



MEMBER INFORMATION / ENROLLMENT FORM

ENROLLMENT REQUIREMENTS:

1. This form must be completed and submitted prior to the first payroll deduction. If supporting documents, such as the birth certificate, are not immediately available to be submitted, please forward to NHRS as soon as possible thereafter.
2. Employers must provide written notice within a reasonable time after election or appointment to any person for whom membership is optional (RSA 100-A: 3, I-a).

SECTION A – TO BE COMPLETED BY EMPLOYEE

Name:	Date of Birth:		
Address:	Social Security #:		
City/Town:	State:	Zip:	
Email:	Phone:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

SECTION B – TO BE COMPLETED BY EMPLOYER

Billing account number under which this employee will be reported: _____ / _____ / _____ <small style="margin-left: 100px;">Month Day Year</small>		
The first day this employee meets eligibility requirements for NHRS participation: _____ / _____ / _____ <small style="margin-left: 100px;">Month Day Year</small>		
Date of first contribution, if different than the date listed above: <i>(The first day retirement contributions will be deducted from this employee's wages.)</i>		
MEMBERSHIP CLASSIFICATION		
GROUP I	GROUP II	
<input type="checkbox"/> Employee <input type="checkbox"/> Teachers <input type="checkbox"/> Job Share Teacher <i>(One job shared equally (50/50) by two teachers)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Fire Check One: <input type="checkbox"/> Job previously certified <input type="checkbox"/> New certification <i>(Group II Position Certification Form attached)</i>	
Annual Salary: \$	Number of hours worked per week:	Number of months worked per year:
Employer name:		Position Title:
Employer address:		
REQUIRED SUPPORTING DOCUMENTS ATTACHED TO THIS FORM		
<input type="checkbox"/> Copy of employee's Social Security Card <input type="checkbox"/> Copy of employee's birth certificate <input type="checkbox"/> NHRS Designation of Beneficiary(ies) (Pre-Retirement) Form		

EMPLOYER CERTIFICATION

I hereby certify that _____ is an employee of _____
and that contribution deductions will be made in accordance with New Hampshire Retirement System law (RSA 100-A).

Name:	Title:	Employer Phone #:
Signature of Department Head or Fiscal Officer:		Date Signed:

SECTION C – SIGNATURE SECTION – TO BE COMPLETED BY EMPLOYEE

I understand that I must file a properly completed Designation of Death Beneficiary(ies) (Pre-Retirement) form with NHRS or any benefits payable in the event of my death will be distributed in accordance with the applicable New Hampshire law.

Employee's Signature:	Date Signed:
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PLEASE RETAIN A COPY FOR YOUR RECORDS

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Revised 12/2015*

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.