



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