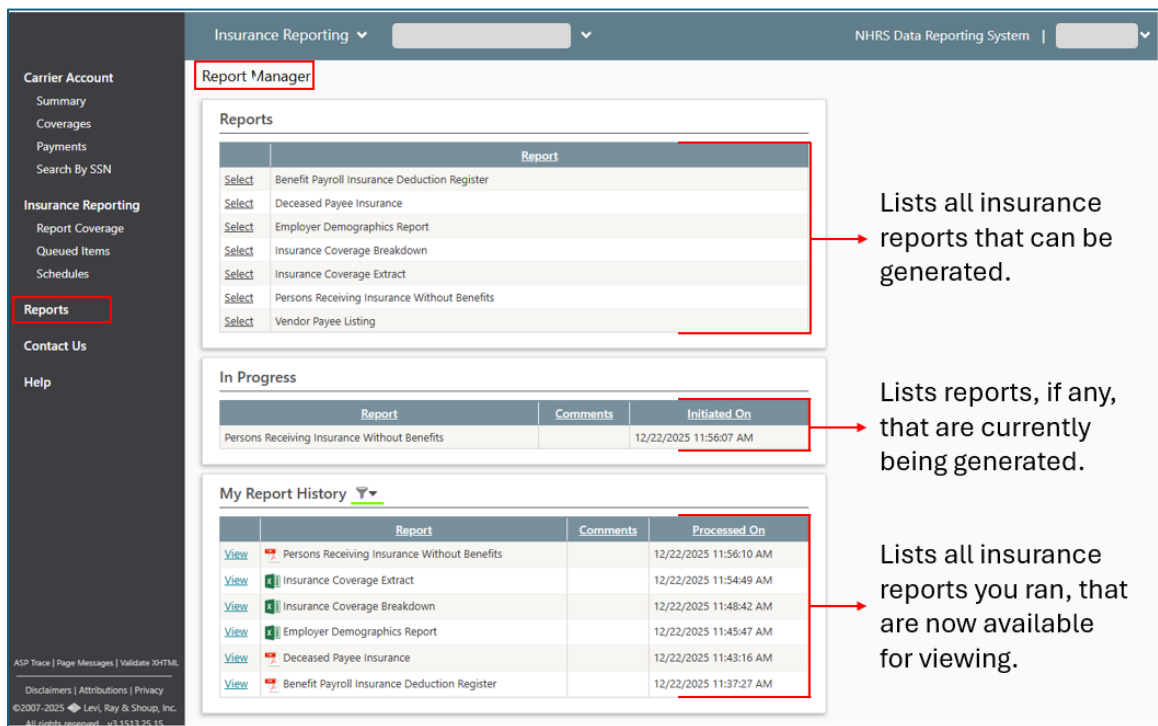
Month	Report Begin Day	Report Begin Time	Report End Day	Report End Time	Overridden
January	1	12:00 AM	20	12:00 PM	No
February	1	12:00 AM	18	12:00 PM	No
March	1	12:00 AM	20	12:00 PM	No
April	1	12:00 AM	20	12:00 PM	No
May	1	12:00 AM	20	12:00 PM	No
June	1	12:00 AM	20	12:00 PM	No
July	1	12:00 AM	20	12:00 PM	No
August	1	12:00 AM	20	12:00 PM	No
September	1	12:00 AM	20	12:00 PM	No
October	1	12:00 AM	20	12:00 PM	No
November	1	12:00 AM	17	12:00 PM	No
December	1	12:00 AM	19	12:00 PM	No

- Overridden:** This option is authorized by NHRS. Situations arise where a vendor may need additional time outside of the set insurance reporting schedule to report changes for a given month. Insurance reporting schedule overrides provide the ability to set a specific period for a vendor to submit changes, regardless of the insurance reporting schedule. If you encounter this situation, contact your NHRS representative.

GENERATING REPORTS

Insurance reports are designed to improve insurance data management and reporting accuracy. There are a variety of reports available to help you succeed in these areas. All Insurance Reports are generated from the **Report Manager** screen. To access this screen:

1. Begin from the DRS Left Menu → Reports. The **Report Manager** screen displays.



The screenshot shows the 'Report Manager' screen with a left-hand navigation menu. The 'Reports' section is highlighted in the menu. The main content area is divided into three sections:

- Reports:** A table listing various insurance reports that can be generated. Each row includes a 'Select' link and the report name.
- In Progress:** A table showing reports currently being generated, including the report name, comments, and the 'Initiated On' date and time.
- My Report History:** A table showing a history of reports that have been processed, including the report name, comments, and the 'Processed On' date and time.

Red boxes and arrows in the screenshot highlight these sections and their corresponding descriptions:

- Reports:** Lists all insurance reports that can be generated.
- In Progress:** Lists reports, if any, that are currently being generated.
- My Report History:** Lists all insurance reports you ran, that are now available for viewing.

The top section of the **Report Manager** screen is labeled **Reports** and lists all the insurance reports that can be generated, which are:

- **Benefit Payroll Insurance Deduction Register**
Lists the payees for whom an insurance deduction (or subsidy amount) is present in the selected payroll batch. The report is grouped by insurance type, vendor, and coverage. It may be filtered by insurance type and vendor.

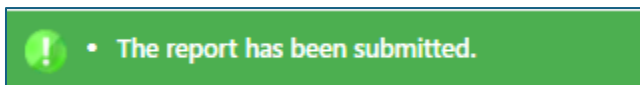
- **[Deceased Payee Insurance Report](#)**
Lists payees who were reported deceased within a user-derived date range, using the entry Date of the payee’s death report. The report is grouped and filtered by insurance vendor. The totals in each detailed row are sums of the payee’s active insurance deductions, aggregated by Payee and Insurance Type.
- **[Employer Demographics Report](#)**
Provides insurance vendors with employer identification information for the coverages they support, including Employer IDs associated with coverage, Employer Names, and SAU (School Administrative Unit) assignments for reporting purposes. This report enables vendors who are required to supply employer IDs to easily access that information organized by SAU.
- **[Insurance Coverage Breakdown Report](#)**
Displays current and terminated coverage rates along with the Carrier Name and the Coverage Code, which is a system-generated identifier combining Collection ID, Description, and Premium Type (e.g., “0258 SAU 16 1 PERSON”).
- **[Insurance Coverage Extract Report](#)**
Lists benefit recipients’ insurance deductions and coverage information for a particular Vendor Payroll. This report only supports Microsoft Excel format
- **[Persons Receiving Insurance Without Benefits Report](#)**
Identifies the payees within the fund that are receiving coverage for insurance but without receiving a benefit payment.
- **[Vendor Payee Listing Report](#)**
Lists all payees associated to insurance vendor transactions along with their details generated for a given Vendor Payroll Batch.


The middle section of the **Report Manager** screen is labeled **In Progress**. This section only appears when there are reports actively being generated, in other words, are currently in progress.

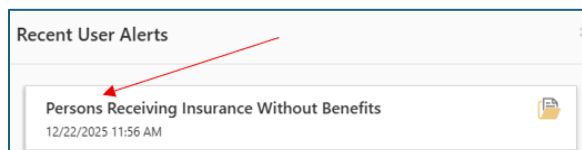
The bottom section of the **Report Manager** screen is labeled **My Report History** and lists all the insurance reports you have generated.

2. To generate a report, click **Select** to the left of the desired report title. When any report is selected, a report criteria/report options screen opens. Each criteria/options screen is unique to the chosen report. Further below in this section of the guide, you will find sample search criteria/search option screens and along with sample of each of the available Insurance Reports.
3. Before submitting any report for processing, **Report Options** section of each screen, you have the option to enter Comments and define how you would like the report formatted:
 - **Comments:** An optional description of the report. This is often used to describe what parameters were used in the generation of the report so that it can easily be referenced later when viewing the **My Reports History** grid at the bottom of the **Report Manager** screen. Details entered in the Comments field do not appear within an actual report.
 - **Format Report As:**
 - **PDF** - If selected, the report is generated as a PDF that can be opened in your default PDF reader. From there, the report can be saved to your laptop or printed.
 - **Microsoft Excel** - If selected, the report is generated as an Excel file that can be opened in Microsoft Excel. From there, the report can be saved to your laptop and modified if needed.

4. After completing a selection criteria/options screen, click **Submit Report**. The report is generated for the insurance vendor or employer displayed in the Common Area (blue bar) at the top of the DRS screen and the message, “*The report has been submitted*” displays at the top of the screen indicating that the report request was successfully submitted:



- **Processing:** While the report is being processed, it is listed on the **Report Manager** screen in the **In Progress** section. Other screens can be accessed while the report is running; it is not necessary to remain on the Report Manager screen while the report is being processed.
- **Ready:** When a report is ready, the user who initiated the report receives a **User Alert**, which is indicated by an exclamation point in a red circle  next to your name in the top right corner of DRS. Click on the **down arrow** to the right of your name to open the User Alert. When you open the alert, a pop up displays with a link to the report. Click on the report title to open it.



Hint: The User Alert may take a moment to appear. Two quick ways to view your report are 1) refresh your screen or 2) click **Reports** again in the left menu. Both options refresh the **Report Manager** screen, allowing you to view the report you just generated.

- **Complete:** Each completed report can also be accessed from the **Report Manager** screen in the **My Report History** section.

Benefit Payroll Insurance Deduction Register

Description: The Benefit Payroll Insurance Deduction Register lists the payees for whom an insurance deduction (or subsidy amount) is present in the selected payroll batch. The report is grouped by insurance type, vendor, and coverage. It may be filtered by insurance type and vendor.

Search Criteria: A grid of all available Benefit Payroll Batches is displayed. One batch must be selected. Once selected, the line is bold.

Report: Benefit Payroll Insurance Deduction Register

Benefit Payroll Grid Filter ▼

	Payroll Type	Processing Month/Year	Batch ID	Payroll Status	Manual Payroll	Reissue	Trial Date	Posted Date	Check Issue Date	Checks Print
Select	Periodic Benefit Payroll	November, 2025	225653	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225655	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225656	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225657	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225658	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225659	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225660	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225661	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225662	Posted	False	True		12/2/2025	12/3/2025	False
Select	Periodic Benefit Payroll	November, 2025	225663	Posted	False	True		12/2/2025	12/3/2025	False

Total 411 Pages 1 2 3 4 5 6 7 8 9 10 ... >>

Filter Option(s)

Insurance Types:

Sort Option(s)

Sort By:

Report Options

Comments:

Format Report As:

Submit Report Reset Back

Search criteria fields include:

- **Insurance Types:** A drop-down list of insurance types. The selection is used to populate the insurance vendor's option. Note that while Insurance Type is an optional filter, if one is selected, then one or more insurance vendors are required to be selected. If an insurance type is not selected, all insurance types (and vendors) will be selected for the report. Options are:
 - Accident Death
 - Dental
 - Health
 - Life
 - Long Term Care
 - Vision
- **Sort By:** A drop-down list of options used to indicate how the detail lines of the report should be sorted. Only a single sort option is allowed. Options are:
 - Payee Name (default)
 - Payee SSN
- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.
- **Format Report As:** A drop-down list of report format options:
 - Adobe Acrobat (*.pdf) (default)
 - Microsoft Excel (*.xls)

Sample Benefit Payroll Insurance Deduction Register:

Benefit Payroll Insurance Deduction Register								Run Date / Time: 01/12/2026 11:22 AM
Insurance Type: Health								User Name:
Insurance Carrier: [REDACTED]								Page 2 of 20
Insurance Coverage: GROUP I - MEDI								
Payroll Information								
Payroll Type:	Periodic Benefit Payroll	Processing Month/Year:	January, 2026	Check Issue Date:	01/30/2026			
Payroll Status:	Trial	Trial Date:	01/07/2026	ACH Credit Date:	01/30/2026			
Manual Payroll:	No	Posted Date:		Applies to Year:				
Batch ID:	225820							
Name	TIN	Benefit Type	Payee Deduction	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Total Cost	Insurance Deduction Correction
	***-1449	Service Retirement	(\$476.44)	\$0.00	\$0.00	\$0.00	(\$476.44)	No
	***-4374	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-4374	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-2460	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-9976	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-1619	Continuance	(\$239.60)	\$236.84	\$0.00	\$0.00	(\$476.44)	No
	***-1388	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-5472	Spousal Continuance	(\$239.60)	\$236.84	\$0.00	\$0.00	(\$476.44)	No
	***-3117	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-3117	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-5228	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-4834	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-4834	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-5104	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-5104	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-8130	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-6359	Spousal Continuance	(\$239.60)	\$236.84	\$0.00	\$0.00	(\$476.44)	No
	***-7915	Service Retirement	(\$2.76)	\$473.68	\$0.00	\$0.00	(\$476.44)	No
	***-7915	Service Retirement	(\$2.76)	\$473.68	\$0.00	\$0.00	(\$476.44)	No
	***-1888	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-1888	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No
	***-3489	Service Retirement	\$0.00	\$236.84	\$0.00	\$0.00	(\$236.84)	No

Register Heading

- **Insurance Types:** The insurance type selected on the search criteria screen, either Accident Death, Dental, Health, Life, Long Term Care, or Vision.
- **Insurance Carrier:** The name of the vendor (company, employer, or person) that provides insurance.
- **Insurance Coverage:** The specific coverage level applies to the payees and eligible dependents listed on the report.

Payroll Information Heading

- **Payroll Type:** The type of payroll batch. Format: Period Benefit Payroll.
- **Payroll Status:** The status of the payroll batch. Format: Posted.
- **Manual Payroll:** Indicator of manual payroll. Format: No.
- **Batch ID:** Payroll batch identification. Format: 99999999.

- **Processing Month/Year:** Month and Year for payroll batch. Format: Month, Year.
- **Trial Date:** Trial date of the payroll batch. Format: MM/DD/YYYY.
- **Posted Date:** Posted date of the payroll batch. Format: MM/DD/YYYY.
- **Check Issue Date:** Date paper checks for payroll batch were issued. Format: MM/DD/YYYY.
- **ACH Credit Date:** Date direct deposits for the payroll batch were created. Format: MM/DD/YYYY.
- **Applies to Year:** The specific year you entered for Manual batch. Format: Year.

Individual Payee Heading

- **Name:** The name of the payee. This is only displayed on the PDF version of the report. Format: Last, First, Middle.
- **TIN:** The masked tax identification number (SSN) of the member. Format: ***-**-9999.
- **Benefit Type:** The benefit type of the payee. Format: Service Retirement.
- **Payee Deduction:** The net deduction of insurance paid by the payee. Format: \$99,999.99.
- **Medical Subsidy:** The amount of Medical Subsidy applied to the insurance deduction. Format: \$99,999.00.
- **Employer Subsidy:** The amount of Employer Subsidy applied to the deduction. Format: \$99,999.99.
- **Employer Subsidy Reduction:** The reduction applied to the employer subsidy within the payment register. Format: \$99,999.99.

- **Total Cost:** The amount of the insurance deduction prior to any adjustments or subsidies. Format: \$99,999.99.
- **Insurance Deduction Correction:** Correction indicator. Format: No.

Insurance Coverage Totals (last page of coverage):

Name	TIN	Benefit Type	Payee Deduction	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Total Cost	Insurance Deduction Correction
	***-2141	Service Retirement	(\$1,123.46)	\$0.00	\$0.00	\$0.00	(\$1,123.46)	No
	***-2691	Service Retirement	(\$747.90)	\$375.56	\$0.00	\$0.00	(\$1,123.46)	No
	***-1691	Service Retirement	(\$747.90)	\$375.56	\$0.00	\$0.00	(\$1,123.46)	No
Insurance Coverage Totals:	3		(\$2,619.26)	\$751.12	\$0.00	\$0.00	(\$3,370.38)	

- **Insurance Coverage Totals:** Count of payees with insurance deduction amounts for the coverage. Format: 999,999.
- **Insurance Coverage Payee Deduction Total:** The total of payee deduction amounts for insurance coverage. Format: \$9,999,999.99.
- **Insurance Coverage Premium Subsidy Amount Totals:** The total of payee premium subsidy for insurance coverage. Format: \$9,999,999.99.
- **Insurance Coverage Total Premium:** The sum of payee total premium amounts for insurance coverage. Format: \$9,999,999.99.

Insurance Carrier and Type Totals (last page of report):

Name	TIN	Benefit Type	Payee Deduction	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Total Cost	Insurance Deduction Correction
Insurance Carrier Totals:	280		(\$41,495.38)	\$0.00	\$0.00	\$0.00	\$0.00	
Insurance Type Totals:	280		(\$41,495.38)	\$0.00	\$0.00	\$0.00	\$0.00	

- **Insurance Carrier Totals:** Count of payees with insurance deduction amounts for the insurance vendor. Format: 999,999.
- **Insurance Carrier Payee Deduction Total:** The total of payee deduction amounts for insurance vendor. Format: \$9,999,999.99.

- **Insurance Carrier Premium Subsidy Amount Totals:** The total of payee premium subsidy amounts for insurance vendor. Format: \$9,999,999.99.
- **Insurance Carrier Total Premium:** The sum of payee total premium amounts for insurance vendor. Format: \$9,999,999.99.
- **Insurance Type Totals:** Count of payees with insurance deduction amounts for insurance type. Format: 999,999.
- **Insurance Type Payee Deduction Amount Total:** The total of payee deduction amounts for insurance type. Format: \$9,999,999.99.
- **Insurance Type Premium Subsidy Amount Totals:** The total of payee premium subsidy for insurance type. Format: \$9,999,999.99.
- **Insurance Type Total Premium:** The total of payee total premium for insurance type. Format: \$9,999,999.99.

Final Report Totals (last page of report):

Benefit Payroll Insurance Deduction Register								Run Date / Time: 01/12/2026 11:22 AM	
								User Name: Paula Oxner	
								Page 20 of 20	
Name	TIN	Benefit Type	Payee Deduction	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Total Cost	Insurance Deduction Correction	
Report Totals:			280	(\$41,495.38)	\$77,495.74	\$0.00	\$0.00	(\$118,991.12)	

- **Report Totals:** Count of payees for the report. Format: 999,999.
- **Payee Deduction:** The total of Payee Deduction amounts for the report. Format: \$9,999,999.99.
- **Medical Subsidy:** The total of Medical Subsidy amounts for the report. Format: \$9,999,999.99.
- **Employer Subsidy:** The total of Employer Subsidy amounts for the report. Format: \$9,999,999.99.

- **Employer Subsidy Reduction:** The total of Employer Subsidy Reduction amounts for the report. Format: \$9,999,999.99.
- **Total Cost:** The sum of payee Total Cost amounts for the report. Format: \$9,999,999.99.

Deceased Payee Insurance Report


Note: When there is a payee death, carriers must not utilize DRS screens to report that information; instead, carriers are required to email their NHRS Retirement Generalist for assistance. The Retirement Generalist will require the Date of Death and a valid Death Type, which must be either Duty or Non Duty. The NHRS Retirement Generalist will update the payee's record and the details will then become available on the Deceased Payee Insurance Report below.


Description: The Deceased Payee Insurance Report lists payees who were reported deceased (with the assistance of a NHRS Retirement Generalist) within a user derived date range, using the entry Date of the payee's death report. The report is grouped and filtered by insurance vendor. The totals in each detailed row are sums of the payee's active insurance deductions, aggregated by Payee and Insurance Type.

Search Criteria:


Report: Deceased Payee Insurance

Report Criteria

From Date: 


To Date: 

Sort Option(s)

Sort By: 

Report Options

Comments:

Format Report As: 

Search criteria fields include:

- **From Date:** Start date of the time period for which the report is being generated.
- **To Date:** End date of the time period for which the report is being generated.
- **Sort By:** A drop-down list of options used to indicate how the detail lines of the report should be sorted. Only a single sort option is allowed. Note that the report will always be sorted by insurance vendor and that this is an additional sort on the payees per vendor. Options are:
 - Payee Name (default)
 - Payee SSN
- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.
- **Format Report As:** A drop-down list of report format options:
 - Adobe Acrobat (*.pdf) (default)
 - Microsoft Excel (*.xls)

Sample Deceased Payee Insurance Report:

Deceased Payee Insurance Report											Run Date / Time: 12/22/2025 11:43 AM
From Date: 07/01/2025 To Date: 11/30/2025										User Name:	
											Page 1 of 1
Date of Death	Reported Date	Payee Name	SSN	PID	Plan	Insurance Type	Insurance Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Payee Deduction
07/29/2025	8/28/2025 12:00:00 AM		***-**-	1006365	Tier A - Group I - Employee Dental		(\$58.79)	\$0.00	\$0.00	\$0.00	(\$58.79)
Totals For Report							\$58.79	\$0.00	\$0.00	\$0.00	\$58.79

- **Date of Death:** Date of Death of the given payee. Format: MM/DD/YYYY.
- **Reported Date:** The Entry Date of the given payee’s death record. Format: MM/DD/YYYY.
- **Payee Name:** Name of the payee. Format: 999,999.

- **SSN:** The social security number of the payee, masked with the last 4 digits displayed. Format: ***-**-1111.
- **Plan:** The Basis Plan of the member at the time of retirement. Format: Tier, Group, Subgroup.
- **Insurance Type:** The Insurance Type of the considered insurance deductions in the report. Format: Health
- **Insurance Premium:** The sum of Insurance Premiums of the payee's insurance deductions at the time of death. Format: \$9,999,999.99.
- **Medical Subsidy:** The sum of Medical Subsidy, included in the Payee Deduction calculation, of the payee's insurance deductions at the time of death. Format: \$9,999,999.99.
- **Employer Subsidy:** The sum of Employer Subsidy, included in the Payee Deduction calculation, of the payee's insurance deductions at the time of death. Format: \$9,999,999.99.
- **Employer Subsidy Reduction:** The sum of Employer Subsidy Reduction, included in the Payee Deduction calculation, of the payee's insurance deductions at the time of death. Format: \$9,999,999.99.
- **Payee Deduction:** The sum of the calculated Payee Deduction calculation, of the payee's insurance deductions at the time of death. Format: \$9,999,999.99.
- **Total for Report:** The sum of each value field for the entire report. Format: \$9,999,999.99.

Employer Demographics Report

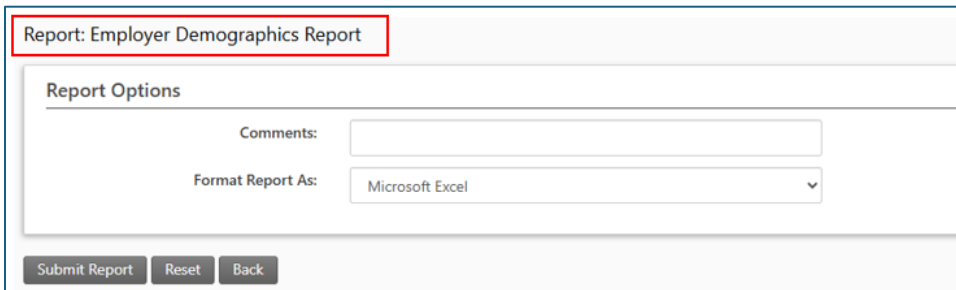
Description: The Employer Demographics Report provides insurance vendors with employer identification information for the coverages they support, including:

- Employer IDs associated with coverage
- Employer Names
- SAU (School Administrative Unit) assignments for reporting purposes

This report enables vendors who are required to supply employer IDs, to easily access that information organized by SAU.

Provides insurance vendors with employer identification information for the coverages they support, including Employer IDs associated with coverage, Employer Names, and SAU (School Administrative Unit) assignments for reporting purposes. This report enables vendors who are required to supply employer IDs to easily access that information organized by SAU.

Search Criteria:

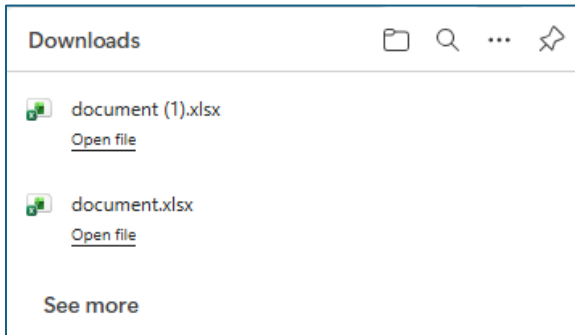


The screenshot shows a web form titled "Report: Employer Demographics Report". Below the title is a section labeled "Report Options" which contains a "Comments:" text input field and a "Format Report As:" dropdown menu currently set to "Microsoft Excel". At the bottom of the form are three buttons: "Submit Report", "Reset", and "Back".

Search criteria fields include:

- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.

- **Format Report As:** This report is only able as a Microsoft Excel file. Once **Submit Report** is clicked, a pop-up notification indicates that the XLSX file was downloaded to your Download folder. Note that these xlsx files do not include the report title; they are simply labeled **document.xlsx**, as shown:



Sample Employer Demographics Report:

Report Info Tab:

	A	B	C	D	E	F
1	Report Run Date Time	User Name	Report Name	Fund Name	Employers	Selections
2	3/10/2026 9:03:57 AM		Employer Demographics Report	New Hampshire Retirement System		School Administrative Units
3						
4						
5						
6						

ReportInfo | SchoolAdministrativeUnits

- **Report Run Date Time:** Identifies when the report was generated. Format: MM/DD/YYYY ##:##:## AM/PM.
- **User Name:** Identifies the logged on user who generated the report.
- **Report Name:** Employer Demographics Report.
- **Fund Name:** New Hampshire Retirement System.
- **Employers**
- **Selections:** School Administrative Units.

School Administrative Units Tab:

	A	B	C
1	Employer ID	Employer Name	SAU Name
2	1111	SAU 07	SAU 07
3	2222	Washington Country SD	SAU 07
4	3333	Township of White Mts SD	SAU 14
5			

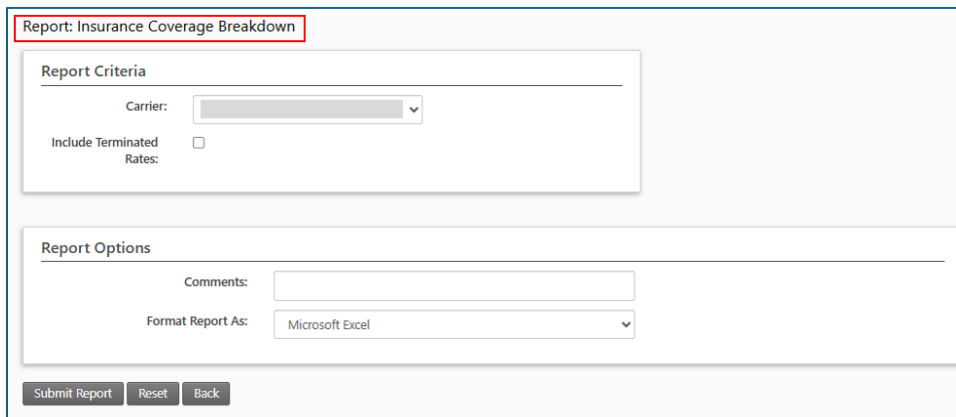
< > ReportInfo SchoolAdministrativeUnits

- **Employer ID:** Employer IDs associated with coverage. Format: Text.
- **Employer Name:** Employer Name. Format: Text.
- **SAU Name:** SAU (School Administrative Unit) assignments for reporting purposes. Format: Text.

Insurance Coverage Breakdown Report

Description: A comprehensive reporting that displays current and terminated coverage rates along with the Carrier Name and the Coverage Code, which is a system-generated identifier combining Collection ID, Description, and Premium Type (for example, “0258 SAU 16 1 PERSON”).

Search Criteria:



The screenshot shows a web form titled "Report: Insurance Coverage Breakdown". It is divided into two main sections: "Report Criteria" and "Report Options".

Report Criteria:

- Carrier:** A dropdown menu.
- Include Terminated Rates:** A checkbox that is currently unchecked.

Report Options:

- Comments:** A text input field.
- Format Report As:** A dropdown menu currently set to "Microsoft Excel".

At the bottom of the form are three buttons: "Submit Report", "Reset", and "Back".

Search criteria fields include:

- **Carrier:** Displays the Carrier the user is signed in under/associated with.
- **Include Terminated Rates:** A checkbox to include Terminated Rates associated to the Carrier.
- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.
- **Format Report As:** This report is only able as a Microsoft Excel file.

Sample Insurance Coverage Breakdown Report:

Columns A-H: Match the required .txt file format specifications

Columns I-J: Provide additional reference

	A	B	C	D	E	F	G	H	I	J	K
	Carrier Code	Collection ID	Insurance Type	Coverage Description	Effective Date	Premium Type Name	Total Cost Amount	Employer ID	Carrier Name	Coverage Code	Termination Date
2	1000000	20000001	Health	0001 COVERAGE DESCRIPTION1	12/1/2026	Medicomp	500	1004		20000001-MEDI	
3	1000000	20000002	Health	0001 COVERAGE DESCRIPTION2	1/1/2025 12:00:00 AM	Medicomp	409.23	1004		20000001-MEDI	
4	1000000	20000003	Health	0001 COVERAGE DESCRIPTION3	1/1/2025 12:00:00 AM	1 Person	829.79	1004		20000002-1 PER	
5	1000000	20000004	Health	0001 COVERAGE DESCRIPTION4	1/1/2025 12:00:00 AM	2 Person	1659.67	1004		20000001-2 PERSON	
6	1000000	20000000	Dental	0002 COVERAGE DESCRIPTIOND	1/1/2025 12:00:00 AM	Family	2240.42	1004		20000001-MEDI	
7											

- **Carrier Code (a.k.a. Coverage Code):** Format: Text. A system-generated identifier combining Collection ID, Description, and Premium Type (for example, “0258 SAU 16 1 PERSON”).
- **Collection ID:** Format: Text, 99999.
- **Insurance Type:** Type of insurance coverage. Format: Text.
- **Coverage Description:** Description of the coverage. Format: Text.
- **Effective Date:** Effective date of the coverage. Format: Text.
- **Premium Type Name:** Name of the premium coverage. Format: Text.
- **Total Cost Amount:** Total cost of the coverage. Format: 99.9999999.
- **Employer ID:** Format: Text.
- **Carrier Name:** The name of the insurance vendor/vendor name associated with the coverage. Format: Text.
- **Coverage Code:** A system-generated identifier combining Collection ID, Description, and Premium Type (for example, “0258 SAU 16 1 PERSON”). Format: Text.
- **Termination Date:** Termination date (if selected) of the coverage. Format: xx/xx/xxxx.

File Import Formatting Information

Note that the fields below correspond to the sample report fields listed above.

	A	B	C	D	E	F
	Field	Type	Position	Lenth	Format	Notes
1	Carrier Code	String	1	18	N/A	The Carrier Code is created by NHRS and is unique to every vendor
2	Collection ID	String	19	20	N/A	Carrier Created
3	Insurance Type	String	39	3	Options:	Carrier Created
4					D (Dental)	
5					H (Health)	
6					V (Vision)	
7	Description	String	42	50	N/A	Carrier Created
8	Effective Date	Date	92	8	01012022 (01-01-2022)	Must be the first day of the reporting month selected
9	Premium Type	Character	100	1	Options:	Carrier Created
10					1 (1 Person)	
11					2 (2 Person)	
12					F (Family)	
13					M (Medicomp)	Medi-Married must be created by NHRS please exclude from your file and send manually or create in DRS.
14	Total Amount	Numeric	101	(6,2)	#####.##	Carrier Created
15	Employer Amount	Numeric	107	(6,2)	#####.##	Carrier Created
16	Employer ID*	Numeric	124	4	####	Only required for vendors supporting 5 or more employers. The employer Code is unique to each employer.
17						

It is important to note that the file creates coverage codes. A coverage code is a combination of the **Collection ID** and the **Premium Type**: If the combination of Collection ID + Insurance Type + Description + Premium type does not exist for the vendor, the system will create an entirely new rate; therefore, if the file has inconsistent information on the **Collection ID** and **Description**, the system will create a New rate and disregard the rate you want to increase. It is as detailed/sensitive as an extra space.

Insurance Coverage Extract Report

Description: The Insurance Coverage Extract Report lists benefit recipients' insurance deductions and coverage information for a particular Vendor Payroll. This report only supports Microsoft Excel format.

Search Criteria:

Report: Insurance Coverage Extract

Benefit Payroll Grid Filter ▼

	Trial Date	Posted Date	Payment Date	Payroll Status	Batch ID	Transaction As Of Date
Select	11/20/2025	11/20/2025	11/26/2025	Posted	388	11/20/2025
Select	10/24/2025	10/24/2025	10/31/2025	Posted	386	10/24/2025
Select	9/23/2025	9/23/2025	9/30/2025	Posted	384	9/23/2025
Select	8/24/2025	8/25/2025	8/29/2025	Posted	382	8/24/2025
Select	7/25/2025	7/25/2025	7/31/2025	Posted	380	7/25/2025
Select	6/24/2025	6/24/2025	6/30/2025	Posted	378	6/24/2025
Select	5/22/2025	5/22/2025	5/30/2025	Posted	375	5/22/2025
Select	4/24/2025	4/25/2025	4/30/2025	Posted	373	4/24/2025
Select	3/25/2025	3/25/2025	3/31/2025	Posted	370	3/31/2025
Select	2/25/2025	2/25/2025	2/28/2025	Posted	368	2/25/2025

Total 26 Pages 1 2 3 4 5 6 7 8 9 10 ... > >>

Sort Option(s)

Sort By: Payee Name ▼

Report Options

Comments:

Format Report As: Microsoft Excel ▼

Submit Report
Reset
Back

Search criteria fields include:

- **Sort By:** A drop-down list of options used to indicate how the detail lines of the report should be sorted. Only a single sort option is allowed. Options are:
 - Payee Name (default)

- SSN
- Coverage Code: A system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, “0258 SAU 16 1 PERSON”).
- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.

Sample Insurance Coverage Extract Report:

Payee Listing Tab:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Coverage Code	Payee Name	Birth Date	SSN	PID	Benefit Effective Date	Benefit Type	Insurance Type	Insurance Carrier Name	Basis Plan	Payee Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction
1	GROUP G - 1 PER	AB	6/7	***-4849	1024853	8/1/2024 12:00:00 AM	Service Retirement Dental			Tier A - Group I - Employee	-58.79	0	0	0
2	GROUP G - 2 PER	AL	5/5	***-1449	1070834	4/1/2024 12:00:00 AM	Service Retirement Dental			Tier A - Group I - Employee	-91.44	0	0	0
3	GROUP I - MEDI	AL	5/5	***-1449	1070834	4/1/2024 12:00:00 AM	Service Retirement Health			Tier A - Group I - Employee	-453.62	0	0	0
4	GROUP V - 1 PER	AL	5/5	***-1449	1070834	4/1/2024 12:00:00 AM	Service Retirement Health			Tier A - Group I - Employee	-1120.83	0	0	0
5	GROUP G - 2 PER	AN	5/5	***-4374	1012796	4/1/2007 12:00:00 AM	Service Retirement Dental			Tier A - Group II - Fire	-91.44	0	0	0
6	GROUP I - MEDI	AN	5/5	***-4374	1012796	4/1/2007 12:00:00 AM	Service Retirement Health			Tier A - Group II - Fire	0	473.68	0	0
7	GROUP V - 1 PER	AN	10	***-7294	1068693	10/1/2017 12:00:00 AM	Service Retirement Health			Tier A - Group II - Fire	-745.27	375.56	0	0
8	GROUP I - MEDI	AN	6/6	***-2460	1009163	7/1/2006 12:00:00 AM	Service Retirement Health			Tier A - Group I - Employee	0	236.84	0	0
9	GROUP I - MEDI	AN	4/1	***-9976	1070623	9/1/2015 12:00:00 AM	Service Retirement Health			Tier A - Group II - Fire	0	236.84	0	0
10	GROUP I - MEDI	AN	4/1	***-9976	1070623	9/1/2015 12:00:00 AM	Service Retirement Health			Tier A - Group II - Fire	0	236.84	0	0

Report Information Tab:

	A	B	C	D	E	F	G	H	I	J
	Report Run Date Time	Fund Name	Batch ID	Batch Status	Payment Date	Trial Date	Posted Date	Insurance Carriers	Sort By	User Name
1	3/10/2026 9:24:41 AM	New Hampshire Retirement System	388	Posted	11/26/2025 12:01	11/20/2025 12:01	11/20/2025 12:01			
2										
3										
4										
5										

- **Batch ID:** The Batch ID of the Vendor Payroll Batch. Format: 123.
- **Posted Date:** The date the Vendor Payroll Batch was posted. Format: 111
- **Batch Status:** The current status of the Vendor Payroll Batch. Format: Posted
- **Payment Date:** The Payment Date of the Vendor Payroll Batch: Format MM/DD/YYYY.
- **Trial Date:** Date the Trial Vendor Payroll Process was run for the given Vendor Payroll Batch. Format MM/DD/YYYY.

- **Posted Date:** Date the Vendor Payroll Batch was posted. Format MM/DD/YYYY.
- **Insurance Carriers:** The selected insurance Carriers from the search criteria screen. Format: Text
- **Sort By:** The chosen Sort By from the criteria screen. Format: Payee Name
- **User Name:** The username of the user who generated the report. Format: User Name.
- **Coverage Code:** The coverage code of the given insurance deduction included in the Vendor Payroll Batch. Coverage Code is a system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, “0258 SAU 16 1 PERSON”)
- **Payee Name:** The name of the payee receiving the insurance deduction. Format: Last, First.
- **Birth Date:** Birth Date of the given Payee. Format: MM/DD/YYYY.
- **SSN:** The social security number of the given payee. Format: 1234567
- **Benefit Effective Date:** The Benefit Effective Date of the benefit associated with the insurance deduction. Format: MM/DD/YYYY.
- **Benefit Type:** The type of benefit associated to the insurance deduction. Format: Service Retirement.
- **Insurance Type:** The type of insurance associated to the insurance deduction. Format: Health
- **Insurance Carrier Name:** The selected insurance vendor from the criteria screen.
- **Basis Plan:** The payee’s plan at the time of retirement. Format: Tier – Group - Subgroup

- **Payee Premium:** The insurance premium cost to the member after subsidies, from the given payee's payment register detail. Format: \$xx,xxx.xx.
- **Medical Subsidy:** The value of Medical Subsidy associated to the insurance deduction, from the given payee's payment register. Format: \$xx,xxx.xx.
- **Employer Subsidy:** The value of the Employer Subsidy associated to the insurance deduction, from the given payee's payment register. Format: \$xx,xxx.xx.
- **Employer Subsidy Reduction:** The value of the Employer Subsidy Reduction associated to the insurance deduction, from the given payee's payment register. Format: \$xx,xxx.xx.


Persons Receiving Insurance Without Benefits

Description: The Persons Receiving Insurance Without Benefits Report identifies the payees within the fund that are receiving coverage for insurance but without receiving a benefit payment.

Search Criteria:

Report: Persons Receiving Insurance Without Benefits

Report Criteria

As Of Date: 

Sort Option(s)

Sort By:

Report Options

Comments:

Format Report As:

Search criteria fields include:

- **As Of Date:** The date used when considering which Dependents to include in the report. All ‘Dependents With Continued Coverage’ with an Effective Date on or prior to the As of Date are included. All recipients of Medical Subsidy Benefits are included if the Benefit Effective Date is on or prior to the As of Date.
- **Sort By:** A drop-down list of options used to indicate how the detail lines of the report should be sorted. Only one sort option is allowed. Options are:
 - Payee Name (default)
 - Payee SSN

- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.

Sample Persons Receiving Insurance Without Benefits Report:

Persons Receiving Insurance without Benefits						Run Date / Time: 12/22/2025 11:56:07
[Redacted]						User Name: [Redacted] AM
As Of Date: 12/15/2025						Page 1 of 1
Dependent Name	SSN	PID	Effective Date	Termination Date	Medical Subsidy Only?	
[Redacted]	**-**-	1268792	04/01/2007	01/31/2015	FALSE	

- **Dependent Name:** The name of the Dependent. Format: Last, First, Middle.
- **SSN:** The social security number of the Dependent, if available. Format: ***-**-9999.
- **Effective Date:** The effective date of the coverage. Format: MM/DD/YYYY.
- **Termination Date:** The termination date of the coverage. Format: MM/DD/YYYY.
- **Medical Subsidy Only?:** Indicates coverage is for Medical Subside only. Format: True/False.

Vendor Payee Listing Report

Description: The Vendor Payee Listing Report displays a list of all payees associated to insurance vendor transactions along with their details generated for a given Vendor Payroll Batch.

Search Criteria:

Report: Vendor Payee Listing

Vendor Payroll Grid Filter ▼

	Trial Date	Posted Date	Payment Date	Payroll Status	Batch ID	Transaction As Of Date
Select	11/20/2025	11/20/2025	11/26/2025	Posted	388	11/20/2025
Select	10/24/2025	10/24/2025	10/31/2025	Posted	386	10/24/2025
Select	9/23/2025	9/23/2025	9/30/2025	Posted	384	9/23/2025
Select	8/24/2025	8/25/2025	8/29/2025	Posted	382	8/24/2025
Select	7/25/2025	7/25/2025	7/31/2025	Posted	380	7/25/2025
Select	6/24/2025	6/24/2025	6/30/2025	Posted	378	6/24/2025
Select	5/22/2025	5/22/2025	5/30/2025	Posted	375	5/22/2025
Select	4/24/2025	4/25/2025	4/30/2025	Posted	373	4/24/2025
Select	3/25/2025	3/25/2025	3/31/2025	Posted	370	3/31/2025
Select	2/25/2025	2/25/2025	2/28/2025	Posted	368	2/25/2025

Total 27 Pages 1 2 3 4 5 6 7 8 9 10 ... > >>

Search Criteria:

Filter Option(s)

Insurance Types:

Sort Option(s)

Sort By:

Report Options

Comments:

Format Report As:

Submit Report Reset Back

Search criteria fields include:

- **Insurance Types:** A drop-down list of insurance types. The selection is used to populate the insurance vendor's option. Note that while Insurance Type is an optional filter, if one is selected, then one or more insurance vendors are required to be selected. If an insurance type is not selected, all insurance types (and vendors) will be selected for the report. Options are:
 - Accident Death
 - Dental
 - Health
 - Life
 - Long Term Care
 - Vision

- **Sort By:** A drop-down list of options used to indicate how the detail lines of the report should be sorted. Only one sort option is allowed. Options are:
 - Payee Name (Default)
 - Payee SSN

- **Comments:** A text box to enter an optional comment/description of the report. Information that is entered here is displayed on the **Report Manager** screen in the **My Report History** section once the report is fully generated.

- **Format Report As:** A drop-down list of report format options:
 - Adobe Acrobat (*.pdf) (default)
 - Microsoft Excel (*.xls)

Sample Vendor Payee Listing Report:

Vendor Payee Listing Report												Run Date / Time: 12/22/2025 12:00 PM
Insurance Type: Health											User Name:	Page 1 of 17
Insurance Carrier:												
Coverage Code: GROUP A - 1 PER												
Plan	Payee Name	SSN	PID	Birth Date	Benefit Type	Benefit Effective Date	Insurance Premium	Medical Subsidy	Employer Subsidy	Employer Subsidy Reduction	Payee Premium	
Tier A - Group II - Fire		***-**-	1256446	05/14/1957	Service Retirement	06/01/2002	\$0.00	\$375.56	\$0.00	\$0.00	\$375.56	
Insurance Coverage Totals:							1	\$0.00	\$375.56	\$0.00	\$0.00	\$375.56

- **Insurance Type:** The Insurance Type being used to group the report. Format: Text
- **Insurance Carrier:** Name of Vendor. Format: Text
- **Coverage Code:** The Coverage Code being used to group the report. Coverage Code is a system-generated identifier combining a Collection ID, a Description, and a Premium Type (for example, “0258 SAU 16 1 PERSON”). Format: Text
- **Plan:** Name of plan. Format: Tier, Group, Subgroup.
- **Payee Name:** The name of the associated Payee. Format: Text.
- **SSN:** The SSN or TIN of the associated Payee. Format: ***-**-1111.
- **PID**
- **Birth Date:** The birth date of the associated Payee. Format: MM/DD/YYYY.
- **Benefit Type:** The benefit type of the associated Payee. Format: Text.
- **Benefit Effective Date:** The benefit effective date of the associated Payee’s benefit. Format: MM/DD/YYYY.
- **Insurance Premium:** The premium amount for vision insurance. Format: \$99,999.99.
- **Medical Subsidy:** The amount subsidized by NHRS. Format: \$99,999.99.



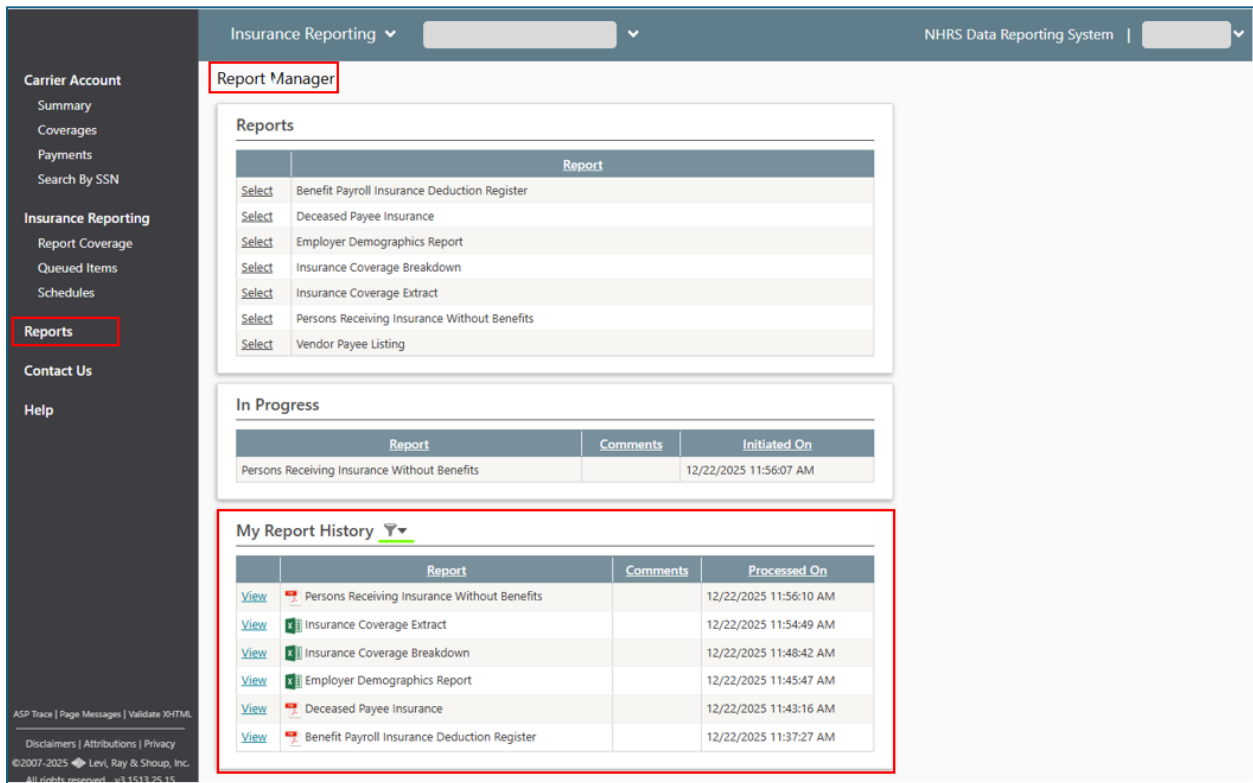
- **Employer Subsidy:** The amount subsidized by Payee’s employer. Format: \$99,999.99.
- **Employer Subsidy Reduction:** The Payee deduction amount for insurance premiums. Format: \$99,999.99.
- **Payee Deduction:** Date on which check was printed/issued. Format: \$99,999.99.
- **Insurance Coverage Totals:** The totals for the aggregate of Insurance Type and Coverage Code. Format: \$99,999.99.

View Your Report History

Any reports you generate can be viewed either from the **Report Manager** screen under My Report History, or from User Alerts. Note that you cannot view reports run by other users.

From Report Manager Screen

Begin on the DRS Left Menu → Reports. Scroll to the **My Report History** section, which contains a list of all the reports you have generated.




The screenshot shows the 'Report Manager' interface. On the left is a navigation menu with 'Reports' highlighted. The main content area is titled 'Report Manager' and contains three sections:


- Reports:** A table listing various report types, each with a 'Select' link.
- In Progress:** A table showing reports currently being processed.
- My Report History:** A table showing a list of reports generated by the user, with 'View' links for each.

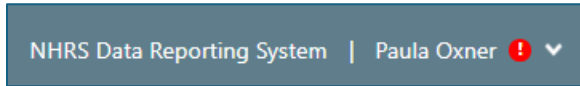
The 'My Report History' table is highlighted with a red box in the screenshot. It contains the following data:

	Report	Comments	Processed On
View	Persons Receiving Insurance Without Benefits		12/22/2025 11:56:10 AM
View	Insurance Coverage Extract		12/22/2025 11:54:49 AM
View	Insurance Coverage Breakdown		12/22/2025 11:48:42 AM
View	Employer Demographics Report		12/22/2025 11:45:47 AM
View	Deceased Payee Insurance		12/22/2025 11:43:16 AM
View	Benefit Payroll Insurance Deduction Register		12/22/2025 11:37:27 AM

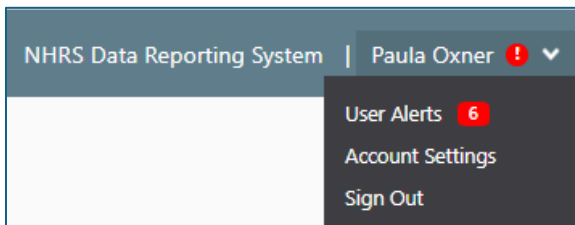
You can use the Filter icon  to filter by report type and date range (reports from the last 30 days automatically appear). To open a report, click **View** to the left of the desired report.

From User Alerts

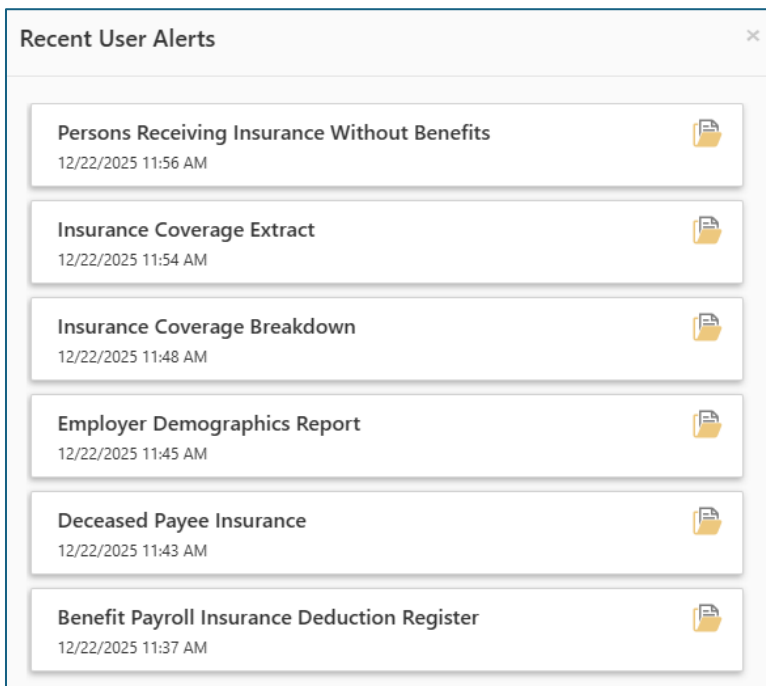
A red exclamation icon  near your name (upper right of screen) indicates there are reports and processes from the last 3 days, that you have not viewed yet:



- To view, click the **down arrow** next to your name, then click **User Alerts**.



A pop-up screen displays. Click any Folder icon  to view.



- No current reports and notifications**

If you have not received any alerts within the past 3 days, you see the message,

“You have not received any user alerts in the last 3 days.”

GLOSSARY

Associations: From the Associations section of the DRS Dashboard screen. Displays the representatives and employers associated with the vendor listed at the top of the DRS screen.

Carrier Communications: From the Carrier Communications section of the DRS Dashboard screen. Lists notifications that were automatically generated and sent to the user when certain activities occurred, such as a notice stating *More Information Required for Authorization*.

Coverage Termination Date: The date the coverages are terminated.

Dependent: A person who relies on another as a primary source of income or support. This can include children or other relatives.

DRS: Data Reporting System. DRS is an online portal for New Hampshire Retirement System (NHRS) participating employers as well as insurance vendors and third-party administrators that consists of two sections:

- The Insurance Reporting section is used by insurance vendors, NHRS-participating employers, and third-party administrators (TPAs) to update insurance premiums and to submit insurance authorizations for their retirees.
- The Employer Reporting section is used by NHRS-participating employers to (1) report monthly wage and contribution data for active, full-time employees and (2) for annual reporting of hours worked and compensation paid to NHRS retirees who are on the payroll as part-time workers.

Effective Date: The date the Event becomes effective.

Employer Reporting: An application used by NHRS-participating employers to report monthly wage and contribution data for active, full-time members. DRS is also used by employers for annual retiree reporting of part-time retirees.

Event Sub-Type: Associated to an Event Type and further defines the Event.

Event Type: A type of insurance change; types include Dependent, Medicare, and Insurance Deduction changes.

Insurance Carrier: A vendor (company, employer, or person) that provides insurance.

Insurance Coverage: The level (details and rates) at which insurance should be provided to the payee and eligible dependents.

Insurance Reporting: An application used by insurance vendors/external vendors, SAUs, municipalities, and other third-party administrators (TPAs) to submit or change insurance authorizations and/or insurance premium rates for retirees.

Insurance Reporting Overrides: Ability to change an Insurance Reporting Schedule for a specific Insurance Carrier if the vendor needs additional time outside of the Insurance Reporting Schedule; only NHRS staff can override an Insurance Reporting Schedule.

Insurance Reporting Schedules: Schedules that are maintained by month in PG (PensionGold) that outline the period Insurance Carriers are allowed to make Insurance Reporting changes in the DRS.

Medical Subsidy Eligibility Questionnaire: Annual questionnaires sent to specific payees to gather information related to the payee's Medical Subsidy benefit.

Medical Subsidy: The payments NHRS makes to offset the cost of health insurance for eligible payees.

Payroll Deduction Termination Date: The date the benefit insurance deductions are terminated, which must be on or after the latest coverage rate effective date for the vendor and must be the last day of the month.

Pending: A status code. When updates are made to payee coverages/deductions, dependents, or Medicate information, the update goes through an Authorization Review Process, which must be either approved or denied by NHRS. A status of Pending indicates an update is awaiting review by NRHS.

PG: Stands for PensionGold, the New Hampshire Retirement System's core pension administration system.

Queued Date: The date an Event Type is triggered for NHRS to do an authorization review.

Report: DRS can generate various reports that provide information designed to help insurance vendors validate information.

Retro Date: The starting retroactive date that NHRS Medical Subsidy should be adjusted to.

Sub Type: Further breakdown of the type of event of the item. Also see [Type](#). Sub Type options include:

- Adding Health: Non-Health History
- Dependent Change (Generic)
- Disabled Dependent Maintained
- First Time Insurance
- First Time Insurance With Gap
- Fulltime Student Maintained
- Insurance on Additional Annuity Benefits

- Medical Subsidy Overrides
- Medicare Information Change
- Medcomp Insurance Added
- New Insurance After Gap
- Retro Insurance Added
- Retro Insurance Terminated
- Spouse Dependent Maintained
- Terminating Dependent Death
- Terminating Dependent Divorce
- Terminating Insurance – Death
- Terminating Insurance - Delete
- Terminating Insurance – Divorce

Type: The type of coverage change made: Dependent, Medicare, or Insurance Deduction.

Also see [Sub Type](#).

User Alerts: Alerts that notify users of processes, errors, reports etc. Recent alerts are located by clicking on your name in the upper-right corner of the DRS screen. A red exclamation mark indicates that you have a new alert.

Vendor: The company, employer, or person defined with a category of ‘Insurance Carrier’ in PG (PensionGold). (Other vendor categories include Federal Tax Agency, State Tax Agency, and Pay Component).

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