



## MEMBER INFORMATION / ENROLLMENT FORM

### ENROLLMENT REQUIREMENTS:

1. This form must be completed and submitted prior to the first payroll deduction. If supporting documents, such as the birth certificate, are not immediately available to be submitted, please forward to NHRS as soon as possible thereafter.
2. Employers must provide written notice within a reasonable time after election or appointment to any person for whom membership is optional (RSA 100-A: 3, I-a).

### SECTION A: TO BE COMPLETED BY EMPLOYEE

SOCIAL SECURITY NUMBER		NAME		DATE OF BIRTH		
MAILING ADDRESS			CITY/TOWN		STATE	ZIP
EMAIL	PHONE		MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>

### SECTION B: TO BE COMPLETED BY EMPLOYER

Billing account number under which this employee will be reported:	
The first day this employee meets eligibility requirements for NHRS participation: _____ / _____ / _____ Month Day Year	
Date of first contribution, if different than the date listed above*: _____ / _____ / _____ Month Day Year	
* The first day retirement contributions will be deducted from this employee's wages	

### MEMBERSHIP CLASSIFICATION

<input type="checkbox"/> Employee <input type="checkbox"/> Teacher <input type="checkbox"/> Job Share teacher One job shared equally (50/50) by two teachers		<input type="checkbox"/> Police <input type="checkbox"/> Fire <b>GROUP II</b> Check One: <input type="checkbox"/> Job previously certified <input type="checkbox"/> New certification - Group II Position Certification Form attached	
POSITION TITLE	ANNUAL SALARY \$	NUMBER OF MONTHS WORKED PER YEAR	NUMBER OF HOURS WORKED PER WEEK

EMPLOYER NAME Pelham School District	EMPLOYER ADDRESS 59A Marsh Road Pelham, NH 03076
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### REQUIRED SUPPORTING DOCUMENTS ATTACHED TO THIS FORM

- Copy of employee's Social Security Card  
 NHRS Designation of Beneficiary(ies) (Pre-Retirement) Form  
 Copy of employee's birth certificate

### EMPLOYER CERTIFICATION

I hereby certify that \_\_\_\_\_ is an employee of Pelham School District  
and that contribution deductions will be made in accordance with New Hampshire Retirement System law (RSA 100-A).

Joan Cote _____ Name	_____ Signature of Department Head or Fiscal Officer
Human Resources Director _____ Title	_____ Date Signed
	603-635-1145 x 5005 _____ Employer Telephone Number

### SECTION C: SIGNATURE SECTION - TO BE COMPLETED BY EMPLOYEE

I understand that I must file a properly completed Designation of Death Beneficiary (ies) (Pre-Retirement) form with NHRS or any benefits payable in the event of my death will be distributed in accordance with the applicable New Hampshire law.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed