



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
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www.pera.state.nm.us

APPLICATION FOR A RE-EMPLOYED PERA RETIREE

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required Fields are in **BOLD ITALICS**

RE EMPLOYED RETIREE INFORMATION					
SOCIAL SECURITY or PERA ID NUMBER				DATE OF BIRTH	
FIRST NAME			MI	LAST NAME	
ADDRESS TYPE	PERMANENT	TEMPORARY	MAILING	HOME TELEPHONE NO.	
STREET ADDRESS				BUSINESS TELEPHONE NO.	
				EMAIL ADDRESS	
CITY	STATE	ZIP	GENDER	MALE	FEMALE
ORIGINAL RETIREMENT DATE					
RE EMPLOYED RETIREE CONTRIBUTION OPTION					
At the time I am reemployed by a PERA employer, I choose to:					
Suspend my pension and elect not to contribute to PERA and not earn service credit and/or the option to recalculate my final average salary.					
I certify that I have <u>not</u> been employed by a PERA-affiliated employer or retained as an independent contractor with the employer I retired from during the 12-consecutive month break in service after my retirement date.					
SIGNATURE OF MEMBER				DATE	
CURRENT EMPLOYMENT INFORMATION TO BE COMPLETED BY EMPLOYER					
NAME OF EMPLOYER					
DATE EMPLOYED (mm/dd/ccyy)			EMPLOYER NUMBER		
STREET ADDRESS		CITY	STATE	ZIP	
CURRENT POSITION			PLAN		
EMPLOYER CERTIFICATION					
AUTHORIZED SIGNATURE				DATE (mm/dd/ccyy)	
TITLE			BUSINESS TELEPHONE NO.		