

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 | tor: | | | |
|----------------------------------|--|---|--|--|
| | First 1 | Vame | Middle Initial | Last Name |
| Job Title | o: | Work Email: | | |
| Action: | Terminate User Access Modification Add User | | User l | Name:Name: |
| Employ | ver Name: | | | |
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| If the ner | son is responsible for mor | re than one employer li | st all Fr · SAII with multi | ple school districts reported separately. |
| ij ine pers | son is responsible for mor | e man one employer, in | si uii. Ex 5210 wiin muiii | pie senooi uisirieis reporteu separatety. |
| Choose of | 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 cho | ange insurance authorizat | ions and/or premium rates). |
| Reportin (NHRS) Employe | ng System (DRS). The I or their authorized Ven | ORS is only for Partic adors or Third Party A are prohibited from 1 | ipating Employers of th administrators (TPAs). I ogging onto the Data Ro | re Retirement System's Data e New Hampshire Retirement System if you are not a Participating eporting System. Violators will be |
| | ead this disclaimer and I ire Retirement System. | am an authorized Pa | rticipating Employer, V | endor, or TPA of the New |
| 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 <u>DRSsupport@nhrs.org</u>. 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 <u>DRSsupport@nhrs.org</u>.