

*HR Manager, Payroll Manager or Finance Manager

PERA Membership

33 Plaza La Prensa Santa Fe, NM 87507 (505) 476-9300 phone (505) 954-0370 fax www.nmpera.org

December 2021

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Section 1	Information About You	7	U	
Social Security Number of	or PERA ID	Name (First, Middle Initial,	Last)	
Date of Birth (mm/dd/yy	yy) City of Birth		State of Birth	
()				
Phone Number	E	-mail Address		
Mailing Address		City	State	Zip Code
Marital Status: Never N	larried Married	Divorced Widow	ed	
Have you ever been a PERA M	ember? Yes No	Are you currently receiving a Pl	ERA pension? Yes*	No *If yes, please contact PERA before beginning employment. Refer to Re-Employed Retiree Form.
Have you ever been an ERB Member? Yes No Are you currently receiving an ERB pension? Yes* No "If yes, complete an Exclusion from PERA membership form."				
Spouse's Name, SSN, an	d Date of Birth (mm/dd/yyyy)			
Children's Name(s), SSN	(s), and Date of Birth(s) (mm/d	d/yyyy)		
Section 2	Your Certification			
I hereby declare that the abov	re information is true and complete to	the best of my knowledge.		
Signature of Employee			Date (mm/do	d/yyyy)
	s to PERA if any of the above informati e for you. It is your responsibility to ke		ements and PERA election ball:	ots are mailed to the most
Section 3	Your Current Employmen	nt Information (To be	completed by Emplo	yer)
h retain a copy of the co h-k	mpleted application for your files and	provide a copy to	o 'h-k° '7uh'	· PERA's ·"
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Name of Employer		 ERA Employer# PI	ERA Plan	
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Section 4 Your Employer Certification (To be completed by Employer)				
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Authorized Employer* P	rinted Name Title	Email A	Address	Phone
Signature of Authorized Employer*			Date (mm/do	1/vvvv)