



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

AFFIDAVIT FOR FREE MILITARY SERVICE FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in ***BOLD ITALICS***

MEMBER INFORMATION PRINT CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER

FIRST NAME

MI

LAST NAME

MAILING ADDRESS

HOME TELEPHONE NO.

BUSINESS TELEPHONE NO.

CITY

STATE

ZIP

GENDER

MALE

FEMALE

MEMBER S AFFIDAVIT

I do affirm:

- That I was an employee of the _____ and stopped providing personal service
Name of Affiliated Public Employer
 on the _____ day of _____, _____, to enter a uniformed service of the United States, with
Month Year
 _____ because of a call to duty, deployment, peacekeeping mission or other declared national
Branch of Military
 emergency.
- That I entered Military Service on the _____ day of _____, _____, and received an honorable
Month Year
 discharge effective the _____ day of _____; a copy of my entry and discharge papers
Month Year
 (DD214) is attached.
- That I did not voluntarily re-enlist after the initial term of my military service.
- That I retained my membership in PERA during the period of service in the military.
- That I resumed providing personal service as an employee to the _____ on the _____ day of
Name of Affiliated Public Employer
 _____,
Month Year
- That I am not using this period of active duty to obtain or increase a benefit from the Educational Retirement Board or any other New Mexico state retirement system.
- Further affiant saith not.

_____ Date

_____ Signature of Member – in the presence of a notary

NOTARIZATION OF MEMBER S SIGNATURE Member's Signature Must Be Done In The Presence Of A Notary

State of New Mexico)
) SS:
County of _____)

Signed and sworn to (or affirmed) before me by _____ on this the _____ day of
Name of Member

_____, _____
Month Year

My Commission Expires _____ Notary Public Telephone No: _____ - _____ - _____

Notary Signature _____