

Date of Hire _____
Effective Date of Participation into NSRP _____
(for office use only)

Benefited Employee _____
Non-Benefited or Per Diem Employee _____

**TRI-CITY HEALTHCARE DISTRICT
NATIONAL SECURITY & RETIREMENT PROGRAM (NSRP)
Voluntary Election Upon Hire For Participation & Salary Deferral Authorization Agreement**

I hereby voluntarily elect to participate in the National Security and Retirement Program (“NSRP”) while employed at Tri-City Healthcare District (“District”). I understand that I may change my decision to join the NSRP during my first 90 days of employment (“Waiting Period”) by submitting a required form (provided by the District) to the District. I also understand that after I complete this initial period of employment, I may elect to disenroll from the NSRP only during an annual open enrollment period and that I am limited to two of these elections (to enroll or disenroll) during my employment with the District.

I understand I can access a copy of the NSRP Summary Plan Description (SPD) on the Tri-City Intranet. I hereby authorize my salary to be reduced under the terms of the NSRP (effective following the Waiting Period) and that such amount be contributed on my behalf to the NSRP by the District. I understand that I must direct the investment of amounts that are contributed on my behalf to the NRSP.

I understand that if I do not return this form and all other required NSRP enrollment forms **within 90 days of my hire date** to either the Human Resources Department or an NSRP Client Service Representative, **I will remain a participant in the Social Security system unless and until such time I may choose to enroll in the NSRP at a future annual open enrollment date.**

NOTICE OF DISCLAIMER: Employee agrees and understands that he/she is fully responsible for any tax liabilities that could occur as a result of being an active contributing participant in the NSRP in the same calendar year that he/she is (or was) an active contributing participant in another employer sponsored “457” retirement plan.

I hereby acknowledge that I have fully read and understand the foregoing provisions of this Voluntary Election upon Hire for Participation & Salary Deferral Authorization Agreement, including the Notice of Disclaimer.

Print Name _____

Social Security Number _____

Signature _____

Date _____

EE# _____

Effective Date _____

**TRI-CITY HEALTHCARE DISTRICT
NATIONAL SECURITY & RETIREMENT PROGRAM (NSRP)
SURVIVOR INCOME BENEFIT ENROLLMENT FORM**

EMPLOYEE NAME (PLEASE PRINT):		
Last	First	Middle Initial

Please return this form to Human Resources indicating any/all dependents.

Definition of "dependent" :

- Your lawful spouse
- Your unmarried child under 19 years of age (under 23 years of age if unmarried and a full-time student)
- Your domestic partner

The term "child" means:

- Your natural or adopted child, who is dependent on you for support and maintenance
- A child who is placed in your physical custody for purposes of adoption
- A child who is your stepchild, your foster child, child of your domestic partner, or a child for whom you are legal guardian, who is primarily dependent on you for support and lives with you in a permanent parent-child relationship

Check this box if you have no dependents as defined above.

SPOUSE/DEPENDENT/DOMESTIC PARTNER INFORMATION:

Name (Last, First, M.I.)	Date of Birth	Gender	Relationship

Signature _____

Date _____

Contact/Phone #: _____