



Employee Data Form

Must be completed by the
Employee and Certified by the Employer
Employer must provide a copy to NMERB
Fax to (855)214-0835 or (505)827-8010

Name:		SSN:	<input type="checkbox"/> M <input type="checkbox"/> F
DOB:	Phone:	Email:	
<i>By supplying NMERB with your Email you are agreeing to receive emails from NMERB. Your Email will not be shared or sold.</i>			
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 NewMexico.</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 <u>I have contributed to NMERB in the past.</u></p> <p><input type="checkbox"/> Multiple NMERB Employers: I am currently employed by another NMERB Employer.</p> <p style="margin-left: 20px;"><i>Check one <u>only</u> for other NMERB Employer:</i></p> <p style="margin-left: 40px;"><input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> ARP (College or University)</p> <p style="margin-left: 20px;"><i>Name of other NMERB Employer:</i></p>	<p><u>NMERB Retiree:</u></p> <p><input type="checkbox"/> I am retired through the New Mexico Educational Retirement Board.</p> <p style="margin-left: 40px;">Check one:</p> <p><input type="checkbox"/> I am approved under the RTW Program 36 Months with a 90-day layout. Effective 05/18/2022.</p> <p><input type="checkbox"/> I am approved under the RTW Program 12-month layout.</p> <p><input type="checkbox"/> I am approved RTW Program Less Than \$15,000 with a 90-day layout.</p> <p><input type="checkbox"/> I am approved RTW Program .25FTE or less (FTE is combined with multiple employers)</p> <p>All NMERB Retirees</p> <p><input type="checkbox"/> I have provided a copy of my approved Return-to-Work documentation to my employer.</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. <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

*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: _____

Obtained Proof from the NMERB Retiree of their Approved RTW status:

Revised 08/2023 **Authorized Signature:** _____ **Date:** _____