



Dear Member:

The enclosed forms must be completed and submitted to NHRS to apply for retirement. **Please use this checklist and be sure all required forms/copies are submitted at least 30, but not more than 90 days prior to the effective date of retirement to avoid any delays in processing your application.**

- Application for Retirement
  - Signature required in two places (Section II and Section V on Group I application; II and VI on Group II application)
  - **Notarized** signatures
  
- Mandatory Acknowledgement/Certification
  - Must be dated the same date or later than the application
  - **Spouse** signs “Part A”, if you are married
  - **If not married**, member must sign “Part B”
  - **Notarized** signature
  
- Form W-4P
  - Complete top section (name, address, social security number and filing status)
  - Complete Step 4, if additional withholding desired
  - If you wish to have no taxes withheld, please write "No Withholding" on the very bottom of the form
  - **Sign and date**
  
- Copy** of Social Security card or Form W-9
  
- Electronic Direct Deposit (EDD)
  
- Working After Retirement Acknowledgement and Affirmation Form
  
- State Retirees ONLY**:
  - Health Insurance Pre-Application
  
- Payment Options for Additional Contributions Form (if a participant in the Additional Contributions program)
  
- ADDITIONAL REQUIRED DOCUMENTS – COPIES** must be provided to NHRS
  - Copy of marriage certificate (ONLY Group II)
  - Copy of beneficiary’s (ies’) birth certificate if Survivorship Option 2-4 selected
  - Copy of **your** birth certificate

*Please contact NHRS if additional assistance is required. Thank you!*



New Hampshire Retirement System  
80 Commercial Street, Concord, NH 03301  
Phone: (603) 410-3500 - Fax: (603) 410-3501  
Website: [www.nhrs.org](http://www.nhrs.org) - Email: [info@nhrs.org](mailto:info@nhrs.org)

## APPLICATION FOR SERVICE/VESTED DEFERRED RETIREMENT GROUP II (POLICE AND FIRE)

### APPLICATION INFORMATION – READ CAREFULLY

#### I. GENERAL

- For more information regarding Service retirement, visit the NHRS website at: <http://www.nhrs.org/members/benefits/service-retirement>
- For more information regarding Vested Deferred retirement, visit the NHRS website at: <http://www.nhrs.org/members/benefits/vested-deferred-retirement>
- All information provided on this application must be typed or printed clearly in ink. Signatures must be in ink. **If any errors are made, a new application must be completed**
- After completing this application, retain a copy for your records
- Complete all pages in application

#### II. SUPPORTING DOCUMENTATION

To apply for Service/Vested Deferred retirement, the following documents must be submitted to NHRS:

- |   |   |
|---|---|
| 1) Application for Service/Vested Deferred Retirement                                     | 5) Mandatory Acknowledgement/Certification  |
| 2) Withholding Certificate (IRS Form W-4P)  | 6) Electronic Direct Deposit (EDD)  |
| 3) Copy of your Social Security card or IRS Form W-9                                      | 7) Copy of your birth certificate   |
| 4) Copy of your beneficiary's(ies') birth certificate(s) if option 2, 3, or 4 is selected | 8) If married, copy of your marriage certificate ( <b>Service Retirement Only</b> ) |

#### III. EXPLANATION OF TERMS

**Allowance:** A retirement pension paid monthly to an NHRS retiree or beneficiary.

**Single Primary Beneficiary:** One person, an estate, or a trust designated by a retiree to receive any NHRS death benefit and/or refund of the retiree's accumulated contributions, which may be payable upon the retiree's death after retirement. An estate or a trust is not eligible to receive a survivorship option. See back page for detailed information on survivorship options and other post-retirement death benefits.

**Multiple Primary Beneficiaries:** More than one person, which may include an estate and/or trust, designated by a member to each receive a percentage of any NHRS death benefit and/or refund of the retiree's accumulated contributions, which may be payable upon the retiree's death after retirement. Multiple beneficiaries who are designated under option 2, 3, or 4 (A-C) are restricted to the retiree's spouse and/or children. Children, as multiple beneficiaries, are limited to natural children, adopted children, and stepchildren. An estate or a trust is not eligible to receive a survivorship option.

**Contingent Beneficiary(ies):** The person(s), estate, or trust who would become eligible for any NHRS refund of the retiree's accumulated contributions if the primary beneficiary(ies) is deceased at the time of the retiree's death after retirement. A contingent beneficiary is not eligible to receive a survivorship option.

**Distribution Percentage:** Retirees must specify a distribution percentage for each beneficiary on the retirement application. A distribution percentage represents the portion of the retiree's pension which would be payable to each beneficiary. The total combined percentages must equal 100%.

**Acknowledgement:** Refers to the acknowledgement of a retiree's signature in Section VI of this application or on any attachments to this application by a Notary Public, Justice of the Peace, Register of Deeds, Clerk of a Court having a seal, or Judge (the "Notarial Officer"). The Notarial Officer must sign and seal (if applicable) Section VI of this application and any attachments.

#### IV. OPTIONAL ALLOWANCES

You may choose one of the following. Any allowance payable to a beneficiary, including a Group II Death Benefit, is subject to the limitations set forth in RSA 100-A:13-b and Internal Revenue Code Section 401(a)(9).

##### A. Maximum Retirement Allowance

The maximum pension payable to a retiree until death. Upon the retiree's death, the designated beneficiary(ies) will receive a lump sum payment of the amount, if any, equal to the retiree's accumulated contributions at the time of retirement minus all annuity payments received by the retiree.

##### B. Optional Retirement Allowances

**Option 1** – A reduced pension payable to a retiree until death. Upon the retiree's death, the designated beneficiary(ies) will receive a lump sum payment of the amount, if any, equal to the retiree's accumulated contributions at the time of retirement minus all member annuity payments received by the retiree. With this option, the retiree is taking a reduced benefit for the sole purpose of stretching out the dispersal of their accumulated contributions.

##### Option 2, 3, 4(A), 4(B), 4(C) – Survivorship Options

Retirees receive a reduced allowance during their lifetime so that their designated beneficiary(ies) can receive a monthly lifetime benefit after their death. When choosing option 2, 3, or 4 (A-C), multiple beneficiaries are limited to the retiree's spouse and/or children. Children, as multiple beneficiaries, are limited to natural children, adopted children, and stepchildren. A trust or estate cannot be the beneficiary under option 2, 3, or 4 (A-C). In addition, an eligible surviving spouse will receive an automatic monthly benefit equal to 50% of your allowance.

**Option 2** – up to 100% - A reduced pension payable until the death of a retiree with up to 100% of the retiree's reduced pension payable thereafter to the retiree's primary beneficiary(ies) for life.

**Option 4(B)** – 50% “pop-up” - Similar to Option 3; however, if the beneficiary predeceases the retiree, the retiree's pension will increase (“pop up”) to the Maximum Retirement Allowance that the retiree would have received without the election of a Survivorship Option. Refer to Option 4(A) for details regarding multiple primary beneficiaries.

**Option 3** – 50% - A reduced pension payable until the death of a retiree with 50% of the retiree's reduced pension payable thereafter to the retiree's primary beneficiary(ies) for life.

**Option 4(C) [Special]** - A reduced pension payable until the death of the retiree, then a customized percentage (other than 50% or 100%) or a flat amount of the pension paid to the retiree's designated beneficiary(ies). This option is subject to approval by the NHRS Board of Trustees.

**Option 4(A)** – up to 100% “pop-up” - Similar to Option 2; however, if the beneficiary predeceases the retiree, the retiree's pension will increase (“pop up”) to the Maximum Retirement Allowance that the retiree would have received without the election of a Survivorship Option. If multiple primary beneficiaries were designated, and one or more of those beneficiaries predecease the retiree, the retiree's pension will increase by a proportional share of the cost, based on the number of beneficiaries. If all of the primary beneficiaries predecease the retiree, then the pension will increase to the Maximum Retirement Allowance.

**Group II Death Benefit:** A lump sum benefit payable upon the death of an eligible retired Group II member who commenced service prior to July 1, 1993. For more information on eligibility for the Group II Death Benefit see RSA 100-A:12.

**Benefit Limitations:** Any pension payable to the retiree or beneficiary(ies) is subject to the limitations set forth in RSA 100-A:13-b and Sections 415 and 401(a)(9) of the Internal Revenue Code of 1986 (the “Code”), as amended, and related Treasury regulations. The beneficiary(ies) cannot receive a pension of more than 100% of the retiree's reduced retirement pension. The Code may limit the pension payable to the non-spouse beneficiary(ies) who is more than ten years younger than the retiree. The exact percentage varies according to the age of the member and the age(s) of the beneficiary(ies).

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**PART B – MULTIPLE PRIMARY BENEFICIARIES - Restriction:** If you have selected option 2, 3 or 4, all beneficiaries designated must be your children and may include your spouse. You must specify distribution percentages. (See Application Information.)

I designate the following people as my primary beneficiaries to receive any payments which, in accordance with the retirement benefit selected in Section II, may be due upon my death. (To designate more beneficiaries than the following spaces allow, initial here \_\_\_\_\_ and attach signed and acknowledged information to this form.)

Primary Beneficiary's Name	Distribution Percentage	Primary Beneficiary's Address	Primary Beneficiary's SS# (Last 4)	Primary Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

**SECTION IV – DESIGNATION OF CONTINGENT BENEFICIARY(IES) (Please print)**

I designate the following person(s) to receive any payments which may be due upon my death and the death of my primary beneficiary(ies). (To designate more contingent beneficiaries than the following space allows, initial here \_\_\_\_\_ and attach signed and acknowledged information to this form.)

Contingent Beneficiary's Name	Distribution Percentage	Contingent Beneficiary's Address	Contingent Beneficiary's SS# (Last 4)	Contingent Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				

**SECTION V – DESIGNATION OF BENEFICIARY(IES) FOR GROUP II DEATH BENEFIT (Please print)**

I designate the following person(s) to receive any Group II Death Benefit which, under the provisions of RSA 100-A:12, may be due upon my death. (To designate more beneficiaries than the following spaces allows, initial here \_\_\_\_\_ and attach signed and acknowledged information to this form.)

Beneficiary's Name	Distribution Percentage	Beneficiary's Address	Beneficiary's SS# (Last 4)	Beneficiary's Date of Birth	Relationship to Member
1.	%				

**SECTION VI – MEMBER'S SIGNATURE AND ACKNOWLEDGMENT**

My designation of the above named beneficiary(ies) revokes any prior NHRS death beneficiary(ies) designation which I may have filed. However, if I die before Service retirement, my designation of the above-named beneficiary(ies) shall not take effect under RSA 100-A:9 unless the beneficiary(ies) designated is (are) the same as my death beneficiary(ies) designated on the applicable NHRS pre-retirement death beneficiary designation form. Note: This does not apply to members retiring under Vested Deferred retirement. Further, I understand that because of the limitations imposed by Internal Revenue Code Section 401(a)(9) and NH RSA 100-A:13-b, the amount of benefits payable to my beneficiary or beneficiaries upon my death may be reduced and/or may be subject to an additional Federal income tax liability.

Member's Name:	Member's Signature:	Date:
State of:	County of:	
The foregoing instrument was acknowledged before me this _____ by _____ <i>Date</i> <span style="float: right;"><i>Member's Name</i></span>		
Signature of Notarial Officer:		
Title (Notary Public or Justice of the Peace):	Seal	
My Commission Expires:		



## MANDATORY ACKNOWLEDGEMENT/CERTIFICATION

GENERAL INFORMATION	
<ul style="list-style-type: none"> <li>If married, member's spouse must complete Section II, Part A</li> <li>If not married, member must complete Section II, Part B</li> </ul>	<b>NOTE:</b> Only <b>one person</b> should sign this form. Under no circumstances should Member's spouse and Member sign.

SECTION I – MEMBER INFORMATION	
Member Name:	Last 4 of SS#:

SECTION II – MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC OR JUSTICE OF THE PEACE	
<b>MUST BE DATED ON OR AFTER THE DATE ON RETIREMENT APPLICATION**</b>	

**PART A. SPOUSAL ACKNOWLEDGEMENT**

I hereby affirm under penalties of perjury that I am the spouse of the member identified above and that I have been informed of and understand the pension payment plan selected by my spouse on his/her application for New Hampshire Retirement System benefits.

Signature of Spouse:	**Date:
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**!!! STOP !!! – MEMBER DOES NOT SIGN THIS FORM IF HIS OR HER SPOUSE HAS ALREADY SIGNED IT**

**PART B. MEMBER CERTIFICATION**

I hereby affirm under penalties of perjury that at this time **I am not married.** Therefore I am not required to submit a Mandatory Spousal Acknowledgement with my application for New Hampshire Retirement System benefits.

Signature of Member:	**Date:
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**SECTION III –ACKNOWLEDGEMENT – TO BE COMPLETED BY NOTARY/JUSTICE OF THE PEACE**

State of:	County of:
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Signed and affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
 by \_\_\_\_\_  
*Name of Person Who Signed in Section II Above*

Signature of Notary Officer:
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Title:
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Expiration Date:	Seal

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## ELECTRONIC DIRECT DEPOSIT (EDD)

<b>SECTION I – Check only one.</b>			
<input type="checkbox"/> New Retiree – Date of Retirement: ____/____/____ <small style="margin-left: 100px;">month    day    year</small>		<input type="checkbox"/> Post-Retirement Change	
<b>SECTION II – PENSION RECIPIENT – Home and cell phone numbers are required in order for the form to be accepted.</b> NHRS will call you to confirm EDD post-retirement change requests submitted on this form.			
Name:		Email:	
Home Phone Number:	Cell Phone Number:	SSN # (Last Four):	
Mailing Address:			
<b>SECTION III – BENEFIT TYPE – Specify the benefit type below. See second page for benefit descriptions.</b> If you receive multiple benefit payments from NHRS and would like them deposited into separate accounts, you must submit a separate form for each benefit type. If you check “All benefits deposited into one primary account” complete only primary account information in section IV.			
<input type="checkbox"/> Pension Benefit	<input type="checkbox"/> Survivorship Benefit	<input type="checkbox"/> Automatic Spousal Benefit	<input type="checkbox"/> Additional Contributions
<input type="checkbox"/> <b>All benefits deposited into one primary account</b>			
<b>SECTION IV – ACCOUNT INFORMATION – Benefit recipients may elect to have a portion of their payment deposited in up to two additional bank accounts. If you chose more than one account, please select <u>either</u> the dollar amount <u>or</u> percentage of the benefit you wish to have deposited in each additional account. The remainder of the benefit will be deposited in the primary account.</b>			
<b>PRIMARY ACCOUNT:</b> <input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account			
Bank Name:		Routing Number:	
DEPOSIT NET AMOUNT OF PAYMENT		Account Number:	
<b>ADDITIONAL ACCOUNT (1):</b> <input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account			
Bank Name:		Routing Number:	
<b>Choose one:</b> <input type="checkbox"/> Amount: \$	<input type="checkbox"/> Percent:    %	Account Number:	
<b>ADDITIONAL ACCOUNT (2):</b> <input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account			
Bank Name:		Routing Number:	
<b>Choose one:</b> <input type="checkbox"/> Amount: \$	<input type="checkbox"/> Percent:    %	Account Number:	
<b>SECTION V – CONDITIONS AND ACKNOWLEDGMENT (Signature required)</b>			
<b>TERMS AND CONDITIONS FOR ELECTRONIC DIRECT DEPOSIT</b> <ul style="list-style-type: none"> <li><b>New retiree EDD requests</b> - If a complete and accurate EDD form is received by the 12th of the month, direct deposit will be effective for benefit payments issued at the end of that month.</li> <li><b>EDD post-retirement change requests</b> - If a complete and accurate EDD form requesting a change to current EDD instructions is received <u>and confirmed</u> by the 12th of the month, direct deposit will be effective for benefit payments issued at the end of that month.</li> <li>NHRS reserves the right to reverse a direct deposit if an account has been overpaid in error.</li> </ul>			
<b>I have read and agree to the Terms and Conditions identified above.</b>			
Signature: _____		Date: _____	
<b>FOR OFFICE USE ONLY</b>			
Date Entered: _____		By: _____    Effective Date: _____	

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## **BENEFIT DESCRIPTIONS**

**Pension Benefit** – A regular monthly allowance paid to a retiree.

**Survivorship Benefit** – Monthly allowance paid to eligible beneficiaries of a deceased member or retiree.

**Automatic Spousal Benefit** – A benefit automatically paid to a deceased Group II retiree's eligible spouse equal to 50% of the member or retiree's pension.

**Additional Contributions** – An additional monthly allowance which is paid through after-tax contributions submitted by the contributing member and/or by the contributing member's NHRS-covered employer.

## **ELECTRONIC DIRECT DEPOSIT FREQUENTLY ASKED QUESTIONS**

### **What is electronic direct deposit?**

Electronic direct deposit is the electronic transfer of your retirement benefit(s) described above directly from NHRS into your bank, credit union, or other financial institution account each month. These funds are transferred without the use of a paper check. The retirement system highly recommends that retirees and beneficiaries utilize electronic direct deposit services.

### **What are the advantages of direct deposit?**

Direct deposit is convenient. NHRS sends your retirement benefit directly into your account(s), there is no need for you to make a trip to your financial institution to deposit your NHRS check.

Direct deposit is safe. Because your retirement benefit is sent directly into your account, there is no chance of a lost or stolen check.

Direct deposit is dependable. Because NHRS transfers your retirement benefit electronically, there is no mailing delay. Your funds are immediately available to you on the day of the direct deposit.

### **When does NHRS make direct deposits?**

NHRS makes direct deposits on the last business day of the month.

### **How long before direct deposit starts?**

**New retiree EDD requests** - If a complete and accurate EDD form is received by the 12th of the month, direct deposit will be effective for benefit payments issued at the end of that month.

**EDD post-retirement change requests** - If a complete and accurate EDD form requesting a change to current EDD instructions is received and confirmed by the 12th of the month, direct deposit will be effective for benefit payments issued at the end of that month.

### **What happens if I change my bank or bank account number?**

A new *Electronic Direct Deposit (EDD)* form will need to be filed with NHRS. EDD forms can be downloaded from the NHRS website at <https://www.nhrs.org/retirees/forms>. Changes can also be submitted using the online form on *My Account*.

### **What do I do if my bank merges with another bank or financial institution?**

If your financial institution is merging, complete a new direct deposit form and return it to NHRS as soon as possible.

### **I live outside the U.S., can NHRS deposit funds into my non U.S. bank?**

NHRS only has the ability to deposit funds to U.S. banks.

### **Do I receive a statement from NHRS notifying me of what my direct deposit is?**

NHRS retirees can view their monthly check stubs ("advices") through the retirement system's online portal *My Account*.

To create an account or access an existing account, pension recipients may visit the NHRS homepage at <https://www.nhrs.org/> and click on *My Account*, or go directly to: <https://www.nhrs.org/my-account>



## WORKING AFTER RETIREMENT ACKNOWLEDGEMENT AND AFFIRMATION FORM

This form must be signed in the presence of a notary by all applicants for retirement to acknowledge and affirm that they understand the various implications of working after retirement as described below. Applicants are encouraged to visit the NHRS website for additional information, or contact NHRS with any questions.

- 1. Restoration to Service.** If a retiree returns to full-time employment in a position with a participating employer that requires mandatory enrollment, the retiree will be restored to service and their pension benefit will cease.
- 2. Limitations on Part-Time Work Hours.** Retirees working part-time for one or more NHRS-participating employers may not work more than 1,352 hours per calendar year. Retirees exceeding this limit shall forfeit the State portion of their monthly annuity benefit for a period of 12 months. These limitations do not apply to elected officials, bailiffs and court security officers, and retirees in positions that do not require mandatory enrollment if full time.
- 3. Limitations on Earnings from Gainful Occupation.** Retirees on a disability retirement are limited in the amount of earnings they may receive from gainful occupation with any employer. Disability retirees are required to annually report their earnings from gainful occupation. Retirees exceeding their allowable earnings will have the State portion of their monthly annuity benefit offset for a period of 12 months. The gainful occupation limitations do not apply to retirees age 70 and older or to Group II members on accidental disability retirement who are at least age 45 and whose years of service plus years on accidental disability is at least 20 years.
- 4. Bona Fide Separation from Service.** The Internal Revenue Code and regulations thereunder provide that a member who has not reached normal retirement age may not apply for an early retirement if he or she has a prearrangement, whether in writing or orally, to return to employment with any NHRS-participating employer. Members considering employment with a participating employer after an early retirement should contact NHRS for further information.

I hereby acknowledge that I have read the foregoing disclosures and, if I am applying for early retirement, affirm that I have no prearrangement, either in writing or orally, to return to part-time employment with any NHRS-participating employer.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section below to be completed by a notary/justice of the peace.

State of: \_\_\_\_\_ (County) of: \_\_\_\_\_

Subscribed and Affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notarial Officer: \_\_\_\_\_

Seal



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# IRS form W-4P

This required form is not included in this PDF because it is updated annually.

Please download the current form here:

<https://www.irs.gov/pub/irs-pdf/fw4p.pdf>



## NHRS PAYMENT OPTIONS FOR ADDITIONAL CONTRIBUTIONS

### SECTION I – GENERAL INFORMATION

At retirement members who have deposited additional contributions into the plan may choose to receive the additional contributions as an additional member annuity or withdraw the additional contributions in cash plus credited interest. Members must complete and file this form prior to retirement.

### SECTION II – EXPLANATION OF TERMS

1. **Additional Contributions:** Voluntary contributions paid to the NHRS by the member and/or employer
2. **Additional Member Annuity:** An additional monthly allowance funded by additional voluntary contributions
3. **Withdrawal of Additional Contributions:** Voluntary contributions plus interest returned to the member as a one time (cash) payment.
4. **Rollover:** A tax-free transfer of funds from a retirement plan like NHRS to another Eligible Retirement Plan

### SECTION III – METHOD OF PAYMENT ELECTION

I have read the attached Additional Contributions brochure and elect to have my additional voluntary contributions paid as follows:  
*(Select and sign only one method, leave the other choice blank)*

<b>Name:</b>	<b>Last 4 of SSN #:</b>
<b>1. Paid to me as a one-time lump sum payment in cash, subject to mandatory Federal withholding</b> <i>(Members electing this method of payment must also complete Section IV)</i>	
<b>Signature:</b>	<b>Date:</b>
<b>2. Paid in the form of an additional lifetime monthly annuity.</b> <i>(Members electing this method of payment must also complete Section V)</i>	
<b>Signature:</b>	<b>Date:</b>

### SECTION IV – DISTRIBUTION ELECTION – Complete this section if you elected method one (Do not complete this section if you elected method two)

You may elect a direct rollover of all or any portion (in 1% multiples) of your distribution to an Eligible Retirement Plan, that is, an individual retirement arrangement (IRA) or another employer’s qualified plan. Your distribution may consist of both pre- and post-tax contributions that were made and all interest on your contributions. To effect this direct rollover, you must also complete and return to the system a Member’s Request for Trustee-to-Trustee Transfer form. You must also provide a statement from the financial institution or the qualified plan that it is qualified to accept, and it will accept, a direct rollover. A check (made payable to the qualified plan or the financial institution maintaining the IRA) will be mailed pursuant to information on Member’s Request for Trustee-to-Trustee Transfer form.

Taxable lump sum payments paid directly to you of more than \$200 are subject to Federal income tax withholding of 20% of the taxable portion. In addition, if you are under age 59½ when you receive a lump sum payment, the taxable portion of the lump sum distribution will generally be subject to a 10% additional early payment tax. This additional tax is waived if payment is made on account of disability or termination of employment after age 55.

I have read the attached Special Tax Notice Regarding Payments and hereby elect to have my accumulated contributions distributed as follows:

- Paid directly to me as a lump sum payment in cash, subject to mandatory Federal Withholding on the taxable distribution
- Rolled over directly \_\_\_\_\_% (in 1% multiples - \$200.00 minimum) of the taxable portion of my distribution to an Eligible Retirement Plan: \_\_\_\_\_ an IRA \_\_\_\_\_ an employer sponsored plan pursuant to attached *Member’s Request for Trustee-to-Trustee Transfer* form.
- Rolled over directly – Both Post-tax Contributions and Pre-tax Interest to an Eligible Retirement Plan: \_\_\_\_\_ an IRA \_\_\_\_\_ an employer sponsored qualified retirement plan pursuant to attached *Member’s Request for Trustee-to-Trustee Transfer* form.

SECTION V – LIFETIME ANNUITY ELECTION – Complete this section if you elected method two (Do not complete this section if you elected method one)

<b>Select and sign only one benefit payment choice. Leave all others blank.</b>	
A. Maximum Retirement Allowance	Signature:
<b>B. Optional Retirement Allowances:</b>	
Option 1 – Refund without Survivorship	Signature:
Option 2 – Up to 100% Survivorship	Signature:
Option 3 – 50% Survivorship	Signature:
Option 4(A) – Up to 100% Survivorship “Pop-up”	Signature:
Option 4(B) – 50% Survivorship “Pop-up”	Signature:
Option 4(C) - Special	Signature:

SECTION VI – TAX ACKNOWLEDGEMENT SIGNATURE

I have read the Special Tax Notice Regarding Benefit Payments:
Signature:
Current Mailing Address:

**STATE OF NEW HAMPSHIRE  
RETIREE HEALTH BENEFITS PRE-APPLICATION**

The purpose of this form is to determine your eligibility for State of New Hampshire (SONH) retiree health benefits upon your retirement from State service. RSA 21-I:30 is the statute which governs eligibility for State of New Hampshire retiree health benefits. Decisions regarding your eligibility will be based upon the provisions of that statute and the information provided below.

**PART I: INFORMATION TO BE COMPLETED BY EMPLOYEE** ( Please print clearly)

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Complete Mailing Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age at Retirement \_\_\_\_\_  
E-Mail \_\_\_\_\_ Telephone Number \_\_\_\_\_

**DATES/PLACE OF FULL-TIME STATE EMPLOYMENT** (If additional space is needed, include a separate page):

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ AGENCY: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ AGENCY: \_\_\_\_\_

Please check any of the following types of NH Retirement System service credit that apply to you:

- |  |   |
|--|---|
| <input type="checkbox"/> Prior service re-purchased            | <input type="checkbox"/> Military Service               |
| <input type="checkbox"/> Prior service <b>Not</b> re-purchased | <input type="checkbox"/> Out of state service purchase. |
| <input type="checkbox"/> Non-state employment service          | <input type="checkbox"/> Non-Qualified Time             |

**I authorize the NHRS to provide to the SONH Department of Administrative Services (DAS), Division of Risk & Benefits information regarding my years of NHRS creditable service with the state pursuant to RSA 21-I:30.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

When Part I is completed, signed, and dated, forward to: **NH Retirement System  
80 Commercial Street  
Concord, NH 03301**

**PART II: INFORMATION TO BE COMPLETED BY THE NH RETIREMENT SYSTEM**

EFFECTIVE DATE OF RETIREMENT: \_\_\_\_\_

GROUP MEMBERSHIP AT TIME OF RETIREMENT:

Group I \_\_\_\_\_ Group II - Fire \_\_\_\_\_ Group II – Police \_\_\_\_\_

TYPE OF RETIREMENT: \_\_\_\_\_

TOTAL YEARS OF NHRS CREDITABLE SERVICE: \_\_\_\_\_

YEARS OF CREDITABLE SERVICE WITH THE STATE\*: \_\_\_\_\_

\*Per RSA 21-I:30, prior years cashed out and/or repurchased are not considered when calculating creditable years of State service for purposes of determining Retiree Health Benefit plan eligibility.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Authorized NH Retirement System Representative)

**PART III: INFORMATION TO BE COMPLETED BY DAS DIVISION OF RISK & BENEFITS**

- \_\_\_\_\_ You are **eligible** to receive SONH retiree health benefits upon your retirement. You will receive a packet in the mail from the DAS Division of Risk & Benefits with the necessary forms to complete and a copy of the current retiree health benefits. All necessary forms must be completed and returned to the DAS Division of Risk & Benefits prior to being enrolled in retiree health benefits.
  
- \_\_\_\_\_ You are currently **ineligible** to receive SONH retiree health benefits upon your retirement. However, you **will become eligible** when you attain the age of 60. At least **three months before your 60<sup>th</sup> birthday** you will be responsible for contacting the Retiree Health Benefit Office at (603) 271-1432 at the DAS Division of Risk & Benefits to complete the necessary paperwork to enroll in retiree health benefits.
  
- \_\_\_\_\_ You are **ineligible** to receive SONH retiree health benefits upon your retirement due to insufficient creditable service. You may, however, be eligible to continue your medical coverage through COBRA. If eligible, the required paperwork to enroll in COBRA will be sent directly to your home.

*The determination of your eligibility for SONH retiree health benefits is based upon RSA 21-I:30 and funding levels, as they exist presently. Statutory or funding level changes could alter or eliminate this benefit for you and your spouse/beneficiary.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Authorized DAS Division of Risk & Benefits Representative)*

## Summary of Retiree Health Benefits

To view or print a copy of current Retiree Health Benefits, please visit:

<https://das.nh.gov/riskmanagement/retiree/>

**All inquiries or additional requests for information should be directed to:  
Department of Administrative Services, Division of Risk & Benefits**

Retiree Health Benefit Office

**Phone #:** (603) 271-1432

**Email:** [RetireeHealth@das.nh.gov](mailto:RetireeHealth@das.nh.gov)