

SALARY CONTINUANCE REPORTING FORM

Note: Contributions should not be remitted if the member returns to work, dies, retires, or is no longer employed by the employer.

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