PERA
Public Employees Retirement Association of New Mexico
INVESTED IN TOMORROW.

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(505) 954-0370 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 _____

FOR PERA USE ONLY: Service Credit granted: _____ Date: _____ By: _____