



## EMPLOYER ELECTION TO PARTICIPATE IN THE NEW HAMPSHIRE RETIREMENT SYSTEM PLAN

ORGANIZATION OF:	
At a meeting of the _____ of the town of _____ in the county of _____ <span style="display: block; text-align: center; font-size: small;">(Governing Board) (Town)</span> _____ and the State of New Hampshire, legally called on the _____ day of _____ 20_____, the <span style="display: block; text-align: center; font-size: small;">(County) (Day) (Month) (YY)</span> following resolution was offered by _____: <span style="display: block; text-align: center; font-size: small;">(Name and Title)</span>	
Be it Resolved: That the _____ will elect to approve the inclusion of its officers and <span style="display: block; text-align: center; font-size: small;">(Organization)</span> employees in the New Hampshire Retirement System of the State of New Hampshire, as provided for by RSA 100-A (supp), for the employees of the _____ to be effective _____. <span style="display: block; text-align: center; font-size: small;">(Organization) (Date)</span>	
The above resolution was adopted as appears by the following vote: Yeas: _____ Nays: _____	
ACKNOWLEDGEMENT	
State of New Hampshire, County of: _____	
I _____ of the _____ <span style="display: block; text-align: center; font-size: small;">(Name and Title) (Organization)</span> do hereby certify that I have compared the foregoing with the original resolution adopted by the _____ <span style="display: block; text-align: center; font-size: small;">(Organization)</span> at a meeting held on the _____ day of _____ 20_____, on file in this office, and that the same is a true copy thereof and <span style="display: block; text-align: center; font-size: small;">(Day) (Month) (YY)</span> the whole of said original.	
I further certify that the full board consists of _____ duly elected members and that, as above stated, _____ of said <span style="display: block; text-align: center; font-size: small;">(Number) (Number)</span> duly elected members voted yes to the above resolution.	
In Witness Whereof, I have hereunto set my hand of the _____ on this _____ <span style="display: block; text-align: center; font-size: small;">(Organization) (Day)</span> day of _____ 20_____. <span style="display: block; text-align: center; font-size: small;">(Month) (YY)</span>	
Officer Signature:	Title:

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.