

School Administrative Unit #9

176 A Main Street
Conway, New Hampshire 03818
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ATTESTATION OF ELIGIBILITY FOR NEW HAMPSHIRE RETIREMENT SYSTEM PENSION BENEFITS

SECTION I – NHRS BENEFIT STATUS *(Choose one)*

- _____ I am a retiree currently in receipt of an NHRS pension benefit.
- _____ I am not in receipt of an NHRS pension benefit and am not eligible to receive an NHRS pension benefit at a future date.
- _____ I am not in receipt of an NHRS pension benefit, but am eligible for a future benefit under vested deferred retirement.

SECTION II – EMPLOYEE SIGNATURE

Name _____ Address _____

Signature _____ Date _____ / _____ / _____ Last 4 Digits of Social Security # _____
Month Day Year

SECTION III – EMPLOYER INFORMATION

Employer Name _____ Position Name _____

Date of Hire _____ / _____ / _____ Position is Part-time Full-time
Month Day Year

Note to employees: Beneficiaries of an NHRS survivorship pension are not considered “retirees.”

Note to Employers: Keep this form for your records; do not submit to NHRS.