

NEW HAMPSHIRE RETIREMENT SYSTEM
54 REGIONAL DRIVE
CONCORD, NH 03301
(603) 410-3500

FOR NHRS USE ONLY	
EMPR#	_____
VENDOR#	_____
SUB ELIGIBLE	Y____ N____
DATE PROCESSED	_____
INITIALS	_____

DedauthSREV0907

STATE RETIREMENT ANNUITY DEDUCTION AUTHORIZATION

Retired Member Name _____ SS # _____ DOB _____
Spouse Name _____ SS # _____ DOB _____
Address _____ Telephone # _____

Marital Status: Single Married Widowed Divorced Legally Separated

Effective Date of Request: _____ Requested Action: _____

Retired Member Premium, Health	\$ _____	_____
Spouse Premium, Health	\$ _____	_____
Expected Subsidy, if applicable	\$ _____	_____
Total Monthly Rate	\$ _____	_____
Employer Portion	\$ _____	_____
Expected Deduction	\$ _____ *	_____

**Please note effective 7/1/2009 legislation was enacted that requires State of New Hampshire retirees and spouses who are ineligible for Medicare Parts A & B to make a monthly contribution toward the cost of health coverage. The law directs the NH Retirement System to deduct \$65 per person each month from the retirement pension for each covered retiree and spouse.*

State Agency:

Name: _____ Group #: _____
Address: 25 Capitol Street, Concord NH Provider Name: Anthem BCBS
Telephone #: 603.271.1432 Contact Name: Judy Shevlin

Please read and initial one:

Group I-Employee: I understand that the amount of the deduction hereby authorized to be made from my monthly retirement benefit payment for my dependent coverage shall be the expected deduction shown above. This amount may increase or decrease without further notice to me as cost of my coverage changes and I hereby authorize said additional amounts to be deducted.

Group II-Police and Fire: I understand that the amount of the deduction hereby authorized to be made from my monthly retirement benefit payment for dependent coverage shall be the expected deduction shown above. This amount may increase or decrease without further notice to me as cost of my coverage changes and I hereby authorize said additional amounts to be deducted.

I understand that I, as the retired member who may be eligible for the medical subsidy, must be the policy holder of my healthcare plan. If it is determined by the NHRS that I qualify for the health insurance subsidy benefit pursuant to RSA 100-A:50-55, and should I have a certified dependent with a disability who is also eligible, said subsidy amount will be applied to my health insurance premium. Any remaining amount not covered by my employer will be deducted from my monthly retirement benefit payment on the first of the month following attainment of eligibility.

Change in Membership Status: If I become divorced, or if my qualified dependent becomes deceased, or should I or my qualified dependent become Medicare eligible due to disability or turning age 65, I understand that I must notify my former employer of the change in my eligibility status for the medical subsidy. I understand that the NHRS shall recover any subsidy amounts paid on behalf of a divorced or deceased spouse, or qualified dependents or any overpayment of subsidy due to a lack of Medicare information.

Retired Member/Policy Holder Signature _____ Date _____