

**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 STATE EMPLOYMENT (If additional space is needed, please 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 Not 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), Risk Management Unit 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
54 Regional Drive
Concord, NH 03301-8507**

PART II: INFORMATION TO BE COMPLETED BY 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: _____

SIGNATURE: _____ **DATE:** _____

(Authorized Retirement System Representative)

PART III: INFORMATION TO BE COMPLETED BY DAS RISK MANAGEMENT UNIT

_____ You are **eligible** to receive SoNH retiree health benefits upon your retirement. You will receive a packet in the mail from the DAS Risk Management Unit 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 Risk Management Unit 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 60th birthday you will be responsible for contacting the Retiree Health Benefit Office at (603) 271-1432 at the DAS Risk Management Unit to complete the necessary paperwork in order 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 Risk Management Unit Representative)

Summary of Retiree Health Benefits

To view or print a copy of current Retiree Health benefits,
please go to the following website:

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

All inquiries or additional requests for information should be directed to:

**Retiree Health Benefit Office
Department of Administrative Services
Risk Management Unit,
25 Capitol Street, Room 412
Concord, NH 03301
Phone #: (603) 271-1432
Email: *Retiree Health@nh.gov***