

**NEW HAMPSHIRE RETIREMENT SYSTEM  
54 REGIONAL DRIVE  
CONCORD, NEW HAMPSHIRE 03301-8507  
(603) 410-3500**



**MEMBER INFORMATION / ENROLLMENT FORM**

*(Please refer to NHRS Employer Manual for guidance)*

**SECTION A: TO BE COMPLETED BY EMPLOYEE** *(Please type or print)*

Social Security Number	Name
Mailing Address	Date of Birth month / day / year
City, State, Zip	_____ Male      _____ Female

**SECTION B: TO BE COMPLETED BY EMPLOYER** *(Please type or print)*

Billing account number under which this employee will be reported:			
First day of employment when this employee meets eligibility requirements: month / day / year			
Membership Classification:			
<b>GROUP I</b>		<b>GROUP II</b>	
(a) _____ Employee	_____ Full-time Teacher	(b) _____ Police	_____ Fire
	_____ Job Share Teacher*	(c) Group II Certification Number _____	
		Check one: _____ Job previously certified	
		_____ New Certification – Group II Position Certification Form attached	
Position Title	Annual Salary \$	Number of months per year	Number of hours per week
Employer Name	Employer Address		
<b>IF MEMBERSHIP FOR THIS PERSON IS OPTIONAL, YOU MUST NOTIFY THIS PERSON IN WRITING TO THIS EFFECT.</b>			
Check documents attached to this form:			
_____ Copy of employee's Social Security Card or IRS Form W-9			
_____ Certified copy of employee's birth certificate			
_____ NHRS Designation of Ordinary Death Beneficiary(ies) form			
I hereby certify that _____ is an employee of _____ and that deductions will be made in accordance with New Hampshire Retirement System law (RSA 100-A).			
_____	_____	_____	_____
Name		Signature of Department Head or Fiscal Officer	
_____	_____	/ /	_____
Title		Date Signed	

**SECTION C: SIGNATURE SECTION – TO BE COMPLETED BY EMPLOYEE**

I understand that unless I file a properly completed NHRS Designation of Ordinary Death Beneficiary(ies) form with the NHRS, any benefits payable in the event of my death will be distributed in accordance with applicable New Hampshire law.	
_____	_____
Employee's Signature	Date Signed

*(Previous editions of this form are obsolete)*

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