



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

SOCIAL SECURITY NUMBER	NAME	DATE OF BIRTH		
MAILING ADDRESS	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:
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*: _____ / _____ / _____ <small style="margin-left: 100px;">Month Day Year</small>
* The first day retirement contributions will be deducted from this employee's wages

MEMBERSHIP CLASSIFICATION

<p style="text-align: center;">GROUP I</p> <input type="checkbox"/> Employee <input type="checkbox"/> Teacher <input type="checkbox"/> Job Share teacher <small>One job shared equally (50/50) by two teachers</small>	<p style="text-align: center;">GROUP II</p> <input type="checkbox"/> Police <input type="checkbox"/> Fire <u>Check One:</u> <input type="checkbox"/> Job previously certified <input type="checkbox"/> New certification - Group II Position Certification Form attached		
POSITION TITLE	ANNUAL SALARY \$	NUMBER OF MONTHS WORKED PER YEAR	NUMBER OF HOURS WORKED PER WEEK
EMPLOYER NAME		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	Signature of Department Head or Fiscal Officer
Title	Date Signed Employer Telephone Number

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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