



Application To Withdraw From Return To Work Program

Name: _____ Social Security Number: _____

Address: _____
City State Zip

Retirement Date: _____ Date Commenced Working Under RTW: _____

Current RTW Employer: _____

I am asking the New Mexico Educational Retirement Board ("NMERB") to remove me from the Return to Work program ("RTW program"), as described in Section 22-11-25.1 NMSA 1978, in which I currently participate. I understand that once I withdraw from the RTW program:

1. I may return to employment with a local administrative unit only if I submit a Return to Work Application choosing either the "Return to Work Earning less than \$15,000" or "Working .25 FTE or less provision", the board approves the application, and I comply with other application rules promulgated by the board.
2. If I do not follow the limitations set forth above and in applicable law and rule, my NMERB retirement benefit will be suspended and I will be required to repay the NMERB any retirement benefits that I received while I was ineligible to receive benefits.
3. Any contributions that I made to NMERB while in the RTW program cannot be refunded.
4. The effective date of withdrawal from the RTW program will be the first month of the quarter following NMERB's approval of this fully completed form.

Member Signature

Date

Notary Public	
STATE OF NEW MEXICO)	
COUNTY OF:)ss.	
)	
Subscribed and sworn to before me by _____ on this day ____ of _____, 20____.	
_____ Signature of Notary Public	_____ My commission expires

For Employer Use Only

Name of Employer acknowledges that it will change the status of the above listed employee from RTW job category "RT" or "TU" to either "RW" or "RE."

Signature of Authorized Official

Date

Printed Name of Authorized Official

Title of Authorized Official

For NMERB Use Only

Status Change Approved: Yes No Status Change Date: _____ NMERB Staff: _____