



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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<p><u>Active Member:</u></p> <p><input type="checkbox"/> New Hire: I have never been employed by a public school, charter school, university or college, or other NMERB affiliated employer in New Mexico.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Multiple NMERB Employers: I am currently employed by more than one NMERB Employer.</p> <p>Name of other NMERB Employer:</p> <p>_____</p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> ARP (College or University)</p>	<p><u>NMERB Retiree:</u></p> <p><input type="checkbox"/> I am retired through the New Mexico Educational Retirement Board.</p> <p><i>Check one:</i></p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> I am working .25 FTE or less for an NMERB employer and will provide my employer with a copy of my approved NMERB RTW Application.</p> <p><u>NMPERA Retiree:</u></p> <p><input type="checkbox"/> I am retired from the New Mexico Public Employees Retirement Association. I will provide documentation of this to the employer.</p> <p><i>(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)</i></p>
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Name Change: Previous Name: _____

Last	First	Initial
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*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 7/19 Authorized Signature: _____ Date: _____