

SCHOOL ADMINISTRATIVE UNIT THIRTY-NINE

AMHERST, MONT VERNON & SOUHEGAN COOPERATIVE SCHOOL DISTRICTS

1 SCHOOL STREET · P.O. BOX 849

AMHERST, NEW HAMPSHIRE 03031-0849

PHONE: 603-673-2690 FAX: 603-672-1786

Dear Substitutes, Coaches and Part-Time Employees:

As a result of House Bill 342, and increased reporting requirements, we are asking that each of you complete the attached form and return it to Human Resources at the SAU office no later than January 15, 2015.

Effective last 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. We need to confirm / identify all retirees who work in any of the Districts of SAU 39 (Amherst, Mont Vernon or Souhegan), in any capacity, so we can validate accurate tracking in accordance with NHRS.

Failure to identify yourself correctly in Part A of the attached, for reporting purposes to the State, may jeopardize your pension benefits and/or the insurance subsidy (if applicable) with NHRS.

Thank you for your attention and cooperation. Please contact NHRS directly at 1-877-600-0158 with any questions or for further information.

Carrie James
Director of Human Resources

SAU 39

Amherst, Mont Vernon and Souhegan Cooperative School Districts

NHRS Pension Benefits Eligibility Questionnaire

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 retired members of the retirement system on their payroll, including hours worked and compensation paid. Please contact NHRS directly at 1-877-600-0158 with any questions or for further information.

Failure to identify yourself correctly in Part A, for reporting purposes to the State, may jeopardize your pension benefits and/or the insurance subsidy (if applicable) with NHRS.

Part A

Have you retired from a New Hampshire school district or a position that contributed to NHRS?

Yes _____ (name of District / Town) _____ No _____

If no, please skip Part B and sign and date the bottom of this form. If yes, please complete Part B.

Part B

Please initial each statement

_____ I understand that it is my responsibility to contact NHRS to verify that this position will not interfere with my retirement benefits.

_____ I will keep weekly time sheets showing the hours I have worked as evidence of working less than 30 hours per week. I will send these approved timesheets to payroll on a bi-weekly basis.

_____ 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.

_____ I will not hold the SAU, District or school responsible in the event of disruption of my retirement benefits due to serving in this position.

Your signature on this form indicates your awareness that if these standards pursuant to HB 342 are not followed, your benefit could be stopped and the insurance subsidy, if applicable, could be eliminated. It is your responsibility to notify the District immediately if your retirement status as indicated in Part A with NHRS changes.

Name: _____

Date: _____

Signature of Employee: _____

Position: _____

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For Payroll..... District: \_\_\_\_\_ School Year: \_\_\_\_\_ Validated w/NHRS: \_\_\_\_\_