

**REQUEST FOR A COST CALCULATION TO REINSTATE PREVIOUSLY  
 WITHDRAWN NEW HAMPSHIRE RETIREMENT SYSTEM SERVICE CREDIT**

**INSTRUCTIONS AND GENERAL INFORMATION:** To receive a cost calculation to reinstate previously withdrawn New Hampshire Retirement System service credit, fill out this form and return to the New Hampshire Retirement System. To purchase previously withdrawn service credit, you must be a New Hampshire Retirement System member. Within thirty to sixty days you will be notified of the cost(s). To purchase a portion of withdrawn service equal to 6 months or more, please contact the Accounting Division upon receipt of your cost calculation. Previously withdrawn service may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer from aSection 403(b) or 457 plan and other post tax dollars.

**CONDITIONS FOR PURCHASING YOUR WITHDRAWN SERVICE WITH A TRUSTEE TO TRUSTEE TRANSFER FROM A SECTION 457 OR 403(b) GOVERNMENTAL DEFERRED COMPENSATION PLAN:**

- The amount to be transferred shall not exceed the amount of the total cost as determined by the NHRS.
- **Transfer checks with a value greater than the amount necessary to reinstate the previously withdrawn NHRS service credit will be returned to the 457 or 403(b) plan administrator.**
- The member will be responsible for any tax liability when the transferred funds are distributed.
- Form CNHRS61 must be certified by the Section 457 or 403(b) plan administrator and returned to the NHRS with the transfer check.
- Checks will be returned to the plan administrator if Form CNHRS61 is not enclosed or certified.
- Service credit will not be granted until payment has been made in full.
- The member must sign and return Form CNHRS60 to the NHRS indicating his payment choice prior to initiating a trustee to trustee transfer.

**PART I – TO BE COMPLETED BY THE EMPLOYEE PLEASE PRINT**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_  
 (daytime)

Current Employer: \_\_\_\_\_

Check box if you have previously received a calculation for the same period being requested now.  
 Indicate the approximate time period and place of employment for all withdrawn service

Previous Employer:	Employment Period(s):	Employed as:

I hereby certify under penalty of perjury that none of the service credit I have applied to repurchase was earned at any of the following entities:

<b>Pinkerton Academy</b>	<b>Coe Brown Academy</b>
<b>State Employees Association</b>	<b>NH Federal Credit Union</b>
<b>NEA New Hampshire</b>	<b>Richards Free Library</b>
<b>Lakes Region Association</b>	<b>Great Bay Training Center</b>
<b>League of NH Craftsmen</b>	<b>Spaulding Youth Center</b>

I further understand that this request for a calculation is non-binding.

Signature \_\_\_\_\_ Date \_\_\_\_\_