



## SALARY CONTINUANCE REPORTING FORM

### SECTION I: EMPLOYER INFORMATION

Employer Account Number: \_\_\_\_\_ Employer Name: \_\_\_\_\_

### SECTION II: EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Date salary continuance plan commenced: \_\_\_\_\_ Reporting Period (Month/Year): \_\_\_\_\_

(Submit a separate form for each month.)

Member Group (check one):  Employee (state)  Employee (subdivision)  Teacher  Police  Fire

### SECTION III: CALCULATION OF REQUIRED CONTRIBUTIONS

A. Total monthly benefit to employee through salary continuance plan		\$ _____
B. Percentage of plan premium paid by employer <i>(Should not include percentage of premium paid by member.)</i>		_____ %
C. Earnable compensation for NHRS contribution purposes: (Line A multiplied by Line B)		\$ _____
		<i>Earnable Compensation</i>
D. Member Contribution Rate *		_____ %
E. <b>Member Contribution Due</b> (Line C multiplied by Line D)		\$ _____
		<i>Member Contribution</i>
F. Employer Contribution Pension Rate *		_____ %
G. <b>Employer Pension Contribution Due</b> (Line C multiplied by Line F)		\$ _____
		<i>Employer Pension Contribution</i>
<b>For any month of salary continuance being reported that is prior to July 1, 2009, enter "0" on lines H and I</b>		
H. Employer Contribution Medical Subsidy Rate *		_____ %
I. <b>Employer Medical Subsidy Contribution Due</b> (Line C multiplied by Line H)		\$ _____
		<i>Employer Medical Subsidy Contribution</i>
J. <b>Total Contributions Due to NHRS</b> (Line E plus Line G plus Line I)		\$ _____
		<i>Total Contributions Due</i>
H. <b>Total Amount Paid to NHRS with this form</b>		\$ _____
<i>This amount may differ from Line J if the employer is not paying the member contribution</i>		<i>Total Amount Paid</i>

### SECTION IV: TAX-SHELTERED (PRE-TAX) CONTRIBUTIONS

If the employer is paying the member contribution, please answer the following questions. If not, go to Section V.

- Are member contributions withheld from salary continuance amounts because of the employer's election to withhold member contributions or because of the terms of a disability insurance plan or policy and NOT because of a member's election to withhold member contributions from his or her salary continuance?  Yes  No
- Are member contributions withheld from salary continuance amounts and paid directly to NHRS BEFORE the salary continuance is paid to the member?  Yes  No

If the answer to both questions is "yes," report member contributions on salary continuance as PRE-TAX CONTRIBUTIONS.

### SECTION V: EMPLOYER CERTIFICATION

The \_\_\_\_\_, certifies that the information provided in this statement is true and complete to the best of our knowledge.  
(Name of Employer)

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* See: <https://www.nhrs.org/Employers/employer-contribution-rates>

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