



# 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:	<input type="checkbox"/> M <input type="checkbox"/> 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:
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**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: \_\_\_\_\_