



REQUEST FOR COST CALCULATION TO PURCHASE SERVICE CREDIT

NON-PERMANENT, PROBATIONARY, OR TEMPORARY EMPLOYMENT

GENERAL INFORMATION

To purchase non-permanent, probationary, or temporary service credit, a member of the New Hampshire Retirement System (NHRS) must be *In Service*. The period of full-time non-permanent, probationary, or temporary service must be for six months or more, and must be purchased in a lump sum payment. Non-permanent, probationary, or temporary service may be purchased with:

- a trustee-to-trustee transfer from a Section 403(b) or 457 plan; or
- post-tax dollars; or
- a combination of both

SECTION I - TO BE COMPLETED BY MEMBER

Member Name:	Last 4 of SS#:
Address:	Phone:
Period of full-time non-permanent, probationary, or temporary employment: From _____ To _____ <small style="text-align: center;">month / day / year month / day / year</small>	
Employer during period requested:	Title:
I understand that if I elect a trustee-to-trustee transfer to purchase this service credit, I will be responsible for any tax liability when the transferred funds are distributed from NHRS, and that service credit will be granted only when payment in full has been made.	
Signature: _____ Date: _____	

SECTION II - TO BE COMPLETED AND CERTIFIED BY THE EMPLOYER IDENTIFIED IN SECTION I

Period of full-time non-permanent, probationary, or temporary employment: From _____ To _____ <small style="text-align: center;">(For member identified in Section I.) month / day / year month / day / year</small>	
This employee participated in an employer-sponsored pension plan for some or all of the period of service requested. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, identify plan(s): <input type="checkbox"/> 403(b) <input type="checkbox"/> 457 <input type="checkbox"/> Other: _____	
Name/Title of Certifying Officer:	Phone:
Signature of Certifying Officer:	Date:

SECTION III - TO BE COMPLETED AND CERTIFIED BY MEMBER'S CURRENT PARTICIPATING NHRS EMPLOYER

Current Participating Employer:	
Current annual (base) rate of compensation at the time of purchase for member identified in Section I (Fiscal year July 1 - June 30): \$ _____	
Name/Title of Certifying Officer:	Phone:
Signature of Certifying Officer:	Date:

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.