

How to Fill out a Termination Form:

Employees, Police Officers, and Firefighters Not Vested Prior to 1/1/2012

For further information, please refer to the back of this page



New Hampshire Retirement System
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EMPLOYER'S NOTICE OF TERMINATION FOR EMPLOYEES, POLICE OFFICERS, AND FIREFIGHTERS NOT VESTED PRIOR TO 1/1/2012

Termination forms should be completed for members who are retiring and collecting a pension. The New Hampshire Retirement System (NHRS, the retirement system) does not require termination forms for members who have terminated their employment, but are not retiring. (Please note that there are separate termination forms for deceased members).

Employers must provide information on the member's final four payroll periods. NHRS cannot finalize the benefit payments for a member until this information is received. An extended delay in finalizing the retirement benefit may have an adverse impact on the member.

The employer information provided on this form should match the employer information contained in the monthly wage and contribution report submitted through the NHRS Data Reporting System (DRS). We recommend that the individual who submits reporting files to NHRS either completes this form or reviews it before it is sent to NHRS in order to avoid inconsistent reporting and delays.

Instructions for filling out this form are available at: https://www.nhrs.org/docs/default-source/employers-forms/hr-EPE_notvested_prior_1-1-2012.pdf
If you have additional questions, please contact: Joy Tardif at (603) 410-3570 or Joy.Tardif@nhrs.org; or Laurie Huber at (603) 410-3544 or Laurie.Huber@nhrs.org.

1. Member Information (Please fill out all boxes in this section)

Employee Name:	Last 4 of SSN #:
Date of Termination from Full-time Employment:	Retirement Date: ____/____/____

2. Beginning with the most recent payment, please provide the following information for the final four payroll periods for this member

Payroll Period	Date Paid	Number of Actual Days Compensated in this Pay Period	"Base Pay" in this Payroll Period	*Compensation Over Base Pay	Total
(1) ____ to ____			\$	\$	\$
(2) ____ to ____			\$	\$	\$
(3) ____ to ____			\$	\$	\$
(4) ____ to ____			\$	\$	\$

*Overtime, longevity, severance, cost-of-living bonus, payouts of holiday, vacation, sick, etc. (refer to RSA 100-A for a complete list). See "Earnable Compensation" chart on back explaining what is considered Earnable Compensation for members vested prior to 1/1/2012 and all other members.

3. Employer Certification

The _____, certifies that the information provided in this statement is true and complete to the best of our knowledge.

(Name and Title) (Authorized Signature) (Date Signed)

(Street) (City) (State) (Zip Code) (Employee Telephone Number)

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The last day the employee worked in his or her full-time position.

This section is to list the last four payments the employee received while working full-time and contribution to NHRS.

The days that the employee was paid for in a particular pay period. This includes used sick days, vacation days, comp time, etc. Please convert hours worked to days.

Sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

Reporting information on this form that is inconsistent with information previously submitted through the employer Data Reporting System will delay finalizing the employee's final pension benefit.

The retirement date is the date of the employee's retirement, not the employee's last day of employment. Please note the "1" is prefilled because members can only retire on the first of a month. This date will be provided by NHRS.

"Compensation Over Base Pay" refers to wages paid above the Base Pay (i.e. Overtime, longevity, etc.)

"Base Pay" is defined by the employer.

Section 1: Member Information

Please fill out all boxes. This includes: Employee Name; Last Four Digits of Social Security Number; Date of Termination from Full-Time Employment; Retirement Date.

The “Date of Termination” is never the same as the “Retirement Date.” The “Date of Termination” is the last date the employee worked in his or her full-time position. The “Retirement Date” is the date the employee has elected to be considered “retired” with NHRS, and is always the first of a month (NHRS will provide the “Retirement Date” for employers). Since the employee cannot still be in service on the day that his or her “Retirement Date” comes into effect, the “Date of Termination” must be prior to the “Retirement Date.”

Please note: Termination forms are meant for employees who are retiring. If the employee is no longer employed, but not yet retiring, we do not require these forms to be completed. NHRS has separate termination forms for deceased employees.

Section 2: Final Four Payroll Periods

List the final four payroll periods in which the employee received pay. If for any reason the employee did not receive pay for any of the last four pay periods, continue back until reaching a pay period for which he or she received payment. Be sure to break out the Base Pay vs. Compensation Over Base Pay when completing this part of the form.

Under “Number of Actual Days Compensated in this Pay Period,” please note that this includes used sick time, vacation time, etc., even if the employee was not physically present in the office. If time is accrued by hours, convert them to days.

Under “Compensation Over Base Pay,” list any wages paid above and beyond the Base Pay (i.e. overtime, longevity, etc.)

Do not include any part-time wages.

Section 3: Employer Certification

Sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

Please Note:

We recommend that the individual who submits reporting files to NHRS either fills out these forms, or reviews them before they are sent to NHRS in order to avoid inconsistent reporting and resulting delays.

The NHRS “Earnable Compensation” chart is on the back side of the form. This chart explains what is considered Earnable Compensation for members (employees) vested prior to 1/1/2012 and all other members (employees).

If you have any questions while completing this form, please contact:

Joy Tardif at (603) 410-3570 or email Joy.Tardif@nhrs.org; Laurie Huber at (603) 410-3544 or email Laurie.Huber@nhrs.org.