

How to Fill out a Termination Form:

Employees, Police Officers, and Firefighters Vested Prior to 1/1/2012

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

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


Please list all termination pay being paid out at retirement (i.e. any unused vacation, sick, holiday, comp time, longevity, bonus, retirement incentives, etc.)

If the employee has not been fully compensated within 120 days of his or her termination date, please use this section to list the amount owed to the employee, and the reason for the delay.

Please use this section to list the last four payments the employee received while working full-time and contributing 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. (This section is on the back of the form.)



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

**EMPLOYER'S NOTICE OF TERMINATION FOR
 EMPLOYEES, POLICE OFFICERS, AND FIREFIGHTERS 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 as well as any payments for accrued time and/or other lump sum payments that meet the statutory definition of Earnable Compensation. 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 completing this form are available at: <https://www.nhrs.org/docs/default-source/employers-forms/nhr-EPF-vested-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 <u>all</u> boxes in this section)						
Employee Name:				Last 4 of SSN #:		
Date of Termination from Full-time Employment:				Retirement Date: ____/____/____		
2. Type of Credit		Dollar value of accrued time paid at termination of employment				
<i>*If time is accrued by hours, please convert to days.</i>						
Vacation	Days*:	Multiplied By	Daily Rate:	=	\$	
Sick	Days*:	Multiplied By	Daily Rate:	=	\$	
Holiday	Days*:	Multiplied By	Daily Rate:	=	\$	
	Days*:	Multiplied By	Daily Rate:	=	\$	
	Days*:	Multiplied By	Daily Rate:	=	\$	
Total	Days:				\$	
Other						
Lump Sum	Description:				\$	
Lump Sum	Description:				\$	
Total Termination Pay (including total amount stated above)					\$	
3. Termination Pay not paid within 120 days of employment termination						
If all compensation (Earnable Compensation and "Termination Pay") owed to this member was not paid within 120 days of termination of employment, please explain the payment delay and identify the amount(s) of that payment(s).					\$	
Reason for delay:						
4. 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	"Termination Pay" in this Payroll Period (if any)	Extra or Special Duty Pay (Group II Only)	Total
(1) _____ to _____			\$	\$	\$	\$
(2) _____ to _____			\$	\$	\$	\$
(3) _____ to _____			\$	\$	\$	\$
(4) _____ to _____			\$	\$	\$	\$

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.

If employee time is accrued by hours, please convert it to days.

"Extra or Special Duty Pay" refers to work performed outside of a Group II member's normal work shift (i.e. detail work, working on a sobriety checkpoint, etc.)

"Termination Pay" refers to any termination pay that may have been paid out to the member. Please be sure the amounts listed in this section match the breakdown of termination pay from section 2.

"Base Pay" refers to the Earnable Compensation that is not termination pay or ESDP.

5. Employer Certification				
The _____, certifies that the information provided in this statement is true and complete to the best of our knowledge.				
_____ <i>(Name and Title)</i>	_____ <i>(Authorized Signature)</i>	_____ <i>(Date Signed)</i>		
_____ <i>(Street)</i>	_____ <i>(City)</i>	_____ <i>(State)</i>	_____ <i>(Zip Code)</i>	_____ <i>(Employer Telephone Number)</i>

NHRS Form 21/MS-21
Revised 3/2018

Sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge. (This section is on the back of the form.)

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 “Termination Date” is never the same as the “Retirement Date.” The “Termination Date” is the date the employee has been terminated from his or her 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 “Termination Date” must be prior to the “Retirement Date.”

Please note that termination forms are meant for employees who are retiring. If the member is no longer employed, but not yet retiring, we do not require these forms to be completed. If a member has passed away, please note that we have separate termination forms for deceased members.

Section 2: Type of Credit

Please use this section to list all termination pay. For example, any unused vacation, sick, or holiday time, longevity, comp time, retirement incentives, etc. paid out at retirement. There are two blank lines below “Holiday” to fill in other types of payments that meet the statutory definition of Earnable Compensation. If time is accrued by hours, convert them to days.

If needed, please use the “Other” section to list any lump sum payments being made to the member, and include a description of what the payment is. Please note that “retirement stipend” is not an acceptable description as stipends are no longer considered Earnable Compensation.

Section 3: Termination Pay not paid within 120 days

If compensation was not paid to the member within 120 days of his or her Termination Date, please list the amount owed to the member and the reason for the delay.

Section 4: Final Four Payroll Periods

Please list the final four payroll periods in which the member received pay. If for any reason the member did not receive pay for any of the last four pay periods, continue back until reaching another pay period for which the member received payment.

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

In terms of “Base Pay:”

For Group I: Anything that is not termination pay, but is Earnable Compensation, should be included under “Base Pay” using the gross wages. Please do not include anything that is not considered Earnable Compensation i.e. health clubs, clothing allowances, etc.

For Group II: Anything that is not termination pay or Extra and Special Duty Pay (ESDP), but is Earnable Compensation. Please list ESDP in the column titled “Extra or Special Duty Pay.”

Under “Termination Pay in this Payroll Period,” please make sure any termination pay the member may have received matches the amounts listed in section 2 and/or section 3.

Under “Extra or Special Duty Pay,” please list any ESDP for Group II only. ESDP is considered as work performed outside of a Group II member’s normal work shift (for example, detail work). Any services performed during a Group II member’s normal work shift are not considered ESDP, even if the employer is compensated by a third party for such services. Many employers compensate Group II members for extra shifts using funds coming from federal or state grants (for example, working on sobriety checkpoints), which are often referred to as “grant wages.” If the employer uses these state or federal grant funds to compensate the member, they should be reported as overtime, not ESDP.

Please do not include any part-time wages.

Please Note:

We recommend that the individual who submits reporting files to NHRS either fills out “Notice of Termination” 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 vested prior to 1/1/2012 and all other members.

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.