



SCHOOL ADMINISTRATIVE UNIT #51
23 Oneida Street, Unit 1
Pittsfield, New Hampshire 03263
Phone: (603) 435-5526 • Fax (603) 435-5331
Bryan Lane – Superintendent of Schools

**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.