Employee Data Form

Must be completed by the Employee and Certified by the Employer

Employer must provide a copy to NMERB
Fax to 505-827-8010

Name:		SSN:	☐ M ☐ F
DOB:	Phone:	Email:	

By supplying NMERB with your Email you are agreeing to receive emails from NMERB. Your Email will not be shared or sold.

Mailing address:

City:	State:	Zip:

Active Member:

☐ **New Hire:** I have never been employed by a public school, charter school, university or college, or other NMERB affiliated employer in New Mexico.

☐ **Re-Hire:** I am not currently employed by a public school, charter school, university or college, or other NMERB affiliated employer in New Mexico, however I have contributed to NMERB in the past.

☐ **Multiple NMERB Employers:** I am currently employed by another NMERB Employer.

Check one only for other NMERB Employer:

- ☐ Part Time
- ☐ Full Time
- ☐ ARP (College or University)

Name of other NMERB Employer:

NMERB Retiree:

☐ I am retired through the New Mexico Educational Retirement Board.

Check one:

- ☐ I am approved under the Return to Work Program and will provide my employer with either an NMERB RTW Approval letter (approval prior to 7/1/2019) or a copy of my approved NMERB RTW Application (approval on or after 7/1/2019).
- ☐ I am approved for Working .25 FTE or Less and will provide my employer with a copy of my approved NMERB RTW Application.
- ☐ I am approved for Earning Less than $15,000 and will provide my employer with a copy of my approved NMERB RTW Application.

NMPERA Retiree:

☐ I am retired from the New Mexico Public Employees Retirement Association. I will provide documentation of this to the employer.

(If you are retired from a PERA system from a state other than New Mexico, you are identified as an Active Member in the NMERB system)

Name Change: Previous Name: _____
Last First Initial

*Upon receipt of your first paystub from your employer, verify that your SSN is correct on the paystub and that the NMERB contributions were deducted by your employer.

Employee Signature: _____ **Date:** _____

EMPLOYER CERTIFICATION

This is to certify that the above person is employed in the Position of: _____

Start Date: _____ District/University: _____

Revised 5/20 Authorized Signature: _____ Date: _____