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MEMORANDUM

TO: PELHAM SCHOOL DISTRICT NEW EMPLOYEES

From: Joan Cote
Director of Human Resources

DATE: July 27, 2015

RE: Reporting Requirement by NH Retirement

Effective January 1, 2014, House Bill 342 (Chapter 251, Laws of 2013) requires government employers to report wages to the New Hampshire Retirement System (NHRS) for all retirees on their payroll, including hours worked and compensation paid for each week. Before that date, the Pelham School District had not formally tracked NHRS retirees who may have retired from our District, another District, or another NHRS participating governmental entity in the state.

As a result, all new hires are to complete the form on the back of this memo. Failure to identify yourself for reporting purposes to the State, may jeopardize your pension benefits and/or the insurance subsidy with NHRS.

For additional information you may refer to the NH Retirement System website or: [http://nhrs.org/documents/NHRS Retire Reporting FAQ.pdf](http://nhrs.org/documents/NHRS_Retire_Reporting_FAQ.pdf)

Please contact me at jcote@pelham.sd.org if you have any questions.

NHRS RETIREE QUESTIONNAIRE

PART A:

Have you retired from a NH school district (or governmental agency) YES NO

- If “No” please skip to Part C. Should your circumstances change, you must notify the district immediately.
- If “Yes” please complete Part B and C.

PART B:

Name of School District or Governmental Entity you retired from: _____

Are you presently collecting a retirement benefit from the New Hampshire Retirement System? YES NO

Please initial each statement below:

_____ I understand that it is my responsibility to be informed of standards set for someone who has retired and is receiving a benefit from NHRS. (If these standards are not followed, your benefit could be stopped and the insurance subsidy could be eliminated.)

_____ I understand that it is my responsibility to contact NH Retirement System to verify that my assignment(s) will not interfere with my retirement benefits.

_____ I will not hold the District responsible in the event of a disruption of my retirement benefits due to serving my position(s) in the Pelham School District.

PART C:

SIGNATURE OF EMPLOYEE _____ DATE _____

PRINT NAME _____ ASSIGNMENT LOCATION _____