

PERA Membership

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

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Social Security Number or PERA ID	Name (First, Middle Initial, Last)
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Date of Birth	City of Birth	State of Birth
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Phone Number	Would you like to receive correspondence by E-mail? If so, include E-mail address
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Mailing Address	City	State	Zip Code
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Marital Status: Never Married Married Widowed Divorced

= Yes No = Yes No

Are you currently receiving a pension from ERB? Yes No If yes, complete an Employee Exclusion from PERA Membership form.

Section 2

Your Certification

I hereby declare that the above information is true and complete to the best of my knowledge.

Signature of Employee	Date
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Remember to send corrections to PERA if any of the above information changes. Annual member statements and PERA election ballots are mailed to the most recent address PERA has on file for you. It is your responsibility to keep your information current.

Section 3

Your Current Employment Information (To be completed by Employer)

h retain a copy of the completed application for your files and provide a copy to h-k U PERA's h-k U

Name of Employer	PERA Employer #	PERA Plan
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Section 4

Your Employer Certification (To be completed by Employer)

Authorized Employer* Printed Name	Title	Email Address	Phone
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Signature of Authorized Employer*	Date
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*HR Manager, Payroll Manager or Finance Manager