



PERA

Public Employees
Retirement Association
of New Mexico

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(800) 342-3422 Toll-Free
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EMPLOYEE EXCLUSION FROM PERA MEMBERSHIP PRIVATE RETIREMENT PROGRAM FORM

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

Name of PERA Affiliate _____

PERA Affiliate Mailing Address _____

City _____ **State** _____ **Zip Code** _____

PERA Employer # _____ **Date Employed** _____

EMPLOYEE INFORMATION TYPE OR PRINT CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER

FIRST NAME _____ **MI** _____ **LAST NAME** _____

MAILING ADDRESS	HOME or CELL TELEPHONE NO.
	BUSINESS TELEPHONE NO.
	EMAIL ADDRESS

CITY _____ **STATE** _____ **ZIP** _____ **GENDER** MALE FEMALE

DATE OF BIRTH _____ CITY OF BIRTH _____ STATE OF BIRTH _____

I _____, an employee of _____

apply for exemption from membership in the Public Employees Retirement Association of New Mexico in accordance with NMSA 1978, Section 10-11-3(B)(5) (2009), which provides for exclusion from PERA membership for:

“employees of an affiliated public employer that is making contributions to a private retirement program on behalf of the employee as part of a compensation arrangement who file with the association a written application for exemption within thirty (30) calendar days of employment, unless the employee has previously retired under the provisions of the Public Employees Retirement Act [Chapter 10 Article 11 NMSA 1978]”

The employee shall also submit documentation of the private retirement program’s qualified tax status.

I understand that I may at any time withdraw this exclusion and become a PERA member by filing an *Application for PERA Membership Form*, but this excluded service will never be considered as credited service for retirement purposes.

EMPLOYEE’S SIGNATURE _____ **DATE** _____

NOTARIZATION OF SIGNATURE Employee’s Signature must be done in the Presence of a Notary

State of New Mexico)
County of _____) SS:

Subscribed and sworn to (or affirmed) before me by _____ on this the _____ day of _____, _____.

My Commission Expires _____

Notary Public Telephone No: _____ - _____ - _____ Notary Signature _____