

Application for Exclusion from PERA Membership for Elected Official

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

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.

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Section 1	Information About	You	Female	Male	
Social Security Number	or PERA ID	Name (First, N	Aiddle Initial, Last)		
Date of Birth	City of Birth		State	e of Birth	
()					
Phone Number		Would you like to	receive corresponden	ce by E-mail? If so, inc	lude E-mail address
Mailing Address		Cit	у	State	Zip Code
Marital Status: N	ever Married	Married	Widowed	Divo	rced
I was elected to the follo	wing office;				
which term is to be	from	through _		, with the b	pelow named employer.
hereby apply for exclusi	on from membership in	the Public Employe	es Retirement Asso	ociation of New N	Mexico in accordance with
NMSA 1978, Section 10-2	11-3(B)(2004) which provides	s for exclusion from PE	RA membership for:		
"elected officials	who file with the association	n a written application	for exemption from	membership within	
twenty-four (24) n	nonths of taking office."				
Section 2	Elected Official Cer	tification			
that the excluded service		ot be considered as cre	edited service for reti	irement purposes. I	PERA Membership form, but also understand that I may official position.
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Signature of Elected Official				Date	
Section 3	Your Current Empl	oyment Informat	ion (To be com	pleted by Empl	oyer)
Name of Employer		PERA Employe	r Number PERA	Plan	
Current Position		Dat	e of Hire (mm/dd/	ccyy) Date of T	ermination (mm/dd/ccyy)
Section 4	Your Employer Cer	tification (To be	completed by E	mployer)	
					[()
Authorized Employer*	Printed Name Title		Email Addre	ess .	Phone
Signature of Authorized	d Employer*			Date	