

How to Fill out a Termination Form:

Teachers and Post-Secondary Faculty Not Vested Prior to 1/1/2012

For further information, please refer to the back of this page



New Hampshire Retirement System
 54 Regional Drive, Concord, NH 03301
 Phone: (603) 410-3500 - Fax: (603) 410-3501
 Website: www.nhrs.org - Email: info@nhrs.org

EMPLOYER'S NOTICE OF TERMINATION FOR TEACHERS AND POST-SECONDARY FACULTY NOT VESTED PRIOR TO 1/1/2012

Termination forms should be completed for members who are retiring and collecting a pension. The New Hampshire Retirement System (NHRS, the retirement system) does not require termination forms for members who have terminated their employment, but are not retiring. (Please note that there are separate termination forms for deceased members).

Employers must provide information on the member's final eight contract periods. NHRS cannot finalize the benefit payments for a member until this information is received. An extended delay in finalizing the retirement benefit may have an adverse impact on the member.

The employer information provided on this form should match the employer information contained in the monthly wage and contribution report submitted through the NHRS Data Reporting System (DRS). We recommend that the individual who submits reporting files to NHRS either completes this form or reviews it before it is sent to NHRS in order to avoid inconsistent reporting and delays.

Instructions for completing this form are available at: https://www.nhrs.org/docs/default-source/employers-forms/hr-TPSF_notvested_prior_1-1-2012.pdf

If you have additional questions, please contact NHRS at (603) 410-3500 or email termforms@nhrs.org.

1. Member Information (Please fill out all boxes in this section)

Employee Name:	Last 4 of SSN #:
Date of Termination from Full-time Employment:	Retirement Date: / /

2. Please identify all Earnable Compensation paid in each of the last eight contract periods

Contract Period	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$
Contract Period ___/___ to ___/___	Elected Number of Pays:	Contract Salary: \$	*Additional Salary: \$

*Any Earnable Compensation above and beyond the contract salary, for example: longevity, extra-curriculum activities. See "Earnable Compensation" chart on back explaining what is considered Earnable Compensation for members vested prior to 1/1/2012 and all other members.

3. Employer Certification

The _____, certifies that the information provided in this statement is true and complete to the best of our knowledge.

(Name of Employer)

 (Name and Title) (Authorized Signature) (Date Signed)

 (Street) (City) (State) (Zip Code) (Employer Telephone Number)

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The last day the employee worked in his or her full-time position.

List all Earnable Compensation paid to the employee in his or her last eight contract periods.

The number of payments the employee had elected to receive for the contract period.

Sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

Reporting information on this form that is inconsistent with information previously submitted through the employer Data Reporting System will delay finalizing the employee's final pension benefit.

The retirement date is the date of the employee's retirement, not the employee's last day of employment. Please note the "1" is prefilled because members can only retire on the first of a month. This date will be provided by NHRS.

All Earnable Compensation paid to the employee that is above the contract salary (i.e. extracurricular, clubs, etc.)

The amount the employee was contracted to be paid for the school year.

Section 1: Member Information

Please fill out all boxes. This includes: Employee Name; Last Four Digits of Social Security Number; Date of Termination from Full-Time Employment; Retirement Date.

The “Date of Termination” is never the same as the “Retirement Date.” The “Date of Termination” is the last date the employee worked in his or her full-time position. The “Retirement Date” is the date the employee has elected to be considered “retired” with NHRS, and is always the first of a month (NHRS will provide the “Retirement Date” for employers). Since the employee cannot still be in service on the day his or her “Retirement Date” comes into effect, the “Date of Termination” must be prior to the “Retirement Date.”

Please note: Termination forms are meant for employees who are retiring. If the employee is no longer employed, but not yet retiring, we do not require these forms to be completed. NHRS has separate termination forms for deceased employees.

Section 2: Final Eight Contract Periods

Please identify all Earnable Compensation paid to the employee in his or her final eight contract periods.

“Elected Number of Pays” refers to the number of payments the employee had elected to receive for the contract period.

“Contract Salary” is the amount that the employee was contracted to be paid for in the school year. If the employee worked a partial year, list only what was paid out to them -- not the contract salary that he or she would have received had they worked the full school year.

“Additional Salary” refers to all Earnable Compensation paid out to the employee that is above and beyond his or her contract salary (i.e. extracurricular, clubs, etc.) Do not include monies that are not considered Earnable Compensation (i.e. health clubs, excess life insurance, etc.) For reference, the NHRS Earnable Compensation chart is available on the back side of the form.

Section 3: Employer Certification

Please sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

Please Note:

We recommend that the individual who submits reporting files to NHRS either fills out these forms, or reviews them before they are sent to NHRS in order to avoid inconsistent reporting and resulting delays.

The NHRS “Earnable Compensation” chart is on the back side of the form. This chart explains what is considered Earnable Compensation for members vested prior to 1/1/2012 and all other members.

If you have any questions while completing this form, please contact NHRS at (603) 410-3500 or email termforms@nhrs.org.